The
Saskatchewan
Medical Care
Insurance Payment
Regulations, 1994

being

NOTE:
This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.
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CHAPTER S-29 REG 19
The Saskatchewan Medical Care Insurance Act

Title
1 These regulations may be cited as The Saskatchewan Medical Care Insurance Payment Regulations, 1994.

Interpretation
2 In these regulations:
   (a) “account” means an account for payment containing the information required to enable the minister to make payment pursuant to the Act with respect to an insured service;
   (b) “Act” means The Saskatchewan Medical Care Insurance Act;
   (b.1) “ministry” means the ministry over which the minister presides;
   (c) “registry number” means a unique number for the purpose of identifying a physician, chiropractor, optometrist or dentist that is known to the physician, chiropractor, optometrist or dentist and is kept on the files of the ministry for that purpose.

Definitions for sections 5 and 6
3 For the purposes of sections 5 and 6, with respect to services provided in Saskatchewan:
   (a) Repealed. 7 Jly 2017 SR 57/2017 s4.
   (b) “dentist payment schedule” means:
      (i) for services provided in the period commencing on August 1, 1993 and ending on July 31, 1994, the schedule adopted by the Medical Care Insurance Branch of the ministry for payment of dentist services entitled “Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Dentist, August 1, 1993”;

10 Nov 94 cS-29 Reg 19 s2; 7 Jly 2017 SR 57/2017 s3.
(ii) for services provided in the period commencing on August 1, 1994, and ending on December 31, 2002 the schedule adopted by the Medical Care Insurance Branch of the ministry for payment of dentist services entitled “Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Dentist, August 1, 1994”;

(iii) for services provided in the period commencing on January 1, 2003, and ending on March 31, 2003 the schedule adopted by the Medical Services Branch of the ministry for payment of dentist services entitled “Medical Services Branch Payment Schedule for Insured Services Provided by a Dentist, January 1, 2003;

(iv) for services provided in the period commencing on April 1, 2003 and ending on March 31, 2004, the schedule adopted by the ministry for payment of dentist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist, April 1, 2003”;

(v) for services provided in the period commencing on April 1, 2004 and ending on March 31, 2006, the schedule adopted by the ministry for payment of dentist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist, April 1, 2004”;

(vi) for services provided in the period commencing on April 1, 2006 and ending on March 31, 2009 the schedule adopted by the ministry for payment of dentist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist, April 1, 2006”, as amended by the Saskatchewan Health Dentist’s Newsletter Number 1, dated June 1, 2007;

(vii) for services provided in the period commencing on April 1, 2009 and ending on June 30, 2010, the schedule adopted by the ministry for payment of dentist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist, April 1, 2009”, as amended by:

(A) the Saskatchewan Health Dentist’s Newsletter Number 2, dated October 1, 2009; and

(B) the Saskatchewan Health Dentist’s Newsletter Number 3, dated April 1, 2010; and

(viii) for services provided in the period commencing on July 1, 2010, the schedule adopted by the ministry for payment of dentist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Dentist or a Dentist Holding a Specialist Licence, July 1, 2010”;

(c) “optometrist payment schedule” means:

(i) for services provided in the period commencing on April 1, 1994 and ending on May 31, 1996, the schedule adopted by the Medical Care Insurance Branch of the ministry for payment of optometrist services and entitled “Medical Care Insurance Branch Payment Schedule for Insured Services Provided by an Optometrist, April 1, 1994”;
(ii) for services provided in the period commencing on June 1, 1996 and ending on May 31, 1997, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, June 1, 1996”;

(iii) for services provided in the period commencing on June 1, 1997 and ending on December 31, 2000, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, June 1, 1997”;

(iv) for services provided in the period commencing on January 1, 2001, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, January 1, 2001 and ending on May 31, 2003”;

(v) for services provided in the period commencing on June 1, 2003 and ending on March 31, 2005, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, June 1, 2003”;  

(vi) for services provided in the period commencing on April 1, 2005 and ending on March 31, 2007, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, April 1, 2005”;

(vii) for services provided in the period commencing on April 1, 2007 and ending on March 31, 2010, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, April 1, 2007”, as amended by:

   (A) the Saskatchewan Health Optometrist Newsletter Number 3, dated April 1, 2008; and

   (B) the Saskatchewan Health Optometrist Newsletter Number 4, dated April 1, 2009;

(viii) for services provided in the period commencing on April 1, 2010 and ending on March 31, 2013, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, April 1, 2010”, as amended by:

   (A) the Saskatchewan Health Optometrist Newsletter Number 5, dated February 25, 2011; and

   (B) the Saskatchewan Health Optometrist Newsletter Number 6, dated April 1, 2012; and
(ix) for services provided in the period commencing on April 1, 2013, the schedule adopted by the ministry for payment of optometrist services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by an Optometrist, October 1, 2014”, as amended by the Saskatchewan Health Optometrist Newsletter Number 7, dated October 1, 2014;

(d) “physician payment schedule” means:

(i) for services provided in the period commencing on August 1, 1993 and ending on March 31, 1996, the schedule adopted by the Medical Care Insurance Branch of the ministry for payment of physician services and entitled “Medical Care Insurance Branch Payment Schedule for Insured Services Provided by a Physician, August 1, 1993”, as amended by:

(A) the Saskatchewan Health Physician’s Newsletter number 9, dated April 1, 1994; and

(B) the Saskatchewan Health Physician’s Newsletter number 10, dated November 1, 1994;

(ii) for services provided in the period commencing on April 1, 1996 and ending on June 30, 1998, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 1996”, as amended by the Saskatchewan Health Physician’s Newsletter number 13, dated March 31, 1997;

(iii) for services provided in the period commencing on July 1, 1998 and ending on September 30, 2003, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, July 1, 1998”, as amended by:

(A) the Saskatchewan Health Physician’s Newsletter Number 15, dated December 1, 1998;

(B) the Saskatchewan Health Physician’s Newsletter Number 16, dated April 1, 1999;

(C) the Saskatchewan Health Physician’s Newsletter Number 17, dated January 1, 2000;

(D) the Saskatchewan Health Physician’s Newsletter Number 18, dated January 1, 2001;

(E) the Saskatchewan Health Physician’s Newsletter Number 20, dated June 15, 2001;

(F) the Saskatchewan Health Physician’s Newsletter Number 21, dated January 1, 2002;

(G) the Saskatchewan Health Physician’s Newsletter Number 22, dated April 1, 2002; and

(H) the Saskatchewan Health Physician’s Newsletter Number 23, dated April 1, 2003;
(iv) for services provided in the period commencing on October 1, 2003 and ending on March 31, 2006, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, October 1, 2003”, as amended by:

(A) the Saskatchewan Health Physician’s Newsletter Number 25, dated April 1, 2004;
(B) the Saskatchewan Health Physician’s Newsletter Number 26, dated October 1, 2004;
(C) the Saskatchewan Health Physician’s Newsletter Number 27, dated April 1, 2005;
(D) the Saskatchewan Health Physician’s Newsletter Number 28, dated October 1, 2005; and
(E) the Saskatchewan Health Physician’s Newsletter Number 29, dated December 1, 2006;

(v) for services provided in the period commencing on April 1, 2007 and ending on March 31, 2011, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 2007”, as amended by:

(A) the Saskatchewan Health Physician’s Newsletter Number 31, dated October 1, 2007;
(B) the Saskatchewan Health Physician’s Newsletter Number 32, dated April 1, 2008; and
(C) the Saskatchewan Health Physician’s Newsletter Number 33, dated October 1, 2008;

(vi) for services provided in the period commencing on April 1, 2011 and ending on March 31, 2013, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 2011”, as amended by:

(A) the Saskatchewan Ministry of Health Physicians’ Newsletter Number 36, dated October 1, 2011;
(B) the Saskatchewan Ministry of Health Physicians’ Newsletter Number 37, dated April 1, 2012; and
(C) the Saskatchewan Ministry of Health Physicians’ Newsletter Number 38, dated October 1, 2012;
(vii) for services provided in the period commencing on April 1, 2013 and ending on March 31, 2015, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 2013”, as amended by:

(A) the Saskatchewan Ministry of Health Physicians’ Newsletter Number 40, dated October 1, 2013; and

(B) the Saskatchewan Ministry of Health Physicians’ Newsletter Number 41, dated April 1, 2014;

(viii) for services provided in the period commencing on April 1, 2015 and ending on September 30, 2015, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 2015”, as amended by the Saskatchewan Ministry of Health Physicians’ Newsletter Number 42, dated April 1, 2015;

(ix) for services provided in the period commencing on October 1, 2015 and ending on March 31, 2016, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, October 1, 2015”, as amended by the Saskatchewan Ministry of Health Physicians’ Newsletter Number 43, dated October 1, 2015; and

(x) for services provided in the period commencing on April 1, 2016, the schedule adopted by the ministry for payment of physician services and entitled “Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician, April 1, 2016”, as amended by:

(A) the Saskatchewan Ministry of Health Physicians’ Newsletter Number 44, dated April 1, 2016; and

(B) the Saskatchewan Ministry of Health Physicians’ Newsletter Number 45, dated October 1, 2016.

Definitions for sections 7 and 8
4(1) For the purposes of sections 7 and 8, with respect to services provided outside
Saskatchewan, and subject to subsection (2):

(a) Repealed. 7 Jly 2017 SR 57/2017 s5.

(b) “dentist payment schedule” means dentist payment schedule as defined
in clause 3(b);

(c) “optometrist payment schedule” means optometrist payment schedule
as defined in clause 3(c);

(d) “physician payment schedule” means physician payment schedule as
defined in clause 3(d).

(2) For the purposes of this section, with respect to the dentist payment schedule,
the schedule entitled “Medical Care Insurance Branch Payment Schedule for Insured
Services Provided by a Dentist, August 1, 1993” became effective on the day on which
The Medical Care Insurance Payment Amendment Regulations, 1993 (No. 2) were
filed with the Registrar of Regulations, and applies to services provided on and from
that day, notwithstanding anything contained in that schedule.

10 Nov 94 cS-29 Reg 19 s4; 7 Jly 2017 SR
57/2017 s5.

Account to be presented to minister
5(1) The minister may make payment to a person for insured services provided
to a beneficiary where the person presents an account to the minister containing:

(a) the full name of the patient;
(b) the registration number of the patient;
(c) the month and year of birth and the sex of the patient;
(d) the location of services as follows:
   (i) office;
   (ii) hospital, in-patient;
   (iii) hospital, out-patient;
   (iv) home; or
   (v) other;
(e) the diagnosis or a diagnostic code prescribed by the minister;
(f) where the service is provided in Saskatchewan, the code in the physician
payment schedule, dentist payment schedule or optometrist payment schedule
corresponding to the procedure or treatment performed;
(g) where the service is provided outside Saskatchewan, the description of
the procedure or treatment performed;
(h) with respect to:
   (i) hospital care, the dates of the first and last visits and the total number of visits;
   (ii) any service other than a hospital visit, the date of each service;
   (i) the amount charged for each service provided;
   (j) where the nature of the service is unusual, additional remarks;
   (k) the name and signature of the person providing service; and
   (l) where applicable, the name or registry number of the referring practitioner.

(2) Accounts for insured services provided by a physician practising in Saskatchewan are to be presented to the minister for payment in an electronic format acceptable to the minister, unless the minister otherwise authorizes.

(3) Notwithstanding clause (1)(k), where the minister has entered into an agreement with any practitioner to accept accounts in an electronic format acceptable to the minister, an account is not required to contain the signature of the person providing service.


Services within Saskatchewan

6(1) Where an insured service is provided in Saskatchewan to a beneficiary by:
   (a) Repealed. 7 Jly 2017 SR 57/2017 s6.
   (b) a dentist, the minister shall make payment for that service in accordance with the dentist payment schedule and the assessment rules contained in that schedule;
   (c) an optometrist, the minister shall make payment for that service in accordance with the optometrist payment schedule and the assessment rules contained in that schedule;
   (d) a physician, the minister shall make payment for that service in accordance with the physician payment schedule and the assessment rules contained in that schedule.

(2) Where a beneficiary has been referred to a specialist for an insured service by any one of the persons listed in subsection (3), the provisions of these regulations apply as if the beneficiary had been referred to that specialist by another physician.

(3) For the purposes of subsection (2), the list of persons is:
   (a) an optometrist;
   (b) a dentist, where the specialist confines his or her practice to the field of:
      (i) orthopaedic surgery;
      (ii) plastic surgery;
(iii) otolaryngology;
(iv) the combined fields of ophthalmology and otolaryngology;
(v) neurology;
(vi) neurosurgery; or
(vii) dermatology;
(c) a chiropractor;
(d) a registered nurse who is entitled pursuant to *The Registered Nurses Act, 1988* to practise in the nurse practitioner category.

(4) **Repealed.** 16 2011 SR 63/2011 s5.

(5) Where a beneficiary has been referred for an insured service to a specialist listed in subsection (6) by a midwife who is entitled pursuant to *The Midwifery Act* to practise midwifery, these regulations apply as if the beneficiary had been referred to that specialist by a physician.

(6) For the purposes of subsection (5), a midwife may refer a beneficiary to any of the following:

(a) an obstetrician/gynecologist;
(b) a pediatrician;
(c) a neonatologist;
(d) an anaesthetist;
(e) a radiologist;
(f) a psychiatrist;
(g) a pathologist.

Payment for insured services

7 **Repealed.** 7 Jly 2017 SR 57/2017 s8.

(2) The minister shall make payment for a service that is described in subsection 14(3) of the Act, where the service would have been an insured service if provided in Saskatchewan by a dentist, in accordance with the dentist payment schedule and the assessment rules contained in that schedule.

(3) The minister shall make payment for a service that is described in subsection 14(3) of the Act, where the service would have been an insured service if provided in Saskatchewan by an optometrist, in accordance with the optometrist payment schedule and the assessment rules contained in that schedule.

(4) Subject to sections 9 and 10, the minister shall make payment for a service that is described in subsection 14(3) of the Act, where the service would have been an insured service if provided in Saskatchewan by a physician, in accordance with the physician payment schedule and the assessment rules contained in that schedule.

10 Nov 94 cS-29 Reg 19 s7; 7 Jly 2017 SR 57/2017 s8.
Exception

8 The minister shall make payment for a service described in subsection 14(3.1) of the Act in accordance with the physician payment schedule and the assessment rules contained in that schedule.

10 Nov 94 cS-29 Reg 19 s8.

Services not available in Saskatchewan

9(1) For the purposes of this section and section 10, “medical care insurance plan” means the health care insurance plan of a province within the meaning of the Canada Health Act.

(2) Notwithstanding the other provisions of these regulations, the minister may make payment in accordance with subsection (3) with respect to a service that is an insured service pursuant to subsection 14(3) of the Act where:

(a) a specialist in Saskatchewan in the field of practice in which the insured service falls notifies the minister in writing:

(i) that the beneficiary is in need of the insured service;

(ii) that the insured service is not available in Saskatchewan; and

(iii) whether or not, to the specialist’s knowledge, the insured service is available in any other province of Canada; and

(b) the case is reviewed by the minister and the minister, on consideration of the availability of the insured service and the nature of the insured service to be provided, is of the opinion that payment ought to be made pursuant to this section.

(3) Where the minister is of the opinion pursuant to clause (2)(b) that the payment ought to be made with respect to a service that is an insured service pursuant to subsection 14(3) of the Act, the minister may make the payment:

(a) where the insured service is available and is to be provided in a province of Canada other than Saskatchewan, at the same rate as that paid by the medical care insurance plan of that province for a service of the kind provided;

(b) where, in the opinion of the minister, the insured service is available in a province of Canada other than Saskatchewan but is to be provided outside Canada, at the same rate as if the insured service had been provided in Saskatchewan;

(c) where, in the opinion of the minister, the insured service is not available in Canada and the insured service is to be provided outside Canada, at a rate that the minister considers to be fair and reasonable after taking into account the locality in which the insured service is being provided.
(4) If the minister makes a payment with respect to a service pursuant to subsection (3), the minister may also make a payment, on the same basis as the payment made pursuant to subsection (3), for another service provided to the same beneficiary where the service:

(a) is an insured service pursuant to subsection 14(3) of the Act; and
(b) is ancillary to and is provided in conjunction with the service for which payment was made pursuant to subsection (3).

(5) Where payment is to be made pursuant to clause (3)(b) or (c), the minister shall calculate the amount payable in Canadian funds based on the exchange rate prevailing on the day that the account for payment is received by the minister.

10 Nov 94 cS-29 Reg 19 s9.

Agreements with other provinces

10 The minister may make payment for a service in accordance with the payment schedule of the medical care insurance plan of a province of Canada where:

(a) the minister has entered into an agreement with that province providing for payment in accordance with this section;
(b) the service is provided in that province; and
(c) the service:
   (i) is an insured service pursuant to subsection 14(3) of the Act;
   (ii) is an insured service in that province; and
   (iii) is not excluded by the agreement mentioned in clause (a).

10 Nov 94 cS-29 Reg 19 s10.

Application of subsection 16(1) of Act

11(1) Subject to subsection (2), the period of six consecutive months immediately following the provision of the insured service is specified as the period for the purpose of subsection 16(1) of the Act.

(2) Where the minister is of the opinion that the minister did not receive an account within the period specified in subsection (1) due to factors beyond the control of the person presenting the account, that period is increased to 12 consecutive months immediately following the provision of the insured service.

(3) For the purposes of subsection (2), the following factors are deemed not to be factors beyond the control of the person presenting the account:

(a) neglect;
(b) loss of the account;
(c) failure to obtain the account from the person providing the service.

10 Nov 94 cS-29 Reg 19 s11.
Board defined

12 In sections 13 to 24, “board” means the medical assessment board, the dental assessment board or the optometric assessment board, as the case may be.

10 Nov 94 cS-29 Reg 19 s12.

Appeal boards continued

13(1) The medical assessment board established pursuant to The Medical Care Insurance Payment Regulations is continued and consists of at least three and not more than five physicians appointed by the board of directors of the Saskatchewan Medical Association, one of whom is to be designated as the chairperson.

(2) The dental assessment board established pursuant to The Medical Care Insurance Payment Regulations is continued and consists of at least three and not more than five dentists appointed by the council of the College of Dental Surgeons of Saskatchewan, one of whom is to be designated as the chairperson.

(3) The optometric assessment board established pursuant to The Medical Care Insurance Payment Regulations is continued and consists of at least two and not more than four optometrists appointed by the council of the Saskatchewan Association of Optometrists and one ophthalmologist appointed by the council of the College of Physicians and Surgeons of Saskatchewan, one of whom is to be designated by the council of the Saskatchewan Association of Optometrists as the chairperson.

10 Nov 94 cS-29 Reg 19 s13.

Term of appointment of members

14(1) Each member appointed to a board pursuant to section 13 holds office for a term of not more than three years and after that time until the member is reappointed or a successor is appointed.

(2) No member of a board is to hold office for more than two consecutive terms.

10 Nov 94 cS-29 Reg 19 s14.

Only residents may be members

15(1) A person who is not a resident of Saskatchewan is not eligible for appointment to a board.

(2) Where a person who is a member of a board ceases to be a resident of Saskatchewan, his or her appointment automatically terminates.

10 Nov 94 cS-29 Reg 19 s15.

Quorum

16(1) Where a board consists of an even number of members, 50% of the members constitutes a quorum.

(2) Where a board consists of an odd number of members, a majority of the members constitutes a quorum.

10 Nov 94 cS-29 Reg 19 s16.
When question lost
17 Where a board sits with an even number of members and 50% or less of the members vote for a matter or question before the board, the matter or question is lost.

10 Nov 94 cS-29 Reg 19 s17.

Termination of membership
18 Where a member of a board is unable for any reason to perform his or her duties as a member, the person who appointed the member may terminate the person’s membership on the board.

10 Nov 94 cS-29 Reg 19 s18.

Remuneration of members
19 The members of a board are entitled to:

(a) remuneration for their services at the rates approved by the minister; and
(b) reimbursement for their expenses incurred in the performance of their responsibilities at the rates paid to members of the public service of Saskatchewan.


Department to be notified
20 A person who appoints a member to a board shall notify the ministry of the appointment, resignation or termination of each member appointed by that person.


Appeal may be made
21 Where a physician, dentist or optometrist is dissatisfied with the minister’s assessment of an account for an insured service provided by him or her to a beneficiary, he or she may appeal from the minister’s assessment to:

(a) in the case of a physician, the medical assessment board;
(b) in the case of a dentist, the dental assessment board;
(c) in the case of an optometrist, the optometric assessment board.

10 Nov 94 cS-29 Reg 19 s21.

Powers of board
22 On hearing an appeal pursuant to section 21, a board may:

(a) confirm the decision of the minister;
(b) vary the decision of the minister; or
(c) substitute its own decision for the minister’s decision.

10 Nov 94 cS-29 Reg 19 s22.
Boards may review

23(1) The dental assessment board may review from time to time and make recommendations respecting the method of assessment of accounts for payment for insured services provided to beneficiaries by dentists.

(2) The optometric assessment board may review from time to time and make recommendations respecting the method of assessment of accounts for payment for insured services provided to beneficiaries by optometrists.

10 Nov 94 cS-29 Reg 19 s23.

Decision binding

24(1) Subject to subsection (2), a decision made by a board pursuant to section 22 is binding on the minister.

(2) Every decision made by a board is subject to any decision made by the joint medical professional review committee established pursuant to subsection 49(1) of the Act or the joint optometric professional review committee established pursuant to subsection 49(3) of the Act, as the case may be.

10 Nov 94 cS-29 Reg 19 s24.

R.R.S. c.S-29 Reg 14 repealed

25 The Medical Care Insurance Payment Regulations are repealed.

10 Nov 94 cS-29 Reg 19 s25.

Coming into force

25 These regulations come into force on November 1, 1994.

10 Nov 94 cS-29 Reg 19 s26.