

# *The Saskatchewan Medical Care Insurance Act*

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Chapter S-29 of *The Revised Statutes of Saskatchewan, 1978*  
(effective February 26, 1979).

**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

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

#### SHORT TITLE

##### Short title

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

R.S.S. 1978, c.S-29, s.1.

#### INTERPRETATION

##### Interpretation

2 In this Act:

##### “approved health agency”

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

##### “beneficiary”

(b) “**beneficiary**” means a person who pursuant to section 12 or 13 is a beneficiary;

##### “chiropractor”

(c) “**chiropractor**” means a person who is registered and in good standing as a member of The Chiropractors’ Association of Saskatchewan under *The Chiropractic Act*;

##### “commission”

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

##### “dentist”

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

##### “dependant”

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

##### “health agency”

(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;

##### “insured services”

(h) “**insured services**” means the services mentioned in section 14 and not excluded by section 15;

##### “minister”

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

##### “municipality

(j) “**municipality**” means a city, town, village or rural municipality;

**“Northern Saskatchewan Administration District”**

(k) **“Northern Saskatchewan Administration District”** means the portion of the province to which *The Northern Administration Act* from time to time applies;

**“optometrist”**

(l) **“optometrist”** means a person who is registered under and is the holder of a valid and subsisting licence issued pursuant to *The Optometry Act*;

**“physician”**

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

**“premium”**

(n) **“premium”** means the sum of money levied under section 25;

**“premium arrears”**

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

**“regulations”**

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

**“resident”**

(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;

**“specialist”**

(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. 1965, c.255, s.2; 1966, c.40, s.2; 1968, c.65, s.2; 1971 (2nd) c.8, s.2; 1972, c.111, s.2; R.S.S. 1978, c.S-29, s.2.

## SASKATCHEWAN MEDICAL CARE INSURANCE COMMISSION

**Administration of Act by commission**

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

R.S.S. 1965, c.255, s.3; R.S.S. 1978, c.S-29, s.3.

**Constitution**

- 4(1) The commission shall be a body corporate consisting of not less than seven nor more than eleven members of whom one shall be the Deputy Minister of Health, and, exclusive of the chairman and the Deputy Minister of Health, three shall be, and two others may be, physicians.
- (2) The minister may authorize the employee of the Department of Health, known as the Associate Deputy Minister of Health, to act on behalf of the Deputy Minister of Health as an alternate member at meetings of the commission, and the Deputy Minister of Health and the person so authorized shall have the same privileges as a member of the commission as other members of the commission.
- (3) Subject to subsection (4) the Lieutenant Governor in Council shall appoint all members other than the Deputy Minister of Health and shall designate one of the members as chairman and one as vice-chairman.
- (4) Subject to subsection (5), of three physicians mentioned in subsection (1):
- (a) two shall be physicians agreed upon between the board of directors of the Saskatchewan Medical Association and the Lieutenant Governor in Council, one of whom shall be a specialist and one of whom shall be a general practitioner; and
  - (b) one shall be a physician employed on a full-time basis on the staff of the College of Medicine of The University of Saskatchewan and agreed upon between the Dean of the College of Medicine and the Lieutenant Governor in Council after consultation by the Dean of the College of Medicine with the board of directors of the Saskatchewan Medical Association.
- (5) Where the term of office of a physician whose appointment to the commission was agreed upon pursuant to subsection (4) has expired or where he dies or resigns or ceases to be a member of the commission for any other reason, and no agreement under subsection (4) can be reached to fill that position within three months from the date on which the term of office has expired or the vacancy was created, as the case may be, the Lieutenant Governor in Council may without such agreement appoint as a member of the commission a physician who has the same qualifications as those of the physician he is replacing, as set out in subsection (4).
- (6) The chairman shall hold office during the pleasure of the Lieutenant Governor in Council.
- (7) Of the members first appointed, other than the chairman and the Deputy Minister of Health:
- (a) one-third, as nearly as may be, shall be appointed for a term of one year;
  - (b) one-third, as nearly as may be, shall be appointed for a term of two years; and
  - (c) one-third, as nearly as may be, shall be appointed for a term of three years; and thereafter each member, other than the chairman and the Deputy Minister of Health, shall be appointed for a term of three years.
- (8) Where the appointment of a person as a member of the commission increases the number of members of the commission beyond seven it shall, for the purpose of determining his term of office, be deemed that he is one of the members first appointed to the commission.

(9) Each member shall hold office until his successor is appointed and may be reappointed from time to time but not so that he will at any time hold office for more than two terms consecutively.

(10) Where it appears that a member, other than the Deputy Minister of Health, is unable, by reason of mental or physical disability or by reason of his permanently residing outside Saskatchewan, to perform his duties as a member, the Lieutenant Governor in Council may declare that a vacancy in the membership exists.

(11) The Lieutenant Governor in Council may declare that a person who is a member of the commission shall cease to be a member where he did not attend fifty per cent of the meetings of the commission held in any preceding period of twelve consecutive months and in the opinion of the Lieutenant Governor in Council the reasons for the member failing to do so were inadequate.

(12) Subject to subsections (4) and (5), where a vacancy in the membership exists by reason of a declaration under subsection (10) or (11) or by reason of the death or resignation of a member other than the Deputy Minister of Health the Lieutenant Governor in Council may appoint another person to fill the vacancy for the unexpired term of office of the member being replaced.

(13) During the absence of the chairman the vice-chairman shall preside at meetings of the commission and may exercise any of the powers of the chairman.

R.S.S. 1965, c.255, s.4; 1970, c.60, s.2; 1972,  
c.111, s.3; 1973, c.95, s.2; R.S.S. 1978, c.S-29, s.4.

#### Meetings

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

(2) A majority of the members other than the Deputy Minister of Health shall constitute a quorum for the transaction of business and notwithstanding any of the provisions of section 4, during a vacancy the remaining members may exercise all the powers of the commission.

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

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

R.S.S. 1965, c.255, s.5; 1970, c.60, s.3; R.S.S.  
1978, c.S-29, s.5.

#### Remuneration of members

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

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

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

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

R.S.S. 1965, c.255, s.6; R.S.S. 1978, c.S-29, s.6.

**Staff**

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

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

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

R.S.S. 1965, c.255, s.7; R.S.S. 1978, c.S-29, s.7.

**Duty to establish and administer medical care plan**

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

R.S.S. 1965, c.255, s.8; R.S.S. 1978, c.S-29, s.8.

**Powers respecting medical care plan**

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

R.S.S. 1965, c.255, s.9; R.S.S. 1978, c.S-29, s.9.

**Duty to report progress, etc.**

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

R.S.S. 1965, c.255, s.10; R.S.S. 1978, c.S-29, s.10.

## REGISTRATION

**Duty of residents to register**

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

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

R.S.S. 1965, c.255, s.11; R.S.S. 1978, c.S-29, s.11.

## BENEFICIARIES

### Certain residents are beneficiaries

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

- (a) every person who has paid the premium for the current year and the premium arrears, if any, and who has no dependants;
- (b) every person who has paid:
  - (i) the premium for the current year; and
  - (ii) subject to subsection (2), the premium arrears, if any;
 

payable by him on his own behalf and on behalf of all his dependants;
- (c) every person dependent upon another person for maintenance, if the total premium for the current year and, subject to subsection (2), the total premium arrears, if any, payable by that other person in respect of all his dependants have been paid and if that other person has also paid the premium for the current year and the premium arrears, if any, payable by him on his own behalf;
- (d) every person and each of his dependants, if any, on whose behalf the premium required to be paid for the current year and the premium arrears, if any, have been paid by a municipality or by the Government of Canada under an arrangement made between that Government and the minister;
- (e) every person who is a member of a class of persons designated for the time being by the Lieutenant Governor in Council under subsection (4) of section 25;
- (f) every person in respect of whom a payment has been accepted under the regulations, but only during the period prescribed by the regulations for the purpose of this clause;
- (g) every person declared by the Lieutenant Governor in Council to be a beneficiary.

(2) Where the person liable to pay the premium for the current year on behalf of a dependant was not liable for payment of the premium on behalf of the dependant in respect of the preceding year, no premium arrears shall be payable by such person on behalf of the dependant.

(3) In this subsection "person" includes a municipal corporation and an agency of the Government of Saskatchewan or of the Government of Canada.

R.S.S. 1965, c.255, s.12; 1966, c.40, s.3; R.S.S. 1978, c.S-29, s.12.

**Same**

**13(1)** Notwithstanding section 25 but subject to subsections (2) and (3), where a resident has attained the age of sixty-five years before the first day of January, 1972, or where he attains the age of sixty-five years on or after the first day of January, 1972, he shall, on and from the first day of January, 1972, or on and from the first day of January of the year in which he attains that age, as the case may be, be a beneficiary under this Act and there shall be no liability for payment of the premium in respect of that person for each year in which he is a beneficiary under this Act pursuant to this subsection.

(2) Where a person becomes a resident on or after the first day of October, 1971, and but for subsection (1) would be required to pay the premium on his own behalf or, if he is a dependant, the person upon whom he is dependent would be required to pay the premium on his behalf, he shall not become a beneficiary under this Act pursuant to subsection (1) until the date upon which he could, but for subsection (1), have become a beneficiary under this Act.

(3) Subsection () does not apply to such class or classes of persons as may be designated by the Lieutenant Governor in Council for the purpose of this section.

(4) A person who, after the twenty-third day of June, 1971, advises a person employed in the administration of this Act that he has attained or will attain the age of sixty-five years shall, unless exempted from the requirements of this subsection by the minister, submit such evidence of his age to that person as may be prescribed by the Lieutenant Governor in Council.

1971 (2nd Sess.) c.8. s.3; R.S.S. 1978, c.S-29.  
s.13.

**INSURED SERVICES****Definition**

**14(1)** Subject to section 15, for the purpose of this Act the following medical services in Saskatchewan provided or authorized by a physician are insured services:

- (a) medical services—the diagnosis and treatment of all medical disabilities and conditions;
- (b) surgical services—diagnosis, pre-operative care and treatment, surgical procedures and post-operative care rendered to a person requiring or receiving a surgical operation or procedure, including the services of a surgical assistant where required by the nature of the procedure;
- (c) maternity services—obstetrical care, including pre-natal and post-natal care and attendance at confinement;
- (d) new-born care—routine care of the new-born;
- (e) specialist services-
  - (i) all services provided by a physician who is a specialist where the patient has been referred to him by another physician;
  - (ii) all services provided by a physician who is a specialist where the patient has not been referred to him by another physician;

- (f) anaesthesia—the administration of anaesthetics including:
    - (i) anaesthesia for diagnostic, surgical and other procedures;
    - (ii) obstetrical anaesthesia;
    - (iii) dental anaesthesia in hospital;
    - (iv) dental anaesthesia in dental surgeries where rendered by a physician who is a specialist in anaesthetics;
  - (g) X-ray, laboratory and other diagnostic procedures, including interpretations;
  - (h) preventive medical services-
    - (i) inoculations and vaccinations where those services are not provided through any government or municipal agency;
    - (ii) a routine physical examination where provided in accordance with terms and conditions specified by the commission.
- (2) Subject as stated in subsection (1), for the purpose of this Act the following additional services in Saskatchewan are insured services:
- (a) services provided by an optometrist;
  - (b) dental services where provided by a dentist in conjunction with maxillofacial surgery;
  - (c) services provided by a chiropractor;
  - (d) any other services specified in regulations made by the Lieutenant Governor in Council.
- (3) Subject as stated in subsection (1), for the purpose of this Act all the services mentioned in subsections (1) and (2) are, where they are provided outside Saskatchewan in accordance with terms and conditions specified by the commission, insured services to the extent of the rates respecting such services as prescribed in regulations made by the commission.

R.S.S. 1965, c.255, s.13; 1966, c.40, s.4; 1967, c.56, s.2; 1968, c.65, s.4; 1972, c.111, s.4; R.S.S. 1978, c.S-29, s.14.

#### Exceptions

- 15** The following services are not insured services for the purpose of this Act:
- (a) services for the diagnosis or treatment of cancer specified in regulations made by the commission;
  - (b) services received by a beneficiary under *The Workmen's Compensation Act*, *The 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 under:
    - (i) *The Saskatchewan Hospitalization Act*;
    - (ii) Part 11 of *The Automobile Accident Insurance Act*; or
    - (iii) *The Venereal Disease Prevention Act*;

- (d) services received by a beneficiary under:
  - (i) the *Aeronautics Act* (Canada);
  - (ii) the *Civilian War Pensions and Allowances Act* (Canada);
  - (iii) the *Government Employees Compensation Act* (Canada);
  - (iv) the *Merchant Seamen Compensation Act* (Canada);
  - (v) the *National Defence Act* (Canada);
  - (vi) the *Pension Act* (Canada);
  - (vii) the *Royal Canadian Mounted Police Act* (Canada); or
  - (viii) the *Veterans Rehabilitation Act* (Canada);
- (e) travelling by a physician except under circumstances specified by the commission;
- (f) ambulance services and other forms of transportation of patients;
- (g) services provided by special duty nurses;
- (h) any other services specified in the regulations.

R.S.S. 1965, c.255, s.14; 1968, c.47, s.7; 1972, c.111, s.5; R.S.S. 1978, c.S-29, s.15.

**Payment not required to be made in certain cases**

**16(1)** Notwithstanding any other Act, the commission is not required to make payment in respect of an insured service in any case where the account for payment for that service, containing the information required to enable payment to be made for that service under this Act, was received by the commission after the date specified in regulations made by the commission for the purpose of this subsection and after the expiry of the period specified for such purpose in those regulations.

(2) Notwithstanding any other Act, a physician or other person providing services shall not be 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, prior to the date specified in the regulations made under subsection (1) or within the period specified pursuant to subsection (1), furnished the beneficiary with the information required to enable the commission to make payment under this Act to the beneficiary in respect of the insured service.

(3) Subsections (1) and (2) apply whether the service was provided to the beneficiary before or after the coming into force of this section by the physician or other person providing services.

1970, c.60, s.4; R.S.S. 1978, c.S-29, s.16.

**Restriction on purpose of Act respecting 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 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.

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. 1965, c.255, s.15; R.S.S. 1978, c.S-29, s.17.

**Payment for services**

18(1) On, from and after the day fixed by the Lieutenant Governor in Council for the purpose, the commission may, pursuant to this act and the regulations made by the Lieutenant Governor in Council and by the commission, make payment for the providing of insured services to beneficiaries.

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

(3) Where a non-profit corporation, association or other nonprofit 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 commission may enter into an agreement with that corporation, association or organization with respect to the payment to be made by the commission 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 commission 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 commission 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 section 49.

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

(6) Where the commission has, with the approval of the Lieutenant Governor in Council, entered into an agreement with The Board of Health Region Number 1 with respect to payment for insured services provided to beneficiaries who are residents of Health Region No. 1 (Swift Current) for which payment is not to be made pursuant to the agreements between the board and the physicians or other persons providing services mentioned in subsection (5), the commission shall, pursuant to the agreement between it and the board, make payment to the board in respect of such insured services received by those beneficiaries; and the board shall, in accordance with the agreement between it and the commission, make payment to the beneficiaries receiving the insured services.

- (7) Except where an election has been made under clause (b) of subsection (2) of section 23, a beneficiary who is a resident of Health Region No. 1 (Swift Current) and who receives an insured service for which payment is to be made by the commission pursuant to the agreement between it and the board mentioned in subsection (6), has the contractual right to receive payment from the board for that insured service in an amount equal to the lesser of:
- (a) the amount charged against him by the physician or other person providing the service; or
  - (b) the amount stated in the agreement between the board and the commission to be paid by the board for the insured service.
- (8) Where an insured service is provided to a beneficiary and the commission is not required to make payment for the service pursuant to subsection (2), (3), (5) or (6), the commission shall, subject to subsection (13), 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 or where an election has been made under clause (b) of subsection (2) of section 24, or where payment has been made by the commission under subsection (13) of this section, the right of a beneficiary to receive payment from the commission in respect of insured services is a contractual right and the beneficiary is entitled to receive payment from the commission in respect of insured services in an amount equal to the amount charged against him by the physician or other person providing services in respect of insured services provided to him or an amount equal to the amount payable by the commission in respect of the insured services pursuant to the regulations made by the commission, whichever amount is the lesser.
- (10) Subject to subsections (11) and (15) and subsection (11) of section 21, the right of a person to receive payment from the commission in respect of insured services provided to a beneficiary shall not be assigned and no sum owing in respect of any such right shall be charged or attached, and any transaction purporting to assign such a right or to charge or attach such a sum is void.
- (11) Where a beneficiary who is a member of or a subscriber to an approved health agency or a dependant of such a beneficiary is provided with an insured service by a physician who, at the time the service is provided, has an agreement with that approved health agency with respect to payment for insured services provided by him to beneficiaries, the beneficiary may assign to that approved health agency his right to receive payment from the commission in respect of that insured service.
- (12) The assignment mentioned in subsection (11) may also be made by a beneficiary in respect of his right to receive payment for the insured services that he and his dependants may receive in any specified period.

(13) Subject to subsection (14), where an insured service has been provided outside Saskatchewan to a beneficiary who is a member of or a subscriber to an approved health agency or a dependant of such a beneficiary and the beneficiary has assigned to that approved health agency his right to receive payment from the commission in respect of an insured service, the commission may, pursuant to an arrangement with that approved health agency, make payment to it in respect of the insured service received outside Saskatchewan by the beneficiary or dependant in the amount that would have been paid by the commission if it had made payment in respect of the insured service pursuant to subsection (8), and upon payment of such amount by the commission to the approved health agency the beneficiary shall, at his option, have the contractual right to recover that amount from the approved health agency or to require the approved health agency to make payment of that amount to the person providing the service.

(14) Subsection (13) does not apply where the insured service is received by the beneficiary or dependant in a locality bordering on Saskatchewan and designated by the commission for the purpose of this subsection.

(15) Where a person or a dependant of a person is provided with an insured service by a physician and at the time the service is provided that person:

- (a) is a beneficiary; and
- (b) has been designated by the Lieutenant Governor in Council as a person to whom this subsection applies;

the physician may forward to an approved health agency a statement of account for payment for the service provided containing the information prescribed by regulations made by the commission and if the statement is received by an approved health agency:

- (c) the person shall be deemed to be a member or subscriber of that approved health agency and to have assigned his right to receive payment from the commission to that approved health agency in respect of the insured service;
- (d) the physician, if he has not entered into an agreement with that approved health agency with respect to payment for insured services provided by him to beneficiaries, shall, in respect of the insured service, be deemed to have entered into such an agreement with that approved health agency.

(16) The provisions of this section are subject to any regulations made under clause (g) subsection (1) of section 47.

R.S.S. 1965, c.255, s.16; 1966, c.40, s.5; 1968, c.65, s.5; 1969, c.55, s.2; 1970, c.60, s.5; 1972, c.111, s.6; R.S.S. 1978, c.S-29, s.18.

*Note.* See section 66 of *The Health Services Act* respecting Health Region No. 1 (Swift Current).

**Certain actions barred**

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

R.S.S. 1965, c.255, s.17; R.S.S. 1978, c.S-29, s.19.

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

**20** Notwithstanding anything in this or any other Act, the commission may act as the agent of any department or agency of the Government of Saskatchewan or the Government of Canada, or of the Saskatchewan Anti-Tuberculosis League, 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.

R.S.S. 1965, c.255, s.18; 1968, c.65, s.6; R.S.S.  
1978, c.S-29, s.20.

**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 subsections (4) and (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) The minister, on behalf of the Lieutenant Governor in Council, shall, before an order is made under subsection (1) or (3), consult the commission, and no such order shall be made until the advice and recommendations of the commission have been received by the minister or until the period within which the commission was requested by the minister on behalf of the Lieutenant Governor in Council to furnish advice and make recommendations has expired, whichever is the earlier.

(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) Where an insured service has been provided to a beneficiary who is a member of or a subscriber to an approved health agency, or to a dependant of such a beneficiary, by a physician, or other person providing services, who has entered into an agreement with the approved health agency with respect to payment for insured services provided by him to beneficiaries, the approved health agency shall, upon receiving from the physician or other person providing the service a statement of his account for the service containing the information prescribed by regulations made by the commission, forward the statement to the commission, and, subject to subsection (9), upon receipt of payment from the commission the approved health agency shall pay to the physician or other person who provided the insured service a sum equal to the sum received by it from the commission.

(9) An approved health agency may, before payment is received from the commission in respect of an insured service provided by a physician or other person providing services, make a payment to the physician or other person in respect of that insured service, but the total of the payments made to a physician or such other person in any period of twelve months, or in any other period fixed by agreement between the commission and the approved health agency, shall not exceed the total of the sums paid and of the sums owing by the commission to the approved health agency in respect of insured services provided by the physician or other person during that period.

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

(a) to the extent of charges authorized by regulations made by the Lieutenant Governor in Council for the purpose of this subsection to be made against the beneficiary in respect of insured services rendered by the physician or other person to the beneficiary prior to the first day of August, 1971;

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

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

R.S.S. 1965, c.255, s.19; 1969, c.55, s.3; 1971  
(2nd) c.8, s.4; R.S.S. 1978, c.S-29, s.21.

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

**22(1)** Subject to subsections (2) and (3), where a physician or other person providing services has entered into an agreement with the commission or with The Board of Health Region Number 1 with respect to payment for insured services provided by him to beneficiaries, he shall accept payment from the commission or the board pursuant to that agreement in respect of insured services provided by him to a beneficiary, and he shall accept the payment as payment in full for those services.

(2) The Lieutenant Governor in Council may make regulations for the purpose of this subsection authorizing a physician or other person providing services, who has entered into an agreement with the commission or with The Board of Health Region Number 1 with respect to payment for insured services provided by him to beneficiaries, to make such charges against beneficiaries receiving insured services prior to the first day of August, 1971 as are specified in the regulations.

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

R.S.S. 1965, c.255, s.20; 1971 (2nd) c.9, s.5;  
R.S.S. 1978, c.S-29, s.22.

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

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

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

R.S.S. 1965, c.255, s.21; R.S.S. 1978, c.S-29, s.23.

**Non-application of Act in respect of certain services**

**24(1)** Subject to subsection (2), where the commission:

- (a) is, pursuant to subsection (8) of section 18, required to make payment to a beneficiary in respect of an insured service received by the beneficiary or a dependant of the beneficiary; and
- (b) is not required by an assignment given by a beneficiary pursuant to subsection (11) of section 18 to make payment to an approved health agency in respect of that insured service;

the physician or other person providing the insured service is not, in respect of that insured service, subject to any of the provisions of this Act, other than sections 16 and 49, or the regulations made by the Lieutenant Governor in Council or by the commission relating to the provision of insured services to beneficiaries or the payment to be made therefor; but the physician or other person shall furnish the beneficiary to whom he has provided the insured service with the information required to enable payment to be made under this Act to the beneficiary in respect of the insured service and he shall not submit an account for payment to or otherwise demand or accept payment from the beneficiary for the service provided until he has first furnished the beneficiary with the information required to enable payment to be made under this Act for the service provided.

(2) Where the physician or other person providing the insured service has not entered into an agreement with the commission, The Board of Health Region Number 1 or an approved health agency with respect to payment for insured services, he is not subject to sections 16 and 49 and is not required to furnish the information mentioned in subsection (1) if:

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

1972, c.111, s.7; R.S.S. 1978, c.S-29, s.24.

#### Levy of premiums

**25(1)** Subject to any regulations or orders made under clause (f) of subsection (1) of section 47 or subsection (4) of this section, the Lieutenant Governor in Council may provide for the levying and collection annually, or for such portion of a year as he considers advisable, of a premium to be paid by or on behalf of every resident, and may vary the amount of the premium to be paid on behalf of different classes of dependants and may fix a maximum amount that shall constitute the total annual levy in respect of any person, his spouse and the following dependants, namely:

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

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

(3) For the purposes of subsection (2), where a husband is supporting himself and his wife is in receipt of income she is not deemed to be supporting herself unless she is living separate and apart from her husband:

- (a) pursuant to a decree of judicial separation;
- (b) pursuant to a separation agreement; or
- (c) because she deserted her husband.

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

(5) The minister may, out of moneys appropriated by the Legislature for the purpose, pay the premium imposed by this Act in respect of each person who is a member of a class of persons designated by the Lieutenant Governor in Council for the purpose of this subsection.

R.S.S. 1965, c.255, s.24; 1966, c.40, s.6; 1968, c.65, s.7; R.S.S. 1978, c.S-29, s.25.

**Liability of employers contributing toward cost of health services to employees**

**26(1)** Where it is provided by any collective bargaining agreement within the meaning of *The Trade Union Act*, whether heretofore or hereafter made, or by any other agreement, whether heretofore or hereafter made, relating to conditions of employment, or it is otherwise a condition of employment or a term of a contract of employment, that the employer shall contribute in any manner toward the cost of insured services in respect of his employees or his employees and the dependants of his employees, or any of them, the employer shall, after the day fixed by the Lieutenant Governor in Council under section 18, pay to each employee an amount equal to the amount contributed by the employer in respect of that employee or shall pay such other amount to the employee as may be agreed upon between the employer and the employee or as may be determined by a collective bargaining or other agreement.

(2) The amount to be paid to the employee shall be paid at such times and in such manner as may be agreed upon between the employer and the employee or as may be determined by a collective bargaining or other agreement.

1967, c.56, s.4; R.S.S. 1978, c.S-29, s.26.

**Collection districts and collectors of premiums**

**27(1)** Each city, town, village, rural municipality and local improvement district, Uranium City and District, the portion of Saskatchewan to which *The Northern Administration Act* from time to time applies and each portion of Saskatchewan designated under subsection (5) shall be a collection district.

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

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

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

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

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

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

R.S.S. 1965, c.255, s.26; R.S.S. 1978, c.S-29, s.27.

#### Collection of premiums

28(1) The currently required premium and premium arrears may be recovered by the minister or collector in the same manner as municipal taxes or taxes levied under *The Local Improvement District Act* or *The Northern Administration Act*.

- (2) Each municipality may pay the premium on behalf of any of its residents.
- (3) The Minister of Municipal Affairs may pay the premium on behalf of any of the residents of a local improvement district.
- (4) The Minister of Northern Saskatchewan may pay the premium on behalf of any of the residents of the Northern Saskatchewan Administration District.
- (5) The collector, or any person designated by the minister, whether or not the minister is the collector, may in writing demand from the employer of a person liable to pay the premium, whether on that person's own account or in respect of his dependants, payment of the premium or premiums owing by the employee, in which case the employer shall deduct the amount demanded from the salary, wages or commission then owing or that shall first thereafter become owing by him to the employee, and shall pay the amount forthwith to the collector or to the minister, as the case may require, as soon as the amount of the premium or premiums for which the employee is liable is earned by the employee; and in default the employer is guilty of an offence and liable on summary conviction to a fine not exceeding \$25.
- (6) Every employer shall, upon request in writing of the collector or any person designated by the minister, whether or not the minister is the collector, give forthwith to the collector or the person so designated a list of the names and addresses of all persons in his employ on the date of receipt by him of such request, and such a list shall in any prosecution under this Act be received as *prima facie* evidence that the persons whose names appear thereon were employed by the employer.
- (7) A demand in writing under subsection (5) or a request in writing under subsection (6) may be served on the employer either personally or by registered mail.
- (8) Service of such a demand or request may be proved:
  - (a) where service is effected personally, by the oral testimony of the person effecting the service;
  - (b) where service is effected by registered mail, by an affidavit of service and, as exhibits to the affidavit, a receipt from the postmaster for the envelope containing the demand or request and a post office receipt form therefor purporting to be signed by the employer.
- (9) When an employer is convicted for default under subsection (5), the convicting magistrate or justice of the peace may, in addition to the fine imposed, order him to pay the premium or premiums then unpaid, together with costs, forthwith or within a stated period.

R.S.S. 1965, c.255, s.27; 1966, c.40, s.7; R.S.S. 1978, c.S-29, s.28.

**Right to recover amount of premium paid on behalf of resident by municipality, etc.**

**29(1)** An amount paid on behalf of a resident pursuant to subsection (2), (3) or (4) of section 28 may be recovered:

- (a) where the resident is supporting himself, from that resident; or
- (b) where the resident is not supporting himself, from the resident upon whom that other resident is dependent for maintenance.

(2) An amount paid on behalf of a resident pursuant to subsection (2), (3) or (4) of section 28 may be recovered:

- (a) by adding the amount to the taxes payable in respect of the business operated or the land owned by the resident from whom recovery may be made, and where added the amount shall form part of the taxes payable; or
- (b) by action, distress or any other means authorized for collecting taxes levied under the appropriate municipal Act, *The Local Improvement Districts Act* or *The Northern Administration Act*, as the case may require.

(3) An amount paid pursuant to subsection (1), (3) or (4) of section 28 shall be deemed to constitute arrears of taxes within the meaning of the appropriate municipal Act, *The Local Improvement Districts Act* or *The Northern Administration Act*, as the case may require.

(4) Nothing in subsection (2) precludes the taking of more than one of the proceedings mentioned therein either at the same or at different times.

1966, c.40, s.8; R.S.S. 1978, c.S-29, s.29.

**Pay roll deductions by employers**

**30(1)** Subject to the approval of the Lieutenant Governor in Council, upon the joint request of an employer and his employees the minister may make arrangements with the employer for deductions to be made from the salary payable from time to time to each employee of the amount of the premium to be paid by the employee and for the deductions to be made by instalments from each payment of salary or by instalments from payments of salary over such period as the minister deems advisable.

(2) The Lieutenant Governor in Council may:

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

R.S.S. 1965, c.255, s.28; R.S.S. 1978, c.S-29, s.30.

## INSURANCE FUND

**Deposit of premiums and other revenues in consolidated fund**

**31(1)** All premiums collected shall be placed in the consolidated fund.

(2) Other revenues received by the minister or the commission under this Act, that are designated by the Lieutenant Governor in Council for the purpose of this subsection, shall also be placed in the consolidated fund.

1973, c.95, s.3; R.S.S. 1978, c.S-29, s.31.

**Saskatchewan Medical Care Insurance Fund continued**

**32(1)** There shall continue to be a fund known as the Saskatchewan Medical Care Insurance Fund into which moneys appropriated by the Legislature for the purpose may be placed.

(2) Subject to subsection (2) of section 31, amounts may also be placed in the fund from other sources whenever such procedure is necessary in the administration of this Act.

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

1973, c.95, s.3; R.S.S. 1978, c.S-29, s.32.

**JOINT COLLECTION OF TAXES UNDER SASKATCHEWAN HOSPITALIZATION  
ACT AND PREMIUMS**

**Power to make provision for joint collection**

**33(1)** Notwithstanding anything in *The Saskatchewan Hospitalization Act* or in this Act, the Lieutenant Governor in Council may provide that for the year 1963 and each year thereafter, or for any specified year after the year 1963 and each year after the specified year, tax levied under *The Saskatchewan Hospitalization Act* and the premium levied under this Act shall be collected jointly, and if such provision is made the tax and the premium shall be known as the joint tax.

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

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

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

R.S.S. 1965, c.255, s.30; 1973, c.95, s.4; R.S.S.  
1978, c.S-29, s.33.

## MISCELLANEOUS

**Agreement with Government of Canada**

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

R.S.S. 1965, c.255, s.31; R.S.S. 1978, c.S-29, s.34.

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

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

R.S.S. 1965, c.255, s.32; R.S.S. 1978, c.S-29, s.35.

**Audit and report**

**36(1)** Accounts relating to the administration of the Saskatchewan Medical Care Insurance Fund shall be audited by the Provincial Auditor.

(2) The commission shall, in each fiscal year, in accordance with *The Tabling of Documents Act*, submit to the minister a report of its transactions during the immediately preceding fiscal year.

(3) The minister shall, in accordance with *The Tabling of Documents Act*, lay before the Legislative Assembly each report received by him under subsection (2).

R.S.S. 1965, c.255, s.33; R.S.S. 1978, c.S-29, s.36.

**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) the name of a beneficiary who has received insured services, or the insured services that a beneficiary who has been named has received; or
- (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 Commission for any purpose relating to the administration of *The Cancer Control Act*; or

(i) under subsection (2).

(2) A person employed in the administration of this Act and authorized by the commission 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 commission 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).

(4) The commission 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 commission 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.

1969, c.55, s.4; R.S.S. 1978, c.S-29, s.37.

#### **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 commission 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.

1972, c.111, s.8; R.S.S. 1978, c.S-29, s.38.

#### **Refunds of certain taxes paid under *Health Services Act***

**39(1)** Where a personal tax has been paid to a municipality in connection with the financing by the council of the municipality, under *The Health Services Act*, of services that are insured services under this Act, and the tax paid or a portion thereof is applicable to a period immediately following the day fixed by the Lieutenant Governor in Council under subsection (1) of section 18, the council shall refund the tax, or the portion thereof applicable to that period, to the person who paid the tax, or make provision, within the limits of its authority, for the providing of other health services to the value of the amount of the tax paid or the said portion thereof.

(2) Notwithstanding subsection (1), where the total amount of such taxes, or portion thereof, paid to a municipality and applicable to a period immediately prior to the day fixed by the Lieutenant Governor in Council under subsection (1) of section 18 is not sufficient to meet outstanding claims against the municipality, The Local Government Board may, upon the application of the municipality, order that all rights to refunds under subsection (1), or to such portions thereof as may be required to meet the deficit, be cancelled.

(3) Where a personal tax has been paid to the regional board of a health region in connection with the financing by the regional board, under *The Health Services Act*, of services that are insured services under this Act, and the tax paid or a portion thereof is applicable to a period immediately following the day fixed by the Lieutenant Governor in Council under subsection (1) of section 18, the regional board shall refund the tax, or the portion thereof applicable to that period, to the person who paid the tax, or make provision, within the limits of its authority, for the providing of other health services to the value of the amount of the tax paid or the said portion thereof.

(4) Notwithstanding subsection (3), where the total amount of such taxes, or portion thereof, paid to a regional board and applicable to a period immediately prior to the day fixed by the Lieutenant Governor in Council under subsection (1) of section 18 is not sufficient to meet outstanding claims against the board, The Local Government Board may, upon the application of the regional board, order that all rights to refunds under subsection (3), or to such portions thereof as may be required to meet the deficit, be cancelled.

(5) An application to The Local Government Board under subsection (2) or (4) may be made within one year from the day fixed by the Lieutenant Governor in Council under subsection (1) of section 18.

R.S.S. 1965, c.255, s.35; R.S.S. 1978, c.S-29. s.39.

**Establishment of procedure for hearing complaints**

**40(1)** The Lieutenant Governor in Council shall provide for the establishment of an appeal procedure pursuant to which complaints respecting anything done under or pursuant to this Act or any regulation made by the Lieutenant Governor in Council or the commission shall be heard.

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

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

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

R.S.S. 1965, c.255, s.36; R.S.S. 1978, c.S-29. s.40.

**Power to make regulations respecting settlement of certain differences**

41(1) The Lieutenant Governor in Council may make regulations agreed to by the board of directors of the Saskatchewan Medical Association providing for any differences:

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

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

(2) Subsection (1) applies *mutatis mutandis* where insured services are provided to beneficiaries by persons other than physicians.

R.S.S. 1965, c.255, s.37; 1968, c.65, s.8; 1972, c.111, s.9; R.S.S. 1978, c.S-29, s.41.

**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 made by the Lieutenant Governor in Council or by the commission is guilty of an offence and liable on summary conviction for the first offence to a fine of not less than \$5 nor more than \$50 and for a subsequent offence to a fine of not less than \$25 nor more than \$300.

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

R.S.S. 1965, c.255, s.38; R.S.S. 1978, c.S-29, s.42.

**Penalty for failure to pay premium**

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

R.S.S. 1965, c.255, s.39; R.S.S. 1978, c.S-29, s.43.

**Payment of premium to convicting magistrate**

44(1) Where a person is convicted for failure to pay the premium or any part thereof as required by this Act and the regulations, the convicting provincial magistrate or justice shall, in addition to the fine imposed, order that the premium or part thereof he paid to him forthwith or within a stated period by the person so convicted, and the provincial magistrate or justice shall pay the premium or part thereof to the minister forthwith upon receipt thereof.

(2) The order of the convicting provincial magistrate or justice to pay the premium or part thereof under subsection (1) shall be included in and be part of an order made by him under section 43 for payment of a fine.

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

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

R.S.S. 1965, c.255, s.40; R.S.S. 1978, c.S-29, s.44.

#### **Evidence of non-payment of premium**

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

R.S.S. 1965, c.255, s.41; R.S.S. 1978, c.S-29, s.45.

#### **Limitation of prosecution**

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

R.S.S. 1965, c.255, s.42; R.S.S. 1978, c.S-29, s.46.

#### **Power of Lieutenant Governor in Council to make regulations**

**47(1)** The Lieutenant Governor in Council may make regulations:

- (a) respecting the establishment of the Saskatchewan Medical Care Insurance Fund and the administration of the fund by the commission;
- (b) respecting the collection of premiums and the times at which and the manner in which premiums collected under this Act are to be placed in the consolidated fund;
- (c) prescribing the procedures to be followed by a collector and his employees in collecting the premium and in accounting for premiums collected;
- (d) prescribing the waiting period, if any, that must elapse after the payment or partial payment of the premium before the resident in respect of whom it is made becomes a beneficiary and the other conditions to be observed by a resident in order that he may qualify as a beneficiary;

- (e) respecting the manner in which and times at which the premium shall be paid and the times at which partial payments of the premium may be made;
  - (f) exempting any class or classes of persons from payment of the premium or from insured services, or from payment of the premium and insured services, or from payment of part of the premium and part of the insured services or either of them;
  - (g) after consultation with the Council of the Saskatchewan Optometric Association, providing for the non-application of any of the provisions of section 18 in any case where insured services are provided to beneficiaries by optometrists.
- (2) The minister, on behalf of the Lieutenant Governor in Council, shall, before any regulations are made under subsection (1) or under any other provision of this Act, and before any regulations so made are amended, so as to substantially affect the operation of the medical care insurance plan established under this Act, consult the commission.
- (3) The Lieutenant Governor in Council shall not make any regulations under subsection (1) or under any other provision of this Act, or amend any regulations so made, so as to substantially affect the operation of the medical care insurance plan established under this Act until the advice and recommendations of the commission have been received by the minister or until the period within which the commission was requested by the minister on behalf of the Lieutenant Governor in Council to furnish advice and make recommendations has expired, whichever is the earlier.

R.S.S. 1965, c.255, s.43; 1966, c.40, s.9; 1968, c.65, s.9; 1973, c.95, s.5; R.S.S. 1978, c.S-29, s.47.

**Power of commission to make regulations**

48(1) Subject to the approval of the Lieutenant Governor in Council, the commission may pursuant to the provisions of this Act make regulations for the purpose of establishing and administering a plan of medical care insurance for the residents of Saskatchewan and, without restricting the generality of the foregoing, may make regulations:

- (a) prescribing the arrangements to be made for payment to physicians, and to other persons providing services, for providing insured services to beneficiaries;
- (b) providing for the establishing, maintaining and altering of lists of physicians and other persons who have entered into an agreement with the commission with respect to payment for insured services provided to beneficiaries;
- (c) subject to subsection (2), prescribing the rates of payments to be made under this Act in respect of insured services provided to beneficiaries by physicians and other persons providing services and the method of assessing accounts submitted by physicians and other persons;
- (d) respecting the manner and form in which accounts shall be rendered and in which any other information required in connection with the accounts shall be submitted;
- (e) respecting the manner and form in which payments to physicians and other persons shall be made under this Act;

- (f) respecting the manner in which persons may be identified as beneficiaries;
- (g) governing the calling of meetings of the commission and the conducting of business at such meetings;
- (h) governing the appointment of committees and subcommittees and prescribing the duties of committees and subcommittees;
- (i) fixing the remuneration of members of committees and subcommittees for attending meetings and otherwise carrying out their prescribed duties;
- (j) generally for the carrying out of the provisions of this Act according to their intent.

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

R.S.S. 1965, c.255, s.44; 1972, c.111, s.10; R.S.S. 1978, c.S-29, s.48.

**Adjustment and reassessment of certain accounts for insured services**

**49(1)** In the case of accounts for insured services for which payment has not been made by the commission, the commission may, with the agreement of the board of directors of the Saskatchewan Medical Association or upon the recommendation of the committee, make payment in respect of an insured service or a series of insured services provided to one or more beneficiaries by a physician in an amount less than the amount that would have been paid if payment had been made in accordance with the general rates of payments being made by the commission in respect of insured services provided to beneficiaries by physicians.

(2) With the agreement of the board of directors of the Saskatchewan Medical Association, or upon the recommendation of the committee, the commission or a medical officer of the commission designated by the commission for the purpose of this subsection, may decide that payment made by the commission:

- (a) within eighteen months prior to the date of the decision; and
- (b) in respect of an insured service or services provided by a physician to one or more beneficiaries;

should have been made at a rate or rates less than the rate or rates at which the payment was made for the service or services, and where such a decision is made:

- (c) the commission may direct that the amount payable in respect of the service or services be recalculated at the lower rate or rates; and
- (d) an amount equal to the difference between the amount paid and the amount determined pursuant to clause (c) shall be a debt owing to the commission by the physician and may be recovered from the physician by action at the suit of the commission.

(3) Where, upon the expiry of thirty days from the date upon which a demand in writing from the commission is served upon the physician for payment of the amount referred to in clause (d) of subsection (2), that amount or a portion thereof remains unpaid, an additional sum equal to nine per cent per annum of the amount remaining unpaid from time to time dating from the day upon which service was made is a debt owing by the physician to the commission as a penalty and may be recovered by the commission from the physician.

(4) The demand in writing referred to in subsection (3) may be served upon the physician either personally or by registered letter.

(5) Service of the demand may be proved:

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

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

(6) This section applies, *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.

(7) The other provisions of this section shall not apply in any case where the commission has paid an incorrect amount for an insured service by reason of:

(a) an error, defect or omission in an account submitted to the commission for payment; or

(b) an error in the assessment of an account;

and in such case that account may be reassessed whether or not payment for the service had been made by the commission prior to or after the date of the coming into force of this subsection, and where the reassessment indicates that a sum of money is owing to the commission, the commission has the right to recover the sum so owing by suit, set-off or counter-claim.

(8) In this section "committee" means a committee of at least five persons, the majority of whom are physicians engaged in providing insured services to beneficiaries, appointed by the commission pursuant to a regulation made by the commission under clause (h) of subsection (1) of section 48 for the purpose of making recommendations to the commission concerning the making of payment by the commission under subsection (1) or the making of a decision by the commission under subsection (2).

(9) Nothing in this section shall be construed as authorizing the commission to alter the general rates of payments being made by the commission for insured services provided to beneficiaries by physicians.

**Recovery of over-payments to, or indebtedness of, physician, etc.**

**50(1)** Where, pursuant to subsection (8) or (9) of section 21, an approved health agency was making payment to a physician or other person providing services in respect of insured services provided by him to beneficiaries and:

- (a) the commission made an overpayment to the approved health agency during the course of making payment for such insured services;
- (b) the approved health agency made an overpayment to the physician or other person providing services during the course of making such payment; or
- (c) the physician or other person providing services became otherwise indebted to the approved health agency;

the commission may recover the amount of the overpayment mentioned in clause (a), or may on behalf of the approved health agency recover the amount of the overpayment mentioned in clause (b) or the indebtedness mentioned in clause (c), from the physician or other person providing services by deducting the amount of the overpayment or indebtedness from any sums being paid pursuant to subsection (2) of section 18 by the commission to the physician or other person providing services.

(2) Where, pursuant to subsection (2) of section 18, the commission was making payment to a physician or other person providing services in respect of insured services provided by him to beneficiaries, and:

- (a) the commission made an overpayment to the physician or other person providing services during the course of making such payments; or
- (b) the physician or other person providing services became otherwise indebted to the commission;

the commission may recover the amount of the overpayment or the indebtedness from the physician or other person providing services by deducting the amount of the overpayment or indebtedness from any sums being paid pursuant to subsection (11) of section 18 by the commission to an approved health agency in respect of insured services provided by the physician or other person.

(3) This section applies whether the overpayment was made or indebtedness was incurred before, on or after the date upon which this section comes into force.

1972, c.111, s.12; R.S.S. 1978, c.S-29, s.50.

**Deduction by commission of Saskatchewan Medical Association membership fee or annual negotiating service charge**

**51(1)** In this section “annual negotiating service charge” means an amount equal to that portion of the annual membership fee of the Saskatchewan Medical Association as fixed by the Lieutenant Governor in Council after having been agreed upon between the board of directors of the Saskatchewan Medical Association and the minister on behalf of the Lieutenant Governor in Council as being attributable to the cost to be incurred by the Association in a year in negotiating rates of payment for professional services provided by each of those physicians in respect of whom the Association conducts negotiations for such purpose.

(2) Notwithstanding the other provisions of this Act, where a physician requests in writing to the commission prior to the first day of January of any year that his membership fee for the Saskatchewan Medical Association for that year be deducted by the commission from payments being made by the commission in respect of insured services provided by him, the commission shall deduct the amount of such membership fee from the payments first being made by the commission after the first day of January of that year pursuant to subsection (2), (3), (11) or (15) of section 18 in respect of insured services provided by him and shall submit the amount so deducted to the Saskatchewan Medical Association

(3) Where:

(a) the membership fee for the Saskatchewan Medical Association for the year has not been paid by or on behalf of a physician by the thirty-first day of January of that year;

(b) that physician provides insured services to beneficiaries;

(c) the commission makes payment pursuant to subsection (2), (3), (11) or (15) of section 18 in respect of insured services provided by that physician to beneficiaries; and

(d) the payments made by the commission in respect of insured services provided by that physician to beneficiaries are in accordance with the general rates of payments made by the commission in respect of insured services provided by physicians to beneficiaries; the commission shall, notwithstanding the other provisions of this Act, upon being advised in writing by the Saskatchewan Medical Association after the thirty-first day of January in that year that the membership fee has not been paid by or on behalf of that physician for that year, deduct from the payments next being made pursuant to subsection (2), (3), (11) or (15) of section 18 in respect of insured services provided by that physician to beneficiaries, an amount equal to the annual negotiating service charge for that year and submit the amount so deducted to the Saskatchewan Medical Association.

(4) Where:

(a) a person becomes a physician and begins providing insured services to beneficiaries during the year; and

(b) the membership fee or required portion thereof has not been paid by or on behalf of that person to the Saskatchewan Medical Association for that year or portion thereof within the period of one month immediately following the date upon which he commenced providing insured services to beneficiaries; and

(c) clauses (c) and (d) of subsection (3) apply in connection with payments made by the commission in respect of insured services provided by that person to beneficiaries;

the commission shall, notwithstanding the other provisions of this Act, upon being advised in writing by the Saskatchewan Medical Association after the expiry of one month immediately following the date upon which that person commenced providing insured services to beneficiaries that the membership fee or required portion thereof has not been paid by or on behalf of that person for that year or portion thereof, deduct from the payments next being made pursuant to subsection (2), (3), (7) or (11) of section 18 in respect of insured services provided by that person to beneficiaries, an amount equal to the annual negotiating service charge for that year or the portion of such charge as agreed upon between the board of directors of the Saskatchewan Medical Association and the minister, and submit the amount so deducted to the Saskatchewan Medical Association.

(5) Payment by the commission in respect of insured services provided to a beneficiary by a physician after the annual negotiating service charge for a year or a portion thereof has been deducted by the commission shall constitute payment in full by the commission in respect of those insured services.

(6) Notwithstanding the other provisions of this Act, subsections (2) to (5) apply *mutatis mutandis* where a physician provides insured services within Health Regina No. 1 (Swift Current) to beneficiaries and The Board of Health Region Number 1 makes payment to that physician in respect of insured services provided by him to beneficiaries pursuant to an agreement entered into with him by the board for that purpose.

