

The Saskatchewan Medical Care Insurance Act

being

Chapter 255 of *The Revised Statutes of Saskatchewan, 1965*
(effective February 7, 1966).

FOR HISTORICAL REFERENCE ONLY

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.

Table of Contents

SHORT TITLE	PREMIUMS
1 Short title	24 Levy of premiums
INTERPRETATION	25 Liability of employers contributing toward cost of health services to employees
2 Interpretation	26 Collection districts and collectors of premiums
SASKATCHEWAN MEDICAL CARE INSURANCE COMMISSION	27 Collection of premiums
3 Administration of Act by commission	28 Pay roll deductions by employers
4 Constitution	INSURANCE FUND
5 Meetings	29 Deposits in, and payments from, fund
6 Remuneration of members	JOINT COLLECTION OF TAXES UNDER SASKATCHEWAN HOSPITALIZATION ACT AND PREMIUMS
7 Staff	30 Power to make provision for joint collection
8 Duty to establish and administer medical care plan	MISCELLANEOUS
9 Powers respecting medical care plan	31 Agreement with Government of Canada
10 Duty to report progress, etc.	32 Non-liability of minister, commission, etc., to certain actions
REGISTRATION	33 Audit and report
11 Duty of residents to register	34 Secrecy
BENEFICIARIES	35 Refunds of certain taxes paid under <i>Health Services Act</i>
12 Certain residents are beneficiaries	36 Establishment of procedure for hearing complaints
INSURED SERVICES	37 Power to make regulations respecting settlement of certain differences
13 Definition	38 Penalties for false statements in reports, etc.
14 Exceptions	39 Penalty for failure to pay premium
15 Restriction on purpose of Act respecting remuneration for insured services	40 Payment of premium to convicting magistrate
16 Payment for services	41 Evidence of non-payment of premium
17 Certain actions barred	42 Limitation of prosecutions
18 Power of commission to act as agent of departments of Government, etc.	43 Power of Lieutenant Governor in Council to make regulations
19 Payment in certain cases through health agencies	44 Power of commission to make regulations
20 Payment in certain cases where agreement with commission or Board of Health Region Number 1 entered into	45 Adjustment and reassessment of certain accounts for insured services
21 Rights respecting choice of physician, acceptance of patient and charges for certain services not restricted	
22 Non-application of Act with respect to certain services	
23 Same	

CHAPTER 255

An Act to provide for Payment for Services rendered to Certain Persons by Physicians and Certain Other Persons

SHORT TITLE

Short title

1 This Act may be cited as *The Saskatchewan Medical Care Insurance Act*.

R.S.S. 1965, c.255, s.1.

INTERPRETATION

Interpretation

2 In this Act:

“approved health agency”

(a) “**approved health agency**” means a health agency designated by order of the Lieutenant Governor in Council as an approved health agency;

“beneficiary”

(b) “**beneficiary**” means a person who pursuant to section 12 is a beneficiary;

“commission”

(c) “**commission**” means the Saskatchewan Medical Care Insurance Commission mentioned in section 3;

“dentist”

(d) “**dentist**” means a dentist who holds a valid and subsisting licence under *The Dental Profession Act*, authorizing him to practise the profession of dentistry in Saskatchewan and is not under suspension;

“dependant”

(e) “**dependant**” means a person who is a resident and depends upon another resident for maintenance;

“health agency”

(f) “**health agency**” means the regional board of a health region established pursuant to *The Health Services Act* or a non-profit association, corporation or other organization whose sole purpose and object is the payment for medical services and related services to and for its members or subscribers;

“insured services”

(g) “**insured services**” means the services mentioned in section 13 and not excluded by section 14;

“minister”

(h) “**minister**” means the Minister of Public Health;

“physical therapist”

(i) “**physical therapist**” means a physical therapist registered under *The Physical Therapists Act* who is in good standing and not under suspension;

“physician”

(j) **“physician”** means a legally qualified medical practitioner whose name is inscribed in the register kept by the registrar of The College of Physicians and Surgeons of the Province of Saskatchewan as being qualified and licensed to practise medicine, surgery and midwifery in Saskatchewan and who is in good standing and not under suspension pursuant to any of the provisions of *The Medical Profession Act*;

“premium”

(k) **“premium”** means the sum of money levied under section 24;

“premium arrears”

(l) **“premium arrears”** means the premiums levied in respect of any or all of the two years immediately preceding the current year and unpaid; provided that, where under statutory authority a portion of such arrears is cancelled or an adjustment of such arrears is made, **“premium arrears”** means, in the case of cancellation, the portion thereof uncanceled and unpaid or, in the case of an adjustment, the portion thereof owing from time to time under the adjustment and unpaid;

“regulations”

(m) **“regulations”**, where not specified as being regulations made by the commission, means regulations made under this Act by the Lieutenant Governor in Council;

“resident”

(n) **“resident”** means a person legally entitled to remain in Canada who makes his home and is ordinarily present in Saskatchewan or any other person declared by the Lieutenant Governor in Council to be a resident;

“specialist”

(o) **“specialist”** means a physician whose name is on the list of physicians maintained by the council of The College of Physicians and Surgeons of the Province of Saskatchewan as being entitled to receive payment at specialists' rates.

1961 (2nd Sess.), c.1, s.2; 1962 (2nd Sess.), c.1, s.2; 1965, c.62, s.2; R.S.S. 1965, c.255, s.2.

SASKATCHEWAN MEDICAL CARE INSURANCE COMMISSION

Administration of Act by commission

3 This Act shall be administered by a commission to be known as the Saskatchewan Medical Care Insurance Commission.

1961 (2nd Sess.), c.1, s.3; R.S.S. 1965, c.255, s.3.

Constitution

4(1) The commission shall be a body corporate consisting of not less than seven nor more than eleven members of whom one shall be the Deputy Minister of Public Health, and, exclusive of the chairman and the Deputy Minister of Public Health, three shall be, and two others may be, physicians.

(2) The Deputy Minister of Public Health shall not vote at meetings of the commission.

- (3) Subject to subsection (4) the Lieutenant Governor in Council shall appoint all members other than the Deputy Minister of Public Health and shall designate one of the members as chairman and one as vice-chairman.
- (4) Three of the physicians mentioned in subsection (1) shall be physicians agreed upon between the council of The College of Physicians and Surgeons of the Province of Saskatchewan and the Lieutenant Governor in Council, one of whom shall be a specialist, one of whom shall be a general practitioner and one of whom shall be a physician employed on a full-time basis on the staff of the College of Medicine of The University of Saskatchewan.
- (5) The chairman shall hold office during the pleasure of the Lieutenant Governor in Council.
- (6) Of the members first appointed, other than the chairman and the Deputy Minister of Public Health:
- (a) one-third, as nearly as may be, shall be appointed for a term of one year;
 - (b) one-third, as nearly as may be, shall be appointed for a term of two years; and
 - (c) one-third, as nearly as may be, shall be appointed for a term of three years;
- and thereafter each member, other than the chairman and the Deputy Minister of Public Health, shall be appointed for a term of three years.
- (7) Where the appointment of a person as a member of the commission increases the number of members of the commission beyond seven it shall, for the purpose of determining his term of office, be deemed that he is one of the members first appointed to the commission.
- (8) Each member shall hold office until his successor is appointed and may be reappointed from time to time but not so that he will at any time hold office for more than two terms consecutively.
- (9) Where it appears that a member, other than the Deputy Minister of Public Health, is unable, by reason of mental or physical disability or by reason of his permanently residing outside Saskatchewan, to perform his duties as a member, the Lieutenant Governor in Council may declare that a vacancy in the membership exists.
- (10) Where a vacancy in the membership exists by reason of a declaration under subsection (8) or by reason of the death or resignation of a member other than the Deputy Minister of Public Health the Lieutenant Governor in Council may appoint another person to fill the vacancy for the unexpired term of office of the member being replaced.
- (11) During the absence of the chairman the vice-chairman shall preside at meetings of the commission and may exercise any of the powers of the chairman.

1961 (2nd Sess.), c.1, s.4; 1962 (2nd Sess.), c.1,
s.3; R.S.S. 1965, c.255, s.4.

Meetings

5(1) Meetings of the commission shall be held at the call of the chairman or on written application to the chairman by any two members and at such times as are fixed by the regulations of the commission, but in any case at least six meetings shall be held in each year.

(2) A majority of the members other than the Deputy Minister of Public Health shall constitute a quorum for the transaction of business and during a vacancy the remaining members may exercise all the powers of the commission.

(3) The member presiding at a meeting of the commission shall not vote except in case of an equality of votes, when he shall have a casting vote.

(4) At all meetings of the commission the vote of the majority of the members present and having the right to vote thereat shall be conclusive upon all matters brought before the meeting.

1961 (2nd Sess.), c.1, s.5; R.S.S. 1965, c.255, s.5.

Remuneration of members

6(1) The chairman of the commission may be employed in such position on a full-time or part-time basis as the Lieutenant Governor in Council deems advisable, and where the chairman is employed on a full-time basis he shall be deemed to be a member of the public service within the meaning of clause (o) of section 2 of *The Public Service Act*.

(2) The other members of the commission may be paid and receive remuneration for attending meetings of the commission, committees and subcommittees, and for otherwise attending to the affairs of the commission, but shall not be employed on a full-time basis in their capacity as such members.

(3) The Lieutenant Governor in Council shall determine the remuneration to be paid to the chairman and each of the other members of the commission for attending meetings and otherwise attending to the affairs of the commission.

(4) All remuneration provided for pursuant to subsection (3) shall be paid from the Saskatchewan Medical Care Insurance Fund provided for in section 29.

1961 (2nd Sess.), c.1, s.6; R.S.S. 1965, c.255, s.6.

Staff

7(1) Such officers and other employees, including technicians and professional persons, as the commission requires for the administration of this Act may be employed.

(2) For the purpose of giving effect to subsection (1) and determining the duties and powers, conditions of employment and remuneration of the persons employed thereunder the commission shall be deemed to be an agency within the meaning of clause (a) of section 2 of *The Public Service Act* and the persons so employed shall be deemed to be members of the public service within the meaning of clause (o) of section 2 of that Act.

(3) *The Public Service Superannuation Act* shall apply to persons employed under subsection (1).

1961 (2nd Sess.), c.1, s.7; R.S.S. 1965, c.255, s.7.

Duty to establish and administer medical care plan

8 The commission shall be responsible for establishing and administering pursuant to the provisions of this Act a plan of medical care insurance for the residents of Saskatchewan.

1961 (2nd Sess.), c.1, s.8; 1962 (2nd Sess.), c.1, s.4; R.S.S. 1965, c.255, s.8.

Powers respecting medical care plan

9 The commission may, pursuant to this Act and the regulations made by the Lieutenant Governor in Council and by the commission, take such action as it considers necessary for the establishment and administration of a plan of medical care insurance for the residents of Saskatchewan.

1961 (2nd Sess.), c.1, s.9; 1962 (2nd Sess.), c.1, s.5; R.S.S. 1965, c.255, s.9.

Duty to report progress, etc.

10 The commission shall, through the Deputy Minister of Public Health, report to the minister at regular intervals with respect to its progress and activities and submit to the minister such reports and estimates as he may from time to time require.

1961 (2nd Sess.), c.1, s.10; R.S.S. 1965, c.255, s.10.

REGISTRATION

Duty of residents to register

11(1) Every resident other than a dependant shall, unless exempt from both payment of the premium and insured services by virtue of this Act or an order or regulation made thereunder, register himself and his dependants at such place, in such manner and form and at such times as may be prescribed by the commission.

(2) Every resident who fails to comply with subsection (1) or who wilfully withholds information necessary for the purposes of registration or who wilfully gives false information to the person registering him is guilty of an offence and liable on summary conviction to a fine not exceeding \$25.

1961 (2nd Sess.), c.1, s.24; R.S.S. 1965, c.255, s.11.

BENEFICIARIES

Certain residents are beneficiaries

12(1) Subject to the other provisions of this Act and the regulations, the following persons who are residents are beneficiaries:

- (a) every person who has paid the premium for the current year and the premium arrears, if any, and who has no dependants;
- (b) every person who has paid:
 - (i) the premium for the current year; and
 - (ii) subject to subsection (2), the premium arrears, if any;
 payable by him on his own behalf and on behalf of all his dependants;

- (c) every person dependent upon another person for maintenance, if the total premium for the current year and, subject to subsection (2), the total premium arrears, if any, payable by that other person in respect of all his dependants have been paid and if that other person has also paid the premium for the current year and the premium arrears, if any, payable by him on his own behalf;
 - (d) every person and each of his dependants, if any, on whose behalf the premium required to be paid for the current year and the premium arrears, if any, have been paid by a municipality or by the Government of Canada under an arrangement made between that Government and the minister;
 - (e) every person in respect of whom the Government of Saskatchewan assumes responsibility for payment of the premium for the current year;
 - (f) every person in respect of whom a payment has been accepted under the regulations, but only during the period prescribed by the regulations for the purpose of this clause;
 - (g) in respect of the period commencing on the day fixed by the Lieutenant Governor in Council under subsection (1) of section 16 and ending on the thirty-first day of December, 1962:
 - (i) every person who on the day he is provided with an insured service is registered pursuant to section 11 and has been a resident for a period of three months immediately preceding that day;
 - (ii) every person who on the day he is provided with an insured service is a beneficiary under *The Saskatchewan Hospitalization Act*;
 - (h) every person declared by the Lieutenant Governor in Council to be a beneficiary.
- (2) Where the person liable to pay the premium for the current year on behalf of a dependant was not liable for payment of the premium on behalf of the dependant in respect of the preceding year, no premium arrears shall be payable by such person on behalf of the dependant. In this subsection “**person**” includes a municipal corporation and an agency of the Government of Saskatchewan or of the Government of Canada.

1961 (2nd Sess.), c.1, s.25; 1962, c.68, s.2; R.S.S. 1965, c.255, s.12.

INSURED SERVICES

Definition

13(1) Subject to section 14, for the purpose of this Act the following medical services in Saskatchewan provided or authorized by a physician are insured services:

- (a) medical services — the diagnosis and treatment of all medical disabilities and conditions;
- (b) surgical services — diagnosis, pre-operative care and treatment, surgical procedures and post-operative care rendered to a person requiring or receiving a surgical operation or procedure, including the services of a surgical assistant where required by the nature of the procedure;
- (c) maternity services—obstetrical care, including prenatal and post-natal care and attendance at confinement;

- (d) new-born care—routine care of the new-born;
- (e) specialist services—
 - (i) all services provided by a physician who is a specialist where the patient has been referred to him by another physician;
 - (ii) all services provided by a physician who is a specialist where the patient has not been referred to him by another physician;
- (f) anaesthesia — the administration of anaesthetics including:
 - (i) anaesthesia for diagnostic, surgical and other procedures;
 - (ii) obstetrical anaesthesia;
 - (iii) dental anaesthesia in hospital;
 - (iv) dental anaesthesia in dental surgeries designated by the commission where rendered by a physician who is a specialist in anaesthetics;
- (g) X-ray, laboratory and other diagnostic procedures, including interpretations;
- (h) preventive medical services —
 - (i) inoculations and vaccinations where those services are not provided through any government or municipal agency;
 - (ii) a routine physical examination where provided in accordance with terms and conditions specified by the commission but not including an examination for the purpose of marriage, insurance or employment or at the request of a third party.

(2) Subject as stated in subsection (1), for the purpose of this Act the following additional services in Saskatchewan are insured services:

- (a) physiotherapy where provided by a physical therapist upon the order of a physician in accordance with terms and conditions specified by the commission;
- (b) dental services where provided by a dentist in conjunction with maxillo-facial surgery;
- (c) any other services specified in regulations made by the Lieutenant Governor in Council.

(3) Subject as stated in subsection (1), for the purpose of this Act all the services mentioned in subsections (1) and (2) are, where they are provided outside Saskatchewan in accordance with terms and conditions specified by the commission, insured services to the extent of the rates respecting such services as prescribed in regulations made by the commission.

Exceptions

- 14 The following services are not insured services for the purpose of this Act:
- (a) services for the diagnosis or treatment of cancer specified in regulations made by the commission;
 - (b) services received by a beneficiary under *The Workmen's Compensation Act*, *The Workmen's Compensation (Accident Fund) Act* or *The Blind Workmen's Compensation Act*, or under any similar statute or law with respect to injured workmen enacted by the legislature or other competent law-making authority of any province, state or country;
 - (c) services received by a beneficiary under:
 - (i) *The Tuberculosis Sanatoria and Hospitals Act*;
 - (ii) *The Mental Health Act*;
 - (iii) *The Saskatchewan Hospitalization Act*;
 - (iv) Part II of *The Automobile Accident Insurance Act*; or
 - (v) *The Venereal Disease Prevention Act*;
 - (d) services received by a beneficiary under:
 - (i) the *Aeronautics Act* (Canada);
 - (ii) the *Civilian War Pensions and Allowances Act* (Canada);
 - (iii) the *Government Employees Compensation Act* (Canada);
 - (iv) the *Merchant Seamen Compensation Act* (Canada);
 - (v) the *National Defence Act* (Canada);
 - (vi) the *Pension Act* (Canada);
 - (vii) the *Royal Canadian Mounted Police Act* (Canada); or
 - (viii) the *Veterans Rehabilitation Act* (Canada);
 - (e) travelling by a physician except under circumstances specified by the commission;
 - (f) ambulance services and other forms of transportation of patients;
 - (g) services provided by special duty nurses;
 - (h) any service not rendered by or at the request of a physician;
 - (i) any other services specified in the regulations.

1961 (2nd Sess.), c.1, s.27; R.S.S. 1965, c.255,
s.14.

Restriction on purpose of Act respecting remuneration for insured services

15(1) It is not the intention or purpose of this Act to establish a plan of medical care insurance for the residents of Saskatchewan under which the general basis for remunerating physicians for insured services provided to beneficiaries would be exclusively or largely a fixed sum of money calculated on a yearly or other periodic basis.

(2) Nothing in subsection (1) interferes with or prevents a physician from exercising a free choice as to the method by which he is to be remunerated for insured services provided to beneficiaries.

1962 (2nd Sess.), c.1, s.8; R.S.S. 1965, c.255, s.15.

Payment for services

16(1) On, from and after the day fixed by the Lieutenant Governor in Council for the purpose, the commission may, pursuant to this Act and the regulations made by the Lieutenant Governor in Council and by the commission, make payment for the providing of insured services to beneficiaries.

(2) Where a physician or other person providing services has entered into an agreement with the commission with respect to payment for insured services provided by him to beneficiaries, the commission shall make payment to him in accordance with the provisions of that agreement.

(3) Where the commission has, with the approval of the Lieutenant Governor in Council, entered into an agreement with The Board of Health Region Number 1 with respect to payment for insured services provided to beneficiaries who are residents of Health Region No. 1 (Swift Current) and that board has pursuant to that agreement entered into agreements with physicians and other persons providing services in respect of payment for insured services provided to such beneficiaries, the commission shall make payment to the board, in respect of insured services provided to beneficiaries under those agreements, in accordance with the agreement between it and the board.

(4) Where an insured service is provided to a beneficiary and subsections (2) and (3) do not apply, the commission shall, subject to subsection (8), make payment to the beneficiary in respect of that insured service or to the beneficiary of whom the beneficiary receiving the service is a dependant.

(5) Except where an election has been made under clause (b) of subsection (2) of section 23, or where payment has been made by the commission under subsection (8) of this section, the right of a beneficiary to receive payment from the commission in respect of insured services is a contractual right and the beneficiary is entitled to receive payment from the commission in respect of insured services in an amount equal to the amount charged against him by the physician or other person providing services in respect of insured services provided to him or an amount equal to the amount payable by the commission in respect of the insured services pursuant to the regulations made by the commission, whichever amount is the lesser.

(6) Subject to subsection (7), the right of a person to receive payment from the commission in respect of insured services provided to a beneficiary shall not be assigned and no sum owing in respect of any such right shall be charged or attached, and any transaction purporting to assign such a right or to charge or attach such a sum is void.

(7) Where a beneficiary who is a member of or a subscriber to an approved health agency or a dependant of such a beneficiary is provided with an insured service by a physician or other person providing services who, at the time the service is provided, has an agreement with that approved health agency with respect to payment for insured services provided by him to beneficiaries, the beneficiary may assign to that approved health agency his right to receive payment from the commission in respect of that insured service.

(8) Subject to subsection (9), where an insured service has been provided outside Saskatchewan to a beneficiary who is a member of or a subscriber to an approved health agency or a dependant of such a beneficiary and the beneficiary has assigned to that approved health agency his right to receive payment from the commission in respect of an insured service, the commission may, pursuant to an arrangement with that approved health agency, make payment to it in respect of the insured service received outside Saskatchewan by the beneficiary or dependant in the amount that would have been paid by the commission if it had made payment in respect of the insured service pursuant to subsection (4), and upon payment of such amount by the commission to the approved health agency the beneficiary shall, at his option, have the contractual right to recover that amount from the approved health agency or to require the approved health agency to make payment of that amount to the person providing the service.

(9) Subsection (8) does not apply where the insured service is received by the beneficiary or dependant in a locality bordering on Saskatchewan and designated by the commission for the purpose of this subsection.

1961 (2nd Sess.), c.1, s.28; 1962 (2nd Sess.), c.1, s.9; 1965, c.62, s.3; R.S.S. 1965, c.255, s.16.

Note. See section 64 of *The Health Services Act* respecting Health Region No. 1 (Swift Current).

Certain actions barred

17 No action lies against a physician or other person providing insured services in respect of particulars furnished to the commission with respect to an insured service provided to a beneficiary or a dependant of a beneficiary.

1962 (2nd Sess.), c.1, s.10; R.S.S. 1965, c.255, s.17.

Power of commission to act as agent of departments of Government, etc.

18 Notwithstanding anything in this or any other Act, the commission may act as the agent of any department or agency of the Government of Saskatchewan, or of any Crown corporation, for the purpose of arranging, tendering and making payment in respect of any medical care or treatment or related service provided to any person, whether or not the medical care or treatment or the related service is an insured service.

1962, c.68, s.3; 1962 (2nd Sess.), c.1, s.11; R.S.S. 1965, c.255, s.18.

Payment in certain cases through health agencies

19(1) The Lieutenant Governor in Council may by order designate as an approved health agency any health agency that meets the requirements prescribed by regulations made by the Lieutenant Governor in Council for the purpose of this subsection.

(2) Subject to subsections (3) and (4), the Lieutenant Governor in Council may by order revoke the designation of a health agency as an approved health agency if it has ceased to meet the requirements prescribed by the regulations made under subsection (1).

- (3) The minister, on behalf of the Lieutenant Governor in Council, shall, before an order is made under subsection (1) or (2), consult the commission, and no such order shall be made until the advice and recommendations of the commission have been received by the minister or until the period within which the commission was requested by the minister on behalf of the Lieutenant Governor in Council to furnish advice and make recommendations has expired, whichever is the earlier.
- (4) The designation of a health agency as an approved health agency shall not be revoked unless the minister on behalf of the Lieutenant Governor in Council has sent a written statement to the agency setting forth particulars of the requirements that it has ceased to meet and notifying it that if those requirements are not met within two months from the date of the statement, or within such further period as may be fixed by the Lieutenant Governor in Council and specified in the statement, the Lieutenant Governor in Council intends to revoke the designation.
- (5) A member of the Executive Council designated by the Lieutenant Governor in Council for the purpose may make arrangements with an approved health agency for an audit of its books, records and other documents for the purpose of determining whether the agency is meeting the requirements prescribed by the regulations made under subsection (1), and for the purpose of such an audit the approved health agency shall make its books, records and other documents available at all reasonable times to the person conducting the audit.
- (6) Nothing in this Act prevents an approved health agency from entering into agreements with its members or subscribers for the provision of medical services, or other related services, that are not insured services.
- (7) Where an insured service has been provided to a beneficiary who is a member of or a subscriber to an approved health agency, or to a dependant of such a beneficiary, by a physician, or other person providing services, who has entered into an agreement with the approved health agency with respect to payment for insured services provided by him to beneficiaries, the approved health agency shall, upon receiving from the physician or other person providing the service a statement of his account for the service containing the information prescribed by regulations made by the commission, forward the statement to the commission, and, subject to subsection (8), upon receipt of payment from the commission the approved health agency shall pay to the physician or other person who provided the insured service a sum equal to the sum received by it from the commission.
- (8) An approved health agency may, before payment is received from the commission in respect of an insured service provided by a physician or other person providing services, make a payment to the physician or other person in respect of that insured service, but the total of the payments made to a physician or such other person in any period of twelve months, or in any other period fixed by agreement between the commission and the approved health agency, shall not exceed the total of the sums paid and of the sums owing by the commission to the approved health agency in respect of insured services provided by the physician or other person during that period.

(9) Where a physician or other person providing services has entered into an agreement with an approved health agency with respect to payment for insured services provided by him to beneficiaries, the physician or other person shall accept the payment tendered to him by the approved health agency in respect of insured services provided to a beneficiary who is a member of or a subscriber to that approved health agency, and the payment shall be accepted as payment in full except:

(a) to the extent of charges authorized by regulations made by the Lieutenant Governor in Council for the purpose of this subsection to be made against the beneficiary;

(b) where he is a specialist and has provided insured services to a beneficiary who has not been referred to him by another physician, to the extent of charges authorized by regulations made by the commission for the purpose of this subsection to be made against the beneficiary.

(10) Where the regional board of a health region established under *The Health Services Act* has been designated as an approved health agency it may accept an assignment of a beneficiary's right to receive payment from the commission in respect of insured services received by the beneficiary but only if the assignment is made voluntarily.

1962 (2nd Sess.), c.1, s.12; 1965, c.62, s.4;
R.S.S. 1965, c.255, s.19.

Payment in certain cases where agreement with commission or Board of Health Region Number 1 entered into

20(1) Subject to subsections (2) and (3), where a physician or other person providing services has entered into an agreement with the commission or with The Board of Health Region Number 1 with respect to payment for insured services provided by him to beneficiaries, he shall accept payment from the commission or the board pursuant to that agreement in respect of insured services provided by him to a beneficiary, and he shall accept the payment as payment in full for those services.

(2) The Lieutenant Governor in Council may make regulations for the purpose of this subsection authorizing a physician or other person providing services, who has entered into an agreement with the commission or with The Board of Health Region Number 1 with respect to payment for insured services provided by him to beneficiaries, to make such charges against beneficiaries receiving insured services as are specified in the regulations.

(3) Where a specialist who has entered into an agreement with the commission or with The Board of Health Region Number 1 with respect to payment for insured services provided by him to beneficiaries has provided insured services to a beneficiary who has not been referred to him by another physician, he may make charges against that beneficiary to the extent of charges authorized by regulations made by the commission for the purpose of this subsection to be made against the beneficiary.

1962 (2nd Sess.), c.1, s.12; 1965, c.62, s.5;
R.S.S. 1965, c.255, s.20.

Rights respecting choice of physician, acceptance of patient and charges for certain services not restricted

21 Nothing in this Act or in the regulations made by the Lieutenant Governor in Council or by the commission:

- (a) interferes with or restricts the right of a beneficiary to select the physician, or other person providing services, from whom he will receive insured services;
- (b) interferes with or restricts the right of a physician, or other person providing services, to accept or refuse to accept a patient who is a beneficiary;
- (c) interferes with or restricts the right of a physician, or other person providing services, to make charges for insured services provided to a patient who is not a beneficiary.

1961 (2nd Sess.), c.1, s.29; 1962 (2nd Sess.), c.1, s.13; R.S.S. 1965, c.255, s.21.

Non-application of Act with respect to certain services

22 Where a physician or other person providing services has entered into an agreement with The Board of Health Region Number 1 or with an approved health agency with respect to payment for insured services provided by him to beneficiaries and the physician or other person provides an insured service to a beneficiary who is not one of the beneficiaries in respect of whom the agreement makes provision for the payment for insured services, the physician or other person is not subject to any of the provisions of this Act or the regulations made by the Lieutenant Governor in Council or by the commission relating to the provision of insured services to beneficiaries or the payment to be made therefor except that he shall furnish the beneficiary to whom he has provided the insured service with the information required to enable payment to be made under this Act to the beneficiary in respect of the insured service.

1962 (2nd Sess.), c.1, s.14; R.S.S. 1965, c.255, s.22.

Same

23(1) Where a physician or other person providing services has not entered into an agreement with the commission, The Board of Health Region Number 1 or an approved health agency with respect to payment for insured services provided by him to beneficiaries and the physician or other person provides an insured service to a beneficiary, he is not subject to any of the provisions of this Act or the regulations made by the Lieutenant Governor in Council or by the commission relating to the provision of insured services to beneficiaries or the payment to be made therefor except that he shall, subject to subsection (2), furnish the beneficiary to whom he has provided the insured service with the information required to enable payment to be made under this Act to the beneficiary in respect of the insured service.

(2) A physician or other person to whom subsection (1) applies is not required to furnish the information mentioned in subsection (1) if:

- (a) before providing the insured service he informs the beneficiary that he has not entered into an agreement with the commission, The Board of Health Region Number 1 or an approved health agency with respect to payment for insured services provided by him to beneficiaries and that he does not wish to furnish the beneficiary with the information required to enable payment to be made under this Act to the beneficiary in respect of the insured service to be provided; and

(b) the beneficiary, upon being so informed, elects not to receive payment under this Act in respect of the insured service to be provided to him by the physician or other person.

1962 (2nd Sess.), c.1, s.14; R.S.S. 1965, c.255,
s.23.

PREMIUMS

Levy of premiums

24(1) Subject to any regulations or orders made under clause (e) of subsection (1) of section 43 or subsection (3) of this section, the Lieutenant Governor in Council may provide for the levying and collection annually, or for such portion of a year as he considers advisable, of a premium to be paid by or on behalf of every resident, and may vary the amount of the premium to be paid on behalf of different classes of dependants and may fix a maximum amount that shall constitute the total annual levy in respect of any person, his spouse and the following dependants, namely:

- (a) his dependants under eighteen years of age;
- (b) his children of the age of eighteen years or over but dependent by reason of physical or mental infirmity; and
- (c) his dependants of the age of eighteen years or over but under twenty-one years of age and attending a secondary school, university or other educational institution, or training at a school of nursing approved by the minister.

(2) Subject to the regulations, every resident who is supporting himself shall be personally liable for payment of the premium and shall also be liable for payment of the premium levied in respect of each of his dependants.

(3) The Lieutenant Governor in Council may designate any person or persons who may of their own volition pay the premium and upon payment shall be entitled to benefits under this Act, upon such conditions as the Lieutenant Governor in Council may prescribe.

(4) The amount of the premium levied on an indigent person shall be paid on his behalf by the agency of government, whether municipal or provincial, responsible for his medical care and treatment.

1961 (2nd Sess.), c.1, s.30; R.S.S. 1965, c.255,
s.24.

Liability of employers contributing toward cost of health services to employees

25 Where it is provided by any collective bargaining agreement within the meaning of *The Trade Union Act*, whether heretofore or hereafter made, or by any other agreement, whether heretofore or hereafter made, relating to conditions of employment, or it is otherwise a condition of employment or a term of a contract of employment, that the employer shall contribute in any manner toward the cost of insured services in respect of his employees, or his employees and the dependants of his employees, or any of them, the employer shall, after the day fixed by the Lieutenant Governor in Council under section 16, pay to each employee an amount equal to the amount contributed by the employer in respect of that employee. Such amounts shall be paid monthly or on such other basis as may be agreed upon between the employer and the employee and in other respects shall be paid in such manner as will, as nearly as circumstances permit, approximate the manner in which the employer so contributed toward the cost of insured services.

1961 (2nd Sess.), c.1, s.31; 1962, c.68, s.4;
R.S.S. 1965, c.255, s.25.

Collection districts and collectors of premiums

26(1) Each city, town, village, rural municipality and local improvement district, Uranium City and District, the portion of Saskatchewan to which *The Northern Administration Act* from time to time applies and each portion of Saskatchewan designated under subsection (5) shall be a collection district.

(2) Each city, town, village and rural municipality shall be the collector to collect the premiums from the residents thereof; provided that the minister may appoint a collector for any city, town, village or rural municipality, or may himself be the collector.

(3) The Minister of Municipal Affairs shall be the collector to collect the premiums from the residents of each local improvement district and the Minister of Natural Resources shall be the collector to collect the premiums from the residents of the portion of Saskatchewan to which *The Northern Administration Act* from time to time applies.

(4) The Municipal Corporation of Uranium City and District shall be the collector to collect the premiums from the residents of Uranium City and District.

(5) The minister may appoint a collector to collect the premiums from the residents of any designated portion of Saskatchewan not included in a city, town, village, rural municipality, local improvement district, the portion of Saskatchewan to which *The Northern Administration Act* from time to time applies or Uranium City and District.

(6) The commission that may be paid for the work of registration and collection in any collection district shall be determined by the Lieutenant Governor in Council.

(7) A person authorized by the minister for the purpose, may, at all reasonable times, enter upon the premises occupied by any collector and inspect and examine the books, records and documents of the collector relating to the collection of the premium, and the collector shall produce to that person such books, records and documents as are required.

1961 (2nd Sess.), c.1, s.32; R.S.S. 1965, c.255,
s.26.

Collection of premiums

27(1) Within sixty days after the time at which the premium is to be paid, each collector shall forward by mail to each of the residents of the collection district who have not paid the currently required premium a notice of the premium and of any premium arrears, in a form to be prescribed by the minister.

(2) The currently required premium and premium arrears may be recovered by the minister or collector in the same manner as municipal taxes or taxes levied under *The Local Improvement Districts Act* or *The Northern Administration Act*.

(3) Each municipality may pay the premium on behalf of any of its residents and shall be entitled thereafter to collect from the residents the amounts so paid, in the same manner as municipal taxes.

(4) The Minister of Municipal Affairs may pay the premium on behalf of any of the residents of a local improvement district and shall be entitled thereafter to collect from the residents the amounts so paid, in the same manner as taxes levied under *The Local Improvement Districts Act*.

(5) The Minister of Natural Resources may pay the premium on behalf of any of the residents of the portion of Saskatchewan to which *The Northern Administration Act* from time to time applies and shall be entitled thereafter to collect from the residents the amounts so paid, in the same manner as taxes levied under that Act.

(6) The collector, or any person designated by the minister, whether or not the minister is the collector, may in writing demand from the employer of a person liable to pay the premium, whether on that person's own account or in respect of his dependants, payment of the premium or premiums owing by the employee, in which case the employer shall deduct the amount demanded from the salary, wages or commission then owing or that shall first thereafter become owing by him to the employee, and shall pay the amount forthwith to the collector or to the minister, as the case may require, as soon as the amount of the premium or premiums for which the employee is liable is earned by the employee; and in default the employer is guilty of an offence and liable on summary conviction to a fine not exceeding \$25.

(7) Every employer shall, upon request in writing of the collector or any person designated by the minister, whether or not the minister is the collector, give forthwith to the collector or the person so designated a list of the names and addresses of all persons in his employ on the date of receipt by him of such request, and such a list shall in any prosecution under this Act be received as *prima facie* evidence that the persons whose names appear thereon were employed by the employer.

(8) A demand in writing under subsection (6) or a request in writing under subsection (7) may be served on the employer either personally or by registered mail.

(9) Service of such a demand or request may be proved:

(a) where service is effected personally, by the oral testimony of the person effecting the service;

(b) where service is effected by registered mail, by an affidavit of service and, as exhibits to the affidavit, a receipt from the postmaster for the envelope containing the demand or request and a post office receipt form therefor purporting to be signed by the employer.

MEDICAL CARE INSURANCE

c. 255

(10) When an employer is convicted for default under subsection (6), the convicting magistrate or justice of the peace may, in addition to the fine imposed, order him to pay the premium or premiums then unpaid, together with costs, forthwith or within a stated period.

1961 (2nd Sess.), c.1, s.33; R.S.S. 1965, c.255, s.27.

Pay roll deductions by employers

28(1) Subject to the approval of the Lieutenant Governor in Council, upon the joint request of an employer and his employees the minister may make arrangements with the employer for deductions to be made from the salary payable from time to time to each employee of the amount of the premium to be paid by the employee and for the deductions to be made by instalments from each payment of salary or by instalments from payments of salary over such period as the minister deems advisable.

(2) The Lieutenant Governor in Council may:

(a) prescribe rules to be observed in making arrangements under subsection (1); and

(b) notwithstanding the other provisions of this Act and the regulations, make such regulations as are considered necessary for determining the terms and conditions on which employees to whom any arrangements made under subsection (1) apply will be beneficiaries and for carrying out and giving effect to any such arrangements.

1961 (2nd Sess.), c.1, s.34; R.S.S. 1965, c.255, s.28.

INSURANCE FUND

Deposits in, and payments from, fund

29(1) All premiums collected shall be deposited in a fund to be known as the Saskatchewan Medical Care Insurance Fund.

(2) Amounts may be deposited in the fund from other sources whenever such procedure is necessary in the administration of this Act.

(3) All payments for insured services and in connection with the administration of this Act including costs of registration and premium collection commissions shall be made from the fund.

(4) For the purpose of assisting in making payments for insured services, all moneys appropriated by the Legislature for the purpose shall be deposited in the fund from time to time.

1961 (2nd Sess.), c.1, s.35; 1962 (2nd Sess.), c.1, s.15; R.S.S. 1965, c.255, s.29.

JOINT COLLECTION OF TAXES UNDER SASKATCHEWAN
HOSPITALIZATION ACT AND PREMIUMS

Power to make provision for joint collection

30(1) Notwithstanding anything in *The Saskatchewan Hospitalization Act* or in this Act, the Lieutenant Governor in Council may provide that for the year 1963 and each year thereafter, or for any specified year after the year 1963 and each year after the specified year, the tax levied under *The Saskatchewan Hospitalization Act* and the premium levied under this Act shall be collected jointly, and if such provision is made the tax and the premium shall be known as the joint tax.

(2) Subject to subsections (3) and (4) and the regulations under subsection (5), the provisions of *The Saskatchewan Hospitalization Act*, and the regulations thereunder, relating to the collection of the tax under that Act apply to the collection of the joint tax to the same extent as if it were a tax levied under that Act.

(3) There shall from time to time be transferred from the Saskatchewan Hospitalization Fund to the Saskatchewan Medical Care Insurance Fund sums representing the portions of the joint tax that constitute the premiums levied under this Act.

(4) There shall from time to time be transferred from the Saskatchewan Medical Care Insurance Fund to the Saskatchewan Hospitalization Fund such sums as may be necessary to reimburse the Saskatchewan Hospitalization Fund for the portions of the commissions on collections of the joint tax attributable to the portions of the joint tax that constitute the premiums levied under this Act.

(5) The Lieutenant Governor in Council may make such regulations as may be deemed necessary for the purpose of carrying out the provisions of this section according to their intent and may in such regulations provide for such modification, for the purpose of this section, of *The Saskatchewan Hospitalization Act* and the regulations thereunder, and of this Act and the regulations thereunder, as may be deemed necessary to adapt them to the provisions of this section.

1961 (2nd Sess.), c.1, s.36; R.S.S. 1965, c.255,
s.30.

MISCELLANEOUS

Agreement with Government of Canada

31 The minister, with the approval of the Lieutenant Governor in Council, may, on behalf of the Government of Saskatchewan, enter into any agreement or agreements with the Government of Canada respecting insured services, that the Government of Canada is authorized to enter into under any Act of the Parliament of Canada, upon such terms and conditions as may be agreed upon.

1961 (2nd Sess.), c.1, s.37; R.S.S. 1965, c.255,
s.31.

Non-liability of minister, commission, etc., to certain actions

32 No action lies against the minister or the commission with respect to any act or omission, relating to the providing of insured services under this Act, of a physician or other person providing such services or of a person in the employ of a physician or such other person.

1961 (2nd Sess.), c.1, s.38; 1962 (2nd Sess.), c.1,
s.16; R.S.S. 1965, c.255, s.32.

Audit and report

33(1) Accounts relating to the administration of the Saskatchewan Medical Care Insurance Fund shall be audited by the Provincial Auditor.

(2) On or before the thirty-first day of March in each year the commission shall prepare a report of its transactions during the preceding year and transmit it to the minister who shall lay it before the Legislative Assembly forthwith if it is then in session or, if it is not then in session, within fifteen days after the commencement of its next session.

1961 (2nd Sess.), c.1, s.39; R.S.S. 1965, c.255, s.33.

Secrecy

34(1) Every person employed in the administration of this Act shall preserve secrecy with respect to all matters that come to his knowledge in the course of such employment, and no such person shall communicate any such matter to any other person except:

- (a) for the purpose of the administration of this Act; or
- (b) upon the request or with the approval of the person to whom the matter relates; or
- (c) to a physician or other person providing services, for any purpose relating to insured services that he has provided; or
- (d) for the purpose of and in anticipation of any judicial proceeding or any appeal procedure for which provision is made under section 36; or
- (e) to the Saskatchewan Cancer Commission for any purpose relating to the administration of *The Cancer Control Act*; or
- (f) under subsection (2).

(2) For the purpose of obtaining advice from an official or committee of a professional association whose members provide insured services or of assisting any such professional association in exercising any of its functions under an Act of the Legislature, a person employed in the administration of this Act and authorized by the commission to do so may disclose to the official, committee or association information that has come to his knowledge in the course of his employment.

(3) Except where required or authorized by an order of the Legislative Assembly, the commission shall not publish a report, statement or summary of its activities or transactions, or any of them, for the purpose of public examination, in which is disclosed the name of a beneficiary who has received insured services under this Act or in which is disclosed the amount paid under this Act to a specified physician or other person providing services, either for insured services provided to one beneficiary or for all insured services provided by him during a specified period.

(4) A person who violates any of the provisions of this section is guilty of an offence and, in addition to any other penalty or liability, liable on summary conviction to a fine of not less than \$50 nor more than \$200 and in default of payment to imprisonment for a period not exceeding one month.

(5) No report, form or return prescribed by or required for the purposes of this Act or the regulations made by the Lieutenant Governor in Council or by the commission shall be admissible in any judicial proceeding, other than a judicial proceeding under this Act, to adversely affect the interest of the person making the report, form or return.

1961 (2nd Sess.), c.1, s.40; 1965, c.62, s.6;
R.S.S. 1965, c.255, s.34.

Refunds of certain taxes paid under *Health Services Act*

35(1) Where a personal tax has been paid to a municipality in connection with the financing by the council of the municipality, under *The Health Services Act*, of services that are insured services under this Act, and the tax paid or a portion thereof is applicable to a period immediately following the day fixed by the Lieutenant Governor in Council under subsection (1) of section 16, the council shall refund the tax, or the portion thereof applicable to that period, to the person who paid the tax, or make provision, within the limits of its authority, for the providing of other health services to the value of the amount of the tax paid or the said portion thereof.

(2) Notwithstanding subsection (1), where the total amount of such taxes, or portion thereof, paid to a municipality and applicable to a period immediately prior to the day fixed by the Lieutenant Governor in Council under subsection (1) of section 16 is not sufficient to meet outstanding claims against the municipality, The Local Government Board may, upon the application of the municipality, order that all rights to refunds under subsection (1), or to such portions thereof as may be required to meet the deficit, be cancelled.

(3) Where a personal tax has been paid to the regional board of a health region in connection with the financing by the regional board, under *The Health Services Act*, of services that are insured services under this Act, and the tax paid or a portion thereof is applicable to a period immediately following the day fixed by the Lieutenant Governor in Council under subsection (1) of section 16, the regional board shall refund the tax, or the portion thereof applicable to that period, to the person who paid the tax, or make provision, within the limits of its authority, for the providing of other health services to the value of the amount of the tax paid or the said portion thereof.

(4) Notwithstanding subsection (3), where the total amount of such taxes, or portion thereof, paid to a regional board and applicable to a period immediately prior to the day fixed by the Lieutenant Governor in Council under subsection (1) of section 16 is not sufficient to meet outstanding claims against the board, The Local Government Board may, upon the application of the regional board, order that all rights to refunds under subsection (3), or to such portions thereof as may be required to meet the deficit, be cancelled.

(5) An application to The Local Government Board under subsection (2) or (4) may be made within one year from the day fixed by the Lieutenant Governor in Council under subsection (1) of section 16.

1961 (2nd Sess.), c.1, s.41; R.S.S. 1965, c.255,
s.35.

Establishment of procedure for hearing complaints

36(1) The Lieutenant Governor in Council shall provide for the establishment of an appeal procedure pursuant to which complaints respecting anything done under or pursuant to this Act or any regulation made by the Lieutenant Governor in Council or the commission shall be heard.

(2) For the purpose of providing for such an appeal procedure the Lieutenant Governor in Council may make regulations:

- (a) providing for the appointment of members of appeal boards or committees and their remuneration;
- (b) assigning duties and powers to appeal boards and committees and members thereof;
- (c) prescribing the procedure to be followed by appeal boards and committees in hearing complaints;
- (d) prescribing the extent to which decisions or recommendations of appeal boards or committees are to be binding.

(3) Nothing in this section and nothing done thereunder interferes with the jurisdiction of The College of Physicians and Surgeons of the Province of Saskatchewan under *The Medical Profession Act* or prejudices the right of any person to bring an action in a court of competent jurisdiction.

1961 (2nd Sess.), c.1, s.42; 1962, c.68, s.5;
R.S.S. 1965, c.255, s.36.

Power to make regulations respecting settlement of certain differences

37 The Lieutenant Governor in Council may make regulations agreed to by the council of The College of Physicians and Surgeons of the Province of Saskatchewan providing for any differences:

- (a) that may arise with respect to the general rates of payments being made under this Act in respect of insured services provided to beneficiaries by physicians; or
- (b) that may arise out of a proposed alteration in the general rates of payments being made under this Act in respect of insured services provided to beneficiaries by physicians;

to be settled by negotiation or, where negotiations do not result in settlement, to be dealt with by mediation.

1962 (2nd Sess.), c.1, s.17; R.S.S. 1965, c.255,
s.37.

Penalties for false statements in reports, etc.

38(1) A physician or other person providing insured services to a beneficiary who wilfully makes a false statement in any report, form or return required to enable a payment to be made under this Act or the regulations made by the Lieutenant Governor in Council or by the commission is guilty of an offence and liable on summary conviction for the first offence to a fine of not less than \$5 nor more than \$50 and for a subsequent offence to a fine of not less than \$25 nor more than \$300.

(2) A person, other than a physician or other person providing insured services to a beneficiary, who wilfully makes a false statement in any report, form or return prescribed by or required for the purposes of this Act or the regulations made by the Lieutenant Governor in Council or by the commission is guilty of an offence and liable on summary conviction for the first offence to a fine of not less than \$5 nor more than \$50 and for a subsequent offence to a fine of not less than \$25 nor more than \$300.

1962 (2nd Sess.), c.1, s.18; R.S.S. 1965, c.255, s.38.

Penalty for failure to pay premium

39 A person who fails to pay the premium or any part thereof as required by this Act and the regulations is guilty of an offence and liable on summary conviction to a fine not exceeding \$25.

1965, c.62, s.7; R.S.S. 1965, c.255, s.39.

Payment of premium to convicting magistrate

40(1) Where a person is convicted for failure to pay the premium or any part thereof as required by this Act and the regulations, the convicting provincial magistrate or justice shall, in addition to the fine imposed, order that the premium or part thereof be paid to him forthwith or within a stated period by the person so convicted, and the provincial magistrate or justice shall pay the premium or part thereof to the minister forthwith upon receipt thereof.

(2) The order of the convicting provincial magistrate or justice to pay the premium or part thereof under subsection (1) shall be included in and be part of an order made by him under section 39 for payment of a fine.

(3) In case of default in payment of any sum as required by the order, the provincial magistrate or justice shall, upon request, furnish the complainant with a certified copy of the order, and upon the filing, by the complainant, of the certified copy of the order in the office of the local clerk of the district court at the judicial centre nearest to the place where the defendant resides, the copy of the order shall be entered as a judgment of the district court and may be enforced as such, and the provisions of the *Criminal Code* respecting imprisonment in default of payment of a fine or compliance with an order for the payment of money shall not apply.

(4) Any sum recovered through the enforcement of a copy of an order as a judgment under subsection (3) shall be applied first toward payment of the unpaid premium or part thereof and the balance, if any, shall be applied toward payment of the fine.

1965, c.62, s.7; R.S.S. 1965, c.255, s.40.

Evidence of non-payment of premium

41 In a prosecution for failure to pay the premium or a part thereof an affidavit by an employee of the Department of Public Health or the commission, sworn before a commissioner for oaths or any other person authorized to take affidavits, that he has knowledge of the records of the Department of Public Health or the commission, as the case may be, with respect to premium payments made under this Act by residents and that after careful examination and search of those records he has been unable to find that the accused person has paid the premium or the part thereof to which the prosecution relates shall be received as *prima facie* evidence that the accused person has not paid the premium or the part thereof to which the prosecution relates, and it shall not be necessary to prove the official position of the employee making the affidavit.

1965, c.62, s.7; R.S.S. 1965, c.255, s.41.

Limitation of prosecutions

42 Every prosecution for failure to pay the premium shall be commenced within three years from the date of the violation and every prosecution for any other violation of this Act or the regulations shall be commenced within one year from the date of the violation.

1962 (2nd Sess.), c.1, s.19; 1965, c.62, s.8;
R.S.S. 1965, c.255, s.42.

Power of Lieutenant Governor in Council to make regulations

43(1) The Lieutenant Governor in Council may make regulations:

- (a) respecting the establishment of the Saskatchewan Medical Care Insurance Fund and the administration of the fund by the commission;
- (b) respecting the manner in which and the times at which collectors shall deposit premium collections in the Saskatchewan Medical Care Insurance Fund;
- (c) prescribing the waiting period, if any, that must elapse after the payment or partial payment of the premium before the resident in respect of whom it is made becomes a beneficiary and the other conditions to be observed by a resident in order that he may qualify as a beneficiary;
- (d) respecting the manner in which and times at which the premium shall be paid and the times at which partial payments of the premium may be made;
- (e) exempting any class or classes of persons from payment of the premium or from insured services, or from payment of the premium and insured services, or from payment of part of the premium and part of the insured services or either of them.

(2) The minister, on behalf of the Lieutenant Governor in Council, shall, before any regulations are made under subsection (1) or under any other provision of this Act, and before any regulations so made are amended, so as to substantially affect the operation of the medical care insurance plan established under this Act, consult the commission.

(3) The Lieutenant Governor in Council shall not make any regulations under subsection (1) or under any other provision of this Act, or amend any regulations so made, so as to substantially affect the operation of the medical care insurance plan established under this Act until the advice and recommendations of the commission have been received by the minister or until the period within which the commission was requested by the minister on behalf of the Lieutenant Governor in Council to furnish advice and make recommendations has expired, whichever is the earlier.

1961 (2nd Sess.), c.1, s.48; R.S.S. 1965, c.255, s.43.

Power of commission to make regulations

44(1) Subject to the approval of the Lieutenant Governor in Council, the commission may pursuant to the provisions of this Act make regulations for the purpose of establishing and administering a plan of medical care insurance for the residents of Saskatchewan and, without restricting the generality of the foregoing, may make regulations:

- (a) prescribing the arrangements to be made for payment to physicians, and to other persons providing services, for providing insured services to beneficiaries;
- (b) providing for the establishing, maintaining and altering of lists of physicians and other persons who have entered into an agreement with the commission with respect to payment for insured services provided to beneficiaries;
- (c) subject to subsection (2), prescribing the rates of payments to be made under this Act in respect of insured services provided to beneficiaries by physicians and other persons providing services and the method of assessing accounts submitted by physicians and other persons;
- (d) respecting the manner and form in which accounts shall be rendered and in which any other information required in connection with the accounts shall be submitted;
- (e) respecting the manner and form in which payments to physicians and other persons shall be made under this Act;
- (f) respecting the manner in which persons may be identified as beneficiaries;
- (g) governing the calling of meetings of the commission and the conducting of business at such meetings;
- (h) governing the appointment of committees and subcommittees and prescribing the duties of committees and subcommittees;
- (i) fixing the remuneration of members of committees and subcommittees for attending meetings and otherwise carrying out their prescribed duties;
- (j) generally for the carrying out of the provisions of this Act according to their intent.

(2) Before any regulations made under clause (c) of subsection (1) are revised or amended so as to alter the general rates of payments to be made by the commission in respect of insured services provided to beneficiaries by physicians the commission shall consult the council of The College of Physicians and Surgeons of the Province of Saskatchewan, and no such regulations shall be so revised or amended until the advice and recommendations of the college have been received by the commission or until the period within which the college was requested by the commission to furnish advice and make recommendations has expired, whichever is the earlier.

1961(2nd Sess.), c.1, s.49; 1962 (2nd Sess.), c.1, s.20; R.S.S. 1965, c.255, s.44.

Adjustment and reassessment of certain accounts for insured services

45(1) In the case of accounts for insured services provided before the thirtieth day of March, 1965, and for which payment has not been made before that date, and in the case of accounts for insured services provided after the twenty-ninth day of March, 1965, the commission may, with the approval of the council of The College of Physicians and Surgeons of the Province of Saskatchewan, make payment in respect of an insured service or a series of insured services provided to one or more beneficiaries by a physician in an amount less than the amount that would have been paid if payment had been made in accordance with the general rates of payments being made by the commission in respect of insured services provided to beneficiaries by physicians.

(2) With the approval of the council of The College of Physicians and Surgeons of the Province of Saskatchewan, the commission or a medical officer of the commission designated by the commission for the purpose of this subsection, may reassess any account that related to one or more insured services provided to a beneficiary by a physician within twelve months prior to the date of the reassessment and in respect of which payment had previously been made by the commission, and if the amount payable in respect of the account as determined upon the reassessment is less than the amount that was paid by the commission in respect of the account the amount of the difference shall be a debt owing to the commission by the physician and may be recovered from the physician by action at the suit of the commission.

(3) Subsections (1) and (2) apply *mutatis mutandis* in the case of an insured service or a series of insured services provided to one or more beneficiaries by a person other than a physician.

1965, c.62, s.9; R.S.S. 1965, c.255, s.45.

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