Edmonton AB, T5M

August 20, 2026

The Right Honourable Mark Carney, P.C., M.P.
Prime Minister of Canada
80 Wellington Street
Ottawa, Ontario K1A 0A2

The Honourable Marjorie Michel, P.C.
M.P. Minister of Health House of Commons
Ottawa, Ontario K1A 0A6

The Honourable Eleanour Olszewski
M.P. Minister of Emergency Management and Community Resilience
Ottawa, Ontario K1A 0A6

Delivered by email, fax, and mail, often in duplicate to ensure delivery.
CC: Alberta Minister of Health, ANDP Critic for Health, Alberta Party Leader, and MLA Edmonton-Glenora

Re: Your failure to enforce the Canada Health Act against Alberta, and what I expect you to do before September 1, 2026

Prime Minister and Minister Michel,

Alberta's two-tier surgical system launches in twelve days. Your government has known about it for eight months. In that time, you have produced one expression of concern and one departmental statement that you "are listening." Listening is not a statutory power. Sections 14 and 15 of the Canada Health Act are. You have not used them.

I am writing as an Albertan who is about to lose equal access to medically necessary care while the federal minister responsible for preventing exactly that outcome declines to say, out loud, whether it is lawful.

The record, which you already have

Alberta did not do this quietly or ambiguously. It did it in three deliberate stages, on the public record, with dates.

The Health Statutes Amendment Act, 2025 (No. 2) was assented to on December 18, 2025. It amended the Alberta Health Care Insurance Act to create "flexibly participating physicians," permitting the same surgeon to bill the public plan and charge patients privately for the same category of procedure. No other province permits concurrent practice of this kind. Rollout was announced on June 18, 2026, with implementation this September.

The Health Statutes Amendment Act, 2026 was assented to on May 14, 2026. It created "preventative health testing services," accessible by self-referral, with private insurance billed first, the public plan paying a capped residual last, and no appeal from a denial.

Then, on July 22, 2026, while first ministers were meeting in Charlottetown to discuss public health care, Alberta's Executive Council signed three Orders in Council. One brought the 2026 Act into force on July 31. Order in Council 268/2026 amended the Alberta Health Care Insurance Regulation to declare "preventative health testing services" not insured services, and to reclassify them as extended health services. As of July 31, an Albertan with a credit card can buy an MRI, CT, ultrasound or X-ray without a referral. An Albertan without one waits.

The timing of those Orders in Council was not an accident, and neither was their content. They exist to manufacture legal cover for private facilities, insurers and physicians ahead of the September launch. Alberta is not testing your resolve. It has already concluded you have none.

The province's defence is a relabelling exercise, and you know it

Alberta says it is compliant because it has designated these services as uninsured. That is the entire argument. It should have taken your department a week to reject it.

Section 2 of the Canada Health Act defines insured health services by reference to what is medically required and medically necessary. It does not defer to whatever a province writes in a regulation. If a provincial Order in Council can strip a medically necessary MRI of its federal character by renaming it "preventative," then sections 18, 19 and 20 are decorative, the Canada Health Transfer has no conditions attached to it, and every other province now has a template. That is the actual stake here, and it is not confined to Alberta.

A scan is the gate to treatment. A patient who buys a scan enters the surgical queue ahead of a patient still waiting for the same scan in the public system. That is purchased preferential access to medically necessary care. Section 12(1)(a) prohibits access being precluded or impeded by charges or by other means. Your own Diagnostic Services Policy of 2018 exists precisely to capture this conduct through mandatory deductions. Your government intervened in the Cambie litigation to defend this principle in court. Interpretation letters were issued in 1995 and 2023 to defend it against new delivery models. There is a consistent federal position stretching back three decades, and this is the moment it either means something or is abandoned.

On dual practice specifically

Alberta's dual practice surgeons will be drawn from the same finite pool of surgeons, anesthetists, nurses and medical radiation technologists that staffs the public system. There is no second workforce. Every hour redirected to a paying patient is an hour taken from a waiting one. The province calls this adding capacity. It is reallocating capacity by income. Alberta's own record with for-profit surgical contracting has produced longer public waits for the majority of tracked priority procedures, including cancer surgeries. The government's core factual claim is contradicted by its own results, and your department has said nothing about it.

What I expect, and by when

1. Open the section 14 consultation with Alberta in writing before September 1, 2026, on the compliance of the dual practice provisions with sections 10 and 12, and publish the date you did it. This costs you nothing, requires no Cabinet decision, and

is a precondition to every other remedy. Eight months of not doing it is not caution. It is abdication.

2. Order a Diagnostic Services Policy assessment of every charge for self-referred imaging in Alberta since July 31, 2026. Deductions under section 20 for user charges and extra-billing are mandatory, not discretionary. If these services are medically necessary, you have no residual policy judgment to exercise. Make the finding.
3. Issue an interpretation letter to all provinces and territories stating unambiguously whether a province may (a) authorize concurrent public and private practice by the same physician, and (b) place a medically necessary diagnostic service beyond federal reach by calling it preventative. Every other premier is watching for your answer, and your silence is the answer they are currently receiving.
4. Compel disclosure under section 13(b) of dual practice and preventative testing volumes, revenues and public wait time impacts, and table it in Parliament. Enforcement you refuse to measure is enforcement you can pretend is happening.
5. Confirm publicly that any deduction will not be offset by other federal transfers to Alberta. A penalty refunded through a different envelope is theatre.

I do not want a reply that recites the five principles of the Canada Health Act back to me. I know them. I want to know which of the five items above you are doing, and on what date.

If your answer is that you will do none of them, say so plainly, so that Albertans understand that the federal guarantee of equal access to health care expired quietly in the summer of 2026 and that no one in Ottawa was willing to put their name to its ending.

Albertans cannot wait. We’re dying in the emergency room. We need federal intervention yesterday.