STANDING COMMITTEE ON HUMAN SERVICES

Hansard Verbatim Report

No. 17 — May 4, 2026

Published under the authority of The Hon. Todd Goudy Speaker

Legislative Assembly of Saskatchewan

Thirtieth Legislature

Hansard and other documents of the
Legislative Assembly are available
online within hours after each sitting.
https://www.legassembly.sk.ca/

STANDING COMMITTEE ON HUMAN SERVICES

Travis Keisig, Chair
Last Mountain-Touchwood

Noor Burki, Deputy Chair
Regina Coronation Park

Brent Blakley
Regina Wascana Plains

Terri Bromm
Carrot River Valley

David Chan
Yorkton

April ChiefCalf
Saskatoon Westview

Barret Kropf
Dakota-Arm River

[The committee met at 15:31.]

Chair Keisig: — Good afternoon, everyone. I would like to welcome everyone to the Standing Committee on Human Services. My name is Travis Keisig. I am the Chair of the committee and the MLA [Member of the Legislative Assembly] for Last Mountain-Touchwood.

Today we are joined by Noor Burki, Deputy Chair, with MLA Nippi-Albright chitting in; MLA Brent Blakley, with MLA Sarauer chitting in; MLA Bromm; MLA Chan; MLA ChiefCalf, with MLA Conway chitting in; and MLA Kropf.

First of all, I want to welcome everyone to the committee. But I also have to table the documents HUS 10-30, Ministry of Health: Responses to questions raised at the April 21st, 2026 meeting . . . [inaudible interjection] . . . April 1st, yes. This is not an April Fool's joke; it was the 1st of April those questions were tabled.

Today's agenda includes the consideration of two bills: Bill 48, *The Compassionate Intervention Act*, and Bill 55, *The Medical Profession Amendment Act, 2026*.

Bill No. 48 — *The Compassionate Intervention Act*

Clause 1-1

Chair Keisig: — We will start with Bill No. 48, *The Compassionate Intervention Act*, and we will begin our consideration with clause 1, short title.

Minister Carr is here with ministry officials. I would ask that officials introduce themselves before they speak for the first time. Do not touch the microphones. The *Hansard* operator will turn them on when you speak.

Good afternoon, Minister. Please make your opening comments and introduce any officials you deem relevant.

Hon. Lori Carr: — Thank you very much. I am pleased to be here today to talk about Bill No. 48, *The Compassionate Intervention Act*. I'm joined today by Health minister Jeremy Cockrill, as well as deputy minister of Health, Tracey Smith; minister of Health assistant deputy minister, Jim Turner; as well as several other officials from both the ministries of Health and the Ministry of Justice.

Current addictions treatment for adults in Saskatchewan requires voluntary participation . . . And as well we have Minister of Justice Tim McLeod here. However not everyone has the capacity to make the decision to enter treatment on their own because of the extreme state of their addiction. *The Compassionate Intervention Act* will help stabilize people with severe addictions who are not capable of seeking help despite serious health and safety risks.

Under the proposed legislation, an individual must meet two central criteria as determined by a judge or a prescribed professional before they can be subject to *The Compassionate Intervention Act*. First, they must be suffering from a severe substance use disorder. And secondly, they must be likely to cause substantial harm to themselves or others because of their substance use disorder.

A person cannot be brought in for an assessment if there is a serious and immediate risk. However a treatment order can only be made if it is shown that the person cannot understand or appreciate the need for treatment. Risk is not enough alone.

This approach is consistent with how Saskatchewan Health Authority currently applies *The Mental Health Services Act*. Once these criteria are met, a person can be transported to an assessment centre to be evaluated by a physician, an addiction and mental health expert who will make a recommendation regarding treatment. A panel will review the recommendation to determine the best path forward for the individual.

The legislation includes safeguards. People will be regularly reassessed, able to request reviews, and able to appeal decisions with free legal help provided throughout the process. Reviews are built into the process and focus on real changes in a person's condition. This avoids unnecessary delays or disruptions to care while still protecting a patient's rights. Once someone regains capacity, involuntary treatment will end.

The compassionate intervention board also requires that at least one member must be of Indigenous ancestry. Care will be delivered through Saskatchewan Health Authority services, which already have policies and standards related to cultural safety and trauma-informed care.

People who are involuntarily detained for addiction treatment will continue to get support after leaving the program. This includes a plan for ongoing care and services to help them with recovery.

I would also like to let you know that approximately 150 stakeholders across multiple sectors participated in information sessions. Throughout the feedback, we have already introduced some amendments that focus on three key improvements: clarifying the registrar's role, streamlining information to the hearing panel, and clarifying capacity.

The first amendment removes the registrar's dual role, which previously combined administrative support to the Office of Tribunal Counsel with active participation in proceedings. It reduces legal risk and perceived conflict, and strengthens procedural fairness and transparency.

The second amendment limits document disclosures to the hearing panel, requiring that information be disclosed to the patient. The patient and the intervention counsel will decide what is necessary for the hearing, reducing the burden on the panel.

The third amendment clarifies capacity at the assessment stage and for hearing panels, which reduces ambiguity and stresses its importance during these processes.

All three amendments reflect feedback from the Canadian Bar Association, Saskatoon trial lawyers association, and health providers, and are technical in nature with no financial impact. They are designed to improve program operations. The project team will continue engagement through targeted consultations as implementation progresses.

This Act focuses on promoting meaningful, long-term outcomes within a recovery-oriented system of care that will reflect the same holistic approach offered within the voluntary treatment system. First phase of compassionate intervention will be in the North Battleford area, expanding provincially after that.

The first compassionate intervention assessment centre will be located in North Battleford. Provincially, involuntary in-patient addiction treatment will be located at the Saskatchewan Hospital, North Battleford. Once fully implemented, assessment centres will be located across the province, with the involuntary patient unit only located at the Saskatchewan Hospital, North Battleford.

Let me be clear: this program is not taking beds away from voluntary treatment. Voluntary treatment is still the preferred way for people to get help with their addictions. The province currently has about 800 withdrawal management in-patient, out-patient, and transitional addictions support spaces across the province.

We are investing a record 624 million in mental health and addictions supports and services this fiscal year. This is the largest investment in the province's history for mental health and addictions supports. Compassionate intervention is for rare cases where a person's substance use puts their own life or the lives of others at serious risk.

Thank you for the opportunity to outline the key elements of *The Compassionate Intervention Act* and amendments to the Act. My thanks to the ministries of Health and Justice for their work on this important Act and related amendments. Our team would now welcome questions. Thank you, Mr. Chair.

Chair Keisig: — Well thank you, Minister, for your opening comments. I will now open the floor for questions. I recognize MLA Albright.

Betty Nippi-Albright: — Thank you so much. Thank you for the overview and letting us know about the amendments that you are presenting this evening.

I do have some questions. And if you don't have the answers today, will you commit to tabling them in writing?

Hon. Lori Carr: — I'll wait for the questions, and then we'll talk about that as we move along.

Betty Nippi-Albright: — Yeah. Yeah. If you don't have the questions that . . . You can table them in writing. That will be good.

So my question is, you know, you've outlined what the intention of the legislation is and what you are investing. So why did the ministry choose to create an entirely new statutory framework rather than amend *The Mental Health Services Act*, which already governs involuntary interventions?

Hon. Tim McLeod: — Thanks for the question. This piece of legislation, as you likely know, does in many ways mirror *The Mental Health Services Act*. However *The Mental Health Services Act* deals with psychiatric care and mental health. This is specifically targeting severe and complex addictions, which that Act doesn't currently address. So while there are similarities between the two, one is targeting mental health and one is specifically targeting addictions.

Betty Nippi-Albright: — So thanks for some of the folks that have been out there giving some feedback. Those are, I guess, repeated questions that I've been asked about, and also the analysis. So what analysis did the ministry conduct in comparing that existing mental health service Act, the involuntary admission criteria, and this new criteria? Because a lot of folks out there have said, why wouldn't you amend *The Mental Health Services Act?*

Hon. Tim McLeod: — Well *The Mental Health Services Act*, because it's focusing on mental health, largely deals with psychiatry. Psychiatry is not who we use primarily to look at addictions. We use addictions specialists, people who are experts in the addiction treatment space. So there is a distinction to be drawn there.

And what we've done with *The Compassionate Intervention Act* is to specifically add another additional layer of protection through the tribunal process that doesn't currently exist in *The Mental Health Services Act*.

The Mental Health Services Act has been operating quite well for several years and so we're not wanting to lose any of the ability that we currently enjoy with that piece of legislation by altering it to fit this purpose.

As I said, this particular piece of legislation is targeted at addictions and addictions treatment. It mirrors a lot of the functions of *The Mental Health Services Act*, but it does stand apart on its own for good reason: dealing with addictions experts and specialties, adding that layer of protection through the tribunal process, and not risking conflating the two process, one for mental health and one for addictions.

Betty Nippi-Albright: — So then why are you not using the DSM-5 [*Diagnostic and Statistical Manual of Mental Disorders*] to assess in Bill 48? And also why are physicians not included in Bill 48 when they're included in the mental health Act?

Hon. Tim McLeod: — Well as I said, one deals with mental health and psychiatry, and you're talking about the DSM-5 which focuses on that piece. This legislation deals with addictions and complex addictions. They're very different things.

And so I don't know how to say the same thing again, but there are two pieces of legislation that certainly have similarities but they are stand-alone for their intended purpose.

[15:45]

Betty Nippi-Albright: — So let me rephrase that. So in the DSM-5 the substance use disorder is clearly defined in that. Why is that not used in Bill 48?

Chair Keisig: — Can I just ask the committee member to clarify DSM-5? Minister Carr is very well aware of my dislike of acronyms on purpose.

Betty Nippi-Albright: — *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition. So let me repeat that. So

Diagnostic and Statistical Manual of Mental Disorders, fifth edition.

Chair Keisig: — Thank you.

Hon. Lori Carr: — So when you're talking about DSM-5, we use the guiding principle with regards to the definition that you're talking about, but they are constantly updating the definition of that, changing the definition. Thus they're on their fifth iteration right now. Pretty soon it will be DSM-6. But we do expect practitioners will be using the principle of that definition as we're going through the process.

Betty Nippi-Albright: — Thank you for that. So my question would be then, to ask that is . . . like we know that it's always changing. But would the ministry commit the definition to the regulations?

Hon. Lori Carr: — Are you asking that we would commit DSM-5 or DSM-6 or DSM-7 to the regulations? Or what are you asking exactly, just to be clear?

Betty Nippi-Albright: — We have to ensure that consistent and medically valid determinations of severe substance use disorder as identified in DSM-5 are connected and used in this bill. And will you commit for this bill to ensure that this definition from that DSM-5 be committed and to get a commitment from the ministry to use that definition for the regulations to ensure that we're using consistent criteria when we're looking at severe substance use diagnoses?

Hon. Tim McLeod: — I think there's maybe a misunderstanding. The definition that's in the legislation is consistent with the definition that's in the DSM-5. And it's the practitioners who will ultimately be doing the assessment that will rely upon the DSM-5.

Betty Nippi-Albright: — So just for clarification then, what I would like to see and people would like to see is that actually defined in there. Not that we're referencing it, but it's actually in the bill. And also that physicians are part of that.

Hon. Lori Carr: — So as we move forward, this definition will be under the regulations. And as we develop the assessment tools going forward, we will continue to do additional consultations on those regulations with experts and the health care professionals as we move forward.

Betty Nippi-Albright: — Thank you for that. I just was looking through some of my papers here, and at a recent Recovery Capital Conference that you were speaking at, you stated that the compassionate intervention is just like the mental health Act.

And one of the things that are absent from this bill — and it's good to know that you're going to be committed to it — is that there's a clause establishing in *The Mental Health Services Act* the supremacy of voluntary requests for services, and also mandatory physician-led medical evaluations and second medical opinions, and that the voluntary request-for-service clause is important because it requires that operating under that Act to first offer voluntary services. And also trusting physicians with patient evaluations offers that additional oversight of a regulated profession.

So it's good to hear you say that you are committed to ensuring that the DSM definition of "severe substance use" will be in the regulations and in this bill. Is that correct?

Hon. Lori Carr: — I guess I don't believe that is exactly what I said. I believe what I said was that as we move forward, as we develop the regulations, that we will be continuing to consult with experts and health care professionals as to what that will look like, is what I said.

Betty Nippi-Albright: — Okay. So there's no guarantee that that definition will be in the bill going forward?

Hon. Tim McLeod: — We're not creating anything novel with this definition. This definition is already consistent with the DSM-5 definition. And what the minister has indicated is that we'll continue to consult with the experts in this space about what the most appropriate definition is.

Betty Nippi-Albright: — Okay. Yes. Just one follow-up question.

Meara Conway: — Can I just clarify? Because I thought, Minister, I heard you say that the DSM-5 — or whatever subsequent number it will be — definition would make its way into regulation. Can you just clarify?

I understand what you're saying. There's the more general definition in the bill; you don't want to have to go back and amend the bill every time the DSM changes, although it's not that frequently that it changes. There have been only five, you know, for context. But are we hearing that the specific definition for "substance use disorder" that appears in the DSM will also make its way into the regulations? Can you clarify? Because I thought I heard you say that.

Hon. Tim McLeod: — For clarity, while we're on the fifth iteration, it's updated very frequently. So even just the fifth iteration will be updated several times before it ever moves on to the sixth.

What we're saying is that the practitioners who are doing the assessments will follow whatever iteration we are on. The definition that we're using in the legislation is consistent with the DSM-5 in its current iteration, and the regulations will continue to involve consultation with the experts in the space to make sure that we are using and applying the most current and appropriate definition.

But we seem to be hung up on the title of the document. And the actual document is not referenced, but the definition is consistent with the one that applies in that document. It's consistent in this legislation.

Meara Conway: — Just to clarify that Betty and others on the team have been doing quite a bit of consultation on this bill, and it has been flagged by experts in the field that this definition in the bill concerns them. So I just want to clarify that we're bringing forward the questions and concerns of the people that we've done consultation with. So it is very much in that spirit that I'm just trying to clarify exactly what you're saying.

[16:00]

What I'm hearing is that in the bill you'll have this broader guiding principle that exists now, and that the regulation will update that specific up-to-date definition around substance use disorder. The regulations will contain that. That's what I think I'm hearing. I'm just trying to clarify. I'm not trying to be cute.

Hon. Tim McLeod: — Yeah. No, and I appreciate that. What the minister has indicated is that the definitions that will apply, as you quite accurately described, the guiding principles as they appear are consistent. And moving forward in the regulations . . . This legislation was drafted in consultation as well with many experts in this space, and we will continue to do that in the definitions as they appear in the regulations moving forward. So I think we are saying the same thing.

Meara Conway: — Okay. So will the regulations contain a definition for substance use disorder?

Hon. Lori Carr: — So we have the definition in the Act already, and it is subject to regulation. So as we can carry on with consultations and develop those regulations, then we will take that from there.

Betty Nippi-Albright: — Thank you. So I'll get my colleague to ask . . . Do you want to ask this question now or after?

Meara Conway: — You go. It was for everyone.

Betty Nippi-Albright: — Okay, so I'm just going to move on here. So the bill blends elements of both justice and health legislation. So how does the ministry ensure this does not shift Saskatchewan towards a justice-first model of addiction responses?

Hon. Lori Carr: — So I think that that is why you see it being brought forward by the Minister of Mental Health and Addictions, is because we do want it health focused. We are coming at it from a health angle in the spirit of healing and recovery. It's therapeutic in nature. Of course we're using recovery-oriented system of care as we go through this as well. It's being provided in a health care facility by health care professionals, and so it's health in nature.

Betty Nippi-Albright: — Okay, thank you for that. I'll probably follow up with some more questions on that later. So let's talk about that, the risk assessment and the criteria. So risk assessments rely on the board-discretionary factors such as inability to meet basic needs, negative impacts on employment or relationships, or any other prescribed factor. How does the ministry justify using criteria that the folks that we have consulted with, the communities we have consulted with, that have said that it encompasses too many people?

Hon. Tim McLeod: — I'm sorry. You're going to have to clarify the question. It sounds like you're asking us to . . .

Betty Nippi-Albright: — So the question I'm asking you is . . . So a lot of people that we have consulted have talked about the risk assessments that rely on the board-discretionary factors, such as inability to meet needs, negative impacts on employment or relationships, and any other prescribed factor. So a lot of folks were concerned with that because they feel that it encompasses too many people. So how do you justify using that criteria in this legislation?

Hon. Tim McLeod: — Well these criteria are coupled with the fact that the individual that's the subject to this legislation lacks the capacity to make a decision on their own. So these risk factors may actually appear in a wider variety of cases. However you can't overlook the piece that these are such complex addictions that the individual also lacks the capacity to make the choice, make healthy choices. They can't be looked at mutually exclusive. They are coupled.

And so these risk factors . . . I can't speak to who it is that you're consulting or what their understanding is, but this legislation is targeted for a very small subset of very complex addictions so that these individuals don't fall through the cracks. And these risk factors exist, but they also exist amongst a small segment of the society who are battling such a complex addiction that they lack the capacity to make healthy decisions.

Betty Nippi-Albright: — So I just want to go a little deeper into that because in the bill it says that your criteria are . . . Like I've said before — I'm not going to repeat myself — that there's a lot of people with what you're describing as those individuals that don't have the capacity to make decisions. Like how many of them actually are employed, right? So in this, what you have in here in the bill that uses the broad factors of negative impacts on employment or relationships or any other prescribed factor.

So I guess what I want to understand, and folks want to know, is who is assessing one's inability to make decisions? Is it a medical practitioner? And if it's an addictions specialist, what medical expertise do they have with complex substance use disorders?

Hon. Lori Carr: — So when we're talking about . . . You asked who's assessing it and their ability to make decisions. So you said, if someone is employed, what would this look like? The individuals that we're looking about, I think it's more about their lack of employment and the fact that they are not able to hold a job, because the people we're talking about don't have the capacity to hold a job here.

And when that capacity assessment is done, the team does have some addictions medication specialists that will be looking at those individuals. And if someone does have the capacity to make a decision, they wouldn't move any further in the process. Obviously they'd be offered a voluntary space at that point in time. So that's what that would look like.

[16:15]

Betty Nippi-Albright: — Okay, thank you. I just lost that piece where it talked about, it affects employment in the bill here. But we'll move on.

So how will the ministry prevent malicious or retaliatory use of the Act in situations involving intimate partner violence or custody disputes?

Hon. Lori Carr: — Repeat the question.

Betty Nippi-Albright: — How will the ministry prevent malicious or retaliatory use of the Act in situations involving intimate partner violence or custody disputes?

Hon. Tim McLeod: — Can you elaborate on how you envision that even being possible?

Hon. Lori Carr: — Give us an example.

Betty Nippi-Albright: — Yes, go ahead.

Meara Conway: — So one of the concerns we've heard around the bill — and frankly something, when I was reviewing it, I noticed immediately — is that the process can be triggered by anyone. Having been a legal aid lawyer working in family law for years, I think this is a reasonable question.

I'm just wondering why, you know, you're seeking to create a new legal framework that involves coercive treatment. Why have you left this open to any person to trigger this process rather than designated classes of people that have expertise? Could you speak to that?

Obviously there's the possibility of bad faith, particularly in high-octane situations. We see this commonly in child and family services disputes, for example. There's no reason to expect that this won't be weaponized by people, particularly in domestic situations. So what thought have you put into that in the drafting of this bill?

Hon. Tim McLeod: — Yeah, you're jumping from the initial complaint to the addiction treatment order, and there is a vast area in between. So it's not the mother who has concerns or the partner who may be lodging the original complaint who gets the person to the point of being an in-patient in this Act.

While we want to leave it open to concerned parents about their children or loved ones being able to say, I think my loved one falls under this definition, the triggers are through a peace officer or through a medical professional or through the courts.

So what you're suggesting is that the peace officer, the medical professional, or the court would for some reason be malicious against and weaponizing the legislation. The individual who launches the complaint only can bring it that far, and then the initial assessment or the referral for assessment needs to happen through a peace officer, a medical professional, or a court through the warrant. And then the assessment to send the matter to a tribunal would happen. And then the tribunal would hear the matter. So you have to go through a variety of gates ever before there is an addiction treatment order.

Meara Conway: — Thank you. I hope I'm pointing to the right place in the bill. But for example, I'm looking at what patients don't have the right to refuse, and it is that assessment, is my understanding, to be observed, monitored, assessed, right. So even if there isn't a final . . . like a finding pursuant to that, the process can be the punishment. There's still a coercive element to even requiring people to participate in this process.

Perhaps I'm misunderstanding how it works, but can you speak to what's in place to protect that from happening, the assessment from being triggered in that situation?

Hon. Tim McLeod: — Certainly. The assessment still needs to go through a peace officer, a medical professional, or a court. So it's not like a parent or a loved one or a community member could have the person put under an order that requires their observation and assessment. That only happens if you've passed through one of the three initial gates, being a peace officer who has been convinced that you meet the criteria, a medical professional who's convinced that you meet the criteria, or a court who's convinced that you meet the criteria.

Meara Conway: — Now can I just turn to the medical professional piece there? Am I correct that that's not even defined in the bill?

Hon. Lori Carr: — So it's a defined medical professional, and that will be defined in the regulations. But I guess an example I could give is a PACT [police and crisis team] team gets called to a house and there's an officer because the parents have a grown son in the basement who has been living there for the past four months. They're a harm to themselves; they're a harm to their family. The family is at their wits' ends.

We heard this story of the mother that was here this spring who had gotten their child into voluntary treatment on several occasions but was never there long enough to get the help they needed because they do have the choice to leave. So having the ability through an officer to call them to a situation, then it is that officer that will be assessing it and then we move on from that point in time.

So you ask, why would, you know, an individual be able to refer someone? Well that's how. The mom calls the police because there's an incident happening at that given point in time or an officer is on the streets and they come across someone that is a harm to themselves, a harm to others, has absolutely no capacity to do anything. And so at that point in time, it would . . . you know, right now we have our complex-needs facilities that we're helping them with, but this might be one step further to get them the help that they really need.

Meara Conway: — So on that example of the son in the basement. So before an assessment is even made, you need to put information before the court to seek an information . . . Sorry, let me rephrase that.

The way that the bill is worded now, any person can lay an information before the provincial court judge, stating that the person in question believes on reasonable grounds that another person . . . and then there's criteria.

So the situation that you've identified, where you have a PACT team respond to a critical situation, I think what some of these concerned people would say is, why don't we have it so that the PACT team, the officer, the social worker, the experts, they're the ones who can seek an information if in their opinion it should be sought? As the legislation currently stands, under a very low bar — "reasonable grounds" — any person can seek this information, can put this information before the court.

You mentioned the complex-needs shelter. Not any person can show up at the complex-needs with a loved one and drop them off. It's certain prescribed people. People that we trust within this society to do that work.

So I'm wondering why we haven't turned our mind to that here. This is a big concern that any person can lay them. And

"reasonable grounds," Minister, that's not a high trigger for something like this.

So I think that if we're thinking that this isn't going to be weaponized or misused we're kidding ourselves. I think there's a lot of concerns out there, and reasonably so.

Hon. Tim McLeod: — Well I would disagree with you. The reasonable grounds is a standard legal bar. And what you're doing is suggesting that any person can get past the provincial court judge simply by laying the information.

The Act clearly states that you still must convince the judge that the person is suffering from a severe substance use disorder; that if not detained, they are likely to cause harm and that they should undergo an assessment to determine if the person should be subject to a recovery order.

So you still have to convince a judge of that in just the same way that you have to convince a judge of any criminal accusation. So you can't suggest with a straight face that somebody can weaponize this unless they have the ability to somehow convince the judge that this person meets the criteria when they don't.

Meara Conway: — So, Minister, in other legal forums the person putting before the court reasonable grounds for something would be a police officer. Let's be clear about that. The evidence that a court is going to be relying in these kinds of cases, it's basically going to be, what? A sworn affidavit? Like what evidence do you expect people are going to be putting before the court besides that?

I mean I believe in the . . . I'm an optimist, but having served as a lawyer for a decade, people do lie — especially in these very difficult situations. They may, out of desperation or difficulty, overexaggerate. Like there's going to be very few mechanisms in place to ensure that this system is not being misused. I think that's why in a situation of, you know, when I think of a warrant where reasonable grounds . . . Like that's a police officer making those representations to a court often.

Hon. Tim McLeod: — Not in the case of *The Mental Health Services Act*. No, it's not. It's the families that are seeking a warrant under *The Mental Health Services Act* from a provincial court judge. This mirrors that process. It's not unusual; in fact it's very consistent with what we do with *The Mental Health Services Act*. We do have peace officers listed. There's a process for peace officers, there is a process for the medical professionals, and there's a process for the court. Perhaps I have more confidence in our judiciary than you.

Meara Conway: — I'll have to look at that Act, Minister, but I think that the combination of a definition here that is much broader than what we see under the DSM, I was just going back . . . Because we had this exchange, I was just going back to look at that definition in the bill. It is quite a bit broader, that reference to 1-5 in the bill. There's no, for example, time period that needs to be considered for showing these symptoms, for example.

And so I think taken together with the lack of robust definition for substance use disorder, and then opening this up to any person, is concerning. So I'm wondering, do you just not see this as a concern at all? Or was your mind turned to this at all in drafting this legislation? Or do you just sort of dismiss this outright as a concern?

Hon. Tim McLeod: — No, I'm not dismissing your concern. I'm saying that these concerns have been addressed through the legislation. The peace officers, we have confidence in our peace officers that they will do the appropriate thing. We have confidence in our medical professionals, health professionals that will do the right thing. And we have confidence in our judiciary that they will do the right thing.

These again . . . As the Minister of Mental Health and Addictions has clearly outlined, this is a very narrow subset of individuals who have a very complex addiction and lack capacity to make healthy choices. This is not somebody who's going to work every day and functioning in society. This Act applies to a very small segment of society that is battling their very complex addiction, and we are trusting one of those three gatekeepers with this legislation to apply it appropriately.

Betty Nippi-Albright: — So I just want to kind of go back on this. So the peace officers, they're given quite a bit of authority in this bill, and peace officers don't always have that clinical experience, expertise. So what evidence supports granting the police, or peace officers, this level of discretion when we've heard that the police shouldn't have a large role in this, considering they lack the clinical expertise?

Hon. Tim McLeod: — Well remember that the peace officer's role here is to simply examine the individual, based on as they present, and then transport them to the assessment centre. And then at the assessment centre, they will be assessed by an admitting professional.

Betty Nippi-Albright: — Okay. So how will you ensure that these police-led apprehensions does not become the default entry point into the addictions system?

[16:30]

Hon. Lori Carr: — So when this happens, the officer is making the best decision based on what they are seeing in front of them at that point in time. And then they're taken to that assessment centre where the professionals will do that assessment.

But what I would say is, as we did consultations with the chiefs of police and other individuals, we know that the jail cells are not the right place for these individuals. We know that the ER [emergency room] is not the right place for these individuals.

In fact sometimes the health professionals, because of the addictions piece of it, they don't have a place where they can send them for the treatment that they need because they don't want to go voluntarily because they can't make the decision to go voluntarily at that point in time. So really they've had interactions with these individuals before. They just don't have a place for them. And so now there will be another option available to get individuals the help that they need.

Betty Nippi-Albright: — Thank you. Do you have another question there?

Meara Conway: — Sorry, just let me bring this up. There is no

definition of — I raised it before — the "medical professional." I just want to get the term of art correct; I think that is it. There is also no mention of "physician" in the Act. Minister, you've spoken about . . . Well both ministers have spoken about how this framework mirrors the mental health framework. I would suggest that this is a marked departure in that it doesn't rely on physicians or include a role for them or define them.

Can you speak to why that decision was made? I also understand that in, for example, Alberta there is a much more robust role for physicians. So I'm wondering why you decided not to go that route.

Hon. Lori Carr: — So as the legislation was defined, the decision was made that the broader the definition the better, simply because of accessibility and depending where individuals are and the types of professionals that are in all different kinds of communities — you know, if we think of northern communities — and maybe not having that specific individual that someone might think falls under the definition.

But when we talk about our PACT teams, those PACT teams are made up of officers and medical professionals, whether that be an RN [registered nurse] or a social worker, so we needed to ensure that it is different than the mental health Act. And so I guess if we go back to the beginning of the conversation, why separate legislation? Because it truly is different, and we're treating it differently.

Betty Nippi-Albright: — Thank you. Thank you for that. The bill allows designated persons to apprehend individuals who leave a facility, but the bill is silent on the qualifications. So what training, oversight, and liability protections will apply to these designated persons?

Hon. Lori Carr: — I'm sorry. Can you just clarify what section you're referring to?

Betty Nippi-Albright: — Oh jeez, what section was that?

Meara Conway: — Sorry, I'll try to find it.

Betty Nippi-Albright: — It has . . . And it's throughout the document. Throughout the bill it talks about designated persons will have the ability to apprehend individuals who leave a facility.

Hon. Lori Carr: — Who leave a facility?

Betty Nippi-Albright: — Yes.

Meara Conway: — So just to clarify, I think this refers to 6-2:

> If a patient who is detained pursuant to an in-patient recovery order leaves the compassionate intervention treatment centre before the expiration of the in-patient recovery order, the officer in charge may issue an order in the prescribed form directing that the patient be returned to the compassionate intervention treatment centre.
>
> If the officer in charge orders that the patient be returned, the patient may be apprehended and returned to the treatment centre . . . without a warrant, by:
>
> (a) any peace officer; or
>
> (b) any other person designated by the officer in charge.

So again it's that second one that we're asking about.

Hon. Lori Carr: — Okay. So as we look at the clause that you are talking about here, the majority of the time it is going to be a peace officer that is returning them. But at times there may be a peace officer that may want to de-escalate a situation, and that individual at that point in time is trusting their sister or their mom.

So the officer can designate them to be the person to bring them back in if that is the only person that that person is trusting at that point in time.

[16:45]

Betty Nippi-Albright: — So the bill contains no mandatory timelines for reassessing decision-making capacity. So how does the ministry justify detaining individuals for long periods without reassessing capacity as their clinical state changes?

Hon. Lori Carr: — So those reviews are actually done every six weeks, is what they are done. Having said that, they're with health professionals at all points in time while they're getting their treatment. If there is a change in circumstances and they want to do something sooner, they absolutely will do that. In fact the patient, if they feel their circumstances have changed, they can request that review as well, and it will be accommodated. So there are several circumstances.

Meara Conway: — Can you clarify? Where does it say that the patient can request that review apart from the six weeks?

Hon. Lori Carr: — So if we go to 7-1(1):

> Subject to the regulations, if a patient's circumstances have changed since a recovery order was issued pursuant to section 6-1 or 6-8, the following may apply in writing, in the form required by the registrar, to the registrar for a review by the board or the recovery order:
>
> (a) the patient;
>
> (b) the intervention counsel . . .

So right there, "the patient." And that's in 7-1.

Meara Conway: — So it says they can apply for a review. That doesn't mean they're guaranteed a review though, of course, right? There's criteria? Can you speak to that?

Hon. Lori Carr: — The application by default means they're getting a review.

Meara Conway: — Thank you for clarifying.

Betty Nippi-Albright: — So in this bill, recovery orders can be renewed. What prevents the Act from functioning as a de facto long-term detention regime?

Hon. Lori Carr: — I think as we've already spoke about this . . . We're coming at it from a medical perspective. We want people to get better. We want people to get the help that they need so that they can not be in a facility like this, so that they can live independently outside in a life of recovery, or whatever that looks like for them once their medical needs are taken care of, they're no longer addicted to the drug of choice, or whatever that might look like for them.

So our goal is not to detain people indefinitely. This is not intended to be punitive in any way, shape, or form. This truly is to help individuals get the help that they need so they can live a life of recovery on the outside.

Betty Nippi-Albright: — Just for kind of a clarification on this piece is that, we know that individuals that are working at addressing their substance use disorders, that relapse is quite possible and frequent. So when the recovery order . . . like if they've done well for six months, a year, and they're out there, life happens, challenges happen, then they could be renewed again. And folks that we've spoken to in the recovery community have said people relapse quite a bit. It takes up to 17 times before somebody actually is able to sustain that recovery.

So the folks that we've been speaking to have been very concerned about what prevents this Act from functioning as this de facto long-term detention regime. That's the concern that the folks that we spoke to . . . is if somebody's relapsed and is in and out or having challenges, is that going to be a revolving door for them?

Hon. Lori Carr: — Well we certainly don't want this to be a revolving door for individuals. As we're building out our addictions services within the province of Saskatchewan, a part of that is those post-treatment spaces that we talk about so often, where there are places for individuals to go live where they will be surrounded by supports to help them stay in that life of recovery, often referred to as recovery capital. And that could be a community where there are six other individuals possibly who have been through the same circumstances as themselves. They lean on them for support and for that strength that they need to carry on.

Is it going to be absolutely perfect? I'm not naive enough to think that people aren't going to relapse. Hopefully at that point in time, if that does happen that they do relapse, that they will still be in a place and have people around them who love them enough to be able to get them into voluntary treatment at that point in time. And so the whole goal though — I'd like to see; I'm sure you would like to see — is to have those supports in place to help them keep in that life of recovery.

Betty Nippi-Albright: — So what diversion pathways exist between the criminal proceedings, mental health legislation, and compassionate intervention?

Hon. Lori Carr: — I'm sorry, between criminal . . .

Betty Nippi-Albright: — Between criminal proceedings, mental health legislation, and compassionate intervention.

Hon. Tim McLeod: — I think it's important that we don't conflate the three things that you mentioned. Your question was around diversion and the criminal justice system and *The Mental Health Services Act* and *The Compassionate Intervention Act*, three very different things.

The Compassionate Intervention Act again — and I don't think it can be overstated — is for individuals who lack the capacity to make decisions. The criminal justice system doesn't deal with those individuals because the people have clearly got the capacity to choose to commit a crime. This Act won't be seeing people passing through the criminal justice system and then into the compassionate intervention stream. You're talking about two very different people.

As I mentioned earlier, *The Compassionate Intervention Act* will apply to a very narrow subset of individuals battling a very complex addiction. The criminal justice system will deal with individuals who have broken the law or are accused of breaking the law. And *The Mental Health Services Act* will deal with individuals who are battling mental health issues. Three separate systems, three separate streams, three different types of individual.

Betty Nippi-Albright: — With all due respect, I actually personally know a few people that have complex substance-use disorders that, to sustain their substance use, commit crime, and they also have low functioning in terms of cognitive ability.

So my question again is . . . Well not my question, but there are people that have these complex issues that commit a crime to use substances and also have mental health issues. So what diversion pathways will there be in place for those individuals that do exist out there, at least here in Saskatchewan?

Hon. Tim McLeod: — Yeah, I guess I should have clarified. I'm not suggesting that you can't have somebody who meets this definition who hasn't also committed a crime.

But what I'm saying is, they're not diversionary from one to the other. What I'm saying is, if a person is battling the complex addiction and they qualify under this piece of legislation, we have three gateways, three paths that the person can find themselves into this treatment option. If somebody is battling a mental health issue, certainly they may commit a crime, and the courts will deal with those separately.

But I think the minister put it best when she was talking about, the complex addictions that these individuals are dealing with means that they're lacking the capacity to make choices. And we understand that after you get some addiction treatment and you find the path to recovery, there may be relapse. In those cases there may be mental health challenges in which *The Mental Health Services Act* may apply. In some unfortunate circumstances perhaps criminal activity may happen, possibly during a relapse.

[17:00]

But what we're talking about are individuals who are battling an addiction. And we've said it many times: the road to recovery is a lifelong journey. When you're in recovery, you're in recovery. But some people are in the ditch and they can't find the road. This legislation is meant to help those individuals find the road.

And we want to, through the recovery-oriented system of care, wrap the supports around them — and the minister talked about recovery capital — the things that they need to keep them on the road to recovery. This legislation is meant for the very rare few who can't find that road to recovery on their own. They don't have the capacity to find that road to recovery. They're in the ditch. And so this legislation allows us to help those individuals find that path to recovery.

Meara Conway: — I'm just going to try to make sure I'm understanding the Act. It is quite a complex Act. There's three paths under the Act as I understand it: either a peace officer, a prescribed medical professional, or any person with judge review.

And then my understanding is that person then, should it pass that stage, they enter into an assessment centre where an approved admitting professional conducts an admission assessment. I think the Act refers to the "assessment team."

And I guess what I'm struggling with the Act is the . . . Because you know, we've been back and forth, Minister McLeod, about the ways in which this does or doesn't mirror the mental health Act. But I think one of the reasons that some of the concerns with the mental health Act are addressed are those strict legal definitions for when action is taken.

When I look at "assessment team," for example, under the Act it's sort of a circular definition because it's the assessment team that of course makes the recommendation. But when you go to the definition for "assessment team," it says it ". . . means one or more persons within a compassionate intervention assessment centre who are qualified pursuant to section 2-5 to conduct an addiction assessment for a patient."

And then we go to 2-5 of the Act, which says that "The health director may issue any policies, guidelines or directives respecting the qualifications and requirements necessary for a person to be assigned to an assessment team." That seems incredibly broad, especially when we compare it to a mental health Act where you need the opinion of a physician, and sometimes two opinions at that. So can you help me out with this?

Hon. Tim McLeod: — So as I mentioned earlier when I was comparing the two pieces of legislation, one of the distinctions is that this legislation has an additional layer that *The Mental Health Services Act* doesn't have. Where you refer to the physician and the psychiatrist in *The Mental Health Services Act*, they're ordering the person into . . . They're making the order.

These health professionals are not making the order. They're simply making the referral to the tribunal. So there's the extra layer. It would actually be the tribunal that hears the matter, together with legal council for both the individual and the hearing council, who would then . . . The tribunal would make the decision to order them into care. So that's the distinction.

Meara Conway: — So the assessment team then refers . . . Like if they don't feel that an assessment referral should be made, the patient gets discharged. If they do feel like an assessment referral should be made, it goes on to the hearing panel, right? Correct?

Hon. Tim McLeod: — The tribunal.

Meara Conway: — Tribunal. So that's where that extra layer that you speak of is. So with regard to that hearing . . . Sorry, it's a tribunal. I thought it was a board. No? Okay, wait. Sorry. No, it's board, right? The compassionate intervention board. Is that the correct . . .

Hon. Tim McLeod: — The hearing panel.

Meara Conway: — The hearing panel, okay. Oh shoot, I just lost it. Sorry, I just lost the piece of legislation so just give me one second. The hearing panel is made up of one . . . The medical member of the hearing panel, can you speak to the criteria for that medical member?

Hon. Lori Carr: — So definition is what you're looking for, is (1) a duly qualified medical practitioner, or a prescribed health care professional other than a duly qualified medical professional who has expertise with the assessment and treatment of substance use disorders.

Meara Conway: — Okay, but what does that mean? That "duly qualified medical practitioner" is not defined in the Act, correct? I think this is the concern we have is that mental health Act has, for example, a physician. Here, lots of question marks around what that medical representative will actually be.

Hon. Lori Carr: — So "duly qualified" is a doctor.

Meara Conway: — Why not put that in the Act? Like why doesn't it appear in the Act?

Hon. Tim McLeod: — That's actually the term that's consistent with multiple pieces of legislation. We use "duly qualified medical practitioner" to describe a doctor in multiple pieces of legislation. That's consistent.

Meara Conway: — Duly qualified medical practitioner. Just give me one second. Okay, thank you for that. Betty, do you want to go next or do you want me to keep going?

Betty Nippi-Albright: — So the bill requires one Indigenous board member but does not require Indigenous representation on the hearing panels or the tribunal. So how does the ministry justify this structure given the overrepresentation of Indigenous peoples in custody, child welfare, and homelessness systems?

Hon. Tim McLeod: — So think about the board as the collection of individuals who are qualified to comprise a hearing panel. There must be Indigenous representation on the board because when the hearing panel is composed, if the individual before the panel is of Indigenous ancestry, the panel must have that Indigenous member. However if the person before the panel is not Indigenous, there is no requirement for the Indigenous board member to be on the panel.

Betty Nippi-Albright: — That doesn't make any sense to a lot of people that we spoke to. Because of the overrepresentation of Indigenous people, that this board and also the hearing panel should be made up of the people that are represented. So if it's an individual being subjected to the hearing panel, then that hearing panel should be one individual that's of Indigenous

ancestry. Where it says they don't have to be on the hearing panel, they only . . . they're on either one, but not both.

Nicole Sarauer: — Just for clarification, can you point to where in the legislation it says that if an individual who is subject to a hearing is of Indigenous ancestry, one member of the hearing panel must also be of Indigenous ancestry?

Hon. Tim McLeod: — Thanks for the question. And for clarity, that's not expressed. But if you look to section 3-1(6), the "Members of the board must be appointed with a view to representing the diverse cultural communities within Saskatchewan to which patients may belong."

So the idea under the legislation — and I grant you it's not expressly stated — but the intention is that we will have a diverse selection of all cultural communities that may appear before a panel. The purpose for that is so that a person's cultural community and their cultural background and their Indigenous heritage if they're Indigenous or whatever their cultural background may be can be represented on the panel.

So the two have to be read together. It's intended that the cultural diversity of our province will be represented on the board. And again the board will have a broad cross-section of the community so that the third member of any hearing panel can be as closely connected to the individual's cultural ancestry as possible.

[17:15]

Nicole Sarauer: — I hear what you're saying about the composition of the board. We both know that express legislative intent matters. The words in the legislation matter. But there is nothing in the legislation that requires that the hearing panel — which is a group of people that would be chosen from the board, which is a larger list — must include an individual who is of the same Indigenous ancestry or, you know, someone of the same cultural community. That is not actually in the legislation; correct?

Hon. Tim McLeod: — It's not expressly in there. It's the intent. And the reason for it is to have that cultural representation, that ethnic representation. However I would say that in all of this we are balancing the individual's rights and freedoms as well, which can mean that the timeliness of a hearing is important.

And so if the board member who happens to align with that individual's cultural background or their ethnic heritage isn't available, we don't want to be so prescribed that we have to deny the individual their panel hearing because that member or the board members that represent their cultural ethnicity aren't available. We need to be nimble enough that we can still respect an individual's Charter rights to have a timely hearing. But the whole point behind the composition of the board is that that opportunity would be there.

Nicole Sarauer: — There's nothing in the legislation that says though — and government could have made the decision to include in the legislation a provision around the hearing panel section 3-2 — that, for example, all efforts should be made to ensure that the board includes at least one member. That's not even in the legislation. So although you're saying that that's the intent, there is no intent written into the legislation to even try to have it included, the cultural component included in the makeup of the hearing panel.

Hon. Tim McLeod: — The intent is in the composition, the structural composition of the board selection so that those people that most closely align with somebody's cultural heritage are available. It may be that the individual who is presenting before the panel, who is battling a complex addiction, is of an ethnic background that we don't have some representation for them. So we want to make sure that we are being as diverse as possible while still being nimble enough to be able to respect a person's right to a timely hearing.

Nicole Sarauer: — So could you commit, Minister, that if an individual coming before the hearing panel is of Indigenous ancestry, that at least one member of the hearing panel will also be of Indigenous ancestry as you're stating the implicit intent is?

Hon. Tim McLeod: — Well that is the intent. But as I said, if the hearing panel needs to be composed on a strict timeline and none of the board members who are most closely aligned with the Indigenous heritage are available, we're not going to deny the person the right to a timely hearing.

So we can't be that prescriptive in the legislation. We can create mandatory diversity amongst the board so that we can try and avoid a situation where that happens. We can certainly expressly add that provision to the diversity, the composition of the board. But we don't want to be so prescribed that we risk running offside with an individual's right to a timely tribunal.

Nicole Sarauer: — Did the ministry consider at least including like a reasonable-efforts clause to put in writing what you are stating the implicit intent is?

Hon. Tim McLeod: — That's certainly something that we can address through policy as we work towards implementation, to more clearly express the intent that is implied through the Act.

Meara Conway: — If I could just ask a follow-up to that, Minister. Like sorry, but nearly a fifth of the population identifies as Indigenous in Saskatchewan. We know that these detention institutions today have a vast overrepresentation of Indigenous folks, and there are unique historical and ongoing reasons for that.

The idea that we cannot get our act together to ensure that there is a mandatory makeup of at least one Indigenous individual on these panels, I just don't buy it. There are more Indigenous folks in our community than duly qualified doctors, you know, the lawyers or former judges or . . . I forget the third for that legal representative.

But given what is at stake here, the idea that we can't put the work in to ensure that one of those individuals is Indigenous, considering the makeup of this crisis today, is frankly . . . I'm asking you to do better and make a commitment with the heft of legislation to ensure that that representation is there on the panel.

Hon. Tim McLeod: — And as I indicated that is the intent of the legislation, and we can certainly look to implement that through policy. And in practicality on the ground in real time, that's what the intent is.

Meara Conway: — But that is not what the legislation says.

Hon. Tim McLeod: — That's right. And I've explained why we are not that prescriptive. But that is certainly what we would want to do in practice. That is the intent.

Betty Nippi-Albright: — We talk about policy. We all know that the government puts policies forward of what they . . . putting in writing and what they're actually going to implement. And when it comes to policy, we have a history of not implementing the policy as written and not enforcing that. So it's not good enough to say that we'll put that in; our intention is really good, and we'll put that in policy. And there are many, many skilled, trained Indigenous people all throughout Saskatchewan that can certainly sit at the tribunal table or the hearing panel.

And it's not enough to just say we intend to do that through policy when we know policy is not enforceable. There's no teeth to it. And also when it comes to Indigenous people, there's that overrepresentation, like I've said earlier. And how is the ministry going to ensure that the Gladue principles and section 35 obligations are meaningfully reflected upon implementation of this bill? How are you going to do that?

Hon. Tim McLeod: — Well with respect, Ms. Nippi-Albright, the Gladue principles are sentencing principles. This isn't a criminal sentencing piece of legislation. This is a health care piece of legislation. And to your comment about the many qualified Indigenous people that would be excellent candidates to be on this board and on hearing panels, I certainly welcome them to step forward. Those are the individuals that we would like to see on the board so that they can be used when we comprise a hearing panel for this very narrow subsection of the community who are in need of assistance.

Betty Nippi-Albright: — I also just want to also say that this legislation, it's law, right. It is what you're proposing. But any time when you look at Indigenous people and the traumas that they have gone through, whether it's in mental health, substance use harms, in the court system, you have to look at where they're coming from. And the Gladue principles would very much apply in this situation because there are Indigenous people . . . We experience colonial violence all the time, and we still experience that.

So it's important that Indigenous representation is on that assessment board and that people that have gone through trauma, whether it's residential school or whatever it is, that they are not re-traumatized and that the Gladue principles are also looked at in this legislation.

So is there a commitment to have that incorporated, whether it's in regulations, to ensure that Indigenous individuals are not re-traumatized in this process of forced intervention or compassionate intervention? Because people have been traumatized by having their rights taken away.

Meara Conway: — And if I could just follow up to that, Minister McLeod, you mentioned this is not a criminal proceeding and sentencing. But Gladue principles are applied in other custodial contexts, including administrative processes, parole eligibility, for example, access to certain treatment programs. This is actually exactly the scenario where you would expect to see Gladue principles be given weight.

Hon. Tim McLeod: — I'll start, and then Minister Carr can respond. I'm going to respectfully disagree with you yet again. The Gladue principles are meant to address the application of sentencing and punishment. This is not punishment; this is treatment. We're talking about providing treatment to people who are battling a complex addiction. And we shouldn't deny anyone who is battling a complex addiction the treatment that they need to find a path to recovery.

When it comes to the cultural sensitivity of the treatment model, Minister Carr can speak more to that.

[17:30]

Hon. Lori Carr: — Great, thank you. So yeah, within the treatment itself, there will be culturally sensitive components that will be built right into that, as well as trauma-informed treatments to help individuals with what they may be dealing with on top of their addictions that they're facing.

So really coming from a place of, what aspects do we need to help this individual with to help them get in a place where they can get into that recovery that they need? And some of that absolutely is cultural in nature. Without that we'll fail. We absolutely have to have that as a piece. And that is with our recovery-oriented system of care within the facilities that we have right now. If they say they're not going to do that, then they don't get the job. It's that simple.

So it is part of recovery-oriented system of care already, and so that's the type of treatment that they'll be getting when they go. And on top of it, the trauma-informed piece.

Meara Conway: — Just further to what the minister said — Minister McLeod — this is a bill where the word "detention" appears half a dozen times. So I understand what you're saying about intent, but at the end of the day this has a custodial nature; I'm sorry. And Gladue principles have been found to apply in contexts beyond narrow criminal sentencing in the examples that I've cited.

What's more, we live in Saskatchewan and it's 2026. We're all intimately familiar with the history and the ongoing realities around how this crisis impacts Indigenous communities in a severely disproportionate manner. And the idea that we cannot guarantee that representation on a hearing panel for what is ultimately a detention of individuals . . . These are people who are being coerced into treatment against their will. This opposition does not accept that suggestion that we cannot, in 2026 in Saskatchewan, ensure that we have at least one individual sitting on that hearing.

You yourself have said this is going to be applied in a very narrow subset of circumstances. So the idea that we can't identify one Indigenous person to be on this panel that is making these decisions to take away people's choice on this, we do not accept that.

Hon. Lori Carr: — So what I would say, you talked about "detained," and yes, absolutely that word is used several times

within this Act. But it is because of their lack of capacity that they're being detained and because of their substance use disorder. As we talked about in previous questions that were asked, they will have the opportunity to be able to ask for reviews. Reviews are triggered regularly. And so when someone actually does have the capacity and they are on that path to recovery, then those decisions can be made at that point in time.

It's not like we are sentencing them to a term. Like this is fluid. This is based on their recovery. It's based on getting them the help that they need. And so yes, the word "detained" is used, but it all ties to that capacity that they have. And eventually they will get that capacity back to start making decisions on their own to live that life of recovery.

Meara Conway: — I understand that. I think the disagreement between Minister McLeod and I was whether there was a custodial or a detention element to this process. On its face there's no question. And so therefore if not, you know, a specific mention of Gladue principles in the legislation, these are the kinds of considerations that should be front of mind for a government that is creating a legal framework such as this.

And I'm going to suggest that a bare minimum of that framework would be to require — make it mandatory — that the body that is making these decisions, that three-person hearing panel, at least one of them is of Indigenous ancestry, period.

Hon. Tim McLeod: — And as I indicated, that is the intent. And I didn't say that the Gladue principles don't apply because of the detention nature. I said the Gladue principles apply when it's a punitive nature. This is not punitive; this is treatment.

And so I just want to be clear on the record that what I was saying was that the composition of the board, and ultimately a hearing panel, is absolutely meant to be diverse, and it's absolutely meant to reflect the cultural heritage and the ethnic heritage of the individuals who appear before the panel.

I was simply saying that your argument about the application of the Gladue principles is misplaced because this is not a punitive piece of legislation. This is a piece of legislation meant to provide very important health care treatment to an individual who is battling a very complex addiction.

Betty Nippi-Albright: — Yeah, to sell it to the Indigenous people that have been traumatized with all the policies and legislation that has been imposed on them, to say that this is not punitive is just not right because . . . It's just really sad. It's really sad and unfortunate for the individuals that have had their rights taken away from them since forever, right, since Canada became what we are and Saskatchewan became what we are.

To not have the Gladue principles involved in this even though, no matter how it's spun, that it's still going to impact the most traumatized people, and to not have that into consideration or not have that anywhere in here, it really speaks volumes to the Indigenous people that are already facing what they're facing today.

And also to say that there's a review process . . . Yes, there is a review process that happens. But how many of these individuals that don't have the capacity can write, make a written request to say, "can you review my order," when we've just said in the document that they don't have the capacity? Like how . . . Help me understand that.

Hon. Lori Carr: — So I think within here, that is why we do have the patient counsel, that they are there to help advocate for the individual at every stage, every step. Whether that be the hearing, the review, or the request for a review, the counsel is there to help advocate on behalf of the patient.

Betty Nippi-Albright: — So what happens when the legal counsel is not able to represent them at that time, and the individual needs another lawyer? So what happens then?

Hon. Lori Carr: — It's okay. So there is actually a roster of lawyers, so there would always be a lawyer available if requested.

Meara Conway: — We were just chatting about kind of how this would work. Our understanding is that under the mental health Act there is a similar roster of lawyers. Can you speak to how this is the same as the mental health Act process and if it diverges at all?

I just wonder, if the individuals that are found to not have capacity, that creates challenges obviously in instructing counsel. And sometimes the court can appoint, for example, amicus in those situations. Have you turned your mind to any of that here, given that by nature of the process, you might be dealing with people who lack capacity?

Hon. Lori Carr: — So I guess as in the mental health Act, individuals, all individuals will have a patient advocate that will be able to help them navigate through the system and with specific requests.

Meara Conway: — Is there a guarantee of having access to counsel if taking it to the appeal stage, like an appeal at King's Bench? How is that going to work?

Hon. Lori Carr: — I was pretty sure it was yes, but I just wanted to double-check. Yes.

Meara Conway: — Thank you. And then I would note that this is going to be possibly challenging work. I'm just wondering if there's been any thought to how you're going to recruit lawyers willing to work in this field, whether you've given any thoughts to remuneration.

I know I've heard in the mental health context it's been very difficult to attract . . . You know, obviously we want very good lawyers to be working in this fairly complex area. Has any thought been given to how to ensure you're attracting some very highly qualified lawyers?

[17:45]

Hon. Lori Carr: — So as part of the consultation process, we actually spoke to the roster of lawyers that we have for both *The Mental Health Services Act* and the youth detoxification Act. So that would be an obvious place to go for an initial list of lawyers that may be available and willing to do this type of work. But as we talk about substance use disorder, I would challenge any one

of us to not have someone in our circle, or a loved one, that has been affected by this, including lawyers.

So I think, as we move forward, we will find individual lawyers who may not be falling under the mental health Act or the youth detoxification, but this is something that's very near and dear to their heart. And so, reaching out, even just any lawyer that's out there, if this is something that interests you — and this is a way that you feel like you can help and give back to your communities — this would be a great way to help, is by being on one of these rosters on behalf of the province to help individuals.

Betty Nippi-Albright: — So we know that in the hearing when they do their hearing assessment piece, that they're in there for 72 hours. So how will the ministry ensure that meaningful access to counsel is happening at the earliest stages within that 72 hours? Because we know that sometimes it's hard to get people's schedules to align, and the fear and concern is people are being held more than 72 hours.

Hon. Lori Carr: — Okay. So there's a very similar process that already exists under *The Mental Health Services Act*. Individuals are advised immediately that they will have access to a lawyer. Assessment centres are set up to ensure they have access to that counsel. And then the roles and responsibilities will be set up in the regs as they are in *The Mental Health Services Act*.

Meara Conway: — Just on the patient counsel, I would note that 8-6 the wording is that:

> If a patient counsel withdraws legal services or is otherwise unable to represent a patient pursuant to this Act, the registrar may, at the registrar's discretion or at the patient's request, appoint a new patient counsel for the patient.

Any reason you included the word "may" as opposed to "must?" Obviously having legal representation in this context is of the utmost importance.

Hon. Lori Carr: — A patient may have their own lawyer.

Meara Conway: — Sorry, can you explain that?

Hon. Lori Carr: — Well a patient may have access to a lawyer of their own through family members or whatever that might look like. So they will have their own so we would not be appointing one.

Meara Conway: — Okay. But the bill is not written in such a way to ensure that it's clear that the individual will have access to legal representation. I'm going to suggest the way that this provision is worded suggests that this is an individual without counsel. And if we're talking about a right to counsel, that the word "may" as opposed to "must," I think is a concern to us because this specifically refers to counsel withdrawing.

Hon. Tim McLeod: — And I'd just refer you back to the admission process way at the start of the entire process for that individual where they were provided with the right to counsel. So they have a right, a legal right to counsel.

Now in this case, if their counsel for whatever reason is in a situation where they need to withdraw and the individual has their own counsel — their family lawyer, somebody that wants to step forward — then that can be their legal counsel. Or this provides that, in the alternative, the registrar may appoint them with a counsel from the roster.

Meara Conway: — But I think we can agree there's going to be situations where that relationship breaks down, particularly given the challenges of the individuals that are going to come before this process. I'm going to suggest the way that the legislation is written, there's a serious gap in terms of the ability to get access to counsel should that initial patient-counsel relationship break down.

Hon. Tim McLeod: — And you're free to suggest that. I would disagree. I think way at the front end, the assessment stage indicates very expressly that the person is provided with the right to a lawyer, including the right to a patient counsel, at no cost to the person. So that right maintains throughout their experience under the process.

Meara Conway: — Which provision is that, Minister?

Hon. Tim McLeod: — I'm looking at section 4-1.

Meara Conway: — Sorry, just give me one moment. Sorry, 4-1 subsection . . .

Hon. Tim McLeod: — That subsection specifically. So what we're talking about is where a peace officer has made the apprehension without a warrant:

> A person apprehended pursuant to subsection (1) must be:
>
> (a) immediately advised of:
>
> (i) the reasons for the person's apprehension; and
>
> (ii) the person's right to a lawyer, including the right to a patient counsel at no cost to the person.

That right exists. It would be provided to them at the point of their detention when they received their rights and warnings. So that right continues through; it doesn't expire.

Meara Conway: — So the intention of the legislation is to ensure access to patient counsel throughout the process even when or if the relationship with an initial lawyer breaks down?

Hon. Tim McLeod: — Correct.

Meara Conway: — Thank you.

Betty Nippi-Albright: — So the bill contains no requirement for public reporting, independent monitoring, or aggregate disclosure of how powers are used. So help us understand why there is no systemic oversight.

[18:00]

Hon. Lori Carr: — Okay, so there were a couple of parts to that question. So all of these are case by case. So this is individualized care for individualized outcomes, based on individualized client or patient need. And so that is not something that we would be

reporting on based on, I guess, the granular nature of that, the individualized nature of that.

As well, when it comes to inspections, this is similar to how the Saskatchewan Health Authority facilities are overseen. Centres are monitored on an ongoing basis through normal health system, safety, and quality processes.

Betty Nippi-Albright: — So how will you ensure that what is . . . Like we know with SHA [Saskatchewan Health Authority] hospitals, it's a public facility; people go in and out, and you can see the condition of the facilities. But in these facilities, how will we know that the standards are met?

Hon. Lori Carr: — So I think in my opening comments I mentioned that this facility will be at the SHNB [Saskatchewan Hospital North Battleford], so in North Battleford. But it will be an SHA facility, so it will actually be accredited under the regular accreditation standards that any health care facility would be accredited under.

Betty Nippi-Albright: — Okay. So the folks that we have been speaking with, the different stakeholders, they've raised concerns about public funds flowing to private, out-of-province corporations. So what assurances can the ministry provide that Saskatchewan's public and Indigenous-led service providers will not be sidelined?

Hon. Lori Carr: — I guess when we're talking about compassionate intervention and the bill that's in front of us, the supports are going to be at SHNB. And it's going to be an SHA-ran facility, so it'll be SHA employees.

Betty Nippi-Albright: — Yeah, go ahead.

Meara Conway: — Sorry. Can I clarify? So the assessment centre is going to be North Battleford? Or the ultimate place where folks who are subject to a recovery order are sent for treatment will be North Battleford?

Hon. Lori Carr: — Both.

Meara Conway: — Both? Obviously North Battleford, you know . . . There are capacity issues there currently, is my understanding. Isn't that going to mean fewer beds? Are you intending to expand the number of available beds to deal with the volume resulting from this process? Can you speak to the capacity issue there?

Hon. Lori Carr: — Well I think when we look at capacity, we don't know what this is going to look like. So as we move forward then we'll figure out, you know . . . We haven't determined the 100 per cent initial beds to start with. We will work on that. Obviously we want to ensure that the legislation passes first and we have the mechanism in place, and then we'll determine the number of beds. But it'll be a starting point.

Meara Conway: — So what's the starting point? Like how many beds are you allocating for this? It does seem a bit like you're putting the cart before the horse.

Hon. Lori Carr: — Okay, so I guess you used the analogy "putting the cart before the horse." So the first thing we need to do is we actually need to get legislation in place. We need to suss out the regulations after that, and we need to figure all of that out.

What we do know is that we are going to start in North Battleford and we're going to start with one assessment centre at the beginning. This is, I mean, we're not going . . . having some huge thing to start out with. We need to ensure that the processes that we're putting in place are going to work.

And then from there we will be opening up beds to put individuals into, obviously. And SHNB is the location of that. And basically what it's going to be is, we're going to be putting people in the right bed because individuals are coming in with different types of disorders, substance use disorders, including their mental health disorders, and we will just be catering a specific number of beds that we haven't determined at this point in time as we move forward, see what the demand is and what that looks like. Then we will go down that path when we get there.

Meara Conway: — Okay, I understand adjusting beds as you go. How many beds are being allocated to start? And when do you expect them to be online?

Hon. Lori Carr: — We haven't determined that number for sure at this point in time. And as well as, you know, when do we expect them to be online, I mean I'm hoping at the end of this year.

But I'm not going to commit to that for sure because it will depend on as we roll out regulations and what that looks like, you know, how easy is it going to be to find that roster of medical professionals, that roster of lawyers, that roster . . . you know, all of the things that we've been talking about. And we want to ensure that when we, I guess, go live, for a lack of a better term, that we're set up for the best success possible.

Meara Conway: — What is capacity like at SHNB right now?

Hon. Lori Carr: — I don't have those numbers in front of me.

Meara Conway: — Okay. And you have no plan around when those beds will come online or how many you're going to start with?

Hon. Lori Carr: — We're working that out.

Meara Conway: — Okay. That seems important.

Hon. Lori Carr: — It will be, yes.

Meara Conway: — Yeah, it seems important to know now as you work on the legislation. And I think there's concern in the community that this Act is more about a political wedge than actually, you know, putting in place this process. So could you maybe speak to those concerns, Minister?

Hon. Lori Carr: — I think the only political wedge is you making that comment, because this has nothing to do with politics. This has to do with getting families back together. This has to do with a healthy community and a healthy province and getting individuals the help that they need to get the recovery that they need. And there is nothing political about this other than

getting people healthy.

Meara Conway: — And yet you can't tell me today how many beds you expect to start with and when those beds will come online. Correct?

Hon. Lori Carr: — You are making it political.

Meara Conway: — Okay, Minister.

[18:15]

Nicole Sarauer: — I have a question, Minister. In the consultation we've done with police, we heard a lot of concerns about if the assessment centre is located in just one part of the province, so North Battleford in this example, it's going to take a lot of police resources to be able to transport an individual from wherever their location is to North Battleford, which is concerning for police who are already, of course, very much overtaxed in the jurisdictions that they serve. Is government planning on addressing that transport issue by providing additional resources? And if so, what?

Hon. Lori Carr: — Great question. And I mean, it doesn't just go for, I guess, the treatment that we're talking about here, but even as we expand our capacity throughout the province in the voluntary, you know, finding transportation for individuals to be able to get to a treatment centre.

So starting in North Battleford, the assessment centre and the catchment area will be the North Battleford area to start with for compassionate intervention, okay? So like I said, starting off small, making sure that the processes that we're putting in place are working and everything is in place. And then as we move forward and we see success happening and that we've got what we need in place, then putting different assessment centres throughout the province, like one at a time, not overwhelming the system.

And then from those assessment centres, if someone is actually referred to compassionate intervention, the facility will be in North Battleford is where they will go for that treatment. But it would be that assessment centre that would be responsible for the transfer to that. It wouldn't fall on police. So police take them to the assessment centres, and then the process that we talked about earlier happens. And if they go into compassionate intervention, then the assessment centre would be responsible for the transportation to North Battleford.

Nicole Sarauer: — So this answers one of my questions, which is why 1-4 exists, which creates a designation of a geographic area to which this legislation applies. So the intention of the government is that this will not apply to the entire province of Saskatchewan once the bill is enacted? That it will only apply to the geographic area of North Battleford?

Hon. Lori Carr: — For right now, that is the intent.

Nicole Sarauer: — You've also mentioned that police will not be required to transfer an individual from an assessment centre to a treatment centre. Who will be doing that work?

Hon. Lori Carr: — The people that are at the assessment centre. There will be a transportation component built within the SHA, so it's SHA employees. There'll be a transport that will happen.

Nicole Sarauer: — But this individual theoretically is not going willingly to the treatment centre, from the assessment centre to the treatment centre. So there will be like a confinement component, some sort of detention component that will be required in that transport. So who exactly would be doing that sort of confinement process? If I'm making any sense.

Hon. Lori Carr: — No, you are.

Nicole Sarauer: — Okay.

Hon. Lori Carr: — So fair point. So right now under the mental health Act we already have processes in place, whether that be the patient transport service or EMS [emergency medical services], that will actually transport these individuals. Those aren't going willingly sometimes either, and so it'll be the same type of process that will take place.

Nicole Sarauer: — And then just my last question in this line, if that's okay. When a police officer brings an individual to the assessment centre, the assessment centre then can, like, immediately determine that that individual should not stay within the assessment centre. I'm just wondering when the custody and care of this individual is released from the police to the SHA. At what point? Does the police have to wait until that determination is made? Or do they then just leave them in the care of the SHA and then they're the SHA's responsibility?

Hon. Lori Carr: — Yeah. Okay. So the transfer of care when the officers bring them to the assessment centre is immediate to the SHA. The assessment takes place and it either carries on or they're not eligible. If for some reason they're not eligible, then it actually is just a standard SHA discharge.

Nicole Sarauer: — Thank you.

Hon. Lori Carr: — You're welcome.

Betty Nippi-Albright: — So how will the ministry protect personal health information when the bill creates exemptions to HIPA [*The Health Information Protection Act*]?

Chair Keisig: — I apologize to the committee member. HIPA?

Betty Nippi-Albright: — *The Health Information Protection Act*.

Chair Keisig: — Thank you for that.

Hon. Lori Carr: — He doesn't like acronyms.

Betty Nippi-Albright: — Me neither.

Hon. Lori Carr: — So there is built in, in the legislation, some confidentiality information. So personal information will be protected. Of course we had to word it the way we did so that the board and the legal representation could get the information they need to be able to hear the case with everything that is presented to them.

But within the legislation there is a confidentiality clause that says:

> Subject to subsection (2), no person who exercises any power, duty or function pursuant to this Act or the regulations shall disclose information collected for the purposes of the exercise of that power, duty or function.

Betty Nippi-Albright: — Okay, but there's nothing in there that says that they actually must be protected in terms of . . . I read the Act where it says that the folks that are doing the assessment will be acting in good faith, but it doesn't guarantee that the privacy of the individuals that are being detained, their health information will be protected. So that's a concern that citizens have raised when we were out in consultations or engaging the public. So thank you for your answer on that.

[18:30]

Another question that was raised repeatedly by many folks, experts and stakeholders that we've been speaking to, is they were asking about, how will the ministry prevent compassionate intervention from being used to fill gaps in an already underfunded voluntary system?

Hon. Lori Carr: — I'm going to address the underfunding first. On several occasions I hear "underfunded," "cuts," "there's no money." With respect, this year there was an 8 per cent increase in funding. Last year there was an 8 per cent increase in funding. There has been increased funding in mental health and addictions file year after year after year.

So when we talk about compassionate intervention, there are specific resources and that budget line specifically for compassionate intervention. It does not intermingle with voluntary spaces.

And so when we talk about those voluntary spaces, I think it's important to talk about the resources that have been put into that. We already had 500 spaces within the province of Saskatchewan. I'm pretty sure you've heard this before, but clearly it's something that I need to repeat. We already have added, in the past two and a half years, 312 spaces with the goal of getting to 500. We have funding within this year's budget to attain those additional spaces so that we get to that full 500 so that we have those 1,000 spaces throughout the province for individuals to be able to access voluntarily.

So when we talk about voluntary spaces or compassionate intervention spaces, they are two separate buckets of funding. One doesn't take away from the other.

Betty Nippi-Albright: — Oh, sorry about that. Thank you for that. It's just I find that, like just with all their consultations with community folks and people reaching out to all our offices — and I'm sure you get them as well, the calls — that there is many people waiting to get into voluntary treatment spaces. And the waits are extremely long.

And people are concerned that . . . And that's an issue that I bring up, that they're going to be concerned that the involuntary spaces will take precedence over voluntary spaces when we know that there's a lot of people out there that are wanting to access treatment. So thank you for clarifying that.

What I would like to know is, what evaluation framework, if any, will be used to determine whether the Act is achieving its stated objectives? And also how often will you be evaluating that for the effectiveness, and also doing a cost-benefit analysis?

Hon. Lori Carr: — So as we develop compassionate intervention, as individuals start going through the process, we will be evaluating and monitoring results as they go through compassionate intervention, you know. This is brand new. We'll have to watch like how long does an individual actually . . . how long are they in compassionate intervention? What does progress look like, and monitoring? When are they prepared to leave the facility? What does that aftercare look like? Do they end up in a voluntary space after that, or do they end up back in the system for compassionate intervention?

There's a lot of things that we will be watching for to determine what that success looks like. But right now what we're doing is we're watching individuals out on our streets. We're walking past them, and they're not getting any help at all. So this is a way to be able to help those individuals that don't have the capacity.

And we do want to watch, we do want to see what success looks like. So when they do get out of compassionate intervention and they go into that post-treatment space, what does their community look like? What does their recovery capital look like? How are they staying successful within that process? A lot of things to look at, and it will take time to determine what that true evaluation looks like and how we monitor all of that.

Betty Nippi-Albright: — Thank you.

Meara Conway: — Just on that, Minister, there are many individuals across this province today who want desperately to get treatment and can't because we have some of the worst wait-lists in Canada. As you've said, you know, this is a new and uncharted process. We know that voluntary treatment works, and one of the biggest barriers is lack of access.

So given that we have a finite number of resources and given that we know we have frankly unjustifiable wait times in Saskatchewan, given the breadth of the crisis, why not focus on expanding voluntary treatment? Why not use these resources to do that? Can you speak to that? And why not consider . . . Sorry. Why not include a voluntary request-for-service clause in this legislation, much like you find in the mental health Act?

Hon. Lori Carr: — So I'm going to start with your first question, then I'll talk to the officials about the second part of your question. We would prefer that individuals accept the voluntary treatment. And we know that voluntary treatment does work. But there are individuals that once again don't have the capacity to make that decision.

We've heard personal stories from mothers. One mother told me she had two sons. She got them both into voluntary treatment on more than one occasion where, because it was voluntary, they would never stay long enough to get the help that they needed to actually turn that corner.

And in her view, she felt that if they were there long enough they

would have been able to get the help that they needed. But they were never there long enough, you know — one jumping out of a window, one breaking through a door just to get out. But it was voluntary, so they could leave at any point in time.

So the difference here is, individuals that aren't making those rational decisions, that don't have that capacity, that need that extra hand, that is why we're looking at compassionate intervention. I would love everybody that needs help to accept voluntary treatment. I would love that, but that's not the reality of what is happening out there.

Meara Conway: — But those that have, have to wait. That's my point.

Hon. Lori Carr: — And we are building on our capacity. I'm sorry, did not you not hear me earlier where I just said that we've already put 312 beds in place? Another 200 will be coming this year. Many times in the House I talk about what does that look like after that? We need to evaluate what voluntary spaces do we have, where are they, where do we need more, and what does that look like. It takes time to find the right organizations that will be able to successfully run these voluntary spaces. We just can't be handing out spaces to people who aren't qualified.

So it's a very rigorous process that happens through the ministry, not through me, where they apply for these. They say the qualifications that they have. They say what facilities they'll have available and what services are going to be provided. That's a very long process to ensure that we get the right individuals providing these services for our loved ones.

And so we will continue to build out that capacity as we move along. And we have shown progress with what we have done, and we will continue to show progress.

Meara Conway: — So, Minister, in terms of capacity, I want to ask some specific questions about what capacity you see coming online under *The Compassionate Intervention Act?* Can you speak to timelines around when that capacity will be available and what it will look like? Because up to this point, you can't tell me how many beds you expect or when.

[18:45]

Can you tell me how many staff you expect to hire as part of this first phase, this North Battleford region initial rollout of this Act? Anything, any details around operationalization of this Act.

Hon. Lori Carr: — What I would say is, you've asked that question already and I've answered that question. First we need to get the legislation passed, and then we need to work on the regulations and see what they will look like. We need to get individuals in place to ensure that we can run compassionate intervention. And as we move through that, it will take time. And then we'll determine what that looks like at the other end as far as spaces go.

Meara Conway: — So I had asked about beds, I agree. I'm asking now about those individuals, that staff. What is that initial hiring going to look like? How many people? What positions? And what's the budget?

Hon. Lori Carr: — Thank you very much for the questions. They're good questions. Once again we need to pass the legislation, get past that phase, so that we can actually move on to working on the operational side of that.

So we can't determine staff until we determine beds. Like there's . . . I mean I know you understand there's kind of a whole process on putting the pieces in place. When we do get the facility up and running, of course there will be mental health and addictions professionals in there. There will be medical staff within there, within the facility.

You had asked about what have we budgeted. We budgeted $3.55 million to . . . Once we get the legislation through, regulations need to be set up. We need to operationalize the board. We kind of talked about the pieces of what the board looks like and what that will take. And then finding a location for an assessment centre, and then starting that process of how many beds is that going to be. What does that look like? What number of staff do we have to hire, both assessment centre piece and compassionate intervention piece?

So there's lots of stuff that has to happen, I guess, before we get into the details down the road.

Meara Conway: — Thank you. I just have two more. Good to hear that the initial phase will be in a public facility.

We've heard concerns down the road about . . . We've seen a proliferation of for-profit health care providers operating in Saskatchewan. I think there's particular concern around for-profit interests overlapping with coercive treatment.

Are you willing to make a commitment, either in legislation or just today in this committee, that we won't be seeing, you know, for-profit, private companies working in this space, either in terms of the assessment centres or the facilities where people are ordered to spend their treatment order time? "Treatment order," I think that's what it's called.

Hon. Lori Carr: — So with regards to compassionate intervention, I've already told you that the first assessment centre here that we're setting up and the first beds that we're setting up in North Battleford are SHA owned and operated.

Meara Conway: — Any further answer to my question? I asked if you'd be willing to make a commitment or consider a change to the legislation for the future expansion of the Act not to overlap private, for-profit interests with the coercive treatment of individuals suffering from addiction.

Hon. Lori Carr: — Well I think at this point with compassionate intervention what we're looking at in North Battleford is SHA-ran, owned, and operated.

Meara Conway: — Thank you. Two more issues. Wondering if any thought was given to an evidentiary threshold of "beyond a reasonable doubt" instead of "balance of probabilities."

And we have some concern about the limitation to one review per order under section 7. Some of these orders, I believe, can be up to a year. Wondering if there's any consideration to . . . Like one legal test would be a change of circumstances or once per

order, just allowing more flexibility for when people are suitable to maybe change that designation, have access to a review under the Act.

Hon. Lori Carr: — Can I ask you what the second part of your question was.

Meara Conway: — Yeah, about the one review per order under section 7, I believe it's 1(2), because some orders can be as long as a year. So we're concerned about that.

Hon. Lori Carr: — Thank you.

Okay, so on your balance of probabilities, evidentiary standard, and beyond a reasonable doubt comment, the balance of probabilities standard is the evidentiary standard used in most civil contexts. As the focus of this legislation is therapeutic, the civil standard is appropriate. The panel can only issue recovery orders if each criteria is met on a balance of probabilities.

And then to the second part of your question. So there is a one review per order by the client, as you referenced, but the treatment team can apply for a review at any time if circumstances have changed for that individual, so if they feel that they need to be reviewed because they should probably move on to out-treatment or whatever that may look like. And of course the goal of this is not to hold people there for as long as we possibly can. The goal is to get them the help that they need in a reasonable amount of time so that they can actually go on and continue living healthy lives in recovery and that is not in a facility.

Meara Conway: — Sorry, what was the provision you just quoted there?

Hon. Lori Carr: — On the balance of probabilities?

Meara Conway: — Where the team can initiate further reviews.

Hon. Lori Carr: — Yeah, the treatment team can apply for a review at any time if the circumstances have changed. So you're asking, where is that in the legislation?

Meara Conway: — I can probably find it, but . . . No, I'm not finding it. Sorry.

[19:00]

Hon. Lori Carr: — So in 6-4 we're explicit that the patient can only order one. But by being silent on the other pieces, they can order those as many times as they want. So whether that be the treatment team or the patient counsel or the intervention counsel, they can order them as they see fit. But the patient themself is limited to one.

Meara Conway: — So even in a case where there's an order that is in place for a year, a patient-triggered review can only take place once in that one-year period. Is that correct?

Hon. Lori Carr: — By the patient, yes.

Meara Conway: — Okay.

Hon. Lori Carr: — But they're working with the treatment team, with their patient counsel, the intervention counsel. Like there are several different avenues to trigger a review if circumstances have changed.

Meara Conway: — Any thought given though to allowing the patient to trigger an additional review provided they can show that there has been a change of circumstances?

Hon. Lori Carr: — At this point in time, we haven't considered that. It's modelled after *The Mental Health Services Act*, so it's the same as in there.

Meara Conway: — Thank you. And just on the evidentiary standard, there is an ongoing debate when, you know, personal liberty is at stake, which standard is most appropriate. I would like to move to table two letters, public letters.

One is from Moms Stop the Harm. The heading is, "Position statement on involuntary treatment." This letter . . . I'm sure, Minister, you've received this. I think it was made public. But they have outlined a number of concerns and calls on the government, and we thought to honour the work that they do, we should table it in the committee today.

And then I also have the public letter here with me from SMA, the Saskatchewan Medical Association, and the College of Physicians and Surgeons of Saskatchewan, which . . . Some of the concerns they outline in this letter were reflected in many of the questions that we asked here this afternoon.

I will say that I've never seen the College of Physicians and Surgeons of Saskatchewan put out a policy statement, so they must feel quite strongly about this topic to have put out this letter. It's more usual to see this kind of advocacy from the SMA. But again, this is a joint letter that again to honour the work that these organizations do, I'm looking to table these two public letters in the committee tonight.

Chair Keisig: — You can provide the letters to the committee. The committee will review and see if . . . The committee will decide if they will be tabled.

Meara Conway: — Thank you, Chair.

Betty Nippi-Albright: — We have no further questions.

Chair Keisig: — Well thank you, everyone. Seeing as there are no other questions from committee members . . . Seeing none, we will proceed to the vote.

We just need one minute, Minister, to . . . Okay. Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 1-1 agreed to.]

Clause 1-2

Chair Keisig: — Clause 1-2.

Betty Nippi-Albright: — Mr. Chair, I do have an amendment.

Chair Keisig: — On clause 1?

Betty Nippi-Albright: — Clause 1-2 of the printed bill.

Chair Keisig: — Oh, okay, yeah.

Betty Nippi-Albright: — Okay. So the amendment:

Clause 1-2 of the printed Bill

Amend Clause 1-2 of the printed Bill by adding the following subsections after subsection (3):

"(4) This Act is not intended to reduce access to addictions treatment services to person who seek addiction treatment services voluntarily, and no person seeking access to addictions treatment services voluntarily shall have their access to addictions treatment services reduced in order to provide treatment under this Act to a person described in subsection (2).

(5) No person shall take any action under this Act without first making a determination that it would not be in the public interest to proceed under *The Mental Health Services Act***"**.

And the effect of this is just for voluntary patients' priority and using *The Mental Health Services Act* first.

Chair Keisig: — MLA Nippi-Albright has moved an amendment to clause 1-2. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — No. The question before the committee is the amendment moved by MLA Nippi-Albright. I would like to inform committee members that I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed?

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 1-2, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 1-2 agreed to.]

Clause 1-3

Chair Keisig: — Clause 1-3, is that agreed?

Betty Nippi-Albright: — Mr. Chair, I have an amendment.

Chair Keisig: — Okay, well thank you, committee. We will hear MLA Kropf's amendment first.

Barret Kropf: — Thank you, Mr. Chair. I move the following amendment:

Clause 1-3 of the printed Bill

Amend Clause 1-3 of the printed Bill:

(a) by adding the following definition in alphabetical order:

" **'intervention counsel'** means a lawyer appointed to present evidence on behalf of the following at any proceeding or [any] matter pursuant to this Act:

(a) an assessment team;

(b) an officer in charge;

(c) an addiction treatment professional in charge of a patient's treatment pursuant to a patient recovery order"; and

(b) by striking out the definition of "registrar counsel".

Chair Keisig: — MLA Kropf has moved an amendment to clause 1-3. Are committee members ready for the question?

An Hon. Member: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Kropf. I would like to inform committee members that I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to the amendment please say no.

Some Hon. Members: — No.

Chair Keisig: — The ayes have it. I declare the amendment

carried.

Okay, MLA Nippi-Albright, your amendment.

[19:15]

Betty Nippi-Albright: — Thank you.

Clause 1-3 of the printed Bill

Amend Clause 1-3 of the printed Bill:

(a) by striking out the definition of "substance use disorder" and adding the following definition in alphabetical order:

" 'substance use disorder' means a problematic pattern of using alcohol or another substance that leads to clinically significant impairment or distress**".**

Chair Keisig: — Okay. MLA Nippi-Albright has moved an amendment to clause 1-3. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I'd like to inform committee members that I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed please say no.

Some Hon. Members: — No.

Chair Keisig: — I think the nos have it. I declare the amendment defeated. We will continue with the original clause 1-3. Is clause 1-3 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Agreed.

[Clause 1-3 as amended agreed to.]

[Clauses 1-4 and 1-5 agreed to.]

Clause 1-6

Chair Keisig: — Clause 1-6.

Betty Nippi-Albright: — I have an amendment.

Chair Keisig: — For 1-6?

Betty Nippi-Albright: — Yes.

Chair Keisig: — Could you read your amendment?

Betty Nippi-Albright: —

Clause 1-6 of the printed Bill

Amend Clause 1-6 of the printed Bill by:

(a) **striking out the period after clause 1-6(2)(d) and substituting a semi-colon**; and

(b) inserting the following after clause 1-6(2)(d):

"(e) whether the person has a history of impaired driving;

(f) whether the person has a history of domestic violence**"**.

Chair Keisig: — MLA Nippi-Albright has moved an amendment to clause 1-6. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Nippi-Albright. I'd like to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed, say no.

Some Hon. Members: — No.

Chair Keisig: — I think the nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 1-6, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 1-6 agreed to.]

[Clauses 1-7 to 2-5 agreed to.]

Clause 2-6

Chair Keisig: — Clause 2-6, is that agreed? I recognize MLA Kropf.

Barret Kropf: — Chair, I'd like to move the following amendment:

Clause 2-6 of the printed Bill

Amend Clause 2-6 of the printed Bill:

(a) in subsection (1) by striking out "registrar counsel" and substituting "intervention counsel"; and

(b) in subsection (5) by striking out "registrar counsel" and substituting "intervention counsel".

Chair Keisig: — MLA Kropf has moved an amendment to clause 2-6. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Agreed. Carried.

[Clause 2-6 as amended agreed to.]

[Clause 3-1 agreed to.]

Clause 3-2

Chair Keisig: — Clause 3-2, is that agreed?

Betty Nippi-Albright: — Chair, I have an amendment.

Chair Keisig: — Go ahead and read your amendment.

Betty Nippi-Albright: —

Clause 3-2 of the printed Bill

Amend Clause 3-2 of the printed Bill by:

(a) striking out the word "and**" after clause 3-2(2)(c) and striking out the period after 3-2(2)(c) and substituting a semi-colon.**

(b) adding the following clause after clause 3-2(2)(c):

"(d) where a patient is a person of Indigenous ancestry, at least one member who is a person of Indigenous ancestry**".**

(c) striking out subsection (4) and substituting the following:

"(4) A unanimous decision, action or order of the members of a hearing panel is a decision, action or order of the board**".**

Chair Keisig: — MLA Albright has moved an amendment to clause 3-2. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I'd like to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to the amendment please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 3-2, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 3-2 agreed to.]

Clause 3-3

Chair Keisig: — Clause 3-3, is that agreed?

Betty Nippi-Albright: —

Clause 3-3 of the printed Bill

Amend Clause 3-3 of the printed Bill by:

(a) striking out the word "and**" after clause 3-3(2)(b) and striking out the period after clause 3-2(2)(c) and substituting a semi-colon.**

(b) adding the following clause after 3-2(2)(c):

"(d) where a patient is a person of Indigenous ancestry, at least one member who is a person of Indigenous ancestry**".**

(c) striking out subsection (6) and substituting the following:

"(6) A unanimous decision, action or order of the members of the review panel is a decision, action or order of the board**".**

Chair Keisig: — MLA Albright has moved an amendment to clause 3-3. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I would like to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 3-3, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 3-3 agreed to.]

[Clauses 3-4 to 4-1 inclusive agreed to.]

Clause 4-2

Chair Keisig: — Clause 4-2. I recognize Ms. Albright.

Betty Nippi-Albright: —

Clause 4-2 of the printed Bill

Amend 4-2 of the printed Bill:

(a) in subsection (1) in the portion preceding clause (a) by striking out "prescribed medical professional" wherever it appears and in each case substituting "physician";

(b) in clause (b) by striking out "professional" and substituting "physician";

(c) in subsection (2) by striking "prescribed medical professional" wherever it appears and in each case substituting "physician";

(d) in subsection (4) by striking out "professional" and substituting "physician";

(e) in subsection (5) by striking out "professional" and substituting "physician";

(f) in subsection (6) by striking out "professional" and substituting "physician".

Chair Keisig: — MLA Albright has moved an amendment to clause 4-2. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

[19:30]

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I'd like to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. We will continue with the original clause.

[Clause 4-2 agreed to.]

[Clauses 4-3 to 4-5 inclusive agreed to.]

[Clause 4-6 not agreed to.]

Clause 4-7

Chair Keisig: — Clause 4-7. I recognize MLA Kropf.

Barret Kropf: — Thank you, Mr. Chair. I'd like to move the following amendment:

Clause 4-7 of the printed Bill

Amend Clause 4-7 of the printed Bill in subclause (d)(i) by striking out "or 4-6(2)".

Chair Keisig: — MLA Kropf has moved an amendment to clause 4-7. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is clause 4-7 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 4-7 as amended agreed to.]

Clause 5-1

Chair Keisig: — Clause 5-1, is that agreed? I recognize MLA Kropf.

Barret Kropf: — Mr. Chair, I'd like to move the following amendment:

Clause 5-1 of the printed Bill

Amend Clause 5-1 of the printed Bill:

(a) in subsection (1) in the portion preceding clause (a) by striking out "registrar" wherever it appears and in each case substituting "intervention counsel"; and

(b) by striking out subsection (3) and substituting the following:

"(3) Before the hearing panel conducts the assessment hearing, the intervention counsel must provide to the patient all records requested and received by the intervention counsel pursuant to subsection (1)".

Chair Keisig: — MLA Kropf has moved an amendment to clause 5-1. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. I declare the amendment carried. Is clause 5-1 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 5-1 as amended agreed to.]

Clause 5-2

Chair Keisig: — Clause 5-2.

Barret Kropf: — Mr. Chair?

Chair Keisig: — I recognize MLA Kropf.

Barret Kropf: — Chair, I'd move the following amendment:

Clause 5-2 of the printed Bill

Amend Clause 5-2 of the printed Bill by striking out "registrar" and substituting "intervention counsel" in the following provisions:

(a) subsection (1);

(b) clauses (5)(a) and (b);

(c) clauses (7)(b) and (c).

Chair Keisig: — MLA Kropf has moved an amendment to clause 5-2. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is clause 5-2 as amended, agreed? Carried.

[Clause 5-2 as amended agreed to.]

[Clauses 5-3 and 5-4 agreed to.]

Clause 6-1

Chair Keisig: — Clause 6-1. MLA Nippi-Albright has moved an amendment to clause 6-1. Could you read the amendment?

Betty Nippi-Albright: — Okay.

Clause 6-1 of the printed Bill

Amend subsection 6-1(1) of the printed Bill by striking out "on a balance of probabilities**" and substituting "**beyond a reasonable doubt**".**

Chair Keisig: — MLA Albright has moved an amendment to clause 6-1. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I would like to inform committee members that I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to the amendment please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. MLA Kropf, would you present your amendment.

Barret Kropf: — Mr. Chair, I move the following amendment:

Clause 6-1 of the printed Bill

Amend Clause 6-1 of the printed Bill by striking out subclause (1)(a)(iii) and substituting the following:

"(iii) lacks capacity".

Chair Keisig: — MLA Kropf has moved an amendment to clause 6-1. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Agreed. Carried. Clause 6-1 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 6-1 as amended agreed to.]

Clause 6-2

Chair Keisig: — Okay, clause 6-2. I recognize MLA Albright.

Betty Nippi-Albright: —

Clause 6-2 of the printed Bill

Amend Clause 6-2 of the printed Bill by striking out clause 6-2(2)(b).

Chair Keisig: — MLA Albright has moved an amendment to clause 6-2. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I would like to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 6-2, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 6-2 agreed to.]

Clause 6-3

Chair Keisig: — Clause 6-3. I recognize MLA Kropf.

Barret Kropf: — Thank you, Mr. Chair. I move the following amendment:

Clause 6-3 of the printed Bill

Amend Clause 6-3 of the printed Bill:

(a) in subsection(1):

(i) in the portion preceding clause (a) by striking out "registrar" and substituting "intervention counsel"; and

(ii) by striking out clause (b) and substituting the following:

"(b) as a result of the severe substance use disorder, the patient lacks capacity"; and

(b) by striking out subsection (4) and substituting the following:

"(4) The intervention counsel must serve a copy of any order issued pursuant to this section on the patient".

Chair Keisig: — MLA Kropf has moved an amendment to clause 6-3. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is Clause 6-3 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 6-3 as amended agreed to.]

Clause 6-4

Chair Keisig: — Clause 6-4. I recognize MLA Kropf.

[19:45]

Barret Kropf: — Thank you, Mr. Chair. I move the following amendment:

Clause 6-4 of the printed Bill

Amend Clause 6-4 of the printed Bill:

(a) in clause (1)(b) by striking out "registrar" and substituting "intervention counsel"; and

(b) by striking out subsection (5) and substituting the following:

"(5) The intervention counsel must serve a copy of any order issued pursuant to this section on the patient".

Chair Keisig: — MLA Kropf has moved an amendment to clause 6-4. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — I declare the amendment carried. Is clause 6-4 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 6-4 as amended agreed to.]

[Clauses 6-5 to 6-7 inclusive agreed to.]

Clause 6-8

Chair Keisig: — Clause 6-8. I recognize two committee members. I recognize MLA Albright first.

Betty Nippi-Albright: —

Clause 6-8 of the printed Bill

Amend Clause 6-8 of the printed Bill:

(a) by striking out, in subsection (1), "on a balance of probabilities" and substituting "beyond a reasonable doubt";

(b) by adding the following subclause after subclause 6-8(2)(b)(v):

"(vi) provisions recommending that the patient attend cultural programming relevant to the patient's Indigenous heritage, where applicable";

(c) by renumbering subclause 6-8(2)(b)(vi) as well as (vii).

Chair Keisig: — MLA Albright has moved an amendment to clause 6-8 . Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I would like to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to the amendment please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. I recognize MLA Kropf.

Barret Kropf: — Thank you, Mr. Chair. I move the following amendment:

Clause 6-8 of the printed Bill

Amend Clause 6-8 of the printed Bill by striking out subclause (1)(a)(iii) and substituting the following:

"(iii) lacks capacity".

Chair Keisig: — MLA Kropf has moved an amendment to clause 6-8. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is clause 6-8 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 6-8 as amended agreed to.]

Clause 6-9

Chair Keisig: — Clause 6-9. I recognize MLA Kropf.

Barret Kropf: — I move the following amendment:

Clause 6-9 of the printed Bill

Amend Clause 6-9 of the printed Bill in subsection (1) by striking out "registrar" and substituting "intervention counsel".

Chair Keisig: — MLA Kropf has moved an amendment to clause 6-9. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is clause 6-9 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 6-9 as amended agreed to.]

[Clauses 6-10 and 6-11 agreed to.]

Clause 7-1

Chair Keisig: — Clause 7-1. I recognize MLA Kropf.

Barret Kropf: — Thanks, Mr. Chair. I move the following amendment:

Clause 7-1 of the printed Bill

Amend Clause 7-1 of the printed Bill:

(a) by striking out clause (1)(b) and substituting the following:

"(b) the intervention counsel, on the recommendation of:

(i) if the patient is subject to an in-patient recovery order, the officer in charge of the compassionate intervention treatment centre; or

(ii) if the patient is subject to an out-patient recovery order, the addiction treatment professional in charge of the patient's treatment pursuant to the recovery order"; and

(b) by striking out clause (1)(c).

Chair Keisig: — MLA Kropf has moved an amendment to clause 7-1. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. I recognize MLA Albright.

Betty Nippi-Albright: —

Clause 7-1 of the printed Bill

Amend Clause 7-1 of the printed Bill by inserting the words "more than once per recovery order" **in subclause (2) before the words "**unless a new recovery order has been issued**".**

Chair Keisig: — MLA Albright has moved an amendment to clause 7-1. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I would like to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment, please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed, please say no.

Some Hon. Members: — No.

Chair Keisig: — No. I think the nos have it. I declare the amendment defeated. Is clause 7-1 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 7-1 as amended agreed to.]

[Clause 7-2 agreed to.]

Clause 7-3

Chair Keisig: — Clause 7-3. I recognize MLA Kropf.

Barret Kropf: — Thank you, Mr. Chair. I move the following amendment:

Clause 7-3 of the printed Bill

Amend Clause 7-3 of the printed Bill by striking out "registrar" and substituting "intervention counsel" in the following provisions:

(a) subsection (1);

(b) clauses (5)(a) and (b);

(c) clauses (7)(b) and (c).

Chair Keisig: — MLA Kropf has moved an amendment to clause 7-3. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is 7-3 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 7-3 as amended agreed to.]

[Clause 7-4 agreed to.]

Clause 7-5

Chair Keisig: — Clause 7-5, is that agreed? I recognize MLA Albright.

Betty Nippi-Albright: —

Clause 7-5 of the printed Bill

Amend Clause 7-5 of the printed Bill by:

(a) striking out "on a balance of probabilities**" and substituting "**beyond a reasonable doubt**" in subclause 7-5(2);** and

(b) (a) striking out "on a balance of probabilities**" and substituting "**beyond a reasonable doubt**" in subclause 7-5(3).**

Chair Keisig: — MLA Albright has moved an amendment to clause 7-5. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I will inform the committee that I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed please say no.

Some Hon. Members: — No.

[20:00]

Chair Keisig: — I think the nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 7-5. Is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 7-5 agreed to.]

[Clause 7-6 agreed to.]

Clause 8-1

Chair Keisig: — Clause 8-1. I recognize MLA Kropf.

Barret Kropf: — Thank you, Mr. Chair. I move the following amendment:

Clause 8-1 of the printed Bill

Amend Clause 8-1 of the printed Bill in subsection (1) in the portion preceding clause (a) by striking out "the registrar" and substituting "an intervention counsel".

Chair Keisig: — MLA Kropf moved an amendment to clause 8-1. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is clause 8-1 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 8-1 as amended agreed to.]

[Clause 8-2 agreed to.]

Clause 8-3

Chair Keisig: — Clause 8-3, is that agreed? I recognize MLA Albright.

Betty Nippi-Albright: —

Amend Clause 8-3 of the printed Bill

Add the following subsection after subsection 8-3(2) of the printed Bill:

"(2.1) An addictions treatment professional who makes a determination that a patient lacks capacity pursuant to this section shall reassess that determination at least every two hours while the patient is under their care**".**

Chair Keisig: — MLA Albright has moved an amendment to clause 8-3. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I would like to inform committee I will be exercising my right to a deliberative vote. Those in favour of the amendment, please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed, please say no.

Some Hon. Members: — No.

Chair Keisig: — No. The nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 8-3, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 8-3 agreed to.]

[Clauses 8-4 and 8-5 agreed to.]

Clause 8-6

Chair Keisig: — Clause 8-6. I recognize MLA Albright.

Betty Nippi-Albright: —

Clause 8-6 of the printed Bill

Amend subclause 8-6(1) of the printed Bill by striking out "may, at the registrar's discretion or at the patient's request" **and substituting** "shall".

Chair Keisig: — MLA Albright has moved an amendment to clause 8-6. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I will inform committee members I will be exercising my right to a deliberative vote. Those in favour of the amendment, please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed, please say no.

Some Hon. Members: — No.

Chair Keisig: — No. The nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 8-6, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 8-6 agreed to.]

[Clause 8-7 agreed to.]

Clause 8-8

Chair Keisig: — Clause 8-8. I recognize MLA Albright.

Betty Nippi-Albright: —

Amend Clause 8-8 of the printed Bill

(a) by striking out "and" after clause 8-8(2)(a); and

(b) adding the following clause after clause 8-8(2)(b) of the printed Bill:

"(c) no less than once in a twelve-month period**".**

Chair Keisig: — MLA Albright has moved an amendment to clause 8-8. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the amendment moved by MLA Albright. I will inform committee that, members, I will be exercising my right to a deliberative vote. Those in favour of the amendment please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to the amendment please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the amendment defeated. We will continue with the original clause. Clause 8-8, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 8-8 agreed to.]

Clause 8-9

Chair Keisig: — Clause 8-9. I recognize MLA Kropf.

Barret Kropf: — Thank you, Mr. Chair. I move the following:

Clause 8-9 of the printed Bill

Amend Clause 8-9 of the printed Bill by striking out clauses (p) to (ff) and substituting the following:

"(p) for the purposes of subclause 4-7(d)(iv), prescribing any other events;

"(q) respecting the production of records pursuant to section 5-1;

"(r) respecting assessment hearings and review hearings, including adjournments;

"(s) respecting the issuance, variation, renewal, expiration, termination and review of recovery orders;

"(t) respecting the provision of addiction treatment services pursuant to a recovery order;

"(u) prescribing the requirements for any notice that is to be given pursuant to the Act;

"(v) prescribing the manner of service of documents;

"(w) for the purposes of section 6-6, respecting the transfer of patients;

"(x) for the purposes of subsection 6-8(2):

(i) prescribing any other persons or category of persons to whom a patient who is subject to an out-patient recovery order must report; and

(ii) prescribing any other provisions that may be included in an out-patient recovery order;

"(y) respecting appeals to the court pursuant to section 7-6, including prescribing the types of orders of the board that may not be appealed to the court;

"(z) for the purposes of clause 8-3(4)(f), respecting applications to be designated as a family member of a patient;

"(aa) respecting the disclosure of information pursuant to section 8-4;

"(bb) for the purposes of section 8-7, respecting the temporary removal of a patient from a compassionate intervention assessment centre or compassionate intervention treatment centre;

"(cc) for the purposes of section 8-8, respecting the inspection powers of the health director;

"(dd) prescribing any matter or thing required or authorized by this Act to be prescribed in the regulations;

"(ee) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary to carry out the intent of this Act".

Chair Keisig: — Just for the record, MLA Kropf, it's Lieutenant Governor. MLA Kropf has moved an amendment to clause 8-9. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Is clause 8-9 as amended agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 8-9 as amended agreed to.]

[Clauses 9-1 to 10-1 inclusive agreed to.]

Chair Keisig: — MLA Albright, which clause do you want to . . .

Betty Nippi-Albright: — We have three.

Chair Keisig: — Three? What are the numbers?

Betty Nippi-Albright: — 4-1, 4-3, and 8-9.

New Clause 4-1

Chair Keisig: — MLA Albright, please bring forward your new clause for 4-1.

Betty Nippi-Albright: —

New Clause 4-1 of the printed Bill

Add the following Clause before existing Clause 4-1 of the printed Bill:

"Full medical evaluation required prior to assessment

4-1 Notwithstanding anything in this Part, a person conveyed to a compassionate intervention assessment centre pursuant to Act must receive a medical evaluation by a physician prior to addiction assessment**".**

Chair Keisig: — MLA Albright has moved an amendment to clause 4-1. Oh, I apologize. A new clause to 4-1. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the amendment as read?

[20:15]

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the new clause moved by MLA Albright. I would like to inform all committee members that I will be exercising my right to a deliberative vote. Those in favour of the new clause please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to it please say no.

Some Hon. Members: — No.

Chair Keisig: — No. The nos have it. I declare the new clause defeated.

[New Clause 4-1 not agreed to.]

New Clause 4-3

Chair Keisig: — I recognize MLA Albright.

Betty Nippi-Albright: —

Add the following Clause after Clause 4-2 of the printed Bill:

"Voluntary referral for assessment
4-3 Subject to the regulations and to the availability of services, a person may, on his or her own request:

(a) receive assessment and treatment services;

(b) with the advice and on the arrangement of a physician with admitting privileges to a compassionate intervention assessment centre, be admitted to a compassionate intervention assessment centre; or

(c) receive other services available pursuant to this Act**".**

Chair Keisig: — MLA Albright has moved a new clause 4-3. Do committee members agree with the new clause as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the new clause moved by MLA Albright. I want to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the new clause please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to the new clause please say no.

Some Hon. Members: — No.

Chair Keisig: — No. The nos have it. I declare the new clause defeated.

[New Clause 4-3 not agreed to.]

Clause 4-6

Chair Keisig: — I recognize MLA Kropf.

Barret Kropf: — Mr. Chair, I move the following:

New Clause 4-6 of the printed Bill

Add the following Clause after Clause 4-5 of the printed Bill:

"**Registrar to set assessment hearing date**
4-6 If the registrar is notified pursuant to subsection 4-5(2) that the assessment team has recommended a patient for an assessment hearing to determine if the patient should be subject to a recovery order, the registrar must:

(a) set a date and time for the patient's assessment hearing, which hearing must occur within 72 hours after the registrar is notified pursuant to subsection 4-5(2);

(b) assign a patient counsel to represent the patient at the assessment hearing and at any related hearings and reviews respecting the patient, unless the patient has chosen to privately retain a lawyer;

(c) assign an intervention counsel to make representations on behalf of the assessment team;

(d) notify the patient of the date and time of the assessment hearing; and

(e) provide a copy of the records mentioned in clause 4-5(6)(b) to:

(i) the patient; and

(ii) the hearing panel".

Chair Keisig: — MLA Kropf has moved a new clause to 4-6. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the new clause as read?

Some Hon. Members: — Agreed.

Chair Keisig: — Agreed. I declare the new clause carried.

[Clause 4-6 agreed to.]

New Clause 8-9

Chair Keisig: — I recognize MLA Albright.

Betty Nippi-Albright: —

New Clause 8-9 of the printed Bill

Add the following Clause after Clause 8-8 of the printed Bill:

"Public reporting requirements
8-9 The minister, in accordance with this section, shall make information available to the public through a website or other electronic means regarding each of the following every month:
(a) the total number of persons assessed at compassionate intervention assessment centres;
(b) the total number of in-patient recovery orders, long-term in-patient recovery orders, and out-patient recovery orders issued;
(c) the total number of persons subject to an in-patient recovery order, long-term in-patient recovery order, or out-patient recovery order;
(d) the total number of Indigenous persons subject to an in-patient recovery order, long-term in-patient recovery order, or out-patient recovery order;
(e) the total number of review panel hearings held;
(f) the total number of discharge orders issued by the review panel;
(g) the total number of recovery orders affirmed, varied, or renewed by the review panel; and
(h) the results of facility inspections pursuant to 8-8**".**

Chair Keisig: — MLA Albright has moved a new clause 8-9. Are committee members ready for the question?

Some Hon. Members: — Question.

Chair Keisig: — Do committee members agree with the new clause as read?

Some Hon. Members: — Agreed.

Some Hon. Members: — No.

Chair Keisig: — The question before the committee is the new clause moved by MLA Albright. I want to inform committee members I will be exercising my right to a deliberative vote. Those in favour of the new clause please say aye.

Some Hon. Members: — Aye.

Chair Keisig: — Those opposed to the new clause please say no.

Some Hon. Members: — No.

Chair Keisig: — The nos have it. I declare the new clause defeated.

[New Clause 8-9 not agreed to.]

Chair Keisig: — His Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Compassionate Intervention Act*.

I would ask a member to move that we report Bill No. 40, *The Compassionate Intervention Act* with amendment. MLA Kropf so moves. Is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Minister, do you have any closing comments?

Hon. Lori Carr: — I would just like to say thank you to the committee for the consideration. And thank you to *Hansard* and you for chairing. Thank you.

Chair Keisig: — MLA Albright, would you have any closing comments?

Betty Nippi-Albright: — Just thank you, the minister and all the officials, for answering the questions. And also to the committee for being so patient with what was a long, long afternoon. And thank you so much.

Chair Keisig: — Well thank you, everyone. It's not on our agenda, but would the committee wish to adjourn for 30 minutes? Recess for 30 minutes, not adjourn. Recess for 30 minutes, and then we will resume our duties with the committee at 30. So 8:23, be back here at 8:53.

[The committee recessed from 20:23 until 20:53.]

Bill No. 55 — *The Medical Profession Amendment Act, 2026*

Clause 1

Chair Keisig: — Thank you, everyone. As we've returned back to committee at our agreed-upon time, I need to note for the record that MLA Patterson is chitting in for MLA Chan. We will return to Bill No. 55, *The Medical Profession Amendment Act, 2026*, and we'll begin our considerations with clause 1, short title.

Minister Cockrill is here with ministry officials. I would ask that officials introduce themselves before they speak for the first time. Please do not touch the microphones; the *Hansard* operator will turn them on for you when you speak. Minister Cockrill, please make any opening statements and introduce all of your officials.

Hon. Jeremy Cockrill: — Well good evening, Mr. Chair, and thank you for chairing this committee this evening. Pleased to be here today to talk about Bill No. 55, *The Medical Profession Amendment Act, 2026*. I'm joined by Minister of Rural and Remote Health and Minister Responsible for Mental Health and Addictions, Lori Carr; Ministry of Health deputy minister, Tracey Smith; Ministry of Health assistant deputy minister, Ingrid Kirby; as well as Tami Denomie and Kim Statler from the Ministry of Health.

The College of Physicians and Surgeons of Saskatchewan, or CPSS, does not currently have the ability to investigate and potentially prosecute individuals who are engaged in the unauthorized practice of medicine. These amendments will give

the college better tools for investigating individuals or corporations who are not registered with the college and may be engaged in the practice of medicine.

The amendments would allow the college to obtain a court order to compel a person to provide relevant information or records and to answer questions. The college already has this ability for people who are registered with the college. As well these amendments will give the college the ability to seek an injunction to prohibit someone from practising medicine without a licence and the ability to prosecute an offence.

The amendments also increase the maximum penalties for a person convicted of an offence for unauthorized practice, which means tougher consequences. With respect to the fines, these amendments would increase the maximum fine amounts for individuals to $25,000 for a first offence and $50,000 for subsequent offences. The maximum fine for corporations would increase to $50,000 for a first offence and $100,000 for subsequent offences.

Tougher consequences under the Act maintains the integrity of the medical profession and protects patients. Patients need to know that they are receiving the best possible care from a regulated health care professional. These amendments will enable the college to fulfill its protection mandate more effectively.

I will say that the College of Physicians and Surgeons of Saskatchewan has been consulted and they are supportive of these changes. I want to thank the college for the work that it does licensing physicians in our province and for its commitment to the best interests of patients.

Thank you, Mr. Chair, for the opportunity to outline the key elements of *The Medical Profession Amendment Act, 2026*. My thanks to the ministries of Health and Justice for their work on this important Act and related amendments. Our team would now be happy to answer questions.

Chair Keisig: — Well thank you very much, Minister. I will now open the floor for questions. I recognize MLA Conway.

Meara Conway: — Thank you, Chair. Thank you, Minister, for your opening comments. Obviously this is a bill that impacts most of all the college. And I hear that you did that consultation, and I understand they are quite supportive of these changes. Can you speak to any other stakeholders that you consulted, if any, in making these changes?

Hon. Jeremy Cockrill: — Thanks for the question. So really the only external stakeholder consulted on this was the College of Physicians and Surgeons of Saskatchewan. The ministry did retain an external legal consultant who did review these amendments. But when it comes to different folks in the stakeholder community, CPSS was the extent of the consultation.

Meara Conway: — Thank you, Minister. And I believe I saw something in the media to this effect, but was some of the impetus behind introducing this bill the events that we all kind of followed with the Goodenowe clinic in Moose Jaw, the Goodenowe health centre, rather?

Hon. Jeremy Cockrill: — Yeah. I'll just say the amendments brought forward in this Act really are not driven by, you know, a single individual or a single situation. Certainly the situation involving Mr. Goodenowe and his operation in the city of Moose Jaw, you know, identified a gap that may exist with the College of Physicians and Surgeons of Saskatchewan's ability really to protect the medical profession. But again the legislation is really not driven by a single stakeholder, if you will.

Meara Conway: — Thank you. I'm wondering if you can speak to whether there were any Charter-related concerns with the additional provision which would compel individuals to give information, given that they may be subject to a subsequent prosecution? And kind of where you landed like on that in terms of the legal advice that you received.

[21:00]

Hon. Jeremy Cockrill: — So certainly had some discussions between the Ministry of Health and Ministry of Justice in regards to a constitutional perspective. Certainly we think the constitutionality of these amendments is defensible. I don't, you know, think we'd put forward something that we didn't believe wasn't going to be defensible.

And I would just say that, you know, the provision around the compelling of providing information is not for the fine. It's to support if there's going to be an injunction or not. So certainly, in our conversations with the Ministry of Justice, feel comfortable where we landed on that.

Meara Conway: — Yeah, I wondered the same thing. Like there may not be any attempt to rely on that information in a prosecutorial setting, or maybe the court would just exclude it. It did stand out to me, so I wanted to ask the question.

When the incidents involving Goodenowe health centre came up, I know there was a bit of a back-and-forth between the government and the college, and the college identified that they lacked the ability to seek injunctive relief. Was that one of the gaps that was identified and that you're seeking to remedy with this bill?

Hon. Jeremy Cockrill: — Yes. If we go back to the incidents that you refer to, you know, again involving the operation in Moose Jaw, certainly in our back-and-forth with the College of Physicians and Surgeons of Saskatchewan, that ability to obtain an injunction was one of the gaps and certainly informed where we landed with these amendments.

Meara Conway: — Thank you, Minister. Another one of the gaps, I believe, that was identified by the college was the amount of the fines. There was some concern that they wouldn't deter conduct; they weren't high enough. Of course this bill increases the maximum fine that can be sought. Was that another one of the gaps that your government was attempting to address with this legislation?

Hon. Jeremy Cockrill: — Yes, certainly the amount of the fines . . . I mean as I indicated in my opening comments, with the increases to the fine amounts, it isn't unlike other pieces of legislation that I've seen brought forward that may be updated after quite a while. You know, a fine that seemed appropriate 20

years ago needs to be updated just given the fact that certainly there's differences in how folks are compensated or just the market changes.

So again there was direct conversation between the Ministry of Health and the registrar of the CPSS; identified an opportunity to increase the fines and brought that forward as part of the amendments.

Meara Conway: — Thank you, Minister. And I note that the Act would allow any fines levied to return to the college. Is that a characteristic of this legislation that is similar to other jurisdictions? Do those fines levied in a situation like this usually go back to the college?

And maybe I'll just tack on a second question because it's related. I'll note in the bill, at least under prosecution, the ability to prosecute . . . Sorry, I just want to find it here, under section 6, I believe. Where is it? Why don't you . . . I'll just try to find it, sorry about that.

Hon. Jeremy Cockrill: — So I can't speak to a jurisdictional comparison in terms of other provinces. Any fines levied through this would be returned to the College of Physicians and Surgeons of Saskatchewan, not to the GRF — General Revenue Fund, pardon me, Mr. Chair. And that would be normal in terms of other fines that are levied by CPSS for malpractice or other issues.

Meara Conway: — Thank you. I know that under the Act it provides that prosecutions under the Act may be conducted by the college. Speaking of other jurisdiction, my understanding is that it is common to see the college in other situations investigate as the expert, maybe even initiate a prosecution, but then we commonly see the prosecution kind of undertaken by Crown prosecutors, by public prosecutions.

It seems to me that they have the expertise that would ensure more consistency in terms of charging decisions and, you know, any kind of sentencing that's sought. As well it would contribute to, I think, the legitimacy of any prosecutions, just having that little bit of space from the college.

Could you speak to that kind of on a policy level, as it's touched on by some of the changes under this bill?

Hon. Jeremy Cockrill: — Just to clarify, the question is, why would . . . You're asking why the College of Physicians and Surgeons of Saskatchewan would carry out the prosecution rather than someone in public prosecutions branch or Ministry of Justice essentially?

Meara Conway: — Yeah, I think probably . . . It seems like the wording in here is "may," so I think that the bill leaves space for both parties to do it. But my understanding is that the kind of the policy direction here in Saskatchewan is more that that falls to the college. So I guess I'm kind of probing that and wanted to get your thoughts on that, Minister.

I would also note that under section 7 — this is the provision I was trying to find earlier — under the new 80.1(2), it notes that:

> The Government of Saskatchewan may pay to the college, as a contribution towards the costs of investigating potential contraventions of section 79.1 or 80, or towards the costs of applications made pursuant to section 79.2, such sums as the Government considers appropriate, on any terms and conditions the Government considers appropriate.

So I think there's just some concerns there around resourcing these prosecutions appropriately.

And then I guess I'm just kind of making the argument that we should look more to Crown prosecutors to prosecute under this Act, and I wanted to get your views on that.

Hon. Jeremy Cockrill: — So first of all in terms of your question in regards to the college's role in the prosecution, I mean, it's consistent with other self-regulated bodies in the province, especially on the health side. You know, let's keep in mind too that the CPSS as an organization, as membership, they have specific knowledge in the area of medical practice. And I think in many ways the approach we've taken with the regulated health professions is that in many ways they're best equipped to look after their colleagues, right, in terms of holding them accountable.

In regards to the portion where the government may provide resources to the CPSS, I mean, certainly there's a budgetary allocation in this year's budget around this. This would be . . . Really and it provides the flexibility for government to assist the CPSS with resources as may be needed on a case-by-case basis.

[21:15]

The CPSS is not a large organization, and so if there's complex investigations, again there's an opportunity there for government to review that on a case-by-case basis and provide additional resources to CPSS should that be agreed on and that it's necessary.

Meara Conway: — Yeah. And I'm not suggesting that Crowns investigate. I'm suggesting that the college investigate and even maybe initiate, lay the information or even make recommendations to the Crown. But then when it comes to the ultimate role for prosecutions, I think Crowns have expertise. They have resources.

My concern is that the resourcing of these important cases seems to be quite vague. What does that process look like? Would the college just come to you, kind of cap in hand, and request some resources around a certain case? Or is there a predictable budget year over year? Can you speak to that?

Hon. Jeremy Cockrill: — Well I'll just say first, I mean, to kind of respond to your first comment there, I mean obviously if the college found something to be criminal as part of an investigation, I would expect that they would refer that on to the Crown or public prosecutions. Certainly that would be my hope as a resident of the province.

In terms of the process, I would say again, a case-by-case basis. There would be an opportunity certainly for . . . You know, the college and the ministry talk on a regular basis on a variety of issues. There'd be an opportunity for the college to approach the ministry and have a discussion about what an investigation may

look like and have a discussion, again, what about the scope of that and potential cost. And then a determination could be made from there.

In terms of future budget cycles, I can't speak to that obviously. That would be as part of next year's budget process.

Meara Conway: — Can you speak to . . . Like my understanding under the Act is that these are considered summary conviction offences, so I think they are of a criminal nature in that sense. And I think that . . . My feeling or my understanding from the college is there is an appetite for prosecutions to have a larger role there. I think from a policy standpoint it would contribute to public confidence and consistency and legitimacy of some of these prosecutions.

I'm wondering about the ability to fine. Does that only apply to like, human persons and incorporated professionals? Or does the ability to levy a fine, would that apply to corporations? And would that include corporations or companies that aren't registered in Saskatchewan, or in Canada actually?

Sorry, Minister, just to clarify that question: the Act speaks to individuals, corporations, and, as a distinct entity, a professional corporation. So I'm looking for clarity in terms of the ability to seek injunctive relief and levy fines against those three entities and how it kind of differs under the Act across the board. Does that question make sense?

Hon. Jeremy Cockrill: — We'll work on it, let you know if I need a clarifying question. I hope we're looking at the same portion here. I'm looking at section 80. You know, it lays out consequences for individuals and corporations. I don't see a part of that that talks about a professional corporation. And you know, our reading of the bill is that a professional corporation and a corporation would be treated similarly under the Act.

Meara Conway: — I just . . . Sorry. Under part 3 it speaks to professional corporations, but my main question is around the fining of the corporations. Would that include . . . I didn't see a definition of "corporation" in the original Act. I'm just wondering if, like, do you envision that will include . . . For example, could that include companies that are not registered in Canada, that are registered in the States but are operating here, if that makes sense?

Like I'm thinking actually specifically of the Goodenowe health centre. There's a number of LLCs [limited liability company] that like actually provide a lot of those services. My understanding is there's like possibly eight of them even just in those four walls. So I'm just trying to get at whether the bill provides the tools to address corporate entities that are possibly offside the Act, if that makes sense.

Hon. Jeremy Cockrill: — So our understanding is that, yes, an out-of-province corporation could be prosecuted under the Act. However the act that the CPSS would be prosecuting for would have to take place within Saskatchewan, right. So the intention here is not for CPSS to have some blank cheque for something that's happening in a different province or a different country. It's for the protection of Saskatchewan patients, if that makes sense.

Meara Conway: — That does make sense and it was responsive to my question, so thank you.

I think I know the answer to this. I'm just clarifying that if something else . . . So say we have a hypothetical facility where an individual is offside of section 80. They're practising medicine without a licence, but then there are other issues identified, like maybe medical imaging is being provided that's not consistent with provincial legislation.

Can you confirm that the college would not have the jurisdiction to consider . . . I just want to ask this the right way. The college would not have the ability to prosecute other adjacent breaches that are not provided for under this Act? Can you just clarify that?

[21:30]

Hon. Jeremy Cockrill: — So the prosecution abilities of the CPSS would be limited to the definition of practising medicine. Obviously if the CPSS, you know, in a hypothetical investigation were to come across other information — use the example of a licensed practical nurse practising outside of their scope — you know, that could be referred onto the appropriate self-regulating body or to the Ministry of Health for other concerns.

Meara Conway: — Thank you, Minister. We cleared up that a fine could be sought from a corporation that is registered in America, but as long as the conduct in question or the care in question was provided in Saskatchewan.

I just want to turn your attention to the injunctive relief provisions under section 5 of the bill. So this is a section that would add 79.2, under "Injunction." It reads:

> On the application of the college, the court may grant an injunction, interim injunction, or any other relief that the court considers just, enjoining any person from doing one or more of the following.

And then it enumerates a number of different things. My concern with this clause, and I'm going to ask you to speak to it, is that it's limited to "person." It doesn't appear that the college can seek injunctive relief for like a corporation or a corporate body.

And again, sorry to keep going back to this example. But you know, given that a lot of the services offered at the Goodenowe health centre were offered by different LLCs, I'm going to suggest or I'm a little concerned that the bill . . . Can you clarify if the bill only applies to natural persons, or does it apply beyond that?

Hon. Jeremy Cockrill: — So my understanding is that again, according to *The Legislation Act*, a "person" can also refer to a corporation and, you know, unless specifically specified.

Meara Conway: — And, Minister, is it fair to say the intent under this provision is for that definition to cover corporations as well, not — and well maybe I'll put that differently — not being limited to natural persons?

Hon. Jeremy Cockrill: — I think consistent with *The Legislation Act* and the other portions of the Act, that would be . . . there'd be consistency there.

Meara Conway: — Sorry, I didn't hear you.

Hon. Jeremy Cockrill: — I think that would be fair to say.

Meara Conway: — Thank you, Minister. I just know that when we're nodding, it doesn't get reflected in the *Hansard* debate. So I think those are all my questions, and the good news is I have no amendments.

Chair Keisig: — Are there any other questions from any other committee members? Okay, seeing none, we will proceed to vote on the clauses. Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 16 inclusive agreed to.]

Chair Keisig: — His Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Medical Profession Amendment Act, 2026*.

I would ask a member to move that we report Bill No. 55, *The Medical Profession Amendment Act, 2026* without amendment.

Terri Bromm: — I so move.

Chair Keisig: — MLA Bromm moves. Is that agreed?

Some Hon. Members: — Agreed.

Chair Keisig: — Carried. Minister, do you have any closing comments?

Hon. Jeremy Cockrill: — Thank you, Mr. Chair. Just firstly to you, thank you for your service here tonight. Sure appreciate your desire for clarity and lack of acronyms and correct pronunciation of Lieutenant Governor as well. Very important for our proceedings here.

Thank you to all the committee members for your debate on this bill tonight as well as the previous one. And certainly to the Clerks and *Hansard* and Pages and building staff and security as well, thank you for remaining with us here to see us through the end of the evening. That's it.

Chair Keisig: — Well thank you, Minister. MLA Conway.

Meara Conway: — I just want to echo the Minister's thanks. Thanks for answering all of my questions. And good to see this piece of legislation come forward to fill some of the gaps that were identified.

Chair Keisig: — Well that concludes our business for today. I want to join with the minister and the member opposite thanking *Hansard* and the Clerks and the building staff for all of their hard work. And I would like to ask a member to move a motion of adjournment.

Megan Patterson: — Me.

Chair Keisig: — MLA Patterson has moved. All agreed?

Some Hon. Members: — Agreed.

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

[The committee adjourned at 21:39.]