

# **Health Authorities Act**

CHAPTER 32 OF THE ACTS OF 2014

*as amended by*

2015, c. 1; 2018, c. 1, Sch. A, s. 120; 2019, c. 8, s. 183



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CHAPTER 32 OF THE ACTS OF 2014  
amended 2015, c. 1; 2018, c. 1, Sch. A, s. 120; 2019, c. 8, s. 183

**An Act to Provide for Health Authorities  
and Community Health Boards**

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(The table of contents is not part of the statute)

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### Short title

- 1** This Act may be cited as the *Health Authorities Act*. 2014, c. 32, s. 1.

### Interpretation

- 2 (1)** In this Act,
- (a) “accountability framework” means an agreement between the Minister and the health authorities that describes the respective roles, responsibilities and obligations of the Minister and health authorities in achieving strategic priorities and expected results for the health system;

(b) “administrator” means a person appointed to act as an administrator of a health authority under subsection 10(2);

(c) “bargaining unit” has the same meaning as “unit” in the *Trade Union Act*;

(d) “board” means the board of directors of a health authority;

(e) “capital surplus or deficit” means, in respect of a fiscal year, the surplus or deficit, as the case may be, calculated by subtracting the cost in that fiscal year of acquisitions of tangible capital assets by a health authority from the tangible capital asset revenues of the health authority and the debt incurred by the health authority as a result of borrowing money in accordance with Section 35 in that fiscal year for tangible capital asset acquisitions;

(f) “chair” means the chair of a board;

(g) “community” means the area for which a community health board has been established or continued under this Act;

(h) “community health board” means a community health board established or continued under this Act;

(i) “community health plan” means a plan for health promotion initiatives and the improvement of the health of the community that is to be prepared under subsection 74(1);

(ia) “council of unions” means

(i) the Nova Scotia Council of Nursing Unions,

(ii) the Nova Scotia Council of Health Care Unions,

(iii) the Nova Scotia Council of Health Administrative Professional Unions, or

(iv) the Nova Scotia Council of Health Support Unions;

(j) “director” means a member of a board and, for greater certainty, includes a non-voting member of the board;

(k) “district health authority” means a district health authority established under the former Act;

(ka) “filing date” means the date on which the last of the constitutions of the four councils of unions is filed with the Labour Board under subsection 80D(2);

(l) “former Act” means Chapter 6 of the Acts of 2000, the *Health Authorities Act*;

(m) “former IWK Health Centre Act” means Chapter 26 of the Acts of 1996, the *Izaak Walton Killam Health Centre Act*;

(n) “foundation” means a foundation established, in respect of a hospital, by an enactment, trust or agreement;

(o) “health authority” means the provincial health authority or the IWK Health Centre;

(p) “health services” means services related to the prevention of illness or injury, the promotion or maintenance of health or the care and treatment of sick, infirm or injured persons, and includes services provided in the Province through hospitals and other health-care institutions, public-health services, addiction services, emergency services, mental-health services, home-care services, long-term care services, primary-care services and such other services as may be prescribed by the regulations;

(q) “health-services business plan” means the annual health-services business plan required to be prepared by a health authority under subsection 40(1);

(r) “hospital” means a hospital as defined in the *Hospitals Act*;

(s) “IWK Health Centre” means the Izaak Walton Killam Health Centre;

(t) “Labour Board” means the Labour Board established by the *Labour Board Act*;

(u) “licensed practical nurse” has the same meaning as in the *Nursing Act*;

(v) “management zone” means a management zone established under subsection 60(1);

(w) “mediator-arbitrator” means the mediator-arbitrator appointed by the Minister under Section 85 as it read immediately before the coming into force of this clause;

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

(y) “operating funding surplus or deficit” means, in respect of a fiscal year, the surplus or deficit, as the case may be, calculated by subtracting the operating expenses of a health authority in that fiscal year, excluding amortization costs, from the health authority’s net revenues in that fiscal year from operations;

(z) “operating revenue” means, in respect of a fiscal year, the total of all revenue of a health authority in that fiscal year less the tangible capital asset revenue of the health authority in that fiscal year;

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

(zb) “personal information” has the same meaning as in the *Freedom of Information and Protection of Privacy Act*;

(zc) “provincial health authority” means the health authority for the Province established by subsection 49(1);

(zd) “provincial health plan” means the provincial health plan established by the Minister under clause 6(a);

(ze) “public engagement plan” means a plan by a health authority to engage and consult with the public in respect of the health services provided by the health authority;

(zf) “Queen Elizabeth II Health Sciences Centre” means the collection of buildings and sites referred to in subsection 51(2);

(zg) “registered nurse” has the same meaning as in the *Nursing Act*;

(zh) “tangible capital asset” means a tangible capital asset prescribed by or determined in accordance with a health authority’s accounting policy;

(zi) “tangible capital asset revenue” means, in respect of a fiscal year, the total of all revenue received by a health authority in that fiscal year for the purpose of acquiring tangible capital assets;

(zj) *repealed 2015, c. 1, s. 1.*

(zk) “union” means

(i) the Canadian Union of Public Employees,

(ii) the Nova Scotia Government Employees Union,

(iii) the Nova Scotia Nurses’ Union,

(iv) Unifor, or

(v) a successor or affiliated local of a union referred to in subclauses (i) to (iv);

(zl) “unionized employee” means an employee who is represented by a union.

(2) Except as otherwise provided in this Act, words and expressions used in Sections 80A to 80K and 83 to 102 have the same meaning as in Part I of the *Trade Union Act*. 2014, c. 32, s. 2; 2015, c. 1, s. 1; 2019, c. 8, s. 183.

### Supervision and management of Act

3 The Minister is responsible for the general supervision and management of this Act. 2014, c. 32, s. 3.

### Conflict

4 (1) Subject to subsection (2), in the event of a conflict between this Act or the regulations and any enactment respecting a hospital, this Act and the regulations prevail.

(2) In the event of a conflict between Sections 80A to 80K and 83 to 102 and any other enactment or any collective agreement, arbitral or other award or decision, obligation, right, claim, agreement or arrangement of any kind, Sections 80A to 80K and 83 to 102 prevail. 2014, c. 32, s. 4; 2015, c. 1, s. 2.

## MINISTER'S DUTIES AND POWERS

**Role of Minister**

5 The role of the Minister is to

- (a) provide leadership for the health system by setting the strategic policy direction, priorities and standards for the health system; and
- (b) ensure accountability for funding and for the measuring and monitoring of health-system performance. 2014, c. 32, s. 5.

**Duties of Minister**

6 The Minister shall

- (a) in consultation with the health authorities, set the strategic direction of the health system by establishing a multi-year provincial health plan;
- (b) in consultation with the health authorities, establish an accountability framework for the purpose of ensuring that the provincial health plan is implemented;
- (c) establish policies, standards and guidelines for the provision of health services and the administration of the provision of health services;
- (d) determine the health services to be provided by a health authority and administer the allocation of available resources for the provision of such health services by the health authority;
- (e) require a health authority to prepare and implement a health-services business plan and such other plans as the Minister considers appropriate, including information management and technology plans and health human-resource plans;
- (f) establish technical and informational requirements and standards for health-information systems; and
- (g) conduct financial and human resource planning. 2014, c. 32, s. 6.

**Provincial health plan**

7 The provincial health plan may prescribe

- (a) the health services to be provided or made available in the Province;
- (b) the principles upon which the provision of health services are to be based;
- (c) the goals, objectives and priorities for the provision of health services, including goals, objectives and priorities in respect of quality and patient safety;
- (d) resource management and planning objectives, including human resources planning and financial planning objectives;

- (e) priorities for teaching, learning and research; and
- (f) any other matters prescribed by the regulations. 2014, c. 32, s. 7.

**Accountability framework**

**8** An accountability framework must

- (a) establish performance targets for inclusion in the health-services business plan respecting operations, financial management, the provision of health services, the achievement of satisfactory patient and quality outcomes and any other matter prescribed by the regulations;
- (b) provide for the monitoring, measurement and evaluation of the progress of the health authority in meeting the performance targets referred to in clause (a) and the quality, efficiency, accessibility and comprehensiveness of health services; and
- (c) direct such health system improvements as are necessary to ensure that the provincial health plan is implemented. 2014, c. 32, s. 8.

**Powers of Minister**

**9** The Minister may

- (a) determine the organization and internal management of a health authority, including
  - (i) organizational structures and management responsibilities,
  - (ii) appropriate levels of administrative services, and
  - (iii) the percentage of the total budget administered by a health authority that may be spent on administrative expenses;
- (b) appoint such advisory groups or committees as the Minister considers appropriate;
- (c) establish requirements for the public engagement plan of a health authority; and
- (d) collect, use and disclose any personal information and any personal health information that is provided to the Minister by
  - (i) a health authority under clause 19(1)(i), or
  - (ii) a person appointed by the Minister to conduct an audit or review under Section 12. 2014, c. 32, s. 9.

**Administrator**

**10 (1)** The Minister may dismiss all of the directors of a health authority if

- (a) the health authority has requested the appointment of an administrator to replace the board; or

- (b) the Minister considers that
- (i) the health authority has contravened an agreement with the Minister,
  - (ii) the health authority has ceased to function,
  - (iii) the health authority has failed, or is about to fail, to pay any of its debts or liabilities whatsoever when due,
  - (iv) the health authority has failed to comply with any direction of the Minister,
  - (v) the health authority is not properly exercising its powers or carrying out its duties, or
  - (vi) it is in the public interest to dismiss the directors of the health authority.

(2) Where the Minister dismisses all of the directors of a health authority, the Minister shall appoint an administrator to act in place of the board.

(3) Where an administrator is appointed under subsection (2), the dismissed directors shall, at the administrator's request, deliver to the administrator all funds of the health authority and such books, records and documents respecting the management and activities of the health authority as the administrator may require.

- (4) An administrator appointed under subsection (2)
- (a) has all of the powers and authority of the board;
  - (b) shall perform all of the duties of the board; and
  - (c) may, at the cost of the health authority, be paid such salary and reimbursed for such expenses as the Minister determines.

(5) When the Minister considers that an administrator is no longer required, the Minister shall revoke the appointment of the administrator and, notwithstanding Section 44, appoint new directors to the board.

(6) For greater certainty, when appointing new directors to the board of the IWK Health Centre under subsection (5), the Minister is authorized to make any appointment that could be made under clause 44(1)(a) by whoever is authorized by the by-laws of the IWK Health Centre to appoint directors under that clause. 2014, c. 32, s. 10.

### **Binding directions**

11 Notwithstanding the duties and powers of health authorities under this Act, the Minister may give binding directions to a health authority with respect to any matter the Minister considers relevant to the exercise of the Minister's powers or the discharge of the Minister's duties under this Act, including directions for the purpose of

- (a) establishing priorities and guidelines for the health authority to follow in the exercise of its powers;
- (b) co-ordinating the work of the health authority with the objectives and strategic direction of the health system in the Province in order to achieve the best possible results and to avoid duplication of effort and expense;
- (c) ensuring the achievement of Provincial objectives and health services; and
- (d) ensuring the proper discharge by the health authority of its duties and powers regarding the boundaries, composition, membership, formation and support of community health boards. 2014, c. 32, s. 11.

**Audit or review**

**12 (1)** The Minister may, at any time, direct an audit or review of a health authority or any program, facility, service or action of a health authority.

**(2)** The Minister may appoint a person to conduct an audit or review directed under subsection (1).

**(3)** The person appointed by the Minister to conduct an audit or review must, for that purpose, be provided access to all relevant health records and all books of account, securities, cash, documents, bank accounts, vouchers, correspondence and other records of the health authority.

**(4)** In the course of an audit or review being conducted, a health authority shall disclose, and the person appointed by the Minister to conduct the audit or review may collect, use and disclose, any personal information or personal health information that the person considers necessary for the purpose of conducting the audit or review.

**(5)** The collection, use and disclosure of personal information and personal health information by the person appointed by the Minister to conduct an audit or review must be limited to the minimum amount of personal information and personal health information necessary for the purpose conducting the audit or review. 2014, c. 32, s. 12.

**HEALTH AUTHORITIES****Body corporate**

**13 (1)** A health authority is a body corporate with the capacity and, subject to this Act, the rights, powers and privileges of a natural person.

**(2)** The membership of a health authority as a body corporate comprises the individuals who are appointed from time to time as its directors. 2014, c. 32, s. 13.

**Management and control**

**14** The management and control of the affairs of a health authority is vested in its board and the board may, subject to this Act, exercise the powers and authority of the health authority. 2014, c. 32, s. 14.

**Remuneration and expenses of directors**

**15 (1)** Subject to subsection (2), no director may receive an honorarium or any other remuneration in connection with his or her activities as a director.

**(2)** Subject to the regulations and to any more restrictive policy adopted by the board, a director may be reimbursed by the health authority for the reasonable expenses necessarily incurred by the director in the performance of the director's duties. 2014, c. 32, s. 15.

**Removal or suspension of directors**

**16** The Minister may, where the Minister considers there is cause or incapacity, remove or suspend any director and may re-appoint, re-instate or replace that director, regardless of whether the director's term has expired. 2014, c. 32, s. 16.

**Effect of vacancy on board**

**17** A vacancy on a board does not impair the ability of the remaining directors to act. 2014, c. 32, s. 17.

**Status of health authorities and employees**

**18 (1)** A health authority is not an agent of Her Majesty in right of the Province.

**(2)** A person employed or engaged by a health authority is not an officer, servant or agent of Her Majesty in right of the Province.

**(3)** Nothing in subsection (2) affects the application of the *Public Service Superannuation Act* or the Nova Scotia Public Service Long Term Disability Plan to any person. 2014, c. 32, s. 18.

**Duties of health authorities**

**19 (1)** A health authority shall

(a) subject to any determination by the Minister under clause 9(a), determine priorities in the provision of health services by the health authority and allocate resources accordingly;

(b) recommend to the Minister which health services should be made available by the health authority;

(c) consult with the Minister and implement the provincial health plan;

(d) prepare and submit to the Minister a health-services business plan for each fiscal year;

(e) implement the health-services business plan for the health authority;

(f) assist the Minister in the development of and implementation of health policies and standards, health-information systems, human-resource plans for the health system and other Provincial health-system initiatives;

(g) meet any standards established by the Minister respecting the quality of health services provided by the health authority;

(h) comply with any directions, policies or guidelines issued or established by the Minister in respect of the health services provided by the health authority and the administration of such health services;

(i) provide to the Minister such information, including personal information and personal health information, as is required by the Minister for the purposes of monitoring and evaluating the quality, efficiency, accessibility and comprehensiveness of health services, and health-system planning;

(j) report on health-system performance as required by the Minister;

(k) develop and implement health-system improvement plans as required by the Minister;

(l) operate in accordance with any accountability framework established by the Minister;

(m) assess the health needs of the residents of the Province and create community profiles according to the requirements established by the Minister;

(n) provide to the Minister any other reports as required by the Minister; and

(o) carry out such additional responsibilities as the Minister may assign or as are prescribed by the regulations.

(2) The disclosure of personal information and personal health information to the Minister under clause (1)(i) must be limited to the minimum amount of personal information and personal health information necessary for the purposes of monitoring and evaluating the quality, efficiency, accessibility and comprehensiveness of health services, and health-system planning. 2014, c. 32, s. 19.

#### **Ministerial by-laws re conduct and management**

**20 (1)** The Minister may make by-laws respecting the conduct and management of the affairs of a health authority including, without limiting the generality of the foregoing, by-laws

(a) respecting the appointment, removal, functions and duties of officers, agents and servants of the health authority;

- (b) establishing standing and special committees of the board, including committees dealing with quality and patient safety;
- (c) respecting the delegation of powers and duties to officers and committees;
- (d) designating banking authorities and signing officers;
- (e) respecting conflicts of interest of directors;
- (f) governing the calling of meetings of the board and the rules of procedure at such meetings; and
- (g) respecting the management and administration of the board.

(2) Subject to the approval of the Minister, a health authority may amend the by-laws made under subsection (1) in respect of that health authority. 2014, c. 32, s. 20.

#### **Ministerial by-laws re privileges**

21 The Minister may make by-laws respecting the granting, variation, suspension and revocation of privileges in relation to physicians, dentists and any other class of health professionals not employed by a health authority that is prescribed by the regulations. 2014, c. 32, s. 21.

#### **Health authority by-laws**

22 (1) Subject to the approval of the Minister, a health authority may make by-laws respecting medical and dental staff and any other class of health professionals not employed by a health authority that is prescribed by the regulations including, without limiting the generality of the foregoing, by-laws respecting

- (a) the membership of a medical or clinical advisory committee;
- (b) categories of privileges;
- (c) the duties and functions of senior medical officers appointed by the health authority; and
- (d) the rules governing medical and clinical staff.

(2) Where there is a conflict between by-laws made under Section 21 and by-laws made under subsection (1), the by-laws made under Section 21 prevail.

(3) Where a health authority has not made by-laws under subsection (1), the Minister may, where the Minister considers it advisable, make the by-laws referred to in that subsection.

(4) Where the Minister makes by-laws under subsection (3), the health authority may, subject to the approval of the Minister, amend those by-laws. 2014, c. 32, s. 22.

**Ministerial power to amend, revoke or replace by-laws**

**23** The Minister may amend, revoke or replace any of the by-laws made under subsection 22(1). 2014, c. 32, s. 23.

**No effect until approved by Minister**

**24** For greater certainty, neither an amendment to a by-law under subsection 20(2) nor a by-law made under subsection 22(1) has any effect until it is approved by the Minister. 2014, c. 32, s. 24.

**Health authority deemed to be hospital**

**25 (1)** A health authority is deemed to be a hospital within the meaning of the *Hospitals Act*.

**(2)** A health authority is deemed to be a hospital for the purpose of

- (a) Sections 60 and 61 of the *Evidence Act*;
- (b) the *Health Act*; and
- (c) the *Revenue Act*.

**(3)** A health authority is deemed to be a hospital authority for the purpose of an Agreement as defined by the *Sales Tax Act*. 2014, c. 32, s. 25.

**26** *repealed 2015, c. 1, s. 3.*

**Fiscal year**

**27** The fiscal year of a health authority begins on April 1st and ends on March 31st in the following year. 2014, c. 32, s. 27.

**Annual report**

**28 (1)** In each fiscal year, a health authority shall deliver to the Minister an annual report in the form and containing the content prescribed by the Minister.

**(2)** An annual report must include information on the results achieved by the health authority with respect to any performance targets established for the health authority by the Minister, including performance targets established in the approved health-services business plan for that fiscal year.

**(3)** An annual report must be delivered to the Minister by such date as the Minister may prescribe. 2014, c. 32, s. 28.

**Property of health authority**

**29 (1)** A health authority may, for the purpose of providing health services,

(a) acquire, hold, operate and maintain real and personal property; and

(b) subject to this Act, lease, sell or convey any real or personal property.

(2) Where a health authority determines that real property formerly owned by a hospital is no longer useful for the purpose of the health authority, the health authority shall convey the real property, subject to any lien, mortgage or other charge to which it was subject when acquired by the health authority under this Act, to any municipality, foundation, trustee or other group or person to whom the property would have been transferred upon the dissolution of the hospital but for this Act.

(3) A health authority is exempt from taxation under any Act of the Legislature. 2014, c. 32, s. 29.

#### **Powers of health authority**

**30** A health authority may

(a) execute and carry out any trusts respecting real or personal property that is donated, devised, bequeathed, granted, conveyed or given to the health authority;

(b) make, accept, draw, execute, issue and endorse bills of exchange, cheques, promissory notes, hypothecations or other instruments necessary or convenient in the conduct of the business of the health authority;

(c) subject to this Act and to the *Trustee Act*, invest money received by the health authority;

(d) subject to this Act, erect, maintain, improve, repair or alter buildings for the health authority's purposes;

(e) retain any investment, bequest, devise or gift in the form in which it is received by the health authority for as long as the health authority considers proper and invest the interest accrued on, or the proceeds of the sale or disposition of, any such investment, bequest, devise or gift;

(f) subject to this Act, hold any real or personal property subject to and upon any trusts, terms or conditions imposed in the acquisition of the property. 2014, c. 32, s. 30.

#### **Financial reports and statements**

**31** A health authority shall deliver to the Minister

(a) monthly financial reports;

(b) audited financial statements and reports as required under subsection 36(5); and

(c) such other financial reports as are required by the Minister,

in the form and containing the content prescribed by the Minister. 2014, c. 32, s. 31.

**Capital expenditures**

**32** A health authority shall not make any expenditure for the acquisition of capital items unless the acquisition

- (a) is provided for in a capital plan in an approved health-services business plan; or
- (b) has the prior written approval of the Minister. 2014, c. 32, s. 32.

**Deficits**

**33 (1)** A health authority shall not plan for, or incur or make an expenditure that will result in, an operating funding deficit or a capital deficit in any fiscal year.

**(2)** Notwithstanding subsection (1), where a health authority incurs an operating funding deficit or capital deficit in a fiscal year, the health authority shall submit a plan to the Minister indicating how the operating funding deficit or capital deficit, as the case may be, is to be made up during the following fiscal year.

**(3)** The Minister may approve a plan submitted by a health authority under subsection (2) and, before doing so, may make any amendment to the plan that the Minister considers appropriate.

**(4)** A health authority that submitted a plan approved under subsection (3) must make up its operating funding deficit or capital deficit in accordance with the plan as approved by the Minister. 2014, c. 32, s. 33.

**Surpluses**

**34 (1)** Where a health authority realizes an operating funding surplus at the end of a fiscal year, the health authority may request that the Minister allow it to overspend in a subsequent fiscal year by an amount not exceeding the amount of the operating funding surplus realized.

**(2)** The Minister may allow the request of a health authority under subsection (1) to the extent that the Minister considers appropriate. 2014, c. 32, s. 34.

**Borrowing money**

**35** A health authority may borrow money if the borrowing

- (a) is in accordance with the *Finance Act*;
  - (b) has the prior written approval of the Minister; and
  - (c) meets any terms and conditions that the Minister prescribes.
- 2014, c. 32, s. 35.

**Auditor**

**36 (1)** A board shall appoint a person licensed as a public accountant under the *Public Accountants Act* to be the auditor of the health authority.

(2) The term of an appointment under subsection (1) must not exceed three years without the prior written approval of the Minister and must not exceed five years in any event.

(3) The audited financial statements of a health authority must be in compliance with the financial accounting policies prescribed by the Minister of Finance and Treasury Board.

(4) The audited financial statements and the auditor's reports must be delivered by the auditor of a health authority to the board and to the Minister no later than June 30th immediately following the end of each fiscal year, or by such other date as the Minister may prescribe.

(5) The auditor of a health authority shall report any management letter and any communication detailing weaknesses in internal control, deficiencies in management information systems or other areas requiring attention for improvement, including all audit reports and the auditor's observations and recommendations to management relating to significant findings from the audit activity, to the board and to the Minister.

(6) A health authority shall prepare an annual audited schedule, separate from the audited financial statement, showing, for the fiscal year to which the annual audited schedule relates, a reconciliation of the operating funding surplus or deficit and capital surplus or deficit, as defined by this Act, to the operating surplus or deficit and capital surplus or deficit reported in the annual audited financial statements. O.I.C. 2013-348; 2014, c. 32, s. 36.

#### **Auditor's access to records**

**37** (1) The auditor of a health authority is entitled to access at all times to the books, accounts and records of the health authority and may require from the employees of the health authority such information and explanations as may be necessary for the performance of the auditor's duties.

(2) The employees of a health authority shall promptly provide access, information and explanations to the auditor of the health authority upon the auditor's request. 2014, c. 32, s. 37.

#### **Audit committee**

**38** (1) A board shall annually appoint an audit committee.

(2) An audit committee shall

(a) review in detail the financial statements of the health authority with the auditor;

(b) evaluate internal control systems and any management letter and audit reports with the auditor;

(c) review the conduct and adequacy of the audit;

(d) investigate such matters arising out of the audit that the committee considers require investigation; and

(e) perform such additional duties as may be prescribed by the by-laws or the regulations. 2014, c. 32, s. 38.

#### **Quality improvement and safety committee**

**39 (1)** A board shall appoint a quality improvement and safety committee.

**(2)** A quality improvement and safety committee shall maintain and evaluate a health-authority-wide quality improvement and safety program in relation to quality planning control, quality improvement, risk management, and utilization review.

**(3)** A quality improvement and safety committee shall

(a) create and administer health-authority-wide quality improvement programs and plans that encourage a multi-disciplinary approach to the continuous quality improvement of the health services provided by the health authority;

(b) regularly assess the efficiency and effectiveness of health services delivered by the health authority and identify opportunities to improve the utilization of available resources;

(c) provide such reports to the board as the board may request;

(d) provide an annual quality improvement plan to the board containing such elements as the board may determine; and

(e) carry out such other duties as may be prescribed by the by-laws or the regulations. 2014, c. 32, s. 39.

### HEALTH-SERVICES BUSINESS PLANS

#### **Preparation of health-services business plan**

**40 (1)** A health authority shall prepare and submit a health-services business plan in the form and containing the information prescribed by the Minister.

**(2)** A health-services business plan must be submitted to the Minister no later than November 1st before the commencement of each fiscal year, unless the Minister or the regulations prescribe a different date on or before which the health-services business plan is to be submitted.

**(3)** Where directed to do so by the Minister, the health authorities shall collaborate with each other on all or part of their health-services business plans.

**(4)** A health-services business plan must not be implemented until it has been approved by the Minister.

(5) A health-services business plan must conform with the priorities and policy directions described in the provincial health plan and satisfy any requirements prescribed by the regulations.

(6) A health-services business plan must contain a public engagement plan that

(a) describes the scope and purpose of the health authority's planned public engagement activities;

(b) explains how the health authority's engagement activities will allow it to become informed about the views, opinions and experiences of the members of the public whom the health authority serves;

(c) specifies the ways in which the health authority will advise the public of the outcome of issues on which the public is consulted; and

(d) includes any other requirements prescribed by the Minister.

(7) A public engagement plan contained in a health-services business plan prepared by the provincial health authority must provide direction to community health boards in respect of their consultations with the residents of the communities they serve under clause 70(e).

(8) A health-services business plan prepared by the provincial health authority must demonstrate that the provincial health authority has considered the community health plans provided to it and, where the health-services business plan does not provide for implementation of elements of a community health plan, set out the reasons for those elements not being recommended for implementation.

(9) In preparing its health-services business plan, the IWK Health Centre shall consider the elements of the community health plans, provided to it by the provincial health authority, that relate to children, youth, women and families.

(10) In considering whether to approve a proposed health-services business plan, the Minister shall consider whether the requirements of subsections (5), (8) and, in the case of the IWK Health Centre, (9) have been satisfied. 2014, c. 32, s. 40.

#### **Approval by Minister**

**41 (1)** The Minister may

(a) approve the health-services business plan, with or without any amendments that the Minister considers appropriate; or

(b) refuse to approve the plan.

(2) Where the Minister refuses to approve a health-services business plan, the Minister shall provide reasons and the health authority shall submit for approval a plan that addresses the problems identified by the Minister on or before the date prescribed by the Minister.

(3) The Minister shall inform a health authority whether its health-services business plan has been approved, approved with amendments or not approved.

(4) Where a health authority is not informed by March 31st immediately preceding the fiscal year for which a health-services business plan is prepared that the health-services business plan has been approved, approved with amendments or not approved, the health authority may expend funds not exceeding one half of the total operating expenditures provided for in its health-services business plan for the previous fiscal year before the plan is approved by the Minister. 2014, c. 32, s. 41.

#### IWK HEALTH CENTRE

##### **IWK Health Centre continued**

42 The Izaak Walton Killam Health Centre constituted by the former IWK Health Centre Act is hereby continued as a body corporate. 2014, c. 32, s. 42.

##### **Objects**

43 (1) The objects of the IWK Health Centre are to operate a health centre and to provide health services and programs for children, youth, women and families.

(2) The IWK Health Centre is dedicated to, and shall conduct its business and affairs with a view to, improving the health and health status of children, youth, women and families. 2014, c. 32, s. 43.

##### **Board**

44 (1) The board of the IWK Health Centre comprises

- (a) such number of directors as is prescribed by the by-laws of the IWK Health Centre; and
- (b) two directors appointed by the Minister.

(2) Directors appointed under clause (1)(a) must possess the qualifications prescribed by, and be elected or appointed in accordance with, the by-laws of the IWK Health Centre.

(3) Notwithstanding subsection (1), the directors of the IWK Health Centre immediately before the coming into force of this Section may continue to serve until the expiry of their respective terms.

(4) Subject to subsection (5), a director of the IWK Health Centre appointed under clause 44(1)(b) holds office for the term prescribed by the regulations or, where the regulations do not prescribe the term, for the term specified in the director's appointment.

(5) A director of the IWK Health Centre appointed under clause 44(1)(b) holds office until such time as the director's successor is appointed, even if such appointment does not occur until after the director's term of office has expired. 2014, c. 32, s. 44.

### Offices

45 Subject to the by-laws and subclause 9(a)(i), the board of the IWK Health Centre shall

- (a) determine the offices of the IWK Health Centre and the duties and authorities of each such office; and
- (b) appoint individuals to hold such offices. 2014, c. 32, s. 45.

### Delegation

46 The board of the IWK Health Centre may delegate authority to any person or committee to conduct and manage affairs of the IWK Health Centre to the extent the board determines in accordance with the by-laws of the IWK Health Centre. 2014, c. 32, s. 46.

### By-laws

47 (1) Subject to the approval of the Minister and to any by-laws made by the Minister under subsection 20(1), Section 21 or subsection 22(3), the IWK Health Centre may make by-laws respecting the conduct and management in all respects of the business and affairs of the IWK Health Centre and the exercise of the powers of the IWK Health Centre.

- (2) A by-law may be made
  - (a) by a resolution passed at a meeting, or approved in writing, by a majority of the directors of the IWK Health Centre; or
  - (b) as otherwise prescribed by the by-laws of the IWK Health Centre.

(3) For greater certainty, a by-law made under subsection (1) has no effect until it is approved by the Minister. 2014, c. 32, s. 47.

### Signing authorities

48 The signing authorities for the IWK Health Centre may be prescribed by the by-laws and, in the absence thereof, any agreement, instrument or document to be executed by the IWK Health Centre may be signed by such officers of the IWK Health Centre or other persons as the board of the IWK Health Centre may determine and, unless otherwise required by the by-laws, all agreements, instru-

ments or documents so signed are valid and binding on the Corporation without the necessity of affixing a corporate seal. 2014, c. 32, s. 48.

#### PROVINCIAL HEALTH AUTHORITY

##### **Provincial health authority established**

**49 (1)** There is hereby established as a body corporate a health authority for the Province that shall provide health services to the entire Province, except for those health services provided by the IWK Health Centre.

**(2)** The name of the provincial health authority may be prescribed by the regulations. 2014, c. 32, s. 49.

##### **Objects**

**50** The objects of the provincial health authority are to govern, manage and provide health services in the Province and to implement the strategic direction set out in the provincial health plan. 2014, c. 32, s. 50.

##### **Queen Elizabeth II Health Sciences Centre**

**51 (1)** The provincial health authority is responsible for the Queen Elizabeth II Health Sciences Centre.

- (2)** The Queen Elizabeth II Health Sciences Centre comprises
- (a) the Abbie J. Lane Memorial Building;
  - (b) the Bethune Building;
  - (c) the Camp Hill Veterans' Memorial Building;
  - (d) the Centennial Building;
  - (e) the Centre for Clinical Research;
  - (f) the Dickson Building;
  - (g) the Halifax Infirmary, including the Charles V. Keating Emergency and Trauma Centre;
  - (h) the McKenzie Building;
  - (i) the Nova Scotia Rehabilitation Centre;
  - (j) the Victoria Building; and
  - (k) any building or site prescribed by the regulations.

**(3)** The Queen Elizabeth II Health Sciences Centre is a centre for adult tertiary health services and research and academic activities. 2014, c. 32, s. 51.

##### **Board**

- 52 (1)** The board of the provincial health authority comprises

(a) such number of directors as is prescribed by the regulations, up to a maximum of 13 directors; and

(b) such number of non-voting directors as the Minister considers appropriate.

(2) The Minister shall appoint the directors of the provincial health authority. 2014, c. 32, s. 52.

#### **Disqualification from appointment**

**53 (1)** No person is qualified to be appointed or serve as a director of the provincial health authority who

(a) is a member of

(i) the House of Commons or the Senate of Canada,

(ii) the House of Assembly,

(iii) a council of a regional municipality, an incorporated town or a municipality of a county or district, or

(iv) the Conseil scolaire acadien provincial;

(b) is an employee of a health authority or the Department of Health and Wellness or has privileges in a health authority; or

(c) is a person or a member of a class of persons prescribed by the regulations.

(2) Notwithstanding clause (1)(b), an employee of a health authority or a physician who has privileges in a health authority may be appointed or serve as a non-voting director of the provincial health authority. 2014, c. 32, s. 53; 2018, c. 1, Sch. A, s. 120.

#### **Term of directors**

**54 (1)** Subject to subsection (2), a director of the provincial health authority holds office for the term prescribed by the regulations or, where the regulations do not prescribe the term, for the term specified in the director's appointment.

(2) A director of the provincial health authority holds office until such time as the director's successor is appointed, even if such appointment does not occur until after the director's term of office has expired. 2014, c. 32, s. 54.

#### **Chair**

**55 (1)** The Minister shall appoint an individual from among the voting directors of the provincial health authority to be the chair of the provincial health authority.

(2) The chair of the provincial health authority holds office for a term of three years and may be re-appointed for one additional three-year term. 2014, c. 32, s. 55.

#### **Chief executive officer**

**56 (1)** The board of the provincial health authority shall appoint a chief executive officer who is responsible to the board for the general management and conduct of the affairs of the provincial health authority in accordance with the policies and directions of the board.

(2) Notwithstanding subsection (1), the Minister may appoint the first chief executive officer of the provincial health authority. 2014, c. 32, s. 56.

#### **Quorum**

**57** A majority of the voting directors of the provincial health authority constitutes a quorum. 2014, c. 32, s. 57.

#### **Committees**

**58 (1)** The board of the provincial health authority may establish advisory and other committees to assist the board in carrying out its responsibilities, including any committees it considers necessary or advisable for ensuring adequate opportunity for consultation with and participation by the public in respect of health services provided by the provincial health authority.

(2) The members of a committee established under subsection (1) need not be directors of the provincial health authority. 2014, c. 32, s. 58.

#### **Liability of directors**

**59** No director of the provincial health authority is personally liable for anything done or omitted to be done or for any neglect or default in the *bona fide* exercise or purported exercise of a power conferred upon the director by this Act. 2014, c. 32, s. 59.

#### **Management zones**

**60 (1)** Management zones within the Province may be established by the regulations for the purpose of delivering and managing health services on a regional level at the direction of the provincial health authority.

(2) Subject to clause 9(a), the provincial health authority shall determine the uses of management zones in the delivery and management of health services by the provincial health authority. 2014, c. 32, s. 60.

## COMMUNITY HEALTH BOARDS

**Community health boards continued**

**61 (1)** Subject to subsection (2), the community health boards established under the former Act are hereby continued.

**(2)** For greater certainty, a community health board is not a body corporate. 2014, c. 32, s. 61.

**Objects**

**62** The objects of a community health board are to advise the provincial health authority on local perspectives, trends, issues and priorities, and to contribute to health-system accountability by facilitating an exchange of information and feedback between the community and the provincial health authority. 2014, c. 32, s. 62.

**Community boundaries**

**63 (1)** Subject to the approval of the Minister, the provincial health authority may alter the boundaries of a community or amalgamate or reduce the number of community health boards.

**(2)** A community health board may recommend to the provincial health authority that it change the boundaries of its community or amalgamate or reduce the number of community health boards. 2014, c. 32, s. 63.

**Composition**

**64** Unless otherwise prescribed by the regulations, a community health board comprises a minimum of nine and a maximum of 15 members. 2014, c. 32, s. 64.

**Members**

**65 (1)** Members of a community health board must be appointed by the person or entity prescribed by the regulations.

**(2)** Members of a community health board must be appointed under an open and transparent selection process prescribed by the regulations.

**(3)** Each member of a community health board must ordinarily reside within the community. 2014, c. 32, s. 65.

**Term of office**

**66 (1)** Subject to subsection (2), members of a community health board appointed after the coming into force of this Section hold office for a term of three years.

**(2)** Where a new community health board is created by the amalgamation of two or more existing community health boards, one third of the initial membership of the new community health board must be appointed for a term of

two years, one third must be appointed for a term of three years and the remaining one third must be appointed for a term of four years. 2014, c. 32, s. 66.

#### **Reimbursement of expenses**

**67** Subject to the regulations and to any more restrictive policy adopted by the provincial health authority, a member of a community health board may be reimbursed by the provincial health authority for the reasonable expenses necessarily incurred by the member in the performance of the member's duties. 2014, c. 32, s. 67.

#### **Chair**

**68** A community health board shall select its chair from among its members. 2014, c. 32, s. 68.

#### **Responsibilities withheld**

**69 (1)** A community health board shall not govern or manage the delivery of health services.

**(2)** A community health board is not responsible for resolving individual patient care concerns. 2014, c. 32, s. 69.

#### **Duties**

- 70 (1)** A community health board shall
- (a) work with the community to identify and promote community health promotion initiatives for inclusion in the community health plan;
  - (b) participate in health promotion initiatives identified in the community health plan that have been approved in the provincial health authority's health-services business plan;
  - (c) provide guidance to the provincial health authority on strategies to further engage the community on issues respecting health services;
  - (d) provide such other advice and assistance as the provincial health authority may request;
  - (e) as directed by the provincial health authority's public engagement plan, consult with the residents of the communities they serve respecting
    - (i) issues relating to health, including income and social status, social support networks, education, employment, physical environments, inherited factors in determining health outcomes, personal health practices and coping skills, child development and health services in the community,
    - (ii) health needs and priorities,

- (iii) access to health services, and
- (iv) the promotion of health;
- (f) provide advice, information and feedback to the provincial health authority respecting information obtained under clause (e); and
- (g) participate with the provincial health authority in the selection of community development grant recipients to advance health promotion initiatives in the community.

(2) All meetings of a community health board must be open to the public. 2014, c. 32, s. 70.

#### **Advisory committees**

71 The provincial health authority may establish advisory committees to assist a community health board in carrying out its responsibilities. 2014, c. 32, s. 71.

#### **Support of provincial health authority**

72 (1) The provincial health authority shall provide each community health board with administrative support services and information resources to assist in the carrying out of the community health board's duties as prescribed by Section 70.

(2) The provincial health authority may enter into contracts with any person for the purpose of subsection (1). 2014, c. 32, s. 72.

#### **Liability of members**

73 No member of a community health board is personally liable for anything done or omitted to be done or for any neglect or default in the *bona fide* exercise or purported exercise of a power conferred upon that member by this Act. 2014, c. 32, s. 73.

### COMMUNITY HEALTH PLANS

#### **Preparation**

74 (1) Every three years, each community health board shall, either solely or in conjunction with one or more other community health boards, prepare a three-year community health plan to be submitted to the provincial health authority.

- (2) A community health plan must include
  - (a) the goals and objectives of the plan as determined by the community health board through public engagement;
  - (b) the health promotion priorities and initiatives recommended by the community health board for the improvement of the health of the community;

(c) a demonstration that the recommended priorities and initiatives have been established through community consultation; and

(d) proposals for on-going formal consultation and engagement activities with communities, in accordance with the health authority's public engagement plan.

**(3)** A community health board shall support the implementation at the community level of those components of the community health plan that are incorporated into the health-services business plan of the provincial health authority. 2014, c. 32, s. 74.

#### **Role of provincial health authority**

**75 (1)** The provincial health authority shall ensure that community health plans are prepared by community health boards.

**(2)** The provincial health authority shall provide a copy of each community health plan to the IWK Health Centre to assist it in the preparation of its health-services business plan. 2014, c. 32, s. 75.

### FOUNDATIONS

#### **Duties**

**76** Notwithstanding any enactment, trust or agreement by which a foundation is established in respect of a hospital, the foundation shall, as the foundation considers appropriate,

(a) continue to use its funds to benefit the hospital or for any other charitable purpose for which the foundation is established; or

(b) where the hospital is no longer operated as a hospital or no longer exists, use its funds to benefit the health services of the area formerly served by the hospital, subject to the terms of any trust relating to the use of those funds. 2014, c. 32, s. 76.

#### **Audited financial statements**

**77 (1)** A foundation that uses its funds to benefit the provincial health authority or a hospital located in the Province, other than the IWK Health Centre, shall annually provide the provincial health authority with copies of its audited year-end financial statements.

**(2)** A foundation that uses its funds to benefit the IWK Health Centre shall annually provide the IWK Health Centre with copies of its audited year-end financial statements. 2014, c. 32, s. 77.

## REGULATIONS

**Governor in Council regulations**

- 78 (1)** The Governor in Council may make regulations
- (a) prescribing services for the purpose of the definition of “health services”;
  - (b) respecting the reimbursement for expenses of directors;
  - (c) prescribing additional responsibilities of health authorities;
  - (d) prescribing classes of health professionals in relation to which the Minister may make by-laws respecting the granting, variation, suspension and revocation of privileges;
  - (e) prescribing classes of health professionals in relation to which a health authority may make by-laws;
  - (f) prescribing the name of the provincial health authority;
  - (g) prescribing the number of voting and non-voting directors on the board of the provincial health authority;
  - (h) prescribing persons who or classes of persons that are not qualified to be appointed or serve as a director of the provincial health authority;
  - (i) prescribing the term of office for directors of the provincial health authority;
  - (j) establishing management zones within the Province;
  - (k) respecting the reimbursement for expenses of a member of a community health board;
  - (l) defining any word or expression used but not defined in this Act;
  - (m) further defining any word or expression defined in this Act;
  - (n) respecting any matter or thing the Governor in Council considers necessary or advisable to effectively carry out the intent and purpose of this Act.

**(2)** The exercise by the Governor in Council of the authority contained in subsection (1) is a regulation within the meaning of the *Regulations Act*, 2014, c. 32, s. 78.

**Ministerial regulations**

- 79 (1)** The Minister may make regulations
- (a) prescribing matters to be included in the provincial health plan;

- (b) prescribing matters to be included in an accountability framework;
- (c) respecting the reporting requirements for the borrowing of funds by a health authority;
- (d) prescribing the duties of an audit committee;
- (e) prescribing the duties of a quality improvement and safety committee;
- (f) prescribing matters for which performance targets may be established for inclusion in health-services business plans;
- (g) respecting health-services business plans;
- (h) prescribing buildings or sites as being part of the Queen Elizabeth II Health Sciences Centre;
- (i) prescribing the minimum and maximum number of members of a community health board;
- (j) prescribing the person or entity responsible for appointing members of a community health board;
- (k) respecting the process for selecting and appointing members of a community health board;
- (l) respecting the internal reporting and business practices of health authorities;
- (m) designating organizations that transport people with disabilities who have been determined to be eligible for Community Transportation Assistance Program funding or funding in substitution for the Program;
- (n) prescribing parking fees and other parking costs at the facilities of a health authority; and
- (o) notwithstanding any enactment, exempting designated organizations from paying the parking fees and other parking costs at the facilities of a health authority.

(2) The exercise by the Minister of the authority contained in subsection (1) is a regulation within the meaning of the *Regulations Act*, 2014, c. 32, s. 79.

#### **Incorporation by reference**

**80 (1)** A regulation made under this Act may adopt or incorporate by reference, in whole or in part or with modifications, a written standard, rule, regulation or other document relating to any matter in respect of which a regulation may be made under this Act.

(2) A standard, rule, regulation or other document that is adopted or incorporated by reference under subsection (1) may be adopted or incorporated as it reads on a prescribed day or as it is amended from time to time.

(3) Where a standard, rule, regulation or other document is adopted or incorporated by reference under subsection (1), the Minister shall ensure that a copy of the standard, rule, regulation or other document is made publicly available. 2014, c. 32, s. 80.

## LABOUR RELATIONS

### Application of Trade Union Act

**80A (1)** Clause 30(3)(c), subsection 38(3) and Sections 40A and 40B of the *Trade Union Act* do not apply to labour relations between the health authorities, their unionized employees and the councils of unions.

(2) Sections 40A and 40B of the *Trade Union Act* do not apply to labour relations between the health authorities, their unionized employees and the unions. 2015, c. 1, s. 4.

### Bargaining units

**80B (1)** Effective April 1, 2015, there are four bargaining units of unionized employees for each health authority, namely,

(a) a nursing bargaining unit composed of all unionized employees who occupy positions that must be occupied by a registered nurse or a licensed practical nurse;

(b) a health care bargaining unit composed of all unionized employees who

(i) occupy positions that require them to be engaged primarily in a clinical capacity to provide patient care, and

(ii) are not included in the nursing bargaining unit;

(c) an administrative professionals bargaining unit composed of all unionized employees who occupy positions that require them to be engaged primarily in a non-clinical capacity to perform functions that are predominantly administrative or clerical; and

(d) a support bargaining unit composed of all unionized employees who

(i) occupy positions that require them to be engaged primarily in a non-clinical capacity to provide operational support in respect of the provision of health services, and

(ii) are not included in the administrative professionals bargaining unit.

(2) The initial composition of each bargaining unit is as determined in Schedules 3 to 7 to the decision of the mediator-arbitrator dated February 19, 2015.

(3) The integration of seniority of unionized employees in each bargaining unit and the process for determining unionized employees' integrated seniority and resolving any disputes over unionized employees' integrated seniority must be determined in accordance with Schedule 1 to the decision of the mediator-arbitrator dated February 19, 2015. 2015, c. 1, s. 4.

#### Councils of unions

- 80C (1)** There shall be four councils of unions, to be known as
- (a) the Nova Scotia Council of Nursing Unions;
  - (b) the Nova Scotia Council of Health Care Unions;
  - (c) the Nova Scotia Council of Health Administrative Professional Unions; and
  - (d) the Nova Scotia Council of Health Support Unions.

(2) A council of unions must be composed of each union that represents one or more of the unionized employees who compose the bargaining unit that the council of unions is to represent. 2015, c. 1, s. 4.

#### Constitutions of council of unions

**80D (1)** The unions that compose a council of unions shall agree to a constitution for the council of unions that

- (a) is consistent with this Act and Part I of the *Trade Union Act*, except clause 30(3)(c), subsection 38(3) and Sections 40A and 40B of that Act;
- (b) provides the council of unions with the exclusive jurisdiction to bargain on behalf of the bargaining units for which the council of unions is to be certified as the bargaining agent and to conclude a single collective agreement in respect of those bargaining units;
- (c) establishes a process for concluding essential health and community services agreements within the meaning of the *Essential Health and Community Services Act* with the health authorities;
- (d) provides the council of unions with the right and obligation to resolve differences among its members in respect of the administration of a collective agreement, including differences respecting the right or obligation to belong to a particular union within the council of unions; and
- (e) includes provisions respecting the ratification of collective agreements and other collective bargaining processes that reflect the relative membership size of union representation in the bargaining units within the council of unions, while ensuring that no member or group of members of a constituent union is treated in a manner that is arbitrary, discriminatory or in bad faith by the council of unions.

- (2) On or before May 1, 2015, the constitution of a council of unions must be filed with the Labour Board.
- (3) On and after the filing date, the constitution of a council of unions
- (a) is deemed to be an order of the Labour Board; and
  - (b) is binding upon the unions that compose the council of unions and the unionized employees represented by those unions.
- (4) One or more of the unions that compose a council of unions may, in accordance with the constitution of the council of unions, apply to the Labour Board to amend the constitution.
- (5) The parties to an application made under subsection (4) are
- (a) the health authorities;
  - (b) the council of unions, the amendment of whose constitution is the subject of the application; and
  - (c) the unions that compose the council of unions.
- (6) The Labour Board shall decide an application made under subsection (4) in the same manner as it would reconsider, under subsection 19(1) of the *Trade Union Act*, any decision or order made by it under that Act.
- (7) In deciding an application made under subsection (4), the Labour Board shall be guided by any principles respecting the amendment of the constitution of the council of unions that are set out in the constitution. 2015, c. 1, s. 4.

**Bargaining agent**

- 80E (1) On and after the filing date,
- (a) the Nova Scotia Council of Nursing Unions is deemed to be certified as the bargaining agent for the nursing bargaining unit for each health authority;
  - (b) the Nova Scotia Council of Health Care Unions is deemed to be certified as the bargaining agent for the health care bargaining unit for each health authority;
  - (c) the Nova Scotia Council of Health Administrative Professional Unions is deemed to be certified as the bargaining agent for the administrative professionals bargaining unit for each health authority; and
  - (d) the Nova Scotia Council of Health Support Unions is deemed to be certified as the bargaining agent for the support bargaining unit for each health authority,

for the purposes of Sections 33 to 37, subsections 38(1) and (2) and Sections 39, 40, 47 to 52 and 61 to 75 of the *Trade Union Act*.

(2) On and after the filing date, except for the purposes described by subsection (1), a union that, immediately before the filing date, was certified or recognized as bargaining agent for unionized employees in a bargaining unit of a health authority continues to be certified or recognized as the bargaining agent for those unionized employees. 2015, c. 1, s. 4.

#### **Trade Union Act and Essential Health and Community Services Act**

**80F (1)** A council of unions is deemed to be a trade union for the purpose of the *Trade Union Act*.

(2) A council of unions is deemed to be a bargaining agent for the purpose of the *Essential Health and Community Services Act*. 2015, c. 1, s. 4.

#### **Multi-employer collective bargaining**

**80G** The health authorities shall engage in multi-employer collective bargaining to conclude a single collective agreement between the health authorities and a council of unions in respect of the two bargaining units represented by the council of unions. 2015, c. 1, s. 4.

#### **Conduct of votes**

**80H (1)** For the purposes of conducting a vote to ratify a proposed collective agreement or a vote as to whether to strike or not to strike, the two bargaining units represented by a council of unions are deemed to be a single bargaining unit.

(2) The majority required when conducting a vote to ratify a proposed collective agreement between the health authorities and a council of unions is a majority of the votes cast by the unionized employees represented by the council of unions.

(3) For greater certainty, the majority required when conducting a vote as to whether the unionized employees represented by a council of unions are to strike or not to strike is a majority of the unionized employees represented by the council of unions. 2015, c. 1, s. 4.

#### **Collective agreement binding**

**80I** A collective agreement entered into between the health authorities and a council of unions is binding upon the health authorities, the council of unions, the unions that compose the council of unions and every unionized employee in the two bargaining units represented by the council of unions. 2015, c. 1, s. 4.

#### **Application to Labour Board**

**80J (1)** A health authority, a council of unions or a union may apply to the Labour Board for the resolution of any question or problem that has arisen or may arise in relation to the implementation of the provisions of this Act respecting labour relations.

(2) Upon the application being made, the Labour Board shall, by order, make whatever award, give whatever direction or take any other action that in its discretion the Board considers appropriate, to resolve any relevant question or problem including, without restricting the generality of the foregoing, any question relating to the interpretation or application of Schedules 1 to 7 of the decision of the mediator-arbitrator dated February 19, 2015.

(3) Where an application is made under this Section, the Labour Board may make or cause to be made any examination of records or other inquiries, and may hold any hearings that it considers necessary and prescribe the nature of evidence to be furnished to the Labour Board. 2015, c. 1, s. 4.

#### **Where council of unions guilty of offence**

**80K** Where a council of unions is guilty of an offence under any enactment, each of the unions that compose the council of unions is also guilty of an offence and is liable on summary conviction to the penalties set out in the enactment, whether or not the council of unions has been prosecuted or convicted. 2015, c. 1, s. 4.

#### TRANSITIONAL

#### **Consequences of Act coming into force**

**81 (1)** In this Section, “district health authority” means a district health authority as defined in the former Act but does not include the IWK Health Centre.

(2) Subject to any order issued under subsection 87(1) or Section 93, upon the coming into force of this Section,

(a) all assets and liabilities of all district health authorities, including all employee benefits and entitlements, become the assets and liabilities of the provincial health authority;

(b) all employees of all the district health authorities become employees of the provincial health authority;

(c) the continuity of employment of the employees of a district health authority is not broken by the effect of clause (b);

(d) the provincial health authority is substituted for a district health authority in respect of any agreement to which the district health authority is a party;

(e) subject to subsection 86(1), every employee of the provincial health authority who was an employee of a district health authority immediately before the coming into force of this Section is employed by the provincial health authority on the same terms and conditions as to salary and benefits as those under which the employee was an employee of the district health authority, until changed by collective agreement or contract of employment;

(f) every employee of a district health authority who becomes an employee of the provincial health authority under clause (b) is deemed to have been employed by the provincial health authority for the same period of employment that the employee was credited with as an employee of the district health authority;

(g) benefits accumulated by an employee of a district health authority while employed by the district health authority are vested in the employee and the employee is entitled to receive those benefits from the provincial health authority; and

(h) the provincial health authority is a successor employer for the purpose of the *Pension Benefits Act*.

(3) The vesting under subsection (2) of any asset of a district health authority in the provincial health authority does not void any policy of insurance with respect to the asset, including any public liability policy, and the provincial health authority is deemed to be the insured party for the purpose of any such policy. 2014, c. 32, s. 81.

#### By-laws

**82 (1)** Where, on the coming into force of this Section, by-laws respecting the matters referred to in subsection 20(1), Section 21 and subsection 22(1) have been

(a) made by the Minister under Sections 22 and 23 of the former Act; or

(b) made by the Capital District Health Authority, as defined by the former Act, and approved by the Minister under subsection 24(1) of the former Act,

those by-laws remain in effect and apply to the provincial health authority until such time as they are replaced with new by-laws made under this Act.

(2) Where, on the coming into force of this Section, by-laws respecting the matters referred to in subsection 20(1), Section 21 and subsection 22(1) have been made by the Board of Directors of the IWK Health Centre under Section 10 of the former IWK Health Centre Act and approved by the Minister under Section 6 of the *Hospitals Act*, those by-laws remain in effect and apply to the IWK Health Centre until such time as they are replaced with new by-laws made under this Act. 2014, c. 32, s. 82.

#### Application of collective agreements in force before April 1, 2015

**83 (1)** Subject to subsection (2), for each bargaining unit, until a new collective agreement is concluded, the collective agreements pertaining to the unionized employees in the bargaining unit and in force immediately before April 1, 2015, must be applied in accordance with the protocol set out in Schedule 2 to the decision of the mediator-arbitrator dated February 19, 2015.

(2) Notwithstanding Schedule 2 to the decision of the mediator-arbitrator dated February 19, 2015, any dispute between a health authority and a union regarding the interpretation or implementation of the protocol set out in Schedule 2 must be resolved by the Labour Board. 2015, c. 1, s. 5.

#### **Application of Trade Union Act before conclusion of first collective agreement**

**84** Until the first collective agreement is concluded between a health authority and a council of unions, Sections 23 to 26 of the *Trade Union Act* do not apply to labour relations between the health authority, its unionized employees and

- (a) the council of unions; or
- (b) the unions that compose the council of unions in their capacity as bargaining agents for the unionized employees. 2015, c. 1, s. 5.

#### **Orders of mediator-arbitrator**

**85 (1)** The order of the mediator-arbitrator dated February 19, 2015, to the extent that it declares the Nova Scotia Government Employees Union to be the exclusive bargaining agent for the unionized employees in the health care bargaining units of the provincial health authority and the IWK Health Centre, is void *ab initio*.

(2) The order of the mediator-arbitrator dated February 25, 2015, is void *ab initio*. 2015, c. 1, s. 5.

**86 to 97** *repealed 2015, c. 1, s. 5.*

#### **Prohibitions before filing date**

**98** Before the filing date, neither a district health authority nor a union may

- (a) give notice under Section 33 or 34 of the *Trade Union Act* requiring the other to commence collective bargaining;
- (b) commence or continue collective bargaining under Section 35 of that Act; or
- (c) notwithstanding Sections 5 to 7 of the *Essential Health and Community Services Act*, commence or continue negotiations for an essential health or community services agreement. 2014, c. 32, s. 98; 2015, c. 1, s. 6.

#### **Further prohibitions**

**99** Before the filing date,

- (a) no district health authority shall authorize, declare, cause or continue a lockout of any of its unionized employees;
- (b) no union shall authorize, declare, cause or continue a strike by any unionized employees against a district health authority; and

(c) no unionized employee shall participate in a strike against a district health authority. 2014, c. 32, s. 99; 2015, c. 1, s. 7.

### **Impeding compliance**

**100** No person or organization shall

(a) do anything to prevent or impede a unionized employee's compliance with Section 99 or aid or abet a unionized employee to not comply with Section 99; or

(b) fail to do anything for the purpose of preventing or impeding a unionized employee's compliance with Section 99 or for the purpose of aiding or abetting a unionized employee to not comply with Section 99. 2014, c. 32, s. 100.

### **Offence and penalties**

**101** A person who contravenes Section 99 or 100 is guilty of an offence and is liable on summary conviction

(a) in the case of an offence committed by a district health authority or union, or by a person acting on behalf of a district health authority or union, to a fine of not more than \$100,000 and, in the case of a continuing offence, to a further fine of \$10,000 for each day on which the offence continues; and

(b) in the case of an offence committed by any person or organization other than a district health authority or union, to a fine of not more than \$1,000 and, in the case of a continuing offence, to a further fine of \$200 for each day on which the offence continues. 2014, c. 32, s. 101.

### **Strikes, lockouts and periods following conciliation reports**

**102 (1)** Any lockout or strike between a district health authority and a union that is taking place at the time this Section comes into force must cease until the filing date.

(2) Where, on the coming into force of this Section, a conciliation officer has filed a report pursuant to subsection 38(1) of the *Trade Union Act* and the 14-day period provided for in subsection 47(1) of the *Trade Union Act* has begun, no further time of that period elapses until the filing date.

(3) Where, before April 1, 2015, a conciliation officer files a report pursuant to subsection 38(1) of the *Trade Union Act*, the 14-day period provided for in subsection 47(1) of the *Trade Union Act* does not begin until the filing date. 2014, c. 32, s. 102; 2015, c. 1, s. 8.

**103 and 104** *repealed 2015, c. 1, s. 9.*

REPEALS AND  
CONSEQUENTIAL AMENDMENTS**Unproclaimed amendment to this Act**

**105** Subsection 80A(2) is repealed. 2015, c. 1, s. 10.

**106** repealed 2015, c. 1, s. 10.

**Correctional Services Act amended**

**107** and **108** amendments

**Drug Dependency Foundation Act repealed**

**109** Chapter 134 of the Revised Statutes, 1989, the *Drug Dependency Foundation Act*, is repealed. 2014, c. 32, s. 109.

**Emergency Department Accountability Act amended**

**110** to **114** amendments

**Essential Home-support Services (2014) Act amended**

**115** amendment

**Freedom of Information and Protection of Privacy Act amended**

**116** amendment

**Gunshot Wounds Mandatory Reporting Act amended**

**117** and **118** amendments

**Former Act repealed**

**119** The former Act is repealed. 2014, c. 32, s. 119.

**Health Council Act repealed**

**120** Chapter 13 of the Acts of 1990, the *Health Council Act*, is repealed. 2014, c. 32, s. 120.

**Health Council Appointments (1998) Act repealed**

**121** Chapter 2 of the Acts of 1998, the *Health Council Appointments (1998) Act*, is repealed. 2014, c. 32, s. 121.

**Health Protection Act amended**

**122** to **126** amendments

**Hospital Services Planning Commission Act repealed**

**127** Chapter 206 of the Revised Statutes, 1989, the *Hospital Services Planning Commission Act*, is repealed. 2014, c. 32, s. 127.

**Hospital Trusts Act repealed**

**128** Chapter 207 of the Revised Statutes, 1989, the *Hospital Trusts Act*, is repealed. 2014, c. 32, s. 128.

**Hospitals Act amended**

**129 and 130** amendments

**Human Organ and Tissue Donation Act amended**

**131 and 132** amendments

**Insured Health Services Act amended**

**133 and 134** amendments

**Involuntary Psychiatric Treatment Act amended**

**135 and 136** amendments

**Former IWK Health Centre Act repealed**

**137** The former IWK Health Centre Act is repealed. 2014, c. 32, s. 137.

**Mandatory Testing and Disclosure Act amended**

**138 to 140** amendments

**Medical Imaging and Radiation Therapy Professionals Act amended**

**141 and 142** amendments

**Medical Act amended**

**143 to 145** amendments

**Municipal Hospitals Loan Act repealed**

**146** Chapter 303 of the Revised Statutes, 1989, the *Municipal Hospitals Loan Act*, is repealed. 2014, c. 32, s. 146.

**Nova Scotia Hospital Act repealed**

**147** Chapter 313 of the Revised Statutes, 1989, the *Nova Scotia Hospital Act*, is repealed. 2014, c. 32, s. 147.

**Patient Safety Act amended**

**148 to 150** amendments

**Personal Health Information Act amended**

**151** amendment

**Poverty Reduction Working Group Act amended**

152 *amendment*

**Queen Elizabeth II Health Sciences Centre Act repealed**

153 Chapter 15 of the Acts of 1995-96, the *Queen Elizabeth II Health Sciences Centre Act*, is repealed. 2014, c. 32, s. 153.

**Safer Needles in Healthcare Workplaces Act amended**

154 *amendment*

**Effective date**

155 (1) Sections 5 to 82 and 107 to 154 come into force on April 1, 2015.

(2) Section 105 comes into force on such day as the Governor in Council orders and declares by proclamation. 2014, c. 32, s. 155; 2015, c. 1, s. 11.

s. 105 - not proclaimed

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