



May 5, 2026

VIA EMAIL

Hon. Jeremy Cockrill

Minister of Health
Government of Saskatchewan

Hon. Tim McLeod

Minister of Justice and Attorney General
Minister of Corrections, Policing and Public Safety
Government of Saskatchewan

RE: Bill 55, The Medical Profession Amendment Act, 2026 — Formal Objection to Process, Demand of On-The-Record Responses to Bill Application Questions, and Request for Amendments

Dear Ministers Cockrill and McLeod:

I act as Canadian counsel to Dr. Dayan Goodenowe and Lakeview Regional Wellness Centre Inc. (“LRWC”), located in Moose Jaw, Saskatchewan. I write regarding Bill 55, The Medical Profession Amendment Act, 2026.

This letter is sent for four purposes:

1. to register a formal objection to the process by which Bill 55 has advanced through committee;
2. to identify serious concerns regarding the breadth and potential application of the bill;
3. to demand formal on-the-record responses to specific questions relating to the implementation of Bill 55; and
4. to request that the Government pause, clarify, and amend the bill before it proceeds further or before any expanded enforcement powers come into force.

1. The Committee Process Raises Serious Public-Notice Concerns

The process by which Bill 55 advanced through committee is troubling.

My clients provided you with correspondence relating to Bill 55 on April 20, 2026. As of the date of this letter, that correspondence has not received a response. We continue to support the legitimate objective of protecting the public from individuals who falsely hold themselves out as physicians or engage in genuinely unauthorized medical practice. Our concern is that Bill 55, as presently drafted and advanced, risks creating broad investigative and enforcement powers without adequate public notice, stakeholder input, statutory clarity, or procedural safeguards.

Bill 55 was referred to committee on April 28, 2026. A member of Dr. Goodenowe's team actively monitored the Legislative Assembly's public calendar after referral, specifically to track when the bill would be considered. Despite that active monitoring, no meaningful public notice of the May 4, 2026 committee meeting was available before the meeting occurred. Our April 20, 2026 letter had not received a response and was not referenced during the committee meeting. Given our prior engagement with your office regarding this Bill, we were not notified of or invited to participate in the May 4th committee meeting.

The May 4th committee meeting notice was not visible before the meeting. Meeting information appeared online only after the meeting had already concluded. Affected persons had no realistic opportunity to attend, observe, or seek to make submissions - because they were given no advance notice that the meeting was happening at all.

A committee meeting is not meaningfully public if the public is not told about it in time to attend.

This is especially serious where the committee is considering legislation that creates significant new investigative and enforcement powers, and where a named private citizen and business are discussed in the proceeding.

Saskatchewan residents should be concerned when new enforcement powers are advanced through a process that appears to have given affected stakeholders no meaningful opportunity to attend, observe, or be heard.

This is not how major enforcement legislation should be handled.

2. Bill 55 Is No Longer Being Debated in the Abstract

Although the Government has been careful in its public statements not to frame Bill 55 as legislation directed at Dr. Goodenowe or LRWC specifically, members of the Opposition

have expressly made that connection in Legislative Assembly proceedings and in committee.

During Assembly debate and the May 4, 2026 committee proceedings concerning Bill 55, NDP members referred to Dr. Goodenowe, his business structure, and the operations of LRWC — which NDP members identified using the trade name "Dr. Goodenowe Restorative Health Centre" — in connection with the legislation.

That matters.

Dr. Goodenowe and LRWC are currently plaintiffs in active litigation against senior Opposition figures arising from prior public statements made about Dr. Goodenowe and the Centre. Opposition members have now introduced substantially overlapping subject matter into Legislative Assembly and committee discussion of Bill 55. Those Opposition members used the floor of the Legislature and the committee process to raise Dr. Goodenowe and LRWC by name in connection with a bill that would confer new investigative and enforcement powers directly relevant to the matters those Opposition members have raised publicly outside the Legislature.

That litigation context was not disclosed in the Assembly or committee discussion.

It should have been.

At minimum, this raises serious concerns about transparency, conflict, and fairness.

Bill 55 is therefore not being considered in the abstract. It has been discussed, by Opposition members, in relation to a specific private citizen and Saskatchewan business.

If the Government is advancing or publicly justifying new enforcement powers with a particular person or business in mind, the public deserves to know that, and the affected parties deserve a meaningful opportunity to be heard.

3. Bill 55 Creates Significant New Powers Under an Already Broad Definition

Bill 55 would give the College of Physicians and Surgeons of Saskatchewan ("CPSS") significant new powers in relation to alleged unauthorized practice, including the ability to seek injunctions, seek court-backed orders compelling information and records, and pursue enforcement action under the Medical Profession Act, 1981.

The concern is sharpened by the existing definition of "practising medicine" in section 79 of the Act. Section 79 is broad. It deems a person to practise medicine if the person holds out as able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability, or physical condition, or offers or undertakes to do so by any means or methods.

Bill 55 does not narrow that definition.

Instead, it adds new enforcement machinery and penalties on top of it.

This raises an important legislative question: if the Government does not intend to capture ordinary, lawful, non-clinical, educational, wellness, family, cultural, or regulated non-physician activity, the statute should say so clearly.

It is not enough to rely on prosecutorial discretion or future informal assurances.

4. The Overbreadth Problem Is Concrete and Requires Direct On-The-Record Responses from the Ministry

Section 79 defines the practice of medicine as, “a person is deemed to practice medicine if they profess to being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability or physical condition; or offers or undertakes by any means or methods to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability, or physical condition”

According to simple reading of Section 79, the following examples are deemed by the act to be practising medicine:

- a sports trainer applying ice to a sprained ankle or recommending basic recovery steps;
- a hairdresser or barber who identifies dandruff or lice and recommends treatment products and procedures;
- a pharmacist advising a customer that an over-the-counter product may help with cold symptoms;
- a parent researching a child’s symptoms and using a Health Canada-licensed natural health product;
- a personal trainer discussing a joint supplement for knee pain;
- a health food store employee discussing natural health products in response to a customer’s health concern;
- a yoga instructor suggesting a pose that may help with back discomfort;
- a massage therapist discussing chronic pain management within their scope;
- an Indigenous or traditional healer offering culturally grounded remedies;
- a naturopath, chiropractor, or other regulated non-physician professional acting within their authorized scope;
- a community wellness or education program providing non-diagnostic, non-prescriptive support.

Section 79.1 states that only persons registered with the college and holds a valid license can perform these acts.

Section 79.2 states that the College can ask for an injunction to stop anyone without a license from performing these tasks.

We respectfully request that the Ministry provide on-the-record responses to the following questions regarding the implementation of Bill 55:

Could the Ministry confirm which of the activities described above would be considered to constitute the practice of medicine under section 79, and, for any activities not considered to fall within that definition, describe how they are excluded?

For activities that may be deemed to constitute the unlawful practice of medicine, is there a notification or voluntary compliance process by which affected citizens can address their situation - whether by ceasing the relevant activity or by obtaining appropriate licensure from the CPSS - prior to the initiation of investigations or the imposition of fines?

Is the CPSS obligated to investigate and enforce all instances that may be deemed to constitute the unlawful practice of medicine under section 79, or does the College retain discretion in prioritizing complaints?

What is the process by which a person may notify the CPSS of suspected unlawful practice of medicine, and what oversight or accountability mechanisms apply to that complaint and referral process?

5. The Proposed CPSS Role Requires Safeguards

Bill 55 would substantially expand CPSS authority in relation to persons who are not members of the College and who have never agreed to be regulated by the CPSS as licensed physicians.

That raises a different concern from ordinary professional discipline.

The CPSS has expertise in medicine and may have an appropriate advisory role. But where the Government proposes to give a professional college investigative, injunctive, and prosecutorial powers in respect of non-members, safeguards are essential.

At minimum, the legislation should address the following, organized by theme:

Investigative thresholds and enforcement criteria:

- the threshold for opening an investigation against a non-registrant;
- the criteria CPSS will use to determine which complaints or suspected contraventions it pursues;

- protections against selective or targeted enforcement;
- Privacy and production protections:
- the scope of records and information that may be compelled;
- protections for private and personal health information;
- protections against overbroad production demands;
- use-immunity and derivative-use protections where testimony or records are compelled;
- Procedural fairness, notice, and jurisdictional limits:
- notice requirements before injunction or production applications, especially where affected parties are known and represented;
- limits on without-notice applications;
- clarity regarding CPSS's jurisdiction over entities or persons located outside Saskatchewan.

These issues are not theoretical. They arise directly from the powers Bill 55 would create.

6. My Clients Do Not Oppose Fair Oversight

My clients' position is not that there should be no oversight.

The position is that oversight must be fair, properly defined, transparent, and not driven by one-sided political narratives.

LRWC is a Saskatchewan facility. It has a legitimate interest in ensuring that any regulatory framework affecting it is clear, lawful, and fairly applied.

Bill 55 should not become a shortcut for converting political allegations into regulatory enforcement.

If the Government believes this legislation is necessary, it should pause, disclose the full context, invite affected stakeholders to be heard, and clearly define the limits of the powers it is creating.

7. Bill 55 Raises Serious Constitutional Questions

The powers Bill 55 would create may engage section 8 of the Canadian Charter of Rights and Freedoms when used to compel records, access information, or obtain court-backed production from non-registrants. If applied to general health education, wellness communication, scientific discussion, or non-clinical information sharing, the breadth of the current definition of "practising medicine" may also engage section 2(b) expression interests. Where testimony is compelled and later sought to be used in penal or quasi-penal proceedings, section 13 may provide use-protection against self-incrimination. Separately, the use of regulatory compulsion to build a penal case raises section 7 and

section 8 concerns, including the principles addressed in *R. v. Jarvis*. If those powers are applied to non-registrants in a manner that is overbroad, arbitrary, procedurally unfair, or directed toward penal consequences without adequate safeguards, section 7 may also be engaged. Bill 55, as presently drafted, does not address any of these concerns.

My clients raise these issues now — before enforcement, and before any court is asked to act — because the Government retains a meaningful opportunity to address these deficiencies through the amendment process. The amendments proposed in this letter are not merely policy preferences. Several address constitutional risks that may arise if broad investigative, compulsion, injunctive, and prosecutorial powers are applied without clear limits and safeguards. If Bill 55 proceeds in its present form and its powers are deployed as its language permits, my clients will have no alternative but to pursue every remedy available to them, including constitutional challenge under the Charter. The Government is in a position to prevent that outcome. My clients invite it to do so.

8. Requested Amendments and Process Steps

I respectfully request that the Government take the following steps before Bill 55 receives assent, is proclaimed, implemented, or before the relevant provisions otherwise come into force:

1. Pause or defer assent, proclamation, implementation, or enforcement of Bill 55 until affected stakeholders have had a meaningful opportunity to review and comment.
2. Clarify the definition of “practising medicine” to distinguish clinical medical practice from general health education, wellness activity, family remedies, community programming, and non-diagnostic, non-prescriptive support.
3. Add express statutory exemptions for:
 - regulated health professionals acting within their authorized scopes;
 - pharmacists and other professionals providing services authorized by their own regulatory regimes;
 - family or domestic remedies, including appropriate use of Health Canada-licensed natural health products;
 - Indigenous and traditional healing practices;
 - general health education and wellness coaching that does not involve diagnosis, prescribing, or individualized clinical treatment;

- sale, discussion, or education regarding Health Canada-licensed natural health products;
 - community wellness and education programs that do not hold themselves out as medical clinics or physician services.
4. Preserve primary enforcement through existing public-law channels, including police and Crown prosecutors, with CPSS serving as a referral and expert advisory body where appropriate.
 5. Include clear safeguards for CPSS powers, including notice requirements, limits on without-notice relief, proportionality limits on production orders, protections for personal and health information, and limits on use of compelled evidence in penal proceedings.
 6. Clarify extraterritorial reach, including whether and how CPSS intends to assert jurisdiction over persons or entities outside Saskatchewan.
 7. Include transitional and prospective-only language, so that new offences, penalties, and enforcement mechanisms are not applied unfairly to pre-enactment conduct.
 8. Provide a public explanation of the May 4, 2026 committee process, including when notice was posted, why affected stakeholders had no meaningful opportunity to attend or make submissions, and why the litigation context involving senior Opposition figures was not disclosed when Dr. Goodenowe and the Centre were discussed.

9. Request for Response

My clients are prepared to engage constructively with the Ministry and with appropriate public authorities.

However, the present process and drafting raise serious concerns. No private citizen or business should be made the subject of enforcement-driven legislation without transparency, fairness, and an opportunity to respond.

Please confirm that the Government will:

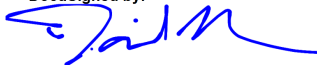
1. consider the objections and proposed amendments set out in this letter;
2. provide the public explanation of the May 4, 2026 committee process requested in item 8 above, including when notice was posted, why affected stakeholders had no meaningful opportunity to attend or make submissions, and why the litigation

context involving senior Opposition figures was not disclosed when Dr. Goodenowe and the Centre were discussed;

3. provide an opportunity for Dr. Goodenowe, LRWC, Dr. Goodenowe Perpetual Health LLC ("DGPH"), a U.S. entity associated with Dr. Goodenowe's research activities and educational programming, and other affected stakeholders to be heard before the bill proceeds further or before the expanded powers come into force.
4. provide answers to the direct inquiries regarding the implementation of Bill 55.

We would welcome the opportunity to meet with your offices urgently to discuss these issues. In light of the active legislative timeline, we ask that the Government provide a written response to this letter no later than **5:00pm on Friday, May 8, 2026**.

Yours truly,

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David Moon

OMQ Law

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cc:

Dr. Dayan Goodenowe

Bill Parks, General Counsel, Dr. Goodenowe Perpetual Health LLC

Jana Horsnall, Lakeview Regional Wellness Centre Inc.

David Keogan, Chief of Staff, Office of the Minister of Health

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