



Telecom Order CRTC 2025-235

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Gatineau, 10 September 2025

Public record: Tariff Notice 579

Bell Aliant Regional Communications, Limited Partnership – Hospital Patient Telephone Service – Withdrawal and replacement with alternative services

Summary

The Commission received an application from Bell Aliant Regional Communications, Limited Partnership (Bell Aliant) proposing to withdraw Item 348 – Hospital Patient Telephone Service (HPTS) from its General Tariff.

HPTS is a temporary telephone service that is made available to patients during their hospital stay. Demand for HPTS has fallen significantly as cellphone use has increased. Bell Aliant proposed to withdraw HPTS because the equipment used to provide the service has been discontinued by the manufacturers. As a result, Bell Aliant cannot continue to provide this service reliably.

The Commission acknowledges the importance of patients having access to telephone services when they are in hospital. In addition to cellphone services, there are a number of alternative services available that can serve the same purpose as HPTS. However, it is important to ensure that health authorities have sufficient time to implement the available alternative services. This will allow patients to continue to have access to telephone services during their hospital stay.

The Commission therefore approves Bell Aliant's application to withdraw HPTS, with a revised effective date of 1 October 2025, which is six months after the date requested by Bell Aliant.

A dissenting opinion by Commissioner Bram Abramson is attached to this order.

Application

1. On 22 March 2024, the Commission received an application from Bell Aliant Regional Communications, Limited Partnership (Bell Aliant) proposing to withdraw Item 348 – Hospital Patient Telephone Service (HPTS) from its General Tariff.
2. Bell Aliant currently offers HPTS in New Brunswick, Nova Scotia, and Newfoundland and Labrador. It is a telephone service that is made available to patients during their hospital stay.

3. Based on the information Bell Aliant submitted to the Commission (which was filed in confidence pursuant to section 39 of the *Telecommunications Act*), HPTS is a service for which demand has fallen significantly. The company expects that the decline in demand will continue in the coming years.
4. HPTS is provided using either private branch exchange (PBX) equipment or Centrex service. Bell Aliant submitted that it is becoming increasingly difficult to provide reliable HPTS service, and soon it may not be possible to do so at all. Specifically, PBX equipment and the order processing equipment for HPTS with Centrex are old and have been discontinued by the manufacturers. As a result, spare or replacement parts are difficult to obtain. Given this, when HPTS outages occur, Bell Aliant cannot repair and restore service in a timely manner.
5. As an alternative to HPTS, Bell Aliant submitted that patients may use cellular services, which are widely available and used throughout the regions that would be affected by the withdrawal. Moreover, cellular services offer significantly greater functionality, features, and convenience than HPTS, which only provides local and long-distance voice access.
6. Bell Aliant initially requested an effective date of 30 September 2024. Bell Aliant later modified its requested effective date to 31 March 2025 in response to interventions and to provide time for affected hospitals to implement alternative services.
7. The Commission received interventions from Newfoundland and Labrador Health Services (NLHS) and Nova Scotia Health (NSH).¹

Positions of parties

8. NLHS submitted that it had evaluated potential alternatives to HPTS and concluded that it would not be possible to have a replacement service in place at eight hospitals operated by NLHS by the initially proposed withdrawal date of 30 September 2024. This would leave some patients (disproportionately those from vulnerable populations) without telecommunications services during a hospital stay.
9. NLHS noted that at six of the hospitals affected, the existing telephone service is Centrex. Consequently, there is no internal telephone system that can be readily used for HPTS. Also, at three of the hospitals run by NLHS, some patients' rooms do not receive reliable cellular service. NLHS noted that patients would not be requesting HPTS if they had a cellphone that receives service in their room.
10. Accordingly, NLHS requested that the discontinuation date be 31 March 2025 to ensure that there is sufficient time to make it possible for patients to have access to the service they need.

¹ The record of the file was reopened on 9 September 2024 following procedural requests from Horizon Health and NSH.

11. NLHS also requested that the Commission direct Bell Aliant to disclose, for each hospital affected, the total number of new HPTS customers and the total number of use-days, by month, for a recent 12-month period.
12. NSH cited similar concerns to NLHS, specifically, the lack of time to find an alternative solution and the poor cellular coverage in many of its facilities across Nova Scotia. NSH submitted that it would require a minimum of two to three years before it would be able to find and implement a viable solution.
13. With regard to the data on customer usage that Bell Aliant submitted, NSH noted that Bell Aliant was unable to partition data between provinces prior to 2020. NSH requested that the information be removed from the record because there is no way to validate the estimates.
14. In response, Bell Aliant reiterated its concerns with the service and equipment and submitted that there are many alternatives to HPTS available to NSH and health authorities in New Brunswick and Newfoundland and Labrador. These include Bell Aliant's Centrex Business Service and Small Business Network Service in Nova Scotia, Business Communications Service in New Brunswick, and Provincial Centrex Service in Newfoundland and Labrador.
15. With regard to Bell Aliant's initially requested withdrawal date of 30 September 2024, the company indicated that the health authorities were informed of its intention to withdraw HPTS well in advance of its application to withdraw the service. However, Bell Aliant submitted that it recognizes the concerns of NSH with respect to its request for additional time to implement an alternative to HPTS. While HPTS could fail at any time, Bell Aliant proposed a revised withdrawal date of 31 March 2025 to assist NSH and the other health authorities to the greatest extent practical. The company further proposed that, following the withdrawal date, it would continue to make HPTS available on a best-effort basis until 1 October 2025 in New Brunswick, Nova Scotia, and Newfoundland and Labrador. However, the company indicated that if HPTS should fail during this additional period, it might not be able to restore service quickly, or at all.
16. Regarding the availability of customer usage information, Bell Aliant submitted that its billing systems track HPTS usage data on an aggregate basis for usage across the entire province. The billing system is not capable of breaking down data on HPTS usage information for each institution. Therefore, Bell Aliant indicated that it had provided the best and most current HPTS data that could be made available.

Commission's analysis

17. In compliance with the procedure set out in Telecom Information Bulletin 2010-455-1, Bell Aliant provided the Commission with (i) a description of the service proposed to be withdrawn, (ii) the proposed withdrawal date, (iii) the rationale for the withdrawal, and (iv) the number of customers affected. In addition, the company provided notification to customers affected by its application.

18. As indicated by Bell Aliant, the demand for this service is declining. Additionally, the equipment used to provide the service is old and has been discontinued by the manufacturers. Spare or replacement parts are difficult to obtain. As a result, the service will become unreliable when repairs are necessary. Bell Aliant identified a number of alternative services available that can serve the same purpose as HPTS, such as Centrex Business Service and Small Business Network Service in Nova Scotia, Business Communications Service in New Brunswick, and Provincial Centrex Service in Newfoundland and Labrador.
19. The Commission notes that HPTS customers were informed of Bell Aliant's intention to withdraw the service more than a year before the company filed its application. In response to the NLHS's submission that it would face challenges implementing an alternative service by the proposed effective date of 30 September 2024, Bell Aliant agreed to postpone the effective date to 31 March 2025 and continue to make the service available on a best-effort basis until 1 October 2025.
20. Given that the equipment used to provide HPTS is discontinued and obsolete, the Commission considers that withdrawal of the service is reasonable. However, the Commission recognizes the importance of patients having access to telephone services when they are in the hospital. With the availability of alternative services with similar functionality to HPTS, and because cellphone services are widely available, the Commission considers that patients will remain well-connected, provided that adequate time is given for a successful transition to these alternate services.
21. While Bell Aliant proposed a revised withdrawal date of 31 March 2025, the Commission is of the view that the effective date of the withdrawal should be 1 October 2025, subject to situations where it is no longer possible to provide the service due to a lack of suitable parts. This should allow sufficient time for the health authorities to implement alternative services.
22. Regarding NLHS's request for detailed data on HPTS usage and NSH's request that this information be removed from the record, the Commission is of the view that Bell Aliant provided the data that could be made available given the limitations of the billing systems to track HPTS usage data, and this level of data is sufficient to understand the usage of the service. Accordingly, no further action is required.

Conclusion

23. In light of all of the above, the Commission approves, by majority decision, Bell Aliant's application, effective **1 October 2025**, subject to situations where it is no longer possible to provide the service due to a lack of suitable parts.
24. Revised tariff pages are to be issued within 10 calendar days of the date of this order. Revised tariff pages can be submitted to the Commission without a description page or a request for approval; a tariff application is not required.

Secretary General

Related documents

- *TELUS Communications Inc. – Withdrawal of Internet Voice Access Service*, Telecom Order CRTC 2025-228, 5 September 2025
- *Call for comments – A new approach to funding public interest participation in Commission proceedings*, Broadcasting and Telecom Notice of Consultation CRTC 2025-94, 12 May 2025
- *Northwestel Inc. – Introduction of winback discount for residential unlimited Internet packages*, Telecom Order CRTC 2025-74, 10 March 2025
- *Bell Canada – Tariff Notice 7697 – Withdrawal of PhoneCare service*, Telecom Order CRTC 2024-269, 4 November 2024
- *Various companies – Removal of print directory obligation and Service Improvement Plan*, Telecom Order CRTC 2024-219, 25 September 2024
- *Approval processes for tariff applications and intercarrier agreements*, Telecom Information Bulletin CRTC 2010-455-1, 19 February 2016
- *Procedures for filing confidential information and requesting its disclosure in Commission proceedings*, Broadcasting and Telecom Information Bulletin CRTC 2010-961, 23 December 2010, as amended by Broadcasting and Telecom Information Bulletin CRTC 2010-961-1, 26 October 2012

Dissenting opinion of Commissioner Bram Abramson

1. For hospital patients, bedside communications are a lifeline, not a luxury. They beat back isolation, enhance dignity, and bridge patients to the world beyond their rooms. They let patients connect with family and friends at times of peak need and vulnerability. They embody key policy objectives: safeguarding the social fabric, ensuring reliable access, and responding to the social requirements of users.¹ They remind us that the carriers we regulate are engaged in stewardship as well as commerce.
2. Bell Aliant seeks withdrawal of its Hospital Patient Telephone Service (HPTS) in rural and remote² hospitals in Nova Scotia, New Brunswick, and Newfoundland and Labrador. It argues its equipment is obsolete and alternatives are available.
3. The Commission has worked diligently to ensure time for transition to the use of mobile phones, and to alternative landline providers, lest bedside dial tones in these rural and remote hospitals flatline. This is an important step. With respect for the approach taken by the Telecommunications Committee majority on the Commission's behalf,³ however, I dissent and, in addition, raise two further issues surfaced by this file that demand our attention.
4. First, if this is a case of rural and remote hospitals having competitive alternatives available to them, then the Commission is bound to consider forbearance before it entertains withdrawal—even in light of the tariff's built-in obsolescence clause, given the public interest in assuring bedside communications.
5. Second, while not dispositive of the matter before us, the record on this proceeding is strewn with unjustified redactions and untested confidentiality claims incompatible with our open-by-default obligations, and the open courts principle whence these spring. Third, consistent with past remarks on how we balance dispatch with dialogue, I address the absence of public interest interveners like patient advocates on what is surely a matter of fundamental importance.

¹ *Telecommunications Act*, paragraph 7(a); note also paragraphs 7(b) and (h).

² The tariff relates to non-forborne markets that do not meet the following criteria: at least one facilities-based wireline and at least one wireless provider can serve 75 percent of the incumbent local exchange carrier (ILEC)'s residential lines with local exchange services (*Order Varying Telecom Decision CRTC 2006-15*, SOR/2007-71, 4 April 2007).

³ *Telecommunications Committee*, By-Law No. 10, paragraph (e) (“Any act or thing done by the Telecommunications Committee shall be deemed to be an act or thing done by the members”), adopted pursuant to *Canadian Radio-television and Telecommunications Commission Act*, R.S.C. 1985, c. C-22 (CRTC Act), subsection 12(3), adopted pursuant to *Canadian Radio-television and Telecommunications Commission Act*, R.S.C. 1985, c. C-22 (CRTC Act), subsection 12(3)—as distinguished from a panel struck under subsection 6(2) of the CRTC Act: *Shoan v. Canada (Attorney General)*, 2016 FCA 261, paragraph 6.

Forbearance before withdrawal

6. Two bases for Bell Aliant's application compete in its materials.
7. On one hand, the plain language of the tariff seems to provide a hook for withdrawal once equipment is too old. Three paragraphs set out the core characteristics of HPTS (emphasis added):
 - (a) Hospital Patient Telephone Service (HPTS) is provided by the Company on a temporary basis to patients who desire telephone service during their hospital stay.
 - (b) HPTS will be provided through the Company's equipment and facilities by a Touch Tone Dial telephone, subject to the limitations of the Company's equipment in place. In Nova Scotia, in the event that existing equipment in the Hospital is not capable of providing Touch Tone service, then rotary dial service will be provided.
 - (c) Direct Distance Dialed (DDD) Message Toll Service (MTS) is not provided. MTS is provided on an operator handled basis, through collect, third number, and Calling Card calls; and through automated facilities in the case of ACCS [Automated Calling Card System] Calling Card calls.⁴
8. Like any contract, a telecom tariff may be written broadly or narrowly. This one is written broadly in technology-neutral terms. It does not require a specific technical solution so long as bedside calling is delivered. It is, however, subject "to the limitations of the Company's equipment in place".
9. Bell Aliant chose to fulfil this tariff with private branch exchange (PBX) and Centrex solutions. Some of that equipment has now reached end of life. Bell Aliant is saying, in effect, that these are the "limitations of the Company's equipment in place", so that HPTS need no longer be provided. On this basis, it seeks withdrawal.
10. Withdrawing a tariff requires two conditions: that the service is no longer required, and that competition has not emerged for it.⁵ In my respectful view, neither condition is met.
11. Bedside communications remain a lifeline, and remain required. Their essentiality, and Bell Aliant's presumed market power and the absence of alternatives (to which I return below), mean this is exactly the kind of service that ought to be mandated if otherwise unavailable. Were Bell Aliant to decline to serve under the tariff's terms in the absence of alternatives, which is different from withdrawing the service altogether, regulatory review would likely be warranted.

⁴ Bell Aliant [General Tariff](#), Item 348 (emphasis added).

⁵ See my dissenting opinions in Telecom Order 2024-269 and Telecom Order 2025-228.

12. Nor has Bell Aliant shown that competition lies outside the tariff. The tariff is drafted broadly and in technology-neutral language. Those alternatives lie within its scope. They may support forbearance, but not withdrawal.
13. The *Telecommunications Act* is clear: when competition warrants, we must forbear. We cannot invent a substitute process to bypass that requirement.⁶ The majority finds that upstream building blocks for HPTS are, themselves, HPTS substitutes.⁷ That confuses means with ends.
14. Rather than withdraw, I would have invited Bell Aliant to refile as a forbearance application. The record contains hints of evidence that might support it: negotiations with system integrators, and references to other tariffed services that could be used to assemble a hospital patient telephone system. But that evidence has not been tested.

Confidentiality must be justified

15. The public record on this file remains riddled with inappropriate redactions. Obvious facts, such as a general description of who HPTS's customers are, were accepted as confidential. Likewise for information about how long ago customers were advised of the service's potential withdrawal and how often meetings were held to review the approach forward, which are central to this application and reveal no one's personal information. Likewise for claims that demand decrease percentages are competitively sensitive even though the service will no longer be offered.
16. The statute's confidentiality principles, and the Commission's confidentiality rules transposing them, leave openness the default. Confidentiality is granted only when the public interest in the information is outweighed by the harm from its disclosure. The onus lies on the filer to show the latter outweighs the former. Too often, confidentiality claims stand unless challenged, replacing permission with forgiveness.⁸ This undermines our open-by-default rules, erodes trust, and risks unintended precedent.

Broadening the conversation

17. While hospitals intervened, no public interest groups or patient advocates did. Given the critical role that patient advocates and navigators play in our public health care

⁶ *Expressio unius est exclusio alterius*, as helpfully reviewed in *Reference re: Section 101 of the Public Utilities Act*, 2017 NLCA 34 (CanLII), paragraph 17. See Telecom Order 2024-269, dissenting opinion of Commissioner Bram Abramson, footnote 4 and accompanying text.

⁷ Paragraph **Error! Reference source not found.** of the majority opinion, above.

⁸ Broadcasting and Telecom Information Bulletin 2010-961, as amended by Broadcasting and Telecom Information Bulletin 2010-961-1.

systems, that is unfortunate, and reflects the obscurity woven by our expedited tariff processes, which risk tipping too far from transparency.⁹

18. It is to be hoped that a new approach to funding public interest participation in Commission proceedings¹⁰ will enable not just generalist or communications-focused groups, but also sector- and domain-specific experts to participate when our subject matter intersects with theirs. As a sector-specific regulator, we know we have much to learn from domain experts when our work inevitably intersects with their expertise.

⁹ Telecom Order 2024-219, dissenting opinion of Commissioner Abramson, paragraphs 12-14, and Telecom Order 2025-74, dissenting opinion of Commissioners Abramson and Anderson, paragraphs 11-15.

¹⁰ Broadcasting and Telecom Notice of Consultation 2025-94.