

The Saskatchewan Medical Care Insurance Act

being

[Chapter S-29](#) of *The Revised Statutes of Saskatchewan, 1978* (effective February 26, 1979) as amended by the *Statutes of Saskatchewan*, 1979, c.67; 1979-80, c.M-32.01 and 92; 1980-81, c.83; 1982-83, c.16; 1983, c.77; 1983-84, c.49; 1984-85-86, c.16, 38 and 83; 1986-87-88, c.4 and 56; 1988-89, c.55; [1989-90, c.5 and 15](#); [1992, c.75](#); [1993, c.62](#); [1995, c.10](#); [1996, c.59](#); [1997, c.12 and 49](#); [1999, c.H-0.021](#); [2000, c.8 and c.15](#); [2002, c.R-8.2 and c.23](#); [2003, c.29](#); [2006, c.C-1.1](#); and [2013, c.1 and c.27](#).

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		
1	Short title	34	Repealed
	INTERPRETATION	35	Non-liability of minister for certain actions
2	Interpretation	36	Annual report
	SASKATCHEWAN MEDICAL CARE INSURANCE	37	Secrecy
3 to 7	Repealed	38	Beneficiary not liable for certain statements
8	Duty to establish and administer medical care plan	39	Refunds of certain taxes paid under <i>Health Services Act</i>
9	Powers respecting medical care plan	40	Establishment of procedure for hearing complaints
10	Repealed	41	Regulations regarding settlement of certain differences
	REGISTRATION	42	Penalties for false statements in reports, etc.
11	Duty of residents to register	43 to 46	Repealed
	BENEFICIARIES	47	Repealed
12	Beneficiaries	47.1	Regulations with respect to payments
13	Repealed	48	Regulations re plan
	INSURED SERVICES	48.1	Medical compensation review committee
14	Services	48.2	Referral to independent third party
15	Exceptions	48.3	Medical compensation review board
15.1	Recommendations respecting regulations	48.4	Regulations regarding review boards
16	Payment not required to be made in certain cases	49	Professional review committees constituted
17	Application of Act re remuneration for insured services	49.1	Director of Professional Review
18	Payment for services	49.2	Joint medical profession review committee
18.01	Limits on charges for insured chiropractic services	49.21	Appeal to judge
18.02	Limits on charges for services provided to certain persons	49.22	Non-application of section 49.2
18.03	Deemed payments	49.3	Recovery of amount owing
18.1	Payments to non-beneficiaries	49.4	Rates of payments not affected
19	Certain actions barred	49.5	Powers of committee
20	Minister to act as agent of departments of Government, etc.	49.6	Required information
21	Payment in certain cases through health agencies	49.7	Provision of certain information not unlawful
22	Repealed	49.8	Provision of certain information
23	Rights of beneficiaries and physicians	49.9	Exemption from liability of committee members
24	Non-application of Act to certain services	49.91	Application of provisions to persons other than physicians
24.1	Where access to insured services jeopardized	50	Repealed
25 to 31	Repealed	51	Repealed
32	Repealed	52	Offence and penalty
32.1	Payments from appropriation	53	Fines enforceable as judgment of court
32.2	Repealed	54	Limitation of prosecution
33	Repealed		Editorial Appendix

CHAPTER S-29

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*.

INTERPRETATION

Interpretation

- 2 In this Act:

- (a) **“approved health agency”** means a health agency designated by order of the Lieutenant Governor in Council as an approved health agency;
- (b) **“beneficiary”** means a person who pursuant to section 12 is a beneficiary;
- (c) **“chiropractor”** means:
 - (i) a person who is registered as a member of The Chiropractors’ Association of Saskatchewan and holds a valid licence to practise issued pursuant to *The Chiropractic Act, 1994*; or
 - (ii) a professional corporation that is registered to carry on the business of providing chiropractic services pursuant to *The Professional Corporations Act* and holds a valid permit issued pursuant to that Act;
- (d) **Repealed.** 1986-87-88, c.56, s.3.
- (e) **“dentist”** means:
 - (i) a person who is registered as a member of the College of Dental Surgeons of Saskatchewan and holds a valid licence to practise issued pursuant to *The Dental Disciplines Act*; or
 - (ii) a professional corporation that is registered to carry on the business of providing dental services pursuant to *The Professional Corporations Act* and holds a valid permit issued pursuant to that Act;
- (e.1) **“department”** means the Department of Health;
- (f) **“dependant”** means a person who is a resident and depends upon another resident for maintenance;

c. S-29

SASKATCHEWAN MEDICAL CARE INSURANCE

- (g) **“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;
- (h) **“insured services”** means the services that are declared to be insured services pursuant to section 14 and that are not declared or deemed to be uninsured services pursuant to section 15 or 24;
- (i) **“minister”** means the Minister of Health;
- (j) **“municipality”** means a city, town, village, rural municipality or northern municipality;
- (k) **Repealed.** 1983, c.77, s.72.
- (l) **“optometrist”** means:
- (i) a person who is registered as a member of the Saskatchewan Association of Optometrists and holds a valid licence to practise issued pursuant to *The Optometry Act, 1985*; or
- (ii) a professional corporation that is registered to carry on the business of providing optometric services pursuant to *The Professional Corporations Act* and holds a valid permit issued pursuant to that Act;
- (m) **“physician”** means:
- (i) an individual who is registered pursuant to *The Medical Profession Act, 1981* and holds a valid licence or permit issued pursuant to that Act; or
- (ii) a professional corporation that is registered pursuant to *The Medical Profession Act, 1981* and holds a valid permit issued pursuant to that Act;
- (n) **Repealed.** 1984-85-86, c.83, s.3.
- (o) **Repealed.** 1984-85-86, c.83, s.3.
- (p) **Repealed.** 1986-87-88, c.56, s.3.
- (q) **“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;
- (r) **“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.

R.S.S. 1978, c.S-29.1, s.2; 1983, c.77, s.72; 1984-85-86, c.83, s.3; 1986-87-88, c.56, s.3; 1988-89, c.55, s.29; 1992, c.75, s.3; 2000, c.15, s.14; 2002, c.23, s.3.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

SASKATCHEWAN MEDICAL CARE INSURANCE COMMISSION

3 to 7 Repealed. 1986-87-88, c.56, s.4.

Duty to establish and administer medical care plan

8 The minister 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.

R.S.S. 1978, c.S-29.1, s.8; 1986-87-88, c.56, s.5.

Powers respecting medical care plan

9 The minister may, pursuant to this Act and the regulations, take any action that he considers necessary for the establishment and administration of a plan of medical care insurance for the residents of Saskatchewan.

1986-87-88, c.56, s.6.

10 Repealed. 1986-87-88, c.56, s.7.

REGISTRATION

Duty of residents to register

11(1) Every resident other than a dependant shall, unless exempt from 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 minister.

(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 \$50,000.

R.S.S. 1978, c.S-29.1, s.11; 1984-85-86, c.83, s.4;
1986-87-88, c.56, s.8; 2003, c.29, s.76.

BENEFICIARIES

Beneficiaries

12(1) Subject to the regulations made pursuant to subsection (2), every resident is a beneficiary.

(2) The Lieutenant Governor in Council may make regulations:

- (a) declaring any person to be a beneficiary;
- (b) declaring that a resident is not a beneficiary until he has been a resident for a prescribed period of time;

c. S-29

SASKATCHEWAN MEDICAL CARE INSURANCE

- (c) declaring a person or class of persons who would otherwise be beneficiaries not to be beneficiaries; and
 - (d) exempting any beneficiary or class of beneficiaries from this Act or any part of this Act.
- (3) Any regulations made pursuant to this section may be made retroactive to a date specified in the regulations that is not earlier than six months before the date on which the regulations come into force.

1984-85-86, c.83, s.5; 2013, c.1, s.3.

13 Repealed. 1984-85-86, c.83, s.6.

INSURED SERVICES

Services

- 14(1) Subject to sections 15 and 24, services that are medically required services provided in Saskatchewan by a physician are insured services.
- (2) Subject to sections 15 and 24, the following services that are prescribed in the regulations and provided in Saskatchewan are insured services:
- (a) services of an optometrist;
 - (b) services of a dentist;
 - (c) services of a chiropractor;
 - (d) other services that are prescribed in the regulations.
- (3) Subject to sections 15 and 24, where a beneficiary receives a service outside Saskatchewan that would be an insured service pursuant to subsection (1) or (2) if it were provided in Saskatchewan, the service is an insured service if it is provided:
- (a) by a person who, in the opinion of the minister, possesses qualifications equivalent to those required of a person providing that type of insured service in Saskatchewan; and
 - (b) in accordance with the terms and limitations prescribed in the regulations.
- (3.1) Where a beneficiary receives a service outside Saskatchewan that would not be an insured service pursuant to subsection (1) or (2), the service is an insured service if the service:
- (a) is prescribed as an insured service in the regulations; and
 - (b) is provided in accordance with the terms and limitations prescribed in the regulations.
- (4) The Lieutenant Governor in Council may make regulations prescribing the rates of payments to be made pursuant to this Act in respect of insured services described in subsections (3) and (3.1) and the methods of assessing accounts submitted by persons who provide those services.
- (5) Clause 48(1)(c) and sections 48.1 to 48.4 do not apply to insured services described in subsections (3) and (4).

R.S.S. 1978, c.S-29.1, s.13; 1986-87-88, c.56, s.9;
1992, c.75, s.4; 1993, c.62, s.3.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

Exceptions

15 The following services are uninsured services for the purpose of this Act:

- (a) services for the diagnosis and treatment of cancer specified in the regulations;
- (a.1) laboratory services provided by or under the supervision of specialists in pathology, other than services that are prescribed in the regulations for the purposes of this clause;
- (b) services received by a beneficiary under *The Workmen's Compensation Act*, *The Workers' Compensation 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 pursuant to any other Act;
- (c.1) health services provided by a regional health authority or health care organization, as defined in *The Regional Health Services Act*;
- (d) services received by a beneficiary pursuant to an Act of the Parliament of Canada;
- (e) travelling by a physician except under circumstances specified by the minister;
- (f) ambulance services and other forms of transportation of patients;
- (g) services provided by special duty nurses;
- (h) any other services provided by physicians that are prescribed in the regulations.

R.S.S. 1978, c.S-29.1, s.14; 1986-87-88, c.56, s.10;
1992, c.75, s.5; 1993, c.62, s.4; 1997, c.12, s.7; 2013,
c.1, s.4.

Recommendations respecting regulations

15.1 The board of directors of the Saskatchewan Medical Association, the Board of Chiropractors and the Council of the Saskatchewan Association of Optometrists may make recommendations to the minister with respect to the making of regulations for the purposes of clause 15(h) or pursuant to clause 48(1)(i.1).

1986-87-88, c.56, s.11; 1992, c.75, s.6.

Payment not required to be made in certain cases

16(1) Notwithstanding any other Act, the minister is not required to make payment in respect of an insured service in any case in which the account for payment for that service, containing the information required to enable payment to be made for that service under this Act, is received by the minister after the expiration of the period specified for the purposes of this subsection in the regulations.

c. S-29

SASKATCHEWAN MEDICAL CARE INSURANCE

(2) Notwithstanding any other Act, a physician or other person providing services:

(a) is not entitled to recover payment from a beneficiary in respect of an insured service provided by him to the beneficiary or a dependant of the beneficiary unless he has, within the period specified in the regulations made pursuant to subsection (1), furnished the beneficiary with the information required to enable the minister to make payment pursuant to this Act to the beneficiary in respect of the insured service; and

(b) shall not submit an account for payment to or otherwise demand or accept payment from the beneficiary for providing an insured service to the beneficiary or a dependant of the beneficiary until he has first furnished the beneficiary with the information required to enable the minister to make payment pursuant to this Act to the beneficiary in respect of the insured service.

1984-85-86, c.83, s.7; 1986-87-88, c.56, s.12.

Application of Act re remuneration for insured services

17(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:

(a) 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;

(b) the relationship between the minister and physicians who provide insured services would be that of employer and employee; or

(c) the exercise of professional judgment by physicians is in any way diminished.

(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.

R.S.S. 1978, c.S-29.1, s.17; 1980-81, c.83, s.48;
1984-85-86, c.83, s.8; 1986-87-88, c.56, s.13.

Payment for services

18(1) The minister may, pursuant to this Act and the regulations, make payment for the provision of insured services to beneficiaries.

(1.1) No physician or other person who provides an insured service to a beneficiary shall demand or accept payment for that service from:

(a) the beneficiary;

(b) the minister;

(c) **Repealed.** 1986-87-88, c.56, s.14.

(d) **Repealed.** 1986-87-88, c.56, s.14.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

(e) any other person; or

(f) any combination of the persons described in clauses (a) to (e);

in an amount that he knows exceeds the payment to be made for that service prescribed in the regulations made pursuant to clause 48(1)(c).

(1.2) For the purposes of subsection (1.1), any amount that a physician or other person who provides insured services requires a beneficiary to pay or to have paid as a condition of receiving an insured service, whether that amount is to be or has been paid to the person who provides the insured service or to any other person, is deemed to be a payment for that service.

(1.3) Subsections (1.1) and (1.2) do not apply to insured services provided by a chiropractor.

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

(3) Where a non-profit corporation, association or other non-profit organization has made an arrangement with a physician or other person providing services for the provision of insured services by that physician or other person to beneficiaries, the minister may enter into an agreement with that corporation, association or organization with respect to the payment to be made by the minister for the insured services being provided by the physician or other person to beneficiaries pursuant to that arrangement; and where such an agreement has been entered into the minister shall, in accordance with the provisions of the agreement, make payment for the insured services provided by the physician or other person to beneficiaries.

(4) Where the minister has entered into an agreement pursuant to subsection (3) for the purpose of making payment in respect of insured services provided by a physician or other person providing services, that physician or other person shall be subject to the provisions of sections 49 to 49.91.

(5) to (7) **Repealed.** 1986-87-88, c.56, s.14.

(8) Where an insured service is provided to a beneficiary and the minister is not required to make payment for the service pursuant to subsection (2) or (3), the minister shall 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.

(9) Except as provided by section 16, the right of a beneficiary to receive payment from the minister in respect of an insured service is a contractual right and the beneficiary is entitled to receive payment from the minister in respect of an insured service in an amount equal to the payment to be made for that service prescribed in the regulations made pursuant to clause 48(1)(c).

(10) The right of a person to receive payment from the minister 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.

c. S-29 SASKATCHEWAN MEDICAL CARE INSURANCE

(10.1) Notwithstanding subsections (8) to (10), the minister may make payments respecting services that are insured services pursuant to subsection 14(3) to an insurer who, pursuant to an insurance contract, has paid on behalf of a beneficiary for those insured services.

(10.2) A payment by the minister to an insurer pursuant to subsection (10.1) is deemed to be in satisfaction of the minister's obligation under this section to make the payment to the beneficiary.

(11) to (15) **Repealed.** 1986-87-88, c.56, s.14.

(16) **Repealed.** 1984-85-86, c.83, s.9.

R.S.S. 1978, c.S-29.1, s.18; 1980-81, c.83, s.48;
1984-85-86, c.83, s.9; 1986-87-88, c.56, s.14;
1992, c.75, s.7.

Limits on charges for insured chiropractic services

18.01 Where regulations are made pursuant to clause 48(1)(i.2), no chiropractor who provides an insured service to a beneficiary that is prescribed in those regulations shall demand or accept payment for that service in an amount that the chiropractor knows exceeds the amount that the chiropractor may charge under those regulations for that service from either the beneficiary or any other person, or both.

1992, c.75, s.8.

Limits on charges for services provided to certain persons

18.02(1) In this section and in section 18.03, "**client**" means:

- (a) a beneficiary within the meaning of *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations*, being Saskatchewan Regulations 65/66;
- (b) a person entitled to benefits pursuant to *The Saskatchewan Income Plan Act*;
- (c) a person who is receiving program benefits pursuant to an income-tested program, as defined in *The Saskatchewan Assistance Act*, that is designated in the regulations.

(2) No chiropractor or optometrist who provides a service to a client for which a payment is made pursuant to *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations*, being Saskatchewan Regulations 65/66, shall demand or accept payment for that service in an amount that the chiropractor or optometrist knows exceeds the amount that the chiropractor or optometrist may charge under those regulations for that service from all or any of the client, the minister or any other person.

(3) The Lieutenant Governor in Council may make regulations designating income-tested programs for the purposes of clause (1)(c).

1992, c.75, s.8; 1997, c.49, s.20.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

Deemed payments

18.03 For the purposes of sections 18.01 and 18.02, any amount that a chiropractor or optometrist requires a beneficiary or client to pay or to have paid as a condition of receiving a service, whether that amount is to be or has been paid to the person who provides the service or to any other person, is deemed to be a payment for that service.

1992, c.75, s.8.

Payments to non-beneficiaries

18.1(1) The minister may, pursuant to this Act and the regulations, make payment for the provision of insured services by physicians to persons who are not beneficiaries but who are entitled to benefits under the medical care insurance plan of another province or territory of Canada where the insured services are provided in Saskatchewan.

(2) Payments for insured services pursuant to this section are to be made at the same rates of payments as are paid for insured services provided to beneficiaries by physicians.

(3) The other provisions of this Act relating to payments for the provision of insured services to beneficiaries, including subsection 18(1.1), apply *mutatis mutandis* to payments made pursuant to this section.

1986-87-88, c.56, s.15.

Certain actions barred

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

R.S.S. 1978, c.S-29.1, s.19; 1986-87-88, c.56, s.16.

Minister to act as agent of departments of Government, etc.

20(1) Notwithstanding anything in this or any other Act, the minister may act as the agent of any department or agency of the Government of Saskatchewan or the Government of Canada, 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.

(2) A Crown corporation or any department or agency mentioned in subsection (1) may appoint the minister as agent for the purposes mentioned in that subsection.

(3) In this section, “**agency of the Government of Saskatchewan**” means any board, commission, association or other body of persons, incorporated or unincorporated, all or virtually all of the members of which, or all or virtually all of the members of the board of management or board of directors of which, are appointed under an Act or by the Lieutenant Governor in Council.

R.S.S. 1978, c.S-29.1, s.20; 1979, c.67, s.3; 1986-87-88, c.56, s.17.

c. S-29

SASKATCHEWAN MEDICAL CARE INSURANCE

Payment in certain cases through health agencies

21(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) The Lieutenant Governor in Council may make regulations prescribing the requirements to be met by:

- (a) health agencies in order that they may be designated as approved health agencies;
- (b) approved health agencies.

(3) Subject to subsection (5), 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 (2).

(4) **Repealed.** 1986-87-88, c.56, s.18.

(5) 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.

(6) 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.

(7) 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.

(8) to (11) **Repealed.** 1986-87-88, c.56, s.18.

R.S.S. 1978, c.S-29.1, s.21; 1984-85-86, c.83, s.10; 1986-87-88, c.56, s.18.

22 Repealed. 1992, c.75, s.9.

Rights of beneficiaries and physicians

23 Nothing in this Act or in the regulations is intended to interfere with or restrict:

- (a) the right of a beneficiary to select the physician or other person providing insured services from whom he will receive those services;

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

- (b) the right of a physician, or other person providing services, to accept or refuse to accept a patient who is a beneficiary;
- (c) 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.

1984-85-86, c.83, s.12; 1986-87-88, c.56, s.20.

Non-application of Act to certain services**24(1)** Services provided by a physician or other person who:

- (a) does not have a subsisting agreement with the minister as described in subsection 18(2);
- (b) does not have a subsisting arrangement with a non-profit corporation, association or other non-profit organization that has a subsisting agreement with the minister that applies to that physician or other person, as described in subsection 18(3);
- (c) **Repealed.** 1986-87-88, c.56, s.21.
- (d) has given notice to the minister in the form prescribed by the minister for the purpose;

are deemed to be uninsured services.

(2) A notice given pursuant to clause (1)(d) remains in effect until it is cancelled by giving notice of the cancellation to the minister in the form prescribed by the minister for the purpose.

(3) Before a physician or other person described in subsection (1) provides services to a person that but for this section would be insured services he shall, insofar as it is practicable and reasonable to do so:

- (a) advise the person that the services provided are not insured services and that the person is not entitled to payment for those services pursuant to this Act; and
- (b) obtain from the person a written acknowledgement that the person understands the advice provided pursuant to clause (a).

1984-85-86, c.83, s.13; 1986-87-88, c.56, s.21.

Where access to insured services jeopardized

24.1(1) Where reasonable access to insured services is jeopardized because physicians or other persons are providing uninsured services as described in subsection 24(1), the Lieutenant Governor in Council may, by regulation, declare that services provided by physicians or other persons, as the case may be, described in subsection 24(1) are no longer deemed to be uninsured services.

(2) The Lieutenant Governor in Council shall make regulations prescribing a process that is to be adhered to before a regulation is made pursuant to subsection (1).

c. S-29 SASKATCHEWAN MEDICAL CARE INSURANCE

(3) The Lieutenant Governor in Council may make regulations prescribing criteria to be considered in determining whether a regulation is to be made pursuant to subsection (1).

(4) Before regulations are made pursuant to subsection (2) or (3), the minister shall:

(a) in the case of regulations affecting services provided by physicians, consult with the board of directors of the Saskatchewan Medical Association;

(b) in the case of regulations affecting services provided by dentists, consult with the council of The College of Dental Surgeons of Saskatchewan;

(c) in the case of regulations affecting services provided by optometrists, consult with the council of the Saskatchewan Optometric Association;

(d) in the case of regulations affecting services provided by chiropractors, consult with the Board of Chiropractors.

1984-85-86, c.83, s.13.

25 to 31 Repealed. 1984-85-86, c.83, s.14.

32 Repealed. 1986-87-88, c.56, s.22.

Payments from appropriation

32.1(1) Payments pursuant to this Act shall be made from moneys appropriated by the Legislature for the purpose.

(2) Details of payments made pursuant to this Act to or on behalf of beneficiaries shall remain confidential unless otherwise authorized by the minister or otherwise authorized or required by law.

(3) **Repealed.** 2000, c.8, s.5.

(4) **Repealed.** 2000, c.8, s.5.

1986-87-88, c.56, s.22; 1989-90, c.15, s.5; 2000, c.8, s.5.

32.2 Repealed. 1995, c.10, s.4.

33 Repealed. 1984-85-86, c.83, s.15.

34 Repealed. 1984-85-86, c.83, s.15.

Non-liability of minister for certain actions

35 No action lies against the minister 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.

R.S.S. 1978, c.S-29.1, s.34; 1986-87-88, c.56, s.23.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

Annual report

36 The minister shall, in each fiscal year, prepare and lay before the Legislative Assembly in accordance with *The Tabling of Documents Act* a report of the transactions made under this Act during the immediately preceding fiscal year.

1986-87-88, c.56, s.24.

Secrecy

37(1) A person employed in the administration of this Act shall not communicate to any other person information brought to his attention during the course of his employment specifying:

- (a) **Repealed.** 1999, c.H-0.021, s.70.
- (b) the amount paid under this Act in respect of any insured services provided by a specified physician or other person providing services or other information relating to the insured services that a specified physician or other person providing services has provided;

except:

- (c) for the purpose of the administration of this Act;
- (d) upon the request or with the approval of the person to whom the matter relates;
- (e) to a physician or other person providing services, for any purpose relating to insured services that he has provided;
- (f) for the purpose of and in anticipation of any judicial proceeding;
- (g) for the purpose of any appeal procedure for which provision is made under section 40;
- (h) to the Saskatchewan Cancer Agency for any purpose relating to the administration of *The Cancer Agency Act*; or
- (i) under subsection (2).

(2) A person employed in the administration of this Act and authorized by the minister to do so, may, for either of the following purposes, disclose to a professional association whose members provide insured services and that functions under an Act of the Legislature, or to an official or committee of that association, information of the kind mentioned in subsection (1):

- (a) for the purpose of assisting the association in exercising any of its functions under an Act of the Legislature; or
- (b) for the purpose of obtaining advice.

(3) Except where required or authorized by an order of the Legislative Assembly, the minister shall not publish a report, statement or summary of its activities or transactions, or any of them, in which is disclosed information of the kind mentioned in subsection (1) except for one of the purposes specified in that subsection or in subsection (2).

c. S-29**SASKATCHEWAN MEDICAL CARE INSURANCE**

(4) The minister may give directions from time to time to persons employed in the administration of this Act respecting secrecy to be preserved in connection with information in addition to information of the kind mentioned in subsection (1).

(5) A person who violates any of the provisions of this section or who fails to comply with any directions given by the minister under subsection (4) is guilty of an offence and, in addition to any other liability or penalty, is liable on summary conviction to a fine of not less than \$50 or more than \$200 and in default of payment to imprisonment for a period not exceeding one month.

R.S.S. 1978, c.S-29.1, s.37; 1986-87-88, c.56, s.25; 1999, c.H-0.021, s.70; 2006, c.C-1.1, s.29.

Beneficiary not liable for certain statements

38 No action lies against a beneficiary in respect of a statement that he has, in good faith, made to the minister or to a person employed in the administration of this Act concerning an insured service provided to him or one of his dependents by a physician or other person providing services or any matter related thereto.

R.S.S. 1978, c.S-29.1, s.38; 1986-87-88, c.56, s.26.

39 Repealed. 2002, c.23, s.4.

Establishment of procedure for hearing complaints

40(1) The Lieutenant Governor in Council may provide for the establishment of an appeal procedure pursuant to which complaints respecting anything done under or pursuant to this Act or any regulation 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, 1981*, the Board of Chiropractors under *The Chiropractic Act* or the Council of the Saskatchewan Association of Optometrists under *The Optometry Act, 1985* or prejudices the right of any person to bring an action in a court of competent jurisdiction.

(4) This section does not apply to anything done under or pursuant to sections 49 to 49.91.

R.S.S. 1978, c.S-29.1, s.40; 1986-87-88, c.56, s.27.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

Regulations regarding settlement of certain differences

41 The Lieutenant Governor in Council may make regulations providing for the settling of any differences that may arise:

- (a) with respect to; or
- (b) out of a proposed alteration in;

the general rates of payments being made pursuant to this Act in respect of insured services provided to beneficiaries by persons other than physicians, by negotiation or, where negotiations do not result in settlement, to be dealt with by mediation.

1984-85-86, c.83, s.17.

Penalties for false statements in reports, etc.

42(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 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 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.

R.S.S. 1978, c.S-29.1, s.42; 1986-87-88, c.56, s.28.

43 to 46 Repealed. 1984-85-86, c.83, s.18.

47 Repealed. 1996, c.59, s.3.

Regulations with respect to payments

47.1(1) The Lieutenant Governor in Council may make regulations requiring the minister or any other person to:

- (a) annually deduct from payments being made to a physician by the minister or that other person, an amount determined in an agreement made pursuant to section 48.1 for services rendered by the Saskatchewan Medical Association on behalf of Saskatchewan physicians; and
- (b) pay the amount deducted, as described in clause (a), to the Saskatchewan Medical Association.

(2) A regulation made pursuant to subsection (1) is not rendered invalid by the expiration of the agreement pursuant to which it was made.

1996, c.59, s.4.

c. S-29

SASKATCHEWAN MEDICAL CARE INSURANCE

Regulations re plan

48(1) The Lieutenant Governor in Council 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 minister with respect to payment for insured services provided to beneficiaries;
- (c) subject to subsections (2) to (4), 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;
- (c.1) respecting the manner in which the minister shall consult with the board of directors of the Saskatchewan Medical Association before making regulations pursuant to clause (c), (d) or (e);
- (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) **Repealed.** 1986-87-88, c.56, s.30.
- (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;
- (i.1) for the purposes of subsection 14(2), prescribing services that are to be insured services;
- (i.11) for the purposes of subsection 14(3.1), prescribing services provided outside Saskatchewan that are to be insured services;
- (i.12) for the purposes of clause 15(a.1), prescribing laboratory services provided by or under the supervision of specialists in pathology that are to be insured services;

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

- (i.2) for the purposes of section 18.01, prescribing insured services to which that section applies and prescribing the amount that a chiropractor may charge a beneficiary or any other person in excess of the payment that may be made for those services pursuant to the regulations made under clause (c);
- (i.3) prescribing any other matter or thing required or authorized by this Act to be prescribed in the regulations;
- (j) generally for the carrying out of the provisions of this Act according to their intent.
- (2) Where an agreement is made pursuant to section 48.1 the Lieutenant Governor in Council shall, subject to subsections (3) and (4), make new regulations pursuant to clause (1)(c) in accordance with the agreement.
- (3) Before a regulation is made pursuant to clause (1)(c), (d) or (e) respecting insured services provided to beneficiaries by physicians, the minister shall consult the board of directors of the Saskatchewan Medical Association in the manner prescribed in the regulations made pursuant to clause (1)(c.1).
- (4) The Lieutenant Governor in Council shall not make a regulation pursuant to clause (1)(c) respecting insured services provided to beneficiaries by physicians unless there is a subsisting agreement made pursuant to section 48.1 or that is inconsistent with any such agreement, but a regulation made pursuant to that clause is not rendered invalid by the expiration of the agreement.
- (5) Regulations made pursuant to clause (1)(c) may be made retroactive to a day that is not earlier than one year before the day on which the regulations are filed with the Registrar of Regulations.

R.S.S. 1978, c.S-29.1, s.48; 1984-85-86, c.83, s.20; 1986-87-88, c.4, s.4 and c.56, s.30; 1992, c.75, s.11; 1993, c.62, s.5.

Medical compensation review committee

48.1(1) In this section and in sections 48.2 to 48.4:

- (a) **“board”** means the board of directors of the Saskatchewan Medical Association;
- (b) **“committee”** means a medical compensation review committee constituted pursuant to this section.
- (2) Subject to the terms of any subsisting agreement made pursuant to this section, the board or the minister may, at any time prior to the expiration of the agreement or at any other time agreed to by the parties, require the establishment of a medical compensation review committee by giving written notice to the other party.
- (3) Within 15 days of the receipt of a notice pursuant to subsection (2), each party shall appoint not more than six representatives to the committee and shall advise the other party of the names of its representatives.
- (4) **Repealed.** 1986-87-88, c.56, s.31.

c. S-29

SASKATCHEWAN MEDICAL CARE INSURANCE

(5) The objective of the committee is to prepare an agreement between the board and the minister, satisfactory to the board and to the minister, that the regulations made pursuant to clause 48(1)(c), other than those respecting insured services provided to beneficiaries by persons other than physicians, should be revised.

(6) If the board and the minister are satisfied with the agreement prepared pursuant to subsection (5), they shall sign the agreement.

(7) An agreement made pursuant to this section may contain any matters related to payments to be made in respect of insured services provided by physicians on which the parties agree and shall contain conditions respecting:

- (a) the amount of money to be made available during the term of the agreement for adjustments in the general rates of payments to be made pursuant to this Act in respect of insured services provided to beneficiaries by physicians, as prescribed in the regulations made pursuant to clause 48(1)(c);
- (b) the term of the agreement, which shall be not less than one year; and
- (c) a procedure for the preparation of a succeeding agreement.

1984-85-86, c.83, s.21; 1986-87-88, c.56, s.31.

Referral to independent third party

48.2 Notwithstanding section 48.3, at any time after a notice is served pursuant to subsection 48.1(2) the board and the minister may agree to refer any or all matters under consideration by the committee to an independent person acceptable to both parties, and the board and the minister shall specify whether that person is to act as a mediator or a conciliator.

1984-85-86, c.83, s.21.

Medical compensation review board

48.3(1) In this section and section 48.4:

- (a) **“notice”** means a written notice given pursuant to subsection (2);
- (b) **“review board”** means a medical compensation review board constituted pursuant to this section.

(2) Subject to subsection (3), at any time after a notice is served pursuant to subsection 48.1(2), the board or the minister may refer any or all matters under consideration by the committee to a medical compensation review board by giving written notice of that referral to the other party.

(3) Subsection (2) does not apply where an agreement made pursuant to section 48.1 has been in effect at any time during the preceding 60 days.

(4) The notice is to state the matters that the party giving the notice intends to refer to the review board.

(5) Within 15 days of the receipt of a notice:

- (a) the party receiving the notice shall respond in writing to the party who gave the notice stating the matters that it intends to refer to the review board; and

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

- (b) each party shall appoint its member on the review board and shall advise the other party of the name of its appointee.
- (6) The two appointees of the parties shall, within 15 days of the appointment of the second of them, appoint a third member of the review board who shall be its chairman.
- (7) Where:
- (a) either party fails to appoint a member of the review board within the specified time; or
 - (b) the two appointees of the parties fail to agree on the appointment of a third member to the review board within the specified time;
- the Chief Justice of the Court of Appeal shall, on the request of a party:
- (c) in the case mentioned in clause (a), appoint a member on behalf of the party failing to make an appointment and that member is deemed to be the appointee of that party; and
 - (d) in the case mentioned in clause (b) or when the members appointed pursuant to subsection (5) and clause (c) fail to agree on the appointment of a third member, appoint the third member and the member so appointed is the chairman of the review board.
- (8) The review board shall:
- (a) conduct a hearing at which each of the parties may present evidence and argument; and
 - (b) render a decision on the matters referred to it by the parties.
- (9) The decision of the majority of the members of the review board or, where there is no majority decision, the decision of the chairman, is the decision of the review board.
- (10) The decision of the review board is binding on the parties and the parties shall, with the assistance of the review board if necessary, enter into an agreement pursuant to section 48.1 that gives effect to the decision.
- (11) Notwithstanding subsections (8) and (10), the parties may enter into an agreement pursuant to section 48.1 at any time before the review board renders its decision, and the board thereupon ceases to have jurisdiction with respect to the matters agreed upon.
- (12) A review board shall conduct its hearings *in camera*.
- (13) Each party shall pay:
- (a) the fees and expenses of its appointee on the review board;
 - (b) all costs associated with presenting its evidence and argument; and
 - (c) one half of the fees and expenses of the chairman and the other costs incurred by the review board.

c. S-29**SASKATCHEWAN MEDICAL CARE INSURANCE**

(14) Subject to any regulations made pursuant to section 48.4, the chairman of the review board may make rules of practice and procedure respecting the conduct of the hearing.

1984-85-86, c.83, s.21.

Regulations regarding review boards

48.4 Subject to the prior approval of the board, the Lieutenant Governor in Council may make regulations:

- (a) respecting practice and procedure before review boards;
- (b) further defining the powers of review boards;
- (c) respecting criteria to be considered by review boards in rendering decisions.

1984-85-86, c.83, s.21.

Professional review committees constituted

49(1) There is to be a committee called the joint medical professional review committee the majority of the members of which are physicians not employed by the Government of Saskatchewan.

(1.1) For the purposes of subsection (1), “physician” does not include a professional corporation mentioned in subclause 2(m)(ii).

(2) There is to be a committee called the joint chiropractic professional review committee the majority of the members of which are chiropractors not employed by the Government of Saskatchewan.

(3) There is to be a committee called the joint optometric professional review committee the majority of the members of which are optometrists not employed by the Government of Saskatchewan.

(4) The Lieutenant Governor in Council may make regulations respecting committees established pursuant to this section and, without restricting the generality of the foregoing, may make regulations respecting:

- (a) the number of members that constitute each committee;
- (b) subject to subsections (1), (2) and (3), the appointment and the terms of members appointed;
- (c) the remuneration to be paid to the members of each committee for attending meetings and otherwise attending to the affairs of the committee;
- (d) the conduct of the affairs of each committee;
- (e) practice and procedure before each committee.

(5) Subject to any regulations made pursuant to clauses (4)(d) and (e), the committee may determine its own rules of practice and procedure and the manner in which it will conduct its affairs.

1986-87-88, c.56, s.32; 2000, c.15, s.14.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

Director of Professional Review

49.1(1) The minister shall appoint a person as the Director of Professional Review for the purposes of sections 49 to 49.91.

(2) In sections 49.1 to 49.9, “**director**” means the Director of Professional Review appointed pursuant to this section.

1986-87-88, c.56, s.32.

Joint medical profession review committee

49.2(1) In this section and in sections 49.3 to 49.9, “**committee**” means the joint medical professional review committee established by section 49.

(2) Where, in respect of insured services provided by a physician, it appears to the director that a physician has received or may receive from the minister or that a physician has caused or may cause the minister to pay to any person, or both, either directly or indirectly, any amount of money by reason of any departure from a pattern of medical practice acceptable to the committee, he may refer the matter to the committee.

(3) Where the committee considers a matter referred to it pursuant to subsection (2) to warrant investigation by the committee, it shall serve the physician with written notice of its intention to investigate.

(4) A notice pursuant to subsection (3) is to be served personally or by registered mail sent to the address of the physician as shown on the department’s files, in which case it is deemed to have been received by the physician seven days after it was mailed.

(5) Where a matter has been referred to the committee pursuant to subsection (2), the committee may order that:

(a) in the case of insured services for which payment has not been made by the minister, payment should not be made, or should be made at a reduced level, for all or any part of the services;

(b) in the case of insured services for which payment has been made by the minister, all or part of the amount paid by the minister should be recovered from the physician.

(6) Any order made pursuant to clause (5)(b) is to be restricted to a period of not more than 19 consecutive months beginning not earlier than 25 months prior to the day the notice is served pursuant to subsection (3) and ending not later than that day.

(7) Where the committee makes an order pursuant to subsection (5), it may make a further order requiring the physician to pay to the minister an additional amount not exceeding \$50,000.

(8) In determining whether an order should be made pursuant to subsection (5) or (7), the committee may take into account anything that it considers relevant, including a statistical or other comparison between the provision of insured services by the physician whose insured services are being considered and the provision of insured services by other physicians or groups of physicians, but it is not required to examine the provision of any individual insured service that has been provided by the physician.

c. S-29**SASKATCHEWAN MEDICAL CARE INSURANCE**

(9) An order made pursuant to subsection (5) or (7) is to be served on the physician who is the subject of the order either personally or by registered mail to the address of the physician as shown on the department's files, in which case it is deemed to have been received by the physician seven days after it was mailed, but failure to serve an order pursuant to this subsection does not affect its validity or its ability to be enforced.

(10) In making an order pursuant to this section, the committee shall observe the rules of natural justice.

1986-87-88, c.56, s.32.

Appeal to judge

49.21(1) Subject to subsection (2), a physician who is aggrieved by an order of the committee made pursuant to section 49.2 may appeal to a judge of the Court of Queen's Bench by serving the director with a notice of appeal and filing the notice of appeal with the local registrar of the court within 30 days after the day on which the order is served on the physician.

(2) The judge hearing the appeal shall consider only the record of the proceedings of the committee with respect to the order appealed from and the evidence presented at those proceedings and may make an order:

- (a) affirming or varying the order appealed from;
 - (b) referring the matter back to the committee with directions to reconsider it; or
 - (c) quashing the order appealed from and substituting any order that the judge considers the committee ought to have made.
- (3) The taking of an appeal under this section stays the operation of the order appealed against pending the disposition of the appeal or other order of the judge.
- (4) There is no appeal from the decision of a judge pursuant to this section.

1986-87-88, c.56, s.32.

Non-application of section 49.2

49.22 Section 49.2 shall not apply in any case where the minister has paid an incorrect amount for an insured service by reason of:

- (a) an error, defect or omission in an account submitted to the minister for payment; or
- (b) an error in the assessment of an account;

and in such case the minister or the committee may order that the account be reassessed whether or not payment for the service had been made by the minister prior to or after the date of the coming into force of this section.

1986-87-88, c.56, s. 32.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

Recovery of amount owing

49.3(1) An amount to be recovered from a physician pursuant to section 49.2 or 49.22 is a debt owing to the minister by the physician and may be recovered from the physician by:

- (a) suit or counterclaim;
- (b) set-off, including the set-off of payments for insured services and the set-off of any amounts owed to the physician by any other department or agency of the Government of Saskatchewan.

(2) In addition to the remedies provided in subsection (1), an order made pursuant to section 49.2 or 49.22 may be filed in the office of a local Registrar of Her Majesty's Court of Queen's Bench for Saskatchewan and on being filed has the same force and effect as if it were a judgment obtained by the minister against the physician in Her Majesty's Court of Queen's Bench for Saskatchewan for the recovery of a debt in the amount specified in the order and any further amount accruing pursuant to subsection (3).

(3) Where, on the expiry of 30 days from the date on which a demand in writing from the minister is served on the physician for payment of the amount to be recovered pursuant to section 49.2 or 49.22, interest on the amount or portion thereof remaining unpaid dating from the day on which service was made is a debt owing by the physician to the minister and may be recovered by the minister from the physician.

(4) The demand in writing referred to in subsection (3) may be served on the physician either personally or by registered mail to the address of the physician as shown on the department's files, in which case it is deemed to have been received by the physician seven days after it was mailed.

(5) Where an order is made pursuant to section 49.2 or 49.22 against a physician that is a professional corporation:

- (a) all persons who were shareholders of the professional corporation during the period with respect to which the order was made are jointly and severally liable for the debt of the professional corporation;
- (b) the debt of the professional corporation may be recovered from any or all of the shareholders mentioned in clause (a) by any remedy that may be exercised against the professional corporation; and
- (c) subsections (1) to (4) apply, with any necessary modification, to the shareholders mentioned in clause (a).

(6) Where an order is made pursuant to section 49.2 or 49.22 against a physician that is not a professional corporation, the debt described in the order may be recovered by any remedy mentioned in this section from any professional corporation of which the physician is a shareholder, whether the order is made before or after the coming into force of this subsection.

c. S-29 SASKATCHEWAN MEDICAL CARE INSURANCE

Rates of payments not affected

49.4 Nothing in section 49.2 shall be construed as authorizing the committee to alter the general rates of payments being made by the Lieutenant Governor in Council for insured services provided to beneficiaries by physicians.

1986-87-88, c.56, s.32.

Powers of committee

49.5 The members of each committee, in addition to any powers granted to them by this Act, have all of the powers conferred on a commission by sections 11, 15 and 25 of *The Public Inquiries Act, 2013*.

1986-87-88, c.56, s.32; 2013, c.27, s.39.

Required information

49.6 The committee or a person authorized by the committee may request any information that it considers relevant to its investigation from the physician whose insured services are under investigation and the physician shall provide the committee or the person authorized by the committee, as the case may be, with the information.

1986-87-88, c.56, s.32.

Provision of certain information not unlawful

49.7(1) Repealed. 2002, c.R-8.2, s.113.

(2) It is not unlawful, and it shall not be the subject of disciplinary proceedings under any professional Act, for any person who provides insured services or other health services to provide information or evidence to the committee concerning a person to whom such services have been provided.

(3) It is not unlawful for a regional health authority or a health care organization, as defined in *The Regional Health Services Act*, to provide information or evidence to the committee concerning a person who has received or is receiving health services from the regional health authority or health care organization.

1986-87-88, c.56, s.32; 2002, c.R-8.2, s.113.

Provision of certain information

49.8 The committee may furnish the council of The College of Physicians and Surgeons of the Province of Saskatchewan and the board of directors of the Saskatchewan Medical Association with any information with respect to its findings of facts, recommendations and conclusions that it considers to be of interest to that council and that board.

1986-87-88, c.56, s.32.

Exemption from liability of committee members

49.9 No action lies against a member of the committee in respect of anything done or omitted to be done in good faith by the committee under the authority or the supposed authority of this Act or the regulations.

1986-87-88, c.56, s.32.

SASKATCHEWAN MEDICAL CARE INSURANCE

c. S-29

Application of provisions to persons other than physicians

49.91(1) Sections 49.1 to 49.9 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.

(2) Where the insured services are provided by a chiropractor, “**committee**” in sections 49.1 to 49.9 means the joint chiropractic professional review committee.

(3) Where the insured services are provided by an optometrist, “**committee**” in sections 49.1 to 49.9 means the joint optometric professional review committee.

1986-87-88, c.56, s.32.

50 Repealed. 1986-87-88, c.56, s.33.

51 Repealed. 1984-85-86, c.83, s.22.

Offence and penalty

52(1) Every person who contravenes subsection 18(1.1) or section 18.01 or 18.02 is guilty of an offence and liable on summary conviction to a fine of not more than \$5,000.

(2) Every person who contravenes any provision of this Act for which no penalty is prescribed is guilty of an offence and liable on summary conviction to a fine of not more than \$100.

(3) Where a person is convicted of an offence mentioned in subsection (1), the convicting judge shall order the person to pay into court, in addition to any fine which may be imposed, an amount equal to the amount by which any payment accepted by the person for a service exceeded the payment to be made or the amount that may be charged, as the case may be, for that service.

(4) The convicting judge shall direct payment of the amount mentioned in subsection (3) to the beneficiary or to any other person that the convicting judge may direct.

(5) No prosecution for an offence mentioned in subsection (1) shall be instituted without the prior consent of the Attorney General.

1992, c.75, s.12.

Fines enforceable as judgment of court

53 Where default is made in payment of a fine imposed pursuant to this Act, the minister may file a copy of the conviction and sentence, certified to be a true copy by the convicting judge, in the office of the local registrar of the Court of Queen’s Bench at any judicial centre and when so filed the copy shall be entered, and may be enforced, as a judgment of that court.

1984-85-86, c.83, s.23.

Limitation of prosecution

54 No prosecution for an offence against this Act is to be commenced after two years from the day on which the alleged offence is committed.

1984-85-86, c.83, s.23.

Editorial Appendix

Section 35 of *The Saskatchewan Medical Care Insurance Amendment Act, 1987*, being chapter 56 of the *Statutes of Saskatchewan, 1986-87-88*, provides:

“(1) Notwithstanding section 29 of *The Public Service Act* the officers and employees of the Saskatchewan Medical Care Insurance Commission, as it existed on the day before the coming into force of this Act, are hereby transferred to and become employees of the Department of Health.

(2) All the property, both real and personal, of the Saskatchewan Medical Care Insurance Commission, as it existed on the day before the coming into force of this Act, may be transferred by the Lieutenant Governor in Council to:

- (a) the Department of Health; or
- (b) the Saskatchewan Property Management Corporation;

as the Lieutenant Governor in Council considers appropriate.

(3) All of the rights, liabilities and agreements of the Saskatchewan Medical Care Insurance Commission, as it existed on the day before the coming into force of this Act, are hereby transferred to and become rights, liabilities and agreements of the minister.

(4) Any act or thing done by the Saskatchewan Medical Care Insurance Commission prior to the coming into force of this Act, including the payment of any money, is deemed, for the purposes of the administration of *The Saskatchewan Medical Care Insurance Act*, to have been done by the minister”.