

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

ANDREA HEWARD, ANDREW CHARLES HEWARD,
KELLY HUTCHINS, DARLENE HUTCHINS,
DANIEL WELLS and NANCY WELLS

Plaintiffs

- and -

ELI LILLY & COMPANY and ELI LILLY CANADA INC.

Defendants

Proceedings under the *Class Proceedings Act, 1992*, S.O. 1992, c.6

**SECOND AMENDED FRESH AS AMENDED
STATEMENT OF CLAIM**

1. The plaintiffs claim, on behalf of themselves and on behalf of all members of the class of persons described below (the class):

- (a) an order certifying this proceeding and appointing them as representative plaintiffs for the class and any appropriate sub-classes;
- (b) damages in the amount of \$900,000,000.00, or such other sum as this

Honourable Court deems just;

AMENDED THIS JAW 26/07 PURSUANT TO
MODIFIÉ CE _____ CONFORMÉMENT À
 RULE/LA RÈGLE 26.02 (A)
 THE ORDER OF _____
L'ORDONNANCE DU _____
DATED / FAIT LE _____
REGISTRAR [Signature] GREFFIER
SUPERIOR COURT OF JUSTICE COUR SUPÉRIEURE DE JUSTICE

- (c) special damages on account of, among other things, all medical and other expenses for testing, treatment and medical monitoring in such amount as is proved at trial;
- (d) in the alternative to the claim for damages, payment of the revenues realized by the defendants from their sales of the prescription drug Zyprexa®;
- (e) punitive, aggravated and exemplary damages in the sum of \$10,000,000.00;
- (f) prejudgment and post-judgment interest in the amount of 10% compounded annually or, in the alternative, in accordance with the *Courts of Justice Act*, as amended;
- (g) their costs of this action on a substantial indemnity basis, plus GST;
- (h) such other relief as this Honourable Court may deem just.

2. The plaintiff, Andrea Heward (“Heward”), is a 33 year old mother of two children aged 14 and 10 who lives in North Bay, Ontario. She had been employed as a law clerk until approximately December 2003 when she was no longer able to work because of the medical issues in this lawsuit and specifically the diagnosis pleaded below.

3. The plaintiff, Andrew Charles Heward resides in North Bay, Ontario, and is the spouse of Heward and claims under the *Family Law Act*, R.S.O. 1990, c. F.3, s. 61 (the “FLA”).

4. The plaintiff, Daniel Wells (“Wells”), is 52 years old and lives in Peterborough, Ontario. He was employed as a police officer until 1989 and since then has been on a disability pension.

5. The plaintiff, Nancy Wells, resides in Peterborough, Ontario, and is the spouse of Daniel Wells and claims under the FLA.

6. The plaintiff, Kelly Hutchins (“Hutchins”), is 50 years old and resides in Vermilion, Alberta. He was employed as a manager at a grocery store until approximately 2001, and since then he has only been able to work part-time as a dishwasher.

7. The plaintiff, Darlene Hutchins, resides in Vermilion, Alberta, and is the spouse of Kelly Hutchins and claims under the FLA or, in the alternative the *Tortfeasors Act*, R.S.A. 2000, c. T.5. ~~Domestic Relations Act~~, R.S.A. 2000, c. D-14, s. 46 (the “DRA”).

8. The defendant, Eli Lilly Canada Inc. (“EL Canada”) is a Canadian corporation with a registered head office in the City of Toronto, in the Province of Ontario and other offices across Canada. EL Canada is an affiliate or subsidiary of the defendant, Eli Lilly & Company (“EL US”).

9. EL Canada has imported, marketed and distributed the prescription drug Zyprexa[®] (olanzapine) throughout Canada since 1996. Zyprexa[®] is a member of the class of drugs known as atypical anti-psychotics.

10. EL US is incorporated in the State of Indiana in the United States of America. EL US manufactured Zyprexa[®] and distributed it throughout the world, including throughout Canada.

11. At all material times EL Canada and EL US (collectively referred to as “Eli Lilly”) carried on business jointly in and throughout Canada. Collectively Eli Lilly researched, developed, tested, manufactured, marketed, distributed and sold Zyprexa[®] for use by patients throughout Ontario and Canada.

12. The plaintiff pleads that by virtue of the acts and omissions described herein, the defendants are liable in damages to them and to the class members and that each defendant is responsible for the acts and omissions of the other defendant for the following reasons:

- (a) each was the agent of the other;
- (b) each company’s business was operated so that it was inextricably interwoven with the business of the other as set out above;
- (c) each company entered into a common advertising and business plan to manufacture, distribute, market and sell Zyprexa[®];

- (d) each defendant owed a duty of care to the other and to each class member by virtue of the common business plan to manufacture, distribute, market and sell Zyprexa®;
- (e) the defendants intended that their businesses be run as one global business organization.

ZYPREXA®

13. Zyprexa® was approved in the United States and Canada to treat the symptoms of schizophrenia in 1996. Zyprexa® was approved in the United States and Canada to treat the symptoms of bipolar disorder in 2003. It is also used to treat depression, Alzheimer symptoms, anorexia and a myriad of other mental illnesses and conditions.

14. The defendants marketed and distributed Zyprexa® as a drug which was safer and more effective than other drugs for these illnesses.

15. The defendants, however, consistently failed to disclose or warn Canadian patients of the significantly increased risk of diabetes and related complaints (which are described as follows: hyperglycemia, pancreatitis, metabolic acidosis, ketoacidosis, other blood sugar disorder, dyslipidemia, including high cholesterol and triglyceride levels, weight gain, non-ketonic hyperosmolar states, neuroleptic malignant syndrome, tardive

dyskinesia and stroke (in elderly patients) from ingesting Zyprexa[®]. The defendants knew or ought to have known of the significantly increased risks associated with the use of Zyprexa[®] by late 2000 at the latest.

16. In 2003, there were more than \$4,000,000,000 of sales of Zyprexa[®] worldwide. Total sales of Zyprexa[®] in Canada were valued at \$223,000,000 in 2002. There were 6,000,000 prescriptions for Zyprexa[®] in Canada over the 12 months ending October 2003.

17. This action is brought on behalf of the plaintiffs and a class of persons similarly situated.

18. The defendants owed to the plaintiffs and class members a duty of care:

- (a) to ensure that Zyprexa[®] was appropriately tested to determine whether there were any potentially adverse effects of taking Zyprexa[®];
- (b) to ensure that Zyprexa[®] was fit for its intended or reasonably foreseeable use;
- (c) to warn the plaintiffs and the plaintiff class that ingestion of Zyprexa[®] carried a significant risk of diabetes or related complaints;
- (d) to conduct adequate tests and clinical trials to determine the degree of risk associated with ingesting Zyprexa[®];

- (e) to ensure that prescribing physicians were kept fully and completely informed of all risks associated with ingesting Zyprexa®;
- (f) to conduct ongoing tests and clinical trials with long term followup to determine the long term effects and risks of continued ingestion of Zyprexa®;
- (g) to monitor, investigate, evaluate and follow up on adverse reactions to the use of Zyprexa® throughout the world;
- (h) to properly inform Health Canada and other regulatory agencies of the risks of diabetes or related complaints associated with ingesting Zyprexa®;

DEFENDANTS NEGLIGENTLY BREACHED THEIR DUTY OF CARE

19. The defendants breached their duty of care to the plaintiffs and the plaintiff class as described above in the following respects:

- (a) the defendants failed to conduct adequate tests and clinical trials initially and on an ongoing basis to determine the risks associated with the use of Zyprexa®;
- (b) the defendants manufactured, marketed, distributed and sold Zyprexa® without adequately disclosing the significantly increased risk of diabetes or related complaints associated with ingesting Zyprexa® (the “risks”);

- (c) the defendants failed to give Health Canada complete and accurate information concerning Zyprexa[®] by failing to disclose the risks on a timely basis;
- (d) the defendants failed to adequately warn the plaintiffs, plaintiff class and their physicians of the risks then known or which were reasonably foreseeable in using Zyprexa[®]. Indeed, none of the various warnings provided to by the doctors were adequate;
- (e) the defendants, with full knowledge that Zyprexa[®] posed this significant increased risk of diabetes or related complaints, failed to warn the plaintiffs and plaintiff class of same and instead continued to sell, market and distribute Zyprexa[®] throughout Canada;
- (f) the defendants failed to warn the plaintiff class and their physicians about the need for comprehensive regular medical monitoring to ensure early discovery of the potentially fatal health related complications from the use of Zyprexa[®] set out in paragraph 15 above;
- (g) the defendants failed to provide proper long term investigations of the effects and risks of continued use of Zyprexa[®];
- (h) the defendants failed to adequately monitor, evaluate and act upon adverse reactions to Zyprexa[®] in Canada and throughout the world;
- (i) the defendants failed to establish any adequate procedures to educate their sales representatives and prescribing physicians respecting the correct usage of Zyprexa[®] and the risks associated with the drug;

(j) in particular, the defendants continued to manufacture, distribute and sell Zyprexa[®] notwithstanding:

(i) ~~on November 28, 2001, the *Journal of the American Medical Association* published a letter written by Dr. Elizabeth Koller (a medical officer with the United States Food & Drug Administration (“FDA”)) and Dr. P. Murali Doraiswamy (Duke University Psychiatrist) warning that according to FDA’s MedWatch Data, patients taking either Olanzapine (Zyprexa[®]) or Clozapine were 10 times more likely to become diabetic than the general population;~~

(i) a 2001 report in the *Journal of Clinical Psychiatry* reported that the FDA was aware of 19 cases of diabetes associated with the use of Zyprexa[®] and that one of the patients ultimately died of necrotizing pancreatitis associated with diabetes;

(ii) a study conducted by Dr. Elizabeth A. Koller and Dr. P. Murali Doraiswamy the July 2002 issue of *Pharmacotherapy* identified 237 cases of Zyprexa[®] - associated glucose abnormalities. The cases were generated from the FDA MedWatch drug surveillance system covering the period from January 1994 through May 15, 2001, and the study concluded:

“These results suggest a causal relationship between (Zyprexa[®]) olanzapine and development or worsening of diabetes. The onset of hyperglycemia

may be rapid and severe, the association is not dose-dependant and the risk does not vanish with extended therapy...because spontaneous adverse event surveillance can neither establish causality nor determine true incidence and prevalence, further research is indicated.”

Of those studied who developed those abnormalities, 100 patients developed ketosis (serious complication of diabetes) and 22 people developed pancreatitis;

- (iii) an August 2002 study by Messrs. Koro and Fedder in the *British Medical Journal* examined the records of 19,637 patients who had been diagnosed and treated for schizophrenia. It noted those taking Zyprexa[®] had a significant increase in the risk of diabetes and researchers reported:

“After adjustment for personal risk factors and concomitant drug use, patients taking conventional or newer antipsychotics antibiotics for schizophrenia have an increased risk of diabetes. The risk was significantly increased with the new anti-psychotic [Zyprexa[®]] olanzapine but not with the other newer anti-psychotic, risperidone...[Zyprexa[®]] olanzapine use is consistently associated with a clinically important increased risk of diabetes, and this association, after adjustment for relevant risk factors, is significant.”

- (iv) on April 16, 2002, the Japanese Ministry of Health issued a safety alert concerning the incidence of hyperglycaemic abnormalities associated with the use of Zyprexa[®]. The Japanese Ministry cited 2

deaths and 7 cases of diabetic comas in the preceding 10 months relating to Zyprexa®;

(v) as a consequence of the safety alert issued by the Japanese Ministry of Health, a strong highlighted warning appeared at the beginning of the Zyprexa® label in Japan which apparently warned as follows:

- “• Olanzapine is contraindicated for use in patients with diabetes or a history of diabetes.
- Olanzapine should be used with caution in patients with risk factors for diabetes, including hyperglycemia, obesity or a family history of diabetes.
- Patients receiving olanzapine should be carefully monitored for symptoms of hyperglycemia and the drug should be discontinued if such symptoms occur. The symptoms of severe hyperglycemia include weakness, excessive eating, excessive thirst and excessive urination.
- Physician should educate patients and their family members about the risk of serious hyperglycemia associated with the olanzapine and how to identify the symptoms of hyperglycemia.”

(vi) In the year 2002, the Medical Control Agency, which is the British equivalent of Health Canada ordered Eli Lilly to revise the Zyprexa® package insert for the United Kingdom to include information concerning at least 40 case reports of hyperglycaemic abnormalities (including diabetes, DKA, and diabetic coma) associated with Zyprexa®. The Medical Control Agency also warned that patients in that country had suffered diabetes-related complications, including at least 40 cases of hyperglycemia,

diabetes or exacerbation of pre-existing diabetes, 4 associated with ketoacidosis (sever insulin deficiency) and coma, and at least 1 death;

(vii) on April 11, 2003, the *Wall Street Journal* reported concerning an 8-year study of Zyprexa[®], which revealed that as of 2002, 288 Zyprexa[®] patients had developed diabetes and of those, 75 became severely ill and 23 died. The study also found Zyprexa[®] caused diabetes 50% more often than older anti-psychotic drugs. The study found no advantages to taking olanzapine which is four times more expensive than an alternative drug, Haldol. The patients taking Haldol were given an additional drug to prevent tremors and other Parkinson's-like side effects. The study showed the Zyprexa[®] patients were more likely to report substantial weight gain which led to the increased risk of diabetes;

(viii) in August 2003, the journal *Pharmacotherapy* reported that the use of Zyprexa[®] showed a 37% increase in the risk of diabetes as compared with another atypical drug, Risperdal;

(ix) in November 2003, the American Psychiatric Association, American Association of Clinical Endocrinologists and North American Association for the Study of Obesity convened in a consensus development conference to consider the relationship between the use of second generation ~~general~~ anti-psychotic

medications, including Zyprexa[®], and the development of diabetes. Presentations were made and the panel developed a consensus and published its findings in the February 2004 issue of *Diabetes Care* and stated:

“...the data consistently show an increased risk for diabetes in patients treated with Zyprexa[®] compared with patients not receiving treatment with FGAs or with other SGAs...clozapine and olanzapine (Zyprexa[®]) are associated with the greatest weight gain and the highest occurrence of diabetes and dyslipidemia.”

20. In an October 16, 2003 press release, the defendants disclosed a Health Canada order directing it to include updated information on hyperglycemia and diabetes on the labels of their antipsychotics.

21. The risks associated with the ingestion of Zyprexa[®] were in the exclusive knowledge and control of Eli Lilly. The extent of the risks was not known and could not have been known to the plaintiffs or the class. The injuries of the plaintiffs and the class would not have occurred but for the negligence of Eli Lilly in failing to ensure that Zyprexa[®] was safe for use or, in the alternative, for failing to provide an adequate warning of the risks associated with Zyprexa to the plaintiffs, the class and to their physicians.

THE REPRESENTATIVE PLAINTIFFS

22. Heward was diagnosed with bipolar disorder in 1997. In 1999, she was prescribed Zyprexa[®] at 7.5 milligrams once per day. In 2000, her dose was increased to 10 milligrams twice a day. At the time that she was taking Zyprexa[®], she was generally in good health apart from her bipolar disorder and she had no medical history of diabetes or related complaints.

23. In 2002, her dosage of Zyprexa[®] was increased to 20 milligrams twice a day.

24. In or about February 2003, Heward was diagnosed as being diabetic. Heward's diabetes and the damages she has suffered and will continue to suffer were caused by and are a direct result of her use of Zyprexa[®] as prescribed by her physician and the negligence of the defendants described above.

25. Heward was never warned of any increased risk of diabetes or related complaints associated with the use of Zyprexa[®]. Had she been so advised she would have refused to take the drug and would have taken a safer alternative treatment. But for the defendants' negligence she would not have suffered her injuries and incurred her damages.

26. Heward will have to take numerous drugs with many harmful side effects daily for the rest of her life. She will require life long medical monitoring as a result of her use of Zyprexa® and the defendants' negligence.

27. Heward has suffered and will continue to suffer lost employment income and benefits and lost opportunity to earn income as a result of the defendants' negligence.

28. Andrew Charles Heward and other class members, have suffered and continue to suffer damages, including loss of income due to work absences required to attend to, care for and provide services to class members, loss of care, guidance and companionship as well as expenses and special damages.

29. Wells was prescribed Zyprexa® by his physician in March 1999 to treat his bipolar disorder. Wells began taking Zyprexa® on or about March 24, 1999 and continued taking Zyprexa® until about September 2001.

30. Wells used Zyprexa® in accordance with the package label and consumer information pamphlet, and in the manner it was intended to be used.

31. After taking Zyprexa®, Wells was diagnosed with diabetes by his family physician on May 1, 2000. He will require life long medical monitoring in relation to his

diabetes. In addition, he is now required to take medications in relation to his condition, and will incur expenses for those medications for the duration of his life.

32. Had Wells been aware of the serious health complications he might experience from ingesting Zyprexa[®] he would not have taken the drug.

32A. Nancy Wells and other class members, have suffered and continue to suffer damages, including loss of income due to work absences required to attend to, care for and provide services to class members, loss of care, guidance and companionship as well as expenses and special damages.

33. Hutchins was prescribed Zyprexa[®] by his physician to treat his social anxiety disorder in or about March 2001 and continued taking Zyprexa[®] until about October 2003.

34. Hutchins took Zyprexa[®] in accordance with the package label and consumer information pamphlet.

35. After taking Zyprexa[®], Hutchins was diagnosed with diabetes in 2002 for which he is required to take medication and for which he will require life long medical monitoring.

36. Had Hutchins been aware of the serious adverse health complaints he might experience from ingesting Zyprexa[®] he would not have taken the drug.

36A. Darlene Hutchins and other class members, have suffered and continue to suffer damages, including loss of income due to work absences required to attend to, care for and provide services to class members, loss of care, guidance and companionship as well as expenses and special damages.

37. Furthermore, the plaintiffs and plaintiff class have incurred and will continue to incur expenses and special damages as a result of continued monitoring, care and treatment.

38. The plaintiffs and other class members have suffered and will continue to suffer damages as a direct result of the defendants' negligence including, but not limited to, damages for personal injuries, pain and suffering, loss of employment income and benefits, loss of enjoyment of life, possibly death, and special damages and expenses.

39. The Ontario Health Insurance Plan (OHIP) and comparable provincial health insurers have incurred various expenses with respect to the medical treatment of the plaintiffs and class members as a result of the defendants' negligence. Consequently, the health insurers, including OHIP, have suffered and will continue to suffer damages for which they are entitled to be compensated by virtue of their right of subrogation in respect

of all past and future insured services. This action is maintained on behalf of all provincial health insurers. The provincial health insurers plead and rely upon the statutes listed in Schedule “A”.

40. The defendants, as pleaded in paragraphs 19 through 21 above:
- (a) were aware since at least November 2001 that Zyprexa[®] significantly increased the risk of suffering from diabetes or related complaints;
 - (b) from 2001 through 2004 concealed the risks associated with ingesting Zyprexa[®] ;
 - (c) failed to provide adequate warnings to the class about the risks associated with ingesting Zyprexa[®].

41. The plaintiffs and the plaintiff class have suffered a detriment as set out in paragraphs 37-39 and the defendants have obtained a benefit without juristic reason.

42. The plaintiff and plaintiff class plead that the defendants have been unjustly enriched as a result of the revenues generated as a result of the sale of Zyprexa.

43. The plaintiff and plaintiff class plead in the alternative to their claim for damages they are entitled to “waive the tort” claim in negligence and instead elect to claim payment of the revenues generated by the defendants as a result of their failure and refusal to properly bring the risks associated with Zyprexa[®] to the attention of the plaintiff

and plaintiff class, which revenues were reflected in enormous profits earned by the defendants.

44. The plaintiffs claim punitive, exemplary and aggravated damages in the sum of \$10,000,000 as a result of the egregious and outrageous conduct of the defendants and, in particular, their callous disregard for the health and lives of vulnerable patients in Canada.

45. The defendants committed various independent actionable wrongs including:

- (a) minimizing and understating the risks; and
- (b) positively promoting and marketing Zyprexa[®] while withholding relevant information about the risks as set out in paragraph 19 above.

46. The plaintiffs plead and rely upon the *Class Proceedings Act, 1992*, S.O. 1992, c. 6, the *Food and Drugs Act*, R.S.C. 1985, c. F.27 and regulations thereunder, the *Family Law Act*, R.S.O. 1990, c. F.3, s. 61 and all similar provincial legislation as listed in Schedule "B".

47. The plaintiffs plead and rely on s. 17(g), (h), (o) and (p) of the Rules of Civil Procedure permitting service outside Ontario in respect of the foreign defendant.

48. The plaintiffs ask that this action be tried in Toronto.

February 2, 2005

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SCHEDULE "A" - LEGISLATION

1. Northwest Territories

Hospital Insurance and Health and Social Services Administration Act, R.S.N.W.T. 1988, c. T-3,

Current to Gazette Vol. XXVII:10 (October 31, 2006)

Section 19

19(1) Subrogation

Where insured services have been provided to an insured person in respect of an injury resulting from a wrongful act or omission of another, the Minister is subrogated to the rights of the insured person against any other person for the recovery of the full amount of the cost of providing the insured services.

19(2) Enforcement

The Minister may enforce the rights subrogated under subsection (1) by

- (a) bringing an action in the name of the Minister or in the name of the insured person;
- and
- (b) effecting a settlement at such time and for such amount as the Minister considers appropriate.

R.S.N.W.T. 1988, c. 126 (Supp.), s. 10; 2002, c. 17, s. 6 (Sched. F, item 4)

2. Nunavut

Hospital Insurance and Health and Social Services Administration Act, R.S.N.W.T. 1988, c. T-3

Current to Gazette Vol. 8:10 (October 31, 2006)

19(1) Subrogation

Where insured services have been provided to an insured person in respect of an injury resulting from a wrongful act or omission of another, the Minister is subrogated to the rights of the insured person against any other person for the recovery of the cost of the insured services provided.

19(2) Enforcement

The Minister may enforce the rights subrogated under subsection (1) by

- (a) bringing an action in the name of the Minister or in the name of the insured person;
- and

(b) effecting a settlement at such time and for such amount as the Minister considers appropriate.

R.S.N.W.T. 1988, c. 126 (Supp.), s. 10

3. Yukon

Hospital Insurance Services Act, R.S.Y. 2002, c. 112,

Current to Gazette Vol. 25:10 (October 15, 2006)

10. Subrogation

On the provision of insured services to an insured person in respect of an injury resulting from a wrongful act or omission of another person, the Government of the Yukon shall be subrogated to all rights of the injured person for the purpose of recovering the cost of those insured services, and may bring an action either in its own name or in the name of the insured person for the recovery of the amount thereof and effect a settlement of the claim.

4. British Columbia

Hospitals Insurance Act, R.S.B.C. 1996, c. 204 [en. 1994, c. 37, s.4; am. 1996, c.24, s.1(3)]

Current to Gazette Vol. 49:19 (October 20, 2006)

25. Third party liability

25(1) If, as a result of the wrongful act or omission of another, a beneficiary suffers personal injuries for which the beneficiary receives hospital services paid for by the government, the beneficiary has the same right to recover the sum paid for the services against the person guilty of the wrongful act or omission as the beneficiary would have had, had the beneficiary been required to pay for the services personally.

25(2) On the beneficiary recovering the sum or part of it under subsection (1), the beneficiary must pay it at once to the minister.

25(3) The minister may order that a commission be paid for money recovered under subsection (1) and the amount of the commission and the conditions under which it may be paid must be in accordance with the rules prescribed by the Lieutenant Governor in Council.

25(4) The government is subrogated to the rights of the beneficiary to recover sums paid for hospital services by the government, and an action may be maintained by the

government, either its name or the name of the beneficiary, for the recovery of the sum paid for hospital services as provided in subsection (1).

25(5) It is not a defence to an action brought by the government under subsection (4) that a claim for damages has been adjudicated on unless the claim included a claim for the sum paid for hospital services, and it is not a defence to an action brought by a beneficiary for damages for personal injuries that an action taken by the government under subsection (4) has been adjudicated on.

25(6) No release or settlement of a claim or judgment based on a cause of action for damages for personal injuries in a case where the injured person has received hospital services paid for is binding on the government unless the minister or a person designated by the minister has approved the settlement in writing.

25(7) The Lieutenant Governor in Council may, by regulation, limit or define the circumstances that give rise to a cause of action under this section.

25(8) This section applies to claims for hospital services arising after a day to be set by the Lieutenant Governor in Council.

R.S.B.C. 1996 (Supp.), c. 204, s. 10

5. Alberta

Hospitals Act, R.S.A. 2000, c. H-12

Part 5 - Crown's Right to Recover Health Costs

Division 1 -- Crown's Right of Recovery

s 62. Crown's right of recovery

62(1) If a beneficiary receives health services for personal injuries suffered as a result of a wrongful act or omission of a wrongdoer, the Crown has the right to recover from the wrongdoer the Crown's cost of health services

(a) for health services that the beneficiary has received for those personal injuries, and
(b) for health services that the beneficiary will likely receive in the future for those personal injuries.

62(2) If a beneficiary is contributorily negligent, the Crown is entitled to recover 100% of the Crown's cost of the beneficiary's health services less a percentage for the beneficiary's contributory negligence as determined under sections 63 and 64.

62(3) Notwithstanding this Division, the Crown does not have a right to recover the Crown's cost of health services provided to a beneficiary if

- (a) the beneficiary's personal injuries are caused by an act or omission of a wrongdoer in the use or operation of an automobile, and
- (b) the wrongdoer is, when the injuries are caused, insured under a motor vehicle liability policy.

6. Saskatchewan

Department of Health Act, R.S.S. 1978, c. D-17

Current to Gazette Vol. 102:44 (November 3, 2006)

19. Liability of certain third parties and insurers

19(1) In this section:

- (a) [Repealed 1997, c. 34, s. 9.]
- (b) "health services" means:
 - (i) insured services within the meaning of *The Saskatchewan Medical Care Insurance Act*;
 - (ii) inpatient services or outpatient services provided in a hospital or any other health facility;
 - (iii) services provided pursuant to section 10 that a physical therapist is authorized to provide; or
 - (iv) any other services prescribed in the regulations.

19(2) Where, as a result of the negligence or other wrongful act of any other person, a beneficiary suffers personal injuries for which the beneficiary receives health services, the beneficiary has the same right to recover the cost of those services from the person guilty of the negligence or other wrongful act as the beneficiary would have had if he or she had been required to pay for the health services.

19(3) On the provision of health services to a beneficiary mentioned in subsection (2), the minister shall be subrogated to all rights of recovery of the beneficiary from any person with respect to the cost of those health services and may bring an action in the name of the beneficiary to enforce those rights.

19(4) Nothing in subsection (2) or (3) restricts the right of the beneficiary to recover any sum with respect to the personal injuries in addition to the cost of health services received by the beneficiary.

19(5) Where a beneficiary brings an action to recover any sum with respect to the personal injuries mentioned in subsection (4), the beneficiary shall, on behalf of the

minister, include in his or her claim a claim for the cost of health services received by the beneficiary.

19(6) Except with the written consent of the minister, no action mentioned in subsection (5) shall be settled without provision being made for payment in full of the cost of health services received by the beneficiary.

19(7) The cost of health services received by a beneficiary shall be determined in accordance with the following:

(a) where the health service is an insured service within the meaning of *The Saskatchewan Medical Care Insurance Act*, the cost of the health service is equal to the amount to be paid for that type of service as set out in the regulations made pursuant to that Act;

(b) subject to clause (c), where the health service is an inpatient service or an outpatient service provided to the beneficiary in a hospital or other health facility, the cost of the health service is to be calculated on the basis of the daily rate for that type of service set by the department for the purpose of charging other provinces or territories of Canada for the provision of that service to residents of those provinces or territories while they are in Saskatchewan;

(c) where the health service is provided outside a hospital by a physical therapist who is under contract to, or is an employee of, the department or a regional health authority or an affiliate, as defined in *The Regional Health Services Act*, the cost of the health service is to be calculated on the basis of the rate for that type of service set by the department; or

(d) where the health service is a service that is prescribed in the regulations, the cost of the health service is to be calculated in the manner set out in the regulations.

19(8) On recovering all or any part of the cost of health services received by the beneficiary, the beneficiary shall immediately pay the amount recovered to the minister.

19(9) The minister may bear the proportion of the taxable costs payable by a beneficiary conducting an action mentioned in this section that bears the same ratio to the total of those costs as the amount claimed on behalf of the minister bears to the total amount claimed, but the portion of the taxable costs borne by the minister shall not exceed 50% of the amount claimed on the minister's behalf.

19(10) An insurer who is liable to indemnify the person guilty of the negligence or other wrongful act mentioned in subsection (2) shall pay to the minister the lesser of:

(a) the amount for which the insurer is liable; and

(b) the cost of the health services received by the beneficiary.

19(11) A payment to the minister pursuant to subsection (10) shall, to the extent of the amount paid, discharge the liability of the insurer to the person guilty of the negligence or other wrongful act mentioned in subsection (2).

19(12) Notwithstanding anything in *The Automobile Accident Insurance Act*, where a beneficiary mentioned in subsection (2) receives benefits pursuant to Part VIII of that Act, the insurer within the meaning of that Act shall pay to the minister the cost of health services received by the beneficiary determined in accordance with subsection (7), unless the minister agrees otherwise.

1995, c. 10, s. 2(3); 1997, c. 34, s. 9; 2002, c. R-8.2, s. 73(6)

7. Manitoba

(a) *Manitoba Public Insurance Corporation Act*, C.C.S.M. c. P215

Current to Gazette Vol. 135:44 (November 4, 2006)

s.26: Subrogation

26(1) Subrogation

Upon making any payment of benefits or insurance money or upon assuming liability for such payment, the corporation is subrogated to and shall be deemed to be an assignee of all rights of recovery against any other person liable in respect of the loss, damage, injury, or death of every person to whom, or on whose behalf, or in respect of whom, the benefits or insurance money are to be paid; and the corporation may enforce those rights of recovery as provided in subsection (6) to the extent that the corporation has paid or has assumed liability to pay the benefits or insurance money.

26(2) When rights of subrogation apply

The rights conferred upon the corporation under this section apply only where the loss, damage, injury, or death for which the corporation has paid or has assumed liability to pay benefits or insurance moneys is caused or contributed to by the fault of

- (a) a person who, at the material time, was driving a motor vehicle
 - (i) while not qualified to drive a motor vehicle; or
 - (ii) while not authorized by law to drive a motor vehicle; or
 - (iii) that was not designated in an unexpired owner's certificate; or
 - (iv) that was towing an unregistered trailer that was required to be registered under *The Drivers and Vehicles Act*; or
 - (v) while under the influence of intoxicating liquor or drugs to such an extent as to be for the time being incapable of the proper control of the motor vehicle; or
- (b) a person who, at the material time, was driving or operating a motor vehicle or trailer without the consent, express or implied, of the owner thereof or who otherwise is not a person entitled to the benefit of subsection 38(4); or
- (c) a person whose fault did not consist of acts or omissions in the ownership, use, or operation of a motor vehicle or trailer; or

(d) a person not the owner of a vehicle causing the loss, damage, injury or death or sustaining the loss or damage who at the material time is engaged in the business of selling, repairing, servicing, storing or parking automobiles or the servant or agent of any such person.

26(3) No reduction of liability

The liability of any of the persons mentioned in subsection (2) is not limited, restricted, or reduced by reason of this section; but in every case to which this section applies, the liability for the loss, damage, injury, or death and the damages recoverable therefor shall be determined and assessed as fully as if section 38 had not been enacted.

26(4) Liability of other persons

Every person who, either alone or together with others, is, or apart from this Act would be, liable for loss, damage, injury, or death caused by the fault of a person mentioned in subsection (2) shall, for the purpose of this section, be liable to the same extent as the person mentioned in subsection (2).

26(5) Non-application to owner

Subsection (4) does not apply to an owner of a motor vehicle or trailer where loss, damage, injury, or death is caused by fault on the part of a driver or operator of that motor vehicle or trailer who, at the material time, was not the owner, and

- (a) was living with and was a member of the family of the owner, if the owner proves that the driver or operator had acquired possession of the motor vehicle or trailer without the consent, express or implied, of the owner; or
- (b) if the owner proves that he has observed and performed the terms and conditions of a plan insofar as those terms and conditions relate to third party liability insurance and are required to be observed and performed by him.

26(6) Power of corporation in enforcing rights to which it is subrogated

For the purpose of enforcing the rights of recovery to which the corporation is subrogated and of which it is deemed to be an assignee under subsection (1) the corporation may

- (a) bring a separate action in its own name to recover from the person liable in respect of the loss, damage, injury, or death the amount of benefits and insurance money that it has paid or for which it has assumed liability; or
- (b) join with any other person who has a cause of action for the loss, damage, injury, or death in respect of which benefits and insurance money have been paid or for which the corporation has assumed liability, to bring, upon such terms as may be agreed to by that person, one action in the name of that person for all damages that may be recoverable in respect of that cause of action.

26(7) Person may bring action in own name

Where the corporation brings a separate action under clause (6)(a), a person who has a cause of action in respect of the loss, damage, injury, or death for which the corporation

has paid or assumed liability for benefits or insurance money may bring action in his own name for the damages recoverable by him; but he may recover only the amount by which the damages exceed the benefits and insurance money.

26(8) Rights of corporation not to be prejudiced

The commencement of an action or other proceeding by any person in respect of loss, damage, injury, or death shall not prejudice the right of the corporation to bring, at any time prior to judgment in that action or other proceeding, a separate action under clause 6(a) and subsection (7) applies to such action.

26(9) Compromising of claims restricted

Upon being notified in writing that the corporation has made or is making a claim or bringing an action or other proceeding under this section, no person shall negotiate or effect a compromise, settlement, or satisfaction of any claim of that person to the prejudice of the claim of the corporation; and a person receiving such a notice who has received benefits or insurance money

(a) shall enter into such agreements and execute such documents as the corporation may reasonably request to further secure the rights conferred upon the corporation under this section; and

(b) shall not interfere in any negotiations for compromise or settlement or in, except as provided in subsection (7), the action or proceeding; but, whenever requested by the corporation, shall aid in securing information and evidence and the attendance of any witness, and shall co-operate with the corporation, except in a pecuniary way, in any action or other proceeding or in the prosecution of an appeal.

2005, c. 37, Sched. A, s. 158(5)

(b) *The Health Services Insurance Act*, R.S.M. 1987, c. H35

Current to Gazette Vol. 135:44 (November 4, 2006)

Section 97

97(1) Definition of past and future insured services

In this section,

“**future cost of insured services**” means the estimated total cost of the future insured hospital, medical or other health services made necessary as the result of a bodily injury that will probably be required by an insured person after the date of settlement or, where there is no settlement, the first day of trial; (“coût futur des services assurés”)

“**past cost of insured services**” means the total cost of the insured hospital, medical or other health services made necessary as the result of a bodily injury and provided to an insured person up to and including the date of settlement or, where there is no settlement, the first day of trial. (“coût antérieur des services assurés”)

97(2) Action by insured person for cost of insured services

When, as a result of the negligence or other wrongful act or omission of another person, an insured person suffers bodily injuries for which he or she receives insured hospital, medical or other health services under this Act, and he or she is not entitled to receive compensation under Part 2 of *The Manitoba Public Insurance Corporation Act*, the person may, subject to section 101, bring an action against and recover from that other person

(a) the past cost of the insured services; and

(b) the future cost of insured services;

for which the person, if he or she were not an insured person, would be legally liable to pay.

97(3) Cost of hospital services

For the purpose of this section, the cost of insured hospital services shall be the per diem rate approved by the minister.

97(4) Certificate

For the purpose of an action referred to in this section, the minister may issue one or more certificates that set out

(a) the insured hospital, medical or other health services that an insured person has received for bodily injuries suffered as a result of the negligence or other wrongful act or omission of another person; and

(b) the cost of those services.

97(5) Admissibility of certificate

A certificate under subsection (4) is admissible in evidence as proof, in the absence of evidence to the contrary, of the facts stated in the certificate without proof of the minister's appointment or signature.

1991-92, c. 8, s. 20; 1992, c. 35, s. 37; 1993, c. 36, s. 6(3); 2001, c. 21, s. 10

8. Ontario

Health Insurance Act, R.S.O. 1990, c. H.6

Current to Gazette Vol. 139:47 (November 25, 2006)

Section 30 & 31: Subrogation

30(1) Subrogation

Where, as the result of the negligence or other wrongful act or omission of another, an insured person suffers personal injuries for which he or she receives insured services under this Act, the Plan is subrogated to any right of the insured person to recover the

cost incurred for past insured services and the cost that will probably be incurred for future insured services, and the General Manager may bring action in the name of the Plan or in the name of that person for the recovery of such costs.

30(2) Payment by Plan recoverable by insured

For the purposes of subsection (1), the payment by the Plan for insured services shall not be construed to affect the right of the insured person to recover the amounts so paid in the same manner as if such amounts are paid or to be paid by the insured person.

30(3) Cost of hospital services

For the purposes of this section, the cost of insured services rendered to an insured person in or by a hospital or health facility shall be at the rate charged by the hospital or health facility to a person who is not an insured person.

30(4) Exception

Despite subsection (1), the Plan is not subrogated to the rights of an insured person in respect of personal injuries arising directly or indirectly from the use or operation, after the 21st day of June, 1990 and before the day section 267.1 of the *Insurance Act* comes into force, of an automobile in Canada, the United States of America or any other jurisdiction designated in the Statutory Accident Benefits Schedule under the *Insurance Act*.

30(5) Exception

Despite subsection (1), the Plan is not subrogated to the rights of the insured person, as against a person who is insured under a motor vehicle liability policy issued in Ontario, in respect of personal injuries arising directly or indirectly from the use or operation, after section 29 of the *Automobile Insurance Rate Stability Act*, 1996 comes into force, of an automobile in Ontario or in any other jurisdiction designated in the Statutory Accident Benefits Schedule under the *Insurance Act*.

30(6) Definition

In subsection (5),

“**motor vehicle liability policy**” has the same meaning as in the *Insurance Act*, 1993, c. 10, s. 53; 1996, c. 21, s. 51

31(1) Subrogated claim included in action

Any person who commences an action to recover for loss or damages arising out of the negligence or other wrongful act of a third party, to which the injury or disability in respect of which insured services have been provided is related shall, unless otherwise advised in writing by the General Manager, include a claim on behalf of the Plan for the cost of the insured services.

31(2) Recovery paid to Ontario

Where a person recovers a sum in respect of the cost of insured services, the person shall forthwith pay the sum recovered to the Minister of Finance.

2006, c. 19, Sched. L, s. 11(5)

9. Newfoundland

Medical Care Insurance Act, 1999 S.N. 1999, c. —5.1

Current to Gazette Vol. 81:46 (November 17, 2006)

s 19. Recovery of costs for services

19(1) This section applies where insured services are provided to an injured or disabled person, in this section referred to as the “insured person”, with respect to an injury or disability where the injury or disability was caused by, or contributed to by, or results from an occurrence other than a motor vehicle accident in which the person, whose fault, negligence or other wrongful act or omission caused, contributed to or resulted in the injury or disability, in this section referred to as the “tortfeasor”, is insured at the date of the accident, by a policy of insurance through a licensed insurer carrying on business in the province.

19(2) An insured person who receives insured services in respect of an injury or disability caused or contributed to by or resulting from the fault, negligence or other wrongful act or omission of a tortfeasor has the same right to recover the cost of those insured services from the tortfeasor as he or she would have had if the person had himself or herself been required to pay for the services.

19(3) An insured person who, under subsection (1), recovers from another person the whole or a part of the cost of insured services shall, on recovery from that other person, pay to the minister the amount recovered and the minister may, if the amount so recovered is not paid to it within a reasonable time, recover the amount from the insured person as a debt due the Crown.

19(4) Where the cost of insured services referred to in subsection (1) is paid, or an agreement has been entered into covering payment, by the minister to a person, physician or professional medical corporation or where the services are provided by a person employed in the department, the minister is subrogated to all rights of recovery of or on behalf of the insured person against the tortfeasor and may bring an action in his or her own name or in the name of the insured person to enforce those rights against the tortfeasor in respect of the cost of the insured services.

19(5) The rights conferred upon the minister by subsection (4) shall not be considered to restrict other rights of recovery of the insured person in respect of the injury or disability

referred to in subsection (1) for loss or damage not the subject of insured services and if the insured person starts an action in respect of that loss or damage he or she shall include a claim on behalf of the minister for the cost of the insured services provided to the insured person.

19(6) It is not a defence to an action brought by the minister under subsection (4) that a claim for damages has been adjudicated upon unless that claim included a claim for the sum paid for insured services, and it is not a defence to an action for damages for personal injuries brought by an insured person that an action taken by the minister under subsection (4) has been adjudicated upon.

19(7) A release or settlement of claim which includes the cost of insured services is not effective unless the minister has consented to the release or settlement or unless the minister is satisfied with the provisions of the release or settlement.

19(8) The costs of an action by or on behalf of an insured person in which a claim has been included on behalf of the minister under subsection (5) shall be borne by the minister in the same proportion as the claim of the minister for the cost of insured services provided bears to the total claim by or on behalf of the insured person in the action.

19(9) If within 2 months after the last act or omission which caused the injury or disability of an insured person an action has not been started by or on behalf of that person under subsection (1) for the recovery of damages arising out of the injury or disability, the minister upon service of notice on the insured person may start an action in his or her own name or in the name of that person for the recovery of the cost of the insured services, and before trial of the action that person may join in the action another claim arising out of the same occurrence upon the conditions as to costs or otherwise that to the court may seem just and may in that case effect settlement of that claim.

19(10) A liability insurer shall pay to the minister an amount referable to a claim for recovery of the cost of insured services that would otherwise be payable to an insured person and payment of that amount to the minister discharges the liability of the insurer to pay that amount to the insured person or to a person claiming under or on behalf of the insured person.

19(11) For the purpose of subsection (10) a “**liability insurer**” means a person regularly engaged in the business of underwriting risks in respect of negligence.

19(12) Where as a result of a claim under this section there are insufficient funds to provide complete recovery to an insured person for his or her losses or injury and to pay the cost of insured services, that person and the minister shall share to that extent in proportion to their respective losses in a recovery, but nothing in this provision prevents

the minister from waiving in whole or in part its share of an amount recovered where in the opinion of the minister the circumstances so warrant.

19(13) For the purpose of this section,

(a) “**insured services**” means insured services as defined in the regulations made under this Act;

(b) “**participating province**” means a participating province as defined by the *Canada Health Act* (Canada); and

(c) the cost of insured services provided is,

(i) in the province, or a participating province, the cost as established by the minister, and

(ii) elsewhere than in the province or a participating province, the cost calculated at a rate which, in the opinion of the minister, is fair having regard of the services provided.

2001, c. 9, s. 24

10. PEI

Hospital and Diagnostic Services Insurance Act, R.S.P.E.I. 1988, c. H-8

Current to Gazette Vol. 132:47 (November 25, 2006)

Section 14:

14(1) Definitions

In this section

(a) “**injured person**” means a person who has suffered injury due to the negligent or wrongful act or omission of another person;

(b) “**other person**” means the person who appears to have been negligent or committed a wrongful act or omission that resulted in injury to the injured person.

14(2) Right to claim for insured services

Subject to section 65.1 of the *Insurance Act* R.S.P.E.I. 1988, Cap. I-4, an injured person who receives insured services pursuant to this Act

(a) shall have the same right to claim for the cost of the insured services against the other person, as the injured person would have had if the injured person had been required to pay for the insured services; and

(b) shall include a claim for the cost of insured services received pursuant to this Act, where the injured person makes a claim against the other person.

14(3) Payment of damages to Minister

Where, pursuant to subsection (2) a person recovers damages attributable to insured services received pursuant to this Act, the person shall, within 20 days, pay those damages to the Minister.

14(4) Subrogation

The Minister is subrogated to the right of the injured person to claim against the other person pursuant to subsection (2).

14(5) Minister's action

Where an injured person

(a) recovers damages against the other person by court order or by settlement but does not pay to the Minister the amount attributable to a claim for the cost of the insured services; or

(b) does not claim the cost of insured services against the other person, the Minister may maintain an action against the injured person for the recovery of the cost of insured services provided pursuant to this Act.

14(6) Not binding against Minister, unless

An adjudication of the injured person's claim against the other person shall not be binding against the Minister unless the claim included the cost of insured services provided pursuant to this Act.

14(7) Not a defence, unless

The settlement or release of an injured person's claim against the other person shall not be binding against nor be a defence against the Minister's claim under this section unless

(a) the claim included the cost of insured services provided pursuant to this Act; and
(b) the Minister has approved the settlement or release in writing.

14(8) Approval not releasing Minister's claim

The Minister may give written approval to a settlement by the injured person which does not settle or release the claim of the Minister for cost of the insured services provided pursuant to this Act.

14(9) Net amount prorated

Subject to the regulations, where the net amount recovered pursuant to this section is insufficient to cover both the damages of the injured person and the cost of insured services provided pursuant to this Act, the injured person and the Minister shall share the recovery in proportion to their respective losses, unless the Minister agrees otherwise in writing.

14(10) Insurer to provide information

Every liability insurer, at the Minister's request, shall provide information to the Minister respecting

(a) a claim made against an insured person by a person who received insured services pursuant to this Act; and

(b) the terms and conditions of any settlement entered into by an insured person and a person who received insured services pursuant to this Act.

14(11) Claim against liability insurer

Where an injured person makes a claim against a liability insurer respecting injuries that included the provision of insured services under this Act, the liability insurer shall pay to the Minister the cost of the insured services, which shall discharge the insurer of liability for those insured services.

14(12) Where Insurance Act applies

Subsection (11) does not apply where subsection 65.1(7) of the *Insurance Act* R.S.P.E.I. 1988, Cap. I-4 applies.

14(13) Certificate prima facie proof

In an action pursuant to this section, a certificate signed on behalf of the Minister shall be prima facie proof

- (a) that the person named in the certificate has received insured services pursuant to this Act in the amount showing in the certificate; and
- (b) and of the office, authority and signature of the person signing, without proof of the person's appointment, authority or signature.

14(14) Minister may approve recovery fees

The Minister may approve the payment of recovery fees as prescribed, in respect of the injured person's claim for the cost of insured services received pursuant to this Act. 1993, c. 30, s. 61(8)(e); 1997, c. 22, s. 30(5)(k); 1999, c. 29, s. 3

11. Nova Scotia

Health Services and Insurance Act, R.S.N.S. 1989, c. 197

Current to Gazette Vol. 30:21 (November 10, 2006)

Section 18:

18(1) Right of recovery by injured person

Where, as a result of the negligence or wrongful act or omission of another, a person suffers personal injuries for which the person received insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment, home-care services, care for a person in a home for special care or child-care facility to which the Province has made payment, insured professional services under this Act, or any other care, services or benefits designated by regulation, including the future costs of any such care, services or benefits, the person

- (a) has the same right to recover the sum paid for the care, services or benefits against the person who was negligent or was responsible for the wrongful act or omission as the person would have had if that person had been required to pay for the care, services or benefits; and

(b) if the person makes any claim for the personal injuries suffered against the person who was negligent or who was responsible for the wrongful act or omission, shall claim and seek to recover the costs of the care, services or benefits.

18(2) Payment to Minister

Where, under subsection (1), a person recovers a sum in respect of insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment or insured professional services received by him under this Act, he shall forthwith pay the sum recovered to the Minister.

18(3) Subrogation of Crown

Her Majesty in right of the Province shall be subrogated to the rights of a person under this Section to recover any sum paid by the Minister for insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment or insured professional services provided to that person, and an action may be maintained by Her Majesty, either in Her own name or in the name of that person, for the recovery of such sum.

18(4) Defence excluded

It shall not be a defence to an action brought by Her Majesty in right of the Province under subsection (3) that a claim for damages has been adjudicated upon unless the claim included a claim for the sum paid for insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment and insured professional services and it shall not be a defence to an action for damages for personal injuries brought by a person who has received insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment or insured professional services that an action taken by Her Majesty under subsection (3) has been adjudicated upon.

18(5) Settlement or judgment not binding

No release or settlement of a claim or judgment based upon a cause of action for damages for personal injuries in a case where the injured person has received insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment or insured professional services under this Act shall be binding upon Her Majesty unless the Minister or a person designated by him has approved the release or settlement in writing.

18(5A) Subject to subsection (5C), where, as a result of a claim pursuant to this Section,

- (a) the claim is settled or a judgment is obtained; and
- (b) insufficient funds are available to provide complete recovery to the injured person for the injured person's losses and injuries and to pay the costs of the care, services and benefits referred to in subsection (1),

the injured person and Her Majesty in right of the Province shall share pro rata in proportion to their respective losses in any recovery in accordance with the terms and conditions prescribed by regulation.

18(5B) No person acting on their own behalf or on behalf of another person, shall, without the approval in writing pursuant to subsection (5C) of the Minister, make a settlement of a claim based upon a cause of action for damages for personal injuries in a case where the injured person has received care, services or benefits referred to in subsection (1) unless at the same time the person makes a settlement to recover the same pro rata proportion in respect of the cost of the care, services and benefits referred to in subsection (1) as the injured person is to recover in respect of the person's losses and injuries.

18(5C) Where a person who makes a claim pursuant to subsection (1) has obtained an offer for a settlement whereby the same pro rata proportion of the cost of the care, services and benefits referred to in subsection (1) would be recovered as the injured person would recover in respect of the person's losses and injuries but, in the opinion of the Minister or a person designated by the Minister, the offer would not provide sufficient recovery in respect of the care, services and benefits referred to in subsection (1), the Minister or a person designated by the Minister may approve, in writing, a release or settlement whereby the person making a claim pursuant to subsection (1) makes a settlement of a claim in respect of the person's injuries or losses without making a settlement in respect of the cost of the care, services and benefits referred to in subsection (1), but the written approval is not binding on Her Majesty in right of the Province in relation to a claim made pursuant to subsection (5) in respect of the cost of the care, services and benefits referred to in subsection (1).

18(5D) Every liability insurer carrying on business in the Province shall provide the Minister, when requested to do so, information relating to

- (a) a claim made against an insured person by a person who received any of the care, services or benefits referred to in subsection (1); or
- (b) the terms and conditions of any settlement entered into by an insured person and a person who received any of the care, services or benefits referred to in subsection (1).

18(5E) Notwithstanding any other provision of this Act, the Minister may, in accordance with the regulations, authorize the payment of a fee to a barrister and solicitor who makes a claim on behalf of an injured person and recovers a sum in respect of the cost of care, services or benefits referred to in subsection (1) that are received by the injured person.

18(6) Payment by liability insurer

Where a person whose act or omission resulted in personal injuries to another is insured by a liability insurer, the liability insurer shall pay to the Minister any amount referable to

a claim for recovery of the cost of insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment and insured professional services that would otherwise be paid to the insured person and payment of that amount to the Minister discharges the liability of the insurer to pay that amount to the insured person or to any person claiming under or on behalf of the insured person.

18(7) Amount payable

For the purposes of this Section, the sum paid for insured hospital services that are received by an injured person shall be an amount equal to the charges of the hospital in which the services were provided, at rates approved by the Minister, that the insured person would have been required to pay if he was not entitled to receive the services as insured hospital services under this Act.

18(8) Certificate as prima facie proof

In an action under this Section a certificate of a person designated by the Minister as to the sum paid for insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment or insured professional services received by an injured person is admissible in evidence and is prima facie proof of that sum.

18(9) [Repealed 2002, c. 5, s. 24(3).]

18(10) This Section applies except where personal injury has occurred as the result of a motor vehicle accident in which the person whose act or omission resulted in the personal injury is insured by a policy of third-party liability insurance on or after the date this subsection comes into force.

18(11) The Minister may impose a levy to be paid by each motor vehicle insurer with respect to each vehicle insured by that insurer for the purpose of recovering insured hospital services, benefits under the Insured Prescription Drug Plan, ambulance services to which the Province has made payment or insured professional services pursuant to this Act incurred by third parties as a result of personal injury in motor vehicle accidents.

18(12) Within sixty days after the coming into force of subsections (10) to (20), the Minister shall estimate the levy applicable to the end of the calendar year and so inform the Superintendent of Insurance.

18(13) Within ninety days of the coming into force of subsections (10) to (20), the Superintendent of Insurance shall notify the insurers of the estimate and the insurers shall remit payment forthwith.

18(14) Commencing no later than the fifteenth day of January, 1993, and by the fifteenth day of January of each subsequent year, the Superintendent of Insurance shall give notice to the insurers of the estimate and the insurers shall remit to the Superintendent the amount estimated in equal quarterly payments commencing on the thirty-first day of March, 1993, such quarterly payments to be payable within sixty days following the end of each quarter.

18(15) Upon receipt of the funds payable by insurers pursuant to subsections (10) to (20), the Superintendent of Insurance shall credit the amount to the recovery account identified by the Minister.

18(16) The Minister shall annually re-evaluate the accuracy of the levy estimate in the following year.

18(17) The Minister shall advise the Superintendent of Insurance of the adjustments and the Superintendent shall give notice to the insurers of the adjustments.

18(18) Where the adjusted amount is greater than the estimate, the insurers shall remit payment forthwith.

18(19) Where the adjusted amount is less than the estimate, the insurers account shall be credited with the surplus.

18(20) No interest is payable on the surplus or deficit resulting after the calculation of the adjusted amount.

18(21) For greater certainty, in subsections (2) to (8) “insured hospital services” includes any care, services or benefits for which costs have been or may in the future be paid by the Minister in relation to negligence or a wrongful act or omission including, without limiting the generality of the foregoing, ambulance services to which the Province has made payment, home-care services, care for a person in a home for special care or child-care facility to which the Province has made payment and any services prescribed in the regulations as insured hospital services for the purpose of this subsection.

1992, c. 20, s. 12; 2002, c. 5, s. 24

12. New Brunswick

Hospital Services Act, R.S.N.B. 1973, c. H-9

Current to Gazette Vol. 164:1901 (November 29, 2006)

10(1) Where, as a result of the negligence or wrongful act of another, a person suffers personal injuries for which he receives entitled services under this Act or the regulations, he

(a) shall have the same right to claim and to recover the cost of the entitled services against the person who was negligent or who did the wrongful act as he would have had if he, himself, had been required to pay for the entitled services, and

(b) if he makes any claim for the personal injuries suffered against the person who was negligent or who did the wrongful act, shall claim and seek to recover the cost of the entitled services.

10(2) Where under subsection (1), a person either acting for himself or on behalf of another person, recovers a sum in respect of entitled services received under this Act or the regulations, he shall as soon as practicable pay such sum recovered to the Minister.

10(3) Where, as a result of the negligence or wrongful act of another, a person suffers personal injuries for which he receives entitled services under this Act or the regulations and he does not claim against the person who was negligent or who did the wrongful act, Her Majesty the Queen in right of the Province may maintain an action in her own name or in the name of the injured person for recovery of the cost of the entitled services.

10(4) Where, as a result of the negligence or wrongful act of another, a person suffers personal injuries for which he receives entitled services under this Act or the regulations and a claim is made against the person who was negligent or who did the wrongful act but the person making the claim, either acting on his own behalf or on behalf of another person, does not

(a) claim for the cost of the entitled services,

(b) if a release is given or the claim is settled, obtain a written approval of the release or settlement in accordance with subsection (9) or (10), or

(c) pay any sum recovered in respect of the entitled services to the Minister in accordance with subsection (2),

Her Majesty the Queen in Right of the Province may maintain an action in her own name against the person making the claim, whether acting on his own behalf or on behalf of another person, for recovery of the cost of the entitled services.

10(5) It shall not be a defence to an action brought by Her Majesty under subsection (4) that a release has been given, a claim has been settled or a judgment obtained unless

(a) the claim included a claim for the cost of the entitled services, and

(b) if a release is given or the claim is settled, the Minister has under subsection (9) or (10) approved the release or settlement.

10(6) Where the Minister approves in writing a release or settlement under subsection (10), Her Majesty the Queen in right of the Province may continue the action or maintain an action in her own name for recovery of the cost of the entitled services.

10(7) Subject to subsection (10), where, as a result of a claim under this section

- (a) the claim is settled or a judgment is obtained, and
- (b) insufficient funds are available to provide complete recovery to the injured person for his losses and injuries and to pay the cost of the entitled services,

the injured person and Her Majesty the Queen in right of the Province shall share pro rata in proportion to their respective losses in any recovery in accordance with the terms and conditions prescribed by regulation.

10(8) No person, acting for himself or on behalf of another person, shall, without the approval in writing under subsection (9) or (10) of the Minister make a settlement of a claim based upon a cause of action for damages for personal injuries in a case where the injured person has received entitled services under this Act or the regulations unless at the same time he makes a settlement to recover the same pro rata proportion in respect of the cost of the entitled services as the injured person is to recover in respect of his losses and injuries.

10(9) No release or settlement of a claim or judgment based upon a cause of action for damages for personal injuries in a case where the injured person has received entitled services under this Act or the regulations is binding upon Her Majesty unless the Minister has approved the release or settlement in writing.

10(10) Notwithstanding subsection (9), where a person who makes a claim under subsection (1) has obtained an offer for a settlement whereby the same pro rata proportion of the cost of entitled services would be recovered as the injured person would recover in respect of his losses and injuries but, in the opinion of the Minister, the offer would not provide sufficient recovery in respect of the entitled services, the Minister may approve in writing a release or settlement whereby the person making a claim under subsection (1) makes a settlement of a claim in respect of his injuries or losses without making a settlement in respect of the cost of the entitled services but the written approval is not binding on Her Majesty in relation to a claim made under subsection (6) in respect of the cost of the entitled services.

10(11) Where a person whose negligent or wrongful act resulted in personal injuries to another is insured by a liability insurer carrying on business in the Province and a claim made in respect of those personal injuries does not include a claim for the cost of the entitled services received by the injured person under this Act or the regulations, the liability insurer shall pay to the Minister the cost of the entitled services and payment of that amount to the Minister discharges the liability of the insurer to pay the cost of the entitled services in any subsequent claim to the insured person or any person claiming under or on behalf of the insured person.

10(12) Every liability insurer carrying on business in the Province shall provide the Minister, when requested to do so, information relating to

- (a) a claim made against an insured person by a person who received entitled services under this Act or the regulations, or
- (b) the terms and conditions of any settlement entered into by an insured person and a person who received entitled services under this Act or the regulations.

10(13) In an action under this section a certificate signed or purporting to be signed by or on behalf of the Minister shall be accepted by all courts

- (a) as conclusive proof
 - (i) that the person named in the certificate has received entitled services,
 - (ii) that the amount recorded in the certificate is the cost of the entitled services received by the person named in the certificate, and
 - (iii) of the office, authority and signature of the person signing or purporting to sign the certificate, without proof of his appointment, authority or signature, and
- (b) as prima facie proof that the entitled services were received in respect of the personal injuries suffered.

10(14) This section applies except where the personal injuries occurred as a result of the use or operation of a motor vehicle registered in the Province.

1960-61, c.11, s.10; 1975, c.28, s.1; 1985, c.13, s.2; 1986, c.42, s.1; 1988, c.18, s.2; 1992, c.81, s.2.

10.01 The Minister may, in accordance with the Insurance Act, impose a levy for the purpose of recovering the cost of the entitled services provided to persons under this Act as a result of personal injuries arising out of the use or operation of a motor vehicle registered in the Province.

1992, c.81, s.3; 2003, c.21, s.5.

10.1 Notwithstanding any other provision of this Act, the Minister may, in accordance with the regulations, authorize the payment of a fee to a barrister and solicitor who makes a claim on behalf of an injured person and recovers a sum in respect of the cost of entitled services in accordance with section 10.

1988, c.18, s.3.

11 In the event of conflict between any provision of this Act and any provision of any other Act of New Brunswick, the provision of this Act prevails.

1960-61, c.11, s.11.

SCHEDULE "B" - PROVINCIAL STATUTES RE FAMILY
MEMBER CLAIMS

Alberta

Tort-feasors Act, R.S.A. 2000 c. T-5

Loss of consortium through injury

2.1(1) When a person has, either intentionally or by neglect of some duty existing independently of contract, inflicted physical harm on a married person and thereby deprived the spouse of that married person of the society and comfort of that married person, the person who inflicted the physical harm is liable in an action for damages by the spouse or in respect of the deprivation.

2.1(2) The right of a spouse to bring the action referred to in subsection (1) is in addition to, and independent of, any right of action that the married person has, or any action that the spouse in the name of the married person has, for injury inflicted on the married person.

The *Domestic Relations Act*, R.S.A. 2000, c. D 10.5, was repealed by RSA 2003, c.F-4.5 [*Family Law Act*].

In addition the following Act applies:

Fatal Accidents Act , R.S.A. 2000, c. F-8,

2. Action for damages. When the death of a person has been caused by a wrongful act, neglect or default that would, if death had not ensued, have entitled the injured party to maintain an action and recover damages, in each case the person who would have been liable if death had not ensued is liable to an action for damages notwithstanding the death of the party injured.

Persons entitled to benefits

3(1)An action under this Act

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(a) shall be for the benefit of the spouse, adult interdependent partner, parent, child, brother or sister of the person whose death has been so caused, and

(b) shall be brought by and in the name of the executor or administrator of the person deceased,

and in the action the court may give to the persons respectively for whose benefit the action has been brought those damages that the court considers appropriate to the injury resulting from the death.

3(2) If there is no executor or administrator, or if the executor or administrator does not bring the action within one year after the death of the party injured, then the action may be brought by and in the name of all or any of the persons for whose benefit the action would have been, if it had been brought by or in the name of the executor or administrator.

3(3) Every action so brought shall be for the benefit of the same persons and is as nearly as possible subject to the same regulations and procedure as if it were brought by and in the name of the executor or administrator.

Damages for bereavement

8(1) In this section,

(a) “child” means a son or daughter, whether legitimate or illegitimate;

(b) “parent” means a mother or father.

8(2) If an action is brought under this Act, the court, without reference to any other damages that

may be awarded and without evidence of damage, shall award damages for grief and loss of the guidance, care and companionship of the deceased person of

(a) subject to subsections (3) and (4), \$75 000 to the spouse or adult interdependent partner of the deceased person,

(b) \$75 000 to the parent or parents of the deceased person if the deceased person, at the time of death,

(i) was a minor, or

(ii) was not a minor but was unmarried and had no adult interdependent partner,

to be divided equally if the action is brought for the benefit of both parents, and

(c) \$45 000 to each child of the deceased person who, at the time of the death of the deceased person,

(i) is a minor, or

(ii) is not a minor but is unmarried and has no adult interdependent partner.

8(3) The court shall not award damages under subsection (2)(a) to the spouse or adult interdependent partner if the spouse or adult interdependent partner was living separate and apart from the deceased person at the time of death.

8(4) [Repealed 2002, c. A-4.5, s. 36(5)(c).]

8(5) A cause of action conferred on a person by subsection (2) does not, on the death of that person, survive for the benefit of the person's estate.

Other Provinces: see the following Acts

Saskatchewan

Fatal Accidents Act, R.S.S. 1978, c.F-11 as amended

Similarly applicable to spouses, children and other defined family members only upon death of benefactor.

Manitoba

Fatal Accidents Act, C.C.S.M. c. F50, as amended

Similarly applicable to spouses, children and other defined family members only upon death of benefactor.

Newfoundland

Fatal Accidents Act, R.S.N.L. 1990, c.F-6

Similarly applicable to spouses, children and other defined family members only upon death of benefactor.

Nova Scotia

Fatal Injuries Act, R.S.N.S. 1989, c.163, amended 2000 c.29, ss9-12

Similarly applicable to spouses, children and other defined family members only upon death of benefactor.

PEI

Fatal Accidents Act, R.S.P.E.I 1988, c.F-5, as amended

Similarly applicable to spouses, children and other defined family members only upon death of benefactor.

New Brunswick

Fatal Accidents Act, R.S.N.B. 1973, c.F-7

Similarly applicable to spouses, children and other defined family members only upon death of benefactor.

HEVARD AND OTHERS

and

ELI LILLY & COMPANY AND OTHERS

Plaintiffs

Defendants

Court file no. 05-CV-283309CP

(Short title of proceeding)

ONTARIO

SUPERIOR COURT OF JUSTICE

Proceeding commenced at Toronto

SECOND AMENDED FRESH
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OF CLAIM

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