



STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

Mr. Greg Lawrence, Chair
Moose Jaw Wakamow

Mr. David Forbes, Deputy Chair
Saskatoon Centre

Mr. Russ Marchuk
Regina Douglas Park

Mr. Roger Parent
Saskatoon Meewasin

Mr. Corey Tochor
Saskatoon Eastview

Hon. Nadine Wilson
Saskatchewan Rivers

Ms. Colleen Young
Lloydminster

[The committee met at 19:00.]

The Chair: — Good evening, everyone. Tonight we have for the Standing Committee on Human Services, we have Mr. Parent, Mr. Tochor, Ms. Wilson, and Ms. Young. Sitting in for Mr. Forbes is Ms. Chartier.

And this evening we will be considering three bills: Bill No. 149, *The Health Administration Amendment Act, 2014*; Bill No. 164, *The Health Information Protection Amendment Act, 2014*; and Bill No. 172, *The Naturopathic Medicine Act*. And tonight let's keep it tight to the bills we're discussing.

Bill No. 149 — *The Health Administration Amendment Act, 2014*

The Chair: — We will start with Bill No. 149, *The Health Administration Amendment Act, 2014*. By practice this committee normally holds a general debate on clause 1, short title. Minister Duncan is here with his officials. Minister, if you'd please introduce your officials and make any opening remarks.

Clause 1

Hon. Mr. Duncan: — Thank you, Mr. Chair. Good evening to you and to members of the committee. This evening to my left is Tracey Smith, assistant deputy minister. To my right from health registration is Pat Dean. We also have some other officials that, if and when we need to call them to the table, we'll have them identify them at that time. And to my far left is Rural and Remote Health minister, Greg Ottenbreit.

Very quickly with opening remarks on *The Health Administration Act*, the current provisions of *The Health Administration Act* assigned the role of registering beneficiaries to the Minister of Health and the ministry operating the system. This is no longer the structure as the programs, functions, and staff of the health registration program moved to eHealth in January of 2014. To allow for the full transfer of health registration functions to eHealth Saskatchewan, it's necessary to amend *The Health Administration Act*.

Specifically there is a need to amend section 6.5 of the Act which currently refers to the power of the minister to register beneficiaries. Although these services are currently being performed by eHealth Saskatchewan on behalf of the minister, it's necessary to make this clarification in legislation as a way to support the transfer of services to eHealth. If not amended, then this poses a risk that legal challenges may be raised with the Information and Privacy Commissioner regarding current processes for receiving information, registering beneficiaries, or complaints regarding processes. eHealth is supportive of these amendments, and external stakeholders are not affected by these changes as the service delivery remains seamless. With that, we would be pleased to take questions.

The Chair: — Mr. Nilson.

Mr. Nilson: — Good evening, and thank you for that brief explanation of a brief piece of legislation. Is there anything in the legislation that diminishes the role of the minister as having

the ultimate supervision of the registration of births, deaths, all the appropriate things under *The Vital Statistics Act*?

Hon. Mr. Duncan: — So as it relates to *The Health Administration Act*, and not . . . I believe, Mr. Nilson, you mentioned vital statistics, but this is strictly to *The Health Administration Act*. So it does delegate the authority, in this case, to the organization that it's been delegated to. But subsection (2) does still allow for the minister to perform or exercise or arrive at . . . I'm just reading from section (2.2). So it does still provide for the ultimate authority to the minister, but largely what the bill is doing is just clarifying that really it has been a transfer to in this case, eHealth, to operate this.

Mr. Nilson: — So the way we'd describe it is that eHealth administers the whole program but the minister is still ultimately responsible for the accuracy and the I guess keeping up of the records, if we can put it that way.

Hon. Mr. Duncan: — Yes, that's correct.

Mr. Nilson: — Where exactly are the records being kept?

Hon. Mr. Duncan: — Yes. The personal health registration system is housed with eHealth.

Mr. Nilson: — Within the Ministry of Health, would that be the understanding?

Hon. Mr. Duncan: — The control of the database is with eHealth.

Mr. Nilson: — And where is the database kept then? Like I guess I'm asking, where's the server farm or farms? Or you know, obviously you keep it in more than one place. Where are these located?

Hon. Mr. Duncan: — At eHealth's location.

Mr. Nilson: — And that's in the city of Regina?

Hon. Mr. Duncan: — Yes, that's correct.

Mr. Nilson: — Okay. So some people have raised questions about whether some of this information isn't being held in other parts of North America. Is there any chance that some parts of it would be spread across North America?

Hon. Mr. Duncan: — The data would be stored in Saskatchewan. We're not aware that eHealth has contracts that would involve storing data outside of Saskatchewan. Our understanding is that it is within the province.

Mr. Nilson: — Okay. Well that was the answer I was hoping I would get, so thank you for that.

Now in your second reading speech on November 4th you said, "Your renewal stickers are in the mail . . ." Does eHealth handle all of that mailing of stickers and presumably new cards? Is that correct?

Hon. Mr. Duncan: — So everything is within and done by

eHealth. There was an RFP [request for proposal] as it relates to the creation of the sticker and the mailing out of the sticker, but everything else is done by eHealth.

Mr. Nilson: — When was the last time that new health cards were sent out?

Hon. Mr. Duncan: — We wouldn't issue a new card unless somebody requires a new card, either as a new resident to the province or a replacement card. The last sticker renewal though would have been three years ago, prior to this most recent renewal.

Mr. Nilson: — Okay. No, I just was asking that question because I know when there is a renewal of the cards or a whole new system, that's a time when you can actually really figure out who has cards and who doesn't have cards and it's I guess a real assessment of the numbers that are actually on the health care system. So do you know when the next mailout like that would be?

Hon. Mr. Duncan: — So the next round of sticker renewals would be in 2017. We have no plans to do a new round of, or a new version of the card at this point. Obviously there are cost implications for doing that. So again, the next round will be 2017 but we don't have any plans at this point to do a new card for citizens.

Mr. Nilson: — So when this was done three years ago, it was done within the Ministry of Health and so obviously the next time it comes up, it will be done by eHealth. Will they get extra budget amount in that year to do this job or will it just be part of their system and they'll have to recover it through the fees that they charge for certificates?

Hon. Mr. Duncan: — With the most recent round of sticker renewals, there was some additional dollars provided to eHealth to manage that. I can't speculate on what might happen in 2017 with the next round of sticker renewals but that was what we did during this last renewal.

Mr. Nilson, I don't off the top of my head know what that dollar amount would have been but the officials have advised me that there was some additional dollars for eHealth specific to that purpose.

Mr. Nilson: — Okay. Well I'm sure they're happy to hear that that was the past plan and probably is the future one, so get ready for the budget request. I guess it's already next year that that will be showing up.

My next question relates to once again this issue of genealogical certificates because when I asked you about this the last time, I got lots of people saying, ask more questions about that. But is there any plan or any direction from the minister under this legislation to encourage eHealth to be more hospitable, I guess is the right word, to all of the people in our province and actually around the world that really would like a fairly simple way to get genealogy records from Saskatchewan?

[19:15]

Hon. Mr. Duncan: — Thank you, Mr. Nilson, for the question.

I guess, you know, my answer wouldn't be much different from what it was the last time we would have discussed it. Certainly eHealth would be interested in discussing this with interested parties. Obviously we'd have to ensure that there's the checks and balances in place when it comes to the information that would be provided as well as just ensuring that there's the other organizations or specifically individuals as it relates to ensuring that there's consent for providing additional information. Then we'd have to get into, you know, who actually does the work because it is a significant amount of work.

Nothing specific though in these changes though that relate directly to that, so there's nothing in these changes that speak specifically to that issue. It's just, I think it's more about eHealth having a conversation with those interested parties and then actually looking at what amount of work would be required to fulfill some of those requests.

Mr. Nilson: — Thank you for that answer, although I think this very short piece of legislation does give the minister the power to give directions. And so that's why I raised the question here is that this may be an area where the minister, after discussion with various members of the public who are involved in this whole area of genealogical research, may wish to do a special order under the new section (2.2)(b).

One specific question related to this is that sometimes people who are looking for death records are referred to some kind of a US [United States] or international company to get the death records. Is that something that would come from eHealth, or is this just because of the nature of the Internet that people are referred other places? Is there anything within eHealth or within the Ministry of Health that would basically refer people to some other place to get the records?

Hon. Mr. Duncan: — Thank you for the question, Mr. Nilson. So specific to a death that occurs in the province, that would be eHealth would have the ability to assist with an individual in locating and having a copy of that death record. It wouldn't be eHealth's practice to refer an individual to an outside organization for a record, such as a Saskatchewan death record, that would be under the responsibility of eHealth. So it wouldn't be eHealth's practice to refer somebody for a Saskatchewan record to another company to help with that search.

Mr. Nilson: — Yes. That's what I expected. And I think sometimes though people, when they're looking, eHealth might be the 10th or 12th or 15th down the list of searchable places because there are so many intermediaries and they will . . . Oh yes, we're happy to get you a record from Saskatchewan. It costs you whatever the fee is here plus we'll add our \$30 or something on top of that.

So I think that it's part of the role, I guess, of government and eHealth and ministry to make this information available very clearly, and that may be something that can be done on the Health ministry website, the eHealth website, to just make sure that people get to the right people who are the Saskatchewan people that actually know the information when they first do that.

I have no further questions, and thank you very much for your

answers.

The Chair: — Thank you very much, Mr. Minister. Are there any more questions from any other committee members? Seeing none, we will proceed to vote on the clauses. Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

[Clause 1 agreed to.]

[Clauses 2 and 3 agreed to.]

The Chair: — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Health Administration Act*, 2014.

I would ask a member to move that we report Bill No. 149, *The Health Administration Act*, 2014 without amendment. Mr. Tochor moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

Bill No. 164 — *The Health Information Protection Amendment Act*, 2014

The Chair: — We will now consider Bill No. 164, *The Health Information Protection Act*, 2014. By practice, the committee normally holds a general debate on clause 1, short title. Minister Duncan, please, if you have to introduce any new officials and any other opening comments.

Clause 1

Hon. Mr. Duncan: — Yes, Mr. Chair. So this evening joining us, to my left is Duane Mombourquette, an executive director within the Ministry of Health; and to my right is Rick Hischebett, our Crown counsel from Justice in the civil law division.

Just very briefly, as the committee will recall, the health records protection working group was formed in 2012 and was tasked with reviewing mechanisms for enforcing trustee responsibility to protect patient records under *The Health Information Protection Act* and was asked to make recommendations to improve patient privacy.

The working group's report made 11 recommendations in total, four of which require statutory amendments. Three of these amendments relate to offences, and one relates to taking control of records abandoned by an active trustee. Proposed amendments include a strict liability offence; an individual offence for wilful disclosure of personal information now applicable to employees of trustees, not just to the trustees themselves as the current, existing legislation speaks to; a snooping offence; and a new provision that authorizes the Minister of Health to appoint a person to take over control and custody of the records where an active trustee has abandoned those records.

We previously appeared before the committee on September 23rd to discuss the proposed amendments. As we discussed, the consultation process did raise some minor questions regarding some of the terminology. Since that time, we have continued to work with colleagues at Justice to ensure the intent of each amendment including the new offence provisions are consistently and appropriately worded in the bill that is obviously before you. And so with that, we would be pleased to take your questions.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you. Thank you, Mr. Chair, and Mr. Minister. Of the 11 recommendations, you've decided to make legislative changes . . . or four require them. But I understand there are some other recommendations where there could have been legislative changes as well, particularly around the issue of the definition of trustee. So I'm wondering why you've decided to go the direction you have around the definition of trustee and not changing it.

Hon. Mr. Duncan: — Thank you for the question. So that is one of the other 7 recommendations of the 11. If we did at some point in the future decide to clarify the definition of trustee, that wouldn't need to be done through legislation. We could do that through regulations. There are other options that we would be considering, but any proposed changes wouldn't have to be done in legislation. We can do that in regulations.

Ms. Chartier: — Oh, I realize that. And so the group, do they not recommend one of . . . There were two possible actions: either enact regulations, or making legislative changes to HIPA [*The Health Information Protection Act*] to make the physician responsible for the records notwithstanding the arrangements. So I'm just wondering why you've decided, the rationale for utilizing regulations rather than entrenching it in the legislation.

[19:30]

Hon. Mr. Duncan: — Mr. Chair, I'm going to have Rick Hischebett speak to this specific question.

Mr. Hischebett: — I think the answer to your question is simply this: a change in the definition of trustee can occur either by legislation or by regulation. In either way in which it is accomplished, it will have the exact same effect in law. So you can change the definition of trustee by regulation and have that effect.

The option that I think the working group set out was an option to either change the definition of trustee by regulation and include some bodies that currently are trustees, or secondly, to make changes in perhaps another piece of legislation which would be *The Medical Profession Act* to clearly make physicians responsible for some patient records. And the issue there is a policy choice for the government. And from a standpoint of the work to be done, I think the government is considering which one of these would be better. But you can accomplish the change simply by regulation, so you don't need to actually do a piece of legislation to change the definition of trustee.

Hon. Mr. Duncan: — And I think I would just, maybe if I

could just follow up on that . . . So as Mr. Hischebett has outlined, so, you know, there is policy option that we need to contemplate on how to move forward on that part of it. But what we didn't want to do is miss this opportunity on the four statutory changes that there was consensus and agreement upon. We didn't want to lose this opportunity to get the bill introduced in the fall and passed in the spring.

There are, as you'll know, there are decisions that government will have to make on a policy level as it relates to a number of the other recommendations so that process still continues, but we didn't want to lose this opportunity on at least those four statutory amendments that we knew needed to be made to respond to the recommendations.

Ms. Chartier: — Thank you for that. So am I hearing you correctly saying that with Bill 164, once it's passed this spring, that we could see it back before us? You're leaving the door open for a legislative change or are you thinking that you would be focused on the regulations?

Hon. Mr. Duncan: — Yes, the intent's so if we were to move forward with the change in the definition of trustee, we'd do that through regulations.

Ms. Chartier: — Okay. Thank you. With respect to recommendation no. 7, a single repository for abandoned records, I know in your second reading speech you also talked about examining other recommendations including creating a single repository for abandoned records. Where are you at in that whole process?

Hon. Mr. Duncan: — So we haven't made a decision on that at this point. You know, we're still doing some analysis in terms of, this will have a cost implication. There also would be various options in terms of who actually holds the repository. So at this point we haven't made a decision on how to proceed with that recommendation.

Ms. Chartier: — Can you tell us a little bit about where that discussion is or what, where, or what a repository could look like?

Hon. Mr. Duncan: — So I think it's fair to say that this is still fairly preliminary in terms of the options and the discussion that's taking place. In terms of the different types of options though, you know, I think it's fair to say that, you know, it could be depending on whether or not there was an effort to digitize all the records, so then it could be done electronically, and perhaps eHealth would make some sense in that respect.

It could be a physical warehouse at some place as a lot of these records would still be for the most part a paper-based type of system so, you know, whether or not you'd just be finding some space, physical space to store it, as well as who actually would be the trustee. So is it an existing trustee such as the ministry or regional health authority or eHealth, or are we looking at creating a new trustee to be responsible for this?

So those are the types of things that are under discussion, but it's still preliminary at this point. There hasn't been a recommendation on how to proceed with that recommendation.

Ms. Chartier: — Okay. Thank you for that. And the piece or the recommendation no. 10, private record storage solutions be available, and I know in your second reading speech you also said that's one of those things that you're examining as well. So I'm wondering where that is at, making private record storage solutions available. And that can be done through regulation?

Hon. Mr. Duncan: — So that recommendation as well as the other six that were not proceeding is that we feel don't require statutory amendments. So I think it's fair to say that they're all at a similar place in terms of developing work plans and at a fairly preliminary stage.

The focus to this point by the working group, after the working group's work had been finished in terms of the recommendation — so the ministry's work — has been really focused on the four statutory amendments and ensuring that, obviously not just the work of putting the bill in place, but also the work that needs to go into actually implementing the statutory changes. That's really been the focus at this point. So that specific recommendation, in what form we proceed, would be done through regulation.

Ms. Chartier: — Thank you. As well, I'm just looking at a letter that you received and we were cc'd on, Mr. Minister, from the National Association for Information Destruction. And I'm just wondering around the definition of destruction, if there was ever any . . . Obviously this is an organization that has a vested interest, but they do make some valid points about information destruction and the working group's recommended changes that would require trustees to have record retention destruction policies and written contracts with information management service providers. So I'm wondering if you looked at adding the definition of destruction into the legislation and, if so, why it didn't end up in there.

Hon. Mr. Duncan: — So the existing Act that is already in place does have requirements for the retention and destruction schedules. They haven't been proclaimed to this point. It is the working group's recommendation that they be proclaimed, but we'd need to go through a process and need to go through a process to ensure that trustees can abide by that being the proclamation of that section of the existing Act. So that is the intent, that to get there obviously we need to go through a process of consultation as well as we'd need some regulations as it relates to those sections. So that's the intent. We didn't need to make amendments, statutory amendments to the legislation as it pertains to that because it's already in place. It just needs to be proclaimed.

Ms. Chartier: — Thank you for that. And just with respect to, if we look back to the 2011 incident with the records in the dumpster, I'm wondering how in 2015, once this legislation is passed and proclaimed, how that would have looked different, or what would have been different if that particular event happened today. Or not today, sorry, after the passing of this legislation.

Hon. Mr. Duncan: — I'll just maybe quickly go back just to the last answer that I gave. So there is a section, so the section that isn't proclaimed speaks to the requirement for a retention and destruction schedule. So that hasn't been proclaimed. But there is a subsection of that section that has been proclaimed

that does require that personal information is destroyed in a manner that will protect the privacy of an individual. So there is a part of that section that isn't proclaimed, but a part of that section as it relates to destruction of records is proclaimed and is . . . We do have that proclaimed.

I guess I'll just say that in the event in the future if there would be personal health information records that were found to be abandoned, you know I guess there would be a couple of ways that we would address this going forward into the future as the statutory amendments outline.

So first and foremost, as opposed to today where we have to prove that we have to . . . I just want to get this right. So today what essentially has to be proven is that they knowingly abandoned, a trustee knowingly abandoned a record. The change going forward after these amendments are put in place will be that the trustee will have to prove that they took all reasonable steps to protect somebody's privacy. As well, and not to speak to any past experiences, but in the event that a large, or regardless of the size, but in the event that personal health information records are found to be abandoned, it also does fill a gap in that to this point it hasn't been clear who should go and recover those records. So in this case now it will allow the minister to appoint somebody to go take possession of those records if they're found to be abandoned.

Ms. Chartier: — Thank you for that. I have no further questions.

[19:45]

The Chair: — Thank you very much, Mr. Minister. Are there any more questions or comments from any committee members? Seeing none, we will proceed to vote on the clauses.

Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 9 inclusive agreed to.]

The Chair: — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as following: *The Health Information Protection Amendment Act, 2014*.

I would ask that a member move that we report Bill No. 164, *The Health Information Protection Amendment Act, 2014* without amendment. Mr. Parent so moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

Bill No. 172 — *The Naturopathic Medicine Act*

The Chair: — We will now consider Bill No. 172, *The Naturopathic Medicine Act*. By practice the committee

normally holds a general debate on clause 1, short title. Minister Duncan, if you have any new officials and any opening comments you'd like to make?

Clause 1

Hon. Mr. Duncan: — Thank you, Mr. Chair. Just briefly, so again Tracey Smith, assistant deputy minister; on my left, Duane Mombourquette, our executive director of partnerships and workforce planning branch; as well as Rebecca Bayliss, senior policy analyst from partnerships and workforce is with us.

Very briefly, to support the health transformation agenda, the Ministry of Health needs to update the legislative and regulatory framework to support improvements in the area of patient safety, improved access, and quality of care. To support these priorities, the naturopathic Act requires amendments to protect the public from potential harm that could be caused by unqualified individuals within the health care system.

Naturopathy has been an established health profession in Saskatchewan for many decades. The regulatory body responsible for naturopathic doctors is the Saskatchewan Association of Naturopathic Practitioners. The self-regulation of NDs [naturopathic doctor] is governed by *The Naturopathy Act*. This statute was originally enacted in the 1950s and has not been updated since that time.

The Act is outdated in several key areas. It lacks the authority to set qualifying examinations and eligibility requirements for applicants. It lacks the authority to appoint public representation to the SANP [Saskatchewan Association of Naturopathic Practitioners] council. It lacks appropriate title protection for NDs, and it is not in alignment with the requirements of the Agreement on Internal Trade as well as the New West Partnership Trade Agreement.

The proposal to update this legislation will ensure that the regulatory regime governing NDs and their scope of practice will meet patients' needs and protect the public from harm. We have done some consultations with external stakeholders, and we would be pleased to take your questions.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you, Mr. Chair, and thank you, Mr. Minister. My first question is, how many people does this bill apply to? Or at this point in time in Saskatchewan, how many naturopathic doctors do we have?

Hon. Mr. Duncan: — The Saskatchewan Association of . . . The SANP reports that there are 44 members and 37 are listed as practising members.

Ms. Chartier: — How many in Saskatchewan? Those are Saskatchewan numbers?

Hon. Mr. Duncan: — Yes. So 37 are practising in the province.

Ms. Chartier: — Okay.

Hon. Mr. Duncan: — There are 44 members of the SANP.

Ms. Chartier: — Saskatchewan.

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — Thank you. Sorry. In terms of estimated cost of it, obviously with a regulatory body there's attached costs. Do you have a sense what it's going to cost to establish the regulatory body?

Hon. Mr. Duncan: — The SANP is a regulatory body, so we don't anticipate that there would be . . . Certainly we don't have any knowledge as a regulatory body that there will be additional costs because of these changes. They already have been established for a number of decades already.

Ms. Chartier: — Okay. Thank you for that. In terms of your consultations, I think you just sort of gave us a general sense of parties with whom you consulted. I'm wondering if you could lay that out a little bit more clearly.

Hon. Mr. Duncan: — Mr. Chair, so I'll just go through a list of organizations that were consulted: the Saskatchewan Dietitians Association, the College of Naturopathic Physicians in British Columbia, the Sun Country Health Region, the Saskatchewan College of Pharmacists, the chiropractic association of Saskatchewan, our medical services branch within the Ministry of Health, the Saskatoon Health Region, our drug plan and extended benefits branch of the ministry, the ministry of Health in Manitoba, the SRNA [Saskatchewan Registered Nurses' Association], the Canadian Association of Naturopathic Doctors, the College of Physicians and Surgeons, the Alberta Ministry of Jobs, Skills, Training and Labour, the SMA [Saskatchewan Medical Association]. And I believe that that's the list.

Ms. Chartier: — Thank you. Does this legislation put us in line with other jurisdictions or ahead? Like where would we fit now in terms of naturopathic doctors and their practice?

Hon. Mr. Duncan: — So besides the province of Saskatchewan, naturopathic doctors are regulated in BC [British Columbia], Alberta, Manitoba, and Ontario. As well, Nova Scotia is in the process of passing legislation to give title protection to NDs. However, the association that represents NDs in Nova Scotia won't have the power of a regulatory authority. This would really, in terms of the changes that we are making, this would really put naturopathic doctors in Saskatchewan on a level footing as British Columbia, Alberta.

Ms. Chartier: — Thank you for that. What are the existing fees with respect to where the regulatory body is right now?

Hon. Mr. Duncan: — Are you asking . . . So you're not asking fees that a naturopathic doctor would charge a patient. You're asking for an annual fee that a naturopathic doctor pays to be a part of the regulatory body or pays into the regulatory body.

Ms. Chartier: — Yes.

Hon. Mr. Duncan: — We'll see if we can find that.

Ms. Chartier: — Thank you.

Hon. Mr. Duncan: — We don't know what the fees are that they charge on an annual basis as a regulatory body, but in the course of the consultation, at no time was there an indication that they are expecting to require a fee increase of their members because of these changes.

Ms. Chartier: — You read my mind, Mr. Minister. Thank you for that. In terms of the numbers or the scope of your consultation, and you've just laid that out for me, I know you and I have had a conversation about doctors of herbal medicine. And I know there was an exchange in estimates that predates me being the Health critic, with Judy Junor and one of your officials who had raised some issues around the practice of herbal medicine, and in that exchange one of the Health officials said we need to update this particular bill, and that's where that particular issue could fall under. So I'm wondering if that just slid off the radar. I know that doctors of herbal medicine aren't regulated. They are registered here in Saskatchewan, but they aren't regulated. I'm wondering if there was ever any thought about including other alternative medicines under this bill.

Hon. Mr. Duncan: — I guess in terms of other practitioners, it wasn't contemplated to make the changes under this bill. This is very specific to naturopathic doctors. We do know that while NDs do take training in other modalities such as homeopathy, this is really limited to naturopathic doctors. There are . . . So in terms of being regulated by the regulatory body, really is limited to this one specific profession. There are, from time to time, calls or conversations about other practitioners that are looking for information on being regulated in the province, but this bill is really specific to naturopathic doctors.

There isn't . . . I'll maybe just leave it at that, and if you have further questions, I'll be happy to try to address them.

Ms. Chartier: — Okay. So obviously as you've laid out, this bill is very particular, but in terms of . . . Just a few more questions about herbal medicine or doctors of herbal medicine. They are in fact registered here? They register with the Ministry of Health, is that correct?

Hon. Mr. Duncan: — So they don't . . . If I understand your question correctly, they are unregulated in the province. They may register with an organization. They don't register with the Ministry of Health though.

And I was going to give an example. So homeopathy in Ontario has become a regulated profession, but it is a distinct regulatory body. It's not a part of naturopathic doctors or any other body. My understanding is that it is distinct to their own profession.

Ms. Chartier: — I think that that was one of the challenges that this particular doctor of herbal medicine has pointed out, is that actually the politicians don't often understand the differences in alternative medicines. Because this isn't homeopathy, this is herbal medicine. So these individuals actually can make the compound. They're trained in not just providing the compounds but in actually picking the plants and all of the things associated with herbal medicine. And they are under Health Canada, get a number . . .

Anyway, so I'm wondering if there is a will. In my conversation with this particular doctor of herbal medicine, she really highlighted some issues around safety and . . . efficacy and safety. But I'm wondering if, so we have this particular bill before us now, but if there is a will or an interest in looking at some of these other alternative medicines.

[20:00]

Hon. Mr. Duncan: — Thank you, Mr. Chair. So with respect to the profession that you're talking about, Ms. Chartier, if there was an interest in moving to some sort of regulatory fashion, if we were to do that, it wouldn't be under this bill. If there is an organization or even individuals that are interested in pursuing self-regulation, the ministry is certainly willing to have that conversation. To our knowledge there hasn't been that type of discussion.

But if there are interested individuals, you know, we could have a conversation about, you know, what is required for self-regulation in the province and kind of lay out what that path looks like. But as it relates to this bill, somebody that is a practitioner would have to meet the registration standards of the regulatory body.

Ms. Chartier: — Thank you for that. And just a clarification, I meant no disrespect in saying that you knew nothing about alternative medicines. I would include, lump myself into that category, and most of us, that sometimes things that we're not familiar with, I think generally speaking, many of us don't understand the differences. So I think with that I have no further questions.

Hon. Mr. Duncan: — And yes, and Mr. Chair, I would just add, I think that that's an important piece of the changes that we are making because I think a lot of people don't know what it means for somebody to say that they are a naturopathic doctor. It would also, because we currently don't . . . Well the regulatory body doesn't have title protection. So you know, right now there is a limited ability for the regulatory body to seek an injunction or stop somebody from . . . You know, I could hang a shingle and say I'm a doctor of natural medicine, and the regulatory body really has no ability to protect naturopathic doctors that are registered, that are regulated, that have gone through the education.

So I think a part of the work that we are doing and the bill that is before the committee, you know, I think in part will help to educate the public about what actually a naturopathic doctor does, the training that they go through and, you know, how they fit in the health care system. So I'm not offended by your point because I've learned a lot through this process, and I think the public will certainly learn a lot through going through this process as well.

The Chair: — Are there any more questions or comments from any committee members? Seeing none, we will proceed to vote on the clauses. Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 58 inclusive agreed to.]

The Chair: — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as following: *The Naturopathic Medicine Act*. I would ask that member to move that we report Bill No. 172, *The Naturopathic Medicine Act* without amendment.

Ms. Young: — I so move.

The Chair: — Ms. Young moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Any closing comments?

Hon. Mr. Duncan: — Just very briefly, Mr. Chair, I want to thank the members of the committee, particularly Ms. Chartier and Mr. Nilson, for their questions this evening, and also our officials, those that were here this evening. But as well the work that goes into drafting a new piece of legislation or amendments certainly can be significant, so thanks to our officials and all the stakeholders that were consulted.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you to other committee members, my colleague from Lakeview, and the minister and to all your officials. We really appreciate the opportunity to ask some questions and to get some answers, so thank you.

The Chair: — I would also like to thank the ministers and their officials and the members of the committee for being here tonight, and all the people helping us out.

I would ask that a member move a motion of adjournment.

Hon. Ms. Wilson: — I so move.

The Chair: — Ms. Wilson has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. This committee stands adjourned to the call of the Chair.

[The committee adjourned at 20:10.]