

(3) the donors of biological material consented to the purpose for which the transfer will be made.

The director must record the information in the application and the information related to the transfer, in particular the name and contact information of the physician or centre that receives the eggs, sperm or embryos, the date of the application and the effective date of transfer, the purpose, the identity of the physician responsible for using the material in a clinical environment or of the person responsible for the research project, the type of material transferred and the quantity and state of that material.

That information must be kept within the centre permanently so as to ensure the traceability of biological material at all times.

**26.** Every centre for assisted procreation must, following an *in vitro* fertilization activity, gather information enabling it to know the fertilization results, particularly a birth, and send that information to the Minister in accordance with the Public Health Act (R.S.Q., c. S-2.2).

**27.** The annual report sent to the Minister by a centre for assisted procreation must contain and be accompanied, where applicable, by the following information and documents:

- (1) the name of the centre;
- (2) the state of the accreditation;
- (3) the number of patients, the type and number of treatments administered;
- (4) the distribution of treatments for each person and each of the centre's clinical activities;
- (5) the number of multiple pregnancies and their type, in particular twins and triplets;
- (6) detail about the type, state and quantity of biological material transferred to a physician or another centre, including the name of the physician or centre, the person in charge and the purpose for which the material was transferred; and
- (7) the number of persons per sector of activity;

**28.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

Gouvernement du Québec

**O.C. 645-2010, 7 July 2010**

Health Insurance Act  
(R.S.Q., c. A-29)

**Regulation**  
**— Amendments**

Regulation to amend the Regulation respecting the application of the Health Insurance Act

WHEREAS, under subparagraph *c.2* of the first paragraph of section 69 of the Health Insurance Act (R.S.Q., c. A-29), enacted by section 48 of chapter 30 of the Statutes of 2009, the Government may, after consultation with the Régie de l'assurance maladie du Québec or upon its recommendation, make regulations to determine in which cases and on which conditions, such as age, assisted procreation services must be considered as insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Regulation to amend the Regulation respecting the application of the Health Insurance Act was published in Part 2 of the *Gazette officielle du Québec* of 24 March 2010 with a notice that it could be made by the Government on the expiry of 45 days following that publication;

WHEREAS the Board was consulted regarding the amendments;

WHEREAS it is expedient to make the Regulation with amendments;

IT IS ORDERED, therefore, on the recommendation of the Minister of Health and Social Services:

THAT the Regulation to amend the Regulation respecting the application of the Health Insurance Act, attached to this Order in Council, be made.

GÉRARD BIBEAU,  
*Clerk of the Conseil exécutif*

## Regulation to amend the Regulation respecting the application of the Health Insurance Act\*

Health Insurance Act  
(R.S.Q., c. A-29, s. 3, 1st par., subpar. *e* and s. 69,  
1st par., subpar. *c.2*; 2009, c. 30, ss. 46 and 48)

**1.** The Regulation respecting the application of the Health Insurance Act is amended in section 22 by adding “; or is required for the purposes of medically assisted procreation in accordance with section 34.4, 34.5 or 34.6” at the end of paragraph *g*.

**2.** The following is inserted after section 34.2:

### “DIVISION XII.2 MEDICALLY ASSISTED PROCREATION SERVICES

**34.3.** For the purposes of this Division,

“frozen embryo” means a frozen embryo produced by *in vitro* fertilization insured under subparagraph *c* of the first paragraph of section 34.4 or an embryo already frozen before the coming into force of that section, which must come from the couple asking for the services covered in this division unless the couple consents otherwise; (*embryon congelé*)

“modified natural cycle” means a cycle being stimulated by medication to obtain only one egg; (*cycle naturel modifié*)

“modified natural cycle or natural cycle IVF” means *in vitro* fertilization following the retrieval of an egg obtained during a modified natural cycle or a natural cycle; (*FIV sur cycle naturel modifié ou sur cycle naturel*)

“natural cycle” means a cycle in which ovulation occurs spontaneously, without being stimulated by medication; (*cycle naturel*)

“stimulated cycle” means a cycle stimulated by medication to increase the number of eggs; (*cycle stimulé*)

“stimulated cycle IVF” means *in vitro* fertilization following the retrieval of eggs obtained during a stimulated cycle. (*FIV sur cycle stimulé*)

**34.4** The assisted procreation services listed below and rendered in a centre for assisted procreation that holds a licence issued in accordance with the Regulation respecting clinical activities related to assisted procreation, made by Order in Council 644-2010 dated 7 July 2010, by a physician who practises at the centre must be considered as insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act, up to a live birth or after each live birth, for one of the following options determined by the physician, that is, 1 stimulated cycle IVF and 4 modified natural cycle or natural cycle IVFs, or 2 stimulated cycle IVFs and 2 modified natural cycle or natural cycle IVFs, or 3 stimulated cycle IVFs or 6 modified natural cycle or natural cycle IVFs:

(*a*) the services required to retrieve sperm by medical intervention, including percutaneous epididymal sperm aspiration and surgical or micro-surgical testicular sperm extraction;

(*b*) the services required to retrieve eggs or ovarian tissue;

(*c*) the services required for *in vitro* fertilization, including assisted hatching services and sperm micro-injection (ICSI) services;

(*d*) the services required for preimplantation genetic diagnosis, rendered in a university hospital center that holds the licence referred to in this section, to identify serious monogenic diseases or chromosomal abnormalities;

(*e*) the services required to transfer 1 fresh embryo or, in accordance with the decision of the physician having considered the quality of the embryos, a maximum of 2 fresh embryos, in the case of a woman 36 years of age or under, and 3 fresh embryos including no more than 2 blastocysts, in the case of a woman 37 years of age or over.

The services referred to in the first paragraph are insured only to the extent that no quality frozen embryo is available for a transfer. However, after 1 live birth obtained following an IVF referred to in this section, transfers of frozen embryos, determined according to the conditions referred to in subparagraph *b* of the first paragraph of section 34.5, are considered as only 1 modified natural cycle or natural cycle IVF insured under this section, even if the transfers are done during separate tests.

**34.5.** The assisted procreation services listed below and rendered in a centre for assisted procreation that holds a licence issued in accordance with the Regulation

\* The Regulation respecting the application of the Health Insurance Act (R.R.Q., 1981, c. A-29, r. 1) was last amended by the regulation made by Order in Council 894-2009 dated 12 August 2009 (2009, *G.O.* 2, 3165). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Québec Official Publisher, 2010, updated to 1 April 2010.

respecting clinical activities related to assisted procreation by a physician who practises at the centre must be considered as insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act:

(a) in the case of egg donations by an insured person, the services required to retrieve eggs or ovarian tissue;

(b) the services required, including cryopreservation, to transfer 1 frozen embryo or, in accordance with the decision of the physician having considered the quality of the embryos, a maximum of 2 frozen embryos, in the case of a woman 36 years of age or under, and 3 frozen embryos including no more than 2 blastocysts, in the case of a woman 37 years of age or over.

All quality frozen embryos must be transferred before the services referred to in the first paragraph of section 34.4 are insured. However, after 1 live birth obtained following an IVF referred to in that section, transfers of frozen embryos, determined according to the conditions referred to in subparagraph *b* of the first paragraph, are considered as only 1 modified natural cycle or natural cycle IVF insured under the first paragraph of section 34.4, even if the transfers are done during separate tests.

**34.6.** The assisted procreation services listed below and rendered by a physician must be considered as insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act:

(a) the services required for ovarian stimulation or ovulation induction;

(b) the services required for artificial insemination, including retrieval of sperm by medical intervention;

(c) the services required for freezing and storing sperm.”.

**3.** As of the coming into force of this Regulation, the assisted procreation services listed in sections 34.4 and 34.5, made by section 2 of this Regulation, must be considered as insured services if they are rendered within the 6-month period provided for in section 57 of the Act respecting clinical and research activities relating to assisted procreation (2009, c. 30) in a centre for assisted procreation that does not hold a licence.

**4.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

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## M.O., 2010

### Order number 2010-09 of the Minister of Transport dated 7 July 2010 to amend the Order of the Minister of Transport dated 22 May 1990 respecting the approval of weigh scales\*

Highway Safety Code  
(R.S.Q., c. C-24.2)

THE MINISTER OF TRANSPORT,

CONSIDERING section 467 of the Highway Safety Code (R.S.Q., c. C-24.2), which provides that the axle load and the total loaded mass of a road vehicle or combination of road vehicles are determined by means of devices designed for that purpose, approved by the Minister of Transport and used in the manner determined by the Minister;

ORDERS AS FOLLOWS:

**1.** The following wheel-load scales are approved:

Make	Model	Serial No.
Haenni	WL-101	32488
Haenni	WL-101	32489
Haenni	WL-101	32571
Haenni	WL-101	32572
Haenni	WL-101	32573
Haenni	WL-101	32574
Haenni	WL-101	32575
Haenni	WL-101	32576
Haenni	WL-101	32577
Haenni	WL-101	32578
Haenni	WL-101	32579
Haenni	WL-101	32580
Haenni	WL-101	32755
Haenni	WL-101	32756
Haenni	WL-101	32757
Haenni	WL-101	32758
Haenni	WL-101	32759
Haenni	WL-101	32760
Haenni	WL-101	32761
Haenni	WL-101	32762
Haenni	WL-101	32763
Haenni	WL-101	32764
Haenni	WL-101	32765

\* The Order of the Minister of Transport dated 22 May 1990 respecting the approval of weigh scales, made by Minister's Order 90-05-22 dated 22 May 1990 (1990, *G.O.* 2, 1423), was last amended by Minister's Order 2010-02 dated 24 February 2010 (2010, *G.O.* 2, 660). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Québec Official Publisher, 2010, updated to 1 April 2010.