



NATIONAL ASSEMBLY

SECOND SESSION

THIRTY-SEVENTH LEGISLATURE

Bill 33
(2006, chapter 43)

**An Act to amend the Act respecting
health services and social services and
other legislative provisions**

**Introduced 15 June 2006
Passage in principle 8 November 2006
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Assented to 13 December 2006**

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EXPLANATORY NOTES

This bill amends the Act respecting health services and social services in order to improve the accessibility of specialized and superspecialized medical services.

To that end, the bill provides for the implementation in hospital centres of a central mechanism for managing access to those services. The mechanism will include rules to be followed to enter a user on an access list, as well as the manner in which the estimated date on which services will be received is to be determined. The person responsible for the mechanism is to ensure that it operates properly, and the executive director of the institution is to report on its operation to the board of directors.

The Minister is authorized to issue directives in order to implement alternative access mechanisms for a specialized medical service if the Minister considers that the waiting time for that service is unreasonable. In such a case, the director of professional services is to make an alternative service proposal to the user concerned so that he or she may receive the service within a time the Minister considers reasonable.

The bill also creates a legal framework for carrying on medical activities in specialized medical centres. The operator of such a centre may provide in the centre all medical services necessary for the surgery specified by law, as well as any other specialized medical treatment that the Minister may determine by regulation. The bill provides for supervision of the quality and safety of the medical services provided in a specialized medical centre, in particular by requiring the operator of such a centre to hold a permit, to obtain accreditation and to appoint a medical director.

The bill also provides that, under certain conditions, an institution operating a hospital centre may be authorized to become associated with a medical clinic for the provision of specialized medical services to users of the institution.

The bill amends the Health Insurance Act to enable a person to enter into an insurance contract that covers the cost of the insured services required for the surgery specified by law or for other treatment determined by a regulation of the Government made after examination by the appropriate committee of the National Assembly.

The insurance contract must cover the cost of all services related to the surgery or treatment, which must be provided in a specialized medical centre where only physicians not participating in the health insurance plan practise. The Health Insurance Act is further amended to grant the Minister the power, in certain circumstances, to suspend the possibility for a physician to cease to participate in the health insurance plan.

The bill also amends the Hospital Insurance Act to maintain the prohibition against entering into an insurance contract that covers the cost of an insured hospital service.

Lastly, the bill contains consequential amendments and transitional provisions.

LEGISLATION AMENDED BY THIS BILL:

- Hospital Insurance Act (R.S.Q., chapter A-28);
- Health Insurance Act (R.S.Q., chapter A-29);
- Nurses Act (R.S.Q., chapter I-8);
- Medical Act (R.S.Q., chapter M-9);
- Act respecting health services and social services (R.S.Q., chapter S-4.2).

Bill 33

AN ACT TO AMEND THE ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES AND OTHER LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

1. Section 19 of the Act respecting health services and social services (R.S.Q., chapter S-4.2), amended by section 20 of chapter 28 of the statutes of 2006, is again amended by replacing “of section 107.1, in the third paragraph of section 108, in sections 204.1 and” in the second and third lines of paragraph 7 by “of sections 78.1 and 107.1, in the fifth paragraph of section 108, in the third paragraph of section 185.1, in section 204.1, in the fourth paragraph of section 349.3, in sections 520.3.0.1 and”.

2. The Act is amended by inserting the following section after section 78:

“78.1. The Government may claim from the operator of a specialized medical centre described in section 333.3 the cost of a preoperative, postoperative, rehabilitation or home care support service that must, under section 333.6, be received in the centre or from a private resource, if the service is provided by a public institution or a private institution under agreement prior to or following surgery or specialized medical treatment provided in that specialized medical centre.

At the Minister’s request and after informing the user, an institution must communicate to the Minister any information contained in a user’s record that is necessary for the purposes of proceedings under the first paragraph.”

3. Section 91 of the Act, amended by section 31 of chapter 8 of the statutes of 2006, is again amended by adding the following paragraph:

“In the case of a hospital centre, the Minister may establish criteria allowing that centre to be designated as a regional or supraregional affiliated university centre.”

4. Section 95 of the Act is amended

(1) by inserting “or a specialized medical centre described in section 333.1” after “facility” in the first line of the first paragraph;

(2) by replacing “facility” in the first line of the second paragraph by “consulting room or office”;

(3) by inserting “directly or indirectly” after “without” in the fourth line of the second paragraph.

5. Section 108 of the Act is amended

(1) by inserting the following paragraphs after the first paragraph:

“However, prior authorization from the Minister is required to enter into an agreement with the operator of a specialized medical centre described in subparagraph 2 of the first paragraph of section 333.3 or with a non-participating professional within the meaning of the Health Insurance Act (chapter A-29), or if the service covered by the agreement is an insured service that is considered non-insured under that Act.

Despite the first paragraph, an institution operating a hospital centre may not significantly modify the organization of the specialized medical services it provides in its facilities by entrusting them to a third party unless it enters into an agreement under section 349.3.”;

(2) by replacing “The agreement” in the last paragraph by “An agreement under this section”.

6. Section 108.1 of the Act is amended by replacing the second paragraph by the following paragraph:

“The second, sixth, seventh and eighth paragraphs of section 108 apply to such an agreement.”

7. The Act is amended by inserting the following section after section 185:

185.1. The organization plan of a hospital centre must also provide for a central mechanism for managing access to the specialized and superspecialized services of the centre’s clinical departments. The mechanism must include specific rules to be followed to enter a user on the access list for the specialized or superspecialized services of a department, the manner in which the estimated date when services will be received is to be determined and communicated to the user and, should the services not be provided on that date, the alternative arrangements to be offered to the user, such as setting a new date to be agreed to by the user, seeing another physician in the department concerned or having recourse to another institution. The mechanism is implemented after consultation with the heads of the clinical departments concerned and the institution’s council of physicians, dentists and pharmacists.

To ensure uniform management of access lists under the first paragraph, the Minister may determine the information to be collected and used by the institutions for the day-to-day management of their access lists. If the Minister so requires, this information must be communicated to the provider chosen under section 520.3.0.1, in the manner and within the time specified by the

Minister, so that the provider may retain and manage the information for each institution.

The organization plan must also identify the person responsible for the central access management mechanism. Under the authority of the director of professional services, that person shall see to it that each clinical department head concerned ensures the proper operation of the mechanism in the department. In addition, that person shall offer, to users unable to receive the services on the date communicated to them, the alternative arrangements specified in the mechanism. Finally, that person shall make any adjustments required by the Minister's directives under section 431.2.

The executive director shall report to the board of directors at least once every three months on the effectiveness of the central access management mechanism, in particular as regards waiting times calculated from the time users are entered on the access list referred to in the first paragraph to the time they receive the specialized or superspecialized services they require."

8. Section 189 of the Act is amended by inserting the following subparagraph after subparagraph 3 of the first paragraph:

"(3.1) ensuring that the rules and procedures of the central access management mechanism provided for in section 185.1 are observed in his department;"

9. Section 257 of the Act is amended by adding the following sentence at the end of the second paragraph: "During that period, the physician may not practise in a specialized medical centre described in subparagraph 2 of the first paragraph of section 333.3."

10. The Act is amended by inserting the following section after section 263.1:

"263.2. No public institution or private institution under agreement may, without having obtained prior authorization from the Minister, lease its facilities to a non-participating professional within the meaning of the Health Insurance Act (chapter A-29) or otherwise allow such a professional to use its facilities to provide medical services."

11. The Act is amended by inserting the following Title after section 333:

"TITLE I.1

"SPECIALIZED MEDICAL CENTRES

"333.1. In this Act, "specialized medical centre" means a place, outside a facility maintained by an institution, that is equipped for the provision by one or more physicians of medical services necessary for a hip or knee

replacement, a cataract extraction and intraocular lens implantation or any other specialized medical treatment determined by regulation of the Minister.

The regulation may specify that a type of surgery or other specialized medical treatment referred to in the first paragraph may be provided only in a centre described in section 333.3 and, in the case of a centre described in subparagraph 1 of the first paragraph of that section, only under an agreement under section 349.3.

The factors the Minister must take into account for the purpose of determining a specialized medical treatment include the risks generally associated with the treatment, the necessary personnel and equipment, and, if applicable, the type of anaesthesia normally used for and the length of stay usually required after the treatment.

Before making a regulation under the first paragraph, the Minister must consult the Collège des médecins du Québec.

“333.2. Only a physician who is a member of the Collège des médecins du Québec may operate a specialized medical centre. If the operator of the centre is a legal person or a partnership, more than 50% of the voting rights attached to the shares of the legal person or interests in the partnership must be held by physicians who are members of that professional order.

The affairs of a specialized medical centre operated by a legal person or a partnership must be administered by a board of directors or internal management board that includes a majority of physicians who are members of the Collège des médecins du Québec; such physicians must at all times form the majority of the quorum of the board of directors or internal management board.

A producer or distributor of a good or service related to health and social services who is not a physician described in the first paragraph may not hold, directly or indirectly, any shares of the legal person or any interest in the partnership operating a specialized medical centre if such a good or such a service may be required by the centre’s clientele before, while or after a medical service is provided.

“333.3. A specialized medical centre may be operated only in the form of

(1) a specialized medical centre where only physicians subject to the application of an agreement under section 19 of the Health Insurance Act (chapter A-29) practise; or

(2) a specialized medical centre where only non-participating physicians within the meaning of that Act practise.

Depending on the form in which a specialized medical centre operates, its operator must ensure that the requirement of subparagraph 1 or 2 of the first paragraph is met.

“333.4. Within three years after the permit required under section 437 is issued, the operator of a specialized medical centre must have the services provided in the centre accredited by an accreditation body recognized by the Minister. The accreditation must subsequently be maintained at all times.

“333.5. The operator of a specialized medical centre must appoint a medical director. The medical director must be a member of the Collège des médecins du Québec.

The medical director is responsible for

- (1) organizing the medical services provided in the centre;
- (2) ensuring the quality and safety of those services;
- (3) seeing that standard medical procedures for all surgery or other specialized medical treatment provided in the centre are established and complied with; and
- (4) taking any other measure necessary for the proper operation of the centre.

“333.6. The operator of a specialized medical centre described in subparagraph 2 of the first paragraph of section 333.3 must ensure that every person who has surgery or receives some other specialized medical treatment described in section 333.1 in the centre also receives in the centre all the preoperative and postoperative services normally associated with the surgery or treatment. The operator must also ensure that such a person receives all the rehabilitation services and home care support services needed for complete recovery, either in the specialized medical centre or from another private resource.

The obligations under the first paragraph also apply to the operator of a specialized medical centre described in subparagraph 1 of the first paragraph of section 333.3 with respect to specialized medical treatment described in section 333.1 and provided in the centre that is non-insured or considered non-insured under the Health Insurance Act (chapter A-29).

However, if surgery or other specialized medical treatment is provided under an agreement under the second paragraph of section 108 or under an alternative access mechanism implemented under section 431.2, the Minister may allow the obligations under this section not to apply.

“333.7. Only a physician who provides medical services necessary for surgery or any other specialized medical treatment described in section 333.1, or medical services described in section 333.6 that are associated with the surgery or treatment, may practise in a specialized medical centre.

The operator of a specialized medical centre must make sure the first paragraph is complied with, in accordance with the terms of the permit issued to the operator.

Nothing in this section prevents a physician who practises in a specialized medical centre from also carrying on in the centre the professional activities permitted in a private health facility.

“333.8. The Minister may request an advisory opinion from the Bureau of a professional order on the quality and safety of the professional services provided in a specialized medical centre by the members of the order.

The Minister may also require an advisory opinion from the Bureau of a professional order on the standards to be followed to improve the quality and safety of the professional services provided in such a centre by the members of the order.”

12. The Act is amended by inserting the following subdivision after section 349:

“§3.1. — *Functions related to the services offered by associated medical clinics*

“349.1. With a view to improving the accessibility of specialized medical services and after consultation with the regional panel of heads of departments of specialized medicine, an agency may propose to the Minister that an institution in its area of jurisdiction that operates a hospital centre and consents to it be authorized to become associated with one of the following places for the provision, at that place, of certain specialized medical services to users of the institution:

- (1) a private health facility;
- (2) a laboratory governed by the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies (chapter L-0.2); or
- (3) a specialized medical centre described in subparagraph 1 of the first paragraph of section 333.3.

For the purposes of this subdivision, a place mentioned in the first paragraph is to be called an “associated medical clinic”.

“349.2. Before accepting an agency’s proposal, the Minister must be convinced that it will improve the accessibility of the specialized medical services concerned and will not affect the capacity of the public health and social services network, in particular as regards staffing requirements for the operation of that network. The Minister must also consider the increase in efficiency and effectiveness that will result from the proposal’s implementation.

The Minister's decision to accept the agency's proposal must specify the procedure to be followed by the agency to determine which associated medical clinic offering specialized medical services has the best quality/cost ratio.

The second paragraph applies despite the Act respecting contracting by public bodies (2006, chapter 29).

“349.3. After completion of the procedure described in the second paragraph of section 349.2 and after obtaining the authorization of the Minister, the agency and any institution concerned must enter into an agreement with the operator of the associated medical clinic selected. The agreement must specify

(1) the nature of the specialized medical services to be provided under the agreement;

(2) the minimum and maximum number of specialized medical services that may be provided each year in the clinic, and how those services are to be distributed on a quarterly basis to ensure their continued availability;

(3) the unit amount to be paid by the agency to cover the costs related to each specialized medical service provided in the clinic, according to the nature of the service, and the terms of payment;

(4) the monitoring mechanisms that will allow the institution, or one of its boards, councils or committees determined in the agreement, to ensure the quality and safety of the medical services provided in the clinic;

(5) the fees, determined in accordance with section 349.6, that may be charged to users who receive a specialized medical service in the clinic, and the manner in which the user is to be informed of how to pay the fees;

(6) the bookkeeping and information system requirements with which the clinic operator is to comply, and the nature, form, content and frequency of the reports and information the operator is required to send to the other signatories and to the Minister; and

(7) a mechanism to resolve disputes regarding the interpretation or application of the agreement.

The services covered by the agreement are subject to the complaint examination procedure of the institution that refers users to the associated medical clinic or to the complaint examination procedure of the agency, as the case may be, and are subject to the Act respecting the Health and Social Services Ombudsman (chapter P-31.1).

The agreement has a maximum five-year term. The parties may not terminate the agreement before its expiry, or amend or renew it, without the Minister's authorization. To renew the agreement, a draft renewal agreement must be sent to the Minister at least six months before the agreement expires.

An institution that is party to the agreement may communicate information contained in a user's record to a physician providing specialized medical services specified in the agreement in the clinic if that communication is necessary for the provision of those services. Despite any inconsistent provision, once the specialized medical services have been provided, the physician may communicate to the institution any information contained in the patient's record that is necessary to ensure continuity of service by the institution.

“349.4. All physicians practising in an associated medical clinic must be subject to the application of an agreement under section 19 of the Health Insurance Act (chapter A-29).

“349.5. Despite section 22.0.0.1 of the Health Insurance Act (chapter A-29), no amount may be charged to a user who receives a specialized medical service in an associated medical clinic providing services under an agreement other than the fees that the institution that is party to the agreement would normally have charged for the provision of those services, provided, however, that the fees are specified in the agreement.

“349.6. To provide specialized medical services specified in an agreement in an associated medical clinic, a physician must have been appointed beforehand to practise in a hospital centre operated by an institution with which the clinic is associated, fully meet the requirements of the hospital centre according to the assessment of the director of professional services, and fulfil at all times the obligations attached to the privileges granted him.

The operator of an associated medical clinic must not allow a physician who fails to comply with this section to provide specialized medical services specified in the agreement in the clinic.

“349.7. On signing an agreement, the operator of an associated medical clinic must give the signatory institution a list of the physicians who are members of the institution's council of physicians, dentists and pharmacists and who are to provide specialized medical services in the clinic. The operator of the clinic must keep the list updated and inform the executive director of the institution without delay of any change to it.

The executive director shall ensure that the list is given to all members of the board of directors, and inform them of any change to it.

“349.8. Despite the third paragraph of section 349.3, an agency may terminate an agreement if it has reasonable grounds to believe that the quality or safety of the specialized medical services provided in the associated medical clinic is not satisfactory, or that the operator of the associated medical clinic or a physician who practises in the clinic has failed to comply with any of sections 349.4 to 349.7.

The Minister may request the agency to terminate an agreement if the Minister has reasonable grounds to believe that a situation described in the first paragraph exists.

Before terminating an agreement, the agency must give the institution and the operator of the associated medical clinic an opportunity to submit observations in writing.

“349.9. Despite the provisions of the Health Insurance Act (chapter A-29), an agreement under section 349.3 may cover insured services that are not considered insured services when provided outside a facility maintained by an institution if the agency considers that access difficulties exist with respect to those services in the institutions in its area of jurisdiction.

Furthermore, services provided by a physician under an agreement under section 349.3 are deemed, for the sole purposes of the physician’s remuneration, to be provided in a facility of the institution that referred the user to the associated medical clinic.”

13. Section 352 of the Act is amended by inserting “, specialized medical centres” after “institutions” in the sixth line.

14. Section 377 of the Act is amended by inserting “ a specialized medical centre or” after “those who practise in” in the seventh line of the first paragraph.

15. Section 417.3 of the Act is amended by adding the following paragraph at the end:

“If there is a faculty of medicine in an agency’s area of jurisdiction, the supervisory committee must also include a member appointed by the dean of the faculty of medicine as well as a family medicine resident acting as an observer.”

16. Section 417.11 of the Act is amended by inserting “specialized medical centres and” after “provided in” in the fourth line of subparagraph 2 of the first paragraph.

17. The Act is amended by inserting the following section after section 431.1:

“431.2. If, after holding the appropriate consultations, the Minister considers that in light of generally recognized accessibility standards, the waiting time for a specialized medical service in Québec or in a particular region of Québec is unreasonable or about to become so, the Minister may, after obtaining the Government’s consent, take any measure necessary to implement alternative access mechanisms, in accordance with the Minister’s directives, so that the service concerned may be made otherwise accessible within a time the Minister considers reasonable.

The Minister may require that the institutions concerned or, if applicable, the provider chosen under section 520.3.0.1, supply, in the manner and within the time specified, the information collected under section 185.1 that is necessary for the Minister to assess whether the waiting time for a specialized medical service is unreasonable or about to become so. To that end, the Minister may also require that the provider produce statistics per institution or region or for all of Québec based on the information and supply them to the Minister. In no case may the information permit a user of an institution to be identified.

The Minister's directives may require every institution involved in the provision of the service concerned to adjust its central access management mechanism accordingly, and require agencies, in cooperation with the integrated university health networks, to review service corridors in order to otherwise facilitate access to the service concerned.

The person responsible for a hospital centre's central access management mechanism must notify the director of professional services on noting, after consulting the head of the clinical department concerned, that a user will not be able to receive a specialized medical service from the institution within a time the Minister considers reasonable. In that case, the director of professional services shall without delay make an alternative service proposal to the user within the framework of the medical care access system defined under subparagraph 3 of the first paragraph of section 417.11 and the service corridors established by the agency, so that the user may receive the required specialized medical service within a time the Minister considers reasonable.

Despite any inconsistent provision, the Minister may assume the cost of any service received in accordance with the Minister's directives in a specialized medical centre described in subparagraph 2 of the first paragraph of section 333.3 or outside Québec."

18. Section 437 of the Act is amended

(1) by inserting “, or operate a specialized medical centre,” after “rehabilitation centre” in the third line of the first paragraph;

(2) by inserting “or to operate a specialized medical centre” after “paragraph” in the second line of the second paragraph.

19. Section 438 of the Act is amended by replacing “or “reception centre”” in the fourth and fifth lines of the first paragraph by “, “reception centre” or “specialized medical centre” ”.

20. Section 440 of the Act is amended

(1) by inserting “issued to an institution” after “permit” in the first line;

(2) by adding the following paragraph:

“The permit issued to the operator of a specialized medical centre shall state the form in which the centre is operated, the specialized medical treatments that may be provided in the centre, the address of the centre, and, if applicable, the number of beds available in the centre.”

21. Section 441 of the Act is amended by replacing “in accordance with the regulations” in the second line of the first paragraph by “on the form prescribed by the Minister”.

22. Section 442 of the Act is amended

(1) by replacing “A permit” by “The permit issued to an institution”;

(2) by adding the following paragraph at the end:

“The permit issued to the operator of a specialized medical centre is valid for a period of five years, and may be renewed for the same period.”

23. The heading of Division III of Chapter II of Title II of Part III of the Act is amended by replacing “AND CANCELLATION” by “, CANCELLATION AND REFUSAL TO RENEW”.

24. Section 446 of the Act is amended by replacing “of any holder who” in the first line by “issued to an institution if the permit holder”.

25. The Act is amended by inserting the following section after section 446:

“**446.1.** The Minister may suspend, revoke or refuse to renew the permit issued to the operator of a specialized medical centre if

(1) the operator is in the situation described in paragraph 1, 3 or 4 of section 446;

(2) the operator has failed to have the services provided in the centre accredited within three years from the issue of the permit, or has subsequently failed to maintain that accreditation;

(3) in the opinion of the Bureau of a professional order, the quality or safety of the professional services provided in the centre by members of the order is not adequate; or

(4) the operator or medical director of the centre has failed to fulfil the obligations imposed by this Act.”

26. Section 447 of the Act is amended by replacing the first paragraph by the following paragraph:

“**447.** If a permit holder operator is in the situation described in paragraph 2 of section 446 or in paragraph 2, 3 or 4 of section 446.1, the

Minister, instead of suspending, revoking or refusing to renew the permit, may order the holder to take the necessary remedial measures within the time set by the Minister.”

27. Section 449 of the Act is amended

(1) by replacing “or cancelling” in the first line of the first paragraph by “, cancelling or refusing to renew”;

(2) by replacing “or cancels” in the first line of the second paragraph by “, cancels or refuses to renew”.

28. Section 450 of the Act is amended by replacing “or cancelled” in the first line by “, cancelled or not renewed”.

29. The heading of Division III.1 of Chapter II of Title II of Part III of the Act is amended by adding “OF CERTAIN INSTITUTIONS” at the end.

30. Section 489 of the Act is amended

(1) by replacing “or any facility maintained by an institution” in the second last line of the first paragraph by “, any facility maintained by an institution, or any specialized medical centre”;

(2) by inserting “or centre” after “facility” in subparagraph 1 of the second paragraph.

31. Section 505 of the Act, amended by section 177 of chapter 22 of the statutes of 2006, is again amended

(1) by striking out “the form and tenor of the application for a permit,” in paragraph 21 and by replacing “the applicant” wherever it appears in that paragraph by “a permit applicant”;

(2) by inserting the following paragraph after paragraph 21:

“(21.1) prescribe the fees payable for the issue or renewal of a specialized medical centre permit;”.

32. The Act is amended by inserting the following section after section 520.3:

“520.3.0.1. The Minister may, by agreement, retain the services of an agency, body or other person for the purpose of keeping and managing, for each of the institutions to which section 185.1 applies, the information they collect under that section, extracting the information to be supplied to the Minister under section 431.2, and processing and managing that data for statistical purposes so the Minister may assess whether the waiting time for a specialized medical service is unreasonable or about to become so. The

agreement may authorize the provider to communicate the statistics to the agencies.

The agreement must stipulate that the provider has the same obligations towards the Minister and the institutions concerned, with respect to the information from users' records that is communicated to the provider by the institutions, as those set out in the second, third and fourth paragraphs of section 27.1."

33. Section 520.3.8 of the Act is amended by inserting “, a specialized medical centre within the meaning of the first paragraph of section 333.1” after “Québec” in the second line of subparagraph 2 of the first paragraph.

34. Section 520.7 of the Act, enacted by section 189 of chapter 32 of the statutes of 2005, is amended by inserting the following subparagraph after subparagraph 1 of the first paragraph:

“(1.1) contained in records kept by a physician practising in a specialized medical centre situated in that area of jurisdiction or, exceptionally, in the area of jurisdiction of the agencies specified by the Minister;”.

35. Section 520.9 of the Act, enacted by section 189 of chapter 32 of the statutes of 2005, is amended by inserting “, in a specialized medical centre” after “facility” in the third line of subparagraph 6 of the first paragraph.

36. Section 520.14 of the Act, enacted by section 189 of chapter 32 of the statutes of 2005, is amended

(1) by replacing “operates” in subparagraph 1 of the fourth paragraph by “practises in a specialized medical centre or in”;

(2) by replacing “private health facility operated by a physician referred to in subparagraph 1” in the last two lines of subparagraph 5 of the fourth paragraph by “specialized medical centre or a private health facility, as the case may be, in which a physician referred to in subparagraph 1 practises”;

(3) by replacing “private health facility operated by a physician referred to in subparagraph 1” in the sixth line of subparagraph 6 of the fourth paragraph by “specialized medical centre or a private health facility, as the case may be, in which a physician referred to in subparagraph 1 practises”.

37. Section 520.20 of the Act, enacted by section 189 of chapter 32 of the statutes of 2005, is amended

(1) by replacing “or dentist who operates” in the first line of paragraph 1 by “who practises in a specialized medical centre, a physician or dentist who practises in”;

(2) by replacing “private health facility operated by a health and social service provider referred to in paragraph 1 or paragraph 5” in the last two lines of paragraph 4 by “specialized medical centre or a private health facility, as the case may be, in which a health and social service provider referred to in paragraph 1 or paragraph 5 practises”;

(3) by replacing “operates” in the first line of paragraph 5 by “practises in”;

(4) by replacing “private health facility operated by a health and social service provider referred to in paragraph 1 or paragraph 5” in the sixth and seventh lines of paragraph 10 by “specialized medical centre or a private health facility, as the case may be, in which a health and social service provider referred to in paragraph 1 or paragraph 5 practises”.

38. Section 531 of the Act is amended by inserting “, 444” after “438” in the second line.

39. The Act is amended by inserting the following sections after section 531.1:

“531.2. An operator of a specialized medical centre described in subparagraph 2 of the first paragraph of section 333.3 that allows a physician to whom the prohibition under the second paragraph of section 257 applies to practise in the centre is guilty of an offence and is liable, for each day that the offence continues, to a fine of \$150 to \$450 in the case of a natural person and \$750 to \$2,250 in the case of a legal person.

“531.3. An operator of a specialized medical centre that contravenes the first or second paragraph of section 333.2, the second paragraph of section 333.3, the first paragraph of section 333.5 or the second paragraph of section 333.7 is guilty of an offence and is liable to a fine of \$325 to \$1,500 in the case of a natural person and \$700 to \$7,000 in the case of a legal person.

A producer or distributor of a good or service related to health and social services that contravenes the third paragraph of section 333.2 is guilty of an offence and liable to the penalty set out in the first paragraph.”

HOSPITAL INSURANCE ACT

40. Section 10 of the Hospital Insurance Act (R.S.Q., chapter A-28) is amended

(1) by replacing “personal injury” in the third line of subsection 1 by “injury”;

(2) by replacing “right of action resulting therefrom is prescribed by three years” at the end of subsection 6 by “resulting right of action is prescribed

three years after the date on which the State became aware of the fact giving rise to it”.

41. Section 11 of the Act is replaced by the following section:

“**11.** No insurer may enter into or maintain an insurance contract that includes coverage for the cost of an insured service furnished to a resident.

No person may establish or maintain an employee benefit plan that includes coverage for the cost of an insured service furnished to a resident.

An insurance contract or employee benefit plan inconsistent with the first or the second paragraph, as the case may be, that also covers other goods and services remains valid as regards those other goods and services, and the consideration provided for the contract must be adjusted accordingly unless the beneficiary of the goods and services agrees to receive equivalent benefits in exchange.

Nothing in this section prevents an insurance contract or an employee benefit plan that covers the excess cost of insured services rendered outside Québec from being entered into or established.

“Insurer” means a legal person holding a licence issued by the Autorité des marchés financiers that authorizes it to transact insurance of persons in Québec.

“Employee benefit plan” means a funded or unfunded uninsured employee benefit plan that provides coverage which may otherwise be obtained under a contract of insurance of persons.

An insurer or a person administering an employee benefit plan that contravenes the first or second paragraph is guilty of an offence and is liable to a fine of \$50,000 to \$100,000 and, for a subsequent offence, to a fine of \$100,000 to \$200,000.”

HEALTH INSURANCE ACT

42. Section 15 of the Health Insurance Act (R.S.Q., chapter A-29) is replaced by the following sections:

“**15.** An insurer or a person administering an employee benefit plan may enter into or maintain an insurance contract, or establish or maintain an employee benefit plan, as the case may be, that includes coverage for the cost of an insured service furnished to a resident or temporary resident of Québec, only if

(1) the insurance contract or employee benefit plan does not cover any insured service other than the insured services required for a total hip or knee replacement, a cataract extraction and intraocular lens implantation or any other specialized medical treatment determined under section 15.1, and those

required for the provision of the preoperative, postoperative, rehabilitation and home care support services described in section 333.6 of the Act respecting health services and social services (chapter S-4.2);

(2) the insurance contract or employee benefit plan includes coverage for the cost of all insured services and all preoperative, postoperative, rehabilitation and home care support services referred to in subparagraph 1, subject to any applicable deductible amount; and

(3) the coverage applies only to surgery performed or any other specialized medical treatment provided in a specialized medical centre described in subparagraph 2 of the first paragraph of section 333.3 of the Act respecting health services and social services.

An insurance contract or employee benefit plan inconsistent with subparagraph 1 of the first paragraph that also covers other goods and services remains valid as regards those other goods and services, and the consideration provided for the contract or plan must be adjusted accordingly unless the beneficiary of the goods and services agrees to receive equivalent benefits in exchange.

Nothing in this section prevents an insurance contract or an employee benefit plan that covers the excess cost of insured services rendered outside Québec or the excess cost of any medication of which the Board assumes payment from being entered into or established. Nor does anything in this section prevent an insurance contract or an employee benefit plan that covers the contribution payable by an insured person under the Act respecting prescription drug insurance (chapter A-29.01) from being entered into or established.

“Insurer” means a legal person holding a licence issued by the Autorité des marchés financiers that authorizes it to transact insurance of persons in Québec.

“Employee benefit plan” means a funded or unfunded uninsured employee benefit plan that provides coverage which may otherwise be obtained under a contract of insurance of persons.

An insurer or a person administering an employee benefit plan that contravenes the first paragraph is guilty of an offence and is liable to a fine of \$50,000 to \$100,000 and, for a subsequent offence, to a fine of \$100,000 to \$200,000.

“15.1. The Government may determine, among the specialized medical treatments determined by the Minister under the first paragraph of section 333.1 of the Act respecting health services and social services (chapter S-4.2), the specialized medical treatments that may be covered by an insurance contract or an employee benefit plan in accordance with section 15.

The Government may make a regulation under the first paragraph only after it has been examined by the appropriate committee of the National Assembly.”

43. Section 18 of the Act is amended by replacing “injury or illness” in the third and fourth lines of subsection 1 by “injury”.

44. The Act is amended by inserting the following section after section 22:

“22.0.0.1. A physician subject to the application of an agreement or a physician who has withdrawn who practises in a private health facility, or a physician subject to the application of an agreement who practises in a specialized medical centre within the meaning of the Act respecting health services and social services (chapter S-4.2) must post in public view, in the waiting room of the facility or centre where the physician practises, the tariff of fees for services, supplies or accessory costs prescribed or provided for in an agreement that the physician may charge an insured person, in accordance with the ninth paragraph of section 22, and the tariff of fees for medical services rendered by the physician that are non-insured services or services not considered insured services by regulation. Physicians who share a common waiting room may post a single notice.

No amount other than a fee posted in accordance with the first paragraph may be charged, directly or indirectly, to an insured person for a medical service received in a private health facility or a specialized medical centre.

An insured person from whom payment is demanded must be given an itemized invoice stating the tariff of fees for any accessory services, supplies or costs and for each non-insured medical service and each medical service not considered insured.

The notice posted under the first paragraph and the invoice must mention the remedy provided for in the first paragraph of section 22.0.1.

For the purposes of this section or any other provision of this Act, a non-insured service or a service not considered insured is deemed to remain such even if it is required before, during or after the provision of an insured service. This also applies to the accessory services, supplies and costs mentioned in the first paragraph.

A physician subject to the application of an agreement or a physician who has withdrawn who contravenes the first, third or fourth paragraph is guilty of an offence and is liable to a fine of \$500 to \$1,000 and, for a subsequent offence, to a fine of \$1,000 to \$2,000.

A person who contravenes the second paragraph is guilty of an offence and is liable to a fine of \$1,000 to \$2,500 and, for a subsequent offence, to a fine of \$2,000 to \$5,000.”

45. The Act is amended by inserting the following sections after section 30:

“30.1. If the Minister considers that the quality or adequate supply of medical services offered in Québec or in a particular region of Québec by

professionals subject to the application of an agreement would be affected by an increase in the number of non-participating professionals engaged in the same kind of activities, the Minister may make an order suspending the possibility for professionals subject to the application of an agreement to become non-participating professionals and engage in the same kind of activities in Québec or in a particular region of Québec.

The Minister's order shall state the duration of the suspension, the type of activities and the region concerned, and the date on which the suspension comes into force, which may not be more than 30 days earlier than the date of the order. The order shall be made public by the Minister immediately and must be published in the *Gazette officielle du Québec*.

The suspension period may not exceed two years. If the Minister considers it necessary, the Minister may extend the suspension period in the same manner, provided each extension does not exceed two years.

Any notice of non-participation that would take effect during the suspension period is null.

“30.2. A regulation under section 30 is not subject to sections 8 and 17 of the Regulations Act (chapter R-18.1). The same applies for a ministerial order under section 30.1.”

NURSES ACT

46. Section 1 of the Nurses Act (R.S.Q., chapter I-8) is amended by inserting the following paragraph after paragraph *f*:

“(f.1) “specialized medical centre”: a specialized medical centre within the meaning of section 333.1 of the Act respecting health services and social services (chapter S-4.2);”

47. Section 11 of the Act is amended

(1) by inserting the following subparagraph after subparagraph *a* of the first paragraph:

“(a.1) shall advise the Minister of Health and Social Services, on its own initiative or at the Minister's request, on the quality and safety of nursing care provided in a specialized medical centre and on the standards to be followed to improve the quality and safety of such care;”;

(2) by replacing “in subparagraph *a*” in the first and fifth lines of the second paragraph by “in subparagraphs *a* and *a.1*”;

(3) by inserting “or with respect to the quality and safety of nursing care provided in specialized medical centres” after “institutions” in the third line of the second paragraph.

MEDICAL ACT

48. Section 1 of the Medical Act (R.S.Q., chapter M-9) is amended by inserting the following paragraph after paragraph *f*:

“(f.1) “specialized medical centre”: a specialized medical centre within the meaning of section 333.1 of the Act respecting health services and social services (chapter S-4.2);”.

49. Section 15 of the Act is amended by inserting the following paragraph after paragraph *a*:

“(a.1) on its own initiative or at the Minister’s request, advise the Minister of Health and Social Services on the quality and safety of specialized medical treatments provided in a specialized medical centre, and the standards to be followed to improve the quality and safety of the treatments;”.

50. Section 16 of the Act is amended

(1) by inserting “or *a.1*” after “*a*” in the first line;

(2) by inserting “or the quality and safety of the medical treatments provided in specialized medical centres” after “institutions” in the third line.

FINAL PROVISIONS

51. Section 30 of the Regulation respecting the application of the Health Insurance Act (R.R.Q., 1981, chapter A-29, r. 1) is amended by inserting “to the Minister, as well as” after “of every notice” in the second line.

52. Section 2 of the Règlement sur la tenue des dossiers, des cabinets ou bureaux des médecins ainsi que des autres effets (2005, G.O. 2, 895, in French) is amended by adding the following paragraph at the end of the French text:

“Pour l’application du présent règlement, un centre médical spécialisé au sens de l’article 333.1 de la Loi sur les services de santé et les services sociaux (L.R.Q., chapitre S-4.2) est assimilé à un cabinet de consultation.”

53. Despite the coming into force of section 185.1 of the Act respecting health services and social services, enacted by section 7, an institution operating a hospital centre has until (*insert the date that is two years after the date of coming into force of this section*) to implement the central access management mechanism for all the specialized and superspecialized services of the hospital centre’s clinical departments.

The mechanism must be implemented as and when priorities are determined by the Minister for each service and in accordance with the time limits the Minister sets.

54. Section 263.2 of the Act respecting health services and social services, enacted by section 10, applies from *(insert the date that is 180 days after the date of coming into force of section 263.2)* with respect to a non-participating professional who, on 15 June 2006, leases or uses the facilities of a public institution or a private institution under agreement for the provision of medical services.

55. A person or partnership that, on *(insert the date of coming into force of section 333.1 of the Act respecting health services and social services, enacted by section 11)*, operates a private health facility that provides surgery described in section 333.1 of the Act respecting health services and social services must, on or before *(insert the date that is 180 days after the coming into force of section 333.1)* and in accordance with section 441 of that Act, obtain a permit authorizing the operation of a specialized medical centre.

56. Until the fee payable for the issue of a specialized medical centre permit is prescribed by a government regulation under paragraph 21.1 of section 505 of the Act respecting health services and social services, enacted by paragraph 2 of section 31, that fee is determined to be \$500.

57. Sections 41 and 42 have effect from 9 June 2006, except the last paragraph of section 11 of the Hospital Insurance Act and the last paragraph of section 15 of the Health Insurance Act replaced by those sections.

58. The fifth paragraph of section 22.0.0.1 of the Health Insurance Act, enacted by section 44, is declaratory.

59. The provisions of this Act come into force on the date or dates to be set by the Government, except

(1) the second paragraph of section 108 of the Act respecting health services and social services, enacted by section 5, the fifth paragraph of section 22.0.0.1 of the Health Insurance Act, enacted by section 44, and section 58, which come into force on 13 December 2006; and

(2) the first, second, third, fourth, sixth and seventh paragraphs of section 22.0.0.1 of the Health Insurance Act, enacted by section 44, which come into force on 13 June 2007.