

EXPLANATORY NOTES
BILL No. 614

The Saskatchewan Medical Care Insurance (Banning Private Fees) Amendment Act

**Clause
of Bill**

- 1** Short title.
- 2** Amending language.
- 3** **New subsection 2(a)**

New Subsection 2(a)

- 3** The following subsection is added immediately before subsection 2(a):

“(a) “**access fees**” means:

- (i) an amount for goods or services that are provided as a condition to receiving insured services provided by a physician;
- (ii) an amount the payment of which is a condition to receiving insured services provided by a physician;
- (iii) an amount in addition to the amount of the benefits payable by the Minister for the insured services provided by a physician; and
- (iv) for the purpose of subsection 2(a), an access fee includes an amount that is paid:
 - (I) periodically or as a lump sum; or
 - (II) in advance of, or following the receipt of, an insured service provided by a physician; and
 - (III) includes any fee for receiving accelerated, preferred or exclusive access to an insured service”.

Explanation

- New subsection adds definition of “access fees” to Interpretation

4 **New Section 2.1**

New Section 2.1

- 4** The following section is added immediately after section 2:

“**Purpose**

2.1 The purposes of this Act are:

- (a) to administer and operate a medical care insurance plan to provide benefits for basic health services to residents of Saskatchewan in a manner that is consistent with the *Canada Health Act* (Canada);

(b) to ensure the timely, safe and sustainable delivery of insured services to residents of Saskatchewan in accordance with the following program criteria set out in the *Canada Health Act* (Canada):

- (i) public administration;
- (ii) comprehensiveness;
- (iii) universality;
- (iv) portability;
- (v) accessibility;

(c) to prohibit any form of private payment in relation to insured services; and

(d) to prohibit the provision of accelerated, preferred or exclusive access to insured services through private payment”.

Explanation

- Establishes purposes of the Act

5 New Section 18.2

New Section 18.2

- 5 The following section is added immediately after section 18.1:

“Prohibition against extra billing and access fees

18.2(1) No physician who provides insured services to a person shall charge or collect from any person an amount in addition to the benefits payable by the Minister for those insured health services.

(2) No physician shall charge or collect from any person an access fee.

(3) A physician who provides insured health services to a person in circumstances where the physician knows or ought reasonably to know that the person is being charged an access fee shall not receive the payment of benefits from the Minister for those insured health services.

(4) Subsection (2) does not prohibit the charging or collecting of an amount paid for non-insured health or pharmaceutical goods or services where the charging or collecting of that amount is not otherwise prohibited under this Act and a physician reasonably determines that it is necessary to provide the non-insured health or pharmaceutical goods or services before the insured service is provided.

(5) If a physician receives an access fee in contravention of subsection (2), the Minister may order that the physician reimburse the person who was charged the amount”.

Explanation

- New section establishes prohibition against access fees and extra billing for insured services.

6 New Section 18.3

New Section 18.3

6 The following section is added immediately after section 18.2:

“Penalty for extra billing or charging access fees

18.3 If a physician contravenes subsection 18.2, the Minister shall:

- (a) in the case of a first or subsequent contravention, send a written warning to the physician;
- (b) in the case of a second or subsequent contravention, refer the contravention to the Saskatchewan College of Physicians Surgeons, and
- (c) in the case of a third or subsequent contravention, order that, after a date specified in the order, the physician is ineligible to be remunerated under this Act for the period specified in the order”.

Explanation

- New section establishes penalties associated with extra billing or charging access fees

7 New Section 18.4

New Section 18.4

7 The following section is added immediately after section 18.3:

“Patient Protection Against Private Charges Notification Requirement

18.4(1) Any physician or other person charging privately for any insured services must notify the recipient in writing that the service is available under the public health insurance program at no private charge.

(2) The notification must be provided in plain language, in a manner that the recipient can reasonably understand, and the patient must acknowledge receipt by signature before the service is provided”.

Explanation

- New section creates notification requirement which obligates physicians charging privately for any insured services to notify the patient in writing that the insured service is available for no charge under the public system.

8 Coming into force