



# **STANDING COMMITTEE ON HUMAN SERVICES**

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## **STANDING COMMITTEE ON HUMAN SERVICES**

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Moose Jaw Wakamow

Mr. David Forbes, Deputy Chair  
Saskatoon Centre

Mr. Russ Marchuk  
Regina Douglas Park

Mr. Roger Parent  
Saskatoon Meewasin

Mr. Corey Tochor  
Saskatoon Eastview

Hon. Nadine Wilson  
Saskatchewan Rivers

Ms. Colleen Young  
Lloydminster

[The committee met at 19:00.]

**The Chair:** — Good evening and welcome to the Standing Committee on Human Services. We have Mr. Forbes, our Deputy Chair. We have Mr. Parent, Mr. Tochor, Ms. Wilson, Ms. Young. I'm Greg Lawrence; I'm the Chair.

This evening we will be considering three bills: Bill No. 148, *The Vital Statistics Amendment Act, 2014*; Bill No. 151, *The Pharmacy Amendment Act, 2014*; Bill No. 157, the human tissue Act, 2014.

**Bill No. 148 — *The Vital Statistics Amendment Act, 2014/Loi de 2014 modifiant la Loi de 2009 sur les services de l'état civil***

**The Chair:** — We will start with Bill No. 148, *The Vital Statistics Amendment Act, 2014*. This is a bilingual bill. By practice, the committee normally holds a general debate on clause 1, short title. Minister Duncan is here with his officials. Minister, if you would please introduce your officials and make your opening comments.

#### Clause 1

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. Good evening, members of the committee. On my far left is Kimberly Kratzig, assistant deputy minister of Health. To my immediate left is Alyssa Daku, eHealth's vice-president of strategy, quality and risk. And on my right is Pat Cambridge, director of registries and deputy registrar for vital statistics located over at eHealth.

I just have some very general or very brief opening comments and then would be pleased to take questions from members of the committee. When the transfer took place of vital statistics from ISC [Information Services Corporation of Saskatchewan] to eHealth in June of 2013, a number of required amendments have been identified. The proposed amendments will enable nurse practitioners to sign medical certificates of death and stillbirth and allow for additional prescribed practitioners to be added in the future. It will enable the minister to disclose vital statistics information in unique circumstances not provided for in the legislation. It would provide vital statistics customers with the option of submitting birth, death, stillbirth, and marriage statements electronically, and it will address some additional housekeeping amendments. The proposed amendments will address gaps that were ... and create efficiencies by making it easier for people to receive timely access to vital event documents.

Under the current legislation, only a physician can sign a medical certificate of death. In many rural and northern communities there is no local physician. This results in delays for families wanting to bury their loved ones as they wait for a physician to travel to their communities or must transport the deceased to a physician for examination. Enabling nurse practitioners to sign the medical certificate of death will provide options when a physician is not available and pronouncement of death is already in their scope of practice.

Not all circumstances are addressed in the legislation, and there is no ability for the government to take appropriate action in unanticipated circumstances. For example, the missing

children's project of the Truth and Reconciliation Commission of Canada requested death information for Aboriginal children who attended residential schools in Saskatchewan. Under the current legislation, we are unable to provide information after the year 1945. The addition of a discretionary clause would allow the minister to act in such circumstances without requiring permanent legislative changes.

Paper submission of statements of birth, death, stillbirth, and marriage are the current norm. These changes will allow customers to submit these statements electronically, which will result in efficiencies for vital statistics customers and for providers.

A number of regulatory bodies have expressed support for nurse practitioners to sign the medical certificates of death and, if members would like, we can go through a little bit more detail of who was consulted during that process to add nurse practitioners.

With that, Mr. Chair, we'd be pleased to take questions from members of the committee.

**The Chair:** — Mr. Forbes.

**Mr. Forbes:** — Thank you very much, and thank you to the minister for his opening remarks and his staff for being with us tonight so we could ask a few questions here. And of course mine will be more general than specific, but I hope that the minister can help me out with this because clearly it's interesting how vital statistics can be an interesting topic every once in a while. And it really is in the news these days. We were very, very excited when Bill 171 passed the legislature in December, amending the Human Rights Code to recognize gender identity as a prohibited grounds for discrimination. Now for that really to become alive and our province to really embrace diversity in our communities, Health plays a big role in that. One of the roles is vital statistics. The other is just in health services, but tonight we're talking about vital statistics.

And I know that as you reviewed the reasons and the different areas that will be amended, one of the areas that really didn't talk about it, I think it was section 31, the change to sex designation. And I'm just curious whether that is on your radar, or is it that something we could do tonight if we were so moved.

**Hon. Mr. Duncan:** — It's not something that we contemplated when we first made the decision to open up the bill. I think, as you would have noted from my opening comments, that there was some specific concerns related to expanding the scope of practice for nurse practitioners to deal in some very sensitive timely issues when it comes to signing for medical death certificates, as well as the other changes that were fairly, you know, smaller in scope and nature.

So when we went through the process of opening up the Act, that was really the intent of opening up the Act at this time. Our consultations were specific to those areas. So we are certainly monitoring what's happening in other jurisdictions as it relates to this matter as well as what our own Human Rights Commission is looking at in Saskatchewan, but I guess I would

just say that the intent of opening the Act was certainly for a different purpose than I think what you may be referring to.

**Mr. Forbes:** — So can we talk a little bit further about that? I'm curious to know whether you intend then to come back with the Act or what is your work plan around that because we see what's happening in BC [British Columbia], in Manitoba, in Ontario, and Alberta moved fairly quickly as well, that clearly it seems to be the practice across at least Western Canada, if not most of Canada. And I know people are anxious to see us do that. Have you developed a work plan or have you a way of monitoring what's happening in Canada?

**Hon. Mr. Duncan:** — Not, I would say not at this point in terms of a work plan. We certainly are mindful of a couple of complaints that are before the Human Rights Commission and there's a process that is playing itself out currently. I think at the time, and you know, I don't know when this would have been, but a number of months ago the Human Rights Commissioner did write to me. And one of his . . . At the end of his letter, you know, his advice was to continue to monitor not only what was happening here in the province, in terms of any involvement that we would have in any potential complaints at that time, but certainly looking at what other provinces were doing.

So that's where we're at right now. We're waiting for that process, or there's a couple of processes in place around those complaints. We will wait for the commissioner to conclude that process and then kind of move, make some decisions at that time.

**Mr. Forbes:** — I would really encourage you to be ahead of this. And maybe that's appropriate to monitor, but I know it's quite a wide range of what some of the expectations are and what vital statistics should be. But I think that it's an important area because it's one thing to have a Human Rights Code amendment, but we really need all the ministries really to get on board. And Health is a hugely important one for that, as I said, (a) in terms of providing services that the folks are looking for, but also the legislation. And so if you could do that, and I know . . . I think that you have had a few visitors too that have expressed hope that you will continue to and be ready to seize the opportunity when you can to bring them forward, those amendments. So with that, I'm ready to turn my comments over to my colleague. Thanks.

**The Chair:** — Mr. Nilson, you have . . .

**Mr. Nilson:** — Good evening, and welcome to looking at *The Vital Statistics Act*. It isn't very often we get to ask a lot of questions about the legislation itself. And the proposals that you brought forward tonight are reasonable to deal with, as you said, the distances that are involved in Saskatchewan, where we need to have nurse practitioners enter this information as opposed to requiring a medical practitioner.

So am I correct in understanding that you've used the term "prescribed practitioner" so that you can add other people to this list?

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

**Mr. Nilson:** — So who would be . . . you know, what would be an example of the next profession to be included in the list?

**Hon. Mr. Duncan:** — So this was done, keeping in mind in the event that there are expanded scope of practice for other practitioners, such as registered nurses or advanced care paramedics as two examples, that we wouldn't have to come back and then amend the legislation again. So it's really looking at, in the event that there are additional scopes of practice for other providers outside of what the current legislation speaks to, then we would more easily add them to the list of practitioners that could sign off on a death certificate.

**Mr. Nilson:** — And so you think that that is good enough protection for the system? I mean because really these very detailed rules are around protecting the information in the vital statistics system. And every time you add a little bit of flexibility, you also have to weigh that against that fact that maybe it diminishes the value of the information in the system. Has that discussion taken place?

**Hon. Mr. Duncan:** — If we were to add additional providers to the list that could sign off on a certificate, medical certificate of death, that would be, we would do so in regulations, and it would only be based on whether or not it was deemed to be a part of their scope of practice.

So currently it is within the scope of practice for a nurse practitioner. That's why we're adding them now. If we were to do so in the future, it would only be after a recognized change in the scope of practice for an additional provider. So registered nurses or advanced care paramedics, those are just two examples of the potential of additional increase in scope that would allow for this. But this would allow us to do so in regulations once a scope in practice has been changed or identified, rather than come back to the legislature and add that particular practitioner into the legislation.

**Mr. Nilson:** — Thank you. And I think having that information on the record will keep people in line. There won't be a lot of groups coming to try to get this job.

Now my next question relates to, I guess it would be section 82 amended by adding (1.1). So it's right at the very end of the Act. And effectively what this does is allows for cabinet to approve an agreement that the minister enters into to disclose vital statistics information in bulk — that's one part of it — or on a regular basis to another person or agency. Now will this particular clause allow the minister to set up a genealogical vital statistics entry point because we've been hearing a lot of complaints about how the new system is very cumbersome, very expensive for genealogists? And as we all know, many people are interested in this, but it can be very expensive.

[19:15]

**Hon. Mr. Duncan:** — Thank you, Mr. Chair, Mr. Nilson, for the question. So I think in terms of adding this provision, we were looking at . . . not specific to the question that you asked around genealogy. So that wasn't the intent of this. This was really, it came as a result of the request from the Truth and Reconciliation Commission of Canada. So we knew that we had limitations in terms of the information that we could provide.

What we wanted to do was provide some flexibility, not knowing what the next commission may be or the next organization that may seek this similar type of information. So that's why we put that change in place, as a way to kind of contemplate what may be the next type of commissions or inquiries that may ask for information that we currently can't provide through the legislation. So not specific to the genealogy, around that type of request, but more not knowing what kind of request may come. And so we did put in place that an order in council would be required before that information would be able to be provided as a way to, I guess a balance between having to come back to the legislature every time we do this, but still ensuring that there was the ability before eHealth would give that information, that there was still the ability to approve whether or not it was something that we were going to allow.

**Mr. Nilson:** — So as I read this section, it would allow for the establishment of a genealogical registry that would be run by somebody other than the eHealth, so that genealogical information would be more easily accessible to all the people who are interested in that. Would you be willing to have some proposals put forward by some of the organizations in the province to set up something like that?

**Hon. Mr. Duncan:** — So there would be nothing that would prohibit that type of request from being received. But this particular section, it's not what was intended by this particular section. This was really looking at what came about as a specific request from the Truth and Reconciliation Commission, which other provinces didn't have the same type of restrictions that we did in their legislation. So they were able to provide over the information, whereas we currently, we're not able to do that based on the way that the legislation . . .

So you know, we would have to look at that type of request. But that certainly wasn't the intent of what we're doing here. This was really looking at a very unique type of request and trying to contemplate how do we ensure that we still have the flexibility, in the event that there is a similar type of request in the future, some sort of commission or enquiry, that the current legislation wouldn't allow us to share that information.

**Mr. Nilson:** — Well thanks, thank you for that explanation, but I'm taking a bit of hope out of your words that you would be willing to listen to some proposals around getting genealogical access to Saskatchewan's information because I think it is, it's an important part of the history of the province, but it also is an important part of tourism.

You know, we all know that we had a million people here in the '20s, and many of them left. And so you find Saskatchewan people all over the place. They always are asking, well how can I find out about my family, and then they see how much it costs to get access to some of the information. And I know the genealogical society has raised some of these questions about whether there's something we can do about it. So I would encourage you to look at that and see if there isn't something that can be done. I think that the wording here is broad enough that something could be done without amending the legislation, and maybe that's my suggestion.

So I guess my specific question is, would you be willing to look

at some proposals that would come forward to deal with that issue, whether it's dealt with under this piece or perhaps when you open the legislation for my colleague's questions, you can deal with that at that time?

**Hon. Mr. Duncan:** — Thank you, Mr. Nilson, for the question. So I guess I would just say that, so eHealth has the ability to entertain requests that come through from individuals, whether or not this section is put in place or not. I guess I would say that, and that would continue.

This is more specific though to a unique request for a group, records for a group of individuals. That would be, I think, different than if you or I were going in looking for genealogical records for ourselves or for our families. This is, I guess I would just say that this is more of a unique circumstance or situation, that this new clause is why we're requesting the legislature to approve this clause.

**Mr. Nilson:** — Well thank you for that. But I think the way you worded it, you opened it very wide. And it's really about the cabinet having the ability, through a request from the minister, to give this information to third parties. And so that's what the clause says. Now you've described why this is here, and I think, you know, it's a good provision. But it gives you more power maybe than you need or you want because I know when I first looked at the bill, that's what jumped out at me, that it's not very often that disclosure of private information to third parties can be approved by a request from the minister to cabinet.

**Hon. Mr. Duncan:** — Thank you, Mr. Nilson. I think that . . . So within the existing Act, I think that what we were trying to achieve with this is within the existing Act there just really is no discretion to provide information such as came forward from the Truth and Reconciliation Commission.

So you know, I guess not knowing what may happen in the future — in terms of future commissions or inquiries or what type of information they would be looking for, what time frame they'd be looking for — we're really trying to balance off providing as much flexibility to respond to those types of requests such as the Truth and Reconciliation Commission in a timely manner, rather than trying to prescribe in the legislation or even in regulations which commissions that may be, not knowing what commissions may come forward in the future.

So this is really trying to balance off where we are right now with having zero discretion to respond to these requests, but also ensuring that when requests of this nature do come forward, we still have the flexibility to respond to them in a timely fashion.

**Mr. Nilson:** — Okay. Well thank you for the explanation but I think the wording allows for a little bit more, and we'll see what kind of requests come forward and see if we can't do something. Or you may want to have some people work with other jurisdictions to see how they handle genealogical requests because I think there are some examples from North America and around the world that are much simpler than what we have here.

Now I have another question as it relates to this particular section, and that's the question of whether you have already

been providing personal private information to third parties before you've sought this approval.

[19:30]

**Hon. Mr. Duncan:** — Thank you, Mr. Nilson. So within the existing legislation there are prescribed organizations that we do provide information to. So Statistics Canada is prescribed in the legislation, the Department of Indian Affairs and Northern Development, the Department of Human Resources and Skills Development, the Chief Electoral Officer of Canada, the Saskatchewan Cancer Agency, as well if information is required through a court order.

With respect to the Truth and Reconciliation Commission, we have not provided the information that they have requested. We will be doing so once the . . . Assuming the amendments pass through the committee in the legislature and proclaimed, we will then provide that information to the commission subsequent to it being passed and proclaimed.

**Mr. Nilson:** — Okay. Thank you for that. My specific question related to the contract with John Black and Associates. Did you provide them with any information under this legislation that would have allowed them to do an overall review of something in the ministry?

And the reason I ask that is that you've, you know, the Bill repeals the old section 78 here. See where that is? But it still includes the whole question of "planning, delivering, evaluating or monitoring a program of the ministry." So in other words, the registrar can disclose facts in that situation. So you didn't change that kind of thing. But I mean just a question arose whether or not that actually applied to a third party like somebody contracted to come in. I mean it certainly applies to the various organizations you mentioned, and that's I think always been done for a long time.

But what would happen and what did happen as it relates to John Black and Associates? Did they get access to any information under *The Vital Statistics Act*?

**Hon. Mr. Duncan:** — With respect to the government and the Ministry of Health's contract with John Black and Associates, there would have been no vital statistics information that would have been provided to John Black and Associates.

**Mr. Nilson:** — Okay. Thank you. I have no further questions.

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

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 18 inclusive agreed to.]

**The Chair:** — Her Majesty, by and with the advice and the consent of the Legislative Assembly, enacts as following, a

bilingual Act: *The Vital Statistics Amendment Act, 2014*.

I would ask that a member move that we report Bill No. 148, *The Vital Statistics Amendment Act, 2014*, a bilingual Act, without amendment.

**Mr. Tochor:** — I so move.

**The Chair:** — Mr. Tochor moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Do we need a recess to change officials? No? We're good to go. Okay.

#### Bill No. 151 — *The Pharmacy Amendment Act, 2014*

**The Chair:** — We will now consider Bill No. 151, *The Pharmacy Amendment Act, 2014*. By practice the committee normally holds a general debate on clause 1, short title. Mr. Duncan, any new officials? And if you would like, any other opening comments that you have to make.

#### Clause 1

**Hon. Mr. Duncan:** — Yes, thank you, Mr. Chair. We are pleased to be before the committee as it relates to amendments to *The Pharmacy Act*. To my right is Assistant Deputy Minister Mark Wyatt. To my far left is Kevin Wilson, executive director of drug plan and extended benefits. And to my left is Arlene Kuntz, the senior policy and program consultant with drug plan and extended benefits.

So the ministry, as a ministry, we strive to ensure that the people of Saskatchewan have timely access to quality primary health care. The proposed legislative amendments will enable pharmacists to practise to their full scope, which includes administering vaccinations and other drugs as well as ordering, accessing, and using lab tests. This change will enhance the ability of pharmacists to work collaboratively with teams within the primary health care system. The ability of pharmacists to provide services such as administering flu vaccines will increase patients' access to health care, including patients of all ages who do not have a family physician.

As pharmacists move towards more clinically focused roles, their technical duties such as dispensing will need to be supported. The intent of these functions will be independently provided by pharmacy technicians. To support the expansion of services, the regulation of pharmacy technicians will be required in order for this group to safely and effectively assume the technical duties in pharmacies.

Preliminary consultations were conducted with stakeholders, including the College of Physicians and Surgeons, the Saskatchewan Registered Nurses' Association, and the Saskatchewan Medical Association, and there is general consensus among the stakeholders regarding these amendments. And we would be pleased to take any questions from committee members.

**The Chair:** — Mr. Forbes.

**Mr. Forbes:** — Thank you very much, and I have a few questions here and appreciate the officials being with you tonight and your opening comments. You've listed some of the people you consulted. Is that the complete list?

**Hon. Mr. Duncan:** — It's not the complete list, so I'll quickly run through the list of individuals and organizations that were consulted. So the Saskatchewan Cancer Agency; the regional director of Sun Country Health Region's pharmacy program; the pharmacy manager of Sunrise Health Region; the Ministry of Economy; the manager of rural pharmacy services of Regina Qu'Appelle Health Region; the SMO [senior medical officer] of Sun Country Health Region; the Saskatchewan Society of Medical Laboratory Technologists; the ministry of Health of Manitoba; the Pharmacists' Association of Saskatchewan; the director of pharmacy services at Saskatoon Health Region; the Canadian Association of Chain Drug Stores; our own population health branch at the Ministry of Health; the Saskatchewan Registered Nurses' Association — I think I already mentioned them; SIAST [Saskatchewan Institute of Applied Science and Technology], the program head of the pharmacy technician program; the Ministry of Advanced Education; the College of Physicians and Surgeons; the College of Pharmacy and Nutrition at the University of Saskatchewan; in Alberta, the Ministry of Jobs, Skills, Training and Labour; the SMA [Saskatchewan Medical Association], as I've already mentioned; and I believe that that's the list.

**Mr. Forbes:** — One group that I didn't hear was the pharmacy technicians. Any representation from those folks?

**Hon. Mr. Duncan:** — We didn't consult with . . . Sorry, just one second please. As a group of professionals, they don't have a stand-alone organization so it would have been with SIAST would have been I guess the closest organization that would have been related to the technicians.

**Mr. Forbes:** — How many technicians are there in our province?

**Hon. Mr. Duncan:** — It's approximately 1,300 in the province. About 200 of those would be hospital technicians and the rest would be community, working in community settings in pharmacies.

**Mr. Forbes:** — Are you saying that 1,100 would be in the private sector and 200 would be in the public sector?

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

**Mr. Forbes:** — But you haven't really had a chance to consult with these 1,300?

**Hon. Mr. Duncan:** — There would have been, in the last couple of years as we were building towards these types of changes, through the college there would have been contact with technicians. As well, because Alberta and Manitoba have both moved towards, prior to us, technicians as a regulated basis, we would have had conversations with both provinces on what that experience had been like. So difficult to be in touch with all 1,300 because there isn't one stand-alone organization that does represent them, but certainly through the college in the last couple of years, a survey process was undertaken to try as

much as we could to have some consultation with them.

**Mr. Forbes:** — Did you take an opportunity to consult with SEIU [Service Employees International Union] or CUPE [Canadian Union of Public Employees]? They would have been representing the 200.

**Hon. Mr. Duncan:** — There would have been conversations recently through SAHO [Saskatchewan Association of Health Organizations]. I'm looking at, you know, what we may need to do around things like job descriptions, things of that nature. So that would have been done through SAHO, based on the relationship of SAHO and the unions.

**Mr. Forbes:** — I don't mean to trick you up or anything, but are you sure those conversations happened?

[19:45]

**Hon. Mr. Duncan:** — They're in process, yes.

**Mr. Forbes:** — Okay. Well I'll be straight-up with you right now. The reason I'm focusing on this is we just got a call this afternoon, kind of an alarm about how this is proceeding and the impact on the technicians. And they're feeling like they haven't been consulted. And so we'll be asking, at the end of my questions, about how we might proceed further with this because they have a lot of questions. What kind of impact does this have on the pharmacy technicians?

**Hon. Mr. Duncan:** — As it relates to the changes that will be made to pharmacy technicians, I guess practically speaking, once the changes are implemented, there will be a process that technicians would have to go through. It's a national certification process in order to be a regulated technician. It will allow for an expanded role for the technician so that they would be able perform tasks independently from the pharmacist but ultimately be responsible for those, which then would free up the pharmacist for other clinical types of duties. So it is a national process of certification. What we're looking at is allowing for some time for that certification to be completed by the pharmacy tech, so 2018 is what we're looking at in terms of having that certification process roll out.

**Mr. Forbes:** — And what will be the cost to be upgraded for the technicians to meet those standards?

**Hon. Mr. Duncan:** — It really depends for each pharmacy tech what training they already have. So in terms of the national certification, they may already have some of that that would be required under the national certification. There's a couple of different ways that this can take place, but we anticipate that there would be a cost depending on what parts of the certification that they would already have, but it could be several thousands of dollars for the tech.

**Mr. Forbes:** — And that's a concern that's being raised, that in fact the timeline is relatively short and it's fairly expensive, several thousand dollars. Is there going to be any support from the provincial government to help these technicians upgrade to the national standard?

**Hon. Mr. Duncan:** — I guess I would say in a general sense,

any type of support or reimbursement that we would provide to a group such as this, that would be typically something that would be decided through negotiations through a collective bargaining process. You know, I guess I would just perhaps leave it at that. You know, we're not pursuing that.

In terms of the hospital pharmacy techs, you know, that may be something each individual region is going to look at terms of whether or not there is some professional development that could be applicable in this type of area to cover some or all the costs. That would be up to each region to decide for their employees.

In terms of the private sector pharmacies, I would say that again, you know, we would be in a position to be providing reimbursement or compensation for the private sector pharmacy techs, although I would say that in many cases this would be something that the pharmacies themselves would most likely be looking at providing some support. But I can't speak for them. I just, you know, I'm going on previous examples or what perhaps happened in other provinces when they went through a similar process.

**Mr. Forbes:** — So it's quite an impact when you're asking 1,300 people to step up to the plate for national certification and it's several thousand dollars. I don't know what the range is. Do you have any sense or has the ministry done any kind of impact study on the 1,300, knowing you might know already in general terms or specific what their training is now, how much that would cost? Do you have a ballpark figure in terms of the impact? Are we going to be losing technicians because of this?

**Hon. Mr. Duncan:** — Thank you for the question, Mr. Forbes. What I caught is the last part of the question. With the risk of losing pharmacy techs, I would say that the risk is fairly low just because the provinces around us have already moved to regulated pharmacy techs so, you know, we don't envision a scenario like that happening very often.

This doesn't prescribe that pharmacy techs become certified nationally and regulated. There still would be a role for pharmacy techs that don't pursue the national certification. It just means that they wouldn't be able to practice at an increased scope compared to the regulated pharmacy techs. So there still may be a role for some individuals, particularly in the community pharmacy setting, that it's not going to be the expanded role if they choose not to become nationally certified. It would be the role that you would know today that a pharmacy tech would operate under.

So again, it doesn't prescribe that they have to follow this, particularly in the community settings. And if they don't, I don't see or we don't see a very likely scenario that we'd lose techs to other provinces just based on the fact that others have moved to regulated roles already.

**Mr. Forbes:** — What I'm hearing you say though, that they couldn't because the name now would be regulated and they couldn't call themselves pharmacy techs if they didn't meet the national standard. So they'd be a helper or an assistant, but they could not do the work, right? I mean this is what we're getting at, right?

**Hon. Mr. Duncan:** — Essentially they'd be pharmacy assistants doing the work that a pharmacy tech would do today.

**Mr. Forbes:** — So there is 1,300 pharmacy techs now. And two parts to my question, but I want you to answer the one part. So don't forget this, and that is: was there an impact study or a plan?

There is 1,300 people out there who today are called pharmacy techs. The impact of this making them reach a national standard, you must have had some study in terms of, we know what their training is. We estimate that when this comes into force in 2018 there will be 1,000 pharmacy techs and 300 assistants in the province of Saskatchewan. That's one scenario because you're assuming that somebody maybe in a rural community or it could be in an urban community just decides, I'm not spending . . . And I'm going to use the number 10,000 because you're using a range. I don't know what the average number would be. For some it's going to cost more than others but it's still, in your words, thousands of dollars.

So has there been an impact study done by your ministry on what the impact is of making this group meet a higher standard? And I would assume that if you ask Manitoba or Alberta, they would have some experience where they would say 75 per cent or 95 per cent of the people went for national standards without any support. Because I'm hearing you say there won't be any support from the provincial government on this.

[20:00]

**Hon. Mr. Duncan:** — So in terms of a formal impact study, we, the ministry, didn't conduct a formal impact study aside from talking to other jurisdictions, talking with the stakeholder groups that we've looked at.

I would say that the greatest impact, potential impact, will be on that very small number of hospital-based pharmacy technicians. It's likely that there will be a requirement that they become a regulated . . . as a part of their employment that they would become regulated. And again it would be up to the individual health region to make a determination of whether or not there would be some support for their employees to get that training to that 2018 deadline.

I would just say that it's probably, and this would be just on average, but it would probably be closer, on the lower end, on the thousand sides of \$3,000, as an example, as opposed to I think the 10,000 that was the example that you had given. And that's again, that's just an average depending on the training that individuals already have and what parts of a national certification that they would have already the requirements for that.

With respect to the vast majority of pharmacy technicians that are in the community setting, this is really going to be really an individual decision whether or not people want to pursue the certification and expand their scope of practice and their skill sets. There are already some people that do have the certification and are regulated. They've had to go out of province to do that. They're waiting for changes to be made here to be recognized as a regulated pharmacy technician. But that would really be within the confines or the context of individual pharmacy



decisions.

So if a pharmacist wants to pursue some additional scope on their side of the business, so to speak, about giving flu shots and doing more prescribing and ordering and things of that nature, then they may require that their pharmacy technician be able to fill in some of the role that the pharmacy, pharmacist currently plays. And again, in a private organization that would be a decision between the pharmacy, the pharmacy owner, and the pharmacist about whether or not they would provide support to their pharmacy technician.

So on the private side, on the community pharmacy setting, you know, I would say that we're not going to see a rush of pharmacy techs becoming regulated. It'll be based on what their own expectation is for their job in terms of wanting to expand their scope, perhaps expand their opportunities, as well as just what is the changing dynamic within pharmacies generally speaking, with pharmacists expanding their scope over the last number of years.

**Mr. Forbes:** — So correct me if I'm wrong. Did I hear you say you have to go, you would have to go out of province to get the training, the upgrading?

**Hon. Mr. Duncan:** — You're right. So in the past, any pharmacy techs that are certified and that could be regulated in the province, if we recognized regulated pharmacy technicians, either have had that training out of province and have moved into Saskatchewan to be employed or they've had to go outside of the province to pursue that certification. Once these changes would be, are put in place, then that certification process would be able to be achieved here in the province without leaving the province.

**Mr. Forbes:** — So have you had conversations, Polytechnic or the universities, about this training process and that?

**Hon. Mr. Duncan:** — Yes. Through both the school of pharmacy as well as Saskatchewan Polytechnic.

**Mr. Forbes:** — Well I don't know how many students normally go through the program, but if you're expecting in two or two and a half years to upgrade 200, at least 200 because they will be the hospital, the public staff and could be . . . And then there'll be those in the private as well. Is it possible for them to actually meet the timeline?

**Hon. Mr. Duncan:** — So the majority of the certification is self-directed learning, so it's online learning. There is one practical component, and preparation is being made to be able to accommodate the number of students that would go through this process. So we're reasonably confident that through . . . The majority of it is self-directed, online. There is one practical component, and we believe that this can be accommodated for the pharmacy techs that would want to pursue this over the next number of years.

**Mr. Forbes:** — Better be a good online program that's costing thousands of dollars.

**Hon. Mr. Duncan:** — Well I think it is a good online program. Certainly the pharmacy techs that have achieved the

certification in the province would have gone through this process, and it would be not unlike what other regulated pharmacy techs in other provinces would go through. So I think we're comfortable with where we're at in the certification process.

**Mr. Forbes:** — So now you had alluded to the health regions supporting, or they might support. Have you actively encouraged them to support? Is there budget money in this year's budget for this so that this would encourage and help the pharmacy techs in our hospitals and our health regions to become certified?

**Hon. Mr. Duncan:** — I think it's fair to say at this point health regions are still identifying what the implications may be for their own health regions. It will really depend on the size of your health region whether or not the regulated pharmacy techs . . . I guess what the complement or what the makeup will be of regulated pharmacy techs, and the ability still to have some pharmacy assistants, what will be known as pharmacy assistants, really depends on the size of the region that we're talking about.

So each are going through that process now to determine the skill set and the complement of these types of providers that they'll need going into the future. We haven't set aside, or certainly we haven't earmarked any money in this year's budget for this, and normally we wouldn't. This would be . . . If there would be dollars provided to the health region, typically wouldn't be earmarked in the provincial budget by the province. It would be a part of what would be the wages, the benefits, the professional development that would be a part of their global budgets.

**Mr. Forbes:** — In a sense . . . Correct me if I'm wrong. I'm playing this out in my mind. The budget we're debating, this 2015-16, nothing is in there. So really at the very earliest, it's going to be the '16-17 budget that may have some resources or may not, because the health regions will come back and say, we've got to have some support; it's going to cost money to upgrade and it's going to cost time to keep our pharmacy techs at a national standard. So that's '16-17. And then '17-18, and then halfway through that budget, you're expecting people to be certified. So that's really over 18 months, maybe two years at a max that you have allotted for this implementation. Is that what the plan was?

**Hon. Mr. Duncan:** — I would say, Mr. Forbes, we would treat this really the same as we would treat when an RN [registered nurse] in a health region decides to upgrade their training to become a critical care nurse or a surgical nurse. That's not something that we would identify in our budget on a yearly basis, a dollar amount to upgrade the training for X number of nurses. It would be a part of the global budget that the regions would then find a portion of it to dedicate it for staff upgrading.

So there isn't a line in this budget that relates specifically to pharmacy technicians and the national certification. I suspect next year there won't be that line item. But our expectation is regions, if they are going to pursue this and look at providing some support, they would do it no different than they do for other health providers that are seeking upgrading in their certification or their training.

**Mr. Forbes:** — So I'm hearing two things. I mean I think there's a big difference here between just an RN deciding to upgrade and a group of 200 technicians being told, you must upgrade if you want to continue to be called pharmacy technicians or you'll be downgraded to pharmacy assistants. I think that's a big difference. I hope that's not what the minister is saying.

**Hon. Mr. Duncan:** — Again, Mr. Forbes, I think it's fair to say that regions are going through this process right now to determine the skill set that they believe that they'll need in the future, based on the requirements of their individual health regions. So you know, I think it's based on the size and the scope of the different health regions and the requirements. Some may pursue having the regulated technician positions. Others may have a role for both regulated technicians as well as what will be known as pharmacy assistants. So they may be those individuals that are currently employed that may choose, if there is still a role for them to play in the health region even after this is put in place, in that assistant role similar to what they'd be doing now. That's all being looked at now by the regions.

But again I think back to the point in terms of the budget. You know, I think it's . . . You know, I don't envision, certainly not in this budget but even in next year's budget, I really don't envision, you know, an individual line number, a line item for \$3,000 for Kelsey Trail Health Region in the health budget for upgrading one pharmacy technician to a certified national position. I think that that's . . . I just think it's not, certainly not something that we're planning to do.

Again, as it relates to other health providers and upgrading of their positions, that's something that happens on an annual basis, I think, on a fairly frequent basis. If regions want to provide that support like they do now for other positions in order to retain and recruit into those positions, you know, that's something that will be up to each region based on what their needs will be going forward after these changes would be put in place.

[20:15]

**Mr. Forbes:** — So is Kelsey . . . You think there's only going to be one person in Kelsey Trail that needs upgrading?

**Hon. Mr. Duncan:** — I'm just using that as an example. I'm not sure the number that it would be in Kelsey Trail. I'm just trying to think of a smaller health region. Mamawetan Churchill, if they have whatever the number it would be, I just think it is not likely to be in the budget next year as a line item that Mamawetan Churchill River Health Region is going to get X amount to have their pharmacy techs, whatever number that would be, go through the certification process to become a registered, a regulated pharmacy technician.

**Mr. Forbes:** — So you did go through the list of the different health regions and several participated. Can you be more specific about what they said to you, that they plan on maintaining their full complement of pharmacy technicians, or they plan on reducing the number of pharmacy technicians? Because I'm kind of hearing you say that it really doesn't matter to you whether they're pharmacy technicians or

pharmacy assistants. We could end up in 2019 with 200 pharmacy assistants in our hospitals. Is that what we're hearing you say?

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. So I would just say that the ministry has been working with the health regions through this process of putting the amendments in place. I think it's fair to say though that the regions are aware of what is being contemplated by the change. Each region is actively going through a process of identifying, based on the types of facilities that they have, the types of patients that they see.

So obviously Saskatoon and Regina would be in a different position than, say Sunrise or Sun Country generally speaking, not to say that there aren't acute patients in both centres. But they are looking at the skill mix that they'll need. They are looking at the patients that they are serving.

So you know, I can't sit here today and say that this region is going to want to move towards 100 per cent regulated pharmacy technicians whereas region B may be a 75/25 split. I think that that's still something that the regions themselves are looking at. But certainly they understand what we're looking at here. They understand, you know, the 2018 is the time frame that we're looking at in moving this way. So they are a part of this process, and they are doing their own due diligence as regions.

**Mr. Forbes:** — Who asked for the 2018 deadline?

**Hon. Mr. Duncan:** — Thank you, Mr. Forbes. I'll try to go through this once to explain it, and if I'm maybe missing something, I'll maybe have an official . . .

So there is a national bridging program that currently is operated through the Pharmacy Examining Board of Canada; however, that ends at the end of 2018. And so what essentially this will do, this will replace that bridging program. Those people that would come essentially after that would come through an accredited program, and then all they would need would be the certification exam after finishing their accredited program. So this is really timed to when the bridging program through the national pharmacy examining board will be ending.

**Mr. Forbes:** — And so this was set up by an external group as an opportunity if we're to meet those standards. And there's no flexibility in that at all. Is that what I'm hearing?

**Hon. Mr. Duncan:** — So this is a national process or an evaluation that has been put in place. This really had been put in place to assist those people that had essentially learned on the job or come through an unaccredited program in the past. The date, the 2018 date has been put off several times as provinces were moving towards accredited programs and the national certification.

So it's not our, the 2018 isn't our date. I suspect, and I won't speak for officials, but knowing that it has been put off a couple of times, likely it won't be put off again. But again, I don't know that for a fact. But this is really . . . Because that bridging program is coming to a close in 2018, you know, that's where the timing works out.

**Mr. Forbes:** — Are we the last province to have regulated pharmacy technicians?

**Hon. Mr. Duncan:** — So we know for sure that Quebec hasn't moved towards regulated at this point. There may be a couple of other smaller provinces. Everybody Ontario west, besides Saskatchewan, has already moved though.

**Mr. Forbes:** — So why is it that we are so late into this game here?

**Hon. Mr. Duncan:** — In terms of our moving this direction, you know, I would say it's really tied to the expanding scope of a pharmacist over the last number of years. As the scope of a pharmacist in Saskatchewan has been expanding, their roles have been changing. They're providing more clinical services, moving away from some of the other duties that have been related to a pharmacist in the past or have been provided by a pharmacy technician under the supervision of a pharmacist. So it's really, I guess, this is the next piece of that. We're seeing pharmacists move in a different role, and so this is really, I guess, the next part of that.

**Mr. Forbes:** — Just to be clear, so after 2018 there won't be a national exam. It'll be accredited programs that people will be graduating from. Is that right?

**Hon. Mr. Duncan:** — After 2018 there will still be the national certification process that'll be in place. What won't be in place any more is the bridging program. So somebody that didn't come through an accredited course or learned essentially on the job, they will no longer have that bridging program available to them after 2018. So if they want to upgrade and become a regulated pharmacy technician, they'd essentially have to begin again and start in an accredited program. They wouldn't be recognized for their work experience or through the unaccredited programs.

**Mr. Forbes:** — And there will be a national exam?

**Hon. Mr. Duncan:** — That's correct, Mr. Chair.

**Mr. Forbes:** — What are the implications around liability protection? Will pharmacy technicians be required to carry liability insurance?

**Hon. Mr. Duncan:** — Yes, they would have to have liability insurance.

**Mr. Forbes:** — Then who in the public health system, who carries insurance? I assume it's different. Doctors would be different than the nurses. But some is carried by the province and some is carried by the individual?

[20:30]

**Hon. Mr. Duncan:** — Currently in the province there is multiple . . . There's different agreements in place when it comes to liability insurance. So depending on who the pharmacy owner is . . . I'm talking about the community setting, so Safeway pharmacists, Safeway as an organization would carry their own liability insurance. Many community pharmacies and pharmacists, their liability insurance would be

through, collectively through the Pharmacists' Association of Saskatchewan. That may be an option for pharmacy techs going forward on a regulated basis.

In terms of in the hospital setting, the Canadian Society of Hospital Pharmacists currently provide the liability insurance, support the liability insurance for pharmacists in a hospital setting. So there already exists several different arrangements when it comes to liability insurance, and that's something that will have to be determined, particularly on the community pharmacist side going forward.

**Mr. Forbes:** — Now this is a group you didn't list in your groups that you consult with, the Pharmacy Technician Society of Saskatchewan. Have you heard of them?

**Hon. Mr. Duncan:** — It's my understanding that they're no longer active as an organization.

**Mr. Forbes:** — Okay. We just pulled this off the website. It would be interesting. It's interesting. They say, "Welcome to PTSSk, we are coming upon an exciting time for Pharmacy Assistants/Technicians. Bill 151 . . ." And they go into talking about this, you know. But they're not in practice anymore. Okay. Fair enough.

But it really does sound . . . You know, when I got the call this afternoon from a group saying, whoa; we didn't know this was happening, you've clearly talked to the management, but you haven't talked to the actual pharmacy technicians and/or their unions about what the implications of all of this. And leaving it up to the different health regions to bring forward, it doesn't sound like they've brought forward their processes or their recommendation, so it sounds like there's a lot of questions still out there. People are understanding that this is something that needs to happen, but both the timeline is the crunch, the supports, and what's really the game plan.

So I'm just curious whether you would feel this is . . . You know, we've got two or three weeks more left in session, so you could still meet your timeline of having this bill passed. But are you prepared, are you willing to think about maybe we should meet with these folks over the next day or two to make sure everybody feels we're all on the same page here? Because we'd certainly be willing to be part of that solution here.

I know my colleague has more questions, and we could do them next time. But I know that they would be anxious to talk with you, and we could definitely move the bill ahead in the timeline that you'd like to see it happen.

**Hon. Mr. Duncan:** — I guess I would just say that we are, as a ministry and certainly our regions as well as SAHO are certainly very interested in discussing this particular bill and the amendments that are contained in it with certainly union representation and discussing, you know, the potential impacts of what this bill would be.

I guess I will say, Mr. Chair, I'm a little surprised at the late call that you received, if it was in fact today. The bill was introduced. I think I did second reading in the first week of December so. You know, we're looking at nearly five months ago that the bill was introduced. I guess I'm a little bit surprised

that, at this late hour, there would be concerns raised about it.

**Mr. Forbes:** — I see your point, Mr. Minister. I was surprised to get the phone call too. I'm not even the Health critic. But the fact of the matter is, this is a pretty significant change for many people. And if we could bring a better understanding of your intentions, then that would be a good thing, and we still have time. And that's why I would really think and encourage us to think about how can we make sure this gets the best solution possible. We still have until mid-May, so I would encourage you to think about that. I don't know if my colleague has some comments on that. I don't know.

**The Chair:** — Mr. Nilson.

**Mr. Nilson:** — Yes. Thank you. I think the point here is not that they didn't contact you. The point is, why didn't the Ministry of Health contact them? You had 1,300 people affected, and it doesn't appear you've talked to them. And that's an unusual way for legislation to come forward when that many Saskatchewan citizens are affected by a bill and they haven't been talked to. Now you know, we asked about the consultation, but there's a little glimmer maybe with the SIAST person who does some of the training.

I think a reasonable suggestion would be that we come back to this bill next week, and officials meet with both the union representatives and also with some of the technicians that work in the various major pharmacies of the province. That would assist all of us in understanding that the issues have been addressed.

**Hon. Mr. Duncan:** — Thank you, Mr. Nilson. Mr. Chair, you know, I guess I would just disagree a little bit with the characterization. There has been a significant amount of discussion going back a number of years as other provinces around us have moved towards the regulated status for pharmacy technicians. Certainly it was a couple of years ago that the Saskatchewan College of Pharmacists undertook a survey looking at what people had in terms of their views when it came to the possibility of moving to a regulated type of status.

The bill again was introduced I think in November. I think I did first or second reading either in late November or possibly early December.

I think the difficulty in this is that while specific to the employment of roughly 200 individuals in the health regions — and again there's been discussions between SAHO, the health regions, the ministry as it relates to the 200 — the difficulty is, without a formal body that represents the pharmacists across this province, and the vast majority of the pharmacists are not represented certainly by the same unions, if at all any union representation but not the same unions that would represent the pharmacists across the different health regions, the challenge is that with 1,300 members largely independent that don't have one single voice for us to consult with . . .

You know, I think I read through a list of significant and extensive consultations with a number of groups as well. Going back, again I'll mention the survey from a couple of years ago conducted by the College of Pharmacists. So I guess I would just perhaps again disagree with the characterization that we

haven't been talking about the potential of regulating pharmacy technicians in the province. This is something that has been looked at for a number of years.

**Mr. Nilson:** — Well I think the question is not the fact that this has been looked at. It's just that there hasn't been a discussion with obviously the two main health unions involved with these people, and it doesn't sound like there's been any discussion directly with some of the workers. And all we're suggesting is that this matter be adjourned tonight and brought back next week, and we get a report from the officials after they've met with these people.

**Hon. Mr. Duncan:** — Yes. I just want to state for the record that there has been dialogue and consultations with SEIU West and CUPE on this matter. In fact there was a process where they could provide feedback based on that consultation that then went into potential changes, as all organizations had an opportunity to provide feedback. I regret that in my list of organizations that I didn't mention the two, but certainly it has been confirmed by the ministry that these two unions specifically had been consulted through this process.

**The Chair:** — Mr. Forbes.

**Mr. Forbes:** — So what will be gained by having this bill go through this week as opposed to next week?

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. Well I guess just in terms of the timing of when this committee was scheduled to deal with these particular bills, you know, I'm not in a position to be negotiating or setting the schedule for future committee meetings. I know that we still have three and a half hours of estimates to complete as a committee as it relates to the health budget.

I guess based on the work that we've done, I think based on the consultation that's taken place, I'm not sure based on the fact that even prior to when the bill was introduced last fall and the five months, nearly five months, not knowing the exact date but the four to five months that groups and individuals would have had to provide feedback . . . And I'll correct myself. It was October 30th that it received first reading, and I did second reading March 2nd of this year. So it's been a couple of months since the bill has been known publicly, not to speak of the years that organizations have been looking at it, especially with other provinces around us moving to regulated status and knowing the direction that we were going as a country, moving towards the end of the bridging program and moving towards accredited programs across the country. So I'm just I guess not sure what another week gains us.

**Mr. Forbes:** — A question for the Clerk: how many hours have we spent on this bill?

**The Chair:** — We've spent one hour and 15 minutes.

**Mr. Forbes:** — Oh yes, but I would also be curious in terms of the amount in second reading debates.

**The Chair:** — That is the total.

**Mr. Forbes:** — One and a half hours, including what we've

had tonight?

**The Chair:** — It was an hour and 15 minutes, and then you would have to add tonight's total on it as well.

**Mr. Forbes:** — And that would be . . . I think we've been about a couple . . . We've been about an hour and a half tonight?

**The Chair:** — About an hour and 10 minutes.

**Mr. Forbes:** — An hour and 10 minutes. So that's just approximately an even three hours, right? So we have 17 hours yet that we could debate this bill, right? Is that right, Mr. Chair?

[20:45]

**The Chair:** — So yes, technically there could be 17 more hours debate.

**Mr. Forbes:** — Thank you very much, Mr. Chair. And my point is this, is that in order for us to do our work, we feel like it's important and I don't think . . . And, Mr. Minister, you've made some good points about how the time to move forward to national certification and all of that has come, and it's probably been a lot of discussion along the lines. But I just feel like a part of our obligations as legislators is to make sure that everyone feels that they are engaged, and it is sometimes interesting why people don't jump in at certain points.

But I do feel that, you know, the opportunity to just to double-check, make sure all the i's are dotted and the t's are crossed, and if we could come back, I mean . . . And I almost think that it might be within our power to move adjournment because we're not prepared. We still have more questions to do this, but I think in the interest of the legislative agenda that you brought forward, that if there was some time over the next few days that we could just double-check to make sure the consultation has been done.

You have an official saying that SEIU West has been consulted. I can't say for sure whether or not they have been, and that's not our point tonight. Our point is to make sure they feel like the voice of . . . [inaudible] . . . of these professionals because at the end of the day it's all about making sure our health care system works as well as it can.

So that's why I've asked. We are prepared to come back next week, you know, and I've asked the majority of my questions. I think my colleague has a few more questions to ask, but if there was an undertaking to . . . We'd be very happy to come back next week and move this along in a, you know, a good way.

You know, if there is time to make sure the two unions that are involved have had a chance to have their say, and you've heard them, and then you can speak to their concerns. Because tonight, you know, when we've talked, you've raised issues around the management side, around SAHO, and it hasn't been very clear. But clearly we'd like to make sure you have that opportunity to meet with them and do that in a way that you feel, and we all feel, comfortable with that.

So I'll leave that right now, Mr. Chair, because I know my colleague has . . . Or if you want to respond to that.

**Hon. Mr. Duncan:** — Just really quickly, Mr. Chair, I guess I have a couple of comments. I would just, first of all . . . Even if the committee does move forward in passing these amendments on through the committee stage and refers them back to the House, nothing precludes those discussions from continuing between SAHO, the regions, the ministry, and the unions. Even some of the concerns, the specific concerns that you raised about what happens to those pharmacy technicians that may face some reimbursement or may face some costs because of the changing regulated environment, even if we had an answer to that that would satisfy those employees tonight, that wouldn't be put in the bill. I mean we'd never put that in the bill. That's a matter that would be dealt with in another forum or another way.

So not knowing the specific concerns that may have been relayed to you just in this most recent hour of today, again I just would go back and say that because of the work that's been done leading into this, I'm just not sure what, you know, what the delay in today would actually benefit because, as I've said, our commitment is to continue to work with all the stakeholders as this is being implemented, as we're moving towards the changing environment at a national level in light of the 2018 deadline that certainly we don't have control over.

As well I would just say the hour and 15 minutes, I think it's just important for me to note the hour and 15 minutes, Mr. Chair, I think that that probably includes, perhaps it includes the time that I spent during second reading as the minister reading my second reading speech. I have it in front of me. That's about four pages long. That probably took me less than 10 minutes.

You know, I just want to note for the record that it really is, prior to getting to the committee stage, it's really the role of the opposition to provide a response in second reading and as well as during adjourned debates. I don't know, Mr. Chair, how many members of the opposition spoke to this bill. I know, Mr. Forbes, I believe you did speak to this bill when it was in adjourned debates. Perhaps you did the second reading response on behalf of the opposition. But the hour and 15 minutes that has been added, that has been racked up on this bill to date, really to this point in the committee isn't a decision of the government or members on the government side. It's really the duty of the opposition to carry this forward.

As well I will say and I, as Mr. Nilson likes to remind me from time to time, I worked in this building as a researcher. And I know when I was a researcher and when a bill was put forward on the table by the government of the day, it was my job as a researcher, if I was responsible for researching on that bill, to send out that bill out to different stakeholders to get their feedback. I don't know if that was done in the case. Certainly it's frankly not even my business to know whether this was done by the opposition as it relates to the two unions in question. But again I would just say that the bill was introduced on October 30th. I guess I don't know what information would have come in today that would require us to hold off on moving this forward after tonight.

**The Chair:** — Mr. Nilson.

**Mr. Nilson:** — Yes. Thank you, Mr. Chair. This is quite an interesting discussion. I think many people in the room know

that for 11 years I chaired the legislation committee on the government side, and this is the type of discussion we would have had in that committee where we would have said to the minister, well it looks like it needs some more work. You should go back and get some more confirmation of what's going on.

I think the fundamental question today is, you know, not that the opposition hasn't got . . . And I do have quite a few questions, and I know our critic has some questions from the pharmacies, pharmacists, and we haven't even got there yet. But the fundamental question tonight is that it appears that these techs, these pharmacy techs haven't been included in the discussion in a way that they feel they've been included, and doesn't even sound like they have been included, period.

And so the practical question becomes whether we keep asking questions around a number of these issues and then come back when this committee's scheduled again to keep asking questions, or whether the minister and officials agree to spend a little time working with some of these groups so that, coming back next week, you could provide some information. And obviously we would provide information too because the people would talk to us and say, yes, we were able to understand how this legislation is going to affect our lives and our livelihood. And at this point we don't have that assurance from the officials and from the minister. So my suggestion would be that there's a practical effect and I think there's, as I understand the schedule will be, time available to deal with this next week or even the week after.

**Hon. Mr. Duncan:** — Mr. Chair, I guess I would just . . . Again the discussions that took place between the unions that represent the hospital-based pharmacy technicians, it would be my expectation that it would be the unions that represent those pharmacy technicians that go back and have discussions with their members in terms of what the government's contemplating, what the national standards are changing to by 2018, and the implications that there may be. And that discussion is with the unions, with the regions, with SAHO, but directly with their membership. There is no provincial pharmacy technician body that allows us to go out to those 1,300 members to solicit directly from them. That's why we're relying on the feedback that we received from the unions who represent these types of the positions.

I will say to you two gentlemen, to your credit, Mr. Nilson, you spent 27 minutes during your second reading, your reply during adjourned debates. Mr. Forbes, you spent 14 minutes; Mr. Belanger, four minutes; Mr. Vermette, six minutes; Mr. McCall, five minutes. So the opposition has put some time on this bill, and you two have been I think two of the leaders on this bill.

But again I guess I'm just not sure, based on the time that has elapsed from when the bill was first introduced and the consultation that has taken place, and the consultation that took place even before the bill was introduced in preparing for a bill to be introduced, in light of what's happening at a national level, in light of just the changing landscape of what's happening with the pharmacists, I guess I'm not sure directly what the concerns that are being relayed to you today, that would require us to delay this bill, that we can't try to accommodate even after the bill moves through the committee

stage tonight.

**Mr. Nilson:** — Thank you, Mr. Chair. Well I do have the remarks that I made when I spoke to this matter on December the 8th, and one of the key points that I made was the fact that the legislation actually puts many of the rules and the concepts in the regulations of the pharmacy organization and that in committee we will need to look at many of these aspects because it's not in the Act. And I think that is the question.

So a number of questions that my colleague has asked aren't in the legislation. You're right about that. But we need to understand what the effect is going to be on 1,300 workers. We need to understand how the discipline procedures work. I haven't gotten to any questions on that yet.

We need to understand how you're going to be melding these various disciplines together. So you have the pharmacists, and then you have the other related kinds of jobs, and this is something that is not simple. An added complication into this whole world is all the international pharmacy companies that are involved and how the regulation works with, you know, Shoppers or some of these other bigger, broader corporations because that becomes a very difficult question for the Saskatchewan pharmacists on regulation.

So there's a whole number of areas. And I mean, we know that there's been more discussion with some of the pharmacists, but there's still quite a few questions that we would want to go through. But my suggestion is that this one group that appears to have been a little bit put to the side or maybe not talked to as much and who have specifically requested us today to just see if we can get them some time so they can provide a presentation to the committee as a whole or to the minister. And that's all they requested.

Now the committee itself can decide to have presentations come and present right from the groups. We don't do that very often, but on a number of bills over the years we have done that. This may be the type of bill that would allow us to have some hearings and bring some people here to tell us exactly how this legislation is going to affect their livelihoods and how they do their job.

But my suggestion would be is that we perhaps close the discussion tonight, arrange some time next week to come back, and we allow for some conversation to take place between the officials and specifically the pharmacy techs.

[21:00]

**Hon. Mr. Duncan:** — Mr. Chair, I guess I would just say that, I would just go back to what I had said earlier, maybe expand on my point a little bit, that when the bill was introduced in October, when we went through second readings late last year, if there was an appetite to . . . whatever the committee wanted to do, we certainly would have been happy with that.

Even as early as this afternoon, if there was a representation made to the opposition that there perhaps was another point of view when it came to this bill, that would have allowed an opportunity for our House leadership on both sides to have a discussion about whether or not we wanted to schedule some

additional time for this bill.

But I guess I'm just in a position where, and the committee's in a position now, where probably around 8:30 or 8:45 tonight, without any prior discussion between the House leadership about schedules and the timing of when the bill may be able to come up again and whether or not we want presentations from outside organizations, I guess it just . . . I guess this is a matter for the committee to discuss, but I think it puts us all in a little bit of a bind in terms of the normal course of the work of the committee.

So I guess I will leave that . . . It certainly is my hope, my hope coming into it — it was my expectation, but certainly my hope — that the committee will move the bill forward tonight. That certainly is what we had planned for.

**The Chair:** — Mr. Forbes.

**Mr. Forbes:** — Mr. Chair, I move adjournment of Bill No. 151, *An Act to amend The Pharmacy Act, 1996* until next week.

**The Chair:** — Is it the pleasure of the committee to adjourn debate?

**Some Hon. Members:** — No.

**Some Hon. Members:** — Yes.

**The Chair:** — The nos have it. Mr. Nilson.

**Mr. Nilson:** — Yes. Thank you for the opportunity to ask some more questions. I would just comment that normally when House leaders work on setting out the amounts of time to deal with a bill, it's always based on what kinds of answers you get. And I guess frankly we were surprised by the answers we got tonight, which is why we're in the spot that we're in.

Now one of the questions that arises around the pharmacy techs relates to the ability of the ministry or of the legislation to effectively grandmother, grandfather all of the existing pharmacy techs through legislation. Was that contemplated as an option?

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. So I guess the ability for grandfathering an existing pharmacy tech, I guess, in a sense that would be to allow them to continue as a pharmacy assistant. But in terms of just allowing an existing pharmacy technician to be grandfathered in as a regulated pharmacy technician wasn't contemplated. It certainly, we don't believe is in the interest of the patient to grandfather in individuals at a greater scope than they'd have the training for.

I also just want to make perhaps a comment and a question. I guess I'm not sure the questions that we didn't answer, Mr. Nilson. If there was a concern that had been raised earlier today to Mr. Forbes or to whoever in the opposition, certainly there would have been an opportunity to have a conversation either with myself or with the House leaders about trying to address that concern. And certainly to my knowledge that was never raised. So perhaps, Mr. Nilson, if you can enlighten me as to which questions we haven't answered for you, we'd be happy to take another crack at it.

**Mr. Nilson:** — Well the information, I received at 7:30, and I think my colleague received it just shortly before that, so actually during the committee. And the basic question and the one that's the most troublesome is that there doesn't appear to have been any conversations with people within the Ministry of Health and the 1,300 technicians.

I mean, there's lots of different ways to do it if they don't have a professional group and, you know, there's ways to design consultations. So that is the fundamental question. So that's the one that you can't answer because you don't have an answer for it. And that's the problem that we've got.

**Hon. Mr. Duncan:** — So there has been dialogue with both CUPE and SEIU West regarding the potential for these changes. Certainly there are a number of different forums in which those discussions take place informally and formally. So I would say that that has been provided to the unions as well as the ability for them to provide feedback. In terms of — you're right, Mr. Nilson — there isn't, as I said before, there isn't one group that represents the pharmacy technicians because of, just because of the nature of . . . some are in the public sector, some are in the private sector.

But in 2012 there was a survey that was sent through to pharmacy managers and pharmacy technicians. My understanding is that both on the private side, to pharmacy managers and pharmacy technicians, as well through the pharmacy departments of the public sector and the health regions, the feedback to that was generally favourable to moving towards a regulated profession for pharmacy technicians.

So there has been — and that was in 2012, Mr. Chair — so going back a number of years, there has been several opportunities for us to canvas directly and indirectly with the pharmacy technicians, pharmacy managers, as well as union representation, as well as in conversation with union representation who would have the ability, particularly as it relates to the roughly 2000 hospital pharmacy technicians, to speak to their membership of who they represent. So there has been, going over several years, a number of ways that we have canvassed the opinions of those that work in pharmacy in this province.

**Mr. Nilson:** — Well that's obviously your opinion. We've given you an option which is quite straightforward to deal with this. But let's go on to some of the other questions we've got about the legislation. The question around the grandmothing or grandfathering of the pharmacy techs, you've indicated that that's not what's going to be done here, and it sounded like you hadn't really contemplated that. Has that type of procedure been used in other health professions when changes have been made around the qualifications or the certification of the various health professions, if it's physios or nurses or doctors or whatever. Can you explain how you've used a grandfathering or grandmothing provision in those instances?

**Hon. Mr. Duncan:** — So again, I would say that in a sense allowing for an individual to continue largely with the roles that they already play as a pharmacy technician but in what would be considered the pharmacy assistant role, that is in a sense a grandfathering of the duties. If an individual doesn't want to

pursue what is essentially an increasing scope of practice for a pharmacy technician, they have the ability to continue to largely do what they're already doing for the most part. And I'll say that as a general comment.

In terms of grandfathering or grandmothering pharmacy technicians, no other province, no other jurisdiction has allowed for this.

**Mr. Nilson:** — And that's as it relates to the pharmacy technician profession. I'm, you know, thinking about what happened with two-year trained nurses and four-year trained nurses. There was basically a provision saying that they're equivalent, provided that they've had the training before a certain time. Would it have been possible to do something like that for these pharmacy technicians?

**Hon. Mr. Duncan:** — Thank you, Mr. Nilson, for the question. So I guess I would just start by saying that for a number of reasons we're not allowing for grandfathering or we didn't consider for it. I think the difficulty, in the difference in the different programs that people would have taken over a number of years, would make that difficult to ensure that people were able to move to this new type of role in a safe way as it relates to the patients.

I think, you know, when we're moving towards the ability to independently dispense drugs to a client or to a customer, certainly we wanted to ensure that patient safety was first and foremost. I think as well as it relates to the mobility of these professionals and ensuring that we are consistent with every other jurisdiction. As I said before, no other jurisdiction is allowing for this.

So based on a number of factors, particularly when you look at the patient safety aspect, a number of these technicians, you know, would have had, for the most part, on-the-job training. So it's really difficult to get a sense of, you know, what that on-the-job training would have been like or would have been versus somebody else. So for all of those reasons, it just wasn't a consideration to allow for grandfathering for this.

[21:15]

**Mr. Nilson:** — Well it's kind of interesting that you talk about on-the-job training because that's how lawyers were trained for many, many years, and there was a transition process that made sure those kinds of lawyers got included in the Law Society and had the same status as all the people who had gone to a university law school.

So I think there are many examples of how this could have been done, but it doesn't appear that some of that has been thought about. One of the questions that arises as it relates to this legislation relates to the ability of the new joint board, which I guess that covers the pharmacists and all of the related pharmacy professions as well as pharmacies, which are the corporate bodies that are involved. But one of the questions arises as to where the line is now drawn. If you're a long-time pharmacy tech who for various reasons isn't able to take this accreditation by 2018, then they move into a pharmacy assistant spot, are they then tied in with a pharmacy tech or are they tied with a pharmacist? Who is disciplined if that pharmacy assistant

makes a mistake?

**Hon. Mr. Duncan:** — So the assistant themselves would not be regulated under the college, and it really would depend upon what role the assistant was playing. That would really determine, in the event that there was some sort of error, that there was some sort of discipline. It would really relate to whether or not the assistant was providing assistance on a clinical side that would typically fall under the regulatory authority of the pharmacist, or whether or not they were providing some sort of assistant role to the technician that would fall under the regulatory authority that the technician would have. So it really depends on the specific nature of what role the assistant would be playing at that time.

**Mr. Nilson:** — Could you show me in the legislation where that answer would be found?

**Hon. Mr. Duncan:** — So, Mr. Nilson, I'd refer you to section 24, in and around that section, that it speaks to the . . . section 24, I just want to be clear on this. So the provisions, as it relates to the professional practice, only relate in the bill to the regulated profession. So in the existing bill it would be the pharmacist. So the unregulated technician would not necessarily be spelled out in the bill because ultimately it is the regulated profession that is responsible.

So similar to the way the legislation is today, the new legislation contemplates a similar relationship. So it will be the pharmacist and now the regulated pharmacy technician that the bill would speak specifically to. The role of the assistant isn't, in terms of the way I explained it, isn't necessarily spelled out that way, the same as it's not spelled out in the existing bill of how the technician relates to the professional practice of the pharmacist that they may be working underneath.

**Mr. Nilson:** — So if I'm a pharmacy technician or a group of pharmacy technicians, and I want to buy insurance, how do I go to an insurance company and tell them what my liability is?

**Hon. Mr. Duncan:** — So I guess that specific example wouldn't be spelled out in the legislation. That will fall under the bylaw-making authority of the College of Pharmacists. As we add the pharmacy technicians as a regulated profession, it will then fall to the College of Pharmacists to create bylaws that would require . . . As it relates to the scope of a pharmacy technician, it will then fall as a requirement under a bylaw for things such as liability insurance.

**Mr. Nilson:** — Thank you for that answer because that goes to the point I was making in December when I was speaking about this bill, is that there's much of it that's not in the legislation. And I will require quite a few questions to understand what's intended here.

Now one of the points in the amendments that are being made to the legislation relates to the composition of the complaints commission committees that will be there as it relates both to the pharmacists and to the licensed pharmacy technicians, or whatever the new title you're going to use is. Can you explain the difference between what happens now versus what will happen once the legislation is in place as it relates to, first, a pharmacist and then also a technician, a pharmacy technician?



And then the third question relates to what happens with the discipline of a pharmacy corporation?

**Hon. Mr. Duncan:** — Mr. Nilson, so with respect to the complaints process and the complaints committee, the intent is to have a community or a group of your peers that would hear the complaint. So if the complaint is made against a pharmacist or an organization that owns a pharmacy, the majority of the committee would be made up of pharmacists. But if the complaint is made against a pharmacy technician, then a majority would be, the majority of those that would hear the complaint would be from the regulated pharmacy technician community. And if it's a mix, if it's a complaint made, one single complaint made against multiple individuals, it would be a mixed group, depending on the nature of the complaint.

**Mr. Nilson:** — Well thank you for that explanation, although I'm sure there's going to be a lot of work done before this whole thing proceeds because I can think of lots of permutations there that will require some juggling of members to get the right composition for the committees.

Now as I understand it, the discipline provisions that go against the corporations — or I think, does the Act call them proprietors? — the owners of pharmacies, relates to those people who own the corporation. Can you explain how a corporation can be disciplined? Is it because all the owners are pharmacists, or how does this work?

**Hon. Mr. Duncan:** — So with respect to disciplinary powers against a proprietor or a business that does own a pharmacy, so the Act, the amendments are only contemplating an increase in the fines that are levied against the proprietor in the event that they are disciplined. So the disciplinary powers as it relates to a proprietor aren't changing with this bill. So I'll maybe just refresh your memory.

So there can be a number of directions that the disciplining committee can go. So they can order that the proprietor's permit be revoked and that the name of the pharmacy be struck off the register. They can order that the proprietor's permit be suspended for a specified period. They can order that the proprietor's permit be suspended pending the satisfaction and completion of any conditions. I won't go through them all; there's a number. But they can . . .

So there are currently in the existing Act, there are discipline measures that can be taken against a proprietor or the owner of a pharmacy. The only thing that is being changed in this is increasing the level of the fines that they can levy against a proprietor.

[21:30]

**Mr. Nilson:** — So in the consultation with the pharmacists and I guess the pharmacy regulatory groups, was there a discussion around how you deal with the corporate pharmacies and the provisions that are in the legislation now? You've indicated you didn't change any of that. You basically just changed the fines. But was there a discussion around giving power to this regulatory body to deal with some of the difficulties that arise when pharmacies or proprietary pharmacies are owned by a mixture of pharmacists and non-pharmacists?

**Hon. Mr. Duncan:** — Mr. Nilson, so I'll just for the record just indicate that, so in terms of the fines that can be levied, the change is going from a maximum of \$15,000 to a maximum of \$100,000. With respect to the question, your last question, so I guess that there have been discussions about this, particularly with the College of Pharmacists. What they are pursuing is that rather than through the legislative process, they are looking at how they may be able to address this issue as a bylaw change. So we're working with them through that process. We don't have bylaws before us at this point, but it is something that the college is contemplating but they think that they can . . . They're looking to see whether they can address it through the bylaw process.

**Mr. Nilson:** — So is the process in this legislation like in some other Acts, that they propose the bylaws and then they have to be approved by the minister? Is that correct?

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

**Mr. Nilson:** — So how long of a process is that now?

**Hon. Mr. Duncan:** — So the college is still working on bylaws. They haven't submitted bylaws yet to the ministry. If and when that does happen, it'll be a 90-day process by which we'll provide stakeholders with an opportunity to provide feedback and then ultimately make a decision on whether or not we would, whether or not I would sign off on the bylaws. But that process, that 90-day window hasn't started yet. They're still in the process of developing bylaws.

**Mr. Nilson:** — Is there anything in this legislation that deals with the concern that's sometimes raised with us — and probably with you as well — around sort of factory or big pharmacies where pharmacists are, you know, forced to do their job in a . . . oh, just do as many prescriptions as possible and some of the concerns that are raised that . . . Is there anything in here that deals with that? Other than, I suppose, there's a general clause, but is that something that's been contemplated in these changes?

**Hon. Mr. Duncan:** — So not in the legislation itself, but that is something that they are looking at as a college through the bylaw process.

**Mr. Nilson:** — Well is there . . . there is a public process around bylaw changes, so are they published in the *Gazette*? Or where do they go so that if we do have people who are concerned about this that they can watch for the changes?

**Hon. Mr. Duncan:** — So at the . . . when there's certified bylaws that are presented to the ministry, that will begin the 90-day consultation process. We will engage or we will initiate that consultation process. Once, if and when the bylaws are signed off on, then they are gazetted. They're put in the *Gazette*, printed in the *Gazette*, which is then available for the public.

**Mr. Nilson:** — So when the legislation is in place sometime down the road, will the Ministry of Health be providing funding to this new organization of pharmacy techs so that they can get off the ground, so you actually have somebody you can talk to?

**Hon. Mr. Duncan:** — So just to be clear, so the regulatory aspect of the pharmacy technicians, the regulated pharmacy technicians that will fall under the authority of the Saskatchewan College of Pharmacists, which obviously is a long-standing organization. So we wouldn't provide funding for that purpose.

With respect to, I guess the other part of any organized group, you know, I guess at this point, if there was to be a Saskatchewan pharmacy technician association or society it would be, I would suspect it would be, at least at the beginning, a voluntary organization. So you know, at this point we have no plans to fund that organization. No different than the Pharmacists' Association of Saskatchewan, you know. I think that they have membership from I would say most pharmacists in the province, but it's an organization that they fund themselves. We don't fund them and I would suspect it would be the same going forward. And just to note, the college of pharmacy, College of Pharmacists will be changing their name to the Saskatchewan College of Pharmacy Professionals, I guess as a way to reflect that they would be regulating both pharmacists and the pharmacy technicians.

**Mr. Nilson:** — I'm assuming that you and your officials would be as generous with the technicians as you are maybe with pharmacists and doctors and others, and make adjustments in how the fees and salaries are paid so that they have enough money to join an organization that would represent their interests. Would that be the plan?

**Hon. Mr. Duncan:** — Just to be clear, we as a ministry don't provide any financial support to any of the advocacy organizations. So with respect to the college of . . . what will be the College of Pharmacy Professionals, they have the authority to regulate or to set things like their fees for their members, as do other self-regulating professional organizations. So I guess I would just leave my comments at that.

**Mr. Nilson:** — Well thank you for that answer, but we know that there is funding arrangements that are made for these kinds of organizations for other groups, and it's there for the medical side or others. So I just encourage you to be generous with this new group. They need a lot of help and I think that it's the type of organization that can serve Saskatchewan patients well and it should be there. But I have no further questions.

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

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 34 inclusive agreed to.]

**The Chair:** — Her Majesty, by and with the advice and consent of the legislature, of the Assembly, enacts the following: *The Pharmacy Amendment Act, 2014*.

I would ask that a member move that we report Bill No. 151,

*The Pharmacy Amendment Act, 2014* without amendment.

**Mr. Parent:** — I so move.

**The Chair:** — Mr. Parent moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried.

[21:45]

#### **Bill No. 157 — *The Human Tissue Gift Act, 2014***

**The Chair:** — We will now consider Bill No. 157, *The Human Tissue Gift Act, 2014*. By practice the committee normally holds a general debate on clause 1, short title. Minister Duncan, if you have any new officials and/or opening comments, you may now go ahead.

#### **Clause 1**

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. We're pleased to, before the committee, to discuss *The Human Tissue Gift Act*. Just one official joining me that is new to the committee for this evening: Deb Jordan is to my left. Mark Wyatt, the assistant deputy minister, will remain with us for the final bill.

So we're making proposed changes to *The Human Tissue Gift Act*. First of all it would repeal and replace *The Human Tissue Gift Act* to modernize the language so, for example, it will make it gender neutral, and to generally make some updates to the Act.

It will include an allowance for the Lieutenant Governor in Council to make regulations that establish standards, practices, and procedures that improve access to transplantations such as the purchase of corneas. This will enable Saskatchewan to stay current with changing practices in Canada and international and better serve patients.

Currently there are about 66 patients that are waiting for sight-restoring cornea transplants in the province, over 90 patients are waiting for a kidney transplant, and every year about 25 patients are referred out of province for other organ transplants. The demand for tissue continues to outstrip the supply.

And finally the Act, the proposed amendments to the Act will increase the limit for a fine from what is currently \$1,000 maximum for a fine to \$100,000 for anybody that is found contravening provisions of the Act. With that, Mr. Chair, we'd be pleased to take your questions.

**The Chair:** — Mr. Nilson, you have some questions.

**Mr. Nilson:** — Yes. Thank you, Mr. Chair, and thank you to the minister and officials. Can you explain how this new legislation facilitates the transfer of information between jurisdictions? So I'm thinking Manitoba and Alberta, maybe North Dakota. There are sometimes some hurdles in moving tissue from one area to the next, and does this legislation do anything to improve that?

**Hon. Mr. Duncan:** — Section 15 of the new Act does provide language around, as it relates to any organ procurement organization that can share information that it has obtained pursuant to the Act. This could include personal information, personal health information, if the sharing of that information is reasonably necessary to facilitate the process of transplantation, medical education, therapeutic purposes, or scientific research.

So I'll just maybe go into . . . provide a little bit of a further explanation. So as members of the committee will know, adult kidney transplants and cornea transplants are done in the province. When organs other than kidneys are donated in Saskatchewan, the team from the transplant centre, where a patient has been matched to an organ, comes to the province to retrieve the organ. In order to match organs and patients, information is shared with other organ procurement organizations in other jurisdictions.

Also in 2008 the ministers of Health from across the country asked the Canadian Blood Services to develop and operate what turned into three national organ registries which are now called the Canadian Transplant Registry. It is this registry that has the real-time data on patients waiting for organs and provides an algorithm for matching an available organ to a patient. This new section provides for this necessary information sharing that is in this legislation. Canadian Blood Services does recommend that such a provision would be beneficial for the optimal operation of the registry as a part of the consultations that we did undertake, and there has been stakeholder support for this provision.

**Mr. Nilson:** — Okay. Thank you for that explanation. I think that is a good provision. We don't have that many people here, and so we need to share the organs that are harvested here and other tissue parts with our neighbours on the same basis that they will share with us.

Now does this legislation include a form of I think what they call in Ontario mandatory reporting, which basically, as I understand it, means that the appropriate health officials are aware of possible organs or tissue that are available for transplantation?

**Hon. Mr. Duncan:** — It's not referenced in the legislation, but certainly we've had discussions as we're looking towards preparing regulations around what is referred to as mandatory referral. So there is some ongoing discussions about what exactly that would look like. Typically what would happen, if we were to pursue this in the regulations, is that it would require the attending physician upon somebody's death to make a referral to the transplant coordinator. It would be the transplant coordinator who would then have a conversation with the deceased's family. We're still working through that process. Certainly that's been a part of the consultation, is around how we would pursue something like a mandatory referral, but it's not specifically referenced in the legislation. But it would be, if we were to pursue it, it would be done through regulations.

**Mr. Nilson:** — So as I understand it, that would then relate only after a person has died. Are you contemplating having this set up as I guess an early warning system or a system where there are potential organs from somebody that's very close to death?

**Hon. Mr. Duncan:** — What's being contemplated would also include in the event that it is suspected that death is imminent. So not just a referral upon the person being deceased but also in the time leading up to what is suspected to be somebody's death.

**Mr. Nilson:** — Okay. Well thank you for that explanation. Now you indicated the person to be informed was a transplant coordinator. What type of a person is that? What are their qualifications?

**Hon. Mr. Duncan:** — Within our two major centres, we do have these transplant coordinator positions. So these would be typically individuals with nursing backgrounds that assist with family members that are dealing with a death or an imminent death.

What would change with having a mandatory referral is that there isn't a clear and consistent policy of when that referral is made to the provincial transplant program, so this would be clarifying when we would require that referral to take place. The coordinators work with families already. They also work with the transplant program, the Saskatchewan transplant program. But this would be really clarifying when that referral, to who that referral, and through what methods that referral would have to . . . that we would require that referral to take place.

**Mr. Nilson:** — Will Saskatchewan have what I think are called donor physicians like Ontario and Manitoba and Alberta, people, doctors who are not the doctor involved with the patient, but somebody who comes in as a consultant and helps in the whole process?

**Hon. Mr. Duncan:** — So that is contemplated in section 12 of the new Act. So that speaks to the different roles that the different providers would play. So what we're looking for in this is that there's a segregation of responsibility between who would be the, I guess in this case, the attending physician and the physician that would be working with the family and working with the coordinator. So it really speaks to ensuring that there's not the perceived or potential conflict between physicians that would be working with the family and, in this case, working with the deceased.

**Mr. Nilson:** — So then that section 12 actually deals with that whole concept that's available in other provinces around a donor physician. How many positions like this would there be in Saskatchewan? Would there be one or two in each health region, or how does this work?

**Hon. Mr. Duncan:** — So I'll make an attempt at this, Mr. Nilson. If perhaps it's not clear after I try, I'll maybe turn it over to one of the officials with me. So it's not . . . So in terms of a donor physician, we're not specifying within the Act the donor physicians. We're specifying who those individuals are, but what we're setting out is that there's a clear break between the decision-making process when it comes to when the person is declared deceased and then the physicians that would be as a part of the donor process.

So it doesn't specify specific physicians but just that we require, in that decision-making process, that there be a separation

between the physicians that would have been attending to the patient and the physician that would be working with the family around the decisions around having their loved one be a donor.

**Mr. Nilson:** — So then the concept of a donor physician that we have in our neighbouring provinces and in Ontario is not what's contemplated in section 12. So would there be some other place where this would be created, or where the rules would be there?

It's my understanding that this kind of a role of a donor physician is really there to monitor the whole process. So you actually have a doctor who'll supervise the transplant coordinators but also more importantly evaluates the whole program for the province. And you know, the sense would be that you'd need at least two in Saskatoon and two in Regina and possibly more across the whole province. Is that part of this plan?

[22:00]

**Hon. Mr. Duncan:** — I guess that's the importance of the changes that we're making in this Act and bringing forward the new Act, is that under the current Act we don't have the same flexibility that we would under the new Act in the ability to make regulations. So those are some of the things that if we are to specify donor physicians, that that would be something that we could do as a part of the regulations. We wouldn't necessarily put it in the actual bill. But that's something that we're working through.

**Mr. Nilson:** — Okay, well it sounds to me that there are some best practices in other provinces that we should be using in Saskatchewan, including the whole system of donor physicians across the board. Is it possible for you under section 22, the regulatory section, to create a regulation which gives Saskatchewan an opt-in system of organ donation, in other words, everybody automatically donates unless you opt out? I think Spain is one of the countries that does that in the world. But it strikes me that the regulatory power you have under section 22 gives you the ability to do that in the regulations. Is that contemplated?

**Hon. Mr. Duncan:** — It's a very good question in terms of the concept around presumed consent. You're right, it's not something that is in place very widely around the world. I think Spain, as you mentioned, I think put it in, 1978 or '79. But in fact it took another decade for their rates of donation to improve, largely as I understand because they then put in, after a period of time they put in donor coordinator positions that helped to facilitate the donation of organs.

This is something that Canadian Blood Services has surveyed in the past about. I think 2010 they did a national survey and they did put a question on about presumed consent. I think at that time, I don't know what the breakdown of Saskatchewan people would be, but I think at that time there wasn't overwhelming support for presumed consent.

Our Act speaks to, really the spirit of our Act and the new Act is that organ donation is a gift that somebody gives. And so it speaks really to opting to give that gift. If we were to do presumed consent in Saskatchewan, it would certainly be my

belief that it would need to come through in a bill, not regulations.

**Mr. Nilson:** — Okay so that's, so politically it needs to come in in a bill, but practically you could do it in the regulations the way they're worded because there's lots of power in the regulations. I have another question for you. I think this is the first time that legislation in Saskatchewan allows for the purchase of tissues, is that correct?

**Hon. Mr. Duncan:** — So just to follow up on the previous questions, so the way that the bill is currently written it does, I would say that it does speak more to opting in to become an organ donor. So I think there would, at a minimum whether it's a stand-alone, brand new bill, but I think at minimum we'd have to amend even the new proposed legislation to allow for presumed consent. I don't think we could just do it, my opinion alone, I don't think we could just do it through regulation change. I think there would be limitations within the way that the legislation is written.

So in the existing bill, there is a prohibition against purchasing tissue for transplantation. The new bill will speak to, subject to regulation, that we would still have the prohibition in place. So the ability to purchase — in this case in a very limited fashion — corneas will be as a result of regulations that would follow this bill.

**Mr. Nilson:** — Are there requests by any other groups of patients or doctors for other purchases of organs or tissues?

**Hon. Mr. Duncan:** — No, there are not.

**Mr. Nilson:** — You indicated earlier that under section 18, there's a fine of \$100,000 or imprisonment for a term of not more than six months. Could you explain to me what a person would have to do to get a \$100,000 fine?

**Hon. Mr. Duncan:** — So the increased penalty provision, first of all it is . . . So this would be in keeping with, for example, with Alberta's legislation and what they have for a penalty clause. I think more to the point though, it just speaks to, you know, we don't want there to be any cause or inducement for somebody to, against their wishes or perhaps not against their wishes, to become a donor in the black market so to speak or under any other type of that type of situation of distress or coercion. So this is really to put in place a strong penalty to limit the possibility that somebody would, against their wishes, be a donor, a living donor.

**Mr. Nilson:** — Or perhaps not a donor but a giver, yes. So basically it's for that whole issue of worldwide marketing of organs and tissue, and this penalty provision primarily relates to that, not to the ordinary matters that happen in the whole transplant business.

**Hon. Mr. Duncan:** — That's correct. It's really to act as a deterrent, especially considering that the existing penalty provision in the existing Act is \$1,000. So this substantially increases that penalty.

**Mr. Nilson:** — Well thank you, Mr. Chair. I have no further questions.

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

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 26 inclusive agreed to.]

**The Chair:** — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts the following: *The Human Tissue Gift Act, 2014*.

I would ask that a member move that we report Bill No. 157, *The Human Tissue Gift Act, 2014* without amendment. Ms. Wilson moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Are there any closing comments? Oh, Mr. Forbes.

**Mr. Forbes:** — I just thank the minister for his answers and his officials tonight for their diligence, and we sure appreciate it. Thank you very much.

**The Chair:** — Mr. Minister?

**Hon. Mr. Duncan:** — Thank you, Mr. Chair. I won't make my comments lengthy. Just to thank members of the committee for their deliberations tonight and to the members that asked questions, as well as to the officials that were here this evening and to all those behind the scenes that help us prepare for tonight. So thanks to all of them.

**The Chair:** — So I'd like to pass on my thanks to both the committee members, the minister, and his officials. I would ask a member to move a motion of adjournment.

**Ms. Young:** — So moved.

**The Chair:** — Ms. Young has moved. All agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. The committee stands adjourned to April 28th, 2015, at 7 p.m.

[The committee adjourned at 22:15.]