

PEIDoctor

Written Response

Standing Committee on Health and Social Development
Legislative Assembly of Prince Edward Island

In response to the Committee's letter dated September 25, 2026

Prepared by EndWell Management Inc., operating PEIDoctor
Marius Croeser, CEO
September 28, 2026

September 28, 2026

Susie Dillon, Chair
Standing Committee on Health and Social Development
Legislative Assembly of Prince Edward Island

Dear Ms. Dillon,

Thank you for your letter dated September 25, 2026, on behalf of the Standing Committee on Health and Social Development. We welcome the opportunity to provide the Committee with accurate information regarding PEIDoctor, its coordination services, and the public-policy context in which those services operate.

We understand the Committee's principal question to be whether PEIDoctor offers Islanders private, out-of-pocket access to medical consultations that should instead be provided through Prince Edward Island's publicly funded healthcare system. We address that question directly below.

We also respectfully suggest that the Committee's inquiry presents an opportunity to clarify a broader policy issue now facing Prince Edward Island: what rules should govern private corporations, physician-equivalent care, membership models, uninsured services, virtual care and the use of additional healthcare capacity? In our view, PEI would benefit from a clear, provider-neutral framework governing private payment and private support or participation in healthcare, applied consistently across materially comparable arrangements.

1. Direct answer to the Committee's principal question

PEIDoctor does not offer PEI residents who are insured under the PEI public health insurance plan private, out-of-pocket access to publicly insured physician services as an alternative to receiving those services through Prince Edward Island's publicly funded healthcare system.

That is not PEIDoctor's business model, nor is it the purpose or intention of our operations.

This distinction should not, however, be interpreted to mean that a PEI resident can never privately purchase a service involving a physician. Prince Edward Island's healthcare framework recognizes that some services fall outside provincial health insurance and may appropriately be privately paid. The relevant question is therefore not simply whether a physician is involved or whether a patient pays a fee, but **what service is actually being provided and whether that payment purchases an insured medical service or preferential access to one.**

For completeness, PEIDoctor has also been developing additional program concepts that may ultimately include services that are genuinely uninsured or educational in nature. Two examples are **Understand My Health™** and our proposed **Medical Stay programs**. Neither program is currently operational and pilot dates have not been determined.

Further information concerning the rationale **and** present development status is provided in Appendix A - Developing Program Concepts.

These developing programs illustrate an important distinction. The fact that a physician may participate in a privately paid service does not, by itself, establish that the patient is purchasing access to a publicly insured health service. Equally, describing a service as “educational,” “wellness” or “uninsured” would not determine its character if the service actually delivered were an insured medical service. **The substance of the service actually provided must govern.**

PEIDoctor intends to apply that principle to the design and implementation of any future service. Where a proposed service may involve PEI residents, its final structure must preserve the distinction between appropriately privately paid services and publicly insured medical care.

With respect to PEIDoctor's currently operating private-pay **visitor medical consultation pathway**, we do not advertise or offer that pathway to PEI-insured residents. To the contrary, our public communications and intake processes are deliberately designed to distinguish between PEI-insured residents and visitors who may appropriately access that pathway.

No administrative screening system should be represented as incapable of human error. Our objective, however, is full compliance, and we have established multiple safeguards intended to prevent an ineligible person from inadvertently obtaining a private-pay visitor medical consultation through a pathway that is not appropriate for that person.

1.2. Current safeguards

Initial eligibility screening. Individuals seeking a medical consultation are asked about PEI residency and PEI health coverage. Where an individual indicates that they are a PEI resident and/or holds a PEI Health Card, they are advised that PEIDoctor's private-pay visitor medical consultation pathway is not appropriate for them.

Intake and consent screening. An individual who proceeds through the coordination process must complete the applicable intake and consent documentation. Information supplied through that process, including residency and contact information, creates a further opportunity to identify a potential eligibility concern. Where eligibility remains unclear, additional information may be requested before the appointment proceeds.

Electronic eligibility acknowledgement. Each client requesting a coordinated private-pay visitor physician consultation is required to electronically acknowledge an eligibility confirmation stating that the client is either an international visitor to Canada who is not covered by a Canadian provincial or territorial health insurance plan, or a resident of Quebec visiting Prince Edward Island. The declaration also confirms that the pathway is not available to residents of Prince Edward Island or residents of other Canadian provinces or territories as a means of purchasing access to publicly insured physician services, and that the residency and health-coverage information supplied is accurate.

A copy of the eligibility declaration and electronic acknowledgement is included as Exhibit B. Screenshots preserving the corresponding eligibility language displayed on PEIDoctor's public booking pages are included as Exhibit C.

Independent physician verification. The treating physician is an independently regulated health professional. The physician has access to relevant intake information and may request additional identification or clarification where eligibility is uncertain.

These safeguards create multiple opportunities to identify and prevent an inappropriate private-pay consultation.

2. The population PEIDoctor was created to serve

PEIDoctor was developed primarily to address a different population and a different healthcare problem: visitors to Prince Edward Island who are not insured by PEI for the medical services they seek or require while visiting the province.

This includes, in particular, international visitors who may seek or require non-emergency medical attention while temporarily in Prince Edward Island and who are not beneficiaries of PEI's publicly funded health insurance system for those services.

The visitor pathway now also includes residents of Quebec visiting Prince Edward Island who select to use this coordination service. There is a practical billing distinction underlying that category: the interprovincial physician reciprocal-billing arrangement applies between Prince Edward Island and the other provinces and territories except Quebec. The PEI Physician Services Agreement expressly recognizes that PEI physicians may bill Health PEI directly for eligible Canadian residents other than residents covered by the Quebec plan. [1] The exclusion of Quebec from reciprocal physician billing explains why Quebec visitors present a different billing circumstance; it does not, by itself, determine whether any particular service may be privately billed, which remains subject to the applicable statutory, contractual and professional requirements.

Prince Edward Island welcomed approximately 1.87 million non-resident visitors in 2025, with the Province reporting record visitation, visitor spending and overnight stays. Tourism is therefore a major part of the Island economy, and visitors may wish to speak with a physician or may experience illness, injury, prescription needs or other medical concerns while travelling. [2]

An international visitor may have travel insurance or otherwise expect to pay privately for care while abroad, but may have no relationship with a local physician and little knowledge of how to navigate the Island's healthcare system. Their circumstances, abilities and preferences may create a need for options and choice of service. Examples may include language barriers, a desire to avoid unnecessary travel, responsibility for multiple children who cannot be left alone, or frailty that makes travel and waiting in a clinic difficult. Without another practical pathway, some visitors may seek service through the public health system, including emergency departments or other publicly funded facilities.

PEIDoctor addresses this need not by claiming, attempting or purporting to function as a clinic, but rather by operating as an administrative and coordination layer through which eligible visitors may be connected with independent licensed physicians.

PEIDoctor's operating model is specifically designed not to draw physician hours away from the physician's committed public-health obligations. It is intended to coordinate eligible services using professional capacity that is additional to those commitments and lawfully available for such work, subject at all times to the physician's individual contractual arrangements and professional obligations.

We cannot yet, and do not, claim that every visitor served through PEIDoctor shortens the waiting line for an Islander. The broader proposition is more modest: where an eligible visitor can appropriately receive care using additional physician capacity rather than relying on a publicly funded access point, there is at least the potential to preserve public-system capacity.

3. The visitor and non-insured positioning predates the present controversy

It is important for the Committee to understand that PEIDoctor's visitor-focused description is not a position recently adopted in response to media attention or political scrutiny. It was part of the project's development months before the present inquiry.

On May 4, 2026, PEIDoctor approached Tourism PEI seeking an appropriate tourism-facing classification for the service. We proposed the description "Visitor Health Navigation & Wellness Support Service (Private Pay, Non-Insured)" and requested consideration within a broader visitor-wellness or traveller-support category.

In that correspondence, PEIDoctor was presented as an episodic, visitor-focused health-navigation and coordination service rather than as a replacement for primary care for Islanders. PEIDoctor also expressly clarified that it is not a medical clinic.

Tourism PEI responded on May 7, 2026, that the offering was not something it would use to promote travel to Prince Edward Island itself, but could be of interest to visitors once they had already arrived. We respected that distinction. We also indicated that part of our objective was to help attract longer-stay visitors to PEI and that we

would revisit our application for the 2027 season. We have subsequently kept Tourism PEI informed regarding our progress.

The significance of this exchange for the Committee is not that Tourism PEI approved PEIDoctor's clinical or regulatory model; it did not purport to do so. Rather, the correspondence provides contemporaneous evidence that, months before September 2026, PEIDoctor was voluntarily describing itself to a provincial agency as a visitor-focused, private-pay and non-insured coordination service.

4. Why PEIDoctor was created: public-interest and business rationale

4.1 Origins

PEIDoctor did not originate as an attempt to establish a private healthcare system for Islanders. It arose from a series of efforts to determine whether a small, locally based Prince Edward Island initiative could make a practical contribution to Prince Edward Island.

My wife and I moved to Prince Edward Island intending to begin settling into retirement. Having previously been frequent visitors to Cape Cod, we were immediately taken by PEI's comparative beauty and potential. Retirement nevertheless remained our primary goal until we became increasingly aware of social and healthcare pressures facing the province.

According to the 2025 PEI Child and Family Poverty Report Card, using Statistics Canada's Census Family Low Income Measure After Tax, 5,060 PEI children were living in poverty in 2023 - 16.7% of Island children, or approximately one in six. [3]

The Province has itself identified physician recruitment and retention as ongoing challenges. In February 2025, the Province reported physician hires during 2024 and departures and the five resignations. The Province described recruitment and retention as ongoing challenges in the healthcare landscape. [4]

Those circumstances reinforced my view that sustainable social programs ultimately depend upon a productive economy capable of generating employment, income and public revenue.

During 2025, I became interested in what practical contribution I might make. When Dr. Janine Karpakis chose to stand as a candidate in the District 9 by-election and **advocate publicly on healthcare issues**, I volunteered to manage her campaign.

Following that election, I explored with my local municipal council whether there might be an opportunity to collaborate on establishing a small community medical-clinic pilot in Kinkora.

The question nevertheless remained: was there something practical that a very small private organization could do that would complement, rather than compete with, PEI's publicly funded healthcare system? PEIDoctor emerged from that process. With an academic background in economics and business, I viewed the challenge in part as an economic one. **PEI needs growth and additional dollars entering the economy - objectives that require innovation, entrepreneurship and private-capital investment.**

4.2 Supporting the tourism economy

Tourism PEI's five-year strategy seeks to develop a vibrant year-round destination, increase annual tourism revenue and grow visitation beyond the traditional peak season. [5]

Healthcare options can matter particularly to older travellers, international visitors, seasonal residents and people considering longer stays. A visitor who knows that appropriate medical assistance can be navigated if something goes wrong may be more comfortable remaining on the Island or returning in future. PEIDoctor is already fielding calls from prospective visitors for whom health support is a primary consideration in planning a trip.

PEIDoctor therefore seeks to combine two legitimate objectives: supporting PEI's visitor economy by improving healthcare navigation for eligible visitors, while helping to make appropriate use of physician capacity that is additional to existing public-health obligations and lawfully available for such work.

We do not suggest that Tourism PEI has endorsed PEIDoctor. The point is narrower: **visitor healthcare support can reasonably be considered both a healthcare-navigation issue and an economic-development issue.**

4.3 Additional physician capacity

A central premise of the PEIDoctor model is the distinction between a physician's existing public-health obligations and professional time that may be available outside those obligations.

PEIDoctor's model is intended to make use only of professional capacity that is additional to a participating physician's committed public-health obligations. We recognize that the fact that professional activity occurs outside a physician's scheduled public working hours does not, by itself, determine whether that activity is permissible. Any participating physician remains responsible for complying with the physician's individual contractual arrangements and professional obligations.

Importantly, the Physician Services Agreement itself contemplates circumstances in which physicians working under alternate payment arrangements may undertake additional fee-for-service work outside their scheduled hours. [16]

PEIDoctor's position is therefore not that hours outside a physician's public schedule are unrestricted. Our position is narrower: where additional professional capacity lawfully exists outside the physician's committed public obligations, **PEIDoctor seeks to determine whether a limited portion of that capacity can appropriately be coordinated for eligible visitor and uninsured services without reducing or displacing the physician's committed public-system capacity.**

Where an eligible visitor can appropriately receive care through such additional capacity rather than seeking assistance through a publicly funded facility, there is at least the **potential for a benefit to both the visitor and the public system**. We do not claim that PEIDoctor has demonstrated a measurable reduction in public waiting times; the pilot is far too new for such a conclusion. It is simply part of the rationale underlying the model.

We also believe there is a legitimate economic-development question concerning professional activity performed by PEI-based clinicians for corporations headquartered outside the province. **One goal of PEIDoctor is to determine whether some additional professional activity can instead be coordinated locally, with more of the associated economic activity retained in PEI.**

4.3.1 Government can help

As a Visitor Health Navigation & Wellness Support Service, PEIDoctor believes government could assist by making neutral information about eligible visitor-health coordination options available through Tourism PEI visitor centres and online. This is the support that we have asked for from Tourism PEI.

4.3.2 Industry can help

Industry can also assist through collaboration on existing problems, including the coordination and completion of medical forms and other appropriately uninsured services.

5. Insured, basic and uninsured services: legal precision

The distinction between insured and uninsured services is important, but the legal framework is more nuanced than a simple statement that every medically necessary service can never involve a direct patient charge.

Under PEI's Health Services Payment Act, the relevant analysis may involve several questions, including whether the person is an entitled or insured person, whether the service is a basic or insured health service, the physician's or practitioner's participation status, and the applicable statutory, regulatory and billing rules. Section 10.1 of the Act provides a statutory mechanism under which a participating physician or practitioner may, subject to and in accordance with the regulations, determine in respect of a particular patient or particular basic health service to collect fees otherwise than from the Minister. The provision includes advance-notice and reporting requirements. [6]

Health Canada's 2024-2025 Canada Health Act Annual Report likewise records that PEI permits physicians to opt out or selectively opt out in accordance with provincial legislation, and reports one opted-out physician as of March 31, 2025. [7]

PEIDoctor does not rely upon section 10.1 as the basis for its private-pay visitor consultation pathway. We identify it because it demonstrates that the legal analysis of private payment under PEI law is more precise than simply asking whether a physician provided the service or whether money changed hands. The relevant questions include the identity and insurance status of the patient, the nature and insurance status of the service, the provider's participation status where relevant, the applicable statutory and billing requirements, and what the patient is actually paying to obtain.

PEIDoctor also coordinates services that are not publicly insured. Some medical forms, certificates, occupational or employer-requested documentation and other services may fall outside provincial health insurance and may appropriately involve private payment, subject to applicable law and professional requirements.

Where PEIDoctor coordinates such a service, it does so on the understanding that the service may appropriately be provided on a private-pay basis. These activities should not be confused with selling PEI residents preferential access to publicly insured primary care.

5.1 Private delivery is not, by itself, the issue

PEIDoctor is not arguing against private participation in healthcare. PEIDoctor itself is operated by a private Prince Edward Island corporation.

Health Canada's current Canada Health Act Annual Report expressly notes that the Canada Health Act does not prohibit health services from being delivered by private companies, provided residents are not charged for insured health services. Private delivery and public insurance are therefore not mutually exclusive. [7]

The policy question is not simply whether a private corporation is involved. **The more useful questions are what service the patient receives, whether that service is insured for that patient in the circumstances, what the payment purchases, and whether the payment provides access or preferential access to an insured service.**

That distinction is central both to PEIDoctor's operating model and to the broader policy questions raised by the Committee's inquiry.

6. Organizational and clinical structure

PEIDoctor operates as a service of EndWell Management Inc., a Prince Edward Island corporation.

EndWell Management Inc. does not carry on the business of providing the professional services of a medical practitioner. Its role is limited to non-clinical management and administrative services, including technology, scheduling, communications, marketing, intake administration and service coordination.

The physician, not EndWell Management Inc. or PEIDoctor, provides the professional medical service, establishes the physician-patient relationship, exercises exclusive clinical judgment and remains professionally accountable for the care provided. The physician is responsible for clinical documentation and, under PEIDoctor's present operating structure, is the custodian of the medical record, with EndWell providing administrative support as authorized. EndWell Management Inc. and PEIDoctor do not direct a physician's clinical decision-making.

Where PEIDoctor develops a proposed service or pilot involving physician participation, the program concept and non-clinical operating framework are developed in consultation with the physician as the primary clinical consultant. The intention is that any participating physician or physicians will retain full control over the professional medical service and its delivery, including whether a service is clinically appropriate for an individual patient. EndWell Management Inc.'s role remains administrative and non-clinical.

We recognize the importance of ensuring that activities undertaken through PEIDoctor do not replace or interfere with a physician's obligations to Prince Edward Island's publicly funded healthcare system. **Our operating model is therefore intended to focus on work outside those public obligations** and either on populations not insured by PEI for the service being provided or on services that may appropriately be privately paid, subject to the applicable statutory, contractual, regulatory and professional framework.

7. The broader policy question raised by the Committee's inquiry

We respectfully suggest that the Committee's inquiry raises an important policy question extending beyond PEIDoctor.

If the Committee is examining whether PEI residents are paying privately to obtain access to medically necessary primary-care services that would otherwise be publicly insured, **fairness and sound public policy suggest that the same question should be examined consistently across materially comparable arrangements operating in Prince Edward Island.**

This issue has become particularly important since April 1, 2026. Health Canada's Canada Health Act Services Policy provides that patient charges for medically necessary services delivered by regulated health professionals providing physician-equivalent services, including nurse practitioners, are to be treated as extra-billing and user charges under the Canada Health Act where the service would otherwise be insured if delivered by a physician. [8]

The Canada Health Act is federal legislation governing the criteria and conditions provinces and territories must satisfy to receive their full federal cash contribution under the Canada Health Transfer. A patient charge may therefore have consequences for a province's federal transfer and compliance assessment; that is distinct from saying that the Canada Health Act itself makes a private corporation's conduct criminal or independently unlawful. [9]

Health Canada has also stated that membership fees used to access insured primary-care services or obtain preferential access to those services are considered patient charges under the Canada Health Act and raise concerns under the Act's accessibility criterion. [10]

We do not ask the Committee to accept PEIDoctor's interpretation of how these federal principles apply to any particular third party. We ask the Committee to establish the relevant facts and apply a clear standard consistently.

7.1 Private nurse-practitioner primary care

One private provider operating in Prince Edward Island publicly advertises private healthcare consultations led by nurse practitioners. Its current materials state that its nurse practitioners assess, diagnose, order and interpret tests, prescribe medications and refer to specialists; that private consultations may address minor illness, prescription renewals, preventive care and chronic conditions; and that patients typically pay out of pocket. It also advertises business services through which employees can obtain access to nurse-practitioner primary-care consultations within one to three business days. [11][12]

Those are descriptions drawn from the provider's own public materials. They do not, by themselves, establish that any particular consultation is an insured service, that a patient charge is prohibited in the circumstances, or that the provider has breached provincial or federal law.

They do, however, raise questions directly relevant to the policy issue the Committee is examining:

How does Prince Edward Island determine whether a privately purchased nurse-practitioner service is a physician-equivalent service that would otherwise be insured if delivered by a physician?

What rules apply where a PEI-insured resident pays privately for such a service after April 1, 2026?

What provincial oversight applies to patient charges for physician-equivalent services?

Has the Province established a process for assessing these arrangements under the Canada Health Act Services Policy?

7.2 A private virtual-care corporation: publicly funded access and paid access

Prince Edward Island currently contracts with a private virtual-care corporation to provide the PEI Unaffiliated Virtual Care Program. The Province describes the program as providing eligible Islanders who do not have a family doctor or nurse practitioner with provincially funded access to virtual doctors. [13]

The Province also states that when a person becomes assigned to a primary-care provider, that person is no longer eligible for provincial coverage through the program and will be switched to the corporation's standard paid version, meaning the person must pay the corporation for subsequent services. [13]

Separately, the corporation currently advertises a **Prince Edward Island membership for \$85 per month**, describing it as providing convenient 24/7 primary care for the member and family, with diagnoses and treatment as well as prescriptions, laboratory work, sick notes and specialist referrals available at a provider's discretion. [14]

Those verified public facts do not, by themselves, establish a breach of the Canada Health Act, PEI legislation or any contractual requirement. They do, however, make one policy distinction especially important for the Committee to clarify:

When is a resident paying for a technology, administrative or convenience product, and when is the resident paying for access - or preferential access - to insured primary care?

That question should be answered expressly. Health Canada has stated that membership fees used to access insured primary-care services, or to obtain preferential access to those services, are patient charges raising concerns under the Canada Health Act's accessibility criterion. [10] At the same time, private technology and administrative services can plainly exist without themselves constituting prohibited patient charges. **The legal and policy boundary therefore depends on what the payment actually purchases.**

We respectfully ask the Committee to obtain sufficient information to answer, at minimum, the following:

What precisely does the \$85-per-month PEI membership purchase?

Which elements of the paid product are technology, administration or convenience services, and which elements, if any, constitute access to clinical primary-care services?

Where a PEI-insured resident uses the paid product to obtain a physician or nurse-practitioner consultation, what clinical service is actually delivered and would that service otherwise be insured for that resident?

Does the payment itself provide faster, additional or preferential access to an insured service?

Who compensates the physician or nurse practitioner for a consultation obtained through the paid product?

What policy analysis supports the Province's stated transition from publicly funded access to the corporation's paid version when an Islander becomes attached to a primary-care provider?

These are questions, not allegations. But because the Province itself directs affected Islanders from a publicly funded pathway to the provider's paid version, the distinction between payment for convenience and payment for clinical access is not peripheral to the Committee's inquiry. It is a question the public policy framework should answer clearly.

8. Clarifying the policy concern and responsibility for public-system capacity

PEIDoctor accepts that the Committee's central concern is whether its activities remove physician capacity from Prince Edward Island's publicly funded healthcare system. That is a legitimate question and should be answered directly. PEIDoctor's operating model is specifically designed not to draw physician hours away from a physician's committed public-health obligations. It seeks to coordinate a comparatively limited amount of professional capacity that is additional to those commitments and lawfully available for such work, subject to the physician's individual contractual arrangements and professional obligations.

That answer also makes it important to identify the policy concern with precision. If the concern is additional professional work outside committed public-health hours, the Province should state what limits it believes should apply to such work and **apply those limits consistently**. If the concern is physicians providing services through private corporations, the policy must **account for the Province's own use of private corporations in healthcare delivery**. If the concern is that some additional physician capacity serves people who are not PEI residents, the Province should clarify whether, and on what legal or policy **basis, it considers professional capacity outside a physician's public commitments to be reserved for PEI residents**.

If the concern is private payment, the inquiry should focus on the legally relevant questions identified earlier in this submission: who is the patient; what service is being provided; whether that service is insured for that patient in the circumstances; the provider's participation or opt-out status where relevant; what billing rules apply; what the payment actually purchases; and **whether payment provides access or preferential access to an insured service**.

If the concern is visitor-health coordination itself, the **Province should articulate its policy concerning access to non-emergency healthcare by visitors whom Prince Edward Island actively invites to travel to and spend money in the province**. The existence of visitor demand does not, by itself, determine how that demand should be served; it does, however, warrant a coherent policy rather than an assumption that a locally coordinated visitor-health pathway is inherently inconsistent with the public system.

These possibilities lead to a question that should be capable of a clear answer: **what, precisely, is the policy concern with PEIDoctor's actual operating model?**

We respectfully ask the Committee to identify that concern and then test the underlying principle consistently against materially comparable arrangements operating in Prince Edward Island.

8.1 Accountability for public statements

The need for factual precision is heightened where public statements by senior public officials concern an identifiable operating business and licensed healthcare professionals. Such statements can have immediate reputational, commercial and professional consequences, irrespective of what a later review ultimately concludes.

Accordingly, and without asking the Committee to determine motive or prejudice any legal issue, we respectfully ask: what factually verified and accurate information concerning PEIDoctor's actual operations was obtained or verified before the public statements concerning PEIDoctor were made?

More specifically, had the decision-maker verified PEIDoctor's eligibility restrictions; its exclusion of PEI-insured residents from the private-pay visitor consultation pathway; its **electronic eligibility acknowledgement**; the physician's existing public-health commitments; the distinction between committed public hours and additional professional capacity; and the nature of the services actually being coordinated?

If any material factual statement made publicly about PEIDoctor is found to have been inaccurate, we respectfully submit that the public record should be corrected with equal clarity. This request is not advanced as an allegation of bad faith. It is a request for the same standard of factual accountability that PEIDoctor accepts should apply to its own public representations.

8.2 Who controls public-system capacity?

PEIDoctor does not control the principal policy and administrative levers that determine the capacity or performance of Prince Edward Island's publicly funded healthcare system. It does not set Health PEI's budget, establish physician compensation models, determine contractual hours, design primary-care attachment policy, decide hospital or emergency-department capacity, negotiate provincial physician agreements, or award provincial virtual-care contracts. Those are matters of government policy, public administration and, where applicable, collective or contractual negotiation.

Participating physicians remain responsible for satisfying their own public contractual and professional obligations. PEIDoctor's role is materially narrower: it coordinates eligible services and seeks to use limited professional capacity that is additional to those commitments and lawfully available for such work.

For that reason, concerns about shortages, wait times or attachment within the public system should not simply be attributed to PEIDoctor without evidence that PEIDoctor has actually removed capacity from a public commitment. The relevant factual question is not whether a participating physician performs any work outside the public system; it is whether PEIDoctor causes contracted or otherwise committed public-health capacity to be withdrawn or displaced. Our model is specifically designed not to do so.

8.3 The government's own use of private virtual-care capacity

The Province's own virtual-care arrangements illustrate why the distinction matters. Health PEI uses Maple, a private corporation, as the platform and service arrangement through which eligible unattached Islanders receive publicly funded virtual care. Health PEI states that doctors licensed to practise in Prince Edward Island provide services through that program and may assess and treat patients, prescribe medication, order tests and write sick notes. [13][15]

This does not establish that Maple improperly removes physicians from other PEI services, and PEIDoctor makes no such allegation. **It does establish that the involvement of a private corporation, or the fact that PEI-licensed physicians provide services through that corporation, cannot by itself be the policy objection.**

It also exposes a broader capacity question that deserves examination. Government determines the structure of publicly funded physician work through budgets, contracts, compensation models and service arrangements. The current Physician Services Agreement itself contains **defined hours and maximum-hours provisions** for various payment models; for example, contract-for-service arrangements must state a maximum number of remunerated hours and normally contemplate 1,725 hours per year. [16] **If government believes more physician capacity should be directed into the public system, the availability, funding and contractual organization of additional public hours are therefore relevant policy choices.**

Against that background, PEIDoctor's objective is not to compete for a physician's committed public hours. It is to determine whether a small amount of professional capacity that is genuinely additional to those commitments and lawfully available for such **work can be coordinated locally for eligible visitors and uninsured services, rather than remaining unused or being performed through organizations whose economic activity is principally captured outside Prince Edward Island.**

The Committee can therefore examine two questions separately rather than conflating them: first, whether PEIDoctor actually displaces any committed public-system physician capacity; and second, whether PEI's own policy and contracting framework makes the best possible use of physician capacity that could otherwise be available to Islanders. Evidence on the first question should determine PEIDoctor's responsibility. **The second is principally a matter for government and Health PEI.**

9. Three policy recommendations

PEIDoctor respectfully submits that the most constructive outcome of the Committee's inquiry would be **a clear, provider-neutral framework** governing private payment and private participation in healthcare in Prince Edward Island.

1. Define the rules. Establish and publish a clear PEI policy identifying when residents may privately purchase healthcare services, including physician-equivalent nurse-practitioner services, uninsured services, membership arrangements, virtual-care products and other privately delivered services. The framework should explain the interaction between provincial insurance legislation, provider participation or opt-out status, billing rules and the Canada Health Act Services Policy.

2. Apply the rules consistently. Apply the same substantive framework regardless of whether the provider is a PEI startup, an out-of-province corporation, a nurse-practitioner clinic, a virtual-care corporation or another private provider. **Comparable conduct should be assessed against comparable standards.**

3. Publish the framework. Islanders, clinicians, regulators and businesses should be able to understand the boundary between permissible private activity and impermissible patient charges without having to discover that boundary through political controversy, media debate or case-by-case enforcement.

A clear framework would protect the public system while also giving clinicians, patients and businesses the certainty needed to innovate responsibly.

10. Transparency concerning publicly contracted virtual care

The Committee's inquiry also provides an **opportunity to improve public understanding of arrangements between the Province and private virtual-care providers.**

Where Health PEI contracts with a private corporation to provide publicly funded primary care, Islanders have a legitimate interest in understanding the basic structure of that arrangement, subject to legitimate commercial confidentiality.

Relevant policy questions include how clinical services are compensated; whether compensation is based on individual consultations, time, capacity or another mechanism; what safeguards protect quality of care; and how publicly funded access interacts, if at all, with paid products offered by the same private provider.

These are not allegations of wrongdoing. They are questions of transparency and policy consistency arising naturally from the same concern that appears to have prompted the Committee's inquiry into PEIDoctor.

11. Fairness, equal treatment and policy consistency

PEIDoctor is a Prince Edward Island business. We recognize and respect the legitimate role of legislators, government and professional regulators in protecting the integrity of the publicly funded healthcare system.

We welcome appropriate scrutiny.

We respectfully ask that the standards applied to PEIDoctor be clear, evidence-based and applied consistently to materially comparable healthcare arrangements operating in Prince Edward Island.

The relevant distinction should not turn on the identity, size, origin or public profile of the organization. The relevant questions should be the identity and insurance status of the patient, the nature and insurance status of the service, the provider's participation or opt-out status where relevant, the applicable billing rules, what the patient is actually paying for, and whether that payment provides access or preferential access to an insured service.

We are also mindful that public statements concerning an operating Prince Edward Island business and the professionals associated with it can have significant commercial, contractual and reputational consequences before a review has established the relevant facts.

We respectfully ask the Committee to explain the policy basis upon which PEIDoctor was selected for examination and to confirm that materially comparable arrangements operating in Prince Edward Island will be assessed against the same standards.

In answering that question, we respectfully ask the Committee to distinguish between concerns that arise from PEIDoctor's verified conduct and concerns that arise from broader shortcomings or capacity constraints within the public healthcare system. PEIDoctor should be accountable for the former. It should not be made a proxy for the latter.

We further request that the Committee's examination be conducted fairly, objectively and as expeditiously as reasonably possible, and that conclusions concerning PEIDoctor's operations be based on verified information.

12. Public record and transparency

PEIDoctor has no objection to this response letter being made publicly available. In the interests of transparency, we respectfully request that the Committee include this submission in its public record so that Islanders, healthcare professionals and other interested parties may consider the information provided directly and in its complete context.

We would similarly welcome public examination of the broader policy questions raised in this submission concerning private payment, membership fees, physician-equivalent services, uninsured services and publicly contracted private healthcare providers.

We appreciate the opportunity to clarify PEIDoctor's services and share the Committee's interest in maintaining a clear, legally precise and consistently applied boundary between PEI's publicly insured healthcare system and services that may appropriately be privately delivered or privately paid.

As requested, our Business Plan will be provided separately.

Sincerely,

Marius Croeser

CEO

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Appendix A - Developing Program Concepts

The following information is provided for context concerning two program concepts currently under development. Neither program is operational, no pilot commencement date has been established, and no client has paid PEIDoctor for or received either program as of the date of this submission. These concepts are being developed with the physician as the primary clinical consultant. If either concept proceeds to a pilot involving professional medical services, the participating physician or physicians will control those professional services and their delivery; EndWell Management Inc.'s role will remain limited to non-clinical management and administrative support.

Understand My Health™

Understand My Health™ — Health Information & Interpretation Session was conceived in part from our own family's experience with chronic illness. That experience demonstrated to us the value of having dedicated time to carefully discuss and better understand health-related information, particularly where an individual is already dealing with diagnoses, reports, medications, treatment recommendations or a complicated medical history.

The concept also responds to a broader and well-recognized issue in contemporary healthcare: time for explanation and understanding can be limited. The Canadian Medical Association has published a patient perspective describing the difficulty of dealing with significant health information within physician encounters that may sometimes be only five or ten minutes long. The purpose of exploring Understand My Health™ is not to replace those clinical encounters, but to determine whether there is an appropriate role for a separate educational service in which the objective is understanding existing health information rather than obtaining new medical care. [17]

This general concept is not novel in Canada. Medical second-opinion, expert medical review and health-information services have been offered to Canadians through major benefit and virtual-health organizations. In June 2026, Dialogue announced that its Canadian Medical Second Opinion program, providing independent specialist review of existing diagnoses and treatment plans, was already accessible to more than one million Canadians. [18]

PEIDoctor's proposed program is considerably narrower than a medical second-opinion service. As currently designed, Understand My Health™ is intended to help an individual better understand medical information they already possess, such as an existing diagnosis, medical report, medication information or previously recommended treatment.

It is not intended to provide privately purchased access to insured medical care. It is not intended to provide assessment or diagnosis of a new medical problem, treatment, prescribing, diagnostic testing or specialist referral. Payment for the proposed service would not be intended to purchase preferential access to any publicly insured medical service. Where an individual's needs require clinical assessment, diagnosis, treatment or another insured medical service, the educational program is not intended to substitute for the appropriate healthcare pathway.

Importantly, as of the date of this submission, Understand My Health™ remains in the design and development stage. No pilot commencement date has been established. No client has paid PEIDoctor for, or received, an Understand My Health™ service.

Medical Stay programs

PEIDoctor has also been exploring the concept of Medical Stay programs for international visitors. The motivation for exploring this concept is different and principally economic and tourism-related: whether carefully designed health and wellness programming could contribute to attracting longer-stay international visitors to Prince Edward Island and thereby generate additional economic activity for the Island.

There is a substantial and growing international market for wellness-related travel. Global Wellness Institute research reports that wellness travellers made approximately 1.24 billion domestic and international trips worldwide in 2024. Wellness trips represented approximately 8.3% of global tourism trips but 17.6% of tourism expenditures,

reflecting the comparatively high economic contribution associated with this category of traveller. Global wellness-tourism expenditures were estimated at approximately US\$894 billion in 2024. [19]

We therefore believe it is reasonable to **explore, rather than assume**, whether Prince Edward Island could participate in some appropriate portion of this growing market. The concept is consistent with PEIDoctor's broader interest in determining whether limited healthcare and wellness resources can be used in carefully structured ways that support, rather than compete with, the Island's publicly funded healthcare system while also contributing to tourism and the provincial economy.

We are also interested in exploring a broader question: could carefully designed, innovative programming of this kind contribute, even in a modest way, to attracting and retaining medical talent in Prince Edward Island?

Our starting premise is a simple one: human capital, like other forms of capital, is influenced by the environment in which it can be most productively and satisfactorily deployed. For physicians, compensation is only one part of that environment. Canadian research on physician retention identifies professional autonomy, meaningful scope of practice, opportunities for professional development, flexible working arrangements, supportive professional environments and community connection among the factors that can influence whether physicians remain in a particular practice environment. [20]

We therefore believe it is worth exploring whether providing physicians with opportunities to participate voluntarily in professionally interesting and innovative programs—while preserving their public-system commitments—could form one small part of a broader physician recruitment and retention strategy.

We have already had preliminary discussions with physicians outside Prince Edward Island concerning potential participation. We do not suggest that programming of this kind, by itself, will recruit or retain physicians. Rather, those early discussions reinforce our view that it is worth exploring whether opportunities for professional flexibility, innovation and varied clinical or educational work could contribute, as one element among many, to making Prince Edward Island an attractive place for physicians to practise and remain. Whether PEIDoctor's proposed programs could make even a modest contribution to that environment is a question we believe is worth testing.

This remains a business hypothesis, not an established service or a claim of demonstrated economic benefit. PEIDoctor intends to use a pilot approach, if the concept proceeds at all, to determine whether genuine market demand exists, whether the model is commercially viable, and whether it can operate within appropriate clinical, legal, contractual and professional boundaries.

As of the date of this submission, the Medical Stay programs remain in the design and development stage. No pilot commencement date has been established, and no client has paid for or received a Medical Stay program through PEIDoctor. Any such program would be implemented only after its final scope, eligibility criteria, clinical boundaries and applicable legal, contractual and professional requirements have been determined.

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working arrangements, supportive professional environments and community connection.

<https://link.springer.com/article/10.1186/s12875-025-03128-x>

Supporting exhibits

Not supplied Exhibit A - Standing Committee letter dated September 25, 2026.

Exhibit B — PEIDoctor eligibility declaration and electronic acknowledgement used for the private-pay visitor physician-consultation pathway.

Exhibit C - Screenshots of PEIDoctor's public website showing the corresponding visitor eligibility language and exclusion of PEI-insured residents/other Canadian provincial residents from the private-pay visitor consultation pathway.

Exhibit F - Selected primary-source extracts relied upon in Sections 5-10, including the Health Services Payment Act, Canada Health Act materials, PEI's Maple information page, and the cited providers' public materials.