


The Regional Health Services Act

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Chapter R-8.2* of *The Statutes of Saskatchewan, 2002* (consult Table of Saskatchewan Statutes for coming into force dates) as amended by the *Statutes of Saskatchewan, 2002*, c.C-11.1; 2003, c.25; 2004, c.49; 2004, c.51; 2004, c.C-11.2; and 2005, c.M-36.1.

***NOTE:** Pursuant to subsection 33(1) of *The Interpretation Act, 1995*, the Consequential Amendment sections, schedules and/or tables within this Act have been removed. Upon coming into force, the consequential amendments contained in those sections became part of the enactment(s) that they amend, and have thereby been incorporated into the corresponding Acts. Please refer to the Separate Chapter to obtain consequential amendment details and specifics.

NOTE:

This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.

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**Editorial Appendix
(amendments)**

CHAPTER R-8.2

An Act respecting the Delivery of Health Services, establishing and governing Health Regions and Regional Health Authorities, governing Health Care Organizations, respecting Standards related to Health Services and Facilities and making consequential amendments to certain other Acts

PART I Preliminary Matters

Short title

1 This Act may be cited as *The Regional Health Services Act*.

Interpretation

2(1) In this Act:

- (a) **“affiliate”** means a person who, immediately before the coming into force of this section, is the operator of a hospital approved pursuant to *The Hospital Standards Act* or a not-for-profit special-care home licensed pursuant to *The Housing and Special-care Homes Act*, and includes any successor to that operator but does not include a regional health authority or a prescribed person;
- (b) **“chairperson”** means a chairperson for a regional health authority designated pursuant to subsection 16(6);
- (c) **“department”** means the department over which the minister presides;
- (d) **“district health board”** means a district health board established pursuant to *The Health Districts Act*;
- (e) **“facility”** means a facility in or from which health services are provided;
- (f) **“financial and health service plan”** means a financial and health service plan of a regional health authority required pursuant to section 51;
- (g) **“fiscal year”** means the period that commences on April 1 in one year and ends on March 31 in the following year;
- (h) **“health care organization”** means:
 - (i) an affiliate; or
 - (ii) a prescribed person that receives funding from a regional health authority to provide health services;
- (i) **“health region”** means a health region amalgamated or continued pursuant to section 13 or 24;
- (j) **“health services”** includes services that are ancillary to health services and any services that may be prescribed;
- (k) **“minister”** means the member of the Executive Council to whom for the time being the administration of this Act is assigned;

- (l) “**municipality**” includes the City of Lloydminster;
 - (m) “**operational plan**” means an operational plan of a regional health authority required pursuant to section 50;
 - (n) “**practitioner staff**” means those individuals who are qualified members of a prescribed health profession who are legally entitled to practise in Saskatchewan and who have been granted privileges by a regional health authority or an affiliate prescribed for the purposes of section 43:
 - (i) to provide health services at a facility operated by the regional health authority or affiliate; or
 - (ii) to refer patients to health services delivered by the regional health authority or affiliate;
 - (o) “**prescribed**” means prescribed in the regulations;
 - (p) “**regional health authority**” means a regional health authority continued pursuant to section 14, 24 or 25;
 - (q) “**registry**” means the surgical registry or the diagnostic registry established pursuant to subsection 12(1);
 - (r) “**vice-chairperson**” means a vice-chairperson for a regional health authority designated pursuant to subsection 16(6).
- (2) In this Act, where a provision refers to a health region in relation to a regional health authority, the reference to the health region is a reference to the health region for which the regional health authority is established, unless the provision provides otherwise.
- (3) In this Act, where a provision refers to a regional health authority in relation to a health care organization, the reference to the regional health authority is a reference to the regional health authority for the health region in which the health care organization provides health services, unless the provision provides otherwise.

2002, c.R-8.2, s.2; 2002, C-11.1, s.405; 2004, c.49, s.3; 2005, c.M-36.1, s.462.

References in other enactments

- 3(1) In this section, “**enactment**” means an Act or a regulation as defined in *The Interpretation Act, 1995*.
- (2) This section applies to any enactment insofar as that enactment permits or requires something to be done that is governed by this Act.
- (3) Unless the context requires otherwise, when applying another enactment to a matter governed by this Act:

- (a) a reference in that other enactment to *The Health Districts Act* is deemed to be a reference to this Act;
 - (b) a reference in that other enactment to a district health board is deemed to be a reference to a regional health authority;
 - (c) a reference in that other enactment to a health district is deemed to be a reference to a health region; and
 - (d) a reference in that other enactment to a procedure in *The Health Districts Act* is to be adapted as far as it can be adapted to conform to a procedure established in this Act, and the procedure established in this Act must be followed as far as it can be adapted.
- (4) Not yet proclaimed.
 - (5) Not yet proclaimed.

2002, c.R-8.2, s.3.

PART II

Responsibilities and Powers of Minister

Strategic direction of system

- 4(1) The minister is responsible for the strategic direction of the health care system in Saskatchewan and may do any things that the minister considers advisable for that purpose.
- (2) Without limiting the generality of subsection (1), the minister may:
- (a) establish goals and objectives for the provision of health services in Saskatchewan generally or in areas within Saskatchewan;
 - (b) establish performance measures and targets to promote the effective and efficient utilization of health services;
 - (c) develop, implement and evaluate provincial health care policies;
 - (d) conduct financial, human resources and information technology planning for the health care system;
 - (e) develop methodologies for effective and efficient allocation of resources; and
 - (f) administer the allocation of available resources for the provision of health services.

2002, c.R-8.2, s.4.

Consultation

- 5 In carrying out the minister's responsibilities and exercising the minister's powers pursuant to section 4, the minister may consult with, and seek the advice of, regional health authorities, health care organizations and any other persons that the minister considers appropriate.

2002, c.R-8.2, s.5.

Agreements

6 The minister may enter into agreements with regional health authorities, health care organizations and any other persons or bodies for the purpose of exercising the minister's powers or carrying out the minister's responsibilities pursuant to this Act.

2002, c.R-8.2, s.6.

Minister's directives

7(1) The minister may, from time to time, give a written directive to a regional health authority or to a health care organization, requiring the regional health care authority or health care organization to take any action that the minister considers necessary in relation to the operations of, or the health services provided by, the regional health authority or health care organization, as the case may be.

(2) Without limiting the generality of subsection (1), a minister's written directive may require a regional health authority or health care organization:

(a) to carry out its operations and provide its health services in accordance with the strategic direction of the health care system as set by the minister;

(b) to carry out its responsibilities as set out in this Act and to exercise its powers in accordance with this Act; or

(c) to co-ordinate the activities that it undertakes and the health services that it provides with any other person or organization engaged in the provision of health services.

(3) A regional health authority or a health care organization that receives a minister's written directive shall take any steps that are necessary to comply with the direction.

2002, c.R-8.2, s.7.

Provision of funding

8(1) The minister may provide funding to a regional health authority or a health care organization for the purposes of this Act.

(2) If another Act or regulation authorizes the minister to provide grants or payments with respect to health services or facilities to any person or health care organization, the minister may, notwithstanding that Act or regulation:

(a) provide those grants or payments to a regional health authority instead of the person or health care organization; and

(b) delegate to the regional health authority, subject to any terms and conditions the minister considers appropriate, the minister's powers with respect to the provision of the grants or payments.

(3) If, in the opinion of the minister, a regional health authority or health care organization is in breach of any requirement of this Act, the regulations, an agreement with the minister or a minister's written directive, the minister:

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- (a) may cease making any payment, or any part of a payment, that would otherwise be made to the regional health authority or health care organization until the minister is satisfied that the regional health authority or health care organization has complied with this Act, the regulations, the agreement or the directive, as the case may be; and
- (b) may retain the amounts of any payments mentioned in clause (a).

2002, c.R-8.2, s.8.

Provision of services

9 If the minister considers it in the public interest to do so, the minister:

- (a) may provide health services or arrange for the provision of health services in any area of Saskatchewan, whether or not health services are being provided in that area by a regional health authority, a health care organization, a municipality or any other person or organization; and
- (b) may do any other thing that the minister considers appropriate to promote and ensure the provision of health services within Saskatchewan.

2002, c.R-8.2, s.9.

Designation of facilities

10 The minister may designate all or part of a facility operated by a regional health authority or a health care organization to one of the categories of facilities established in the regulations.

2002, c.R-8.2, s.10.

Standards for health services and facilities

11(1) A regional health authority or health care organization that provides a health service shall comply with any prescribed standards that are applicable to that health service.

(2) A regional health authority or health care organization that operates a facility or a part of a facility shall comply with any prescribed standards that are applicable to that facility or part of a facility.

2002, c.R-8.2, s.11.

Surgical and diagnostic registries

12(1) The minister may establish a surgical and diagnostic registries for the purpose of recording information respecting the provision of surgery and diagnostic services in Saskatchewan.

(2) For the purposes of the registries, a regional health authority and a prescribed affiliate shall provide to the minister any prescribed information with respect to persons who are scheduled to receive surgical or diagnostic services at a facility operated by the regional health authority or affiliate, as the case may be.

(3) The information mentioned in subsection (2) must be provided in the prescribed time, form and manner.

(4) The minister may, in accordance with the regulations, make information from the registries available to regional health authorities, health care organizations and other prescribed persons who provide health services.

(5) The minister may make available to the public, in any manner that the minister considers advisable, personal health information from the registries from which has been removed any information that might reasonably be expected to identify an individual.

2002, c.R-8.2, s.12; 2004, c.49, s.4.

PART III

Establishment of Health Regions, Regional Health Authorities

Health regions established

13(1) The Moose Mountain Health District, the South East Health District and the South Central Health District are amalgamated to form Health Region #1.

(2) The Moose Jaw-Thunder Creek Health District and the South Country Health District are amalgamated to form Health Region #2.

(3) The Rolling Hills Health District, the Southwest Health District and the Swift Current Health District are amalgamated to form Health Region #3.

(4) The Pipestone Health District, the Regina Health District and the Touchwood Qu'Appelle Health District are amalgamated to form Health Region #4.

(5) The Assiniboine Valley Health District, the East Central Health District and the North Valley Health District are amalgamated to form Health Region #5.

(6) The Central Plains Health District, the Gabriel Springs Health District, the Living Sky Health District and the Saskatoon Health District are amalgamated to form Health Region #6.

(7) The Greenhead Health District, the Midwest Health District and the Prairie West Health District are amalgamated to form Health Region #7.

(8) The North Central Health District, the North-East Health District and the Pasquia Health District are amalgamated to form Health Region #8.

(9) The Parkland Health District and the Prince Albert Health District are amalgamated to form Health Region #9.

(10) The Battlefords Health District, the Lloydminster Health District, the Northwest Health District and the Twin Rivers Health District are amalgamated to form Health Region #10.

(11) The Mamawetan Churchill River Health District is continued as the Mamawetan Churchill River Health Region.

(12) The Keewatin Yatthé Health District is continued as the Keewatin Yatthé Health Region.

2002, c.R-8.2, s.13.

Regional health authorities established

14(1) The Moose Mountain District Health Board, the South East District Health Board and the South Central District Health Board are amalgamated and continued under the name Regional Health Authority #1 as the regional health authority for Health Region #1.

(2) The Moose Jaw-Thunder Creek District Health Board and the South Country District Health Board are amalgamated and continued under the name Regional Health Authority #2 as the regional health authority for Health Region #2.

(3) The Rolling Hills District Health Board, the Southwest District Health Board and the Swift Current District Health Board are amalgamated and continued under the name Regional Health Authority #3 as the regional health authority for Health Region #3.

(4) The Pipestone District Health Board, the Regina District Health Board and the Touchwood Qu'Appelle District Health Board are amalgamated and continued under the name Regional Health Authority #4 as the regional health authority for Health Region #4.

(5) The Assiniboine Valley District Health Board, the East Central District Health Board and the North Valley District Health Board are amalgamated and continued under the name Regional Health Authority #5 as the regional health authority for Health Region #5.

(6) The Central Plains District Health Board, the Gabriel Springs District Health Board, the Living Sky District Health Board and the Saskatoon District Health Board are amalgamated and continued under the name Regional Health Authority #6 as the regional health authority for Health Region #6.

(7) The Greenhead District Health Board, the Midwest District Health Board and the Prairie West District Health Board are amalgamated and continued under the name Regional Health Authority #7 as the regional health authority for Health Region #7.

(8) The North Central District Health Board, the North-East District Health Board and the Pasquia District Health Board are amalgamated and continued under the name Regional Health Authority #8 as the regional health authority for Health Region #8.

(9) The Parkland District Health Board and the Prince Albert District Health Board are amalgamated and continued under the name Regional Health Authority #9 as the regional health authority for Health Region #9.

(10) The Battlefords District Health Board, the Lloydminster District Health Board, the Northwest District Health Board and the Twin Rivers District Health Board are amalgamated and continued under the name Regional Health Authority #10 as the regional health authority for Health Region #10.

(11) The Mamawetan Churchill River District Health Board is continued under the name Mamawetan Churchill River Regional Health Authority as the regional health authority for the Mamawetan Churchill River Health Region.

(12) The Keewatin Yatthé District Health Board is continued under the name Keewatin Yatthé Regional Health Authority as the regional health authority for the Keewatin Yatthé Health Region.

Effect of amalgamation or continuation

15(1) In this section, “**former district health board**” means a district health board being amalgamated or continued pursuant to section 14.

(2) On the coming into force of this section, the membership of each member of a former district health board is terminated.

(3) All assets, liabilities, rights and obligations of each former district health board continue as the assets, liabilities, rights and obligations of the regional health authority.

(4) Each bylaw of a former district health board respecting medical, dental or chiropractic staff that, immediately before the coming into force of this section, applied to a facility operated by the former district health board is continued as a bylaw of the regional health authority until it is repealed or replaced by the regional health authority.

(5) Each appointment by a former district health board of a person to the medical, dental or chiropractic staff of a facility that, immediately before the coming into force of this section, was operated by the former district health board is continued as an appointment by the regional health authority of that person to the practitioner staff of the facility until the earlier of:

- (a) the expiry of the term of the appointment; and
- (b) the termination of the appointment by the regional health authority.

(6) Each delegation by a former district health board of a power pursuant to *The Public Health Act, 1994* that is in effect immediately before the coming into force of this section is continued as a delegation by the regional health authority until the termination of the delegation by the regional health authority.

2002, c.R-8.2, s.15.

Status and composition of regional health authorities

16(1) A regional health authority is a not-for-profit corporation.

(2) *The Financial Administration Act, 1993* does not apply to a regional health authority.

(3) Subject to subsection (4), a regional health authority consists of not more than 12 members appointed by the Lieutenant Governor in Council.

(4) Members appointed pursuant to subsection (3) must meet any prescribed qualifications.

(5) Each member of a regional health authority is appointed at pleasure and holds office for a term of not more than three years and thereafter until the member is reappointed or a successor is appointed.

(5.1) If a member of a regional health authority dies or resigns, the person ceases to be a member on the date of death or on the day on which the resignation is received by the minister, as the case may be.

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(5.2) Where the office of a person appointed pursuant to subsection (3) becomes vacant, the Lieutenant Governor in Council may:

- (a) appoint a person for the remainder of the term of the person who vacated the office; or
- (b) appoint a person for the term mentioned in subsection (5).

(6) The Lieutenant Governor in Council shall designate one of the members of a regional health authority as chairperson and another member as vice-chairperson.

(7) A majority of the members of a regional health authority constitutes a quorum.

(8) No proceedings, decisions or actions of a regional health authority are void, voidable or subject to challenge by reason only of a defect in the appointment of a member.

2002, c.R-8.2, s.16; 2004, c.49, s.5.

Remuneration of members

17(1) The Lieutenant Governor in Council may determine the maximum rates for the remuneration and reimbursement for expenses that may be paid to members of regional health authorities.

(2) A regional health authority may, by resolution, determine rates, not exceeding the maximum rates determined pursuant to subsection (1), for the remuneration and reimbursement for expenses that may be paid to its members.

(3) The remuneration and reimbursement for expenses of members of a regional health authority are to be paid from the funds of the regional health authority.

(4) No member shall directly or indirectly receive any profit or personal financial benefit from the position of member other than the remuneration and reimbursement for expenses that is authorized pursuant to this section.

2002, c.R-8.2, s.17.

Disqualification of members

18(1) A member of a regional health authority is disqualified from holding office as a member of the authority if:

- (a) the member fails to meet or ceases to meet any prescribed qualification mentioned in subsection 16(4); or
- (b) the member absents himself or herself from three or more consecutive meetings of the regional health authority without the authorization of the regional health authority.

(2) Where a regional health authority becomes aware that a member is no longer qualified to hold office, the regional health authority shall notify the minister.

(3) If the minister has received a notice pursuant to subsection (2) or is of the opinion that a member of a regional health authority is no longer qualified to hold office:

(a) the minister may recommend to the Lieutenant Governor in Council that the appointment of the member be terminated; and

(b) the Lieutenant Governor in Council, on the recommendation of the minister, shall terminate the appointment of the member.

(4) The office of a member of a regional health authority is not vacated, and the member is not prevented from voting or acting as a member of the regional health authority, until the appointment of the member is terminated.

2002, c.R-8.2, s.18; 2004, c.49, s.6.

PART IV

Changes to Health Regions, Regional Health Authorities

Areas of health region connected

19(1) In this section, “**land**” includes land that forms the bed or shore of a body of water.

(2) No health region is to include any area that is not connected to every other area within the health region by land that is also included in the health region.

2002, c.R-8.2, s.19.

Urban centres in health region

20(1) No health region is to include a portion of a city, town, village or resort village unless it includes all of that city, town, village or resort village.

(2) If the boundaries of a city, town, village or resort village included in a health region are altered:

(a) the health region is deemed to include the city, town, village or resort village as altered; and

(b) if the alteration of the boundaries of the city, town, village or resort village results in the inclusion of an area that was in another health region, the other health region is deemed not to include that area.

2005, c.M-36.1, s.462.

Order varying boundaries of health region

21(1) Subject to subsections 19(2) and 20(1), the Lieutenant Governor in Council may make an order varying the boundaries of a health region by adding any area to, or removing any area from, the health region.

(2) Before an order is made pursuant to subsection (1), the minister shall carry out consultations in the manner and to the extent that the minister considers appropriate:

(a) with the regional health authorities for the affected health regions; and

(b) within any area that is to be added to or removed from the health region.

2002, c.R-8.2, s.21.

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Order changing name

22(1) Subject to subsections (2) and (3), the Lieutenant Governor in Council, on the request of a regional health authority, may make an order that changes the names of both the regional health authority and the corresponding health region.

(2) A health region shall have the name “ _____ Health Region”, the blank being filled in to correspond with the name of the health region.

(3) A regional health authority shall have the name “ _____ Regional Health Authority”, the blank being filled in to correspond with the name of the health region.

2002, c.R-8.2, s.22.

Coming into force of orders

23 An order made pursuant to section 21 or 22 comes into force on the day on which it is published in *The Saskatchewan Gazette* or any later date specified in the order.

2002, c.R-8.2, s.23.

Amalgamation of health regions, regional health authorities

24(1) Subject to subsection 19(2), the Lieutenant Governor in Council may make an order amalgamating two or more health regions and their corresponding regional health authorities where the amalgamation is requested:

- (a) by the regional health authorities of each health region to be amalgamated; or
 - (b) by the minister.
- (2) An order pursuant to subsection (1) must:
- (a) assign a name to the amalgamated health region in accordance with subsection 22(2);
 - (b) assign a name to the amalgamated regional health authority in accordance with subsection 22(3);
 - (c) terminate the appointments of the members of the amalgamating regional health authorities; and
 - (d) appoint new members of the amalgamated regional health authority in accordance with section 16.
- (3) An order pursuant to subsection (1) comes into force on the later of:
- (a) the thirtieth day after the day on which the order is published in *The Saskatchewan Gazette*; and
 - (b) the day specified in the order.
- (4) On the coming into force of an order pursuant to subsection (1):
- (a) the health regions mentioned in the order are amalgamated as one health region under the name assigned in the order to the amalgamated health region; and
 - (b) the regional health authorities for each of the health regions mentioned in the order are amalgamated as one corporation under the name assigned in the order to the amalgamated regional health authority.

- (5) On and after the coming into force of an order pursuant to subsection (1):
- (a) the assets, liabilities, rights and obligations of the amalgamating regional health authorities continue as the assets, liabilities, rights and obligations of the amalgamated regional health authority;
 - (b) section 16 applies to the amalgamated regional health authority;
 - (c) the members appointed pursuant to clause (2)(d) are the members of the amalgamated regional health authority; and
 - (d) the amalgamated regional health authority continues as the regional health authority for the amalgamated health region.

2002, c.R-8.2, s.24.

Amalgamation of health care organization and regional health authority

- 25(1)** In this section, “**health care organization**” means a health care organization that is a corporation, other than a corporation that is incorporated, registered or continued pursuant to *The Business Corporations Act*.
- (2) A regional health authority may amalgamate with one or more prescribed health care organizations in accordance with this section and continue as one corporation.
- (3) A regional health authority and any health care organizations that wish to amalgamate shall execute a notice of amalgamation in accordance with subsection (4) and file the notice with the minister.
- (4) A notice of amalgamation:
- (a) must be in the prescribed form;
 - (b) must be executed by a duly authorized officer of:
 - (i) the regional health authority pursuant to a resolution of the authority authorizing its execution; and
 - (ii) each health care organization pursuant to a resolution of the board of directors of the health care organization authorizing its execution; and
 - (c) must specify the effective date of the amalgamation.
- (5) A notice of amalgamation with respect to a health care organization that is incorporated, registered or continued pursuant to *The Non-profit Corporations Act, 1995* or *The Co-operatives Act, 1996* is not valid unless the amalgamation is approved by the members of the health care organization in the prescribed manner.
- (6) Subject to subsection (7), on receipt of a notice of amalgamation, the minister may issue an order:
- (a) amalgamating the regional health authority and the health care organizations in accordance with the notice; and
 - (b) declaring the effective date of the amalgamation to be the effective date specified in the notice.

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- (7) The minister shall not issue an order pursuant to subsection (6) after the effective date specified in the notice of amalgamation has passed.
- (8) Not later than 30 days after the effective date specified in an order issued pursuant to subsection (6), the order must be:
- (a) published in *The Saskatchewan Gazette*; and
 - (b) filed with the Director appointed pursuant to *The Business Corporations Act*.
- (9) Failure to comply with subsection (8) does not affect the validity of an order.
- (10) On the effective date of an amalgamation pursuant to this section:
- (a) the amalgamating regional health authority and the amalgamating health care organizations are amalgamated as one corporation under the name of the regional health authority; and
 - (b) all membership interests in the amalgamating health care organizations are extinguished.
- (11) On and after the effective date of an amalgamation pursuant to this section:
- (a) the assets, liabilities, rights and obligations of the amalgamating regional health authority and the amalgamating health care organizations continue as the assets, liabilities, rights and obligations of the amalgamated regional health authority;
 - (b) section 16 applies to the amalgamated regional health authority;
 - (c) the members of the amalgamating regional health authority continue as the members of the amalgamated regional health authority;
 - (d) the chairperson and vice-chairperson of the amalgamating regional health authority continue as the chairperson and vice-chairperson of the amalgamated regional health authority;
 - (e) the bylaws of the amalgamating regional health authority continue as the bylaws of the amalgamated regional health authority; and
 - (f) the amalgamated regional health authority continues as the regional health authority for the health region.

2002, c.R-8.2, s.25.

Record of orders, documents

- 26(1)** Where an order is made by the Lieutenant Governor in Council pursuant to this Part, the Clerk of the Executive Council shall certify a true copy of the order and file it with the minister.
- (2) The minister shall retain in the department:
- (a) every certified copy of an order filed pursuant to subsection (1);
 - (b) every order made by the minister pursuant to this Part;
 - (c) every notice of amalgamation filed pursuant to section 25; and
 - (d) every document mentioned in subsection 22(2) of *The Health Districts Act*.

- (3) The minister shall make the documents mentioned in subsection (2) available for public inspection during the normal office hours of the department.
- (4) The minister may issue certified copies of:
- (a) any certified copy of an order that is filed pursuant to subsection (1);
 - (b) any order made by the minister pursuant to this Part; or
 - (c) any document mentioned in subsection 22(2) of *The Health Districts Act*.
- (5) In addition to any other manner by which an order or certificate may be proved, a certified copy purporting to be issued pursuant to subsection (4) is, for all purposes, in the absence of evidence to the contrary, proof of the original order of the Lieutenant Governor in Council or the minister or the original certificate of the minister, as the case may be, and its contents without proof of the office or signature of the person purporting to have signed the certification.

2002, c.R-8.2, s.26.

PART V

Responsibilities and Powers of Regional Health Authorities

Responsibility for health services

- 27(1) A regional health authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide:
- (a) within its health region; and
 - (b) within any other area that may be directed by the minister.
- (2) In carrying out its responsibilities pursuant to subsection (1), a regional health authority shall:
- (a) assess the health needs of the persons to whom the regional health authority provides health services;
 - (b) in accordance with section 50, prepare and regularly update an operational plan for the provision of health services;
 - (c) provide the health services that the minister, pursuant to clause 52(b), determines that the regional health authority is to provide;
 - (d) co-ordinate the health services it provides with those provided by other providers of health services;
 - (e) evaluate the health services that it provides;
 - (f) promote and encourage health and wellness; and
 - (g) do any other things that the minister may direct.
- (3) A regional health authority shall comply with this Act and the regulations.

2002, c.R-8.2, s.27.

Community advisory networks

28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.

(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.

(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.

2002, c.R-8.2, s.28.

Administrative powers

29(1) Subject to section 30, a regional health authority may, for the purpose of carrying out its responsibilities pursuant to subsection 27(1):

(a) borrow any sums of money that it considers necessary for its purposes and may secure those loans to the lender by mortgages, bills of exchange, promissory notes or hypothecation of its revenues or by any other instrument required by the lender;

(b) purchase, lease or otherwise acquire real property;

(c) sell, lease or otherwise dispose of real property when that real property is no longer required or when the regional health authority considers it desirable to do so;

(d) purchase, lease or otherwise acquire personal property;

(e) sell, lease or otherwise dispose of personal property when that personal property is no longer required or when the regional health authority considers it desirable to do so; and

(f) construct, renovate, alter, operate and manage facilities.

(2) A regional health authority may, for the purpose of carrying out its responsibilities pursuant to subsection 27(1):

(a) accept grants, donations, gifts and bequests of real or personal property;

(b) subject to subsection (3), manage, invest and expend all moneys and manage all property that belongs to the regional health authority;

(c) provide funding:

(i) subject to section 34, to a health care organization;

(ii) to a person other than a health care organization, for the provision of health services; or

(iii) subject to the approval of the minister and to any directions of the minister, to any other person; and

(d) subject to the regulations, determine the charges to be made for health services provided by the regional health authority.

- (3) A regional health authority may invest moneys only in those investments in which trustees are permitted to invest pursuant to *The Trustee Act*.
- (4) A regional health authority may, for the purpose of carrying out its responsibilities pursuant to subsection 27(1):
- (a) subject to section 31, employ or engage the services of any person;
 - (b) provide superannuation and other benefits for its employees; and
 - (c) appoint persons or committees to provide advice to the regional health authority.
- (5) A regional health authority may, for the purpose of carrying out its responsibilities pursuant to subsection 27(1):
- (a) enter into agreements with the Government of Canada or its agencies, the Government of Saskatchewan or its agencies, the government of any other province or territory of Canada or its agencies, municipalities, any other government organization, Indian bands or any other persons;
 - (b) co-operate with persons who provide education or training to students of disciplines, occupations and professions that provide health services; and
 - (c) exercise any other rights, powers and privileges that are necessary, incidental or conducive to the exercise of the powers conferred on the authority by this Act.

2002, c.R-8.2, s.29.

Limitations on administrative powers

30(1) Unless it obtains the approval of the minister, a regional health authority shall not:

- (a) borrow any sums of money where the total indebtedness of the regional health authority exceeds a prescribed amount;
 - (b) purchase, lease or otherwise acquire for consideration an interest in real property where the total amount to be paid to acquire the interest exceeds a prescribed amount;
 - (c) sell, lease or otherwise dispose of an interest in real property where the value of the interest exceeds a prescribed amount;
 - (d) purchase, lease or otherwise acquire for consideration an interest in personal property where the total amount to be paid to acquire the interest exceeds a prescribed amount;
 - (e) sell, lease or otherwise dispose of an interest in personal property where the value of the interest exceeds a prescribed amount; or
 - (f) construct, renovate or alter a facility where the cost of the construction, renovation or alteration exceeds a prescribed amount.
- (2) The minister shall not grant an approval pursuant to clause (1)(a) without obtaining the consent of the Minister of Finance.

2002, c.R-8.2, s.30.

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Employment of chief executive officer

31(1) In this section and in section 32, “**contract**” means a contract of employment between a regional health authority and its chief executive officer.

(2) A regional health authority shall employ by contract a chief executive officer who is responsible, in accordance with the directions of the regional health authority, for the general management and conduct of the affairs of the regional health authority.

(3) A regional health authority shall file a contract with the minister:

- (a) within 30 days after the day on which the contract is entered into; or
- (b) where the contract is the contract of employment that the chief executive officer had with a district health board that was amalgamated to form, or continued as, the regional health authority, within 30 days after the day on which this section comes into force.

(4) A regional health authority shall file each amendment to a contract with the minister within 30 days after the day on which the amendment is made.

(5) A contract is a public document and is to be made available by a regional health authority for public inspection when requested by a member of the public, notwithstanding the provisions of the contract.

(6) Any provision in a contract providing that all or any part of the contract is to remain confidential is void.

(7) A regional health authority may terminate a contract for cause at any time, without notice, notwithstanding the provisions of the contract.

(8) On and after the day on which this section comes into force, a regional health authority shall not:

- (a) enter into a contract that is inconsistent with section 32; or
- (b) amend any provision of a contract unless:
 - (i) the amendment is consistent with section 32; and
 - (ii) any provisions of the contract that are inconsistent with section 32 are also amended to be consistent with section 32.

(9) In addition to any payments to which a chief executive officer may be entitled pursuant to section 32, a chief executive officer is entitled, on termination or on the expiration of a contract, to:

- (a) a payment for holidays that the chief executive officer has earned up to the date of termination or expiration but not used;
- (b) any pension benefits or refund of pension contributions to which the chief executive officer is entitled by law; and
- (c) any payments to which the chief executive officer is entitled under any benefit program that is available to all employees of the regional health authority.

Deemed provisions re termination

32(1) Every contract that is entered into or amended on or after the day on which this section comes into force is deemed to include the provisions set out in subsections (2) to (7).

(2) The regional health authority may terminate the contract without cause by providing the chief executive officer with:

- (a) written notice equal to the least of:
 - (i) the remainder of the term of the contract;
 - (ii) the period of notice provided in the contract; and
 - (iii) the period of notice that common law principles would provide for:
 - (A) without considering the provisions of the contract mentioned in subclauses (i) and (ii); and
 - (B) if the contract is for a definite term, as if the contract were for an indefinite term; or
- (b) payment in lieu of the notice mentioned in clause (a) equal to the least of:
 - (i) the amount payable pursuant to the contract for the remainder of the term of the contract;
 - (ii) the amount payable pursuant to the contract for the period of notice provided in the contract; or
 - (iii) the amount that common law principles would provide for with respect to the period of notice that common law principles would provide for:
 - (A) without considering the provisions of the contract mentioned in subclauses (a)(i) and (ii); and
 - (B) if the contract is for a definite term, as if the contract were for an indefinite term.

(3) Where the regional health authority terminates the contract with cause, the regional health authority is not obligated to make any payment in lieu of notice resulting from the termination.

(4) Where the contract is terminated for any reason other than one described in subsection (2), the maximum payment resulting from the termination that the regional health authority may make, subject to subsections (5) and (6), shall not exceed the amount the regional health authority would have to pay pursuant to subsection (2) if it terminated the contract without cause.

(5) On termination of the contract, the regional health authority may provide for an allowance for relocation expenses if the chief executive officer had moved to his or her place of employment within the three years immediately before the date of termination of the contract.

(6) On termination of the contract, the regional health authority may pay for employment counselling for a period of not more than four months.

(7) The chief executive officer shall mitigate his or her damages on termination of the contract.

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33 *The Crown Employment Contracts Act* does not apply to the contracts of employment of a regional health authority.

2002, c.R-8.2, s.33.

Funding agreement required

34(1) Subject to subsections (2) and (3), a regional health authority shall not provide funding to a health care organization unless the regional health authority and the health care organization have entered into a written agreement that:

- (a) sets out the health services to be provided by the health care organization;
 - (b) sets out the funding to be provided by the regional health authority for the health services provided by the health care organization;
 - (c) contains a process for resolving disputes pursuant to the agreement and remedies for breaches of the agreement;
 - (d) sets the term of the agreement;
 - (d.1) is not inconsistent with any guidelines or directions provided by the minister; and
 - (e) contains any other prescribed matter.
- (2) With the approval of the minister, a regional health authority may provide funding to a health care organization without a written agreement that meets the requirements of subsection (1) while the parties are in the process of negotiating an agreement for the purposes of this section.
- (3) Any amendments to an agreement mentioned in subsection (1) must not be inconsistent with the requirements set out in that subsection.

2002, c.R-8.2, s.34; 2004, c.49, s.7.

Mediation re entering agreement

35(1) If a regional health authority and a health care organization are unable to conclude an agreement pursuant to section 34, either of them may make a written request to the minister to appoint a mediator to assist them in resolving any matters in dispute.

- (2) A request for mediation must contain a description of the matters in dispute as well as any matters on which the parties have reached agreement.
- (3) A party requesting mediation shall provide a copy of the request to the other party.
- (4) On receiving a request for mediation, the minister may appoint a mediator to assist the parties to conclude an agreement.
- (5) The minister shall provide a mediator appointed pursuant to subsection (4) with a statement of the matters referred for mediation and set the period within which mediation is to be conducted.
- (6) The minister may extend the period of mediation set pursuant to subsection (5).

(7) The minister may determine the remuneration and reimbursement for expenses payable to a mediator, and the regional health authority and the health care organization shall pay an equal share of those amounts unless the minister determines otherwise.

(8) On the expiry of the period of mediation, the mediator shall give the minister, the regional health authority and the health care organization a written report advising of any matters remaining in dispute and any recommendation the mediator wishes to make to assist the minister in resolving those matters.

2002, c.R-8.2, s.35.

Minister to set terms where mediation fails

36(1) Where a regional health authority and a health care organization are unable to enter into an agreement after mediation pursuant to section 35, if the minister believes it to be in the public interest, the minister may:

- (a) resolve the matters remaining in dispute between the parties; and
- (b) set the terms governing the provision of funding by the regional health authority to the health care organization and the health services to be delivered by the health care organization.

(2) Where the minister acts pursuant to subsection (1), the terms set by the minister:

- (a) are deemed to constitute a written agreement between the parties as required by section 34; and
- (b) are to be interpreted, applied and enforced as an agreement required by section 34.

2002, c.R-8.2, s.36.

Breach of agreement

37 Notwithstanding this Act, the regulations made pursuant to this Act, any other Act or regulation or any agreement entered into by the regional health authority, where, in the opinion of a regional health authority, a health care organization is in breach of any requirement of this Act, the regulations or an agreement required by section 34, the regional health authority:

- (a) may cease making any payment, or any part of a payment, that would otherwise be made to the health care organization until the regional health authority is satisfied that the health care organization has complied with this Act, the regulations or the agreement, as the case may be; and
- (b) may retain the amounts of any payments mentioned in clause (a).

2002, c.R-8.2, s.37.

PART VI
Responsibilities and Powers of Health Care Organizations

General responsibilities of health care organizations

38(1) A health care organization shall:

- (a) co-operate with the minister and the regional health authority to achieve provincial and regional goals and objectives for health services;
 - (b) conduct its activities and affairs in a manner that is consistent with, and that reflects, the health goals and objectives established by the minister and the regional health authority;
 - (c) with respect to health services for which it is given funding by the regional health authority, provide those health services in accordance with the agreement required by section 34; and
 - (d) comply with this Act and the regulations.
- (2) A health care organization shall not provide health services that are inconsistent with the regional health authority's operational plan.
- (3) Nothing in this Act precludes a health care organization that is owned by a religious organization from providing health services in a manner that is consistent with the fundamental principles of the religion or faith to which the religious organization adheres.

2002, c.R-8.2, s.38.

Limitations on powers of affiliates, health care organizations

39(1) Notwithstanding any other Act or law, the power of an affiliate to make bylaws and rules governing its activities and affairs is subject to this Act and the regulations.

(2) Notwithstanding any other Act or law, an affiliate may invest moneys only in those investments in which trustees are permitted to invest pursuant to *The Trustee Act*.

(3) Notwithstanding any other Act or law, the following powers of an affiliate are subject to subsection (4):

- (a) the power to borrow sums of money and the power to secure those loans to the lender by mortgages, bills of exchange, promissory notes or hypothecation of its revenues or by any other instrument required by the lender;
- (b) the power to purchase, lease or otherwise acquire real property;
- (c) the power to sell, lease or otherwise dispose of real property where the real property is no longer required or where the affiliate considers it desirable to sell, lease or otherwise dispose of the real property;
- (d) the power to purchase, lease or otherwise acquire personal property;
- (e) the power to sell, lease or otherwise dispose of personal property;
- (f) the power to construct, renovate, alter, operate or manage facilities.

- (4) Unless it obtains the approval of the minister, an affiliate shall not:
- (a) borrow any sums of money where the total indebtedness of the affiliate exceeds a prescribed amount;
 - (b) purchase, lease or otherwise acquire for consideration an interest in real property where the total amount to be paid to acquire the interest exceeds a prescribed amount;
 - (c) sell, lease or otherwise dispose of an interest in real property where the value of the interest exceeds a prescribed amount;
 - (d) purchase, lease or otherwise acquire for consideration an interest in personal property where the total amount to be paid to acquire the interest exceeds a prescribed amount;
 - (e) sell, lease or otherwise dispose of an interest in personal property where the value of the interest exceeds a prescribed amount; or
 - (f) construct, renovate or alter a facility where the cost of the construction, renovation or alteration exceeds a prescribed amount.
- (5) Subject to the regulations, a health care organization may determine the charges to be made for health services provided by the health care organization.

2002, c.R-8.2, s.39.

Restrictions on sale and transfer of membership interests

40 Where the minister, a regional health authority or a district health board has provided funding, in an amount that exceeds the prescribed amount, to a health care organization for the acquisition, construction, renovation or alteration of a facility, the health care organization shall not, without the prior approval of the minister, transfer any share or membership interest in the health care organization or issue new shares or membership interest in the health care organization.

2002, c.R-8.2, s.40.

Consultation before approval

41 The minister shall not grant an approval pursuant to subsection 39(4) or section 40 without consulting the regional health authority for the health region in which the health care organization provides a health service.

2002, c.R-8.2, s.41.

**PART VII
Governance**

General bylaws

42(1) Every regional health authority shall make general bylaws and policies with respect to:

- (a) its internal organization and proceedings; and
- (b) the general conduct and management of its affairs and activities.

(2) Any policies or amendments to policies made pursuant to subsection (1) must not be inconsistent with any guidelines or directions provided by the minister.

2002, c.R-8.2, s.42; 2004, c.49, s.8.

Practitioner staff bylaws

43 Every regional health authority and every affiliate prescribed for the purposes of this section shall make bylaws governing the practitioner staff, including bylaws:

- (a) respecting the appointment, reappointment and termination of appointment of persons to the practitioner staff and the suspension of persons appointed to the practitioner staff;
- (a.1) respecting the disciplining of members of the practitioner staff;
- (a.2) respecting the granting of privileges to members of the practitioner staff, including the amending, suspending and revoking of privileges granted;
- (b) governing the classification and organization of the practitioner staff;
- (c) governing the appointment of committees and officers of the practitioner staff and prescribing their duties;
- (d) respecting any other prescribed matter.

2002, c.R-8.2, s.43; 2004, c.49, s.9.

Approval of bylaws

44(1) Bylaws made pursuant to sections 42 and 43, and any amendments made to those bylaws, must not be inconsistent with any guidelines or directions provided by the minister and must be submitted to the minister for approval.

(2) A bylaw or amendment to a bylaw mentioned in subsection (1) has no effect until it is approved by the minister.

(3) Subsection (2) does not apply to a bylaw that is continued pursuant to subsection 15(4).

2002, c.R-8.2, s.44.

Appeals – decisions re practitioner staff

45(1) A person who is aggrieved by a decision of a regional health authority or an affiliate made in relation to the following matters may, in accordance with the regulations, appeal the decision to a tribunal established by the regulations:

- (a) the appointment of the person to the practitioner staff or the reappointment, suspension or termination of appointment of the person;
- (b) the disciplining of the person as a member of the practitioner staff;
- (c) the granting of privileges to the person as a member of the practitioner staff, or the amending, suspending or revoking of privileges granted to the person.

(2) Subject to the regulations, a tribunal may determine its own procedures for the hearing of an appeal pursuant to subsection (1).

(3) For the purposes of hearing an appeal pursuant to subsection (1), the members of a tribunal have the powers conferred on commissioners by *The Public Inquiries Act*.

(4) A decision of a tribunal may be appealed to a judge of the Court of Queen's Bench on a question of law or jurisdiction within 30 days after the date of the tribunal's decision.

2002, c.R-8.2, s.45; 2004, c.49, s.10.

Non-liability – committees overseeing practitioner staff

46 No action or proceeding lies or shall be commenced against a committee established to oversee the activities of the practitioner staff of a regional health authority or an affiliate or any member of such a committee for any loss or damage suffered by any person by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done, by any of them in the course of, or arising out of, a meeting, investigation, hearing or other business of the committee.

2002, c.R-8.2, s.46.

Public access to bylaws

47 All bylaws of a regional health authority or an affiliate made pursuant to sections 42 and 43 must be open for inspection by the public during the normal office hours of the regional health authority or affiliate.

2002, c.R-8.2, s.47.

Public access to minutes

48 Subject to subsection 49(4), all minutes of the meetings of a regional health authority that have been adopted by the regional health authority at a subsequent meeting shall be open for inspection by the public during the normal office hours of the regional health authority.

2002, c.R-8.2, s.48.

Public access to meetings

49(1) Subject to subsection (2), meetings of a regional health authority must be open to the public.

(2) A regional health authority may hold a meeting or part of a meeting in private if, in the opinion of the regional health authority, holding the meeting or part of a meeting in public would:

- (a) reveal information relating to:
 - (i) proposals for contracts or negotiations or decisions with respect to contracts; or
 - (ii) plans or proposals of the regional health authority involving future budgetary decisions;
- (b) reveal information relating to risk management issues or patient care issues;
- (c) reveal information relating to collective bargaining or human resource management issues;
- (d) prejudice any security measures undertaken by the regional health authority; or
- (e) fall within the scope of any other prescribed circumstances.

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- (3) Where, pursuant to subsection (2), a meeting or part of a meeting is held in private, no resolution related to the subject-matter that was discussed in private shall be passed unless the meeting reverts to being held in public.
- (4) A regional health authority may exclude from minutes made available pursuant to section 48 any matter that relates to a meeting or part of a meeting that was held in private, other than a resolution passed with respect to the matter.
- (5) At least once in each fiscal year, the regional health authority shall present at a meeting:
- (a) information respecting the health services it is to provide pursuant to clause 52(b); and
 - (b) its annual report prepared pursuant to section 55 for the preceding fiscal year.

2002, c.R-8.2, s.49.

PART VIII
Planning, Financial and Reporting Matters

Operational plan

50(1) A regional health authority shall:

- (a) with respect to the period directed by the minister, prepare an operational plan for the provision of health services that it is responsible to provide; and
 - (b) submit the operational plan to the minister in the form, and within the time, specified by the minister.
- (2) An operational plan required by subsection (1) must not be inconsistent with any guidelines or directions provided by the minister.
- (3) A regional health authority:
- (a) may, from time to time, amend its operational plan on its own initiative; and
 - (b) shall amend its operational plan in accordance with any direction from the minister.

2002, c.R-8.2, s.50.

Financial and health service plan

51 In each fiscal year, on or before a date set by the minister, a regional health authority shall:

- (a) prepare, in the form required by the minister, a financial and health service plan for the next fiscal year; and
- (b) submit the financial and health service plan to the minister.

2002, c.R-8.2, s.51.

Annual determination of funding, services, objectives

52 After receiving the financial and health service plan of a regional health authority for a fiscal year, the minister may determine:

- (a) the amount of funding that will be provided to the regional health authority for the fiscal year;
- (b) the health services that the regional health authority is to provide with the funding mentioned in clause (a); and
- (c) any performance measures and targets to be achieved by the regional health authority.

2002, c.R-8.2, s.52.

Additional health services

53 Subject to the approval of the minister, a regional health authority may provide health services in addition to the health services that are determined by the minister pursuant to clause 52(b).

2002, c.R-8.2, s.53.

Returns and reporting systems

54(1) On the written request of the minister, a regional health authority or health care organization shall forward to the minister any records, reports and returns specified by the minister in the request.

(2) A regional health authority or health care organization shall comply with any directions the minister may provide:

- (a) respecting the keeping, preparing and reporting of financial, administrative, statistical and clinical information; and
- (b) respecting the electronic information systems and technologies that must be used by regional health authorities and health care organizations for data collection, transmission, storage and reporting.

2002, c.R-8.2, s.54.

Annual report

55(1) In each fiscal year, a regional health authority shall, in accordance with *The Tabling of Documents Act, 1991*, submit to the minister:

- (a) a report on the activities of the regional health authority for the preceding fiscal year; and
- (b) a financial statement showing the business of the regional health authority for the preceding fiscal year in any form that may be required by the minister.

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- (2) Without limiting the generality of subsection (1), the report must contain:
- (a) financial information respecting any health care organizations with which the regional health authority has an agreement pursuant to section 34;
 - (b) prescribed information respecting the remuneration and benefits paid to members, officers and senior employees of the regional health authority; and
 - (c) any other information required by the minister.
- (3) The minister shall, in accordance with *The Tabling of Documents Act, 1991*, lay before the Legislative Assembly each report and statement submitted to the minister pursuant to this section.

2002, c.R-8.2, s.55; 2004, c.49, s.11.

Provision of information to regional health authority

56(1) A health care organization that receives funding from a regional health authority shall prepare and submit to the regional health authority any information that the regional health authority requires to carry out any of its responsibilities pursuant to this Act or the regulations, including information required for the preparation of an operational plan, a financial and health service plan or an annual report.

(2) A health care organization must provide the information mentioned in subsection (1) within the time and in the form required by the regional health authority.

2002, c.R-8.2, s.56.

Audit

57 The accounts of a regional health authority or health care organization shall be audited at least once in each fiscal year by an independent auditor who possesses the prescribed qualifications and is appointed for the purpose by the regional health authority or health care organization, as the case may be.

2002, c.R-8.2, s.57.

PART IX Accountability

Critical incidents

58(1) In this section:

- (a) **“critical incident”** means an incident that:
 - (i) arises as a result of the provision of a health service by a regional health authority or a health care organization; and
 - (ii) is listed or described as a critical incident in the *Saskatchewan Critical Incident Reporting Guideline, 2004* published by the department, as amended from time to time, or any subsequent edition of the *Saskatchewan Critical Incident Reporting Guideline*;

- (b) **“legal proceeding”** means any civil proceeding or inquiry in which evidence is or may be given, and includes a proceeding for the imposition of punishment by way of fine, penalty or imprisonment to enforce an Act or regulation made pursuant to an Act, but does not include any prescribed proceeding;
- (c) **“regional health authority”**, with respect to a critical incident that arises as a result of a health service provided by a health care organization, means the regional health authority of the health region in which the health service was provided.
- (2) A regional health authority shall, in accordance with the regulations:
- (a) give notice to the minister of the occurrence of any critical incident that arises as a result of a health service provided by the regional health authority; and
 - (b) investigate any critical incident mentioned in clause (a) and provide a written report to the minister with respect to that critical incident and investigation.
- (3) A health care organization shall, in accordance with the regulations:
- (a) give notice to the regional health authority of the occurrence of any critical incident that arises as a result of a health service provided by the health care organization; and
 - (b) investigate any critical incident mentioned in clause (a) and provide a written report to the regional health authority with respect to that critical incident and investigation.
- (4) A regional health authority shall:
- (a) give notice to the minister of any critical incident with respect to which the regional health authority receives notice from a health care organization; and
 - (b) provide the minister with a copy of any report with respect to a critical incident received by the regional health authority from a health care organization.
- (5) Subject to subsection (7), a witness in a legal proceeding, whether a party to it or not:
- (a) is not liable to be asked any question, is not permitted to answer any question and is not permitted to make any statement, with respect to an investigation of a critical incident; and
 - (b) is not liable to be asked to produce, and is not permitted to produce:
 - (i) any notice or report mentioned in this section; or
 - (ii) any information in a notice or report mentioned in this section or any documentation used to prepare a notice or report mentioned in this section.

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- (6) Subject to subsections (7) and (8), a notice or report mentioned in this section is not admissible as evidence in any legal proceeding.
- (7) The privileges described in subsections (5) and (6) do not apply:
- (a) to information in a notice or report that discloses the facts of a critical incident unless the facts relating to that incident are also fully recorded in a record other than the notice or report and are available to the patient; or
 - (b) to information that is prepared for the purpose of providing care or treatment to a patient, unless that information is also fully recorded in a record other than the notice or report and is available to the patient.
- (8) Nothing in this section affects any privilege that may exist pursuant to section 35.1 of *The Saskatchewan Evidence Act* with respect to:
- (a) a notice or report mentioned in this section;
 - (b) any information provided in a notice or report mentioned in this section; or
 - (c) any documentation used to prepare a notice or report mentioned in this section.

2002, R-8.2, s.58, 2004, c.49, s.12.

Inquiry

- 59**(1) The minister may appoint one or more persons to inquire into and report on any matter respecting a regional health authority or a health care organization that the minister considers advisable.
- (2) The persons appointed pursuant to subsection (1):
- (a) subject to subsection (3), may, at any reasonable time, enter into and inspect any place or premises under the control of the regional health authority or health care organization that is the subject of the inquiry;
 - (b) may inspect all records and documents in the possession or control of the regional health authority or health care organization, as the case may be, that, in the opinion of the persons appointed pursuant to subsection (1), are necessary for the inquiry, with the exception of records governed by the privilege provided in section 35.1 of *The Saskatchewan Evidence Act*;
 - (c) may make a copy of any records or documents described in clause (b) that the persons appointed pursuant to subsection (1) may inspect or, if the persons appointed pursuant to subsection (1) are unable to make a satisfactory copy, after giving a receipt may remove and retain the records for any period the persons appointed pursuant to subsection (1) consider reasonable; and
 - (d) have all the powers conferred on a commissioner pursuant to *The Public Inquiries Act*.
- (3) Nothing in clause (2)(a) authorizes the entry into, or inspection of, a room occupied by a person receiving health services from the regional health authority or health care organization except with the consent of that person.

- (4) A regional health authority or health care organization involved in a matter that is the subject of an inquiry shall direct its officials and employees to co-operate fully with the persons conducting the inquiry.
- (5) On completion of an inquiry, the persons appointed pursuant to subsection (1) shall prepare a written report on the matter, including any recommendations that the committee considers appropriate, and submit the report to the minister.
- (6) On receipt of a report pursuant to subsection (5), the minister may direct a regional health authority or a health care organization to implement any or all of the recommendations contained in the report.
- (7) Persons appointed pursuant to subsection (1) are entitled to remuneration and reimbursement for expenses at the rates set by the minister.

2002, c.R-8.2, s.59.

Public administrator

60(1) The Lieutenant Governor in Council may at any time appoint a public administrator to manage the affairs of a regional health authority or an affiliate where:

- (a) the regional health authority or affiliate requests that a public administrator be appointed; or
- (b) the minister is of the opinion that:
- (i) the regional health authority is not providing the health services that it is to provide pursuant to clause 52(b), or the affiliate has contravened an agreement made pursuant this Act and is not prepared to provide health services in the manner required by the agreement, as the case may be;
 - (ii) the safety of persons receiving health services from the regional health authority or affiliate is, for any reason, being jeopardized;
 - (iii) the regional health authority or affiliate has ceased to provide health services that comply with reasonable standards of care;
 - (iv) the regional health authority or affiliate is not meeting its financial obligations or is at risk of not meeting its financial obligations;
 - (v) the regional health authority or affiliate has ceased to function or is otherwise not capable of carrying out its responsibilities; or
 - (vi) for any other reason, it is in the public interest that a public administrator be appointed.

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- (2) On the appointment of a public administrator pursuant to subsection (1) for a regional health authority:
- (a) the appointment of each member of the regional health authority is terminated; and
 - (b) subject to subsection (4), the public administrator:
 - (i) may exercise all of the powers of the regional health authority; and
 - (ii) has control of all assets of the regional health authority, including the power to dispose of those assets.
- (3) On the appointment of a public administrator pursuant to subsection (1) for an affiliate:
- (a) the directors and any other members of the affiliate cease to have any powers relating to the assets, the operation of the facility or the provision of health services for which the public administrator was appointed; and
 - (b) subject to subsection (4), the public administrator:
 - (i) may exercise all of the powers of the affiliate that relate to the operation of the affiliate's facility or the provision of health services by the affiliate; and
 - (ii) has control of all assets of the affiliate that relate to the operation of the affiliate's facility or the provision of health services by the affiliate, including the power to dispose of those assets in the everyday operation of the affiliate.
- (4) The Lieutenant Governor in Council may set the terms and conditions governing the powers and duties of a public administrator.
- (5) In the case of a regional health authority, the Lieutenant Governor in Council may, at any time, terminate the appointment of a public administrator and:
- (a) appoint another public administrator; or
 - (b) appoint new members for the regional health authority in accordance with section 16 and return control of the assets, the operation of the facility or provision of health services to the regional health authority.
- (6) The members of a regional health authority appointed pursuant to clause (5)(b) are deemed to have been appointed pursuant to section 16.
- (7) In the case of an affiliate, the Lieutenant Governor in Council may, at any time, terminate the appointment of a public administrator and:
- (a) appoint another public administrator; or
 - (b) return control of the assets, the operation of the facility or provision of health services to the affiliate.
- (8) The Lieutenant Governor in Council may determine the remuneration and reimbursement of expenses payable to a public administrator, and those amounts are to be paid from the funds of the regional health authority or affiliate.

PART X
General

Insurance

61 Where required by the regulations, every regional health authority and health care organization shall hold policies of insurance protecting against the following to the extent prescribed:

- (a) loss or damage to buildings, equipment and furnishings of the regional health authority or health care organization, as the case may be;
- (b) claims founded on negligence or malpractice of the regional health authority or the health care organization, as the case may be, or any of their employees or agents;
- (c) any other prescribed matter.

2002, c.R-8.2, s.61.

Voluntary funding by municipalities

62(1) Notwithstanding anything in *The Municipalities Act*, *The Cities Act*, *The Northern Municipalities Act* or *The City of Lloydminster Act*, the council of a municipality may:

- (a) enter into an agreement with a regional health authority to provide funds to the regional health authority; or
- (b) convey any real or personal property, for any consideration that may be agreed on or by gift, to a regional health authority.

(2) Any sums to be paid by a municipality pursuant to an agreement with a regional health authority may be included in the general municipal levy or may be raised by a special levy.

2002, c.R-8.2, s.62; 2002 C-11.1, s.405; 2004,
c.C-11.2, s.15; 2005, c.M-36.1, s.462.

Property exempt from taxation

63(1) The land, buildings and improvements owned and operated by the organizations set out in clauses (a) to (d) that are used by the employees of those organizations in connection with the activities of those organizations are exempt from taxation pursuant to *The Cities Act*, *The Municipalities Act*, *The Northern Municipalities Act*, *The City of Lloydminster Act* and *The Education Act, 1995*:

- (a) a regional health authority;
- (b) an affiliate;
- (c) a prescribed health care organization;
- (d) a prescribed non-profit or charitable organization that provides health services.

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(2) The land, buildings and improvements owned and operated by a prescribed community clinic that are used by the employees of the community clinic in connection with the activities of the community clinic, other than the operation of a pharmacy or an optical dispensary, are exempt from taxation pursuant to *The Cities Act, The Municipalities Act, The Northern Municipalities Act, The City of Lloydminster Act and The Education Act, 1995*.

(3) Subsections (1) and (2) do not apply to doctors' residences, nurses' residences or vacant land.

2002, c.R-8.2, s.63; 2002 C-11.1, s.405; 2004, c.C-11.2, s.15; 2005, c.M-36.1, s.462.

Regulations

64 The Lieutenant Governor in Council may make regulations:

- (a) defining, enlarging or restricting the meaning of any word or expression used in this Act but not defined in this Act;
- (b) generally governing the activities and affairs of regional health authorities and health care organizations;
- (c) for the purposes of clause 2(1)(a), prescribing persons to be excluded from the definition of affiliate;
- (d) for the purposes of subclause 2(1)(h)(ii), prescribing as health care organizations persons that receive funding from regional health authorities to provide health services;
- (e) for the purposes of clause 2(1)(j), prescribing services as health services;
- (e.1) for the purposes of clause 2(1)(n), prescribing the health professions whose members may become members of practitioner staff;
- (f) for the purposes of section 10:
 - (i) establishing categories of facilities and titles for those categories;
 - (ii) prescribing and governing the health services to be provided in each category of facilities;
 - (iii) governing the use of titles in the names and descriptions of facilities;
 - (iv) prohibiting the use of titles in a manner that does not comply with regulations made pursuant to subclauses (ii) and (iii);
- (g) for the purposes of section 11, prescribing and governing the standards to be met by regional health authorities and health care organizations:
 - (i) in the provision of health services;
 - (ii) in the operation of facilities;

- (h) for the purposes of section 12:
 - (i) prescribing affiliates that are required to provide information to the registries;
 - (ii) prescribing the types of information to be provided to the registries;
 - (iii) prescribing the time, form and method of providing information to the registries;
 - (iv) governing the disclosure of information from the registries;
 - (v) prescribing categories of persons who provide health services to whom information from the registries may be disclosed;
- (i) governing the eligibility of persons to be appointed as members of a regional health authority and the disqualification of members;
- (j) with respect to conflicts of interest for members of regional health authorities and health care organizations:
 - (i) prescribing health care organizations that are required to comply with regulations made pursuant to this clause;
 - (ii) prescribing those things that constitute a conflict of interest;
 - (iii) otherwise governing conflicts of interest;
- (k) for the purposes of section 25:
 - (i) prescribing health care organizations that may amalgamate with regional health authorities;
 - (ii) prescribing the form of a notice of amalgamation;
 - (iii) governing the manner in which an amalgamation must be approved by the members of the amalgamating health care organization;
- (l) for the purposes of clause 29(2)(d), respecting the charges that regional health authorities may make for health services that they provide;
- (m) for the purpose of limiting the scope of administrative powers of regional health authorities, prescribing the amounts mentioned in clauses 30(a) to (f);
- (n) for the purposes of clause 34(1)(e), prescribing matters to be addressed in agreements between regional health authorities and health care organizations;
- (o) for the purpose of limiting the scope of administrative powers of affiliates, prescribing the amounts mentioned in clauses 39(4)(a) to (f);
- (p) for the purposes of subsection 39(5), respecting the charges that health care organizations may make for health services that they provide;
- (q) for the purposes of section 40, prescribing the maximum amount of funding that a health care organization may receive from the minister, a regional health authority or a district health board for the acquisition, renovation or alteration of a facility without requiring the prior approval of the minister for the transfer of a share or membership interest, or the issuance of a new share or membership interest, in the health care organization;

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- (r) for the purposes of section 43:
 - (i) prescribing affiliates that are required to make practitioner staff bylaws;
 - (ii) prescribing matters to be included in practitioner staff bylaws;
- (s) for the purposes of section 45:
 - (i) establishing tribunals for the hearing of appeals;
 - (ii) governing appeals to tribunals, including the time within which appeals must be commenced and procedures for the hearing of appeals;
 - (iii) conferring any powers on tribunals that the Lieutenant Governor in Council considers necessary;
 - (iv) governing the remuneration and reimbursement for expenses of members of tribunals;
- (t) for the purposes of clause 49(2)(e), prescribing additional circumstances in which a regional health authority may hold a meeting or part of a meeting in private;
- (u) for the purposes of clause 55(2)(b), prescribing information respecting remuneration and benefits paid to members, officers and senior employees of regional health authorities to be included in annual reports;
- (v) for the purposes of section 57, prescribing the qualifications of auditors;
- (w) for the purposes of section 58:
 - (i) prescribing proceedings that are excluded from the definition of legal proceeding in clause (1)(b);
 - (ii) governing the reporting of critical incidents, including:
 - (A) prescribing the time within which any notice or report required by that section must be provided; and
 - (B) prescribing the information that must be included in any notice or report required by that section;
- (x) for the purposes of section 61:
 - (i) requiring regional health authorities and health care organizations to hold policies of insurance and prescribing the extent of the insurance coverage required;
 - (ii) prescribing matters in addition to those specified in clauses 61(a) and (b) against which regional health authorities and health care organizations must obtain insurance coverage;
- (y) prescribing health care organizations and non-profit and charitable organizations that, pursuant to section 63, are exempt from taxation pursuant to certain Acts;
- (z) establishing eligibility requirements for persons to receive health services from regional health authorities or health care organizations;

- (z.1) with respect to any matter governed by this Act:
 - (i) adopting, as amended from time to time or otherwise, all or any part of any code, standard or guideline;
 - (ii) amending for the purposes of this Act or the regulations any code, standard or guideline adopted pursuant to subclause (i);
 - (iii) requiring compliance with a code, standard or guideline adopted pursuant to subclause (i);
- (aa) respecting the monitoring and enforcement of standards and other requirements established pursuant to this Act or the regulations;
- (bb) respecting the appointment of persons, including persons who are not employees of the department, to monitor and enforce standards and other requirements established pursuant to this Act or the regulations;
- (bb.1) respecting the charges to be made for air ambulance services provided by the minister;
- (cc) prescribing forms for the purposes of this Act;
- (dd) prescribing any matter or thing required or authorized by this Act to be prescribed in the regulations;
- (ee) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary to carry out the intent of this Act.

2002, c.R-8.2, s.64; 2004, c.49, s.13.

PART XI

Repeal of *Health Districts Act*, Related Repeals, Transitional and Consequential Amendments

65 to 69 Dispensed. These sections make consequential amendments to other Acts. The amendments have been incorporated into the corresponding Acts.

Transitional regulations

70(1) Notwithstanding any other provision of this Act or any other Act or law, the Lieutenant Governor in Council may, for the purposes of facilitating the combination of health districts to form health regions or the transition of operations from a district health board to a regional health authority, make regulations:

- (a) suspending the application of any provision of this Act or of any other Act or law that deals with matters governed by or addressed in this Act;
- (b) respecting any additional matter or thing that the minister considers necessary to facilitate the combination of health districts to form health regions or the transition of operations from a district health board to a regional health authority.

(2) If there is any conflict between the regulations made pursuant to this section and any other Act or law, the regulations made pursuant to this section prevail.

(3) Regulations made pursuant to this section may be made retroactive to a day not earlier than the day on which subsection 65(2) of this Act comes into force.

2002, c.R-8.2, s.70.

71 to 124 **Dispensed.** These sections make consequential amendments to other Acts. The amendments have been incorporated into the corresponding Acts.

PART XV
Coming into force

Coming into force

125 This Act comes into force on proclamation.

2002, c.R-8.2, s.125.

**Editorial Appendix
(Amendments)**

The following table contains amendments to be proclaimed and/or effective at a future date, as follows: (Please consult Tables of Saskatchewan Statutes and Regulations for complete historical/archival information on this publication)

Amending Year	Chapter	Section	Effective
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