Charging Fees for Uninsured Services and Sale of Products:

Standards for Nurse Practitioners

(Not in effect until approved)

Purpose

This standard ensures that nurse practitioners (NPs) manage charging fees for uninsured services and sale of **products** ethically and transparently while prioritizing patient trust and equitable care. NPs must understand their compensation arrangements and clearly communicate the costs of services. Service recommendations must be based on evidence and patient needs, free from bias or conflicts of interest. **Publicly funded health services** must always be offered before uninsured services, with clear explanations of associated costs. NPs are prohibited from selling medications, as outlined in the *Health Professions Act*. Fees for uninsured services, including **block fees**, must be reasonable, transparent and not create barriers to care. Medically necessary treatments must never be withheld due to unpaid fees.

Criteria

To meet this standard, NPs must:

- 1. Understand their compensation arrangements and know what is permissible (e.g., billing patients for missed appointments).
- 2. Not sell medications per the Health Professions Act.
- **3.** Manage any conflicts of interest by:
 - **3.1.** Base service recommendations on patient needs, evidence and circumstances such as the ability to pay for uninsured services.
 - **3.2.** Clearly communicate which services are publicly funded health services and which services are uninsured thereby requiring payment from the patient.
 - **3.3.** Offer publicly funded health services before offering uninsured services.
- **4.** Provide evidence based and unbiased information about available treatment options, avoiding provider preferred treatment options.
- **5.** Ensure that charges for uninsured services, whether through individual or block fees, are managed by:
 - **5.1.** Ensure charges are reasonable, reflecting professional and administrative costs while considering the patient's financial circumstances.
 - **5.2.** Inform patients or third parties about fees before the service is provided.

- **5.3.** Avoid upfront payments in urgent or emergency situations.
- **5.4.** Provide detailed invoices upon request.
- **5.5.** Take responsibility for fee discussions, even if an office staff member initially provides information.
- **5.6.** Ensure general notices about fees do not replace direct patient communication.
- **5.7.** Never charge fees for simply being available to provide services.
- **5.8.** Never withhold medically necessary treatments due to unpaid fees.
- **6.** When charging a block fee for uninsured services, ensure that:
 - **6.1.** The fees are provided as written options in plain language, explaining the time frame and what services are included.
 - **6.2.** Patients are given the choice between paying block fees or paying for services individually.
 - **6.3.** Publicly funded health services are not refused to patients who do not pay the block fee.
 - **6.4.** Services for which the NP is compensated through other means or that are publicly funded are not included in the block fee.
 - 6.5. Preferential treatment is not offered to patients who pay the block fee.
- 7. Sell products transparently by:
 - **7.1.** Disclosing any financial interest in the product.
 - **7.2.** Not selling the product at no more than the fair market price plus a reasonable handling cost.
- **8.** Maintaining detailed records of product, including:
 - **8.1.** Cost, including any additional costs incurred.
 - **8.2.** Name of the manufacturer and supplier.
 - **8.3.** Date the product supplied.
 - **8.4.** Expiry date of the product.

Glossary

BLOCK FEE – A fixed fee for designated uninsured services provided over a specific time period.

PRODUCTS – Any product, device or appliance offered for the diagnosis, treatment or prevention of health conditions. This includes both medically necessary (e.g., medical appliances) and optional products (e.g., aesthetic products).

PUBLICLY FUNDED HEALTH SERVICES – Health services paid by publicly funded health insurance (e.g. Alberta Health Care Insurance Plan) that are deemed necessary. Individuals do not need to pay out of pocket for these services.

References

Alberta Government (2024). *Health Professions Act*. https://kings-printer.alberta.ca/1266.cfm?page=H07.cfm&leg_type=Acts&isbncln=9780779848430

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