

# *The Provincial Health Authority Act*

*being*

Chapter P-30.3 of the *Statutes of Saskatchewan, 2017* (effective December 4, 2017, except subsections 4-1(3), (4), and (5); subsections 6-4(3) and (4); subsections 8-1(2), (3) and (4); and that portion of subsection 11-15(4) that adds subsection 7.1 (2) of *The Mental Health Services Act* not yet proclaimed) as amended by the *Statutes of Saskatchewan, 2019, c.8; 2021, c.6; and 2022, c.26.*

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

## **NOTE:**

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

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## CHAPTER P-30.3

### An Act respecting the Provincial Health Authority and Health Services and making consequential amendments to other Acts

#### PART 1 Preliminary Matters

##### Short title

1-1 This Act may be cited as *The Provincial Health Authority Act*.

##### Definitions

1-2 In this Act:

“**affiliate**” means a prescribed person providing a health service;

“**cancer agency**” means the Saskatchewan Cancer Agency continued pursuant to *The Cancer Agency Act*;

“**cancer control services**” means cancer control services as defined in *The Cancer Agency Act*;

“**chairperson**” means the chairperson of the provincial health authority designated pursuant to subsection 3-8(1);

“**district health board**” means a district health board established pursuant to *The Health Districts Act*;

“**facility**” means a facility in or from which health services are provided;

“**financial and health service plan**” means a financial and health service plan of the provincial health authority or the cancer agency required pursuant to section 7-2;

“**fiscal year**” means the period that commences on April 1 in one year and ends on March 31 in the following year;

“**health care organization**” means:

- (a) an affiliate; or
- (b) a prescribed person that receives funding from the provincial health authority to provide health services;

“**health services**” with respect to:

- (a) the provincial health authority and health care organizations, includes services that are ancillary to health services and any prescribed services; and
- (b) the cancer agency, means cancer control services;

**“health services entity”** means:

- (a) the provincial health authority;
- (b) a health care organization; or
- (c) the cancer agency;

**“minister”** means the member of the Executive Council to whom for the time being the administration of this Act is assigned;

**“ministry”** means the ministry over which the minister presides;

**“municipality”** includes the City of Lloydminster;

**“operational plan”** means an operational plan of the provincial health authority or the cancer agency required pursuant to section 7-1;

**“practitioner staff”** means those individuals who are qualified members of a prescribed health profession who are legally entitled to practise in Saskatchewan and who have been granted privileges by the provincial health authority or an affiliate prescribed for the purposes of section 6-2:

- (a) to provide health services at a facility operated by the provincial health authority or affiliate; or
- (b) to refer patients to health services delivered by the provincial health authority or affiliate;

**“prescribed”** means prescribed in the regulations;

**“provincial health authority”** means the provincial health authority continued pursuant to section 3-2 or as continued pursuant to section 3-12;

**“registry”** means the surgical registry, the diagnostic registry or any other health services registry established pursuant to subsection 2-11(1);

**“vice-chairperson”** means the vice-chairperson of the provincial health authority designated pursuant to subsection 3-8(1).

2017, cP-30.3, s.1-2.

#### References in other enactments

**1-3(1)** In this section, **“enactment”** means an Act or a statutory instrument or a portion of an Act or statutory instrument.

(2) This section applies to any enactment insofar as that enactment permits or requires something to be done that is governed by this Act.

(3) Unless the context requires otherwise, when applying another enactment to a matter governed by this Act:

- (a) a reference in that other enactment to *The Health Districts Act* or *The Regional Health Services Act* is deemed to be a reference to this Act;
- (b) a reference in that other enactment to a district health board or regional health board is deemed to be a reference to the provincial health authority;

(c) a reference in that other enactment to a health region or a health district is deemed to be a reference to any area of Saskatchewan in which the provincial health authority is responsible to provide health services; and

(d) a reference in that other enactment to a procedure in *The Health Districts Act* or *The Regional Health Services Act* is to be adapted as far as it can be adapted to conform to a procedure established in this Act, and the procedure established in this Act must be followed as far as it can be adapted.

2017, c P-30.3, s.1-3; 2019, c 8, s16.

## PART 2

### Responsibilities and Powers of Minister

#### Strategic direction of system

**2-1(1)** The minister is responsible for the strategic direction of the health care system in Saskatchewan and may do any things that the minister considers advisable for that purpose.

(2) Without limiting the generality of subsection (1), the minister may:

- (a) establish goals and objectives for the provision of health services in Saskatchewan generally or in areas within Saskatchewan;
- (b) establish performance measures and targets to promote the effective and efficient utilization of health services;
- (c) develop, implement and evaluate provincial health care policies;
- (d) conduct financial, human resources and information technology planning for the health care system;
- (e) develop methodologies for effective and efficient allocation of resources; and
- (f) administer the allocation of available resources for the provision of health services.

2017, c P-30.3, s.2-1.

#### Consultation

**2-2** In carrying out the minister's responsibilities and exercising the minister's powers pursuant to section 2-1, the minister may consult with, and seek the advice of, the provincial health authority, health care organizations, the cancer agency and any other persons or bodies that the minister considers appropriate.

2017, c P-30.3, s.2-2.

#### Agreements

**2-3** The minister may enter into agreements with the provincial health authority, health care organizations, the cancer agency and any other persons or bodies for the purpose of exercising the minister's powers or carrying out the minister's responsibilities pursuant to this Act.

2017, c P-30.3, s.2-3.

**Ministers power re the provincial health authority**

**2-4** The minister may:

- (a) determine the organization and internal management of the provincial health authority, including:
  - (i) its organizational structures and management responsibilities;
  - (ii) the appropriate level of its administrative services; and
  - (iii) the percentage of the total budget administered by it that may be spent on administrative expenses;
- (b) appoint any advisory groups or committees that the minister considers appropriate;
- (c) require the provincial health authority to prepare and implement any health services plans and any other plans that the minister considers appropriate, including performance plans, information management and technology plans and human-resource plans; and
- (d) determine the health services to be provided by the provincial health authority.

2017, cP-30.3, s.2-4.

**Minister's directives**

**2-5(1)** The minister may, from time to time, give a written directive to a health services entity requiring the health services entity to take any action that the minister considers necessary in relation to the operations of, or the health services provided by, the health services entity.

(2) Without limiting the generality of subsection (1), a minister's written directive may require a health services entity:

- (a) to carry out its operations and provide its health services in accordance with the strategic direction, plans, priorities or guidelines for the health care system as set by the minister;
- (b) to carry out its responsibilities as set out in this Act and to exercise its powers in accordance with this Act; or
- (c) to coordinate the activities that it undertakes and the health services that it provides with any other person or organization engaged in the provision of health services or other services that, in the minister's opinion, may impact the provision of health services.

2017, cP-30.3, s.2-5.

**Directives to be complied with**

**2-6** No health services entity shall fail to comply with a written directive given pursuant to section 2-5 within the period and in the manner that the minister may set out in the directive.

2017, c P-30.3, s.2-6.

**Provision of funding**

**2-7(1)** The minister may provide funding to a health services entity for the purposes of this Act.

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

- (a) provide those grants or payments to the provincial health authority instead of the health services entity or person; and
- (b) delegate to the provincial health authority, subject to any terms and conditions the minister considers appropriate, the minister's powers with respect to the provision of the grants or payments.

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

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

2017, c P-30.3, s.2-7.

**Provision of services**

**2-8** If the minister considers it in the public interest to do so, the minister may do all or any of the following:

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

2017, c P-30.3, s.2-8.

**Designation of facilities**

**2-9** The minister may designate all or part of a facility operated by a health services entity or any other person as one of the prescribed categories of facilities.

2017, cP-30.3, s.2-9.

**Standards for health services and facilities**

**2-10** A health services entity or a person operating a facility mentioned in section 2-9 shall comply with:

- (a) any prescribed standards that are applicable to the health services entity or person; and
- (b) any prescribed standards that are applicable to a facility or part of a facility operated by the health services entity or person.

2017, cP-30.3, s.2-10.

**Surgical and diagnostic registries**

**2-11(1)** The minister may establish surgical, diagnostic or other health-services registries for the purpose of recording information respecting the provision of health services in Saskatchewan.

(2) For the purposes of the registries, a health services entity shall provide to the minister any prescribed information with respect to persons who are scheduled to receive surgical, diagnostic or other health services at a facility operated by it.

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

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

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

2017, cP-30.3, s.2-11.

## PART 3 Provincial Health Authority

**Definitions for Part**

**3-1** In this Part:

“**member**” means a member of the provincial health authority appointed pursuant to section 3-6;

“**regional health authority**” means a regional health authority established or continued pursuant to *The Regional Health Services Act*, as that Act existed on the day before the coming into force of this section.

2017, cP-30.3, s.3-1.

**Provincial Health Authority continued**

**3-2** The following regional health authorities are amalgamated and continued as the provincial health authority:

- (a) Cypress Regional Health Authority;
- (b) Five Hills Regional Health Authority;
- (c) Heartland Regional Health Authority;
- (d) Keewatin Yatthe Regional Health Authority;
- (e) Kelsey Trail Regional Health Authority;
- (f) Mamawetan Churchill River Regional Health Authority;
- (g) Prairie North Regional Health Authority;
- (h) Prince Albert Parkland Regional Health Authority;
- (i) Regina Qu'Appelle Regional Health Authority;
- (j) Saskatoon Regional Health Authority;
- (k) Sun Country Regional Health Authority;
- (l) Sunrise Regional Health Authority.

2017, c P-30.3, s.3-2.

**Name of provincial health authority**

**3-3(1)** The Lieutenant Governor in Council shall assign a name to the provincial health authority and may assign an abbreviated form of the name.

(2) The abbreviation when used has the same legal effect and meaning as the full name of the provincial health authority.

(3) The minister shall cause the name and any abbreviation assigned pursuant to this section to be published in *The Saskatchewan Gazette* and to be posted to the ministry's website.

2017, c P-30.3, s.3-3.

**Effect of amalgamation or continuation**

**3-4(1)** In this section, “**former regional health authority**” means a regional health authority amalgamated pursuant to section 3-2 into the provincial health authority.

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

(3) Notwithstanding any other Act, regulation, agreement or law, all assets, liabilities, rights and obligations of each former regional health authority continue as the assets, liabilities, rights and obligations of the provincial health authority.

- (4) Without limiting the generality of subsection (3) and for the purposes of that subsection:
- (a) the provincial health authority is substituted for any former regional health authority with respect to any agreement to which the former regional health authority was a party, including contracts of employment and collective agreements;
  - (b) the continuation does not violate, void or constitute a breach of the terms of any agreement to which a former regional health authority was a party, including:
    - (i) any provision requiring exclusivity of contract; or
    - (ii) any provision of any policy of insurance;
  - (c) any existing right, claim, cause of action or proceeding brought against a former regional health authority is unaffected and continues against the provincial health authority.
- (5) Each bylaw of a former regional health authority respecting medical, dental or chiropractic staff that, immediately before the coming into force of this section, applied to a facility operated by the former regional health authority is continued as a bylaw of the provincial health authority until it is repealed or replaced by the provincial health authority.
- (6) Each appointment by a former regional health authority of a person to the practitioner staff of a facility that, immediately before the coming into force of this section, was operated by the former regional health authority is continued as an appointment by the provincial health authority of that person to the practitioner staff of the facility until the earlier of:
- (a) the expiry of the term of the appointment; and
  - (b) the termination of the appointment by the provincial health authority.
- (7) Each delegation by a former regional health authority of a power pursuant to *The Public Health Act, 1994* that is in effect immediately before the coming into force of this section is continued as a delegation by the provincial health authority until the termination of the delegation by the provincial health authority.
- (8) A foundation that was established with respect to a former regional health authority may, subject to any restrictions placed on the funds by donors, continue to use its funds as the foundation considers appropriate:
- (a) to benefit any facility located in the health region associated with the former regional health authority;
  - (b) to provide health services in the health region associated with the former regional health authority; or
  - (c) for other charitable purposes for which the foundation was established.
- (9) A foundation mentioned in subsection (8) shall annually provide the provincial health authority with copies of its audited year-end financial statements within the period and in the manner required by the provincial health authority.

**Regulations for purposes of amalgamation**

**3-5(1)** The Lieutenant Governor in Council may make regulations respecting any matters that the Lieutenant Governor in Council considers necessary or advisable:

- (a) to facilitate the amalgamation of regional health authorities into the provincial health authority;
  - (b) to address any matters that may arise out of the amalgamation of regional health authorities into the provincial health authority that are not dealt with in this Act.
- (2) If there is any conflict between the regulations made pursuant to subsection (1) and any other provision of this Act or any other Act or law, the regulations made pursuant to this section prevail.
- (3) Regulations made pursuant to this section may be made retroactive to the date on which this section came into force.

2017, c P-30.3, s.3-5.

**Status and composition of provincial health authority**

**3-6(1)** The provincial health authority is a not-for-profit corporation.

- (2) The provincial health authority is a public agency within the meaning of *The Financial Administration Act, 1993*.
- (3) The provincial health authority consists of not more than 10 members appointed by the Lieutenant Governor in Council.
- (4) Each member must meet the prescribed qualifications.
- (5) A member:
  - (a) holds office at pleasure for a term not exceeding 3 years and until a successor is appointed; and
  - (b) is eligible for reappointment.

2017, c P-30.3, s.3-6.

**Board**

**3-7(1)** The members of the provincial health authority constitute the board of the provincial health authority.

(2) The board of the provincial health authority is responsible for administering the affairs and conducting the business of the provincial health authority.

2017, c P-30.3, s.3-7.

**Officers and meetings**

**3-8(1)** The Lieutenant Governor in Council shall designate one of the members of the provincial health authority as chairperson and another member as vice-chairperson.

- (2) The chairperson shall preside over meetings of the provincial health authority.
- (3) If the chairperson is absent or otherwise unable to act or if the office of chairperson is vacant, the vice-chairperson may exercise all the powers and shall perform all the duties of the chairperson.

(4) In the absence of the chairperson and vice-chairperson, the members who are present at a meeting and who constitute a quorum may designate one of their number to act as the chairperson, and that member may exercise all the powers and shall perform all the duties of the chairperson.

(5) A majority of the members constitutes a quorum.

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

2017, cP-30.3, s.3-8.

#### **Remuneration of members**

**3-9(1)** The Lieutenant Governor in Council may determine the maximum rates for the remuneration and reimbursement for expenses that may be paid to members.

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

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

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

2017, cP-30.3, s.3-9.

#### **Disqualification of members**

**3-10(1)** A member is disqualified from holding office if:

- (a) the member fails to meet or ceases to meet any prescribed qualification; or
- (b) the member is absent from 3 or more consecutive meetings of the provincial health authority without the authorization of the provincial health authority.

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

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

- (a) the minister may recommend to the Lieutenant Governor in Council that the appointment of the member be terminated; and
- (b) the Lieutenant Governor in Council, on the recommendation of the minister, shall terminate the appointment of the member.

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

2017, cP-30.3, s.3-10.

**Non-voting members**

- 3-11(1)** The minister may appoint additional persons to be non-voting members of the provincial health authority.
- (2) A non-voting member holds office at pleasure for the term set out in his or her appointment and until a successor is appointed.
- (3) A non-voting member is entitled to be notified of and to attend all meetings of the provincial health authority, but not to vote at the meeting.
- (4) If authorized in the regulations, a non-voting member is entitled to receive from the funds of the provincial health authority remuneration and reimbursement for expenses at the prescribed rate or in an amount not exceeding the prescribed maximum rate.

2017, c P-30.3, s.3-11.

**Amalgamation of health care organization**

- 3-12(1)** In this section, “**health care organization**” means a health care organization that is a corporation, other than a corporation that is incorporated, registered or continued pursuant to *The Business Corporations Act, 2021*.
- (2) Notwithstanding any other Act, regulation, agreement or law, the provincial health authority may amalgamate with a prescribed health care organization and continue as one corporation under the process specified in this section.
- (3) If the provincial health authority and a health care organization intend to amalgamate, they must execute a notice of amalgamation in accordance with subsection (4) and file the notice of amalgamation with the minister.
- (4) A notice of amalgamation must:
- (a) be in the prescribed form;
  - (b) be executed by a duly authorized officer of:
    - (i) the provincial health authority pursuant to a resolution of the provincial health authority authorizing its execution; and
    - (ii) the health care organization pursuant to a resolution of the board of directors of the health care organization authorizing its execution;
  - (c) specify the effective date of the amalgamation.
- (5) A notice of amalgamation with respect to a health care organization that is incorporated, registered or continued pursuant to *The Non-profit Corporations Act, 2022* or *The Co-operatives Act, 1996* is not valid unless the amalgamation is approved by the members of the health care organization in the prescribed manner.
- (6) Subject to subsection (7), on receipt of a notice of amalgamation, the minister may issue an order:
- (a) amalgamating in accordance with the notice the provincial health authority and the health care organization; and
  - (b) declaring the effective date of the amalgamation to be the effective date specified in the notice.

- (7) The minister shall not issue an order pursuant to subsection (6) after the effective date specified in the notice of amalgamation has passed.
- (8) Not later than 30 days after the effective date specified in an order issued pursuant to subsection (6), the order must be:
- (a) published in *The Saskatchewan Gazette*; and
  - (b) filed with the Registrar of Corporations.
- (9) Failure to comply with subsection (8) does not affect the validity of an order.
- (10) On and after the effective date of an amalgamation pursuant to this section:
- (a) the provincial health authority and the amalgamating health care organization are amalgamated as one corporation under the name of the provincial health authority and continue as the provincial health authority;
  - (b) all membership interests in the amalgamating health care organization are extinguished;
  - (c) the assets, liabilities, rights, obligations and contracts of the provincial health authority and the amalgamating health care organization continue as the assets, liabilities, rights, obligations and contracts of the amalgamated corporation;
  - (d) the members of the provincial health authority continue as the members of the continued provincial health authority;
  - (e) the chairperson and vice-chairperson of the provincial health authority continue as the chairperson and vice-chairperson of the continued provincial health authority;
  - (f) the bylaws of the provincial health authority continue as the bylaws of the continued provincial health authority; and
  - (g) sections 3-3 to 3-6 apply, with any necessary modification, to the continued provincial health authority.
- (11) Without limiting the generality of clause (10)(c) and for the purposes of that clause:
- (a) the provincial health authority is substituted for any amalgamating health care organization with respect to any agreement to which the amalgamating health care organization was a party, including contracts of employment and collective agreements;
  - (b) the continuation does not violate, void or constitute a breach of the terms of any agreement to which the amalgamating health care organization was a party, including:
    - (i) any provision requiring exclusivity of contract; or
    - (ii) any provision of any policy of insurance;
  - (c) any existing right, claim, cause of action or proceeding brought against the amalgamating health care organization is unaffected and continues against the provincial health authority.

**Record of orders, documents**

- 3-13(1)** If an order is made by the Lieutenant Governor in Council pursuant to this Part, the Clerk of the Executive Council shall certify a true copy of the order and file it with the minister.
- (2) The minister shall retain in the ministry:
- (a) every certified copy of an order filed pursuant to subsection (1);
  - (b) every order made by the minister pursuant to this Part;
  - (c) every notice of amalgamation filed pursuant to section 3-12;
  - (d) every document mentioned in subsection 26(2) of *The Regional Health Services Act*; and
  - (e) every document mentioned in subsection 22(2) of *The Health Districts Act*.
- (3) The minister may issue certified copies of:
- (a) any certified copy of an order that is filed pursuant to subsection (1);
  - (b) any order made by the minister pursuant to this Part;
  - (c) any document mentioned in subsection 26(2) of *The Regional Health Services Act*; or
  - (d) any document mentioned in subsection 22(2) of *The Health Districts Act*.
- (4) In addition to any other manner by which an order or certificate may be proved, a certified copy purporting to be issued pursuant to subsection (3) is, for all purposes, in the absence of evidence to the contrary, proof of the original order of the Lieutenant Governor in Council or the minister or the original certificate of the minister, as the case may be, and its contents without proof of the office or signature of the person purporting to have signed the certification.
- (5) The minister shall make the documents mentioned in subsection (2) publicly available.

2017, c P-30.3, s.3-13.

## PART 4

**Responsibilities and Powers of Provincial  
Health Authority and Cancer Agency**

## DIVISION 1

**General Matters****Responsibility of provincial health authority for health services**

- 4-1(1)** The provincial health authority is responsible for the planning, organization, delivery and evaluation of the health services that it provides.
- (2) In carrying out its responsibilities pursuant to subsection (1), the provincial health authority shall:
- (a) assess the health needs of the residents of Saskatchewan;
  - (b) in accordance with section 7-1, prepare and regularly update an operational plan for the provision of health services;

- (c) provide the health services that the minister, pursuant to clause 7-3(b), has determined that it is to provide;
  - (d) coordinate the health services it provides with those provided by other providers of health services;
  - (e) evaluate the health services that it provides;
  - (f) promote and encourage health and wellness;
  - (g) assist the minister in the development of and implementation of health policies and standards, health-information systems, human-resource plans for the health care system and other provincial health-system initiatives;
  - (h) meet any standards established by the minister respecting the quality of health services that it is to provide;
  - (i) comply with any directions, policies or guidelines issued or established by the minister with respect to the health services it is to provide and the administration of those health services;
  - (j) implement any health services plans and any other plans required by the minister;
  - (k) provide any reports that the minister may require; and
  - (l) undertake any other activities that the minister may direct.
- (3) **Not yet proclaimed.**
- (4) **Not yet proclaimed.**
- (5) **Not yet proclaimed.**

2017, cP-30.3, s.4-1.

**Delegation of minister's powers**

- 4-2(1) The minister may delegate to the provincial health authority the exercise of any powers and the fulfilment of any duties given to or imposed on the minister pursuant to this Act.
- (2) The minister may impose any terms and conditions on a delegation pursuant to this section.
- (3) The provincial health authority shall comply with any terms and conditions imposed pursuant to subsection (2).
- (4) The exercise of any powers and the fulfilment of any duties by the provincial health authority in accordance with a delegation pursuant to this section is deemed to be the performance and exercise by the minister.

2017, cP-30.3, s.4-2.

**Financial, administrative powers****4-3(1)** Subject to section 4-4:

- (a) for the purposes of carrying out its responsibilities pursuant to this Act, the provincial health authority may:
    - (i) borrow any amounts of money that it considers necessary for its purposes and may secure those loans to the lender by mortgages, bills of exchange, promissory notes or hypothecation of its revenues or by any other instrument required by the lender;
    - (ii) purchase, lease or otherwise acquire real property;
    - (iii) sell, lease or otherwise dispose of real property when that real property is no longer required or when the provincial health authority considers it desirable to do so;
    - (iv) purchase, lease or otherwise acquire personal property;
    - (v) sell, lease or otherwise dispose of personal property when that personal property is no longer required or when the provincial health authority considers it desirable to do so; and
    - (vi) construct, renovate, alter, operate and manage facilities; and
  - (b) for the purpose of carrying out its responsibilities pursuant to this Act and *The Cancer Agency Act*, the cancer agency may:
    - (i) borrow any amounts of money that it considers necessary for its purposes and may secure those loans to the lender by mortgages, bills of exchange, promissory notes or hypothecation of its revenues or by any other instrument required by the lender;
    - (ii) purchase, lease or otherwise acquire real property;
    - (iii) sell, lease or otherwise dispose of real property when that real property is no longer required or when the cancer agency considers it desirable to do so;
    - (iv) purchase, lease or otherwise acquire personal property;
    - (v) sell, lease or otherwise dispose of personal property when that personal property is no longer required or when the cancer agency considers it desirable to do so; and
    - (vi) construct, renovate, alter, operate and manage facilities.
- (2) The provincial health authority may, for the purpose of carrying out its responsibilities pursuant to this Act:
- (a) accept grants, donations, gifts and bequests of real or personal property;
  - (b) subject to subsection (5), manage, invest and expend all moneys and manage all property that belongs to it;

- (c) provide funding:
    - (i) subject to section 4-11 or 4-16, to a health care organization;
    - (ii) to a person other than a health care organization, for the provision of health services; or
    - (iii) subject to the approval of the minister and to any directions of the minister, to any other person;
  - (d) subject to the regulations, determine the charges to be made for health services provided by the provincial health authority or any health care organization;
  - (e) subject to Division 2, employ or engage the services of any person;
  - (f) provide superannuation and other benefits for its employees;
  - (g) appoint persons or committees to provide advice to it;
  - (h) enter into agreements with the Government of Canada or its agencies, the Government of Saskatchewan or its agencies, the government of any other province or territory of Canada or its agencies, municipalities, any other government organization, Indian bands, health care organizations or any other persons;
  - (i) cooperate with persons who provide education or training to students of disciplines, occupations and professions that provide health services; and
  - (j) exercise any other rights, powers and privileges that may be prescribed or are necessary, incidental or conducive to the exercise of the powers conferred on it pursuant to this Act.
- (3) The cancer agency may, for the purpose of carrying out its responsibilities pursuant to this Act or *The Cancer Agency Act*:
- (a) accept grants, donations, gifts and bequests of real or personal property;
  - (b) subject to subsection (5), manage, invest and expend all moneys and manage all property that belongs to it;
  - (c) provide funding:
    - (i) to any person for the provision of cancer control services; or
    - (ii) subject to the approval of the minister and to any directions of the minister, to any other person;
  - (d) subject to the regulations, determine the charges to be made for cancer control services provided by the agency;
  - (e) subject to Division 2 and *The Cancer Agency Act*, employ or engage the services of any person;
  - (f) provide superannuation and other benefits for its employees;
  - (g) appoint persons or committees to provide advice to it;

- (h) enter into agreements with the Government of Canada or its agencies, the Government of Saskatchewan or its agencies, the government of any other province or territory of Canada or its agencies, municipalities, any other government organization, Indian bands, the provincial health authority, health care organizations or any other persons;
  - (i) cooperate with persons who provide education or training to students of disciplines, occupations and professions that provide cancer control services; and
  - (j) exercise any other rights, powers and privileges that are prescribed or are necessary, incidental or conducive to the exercise of the powers conferred on it pursuant to this Act or *The Cancer Agency Act*.
- (4) A person employed or engaged by the provincial health authority or the cancer agency is not an officer, servant or agent of the Crown in right of Saskatchewan and *The Public Service Act 1998* does not apply to those persons.
- (5) The provincial health authority and the cancer agency may invest moneys only in those investments in which trustees are permitted to invest pursuant to *The Trustee Act, 2009*.

2017, cP-30.3, s.4-3.

#### **Limitations on powers**

- 4-4(1) Unless it obtains the approval of the minister, the provincial health authority or the cancer agency shall not:
- (a) purchase, lease or otherwise acquire for consideration an interest in real property if the total amount to be paid to acquire the interest exceeds a prescribed amount;
  - (b) sell, lease or otherwise dispose of an interest in real property if the value of the interest exceeds a prescribed amount;
  - (c) purchase, lease or otherwise acquire for consideration an interest in personal property if the total amount to be paid to acquire the interest exceeds a prescribed amount;
  - (d) sell, lease or otherwise dispose of an interest in personal property if the value of the interest exceeds a prescribed amount; or
  - (e) construct, renovate or alter a facility if the cost of the construction, renovation or alteration exceeds a prescribed amount.
- (2) Unless it obtains the approval of the minister, the cancer agency shall not borrow any money if the total indebtedness of the cancer agency exceeds a prescribed amount.
- (3) The minister shall not grant an approval pursuant to subsection (2) without obtaining the consent of the Minister of Finance.

2017, cP-30.3, s.4-4.

DIVISION 2  
**Employment Matters**

**Definition for Division**

**4-5** In this Division:

**“contract”** means a contract of employment between the provincial health authority or the cancer agency and one of its employees;

**“employee”** means, with respect to the provincial health authority or the cancer agency:

- (a) its chief executive officer;
- (b) any person that reports directly to its chief executive officer; and
- (c) any other prescribed person;

**“employer”** means the provincial health authority or the cancer agency.

2017, cP-30.3, s.4-5.

**Employment of chief executive officer**

**4-6(1)** Subject to subsections (2) and (3):

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

(b) the cancer agency shall employ by contract a chief executive officer who is responsible, in accordance with the directions of the agency, for the general management and conduct of the affairs of the cancer agency.

(2) No person shall be employed as a chief executive officer unless approved by the Lieutenant Governor in Council.

(3) The Lieutenant Governor in Council may appoint the first chief executive officer for the provincial health authority.

(4) An employer shall, within 30 days after the day on which a contract is entered into or an amendment is made to the contract, file a copy of the contract or amendment as the case may be, with the minister.

(5) A contract is a public document and is to be made available for public inspection by the employer when requested.

(6) Subsection (5) applies, notwithstanding any provision of the contract providing that all or any part of the contract is to remain confidential, and any provision to that effect in a contract is void.

2017, cP-30.3, s.4-6.

**Termination of contract**

**4-7** An employer may terminate a contract for cause at any time, without notice, notwithstanding the provisions of the contract.

2017, cP-30.3, s.4-7.

**Deemed provisions in contracts**

- 4-8(1) Every contract is deemed to include the provisions set out in subsections (2) to (7).
- (2) An employer may terminate a contract without cause by providing its employee with:
- (a) written notice equal to the least of:
    - (i) the remainder of the term of the contract;
    - (ii) the period of notice provided for in the contract; and
    - (iii) the period of notice that common law principles would provide for:
      - (A) without considering the provisions of the contract mentioned in subclauses (i) and (ii); and
      - (B) if the contract is for a definite term, as if the contract were for an indefinite term; or
  - (b) payment in lieu of the notice mentioned in clause (a) equal to the least of:
    - (i) the amount payable pursuant to the contract for the remainder of the term of the contract;
    - (ii) the amount payable pursuant to the contract for the period of notice provided in the contract; or
    - (iii) the amount that common law principles would provide for with respect to the period of notice that common law principles would provide for:
      - (A) without considering the provisions of the contract mentioned in subclauses (a)(i) and (ii); and
      - (B) if the contract is for a definite term, as if the contract were for an indefinite term.
- (3) If a contract is terminated with cause, an employer is not obligated to make any payment in lieu of notice resulting from the termination.
- (4) If a contract is terminated for any reason other than one described in subsection (3), the maximum payment resulting from the termination that an employer may make, subject to subsection (5), must not exceed the amount the employer would have to pay pursuant to subsection (2) if it terminated the contract without cause.
- (5) On termination of a contract, an employer may:
- (a) provide for an allowance for relocation expenses if the employee had moved to his or her place of employment within the 3 years before the date of termination of the contract; and
  - (b) pay for employment counselling for a period of not more than 4 months.

(6) In addition to any payments to which an employee may be entitled pursuant to this section, an employee is entitled, on termination or on the expiration of a contract, to:

- (a) a payment for holidays that the employee has earned up to the date of termination or expiration but not used;
  - (b) any pension benefits or refund of pension contributions to which the employee is entitled by law; and
  - (c) any payments to which the employee is entitled under any benefit program that is available to all employees of the employer.
- (7) Every employee shall mitigate his or her damages on termination of the contract.

2017, cP-30.3, s.4-8.

***Crown Employment Contracts Act not to apply***

**4-9** Notwithstanding *The Crown Employment Contracts Act*, the provincial health authority is not a Crown employer within the meaning of that Act.

2017, cP-30.3, s.4-9.

### DIVISION 3 Written Agreements

**Definitions for and interpretation of Division**

**4-10(1)** In this Division:

**“designated health care organization”** means:

- (a) an affiliate; or
- (b) any other prescribed health care organization that operates a special-care home designated pursuant to the regulations;

**“written agreement”** means an agreement mentioned in subsection (2).

(2) This Division and the regulations made for the purposes of this Division apply to every written agreement:

- (a) that is entered into pursuant to this Division on or after the coming into force of this Division; or
- (b) that was governed by Division 2 of Part V of *The Regional Health Services Act*, as that Division existed on the day before the coming into force of this Division, and that exists on the day on which this Division comes into force.

(3) This Division and the regulations made for the purposes of this Division prevail if there is any conflict between this Division and those regulations and:

- (a) any written agreement;
- (b) any other provision of this Act;

- (c) any other Act or regulation or any former provision of another Act or regulation; or
  - (d) any other law.
- (4) Provisions in a written agreement that are inconsistent with this Act and the regulations are void to the extent that they are inconsistent.

2017, c P-30.3, s.4-10.

**Written agreement respecting the provisions of health services**

4-11(1) Subject to subsections (2) to (10), the provincial health authority may enter into a written agreement respecting the provision of health services with a designated health care organization.

(2) The provincial health authority shall not make any payments or provide any funding to a designated health care organization mentioned in subsection (1) for health services provided by that health care organization unless the provincial health authority has a written agreement with the designated health care organization.

(3) A written agreement entered into, or renewed, on or after the coming into force of this Division must contain the following provisions:

- (a) subject to subsection (4), provisions respecting the term of the written agreement;
- (b) provisions respecting the health services to be provided by the designated health care organization;
- (c) provisions respecting the funding to be provided by the provincial health authority for the health services provided by the designated health care organization;
- (d) provisions respecting any performance measures and targets to be achieved by the designated health care organization in relation to the provision of health services by the designated health care organization;
- (e) provisions respecting the reports the designated health care organization is required to make to the provincial health authority, including the records, reports, returns and financial information the designated health care organization must provide;
- (f) provisions giving either party to the written agreement the right to terminate the written agreement for any reason before the expiry of the term of the written agreement on giving the other party at least 365 days' written notice of the intention to terminate;
- (g) provisions requiring either party to the written agreement to provide the other party with at least 365 days' written notice before the expiry of the written agreement that:
  - (i) if the written agreement does not contain provisions respecting renewal of the agreement, the party does not intend to enter into a new written agreement with the other party; or
  - (ii) if the written agreement does contain provisions respecting renewal of the agreement, the party does not intend to renew the written agreement;

- (h) provisions giving either party the right to terminate the written agreement in the event of a breach of the written agreement by the other party and provisions respecting the rights of the parties on termination resulting from a breach of the written agreement;
  - (i) any additional prescribed provisions.
- (4) The minimum term of a written agreement is:
- (a) 5 years; or
  - (b) any other period that the parties may agree to in the written agreement.
- (5) A written agreement must not be inconsistent with this Act or the regulations.
- (6) It is an implied provision of every written agreement that the parties must comply with:
- (a) this Act and the regulations;
  - (b) any other applicable Act and any regulations made pursuant to that Act;
  - (c) any applicable Act of the Parliament of Canada and any regulations made pursuant to that Act; and
  - (d) any applicable municipal bylaws.
- (7) Within 30 days after the date on which the provincial health authority and the designated health care organization have entered into or renewed a written agreement governed by this Division, the provincial health authority shall provide a copy of the written agreement to the minister.
- (8) Subsections (3) to (7) apply, with any necessary modification, to an amendment to a written agreement.
- (9) The provincial health authority may provide funding respecting the provision of health services to a designated health care organization without a written agreement that complies with this section if:
- (a) the provincial health authority and the designated health care organization are in the process of negotiating a written agreement for the purposes of this section; and
  - (b) either:
    - (i) the period of funding does not exceed 120 days; or
    - (ii) the funding occurs while matters respecting the conclusion of a written agreement between the provincial health authority and the designated health care organization are being mediated pursuant to subsection (10).
- (10) If the provincial health authority and a designated health care organization are unable to conclude a written agreement:
- (a) either the provincial health authority or the health care organization may refer the matter to mediation; and
  - (b) section 4-12 applies, with any necessary modification, to the mediation mentioned in clause (a).

(11) If the written agreement between a regional health authority and the designated health care organization mentioned in clause 4-10(2)(b) contains provisions that are inconsistent with this Act or the regulations those provisions are void to the extent that they are inconsistent with this Act and the regulations.

2017, c P-30.3, s.4-11.

#### Mediation re written agreements

4-12(1) In this section, “**manager of mediation services**” means the manager of mediation services appointed pursuant to section 14.1 of *The Justice and Attorney General Act*.

(2) The parties to a written agreement are deemed to have agreed to submit to mediation and arbitration in accordance with this section and section 4-13 all matters involving:

- (a) the meaning or application of the written agreement;
- (b) the rights or obligations under the written agreement; or
- (c) an alleged breach of the written agreement.

(3) Either party to a written agreement may request the manager of mediation services to appoint a mediator to assist them in resolving any matter mentioned in subsection (2).

(4) A request pursuant to this section must:

- (a) be in writing;
- (b) state the matter that is to be referred to mediation; and
- (c) if the request is made by one party to the written agreement, be provided to the other party before, or as soon as is reasonably possible after, it is provided to the manager of mediation services.

(5) On receiving a request pursuant to subsection (2), the manager of mediation services may appoint a person as a mediator to assist the parties in reaching an agreement on the matter referred to the manager of mediation services.

(6) If the manager of mediation services appoints a mediator pursuant to this section, the manager of mediation services shall provide the parties with a written notice containing both of the following:

- (a) the name of the mediator appointed;
- (b) the mediator’s fees and expenses that the parties must pay.

(7) On receipt of a written notice pursuant to subsection (6), each of the parties shall provide the mediator with a written statement respecting the matter that has been referred to mediation.

(8) Any mediation pursuant to this section is to be conducted within 120 days after the date on which the manager of mediation services has provided the parties with a written notice pursuant to subsection (6).

(9) The parties to the written agreement shall pay an equal share of the mediator’s fees and expenses set out pursuant to subsection (6).

(10) If the period within which mediation is to be conducted has expired and the parties have not reached an agreement on any matter referred to the mediator, the mediator shall provide a written report, with any recommendations on those matters that the mediator considers advisable, to:

- (a) the parties to the written agreement; and
- (b) the minister.

(11) In a report made pursuant to subsection (10), the mediator may note the following:

- (a) that the mediator has been unable to resolve any matter referred to the mediator;
- (b) that either or both parties have refused to participate in the mediation or to resolve the dispute.

2017, cP-30.3, s.4-12.

#### **Arbitration of written agreements**

**4-13(1)** The parties to a written agreement are deemed to have entered into an arbitration agreement as defined in *The Arbitration Act, 1992* to submit to arbitration pursuant to this section and *The Arbitration Act, 1992* all matters involving:

- (a) the meaning or application of the written agreement;
- (b) the rights or obligations under the written agreement; or
- (c) an alleged breach of a written agreement.

(2) Either party to a written agreement may notify the other party that it wishes to submit to arbitration any matter mentioned in subsection (1), or both parties to a written agreement may agree to submit to arbitration any matter mentioned in subsection (1).

(3) A request pursuant to subsection (2) may be made only if:

- (a) the matter has been submitted to mediation pursuant to section 4-12; and
- (b) the period within which mediation is to be conducted has expired and a written report has been provided pursuant to subsection 4-12(10).

(4) The party or parties that wish to submit a matter to arbitration shall provide written notice of the submission to:

- (a) the minister; and
- (b) in the case of a written notice provided by only one party, the other party to the written agreement.

(5) The provision of a written notice pursuant to subsection (4) is deemed to commence the arbitration.

(6) An arbitration pursuant to this section is to be conducted in accordance with *The Arbitration Act, 1992* and this Act.

2017, cP-30.3, s.4-13.

**Compensation for termination or non-renewal of written agreement**

4-14(1) In this section:

**“assets and ongoing business operations”** means the assets and ongoing business operations of a designated health care organization, including any consideration for intangible assets, that are directly associated with providing health services under a written agreement but, subject to the regulations, does not include any assets that were acquired in whole or in part with public funding;

**“fair market value”** means, subject to this section and the regulations, the amount that, on the date a written agreement is terminated or expires, represents the fair market value of the assets and ongoing business operations of the designated health care organization that might be expected to be realized if the assets and ongoing business operations were sold in an open and unrestricted market by a willing seller to a knowledgeable and willing purchaser and expressed in terms of cash;

**“public funding”** means public funding as defined in the regulations.

(2) This section applies only if the provincial health authority gives the designated health care organization a written notice that the provincial health authority intends:

(a) to terminate the written agreement before the expiry of the term of the written agreement for a reason other than a substantial breach of the written agreement by the designated health care organization; or

(b) not to renew the written agreement or not to enter into a new written agreement with the designated health care organization.

(3) If the provincial health authority gives a written notice mentioned in subsection (2), it must do so in accordance with the requirements of clause 4-11(3)(f) or (g), as the case may be.

(4) If the provincial health authority gives a written notice mentioned in subsection (2), the designated health care organization may require the provincial health authority to acquire its assets and ongoing business operations at fair market value.

(5) The parties to a written agreement are deemed to have agreed to submit to mediation and arbitration all disputes involving the fair market value of the assets and ongoing business operations of the designated health care organization.

(6) Sections 4-12 and 4-13 apply, with any necessary modification, to the mediation and arbitration mentioned in subsection (5).

2017, c P-30.3, s.4-14.

**Ceasing to make payments**

4-15(1) The provincial health authority may act pursuant to this section if the provincial health authority is satisfied that any of the following circumstances exist:

(a) the safety of persons receiving health services from a designated health care organization is being jeopardized;

- (b) a designated health care organization has ceased to provide health services that comply with reasonable standards of care;
  - (c) a designated health care organization has ceased to function or is otherwise not capable of carrying out its responsibilities.
- (2) Before acting pursuant to subsection (4), the provincial health authority shall provide a written notice to the designated health care organization:
- (a) setting out the circumstances that the provincial health authority is satisfied exist in relation to subsection (1) and the facts surrounding those circumstances; and
  - (b) informing the designated health care organization of its right to make written representations to the provincial health authority within 14 days after receiving the written notice.
- (3) A designated health care organization may make written representations to the provincial health authority within 14 days after the date on which the designated health care organization received a written notice pursuant to subsection (2) respecting:
- (a) the facts and circumstances set out in the written notice and any other information that the designated health care organization considers relevant, including facts to establish that the circumstances mentioned in the written notice have been rectified or no longer exist; and
  - (b) whether or not the provincial health authority should act pursuant to subsection (4).
- (4) Notwithstanding the provisions of a written agreement, the provincial health authority may reduce or cease making payments under the written agreement to the designated health care organization if the designated health care organization does not satisfy the provincial health authority within the 14-day period mentioned in subsection (3), or any longer period that it may agree to, that:
- (a) the circumstances mentioned in the written notice provided pursuant to subsection (2) have been rectified or no longer exist; or
  - (b) the provincial health authority should not act pursuant to this subsection.
- (5) The provincial health authority shall send a written notice of its decision to act pursuant to subsection (4) to the designated health care organization and the minister as soon as possible after taking that action.

DIVISION 4  
**Other Written Agreements**

**Written agreements with other than designated health care organizations**

**4-16(1)** The provincial health authority may enter into a written agreement respecting the provision of health services with a health care organization that is not a designated health care organization, as defined in section 4-10.

(2) The provincial health authority shall not make any payments or provide any funding to a health care organization mentioned in subsection (1) for health services provided by that health care organization unless the authority has a written agreement with the health care organization.

2017, c P-30.3, s.4-16.

PART 5  
**Health Care Organizations and Affiliates**

**General responsibilities of health care organization**

**5-1(1)** A health care organization shall:

(a) cooperate with the minister and the provincial health authority to achieve any goals and objectives for health services set by the minister and the authority;

(b) conduct its activities and affairs in a manner that is consistent with, and that reflects, the health goals and objectives established by the minister and the provincial health authority;

(c) with respect to health services for which it is given funding by the provincial health authority, provide those health services in accordance with the agreement required by section 4-11 or 4-16; and

(d) comply with this Act and the regulations.

(2) A health care organization shall not provide health services that are inconsistent with the operational plan of the provincial health authority.

(3) Nothing in this Act precludes a health care organization that is owned by a religious organization from providing health services in a manner that is consistent with the fundamental principles of the religion or faith to which the religious organization adheres.

2017, c P-30.3, s.5-1.

**Limitation on powers of affiliate**

**5-2(1)** Notwithstanding any other Act or law, the power of an affiliate to make bylaws and rules governing its activities and affairs is subject to this Act and the regulations.

(2) Notwithstanding any other Act or law, an affiliate may invest moneys only in those investments in which trustees are permitted to invest pursuant to *The Trustee Act, 2009*.

- (3) Notwithstanding any other Act or law, the following powers of an affiliate are subject to subsection (4):
- (a) the power to borrow money and the power to secure those loans to the lender by mortgages, bills of exchange, promissory notes or hypothecation of its revenues or by any other instrument required by the lender;
  - (b) the power to purchase, lease or otherwise acquire real property;
  - (c) the power to sell, lease or otherwise dispose of real property if the real property is no longer required or if the affiliate considers it desirable to sell, lease or otherwise dispose of the real property;
  - (d) the power to purchase, lease or otherwise acquire personal property;
  - (e) the power to sell, lease or otherwise dispose of personal property;
  - (f) the power to construct, renovate, alter, operate or manage facilities.
- (4) Unless it obtains the approval of the minister, an affiliate shall not:
- (a) borrow money if the total indebtedness of the affiliate exceeds a prescribed amount;
  - (b) purchase, lease or otherwise acquire for consideration an interest in real property if the total amount to be paid to acquire the interest exceeds a prescribed amount;
  - (c) sell, lease or otherwise dispose of an interest in real property if the value of the interest exceeds a prescribed amount;
  - (d) purchase, lease or otherwise acquire for consideration an interest in personal property if the total amount to be paid to acquire the interest exceeds a prescribed amount;
  - (e) sell, lease or otherwise dispose of an interest in personal property if the value of the interest exceeds a prescribed amount; or
  - (f) construct, renovate or alter a facility if the cost of the construction, renovation or alteration exceeds a prescribed amount.
- (5) Subject to the regulations and any directions of the provincial health authority, an affiliate may determine the charges to be made for health services provided by it.

**Restrictions on sale and transfer of membership interests**

**5-3** If the minister, the provincial health authority, a regional health authority as it existed before the coming into force of this section or a district health board has provided funding, in an amount that exceeds the prescribed amount, to a health care organization for the acquisition, construction, renovation or alteration of a facility, the health care organization shall not, without the prior approval of the minister, transfer any share or membership interest in the health care organization or issue new shares or membership interests in the health care organization.

2017, c P-30.3, s.5-3.

**Consultation before approval**

**5-4** The minister shall not grant an approval pursuant to subsection 5-2(4) or section 5-3 without consulting the provincial health authority.

2017, c P-30.3, s.5-4.

## PART 6 Governance

**General bylaws**

**6-1(1)** The provincial health authority and the cancer agency shall make general bylaws and policies with respect to:

- (a) their internal organization and proceedings;
  - (b) the general conduct and management of their affairs and activities; and
  - (c) any other prescribed matter.
- (2) The minister may do the following:
- (a) make some or all of the initial bylaws of the provincial health authority, including bylaws mentioned in section 6-2;
  - (b) require:
    - (i) the provincial health authority or the cancer agency to change any existing bylaw in accordance with any directions provided by the minister; and
    - (ii) an affiliate to change any existing bylaw made pursuant to section 6-2 in accordance with any directions provided by the minister.
- (3) Any policies made pursuant to subsection (1) must be consistent with any guidelines or directions provided by the minister.

2017, c P-30.3, s.6-1.

**Practitioner staff bylaws**

**6-2** The provincial health authority and every affiliate prescribed for the purposes of this section shall make bylaws governing its practitioner staff, including bylaws:

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

2017, cP-30.3, s.6-2.

**Approval of bylaws**

**6-3(1)** Bylaws made pursuant to this Part by the provincial health authority, the cancer agency or an affiliate must be consistent with any guidelines or directions provided by the minister and must be submitted to the minister for approval.

(2) Bylaws made by the minister pursuant to subsection 6-1(2) may be amended by the provincial health authority.

(3) A bylaw or an amendment to a bylaw mentioned in this section has no effect until it is approved by the minister.

(4) Subsection (3) does not apply to a bylaw that is continued pursuant to subsection 3-4(5).

2017, cP-30.3, s.6-3.

**Appeals – decisions under practitioner staff bylaws**

**6-4(1)** A person who is aggrieved by a decision of the provincial health authority or an affiliate made in relation to the following matters may, in accordance with the regulations, appeal the decision to a tribunal established by the regulations:

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

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

(3) **Not yet proclaimed.**

(4) **Not yet proclaimed.**

2017, cP-30.3, s.6-4.

**Limitation re certain actions of committee**

**6-5(1)** In this section, “**committee**” means a committee established to oversee the activities of the practitioner staff of the provincial health authority or an affiliate.

(2) No action or proceeding lies or shall be commenced against a committee or any member of a committee for any loss or damage suffered by any person by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done, by any of them in the course of, or arising out of, a meeting, investigation, hearing or other business of the committee.

2017, c P-30.3, s.65.

**Public access to bylaws**

**6-6** The bylaws of the provincial health authority, cancer agency or an affiliate mentioned in this Part are to be made publicly available by the provincial health authority, cancer agency or affiliate.

2017, c P-30.3, s.6-6.

**Public access to minutes**

**6-7(1)** Subject to subsection 6-8(4), all minutes of the meetings of the provincial health authority that have been adopted by the provincial health authority at a subsequent meeting are to be made publicly available by the provincial health authority.

(2) Subject to subsection 6-8(4), all minutes of the meetings of the cancer agency that have been adopted by the cancer agency at a subsequent meeting are to be made publicly available by the cancer agency.

2017, c P-30.3, s.6-7.

**Public access to meetings**

**6-8(1)** Subject to subsection (2), meetings of the provincial health authority or of the cancer agency must be open to the public.

(2) The provincial health authority or the cancer agency may hold a meeting or part of a meeting in private if, in the opinion of the provincial health authority or the cancer agency, holding the meeting or part of the meeting in public would:

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

- (3) If, pursuant to subsection (2), a meeting or part of a meeting is held in private, no resolution related to the subject-matter that was discussed in private shall be passed unless the meeting reverts to being held in public.
- (4) The provincial health authority or the cancer agency may exclude from minutes made available pursuant to section 6-7 any matter that relates to a meeting or part of a meeting that was held in private, other than a resolution passed with respect to the matter.
- (5) At least once in each fiscal year, the provincial health authority shall present at a meeting:
- (a) information respecting the health services it is to provide pursuant to clause 7-3(b); and
  - (b) its annual report prepared pursuant to section 7-5 for the preceding fiscal year.
- (6) At least once in each fiscal year, the cancer agency shall present at a meeting:
- (a) information respecting the health services it is to provide pursuant to clause 7-3(b); and
  - (b) its annual report prepared pursuant to *The Cancer Agency Act* for the preceding fiscal year.

2017, cP-30.3, s.6-8.

## PART 7 Planning, Financial and Reporting

### Operational plan

- 7-1(1) The provincial health authority and the cancer agency shall:
- (a) with respect to the period directed by the minister, prepare an operational plan for the provision of the health services that it is responsible to provide; and
  - (b) submit the operational plan to the minister in the form, and within the period, specified by the minister.
- (2) An operational plan required by subsection (1) must be consistent with any guidelines or directions provided by the minister.
- (3) The provincial health authority or the cancer agency:
- (a) may, from time to time, amend its operational plan on its own initiative and submit the amendments to the minister; and
  - (b) shall amend its operational plan in accordance with any direction from the minister.

2017, cP-30.3, s.7-1.

**Financial and health service plan**

**7-2** In each fiscal year, on or before a date set by the minister, the provincial health authority and the cancer agency shall:

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

2017, c P-30.3, s.7-2.

**Annual determination of funding, services and objectives**

**7-3** After receiving the financial and health service plan of the provincial health authority or the cancer agency for a fiscal year, the minister may determine:

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

2017, c P-30.3, s.7-3.

**Returns, reporting monitoring and evaluation systems**

**7-4(1)** On the written request of the minister, the provincial health authority, a health care organization or the cancer agency shall forward to the minister any records, reports and returns specified by the minister in the request.

**(2)** The provincial health authority, a health care organization or the cancer agency shall comply with any directions the minister may provide:

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

2017, c P-30.3, s.7-4.

**Annual report**

**7-5(1)** In each fiscal year, the provincial health authority shall, in accordance with section 13 of *The Executive Government Administration Act*, submit to the minister:

- (a) a report on its activities for the preceding fiscal year; and
- (b) a financial statement showing its business for the preceding fiscal year in any form that may be required by Treasury Board.

- (2) Without limiting the generality of subsection (1), the report must contain:
- (a) financial information respecting any health care organizations with which the provincial health authority has an agreement pursuant to section 4-11 or 4-16;
  - (b) prescribed information respecting the remuneration and benefits paid to the provincial health authority's members, officers and senior employees; and
  - (c) any other information required by the minister.
- (3) The minister shall, in accordance with section 13 of *The Executive Government Administration Act*, lay before the Legislative Assembly each report and statement submitted to the minister pursuant to this section.

2017, cP-30.3, s.7-5.

**Provision of information to provincial health authority**

**7-6(1)** A health care organization that receives funding from the provincial health authority shall prepare and submit to the provincial health authority any information that the provincial health authority requires to carry out any of its responsibilities pursuant to this Act or the regulations, including information required for the preparation of an operational plan, a financial and health service plan or an annual report.

(2) A health care organization shall provide the information mentioned in subsection (1) within the period and in the form required by the provincial health authority.

2017, cP-30.3, s.7-6.

**Audit**

**7-7** The accounts of the provincial health authority or a health care organization must be audited at least once in each fiscal year by an independent auditor who possesses the prescribed qualifications and is appointed for the purpose by the provincial health authority or health care organization, as the case may be.

2017, cP-30.3, s.7-7.

**PART 8**  
**Accountability**

**Community advisory networks**

**8-1(1)** Every community advisory network established pursuant to *The Regional Health Services Act*, as that Act existed before the coming into force of this section, continues until it is revised, replaced, amended or disestablished in accordance with this section.

- (2) **Not yet proclaimed.**
- (3) **Not yet proclaimed.**
- (4) **Not yet proclaimed.**
- (5) A community advisory network is not a corporation, and individuals who participate in a community advisory network are not entitled to remuneration or reimbursement for expenses with respect to that participation, except as authorized by the regulations.
- (6) The Lieutenant Governor in Council may make regulations respecting the establishment and composition of community advisory networks and any other matters respecting community advisory networks that the Lieutenant Governor in Council considers necessary or advisable.

2017, c P-30.3, s.8-1.

#### Critical incidents

8-2(1) In this section:

**“critical incident”** means an incident that:

- (a) arises as a result of the provision of a health service by the provincial health authority, a health services provider or the cancer agency; and
- (b) is listed or described as a critical incident in the *Saskatchewan Critical Incident Reporting Guideline, 2004* published by the ministry, as amended from time to time, or any subsequent edition of the *Saskatchewan Critical Incident Reporting Guideline*;

**“health services provider”** means:

- (a) a health care organization; or
- (b) a prescribed person;

**“legal proceeding”** means any civil proceeding or inquiry in which evidence is or may be given, and includes a proceeding for the imposition of punishment by way of fine, penalty or imprisonment to enforce an Act or regulation made pursuant to an Act, but does not include any prescribed proceeding.

- (2) The provincial health authority shall, in accordance with the regulations:
  - (a) give notice to the minister of the occurrence of any critical incident that arises as a result of a health service provided by it; and
  - (b) investigate any critical incident mentioned in clause (a) and provide a written report to the minister with respect to that critical incident and investigation.
- (3) A health services provider shall, in accordance with the regulations:
  - (a) give notice to the provincial health authority or a prescribed person of the occurrence of any critical incident that arises as a result of a health service provided by the health services provider; and
  - (b) investigate any critical incident mentioned in clause (a) and provide a written report to the person who provided it with the written notice pursuant to clause (a) with respect to that critical incident and investigation.

- (4) The provincial health authority shall:
- (a) give notice to the minister of any critical incident with respect to which it receives notice from a health services provider; and
  - (b) provide the minister with a copy of any report with respect to a critical incident received by it from a health services provider.
- (5) The cancer agency shall, in accordance with the regulations:
- (a) give notice to the minister of the occurrence of any critical incident that arises as a result of a cancer control service provided by it; and
  - (b) investigate any critical incident mentioned in clause (a) and provide a written report to the minister with respect to that critical incident and investigation.
- (6) Subject to subsection (7), a witness in a legal proceeding, whether a party to it or not:
- (a) is not liable to be asked any question, is not permitted to answer any question and is not permitted to make any statement, with respect to an investigation of a critical incident; and
  - (b) is not liable to be asked to produce, and is not permitted to produce:
    - (i) any notice or report mentioned in this section; or
    - (ii) any information in a notice or report mentioned in this section or any documentation used to prepare a notice or report mentioned in this section.
- (7) Subject to subsections (8) and (9), a notice or report mentioned in this section is not admissible as evidence in any legal proceeding.
- (8) The privileges described in subsections (6) and (7) do not apply:
- (a) to information in a notice or report that discloses the facts of a critical incident unless the facts relating to that incident are also fully recorded in a record other than the notice or report and are available to the patient; or
  - (b) to information that is prepared for the purpose of providing care or treatment to a patient, unless that information is also fully recorded in a record other than the notice or report and is available to the patient.
- (9) Nothing in this section affects any privilege that may exist pursuant to section 10 of *The Evidence Act* with respect to:
- (a) a notice or report mentioned in this section;
  - (b) any information provided in a notice or report mentioned in this section; or
  - (c) any documentation used to prepare a notice or report mentioned in this section.

**Inquiry**

- 8-3(1)** The minister may appoint one or more persons to inquire into and report on any matter respecting a health services entity that the minister considers advisable.
- (2) The persons appointed pursuant to subsection (1):
- (a) subject to subsection (3), may, at any reasonable time, enter into and inspect any place or premises under the control of the health services entity;
  - (b) may inspect all records and documents in the possession or control of the health services entity, that, in the opinion of the persons appointed pursuant to subsection (1), are necessary for the inquiry, with the exception of records governed by the privilege provided in section 10 of *The Evidence Act*;
  - (c) may make a copy of any records or documents described in clause (b) that the persons appointed pursuant to subsection (1) may inspect or, if the persons appointed pursuant to subsection (1) are unable to make a satisfactory copy, after giving a receipt may remove and retain the records for any period the persons appointed pursuant to subsection (1) consider reasonable; and
  - (d) may exercise the powers conferred on a commission by sections 11, 15 and 25 of *The Public Inquiries Act, 2013*.
- (3) Nothing in clause (2)(a) authorizes the entry into, or inspection of, a room occupied by a person receiving health services from the health services entity except with the consent of that person.
- (4) A health services entity shall direct its officials and employees to cooperate fully with the persons conducting the inquiry.
- (5) On completion of an inquiry, the persons appointed pursuant to subsection (1) shall prepare a written report on the matter, including any recommendations that the persons consider appropriate, and submit the report to the minister.
- (6) On receipt of a report pursuant to subsection (5), the minister may direct the health services entity to implement any or all of the recommendations contained in the report.
- (7) Persons appointed pursuant to subsection (1) are entitled to remuneration and reimbursement for expenses at the rates set by the minister.

2017, c P-30.3, s.8-3.

**Public administrator**

- 8-4(1)** The Lieutenant Governor in Council may appoint a public administrator to manage the affairs of the provincial health authority or an affiliate if:
- (a) the provincial health authority or affiliate requests that a public administrator be appointed; or
  - (b) the minister is of the opinion that:
    - (i) the provincial health authority is not providing the health services that it is to provide pursuant to clause 7-3(b);

- (ii) the affiliate has contravened an agreement made pursuant this Act and is not prepared to provide health services in the manner required by the agreement;
  - (iii) the safety of persons receiving health services from the provincial health authority or affiliate is, for any reason, being jeopardized;
  - (iv) the provincial health authority or affiliate has ceased to provide health services that comply with reasonable standards of care;
  - (v) the provincial health authority or affiliate is not meeting its financial obligations or is at risk of not meeting its financial obligations;
  - (vi) the provincial health authority or affiliate has ceased to function or is otherwise not capable of carrying out its responsibilities; or
  - (vii) for any other reason, it is in the public interest that a public administrator be appointed.
- (2) On the appointment of a public administrator pursuant to subsection (1) for the provincial health authority:
- (a) the appointment of each member of the provincial health authority is terminated; and
  - (b) subject to subsection (4), the public administrator:
    - (i) may exercise all of the powers of the provincial health authority; and
    - (ii) has control of all assets of the provincial health authority, including the power to dispose of those assets.
- (3) On the appointment of a public administrator pursuant to subsection (1) for an affiliate:
- (a) the directors and any other members of the affiliate cease to have any powers relating to the assets, the operation of the facility or the provision of health services for which the public administrator was appointed; and
  - (b) subject to subsection (4), the public administrator:
    - (i) may exercise all of the powers of the affiliate that relate to the operation of the affiliate's facility or the provision of health services by the affiliate; and
    - (ii) has control of all assets of the affiliate that relate to the operation of the affiliate's facility or the provision of health services by the affiliate, including the power to dispose of those assets in the everyday operation of the affiliate.
- (4) The Lieutenant Governor in Council may set the terms and conditions governing the powers and duties of a public administrator.

- (5) In the case of the provincial health authority, the Lieutenant Governor in Council may, at any time, terminate the appointment of a public administrator and:
- (a) appoint another public administrator; or
  - (b) appoint new members for the provincial health authority in accordance with section 3-6 and return control of the assets, the operation of the facility or the provision of health services to the provincial health authority.
- (6) The members of the provincial health authority appointed pursuant to clause (5)(b) are deemed to have been appointed pursuant to section 3-6.
- (7) In the case of an affiliate, the Lieutenant Governor in Council may, at any time, terminate the appointment of a public administrator and:
- (a) appoint another public administrator; or
  - (b) return control of the assets, the operation of the facility or the provision of health services to the affiliate.
- (8) The Lieutenant Governor in Council may determine the remuneration and reimbursement of expenses payable to a public administrator, and those amounts are to be paid from the funds of the provincial health authority or affiliate.

2017, cP-30.3, s.8-4.

## PART 9 General

### Transfers to and from provincial health authority

**9-1(1)** Notwithstanding any other Act or law or any provision of any contract:

- (a) the Lieutenant Governor in Council may, by order, subject to any terms and conditions that may be set out in the order, transfer or assign to, and vest in, the provincial health authority:
    - (i) any personal property, assets, liabilities, debts, interests, rights, obligations and contracts of the Crown; and
    - (ii) any lands, interests in lands, mortgages, charges, encumbrances or other real property interests of the Crown; and
  - (b) the chairperson of the Public Service Commission may, with the approval of the provincial health authority, transfer any employees or class of employees in the public service, as defined in *The Public Service Act, 1998*, to and cause them to become employees of the provincial health authority.
- (2) Notwithstanding any other Act or law or any provision of any contract, the provincial health authority may, by agreement with the cancer agency or a prescribed health care organization:
- (a) transfer any employees or class of employees of the provincial health authority to the cancer agency or a health care organization and cause them to become employees of the health care organization or the cancer agency, as the case may be; and

- (b) transfer or assign to, and vest in a health care organization or the cancer agency:
  - (i) any personal property, assets, liabilities, debts, interests, rights, obligations, and contracts of the provincial health authority; and
  - (ii) any lands, interests in lands, mortgages, charges, encumbrances or other real property interests of the provincial health authority.
- (3) An order and any agreement made pursuant to:
  - (a) subclause (1)(a)(i) or (2)(b)(i) constitutes for all purposes a legal and valid transfer or assignment of the personal property, assets, liabilities, debts, interests, rights, obligations and contracts in accordance with the terms of the order; and
  - (b) subclause (1)(a)(ii) or (2)(b)(ii) constitutes for all purposes a legal and valid transfer or assignment of the lands, interests in lands, mortgages, charges, encumbrances or other real property in accordance with the terms of the order or agreement.
- (4) Any person who may have a right or claim in relation to anything that has been transferred or assigned pursuant to clause (1)(a) or (2)(b) may continue to assert that right or claim against the party to whom that thing was transferred or assigned.
- (5) No prohibition of any transfer or assignment, nor the absence of any consent or approval required for any transfer or assignment, voids or affects the validity of a transfer or assignment made pursuant to this section.
- (6) Any transfer or assignment made pursuant to this section is deemed not to be a breach or default under any lease, contract, contract of insurance or other document.
- (7) Notwithstanding any Act, law or provision of a contract, a transfer of an employee pursuant to clause (1)(b) or (2)(a):
  - (a) does not constitute the abolition or termination of any position or job;
  - (b) does not require any advance notice, including any notice that may be required pursuant to any Act, law or provision of a contract; and
  - (c) does not constitute constructive dismissal of any person or a breach of contract.

2017, cP-30.3, s.9-1.

#### **Insurance**

**9-2** If required by the regulations, the provincial health authority, every health care organization and the cancer agency shall hold policies of insurance protecting against the following to the extent prescribed:

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

2017, cP-30.3, s.9-2.

**Voluntary funding by municipality**

**9-3(1)** Notwithstanding anything in *The Municipalities Act*, *The Cities Act*, *The Northern Municipalities Act, 2010* or *The City of Lloydminster Act*, the council of a municipality may:

- (a) enter into an agreement with the provincial health authority or the cancer agency to provide funds to the provincial health authority or the cancer agency; or
  - (b) convey any real or personal property, for any consideration that may be agreed on or by gift, to the provincial health authority or the cancer agency.
- (2) Any sums to be paid by a municipality pursuant to an agreement made pursuant to this section may be included in the general municipal levy or may be raised by a special levy.

2017, c P-30.3, s.9-3.

**Property exempt from taxation**

**9-4(1)** The land, buildings and improvements that are owned and operated by the organizations set out in clauses (a) to (d) and that are used by the employees of those organizations in connection with the activities of those organizations are exempt from taxation for municipal or educational purposes:

- (a) the provincial health authority;
  - (b) an affiliate;
  - (c) a prescribed health care organization other than an affiliate;
  - (d) a prescribed non-profit or charitable organization that provides health services.
- (2) The land, buildings and improvements owned and operated by a prescribed community clinic that are used by the employees of the community clinic in connection with the activities of the community clinic, other than the operation of a pharmacy or an optical dispensary, are exempt from taxation for municipal or educational purposes.
- (3) Subsections (1) and (2) do not apply to doctors' residences, nurses' residences or vacant land.

2017, c P-30.3, s.9-4.

**Regulations**

**9-5(1)** The Lieutenant Governor in Council may make regulations:

- (a) defining, enlarging or restricting the meaning of any word or expression used in this Act but not defined in this Act;
- (b) generally governing the activities and affairs of health services entities;

- (c) prescribing persons as affiliates for the purposes of the definition of “affiliate” in section 1-2;
- (d) prescribing as health care organizations persons or classes of persons that receive funding from the provincial health authority to provide health services;
- (e) for the purposes of clause (a) of the definition of “health services”, prescribing services as health services;
- (f) prescribing the health professions whose members may become members of practitioner staff for the purposes of the definition of “practitioner staff” in section 1-2;
- (g) for the purposes of section 2-9:
  - (i) establishing categories of facilities and titles for those categories;
  - (ii) prescribing and governing the health services to be provided in each category of facilities;
  - (iii) governing the use of titles in the names and descriptions of facilities; and
  - (iv) prohibiting the use of titles in a manner that does not comply with regulations made pursuant to subclauses (ii) and (iii);
- (h) for the purposes of section 2-10, prescribing and governing the standards to be met by the provincial health authority, health care organizations, the cancer agency or other persons:
  - (i) in the provision of health services; or
  - (ii) in the operation of facilities;
- (i) for the purposes of section 2-11:
  - (i) prescribing persons that are required to provide information to the registries;
  - (ii) prescribing the types of information to be provided to the registries;
  - (iii) prescribing the period, form and method of providing information to the registries;
  - (iv) governing the disclosure of information from the registries; and
  - (v) prescribing categories of persons who provide health services to whom information from the registries may be disclosed;
- (j) governing the qualifications of persons to be appointed as members of the provincial health authority, and the disqualification of members;
- (k) with respect to conflicts of interest for members of the provincial health authority and a health care organization:
  - (i) prescribing health care organizations that are required to comply with regulations made pursuant to this clause;
  - (ii) prescribing those things that constitute a conflict of interest;

- (iii) otherwise governing conflicts of interest;
- (l) for the purposes of section 3-11:
  - (i) authorizing non-voting members to be paid remuneration and reimbursement for expenses; and
  - (ii) prescribing the rate or maximum rate of remuneration and reimbursement for expenses;
- (m) for the purposes of section 3-12:
  - (i) prescribing health care organizations that may amalgamate with the provincial health authority;
  - (ii) prescribing the form of a notice of amalgamation;
  - (iii) prescribing the manner in which an amalgamation must be approved by the members of the amalgamating health care organization;
- (n) for the purposes of clause 4-3(2)(d), respecting the charges that the provincial health authority may make for any health services that it provides, including:
  - (i) prescribing all or any of the charges that may be imposed;
  - (ii) prescribing persons or classes of persons who are exempt from paying all or any charges for health services provided and the conditions governing the exemption;
  - (iii) restricting all or any of the charges that may be imposed; and
  - (iv) prohibiting imposing charges for health services it provides;
- (o) for the purpose of limiting the scope of administrative powers of the provincial health authority or the cancer agency, prescribing the amounts mentioned in clauses 4-4(1)(a) to (f);
- (p) for the purposes of clause (b) of the definition of “designated health care organization” in subsection 4-10(1), designating health care organizations as designated health care organizations;
- (q) for the purposes of clause 4-11(3)(i), prescribing provisions to be included in agreements between provincial health authority and designated health care organizations;
- (r) for the purposes of section 4-14, respecting how assets acquired in whole or in part with public funding are to be included or excluded in determining assets and ongoing business operations or otherwise dealt with in determining fair market value;
- (s) for the purpose of limiting the scope of administrative powers of affiliates, prescribing the amounts mentioned in clauses 5-2(4)(a) to (f);
- (t) for the purposes of subsection 5-2(5), respecting the charges that health care organizations may make for health services that they provide, including:

- (i) prescribing all or any of the charges that health care organizations may impose for health services;
  - (ii) prescribing persons or classes of persons who are exempt from paying all or any of the charges for health services provided by health care organizations and the conditions governing the exemption;
  - (iii) restricting all or any of the charges that health care organizations may impose; and
  - (iv) prohibiting health care organizations from imposing charges for all or any of the health services they provide;
- (u) for the purposes of section 5-3, prescribing the maximum amount of funding that a health care organization may receive from the minister, the provincial health authority, a regional health authority or a district health board for the acquisition, renovation or alteration of a facility without requiring the prior approval of the minister for the transfer of a share or membership interest, or the issuance of a new share or membership interest, in the health care organization;
- (v) for the purposes of section 6-2:
- (i) prescribing affiliates that are required to make practitioner staff bylaws; and
  - (ii) prescribing matters to be included in practitioner staff bylaws;
- (w) for the purposes of section 6-4:
- (i) establishing tribunals for the hearing of appeals;
  - (ii) governing appeals to tribunals, including the period within which appeals must be commenced and procedures for the hearing of appeals;
  - (iii) conferring any powers on tribunals that the Lieutenant Governor in Council considers necessary; and
  - (iv) governing the remuneration and reimbursement for expenses of members of tribunals;
- (x) for the purposes of clause 6-8(2)(e), prescribing additional circumstances in which the provincial health authority or the cancer agency may hold a meeting or part of a meeting in private;
- (y) for the purposes of clause 7-5(2)(b), prescribing information respecting remuneration and benefits paid to members, officers and senior employees of the provincial health authority to be included in annual reports;
- (z) for the purposes of section 7-7, prescribing the qualifications of auditors;
- (aa) for the purposes of section 8-2:
- (i) prescribing persons as health services providers;

- (ii) prescribing proceedings that are excluded from the definition of “legal proceeding” in subsection (1); and
  - (iii) governing the reporting of critical incidents, including:
    - (A) prescribing the period within which any notice or report required by that section must be provided; and
    - (B) prescribing the information that must be included in any notice or report required by that section;
  - (bb) prescribing health care organizations for the purposes of subsection 9-1(2);
  - (cc) for the purposes of section 9-2:
    - (i) requiring the provincial health authority, a health care organization and the cancer agency to hold policies of insurance and prescribing the extent of the insurance coverage required;
    - (ii) prescribing matters in addition to those specified in clauses 9-2(a) and (b) against which the provincial health authority, a health care organization and the cancer agency must obtain insurance coverage;
  - (dd) prescribing health care organizations and non-profit and charitable organizations that, pursuant to section 9-4, are exempt from taxation for municipal or educational purposes;
  - (ee) establishing eligibility requirements for persons to receive health services from the provincial health authority, a health care organization or the cancer agency;
  - (ff) with respect to any matter governed by this Act:
    - (i) adopting, as amended from time to time or otherwise, all or any part of any code, standard or guideline;
    - (ii) amending for the purposes of this Act or the regulations any code, standard or guideline adopted pursuant to subclause (i); and
    - (iii) requiring compliance with a code, standard or guideline adopted pursuant to subclause (i);
  - (gg) respecting the monitoring and enforcement of standards and other requirements established pursuant to this Act or the regulations;
  - (hh) respecting the appointment of persons, including persons who are not employees of the ministry, to monitor and enforce standards and other requirements established pursuant to this Act or the regulations;
  - (ii) prescribing forms or the contents of forms to permit electronic forms for the purposes of this Act;
  - (jj) prescribing any matter or thing required or authorized by this Act to be prescribed in the regulations;
  - (kk) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary to carry out the intent of this Act.
- (2) A regulation made pursuant to this section may be made retroactive to a day not earlier than the date on which this section came into force.

PART 10  
**Repeal and Transitional**

**SS 2002, c R-8.2 repealed**

**10-1** *The Regional Health Services Act* is repealed.

2017, c P-30.3, s.10-1.

**Transitional regulations**

**10-2(1)** In this section and section 10-3, “**regional health authority**” means a regional health authority that was established or continued pursuant to *The Regional Health Services Act*, as that Act existed on the day before the coming into force of this section.

(2) Notwithstanding any other provision of this Act or any other Act or law, the Lieutenant Governor in Council may, for the purposes of facilitating the amalgamation of regional health authorities into the provincial health authority or the transition of operations from a regional health authority to the provincial health authority, make regulations:

- (a) suspending the application of any provision of this Act or of any other Act or law that deals with matters governed by or addressed in this Act;
  - (b) respecting any additional matter or thing that the minister considers necessary to facilitate the combination of, or the transition of operations from, a regional health authority to the provincial health authority.
- (3) If there is any conflict between the regulations made pursuant to this section and any other Act or law, the regulations made pursuant to this section prevail.
- (4) Regulations made pursuant to this section may be made retroactive to a day not earlier than the day on which this section came into force.

2017, c P-30.3, s.10-2.

**Transitional – no actions re appointments**

**10-3(1)** No action or proceeding lies or shall be commenced with respect to any matter related to or arising out of the termination of a person’s position as a member of a regional health authority pursuant to this Act, and any claim for loss or damage with respect to any of those matters is extinguished.

(2) If, immediately before the coming into force of this section, a regional health authority was a local authority for a jurisdictional area, as those terms are defined in *The Public Health Act, 1994*, by virtue of an appointment pursuant to section 6 of that Act:

- (a) the provincial health authority continues as the local authority for the jurisdictional area until the Lieutenant Governor in Council makes a further order:
  - (i) appointing a different person as the local authority for the jurisdictional area; or
  - (ii) redefining the jurisdictional area; and

- (b) any actions taken by a regional health authority or delegate of a regional health authority as a local authority pursuant to that Act before the coming into force of this section are deemed to be the actions of the provincial health authority.
- (3) An order made by the Lieutenant Governor in Council pursuant to this section prevails in the case of any conflict between the order and any appointment of a local authority.

2017, c P-30.3, s.10-3.

## PART 11 Consequential Amendments

### Consequential amendments

**11-1 to 11.31** **Dispensed.** This/these section(s) makes consequential amendments to another/other Act(s). Pursuant to subsection 33(1) of *The Interpretation Act, 1995*, the amendments have been incorporated into the corresponding Act(s). Please refer to the Separate Chapter to obtain consequential amendment details and specifics.

## PART 12 Coming into Force

### Coming into force

**12-1** This Act comes into force on proclamation.

2017, c P-30.3, s.12-1.

## APPENDIX

### TABLE 1 [Subsection 11-1(1)]

**Dispensed.** This/these section(s) makes consequential amendments to another/other Act(s). Pursuant to subsection 33(1) of *The Interpretation Act, 1995*, the amendments have been incorporated into the corresponding Act(s). Please refer to the Separate Chapter to obtain consequential amendment details and specifics.

### TABLE 2 [Subsection 11-1(2)]

**Dispensed.** This/these section(s) makes consequential amendments to another/other Act(s). Pursuant to subsection 33(1) of *The Interpretation Act, 1995*, the amendments have been incorporated into the corresponding Act(s). Please refer to the Separate Chapter to obtain consequential amendment details and specifics.

