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April 19, 2026

**VIA EMAIL**

Hon. Jeremy Cockrill, Minister of Health: he.minister@gov.sk.ca

Hon. Tim McLeod, Minister of Justice and Attorney General, and Minister of Corrections, Policing and  
Public Safety: jus.minister@gov.sk.ca, mjnorthmla@sasktel.net

Hon. Lori Carr, Minister of Mental Health and Addictions, Seniors, and Rural and Remote Health:  
ministerrhe@gov.sk.ca

Dear Ministers Cockrill, McLeod, and Carr:

**RE: Bill 55, The Medical Profession Amendment Act, 2026**

I write to you as a citizen and resident of Moose Jaw and as the Director of Lakeview Regional Wellness Centre Inc. dba Dr. Goodenowe Restorative Health Centre. I am writing to respectfully and formally oppose the passage of Bill 55 in its present form and to offer constructive alternatives that would achieve the bill's public safety objectives without the constitutional and policy concerns outlined below.

I want to be clear at the outset: I support the government's objective of protecting the people of Saskatchewan from unqualified individuals who hold themselves out as physicians. That objective is legitimate and necessary. My concern is that Bill 55, as drafted, goes well beyond what is required to accomplish this purpose. I have three specific concerns: (1) the bill's overbreadth, which captures a vast range of lawful non-physician activity entirely unconnected to the problem it is meant to address; (2) the delegation of investigative and prosecutorial powers to a professional self-regulatory body without the institutional safeguards courts have required; and (3) the practical harm the bill would cause to community wellness programs that serve vulnerable Saskatchewan residents. I have set out these concerns and a set of targeted proposed amendments in the following analysis. I would welcome the opportunity to discuss them with your offices at your convenience.

In my respectful view, a narrower and better-calibrated bill would protect the public more effectively than one that expands enforcement powers without first clarifying the underlying scope of prohibited conduct. There is still time to achieve that result through targeted amendments before the bill advances further.

## **I. Bill 55 Is Overbroad and Will Affect Far More People Than Intended**

Bill 55 must be read together with the existing definition of "practice of medicine" in Section 79 of *The Medical Profession Act, 1981*, which deems a person to practice medicine if they hold out as able to "diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition" or offer to do so "by any means or methods." The Saskatchewan College of Pharmacy Professionals has itself acknowledged the exceptional breadth of this definition.

Bill 55 does not narrow this definition. Instead, it dramatically increases the enforcement machinery and penalties applicable to it. The new Section 79.1 prohibits any person from practicing or "professing to practice" medicine without a College license, and new Section 80.2 provides that a single act of prohibited conduct is sufficient to prove an offence.

Combined, these provisions capture a vast range of ordinary conduct by Saskatchewan residents that has nothing to do with persons fraudulently operating as physicians:

- Personal trainers and fitness professionals who advise clients on exercises or supplements for pain or injury
- Health food store employees who recommend natural health products for specific health concerns
- Community health educators and wellness coaches who provide health guidance
- Pharmacists exercising professional judgment at the boundary of their regulated scope
- Naturopaths, chiropractors, and other health professionals regulated under *The Regulated Health Professions Act*, whose authorized scopes of practice overlap with Section 79's broad definition
- Traditional and Indigenous healers offering remedies for physical ailments, for whom no exemption exists
- Non-profit organizations offering free community wellness programs

The Supreme Court of Canada has held that legislation violates Section 7 of the Canadian Charter of Rights and Freedoms when it "is so broad in scope that it includes some conduct that bears no relation to its purpose" (*Canada (AG) v. Bedford*, 2013 SCC 72). The Court struck down legislation on precisely this pattern in *R. v. Heywood*, [1994] 3 S.C.R. 761, and in *R. v. Safarzadeh-Markhali*, 2016 SCC 14, where a provision was found to "catch people in ways that have nothing to do with the legislative purpose."

Bill 55 does include a regulation-making power (Section 96.1) that could theoretically be used to create exemptions. But the promise of future regulations does not cure a present constitutional defect. Citizens facing prosecution cannot defend themselves by pointing to regulations that have not yet been made. If the bill requires substantial future carve-outs to avoid unfairness, that is a strong indication that the statutory scheme should be narrowed before enactment.

This concern is reinforced by comparison with the more tailored approaches used in other Canadian jurisdictions. Bill 55 appears to go materially further than the regulatory approaches used in other major Canadian jurisdictions. Provinces such as Ontario, Alberta, and British Columbia generally protect the public through more carefully bounded frameworks based on controlled or restricted acts, protected titles, and defined statutory exceptions. Bill 55 does the opposite. It leaves Saskatchewan's already exceptionally broad definition of "practising medicine" untouched, then superimposes sweeping new injunction powers, ex parte compulsion powers, direct prosecution authority, and sharply increased penalties. In practical effect, this creates a regime that is not merely stronger, but substantially broader and less constrained than comparable provincial models, exposing a much wider range of lawful, non-physician, educational, wellness, and community-based activity to uncertainty, investigation, and prosecution. That degree of overbreadth is not necessary to achieve the government's legitimate public-safety objective, and it underscores the need for the bill to be narrowed before enactment.

## II. Police and Prosecutorial Powers Should Not Be Delegated to the College of Physicians and Surgeons

The College of Physicians and Surgeons of Saskatchewan exists to regulate its members: licensed physicians. Bill 55 transforms it into an investigative and prosecutorial authority over the general population.

Under the proposed amendments, the CPSS would have the power to seek court injunctions against any person (Section 79.2), obtain ex-parte court orders compelling any person to produce records and answer questions (Section 79.3), and prosecute offences directly (Section 80.1). The Government of Saskatchewan would fund these activities (Section 80.1(2)).

This raises three concerns:

**First, it is unnecessary.** Police already possess the authority to investigate unauthorized practice of medicine. The Moose Jaw Police Service has confirmed an active investigation into the conduct that prompted this bill. The Financial and Consumer Affairs Authority is conducting a parallel investigation. The Crown has always had authority to prosecute under *The Summary Offences Procedure Act, 1990*, as the CPSS's own legal counsel, Bryan Salte, confirmed in correspondence with the Ministry of Health.

Saskatchewan courts have successfully convicted individuals for unauthorized practice under the existing framework. In *R. v. Windrum* (1994), 126 Sask.R. 15 (QB), the Crown prosecuted and convicted a non-physician for diagnosing and treating patients without a license.

The CPSS's stated concern was not that enforcement was impossible, but that the maximum penalty of \$5,000 was insufficient as a deterrent. The correct response to that concern is to increase the penalties available to the police and Crown prosecutors who already have jurisdiction. It is not to create a parallel enforcement apparatus within a professional self-regulatory body.

**Second,** the bill's design creates structural tensions that well-established institutional safeguards are meant to prevent. Courts and regulators have long recognized that combining investigative, prosecutorial, and competitive functions within a single body - however well-intentioned - risks outcomes that do not serve the public **interest**. The Canada Competition Bureau has directly addressed this concern in the health professions context, finding that self-regulatory organizations "have potentially conflicting concerns and interests, their own and those of the public," and recommending that enforcement against non-members "is not the proper avenue" for professional societies given those structural tensions. The appropriate response is not to impugn the College's motives, but to recognize that institutional design should not place the CPSS in a position where its competitive and regulatory interests intersect. The existing frameworks used in other provinces deliberately separate these functions for precisely this reason.

**Third, it lacks the constitutional safeguards that police investigations provide.** The Supreme Court of Canada in *R. v. Jarvis*, [2002] 3 S.C.R. 757, drew a critical line between regulatory investigations and penal investigations. Once the predominant purpose of an inquiry becomes the determination of penal liability, the full protections of the Charter apply and regulatory compulsion powers can no longer be used. Bill 55 collapses this distinction: the CPSS would use Section 79.3 compulsion powers to investigate "potential contraventions" and then prosecute those same contraventions under Section 80.1. The bill contains no use immunity or derivative use immunity provisions for compelled testimony, no institutional separation between investigation and prosecution functions, no requirement for independent legal review before charges are laid, and no accountability to the Attorney General.

Police investigations, by contrast, operate within established Charter-compliant frameworks: Crown charge approval, disclosure obligations, police conduct oversight, and constitutional accountability.

### III. Bill 55 Will Harm Saskatchewan Communities

The practical effects of Bill 55 would not be limited to bad actors. The bill also risks discouraging lawful and beneficial community-based initiatives that exist because communities are trying to fill real gaps in the health system.

The Moose Jaw Vitality Project is an example of the type of community programs that Bill 55's overbreadth puts at risk. The Moose Jaw Vitality Project provides free, community-based education, nutrition guidance, biometrics, and support services to residents of Moose Jaw. Participation is open to all residents regardless of their state of health. No selection or distinction is made based upon whether they are or are not diagnosed with a disease. Participants continue working with their chosen medical and health care providers. The program operates outside government reimbursement systems, requires no physician referrals, and imposes no restrictions based on income, geography, or stage of disease. It is fully privately funded.

If every person who offers health education, nutrition guidance, or wellness support to a neighbour risks prosecution under Section 79.1 and fines of up to \$25,000, these programs will disappear. The people who will suffer most are the vulnerable Saskatchewan residents they serve.

### IV. A Constructive Alternative

I respectfully submit that Saskatchewan can accomplish the legitimate objectives of Bill 55 through narrower and more effective means. At a minimum, I urge the government not to proceed with Bill 55 without amendments addressing three core issues: (1) the breadth of the definition of "practice of medicine," (2) the absence of statutory exemptions for lawful non-physician activity, and (3) the concentration of investigative and prosecutorial power in the CPSS.

More specifically, I respectfully propose the following amendments, which would achieve the bill's public safety objectives without its constitutional vulnerabilities:

1. Maintain the current restriction on the CPSS's jurisdiction to "persons registered under this Act".
2. **Increase the penalties in Section 80** to the levels Bill 55 proposes. This directly addresses the CPSS's stated concern about inadequate deterrence.
3. **Extend the limitation period** to 2 years from discovery, as Bill 55 proposes. This addresses the practical difficulty of detecting unauthorized practice.
4. **Leave investigation and prosecution with the police and Crown.** Allocate the resources that would otherwise flow to the CPSS (under Section 80.1(2)) to the RCMP, municipal police, and the Ministry of Justice for enforcement.
5. **Give the CPSS a referral and expert advisory role.** Empower the CPSS to refer suspected unauthorized practice to law enforcement and to provide expert evidence on what constitutes the "practice of medicine." This leverages the College's medical expertise without granting it police powers over non-members, which encompasses the entire general population.

6. **Narrow the definition of "practice of medicine"** in Section 79 to distinguish between clinical practice directed at specific individuals (diagnosis, treatment, prescription) and general health education, wellness services, and the sale of federally regulated natural health products.
7. **Add explicit exemptions** for: (a) regulated health professionals practicing within their authorized scope under *The Regulated Health Professions Act*; (b) the sale of Health Canada-licensed natural health products; (c) health education and wellness coaching that does not involve individual diagnosis or treatment; and (d) Indigenous healing practices.
8. If the bill proceeds in any form, include clear transitional and prospective-only language to ensure that new offences, new penalties, and new enforcement powers are not applied in a manner that creates unfairness or unnecessary constitutional challenge in relation to earlier conduct.

These changes would preserve the government's ability to protect the public from genuine unauthorized clinical practice while reducing the risk of overbreadth, conflict of interest, duplicative enforcement, and avoidable litigation.

## V. Closing

I share the government's commitment to protecting Saskatchewan residents from genuine harm. Moose Jaw is my home, and has been the home of my family since 1909. I am invested in the health and wellbeing of this community, and I believe the concerns outlined in this letter can be addressed through targeted amendments that strengthen, rather than complicate, the bill's public safety objectives. I would welcome the opportunity to meet with your offices to discuss these proposals in person, and I am available to provide drafting assistance if that would be of use to your team.

Thank you for your consideration.

Respectfully,

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