ALBERTA MEDICAL ASSOCIATION

Section of Family Medicine

Bulletin

June 24, 2026

Dear Members,

Next week, as many as 50,000 of the approximately 80,000 Albertans currently receiving Assured Income for the Severely Handicapped (AISH) will be transitioned to the Alberta Disability Assistance Program (ADAP). According to the government website, ADAP was created to empower disabled Albertans "to pursue meaningful employment while continuing to receive the financial, health and personal supports they need." In reality, employment barriers for those living with disabilities are incredibly challenging, with unemployment rates for Canadians with severe disabilities hovering at approximately 50%. Even with the employment supports government promises will be provided, it seems unlikely that the transition to ADAP will result in the empowerment the government envisions.

Currently, AISH clients receive up to $1,940 a month, but after a grace period that runs until the end of 2027, ADAP clients will receive just $1,740 per month, or $20,880 annually. For comparison, using Statistics Canada's Market Basket Measure, a single person living in Calgary is considered to be living in poverty if their annual income falls below $28,954. In Edmonton, that amount is $28,600. As family physicians, we witness daily the strained financial circumstances and economic realities of patients who are supported by AISH. It is hard to imagine it could get worse, but that is what is about to happen.

The July 1 transition to ADAP will happen automatically, except for the approximately 30,000 disabled Albertans who are 60 years of age or older, have severe and profound developmental disabilities, people living in continuing care homes and individuals with palliative or terminal medical conditions, as explained in a government fact sheet. Those who wish to remain on AISH must reapply and undergo a new medical assessment, despite having already been assessed as eligible for AISH. The government has indicated they will pay for one assessment, which can be completed by a family physician or a specialist, using a form that is expected to be substantially longer than the current form, as it now includes multi-page sections mapping out physical limitations and a list of work-capacity questions. It will be complicated and arduous for both patients and physicians, and I have no expectation that the fee provided will come close to reflecting the effort involved or compensating physicians for their time. Once the form is completed, it will be submitted to a government adjudicator, and if it meets certain criteria, the application will be forwarded to a government-appointed Medical Review Panel. The panel will review the report and make a decision, which cannot be appealed.

Notification letters informing AISH clients if they would remain on AISH or be transferred to ADAP began arriving in mid-May, and it quickly became clear the criteria were not always being followed. Several accounts on social media and news stories described situations where people

who were profoundly disabled had been inexplicably transitioned to ADAP. Individuals and their families are left bewildered by these decisions and unsure of what to do next.

The transition has created immense distress in Alberta's disability community, and deep concern among the many Alberta physicians who care for them. I've written about it previously, both in an SFM Bulletin and as part of an op-ed that ran in the Calgary Herald. So have many others, including disability activists, who warned that the fear and worry created by the transition was pushing people to the edge. Earlier this month, it became known that a member of Alberta's disability community had committed suicide after sharing on social media that the transition to ADAP had pushed him to "end everything." It's a tragic example of the impact this transition is having on people who are already struggling. ADAP isn't empowering anything but anxiety.

Several Alberta physicians have called on government to pause the transition to allow for more consultation. At least a dozen Alberta municipalities have echoed that call, filing Notices of Motion asking government to pause ADAP. Any Albertan who shares these concerns should email the Minister of Assisted Living and Social Services at ALSS.Minister@gov.ab.ca and let government know. With one week until the transition happens, government has a narrow window to reconsider this action which will be so injurious to so many.

New dual practice model to begin this fall

On June 18, government announced that the dual practice model outlined under Bill 11 will begin this September, and physicians will be able to bill surgeries in both the public and private system, in either accredited chartered surgical facilities or hospitals. In their news release, government specified that eligible surgeries would include orthopedic procedures, hip and knee replacements, cataract surgery, select ear, nose and throat procedures, gynecological surgeries, dermatology, plastic surgery and minimally invasive general surgeries such as hernia repair. That same release notes that family physicians are not eligible to participate, unless they have subspecialties in anesthesia or surgical assistance, and that emergency and life-saving services will remain exclusively publicly funded.

It's a complex and polarizing issue for many physicians here in Alberta, and across the country. Several health organizations have cautioned that it weakens public health care and undermines the Canada Health Act, with some calling on the federal government to intervene. Critics have said it introduces American-style for-profit, two-tiered health care that will allow the wealthy to buy their way to the front of the queue for health care. Supporters say it will shorten wait times and create better access to care. Most agree we still need more details.

The AMA had previously shared a list of 70 proposed safeguards for dual practice, and since the announcement, Dr. Brian Wirzba has given several media interviews where he reiterated the importance of those safeguards and the need for more information. He made it clear that the AMA had hoped for more input and more discussions before implementation proceeded.

Your SFM Executive will be watching for further details and will share information with you as it becomes available.

The importance of family doctors underscored in second AMA *State of Health Care – 2026 Report* findings

On Monday, the AMA shared some of the findings from its second annual *State of Health Care – 2026 Report*, with a news release discussing the importance of family doctors as the foundation of the health care system. This year's report notes that more than eight in ten Albertans saw a family doctor in the past year, and that when Albertans can access that care, satisfaction is high. Those patients consistently describe family doctors as skilled, compassionate and dedicated.

The report confirms something family physicians already know – that access to a family doctor shapes overall health care experiences. Albertans who can get an appointment when they need one have significantly higher satisfaction with the health system. It speaks to our role in providing timely, essential care, and in helping patients navigate an increasingly complex health system. While none of this is surprising, it's validating to know that the survey confirms the importance and the impact of what we do.

The survey also discusses some of the challenges Albertans still face in accessing a family physician, with nearly three in ten people reporting that no physicians are accepting patients where they live, especially in rural and smaller communities. Even those with a family doctor struggle to get timely appointments, with 78% of walk-in clinic users saying they go because they can't see their family doctor soon enough.

The full report will be available on June 25, and I encourage you all to spend some time reviewing its findings.

As always, I can be reached at familymedicine@albertadoctors.org if you have any questions or comments you wish to share.

Sincerely,

Dr. Sarah Bates, President
Section of Family Medicine
On behalf of your SFM Executive