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# NATIONAL ASSEMBLY

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FIRST SESSION

FORTY-FIRST LEGISLATURE

Bill 20  
(2015, chapter 25)

**An Act to enact the Act to promote  
access to family medicine and specialized  
medicine services and to amend various  
legislative provisions relating to assisted  
procreation**

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**Introduced 28 November 2014  
Passed in principle 20 May 2015  
Passed 10 November 2015  
Assented to 10 November 2015**

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## EXPLANATORY NOTES

*This Act first enacts the Act to promote access to family medicine and specialized medicine services.*

*The purpose of that Act is to optimize the utilization of the medical and financial resources of the health system with a view to improving access to family medicine and specialized medicine services. To that end, it introduces certain obligations applicable to the practice of physicians who participate in the Québec Health Insurance Plan, including an obligation for general practitioners to provide medical care to a minimum caseload of patients and make themselves available to insured persons by means of an appointment system set up in accordance with that Act. Medical specialists will be required, in particular, within the framework of the specialized services priority access mechanism, to offer medical consultations, elsewhere than in the emergency department of an institution, to patients who are not users admitted to a centre operated by an institution. If a physician fails to fulfil these obligations, his or her remuneration will be reduced by the Régie de l'assurance maladie du Québec. In addition, requirements are introduced to ensure continuity of care for patients, and an information system designed to allow patients to find a physician who agrees to provide medical care to them is set up. Lastly, the Minister of Health and Social Services is given, for a limited period, the authority to determine, in certain circumstances, new terms and conditions of remuneration applicable to physicians.*

*This Act also amends the Act respecting clinical and research activities relating to assisted procreation to add various provisions applicable to assisted procreation activities. Research projects concerning such procreation activities must be approved and monitored by the research ethics committee established by the Minister of Health and Social Services and the Collège des médecins du Québec must draw up guidelines on assisted procreation and ensure that they are followed. Furthermore, assisted procreation activities must, in some cases, be preceded by a positive psychosocial assessment of the party or parties to the parental project.*

*In addition, the Act increases the amounts of the fines already prescribed in that Act, introduces new penal provisions and lists aggravating factors that the judge must take into account when determining the penalty.*

*The Health Insurance Act is amended as well to provide that assisted procreation activities, with the exception of artificial insemination services, will no longer be covered under the public health insurance plan, but that fertility preservation services will be added to that coverage. In addition, no payment may be charged to an insured person for costs incurred for insured services provided by a health professional who is subject to the application of an agreement. Despite that prohibition, the Government may prescribe the cases and conditions in and on which a payment is authorized.*

**LEGISLATION AMENDED BY THIS ACT:**

- Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01);
- Health Insurance Act (chapter A-29);
- Act respecting prescription drug insurance (chapter A-29.01);
- Act respecting administrative justice (chapter J-3);
- Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2);
- Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2);
- Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);
- Act respecting health services and social services (chapter S-4.2).

**LEGISLATION ENACTED BY THIS ACT:**

- Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1).

**REGULATIONS AMENDED BY THIS ACT:**

- Regulation respecting clinical activities related to assisted procreation (chapter A-5.01, r. 1);
- Regulation respecting the application of the Health Insurance Act (chapter A-29, r. 5).

## **Bill 20**

### **AN ACT TO ENACT THE ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES AND TO AMEND VARIOUS LEGISLATIVE PROVISIONS RELATING TO ASSISTED PROCREATION**

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

#### **PART I**

##### **ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES**

**1.** The Act to promote access to family medicine and specialized medicine services, the text of which appears in this Part, is enacted.

“ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

#### **“CHAPTER I**

##### **“GENERAL PROVISIONS**

**“1.** The purpose of this Act is to optimize the utilization of the medical and financial resources of the health system with a view to improving access to family medicine and specialized medicine services.

**“2.** For the purposes of this Act,

(1) the expression “institution” means a public institution or a private institution under agreement within the meaning of the Act respecting health services and social services (chapter S-4.2);

(2) the expression “president and executive director” also means the executive director of a private institution under agreement;

(3) the regional department of general medicine is the one established under section 417.1 of the Act respecting health services and social services and it exercises the responsibilities conferred on it under the authority of the president and executive director of the integrated health and social services centre, within the meaning of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2), to which it belongs.

**“3.** The institutions referred to in Schedule I are not subject to this Act.

**“CHAPTER II**

**“ACCESS TO SERVICES**

**“DIVISION I**

**“OBLIGATIONS**

**“§1. — *Family medicine***

**“4.** Every general practitioner subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) must, to the extent prescribed by government regulation,

(1) provide, individually or with other physicians within a family medicine group, medical care to a minimum caseload of patients; and

(2) perform, for the benefit of the users of an institution, a minimum number of hours of medical activities that is authorized by the regional department of general medicine in the general practitioner’s region in accordance with section 7.

The government regulation may, in particular, prescribe

(1) the age as of which a physician is exempted from those obligations;

(2) the terms governing the medical care provided to patients;

(3) the minimum patient caseload;

(4) the medical activities that may be authorized under section 7;

(5) the minimum number of hours of medical activities that must be performed;

(6) the special rules that apply when a physician wishes to engage in medical activities in more than one region; and

(7) any other condition a physician must comply with to fulfil those obligations.

**“5.** Every institution’s director of professional services determines, in accordance with the directives the Minister sends to the institutions, the number of hours of medical activities available in each centre operated by the institution and informs the regional department of general medicine in the director’s region.

The regional department informs the physicians, in particular on the website of the integrated health and social services centre to which it belongs, of the medical activities available in its region.

**“6.** All general practitioners must send the regional department of general medicine in the region where they carry on most of their medical practice an application indicating which available medical activities they wish to engage in. The application must indicate, for each activity, the number of hours the physician wishes to perform.

**“7.** The regional department of general medicine authorizes the physician to perform the minimum number of hours of medical activities required under subparagraph 2 of the first paragraph of section 4, according to the priorities established by government regulation and taking into account the choice indicated by the physician, subject to the required privileges being granted to the physician in accordance with section 242 of the Act respecting health services and social services.

Despite the first paragraph, the regional department may, for the purpose of responding adequately to the needs in its region and in the circumstances prescribed by government regulation, authorize a physician who so requests to perform more than the required minimum number of hours of medical activities. Such a physician is exempted from providing medical care, for the purposes of subparagraph 1 of the first paragraph of section 4, to the caseload of patients determined by government regulation. The regional department informs the Régie de l’assurance maladie du Québec (the Board) of the exemption.

**“8.** The regional department may, on its own initiative and for the purpose of responding adequately to the needs in its region, revise the authorization granted to a physician; if it does, it must notify him or her at least 90 days beforehand. The regional department may also, at any time, revise such an authorization at the physician’s request.

**“9.** The hours of temporary support that a physician performs under section 61 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies must be included when calculating the number of authorized medical activity hours to be performed by the physician.

**“10.** All general practitioners must, before ceasing to provide medical care to a patient, take the necessary steps to ensure that another physician takes over as provided for in the Code of ethics of physicians (chapter M-9, r. 17).

If no other physician has taken over by the time a physician ceases to provide medical care to a patient, the physician must, after obtaining the patient’s consent, register the patient in the information system, mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5), which is designed to allow every insured person, within the meaning of the Health Insurance Act, to find a physician who agrees to provide medical care to the person. A government regulation determines the requirements for using the system, including the information that must be entered in it.

**“11.** All general practitioners subject to an agreement entered into under section 19 of the Health Insurance Act must, to the extent prescribed by government regulation, make themselves available to insured persons within the meaning of that Act by using the medical appointment system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec. To that end, all physicians must publish their hours of availability in the system and a certain percentage, determined by that regulation, of those hours must be from Monday to Friday, before 8:00 a.m. and after 7:00 p.m., as well as on Saturday and Sunday.

The regulation provided for in this section must determine, among other particulars, the requirements for using the system and the information that must be entered in it.

**“12.** Every general practitioner subject to an agreement entered into under section 19 of the Health Insurance Act must, before practising in a region, obtain from the region’s regional department of general medicine a notice of compliance with the regional medical staffing plan referred to in section 97 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies. The general practitioner may then practise in the region in compliance with the obligations set out in the notice.

Such a physician must obtain a new notice of compliance when he or she wishes to modify those obligations or wishes to start a primary care family medicine practice or move it to a different location.

*“§2. — Specialized medicine*

**“13.** Every medical specialist subject to an agreement entered into under section 19 of the Health Insurance Act and whose specialty is specified by government regulation must, to the extent prescribed in the regulation, participate in the specialized services priority access mechanism established by the Minister. The regulation must determine, among other particulars, the periods and frequency of participation in the mechanism, the requirements for using the mechanism and the information the physician must provide.

In connection with his or her participation in the mechanism, a medical specialist must, at the request of a general practitioner or another health professional specified by government regulation, provide medical consultations, elsewhere than in the emergency department of an institution, to patients who are not users admitted to a centre operated by an institution.

**“14.** Every medical specialist whose specialty is specified by government regulation and who practises in a department or service of a hospital centre operated by an institution must, to the extent prescribed in the regulation, ensure, as attending physician together with the other physicians with the same specialty in the same department or service, the management and medical care of users admitted to the centre.



**“15.** Every medical specialist who practises in a hospital centre operated by an institution must

(1) follow up, at the centre’s emergency department, on consultation requests the specialist receives between 8 a.m. and 4 p.m. within the time determined by government regulation;

(2) provide specialized or superspecialized services to users who are registered under the specialist’s name on the access list for specialized or superspecialized services referred to in section 185.1 of the Act respecting health services and social services, in the proportion and subject to any other condition prescribed by government regulation.

## **“DIVISION II**

### **“EXEMPTIONS**

**“16.** General practitioners may, in the cases and on the conditions prescribed by government regulation, apply to the regional department of general medicine in the region where they carry on most of their medical practice to be exempted from all or some of their obligations under the first paragraph of section 4 or sections 11 and 12.

Medical specialists may, in the cases and on the conditions prescribed by government regulation, apply to the president and executive director of the institution where they practise to be exempted from all or some of their obligations under section 13 or 14.

Exceptionally, the regional department or the president and executive director, as applicable, may, in a case that is not covered by regulation and for a serious reason, in particular to meet a specific need of the users an institution serves, temporarily exempt a physician who has applied for an exemption from all or some of the physician’s obligations referred to in the first and second paragraphs.

The regional department or the president and executive director must respond to every application within 15 days of receiving it.

The regulation referred to in the first paragraph must set out the conditions for exemption applicable to general practitioners who carry on all or some of their medical practice in one of the institutions listed in Schedule I or within the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons (chapter S-5). Such general practitioners must submit their application for an exemption to the regional department of general medicine designated by the Minister.

**“17.** Physicians who receive an exemption must without delay inform the regional department of general medicine or the president and executive director

of the institution that granted it of any change in their circumstances that could call into question the physicians' entitlement to the exemption.

**“18.** If the regional department or the president and executive director concludes that the reason for which a physician was granted an exemption no longer exists, the exemption is withdrawn. Before making a decision to that effect, the regional department or the president and executive director must give the physician an opportunity to submit observations. The physician must submit observations within 30 days after receiving an invitation to do so from the regional department or the president and executive director, as applicable.

**“19.** The regional department or the president and executive director notifies any decision under section 16 or 18 to the physician as soon as possible.

In addition, the regional department informs the Board of any decision affecting the minimum caseload of patients to whom a general practitioner must provide medical care under subparagraph 1 of the first paragraph of section 4 or the general practitioner's obligation under section 11.

**“20.** Any person with the authority to attest any fact establishing a physician's entitlement to an exemption is required to provide any information required for the purposes of this division to the regional department of general medicine or to the president and executive director of an institution, at either's request. The information provided must not allow a patient to be identified.

### **“DIVISION III**

#### **“VERIFICATION AND SANCTION**

##### **“§1. — *Verification of fulfillment of obligations***

**“21.** The Board is responsible for verifying fulfillment of an obligation under subparagraph 1 of the first paragraph of section 4 or under section 10 or 11, the regional department of general medicine is responsible for verifying fulfillment of an obligation under section 6 or 12, and the director of professional services of the institution concerned is responsible for verifying compliance with an authorization granted under section 7 or fulfillment of an obligation under section 14 or 15.

In addition, the president and executive director of the integrated health and social services centre is responsible for verifying fulfillment of the obligation under section 13 by any medical specialist who practises in the territory served by the centre. For that purpose, physicians who practise in a private health facility must provide the president and executive director with any information the latter requires that is necessary to carry out that responsibility. The information provided must not allow a patient to be identified.

**“22.** The Government may, by regulation, prescribe the periods, measures or any other parameter used to verify fulfillment of any of a physician’s obligations.

*“§2. — Physician in default, authorization withdrawal and reduction calculation*

**“23.** If the president and executive director of an institution concludes that a physician failed to fulfill the obligation under section 13, he or she declares the physician to be in default. After being informed by the director of professional services or the regional department of general medicine, and if of the opinion that a physician has failed to fulfill an obligation or comply with an authorization under section 6, 7, 12, 14 or 15, the president and executive director declares the physician to be in default.

Before rendering such a decision, the president and executive director must give the physician an opportunity to submit observations. The physician must submit observations within 30 days after receiving an invitation to do so from the president and executive director. The latter notifies the decision to the physician within 14 days and informs the Board.

**“24.** If the Board concludes that a general practitioner has failed to fulfill an obligation under subparagraph 1 of the first paragraph of section 4 or under section 10 or 11, it declares the physician to be in default and notifies the decision to him or her as soon as possible. Before rendering such a decision, the Board must give the physician an opportunity to submit observations. The physician must submit observations within 30 days after receiving an invitation to do so from the Board.

**“25.** The regional department of general medicine may, at the request of the president and executive director of the institution, withdraw the authorization granted to a general practitioner who has been declared to be in default more than once if the situation significantly affects the services the institution provides. The regional department notifies its decision to the physician as soon as possible and informs the Board. Before rendering its decision, the regional department must give the physician an opportunity to submit observations. The physician must submit observations within 30 days after receiving an invitation to do so from the regional department.

On granting a new authorization in accordance with section 7 to a physician referred to in the first paragraph, a regional department of general medicine informs the Board.

**“26.** The remuneration of a physician who has been declared to be in default is reduced by an amount determined in accordance with the rules prescribed by government regulation.

On declaring a physician, or being informed that a physician has been declared, to be in default under this subdivision, the Board calculates the amount

of the reduction applicable to the physician's remuneration and notifies its decision to the physician as soon as possible. The decision specifies the nature of the default for which a reduction is being applied.

*“§3.—Proceedings before the Administrative Tribunal of Québec*

**“27.** A physician who believes he or she has been wronged by a decision rendered under the first or second paragraph of section 16 or under section 18 may, within 60 days of notification of the decision, contest it before the Administrative Tribunal of Québec. In such a case, the Tribunal may rule both on the application and, if applicable, on any default arising from the contested decision as well as on the amount of the applicable reduction.

Moreover, a physician who believes he or she has been wronged by a decision rendered under section 23, 24 or 26 may, within 60 days of notification of a decision referred to in section 26, contest the decision before the Administrative Tribunal of Québec.

The Administrative Tribunal of Québec informs the Board of any contestation submitted to it under this section.

*“§4.—Application of the reduction*

**“28.** The Board recovers from a physician referred to in section 26, by compensation or otherwise, the amount of the reduction applicable to the physician's remuneration.

The Board recovers the amount as of the notification date of the decision rendered under the second paragraph of section 26.

If the Board cannot recover the amount of the reduction by way of compensation, it may issue a certificate. The certificate may not be issued until 60 days have elapsed since the notification date of the decision rendered under the second paragraph or, as applicable, until the expiry of a 30-day period following the date of the decision of the Administrative Tribunal of Québec confirming all or part of the Board's decision. The certificate states the physician's name and address and attests the expiry of the applicable period as well as the reduction amount. On the filing of the certificate with the office of the competent court, the decision becomes enforceable as if it were a judgment of that court that has become final, and it has all the effects of such a judgment. If, after the certificate is issued, the Minister of Revenue allocates, in accordance with section 31 of the Tax Administration Act (chapter A-6.002), a refund owed to a physician under a fiscal law to the payment of the amount of the reduction, the allocation interrupts prescription as regards the recovery of that amount.

### **“CHAPTER III**

#### **“REPORTING**

**“29.** Every institution must report on the application of this Act in a separate section of its annual activity report.

The Minister may require any institution to provide, in the form and within the time the Minister determines, any information the Minister requires on the functions the president and executive director, director of professional services or regional department of general medicine exercises under this Act. The information provided must not allow a patient or physician to be identified.

### **“CHAPTER IV**

#### **“AMENDING PROVISIONS**

#### **“HEALTH INSURANCE ACT**

**“30.** Section 19 of the Health Insurance Act (chapter A-29) is amended

- (1) by striking out the fifth and eighth paragraphs;
- (2) by replacing “sixth” in the ninth paragraph by “fifth”.

**“31.** Section 19.1 of the Act is amended by replacing “twelfth” in the second paragraph by “tenth”.

**“32.** Section 22 of the Act is amended

- (1) by replacing the ninth and tenth paragraphs by the following paragraphs:

“No payment may be charged to or received from any insured person, directly or indirectly, for costs incurred for insured services provided by a health professional who is subject to the application of an agreement or by a professional who has withdrawn. Such costs include those related to

- (1) the operation of a private health facility or a specialized medical centre within the meaning of the Act respecting health services and social services (chapter S-4.2);

- (2) services, supplies, medications and equipment required to provide an insured service, as well as to perform diagnostic tests related to such a service.

Such costs do not include those related to services not considered insured that are required before, during or after the provision of an insured service.

In addition, directly or indirectly requiring an insured person to pay for access to an insured service, and granting an insured person privileged access to such a service in exchange for payment, are prohibited.

Despite the prohibitions set out in the ninth and eleventh paragraphs, the Government may, by regulation, prescribe the cases and conditions in and on which a payment is authorized.”;

(2) by replacing “eleventh” and “ninth” in the twelfth paragraph by “thirteenth” and “ninth or eleventh”, respectively.

**“33.** The Act is amended by inserting the following section after section 22:

**“22.0.0.0.1.** Before making a regulation under the twelfth paragraph of section 22, the Government must consult the Institut national d’excellence en santé et en services sociaux.

At the time the draft regulation is published in the *Gazette officielle du Québec*, the Minister shall make public the assessments used in establishing any tariff set out in the regulation.”

**“34.** The Act is amended by inserting the following section after section 22.0.0.0.1:

**“22.0.0.0.2.** The Government may, by regulation, prescribe the maximum tariff that may be demanded from an insured person for a service of an administrative nature related to a non-insured service or a service not considered insured provided by a physician who is subject to the application of an agreement and who practises in a private health facility or specialized medical centre within the meaning of the Act respecting health services and social services (chapter S-4.2) or provided by a physician who has withdrawn and who practises in a private health facility.

The Government may also, by regulation, prescribe the maximum tariff that may be demanded from an insured person for a service provided by a non-participating physician.

A physician who contravenes a provision of a regulation made under this section is guilty of an offence and is liable to a fine of \$1,000 to \$2,000 and, for a subsequent offence, to a fine of \$2,000 to \$5,000.”

**“35.** Section 22.0.0.1 of the Act is amended

(1) by replacing “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” in the first paragraph by “the tariff of fees that the physician may charge an insured person under a government regulation made under this Act”;

(2) by replacing “charged, directly or indirectly, to” in the second paragraph by “directly or indirectly charged to or received from”;

(3) by replacing “of fees for any accessory services, supplies or costs” in the third paragraph by “for the fees mentioned in the first paragraph”;

(4) by replacing “accessory services, supplies and costs” in the fifth paragraph by “fees”.

**“36.** Section 22.0.1 of the Act is amended by striking out “or agreements” in the first paragraph.

**“37.** Section 65 of the Act is amended by replacing the fourth paragraph by the following paragraph:

“The Board is bound to disclose to every institution and regional department of general medicine governed by the Act respecting health services and social services (chapter S-4.2) the information concerning the remuneration of a physician that is required for verifying fulfillment of any obligation under the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1). The information must specify, in particular, for each physician, the proportion of his or her practice carried on in each region and, as applicable, each territory identified in the primary care family physician distribution plan prepared under the second paragraph of section 91 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2). The Board shall also produce and send to the Minister of Health and Social Services the statistics the Minister deems necessary for preparing and assessing the implementation of any primary care family physician distribution plan. The information disclosed under this paragraph must not allow an insured person to be identified.”

**“38.** The Act is amended by inserting the following section after section 65.0.3:

**“65.0.4.** The Board shall use the information obtained for the carrying out of this Act to exercise the functions provided for in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5).

It shall also use that information to exercise the functions assigned to it by the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1).”

**“39.** Section 69.0.1.1 of the Act is amended by replacing “seventh and eighth paragraphs” by “sixth paragraph”.

“ACT RESPECTING PRESCRIPTION DRUG INSURANCE

“**40.** Section 8.1 of the Act respecting prescription drug insurance (chapter A-29.01) is amended by adding the following sentence at the end: “Such fees, except those claimed for the filling or renewing of a prescription, may not exceed the tariff established in the agreement.”

“ACT RESPECTING ADMINISTRATIVE JUSTICE

“**41.** Section 25 of the Act respecting administrative justice (chapter J-3) is amended by replacing “and 14” in the second paragraph by “, 14 and 15”.

“**42.** Section 3 of Schedule I to the Act is amended by adding the following paragraph at the end:

“(15) proceedings under section 27 of the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1).”

“ACT RESPECTING THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

“**43.** The Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) is amended by inserting the following section after section 10.3:

“**10.4.** The Minister may, with the approval of the Conseil du trésor, establish a program by regulation to promote the practice of family medicine in family medicine groups. The regulation may, among other things, prescribe the terms governing the medical care provided to patients by physicians involved in the program, including the hours during which physicians must be available.

The Minister may, for the purposes of the program, issue directives to the institutions concerning, among other things, the allocation of the resources provided for in the program.”

“ACT TO MODIFY THE ORGANIZATION AND GOVERNANCE OF THE HEALTH AND SOCIAL SERVICES NETWORK, IN PARTICULAR BY ABOLISHING THE REGIONAL AGENCIES

“**44.** The Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) is amended by inserting the following section after section 55:

“**55.1.** In addition to the requirements set out in sections 184 and 186 of the Act, the part of an organization plan developed under one of those sections must provide for the distribution of the number of general practitioners and, if applicable, medical specialists, for each of the facilities maintained by the institution or by group of facilities determined according to the territory specified by the Minister.



The Minister may also send directives to an institution concerning the preparation of its organization plan. The directives may prescribe, in particular, the terms governing the distribution of physicians among the facilities as well as the applicable terms for determining the number, which may vary according to whether they are general practitioners or medical specialists.

The Minister may, for the purposes of the primary care family physician distribution plan prepared under the second paragraph of section 91, modify a medical and dental staffing plan he or she authorized. The Minister may also, if he or she considers it warranted by exceptional circumstances, and on the conditions he or she sets, authorize an institution to depart from the latter plan.”

**“45.** Section 71 of the Act is amended by striking out “the specific medical activities of physicians who are under an agreement referred to in section 360 or section 361.1 of the Act and” in paragraph 6.

**“46.** Section 81 of the Act is amended by striking out “subject to an agreement referred to in section 360 of the Act”.

**“47.** Section 86 of the Act is repealed.

**“48.** Section 91 of the Act is amended by adding the following paragraphs at the end:

“Within the scope of the functions set out in section 377, the Minister annually prepares a primary care family physician distribution plan. The plan identifies the various territories of a region where it is a priority to meet primary care family medicine needs and the level of those needs.

The Minister may amend the plan during the course of the year.”

**“49.** Section 97 of the Act is amended by adding the following paragraphs at the end:

“In addition, in exercising its responsibility to ensure the implementation and application of the part of the regional medical staffing plan relating to general practitioners, the regional department of general medicine must authorize every general practitioner who is subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) to practise in the region. To that end, it issues each physician a notice of compliance with the regional medical staffing plan.

The notice of compliance is issued subject to the number of general practitioners authorized in the regional medical staffing plan and in keeping with the primary care family physician distribution plan established under the second paragraph of section 91.

For the purpose of meeting the needs identified in the regional medical staffing plan and the primary care family physician distribution plan, the regional department of general medicine may set out in the notice of compliance, in accordance with the directives sent to it by the Minister, obligations relating to medical practice territories and the proportion of a physician's practice that must be carried on in the region or a territory of the region.

The Government may, by regulation, establish the terms that apply to applications for or the issue of notices of compliance.”

## “ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

**“50.** Section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is amended

(1) by inserting the following paragraph after the second paragraph:

“The Board shall carry out any mandate entrusted to it by the Minister of Health and Social Services.”;

(2) by adding “and the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1)” at the end of the fourth paragraph;

(3) by inserting the following paragraph after the fourth paragraph:

“The Board shall set up a system designed to allow every insured person, within the meaning of the Health Insurance Act (chapter A-29), to find a physician who agrees to provide medical care to the person. It shall also set up a system designed to allow every insured person to make an appointment with a general practitioner who is subject to an agreement entered into under section 19 of that Act. The Board must, at the Minister's request, evaluate the performance of these systems. The information from the systems that the Board must communicate to the Minister for health and social services assessment and evaluation purposes may be prescribed by government regulation. Subject to the access to information granted to the users of these systems, the information they contain benefits from the same protection as that provided for in Division VII of the Health Insurance Act.”

**“51.** Section 2.0.8 of the Act is amended by replacing “fifth” in the first paragraph by “seventh”.

**“52.** Section 2.0.10 of the Act is amended by replacing “fifth” in the second paragraph by “seventh”.

## “ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

**“53.** Section 184 of the Act respecting health services and social services (chapter S-4.2) is amended by inserting “and the Minister’s directives referred to in section 5 of the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1)” after “disposal” in the first paragraph.

**“54.** Section 186 of the Act is amended by inserting “and the Minister’s directives referred to in section 5 of the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1)” after “disposal” in the first paragraph.

**“55.** Section 195 of the Act is amended by adding the following paragraph at the end:

“The executive director must also, when a director of professional services has not been appointed by the institution, or in his or her absence, exercise the responsibilities referred to in paragraph 4.1 of section 204.”

**“56.** Section 204 of the Act is amended by inserting the following paragraph after paragraph 4:

“(4.1) exercise the responsibilities conferred on him or her by the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1);”.

**“57.** Section 240 of the Act is amended by replacing “the cases provided for in sections 243.1 and” by “the case provided for in section”.

**“58.** Section 248 of the Act is amended by inserting “and the Minister” after “the executive director” in the first paragraph.

**“59.** Section 340 of the Act is amended by striking out “the special medical activities of physicians who are under agreement pursuant to section 360 or section 361.1 and” in subparagraph 5 of the second paragraph.

**“60.** Section 352 of the Act is amended by replacing “special medical activities of physicians who are under agreement pursuant to section 360” by “medical activities performed by general practitioners in accordance with the Act to promote access to family medicine and specialized medicine services (2015, chapter 25, section 1)”.

**“61.** Sections 360 to 366.1 of the Act are repealed.

**“62.** Section 377 of the Act is amended by striking out “, the number of physicians required to perform the specific activities referred to in section 361,” in the first paragraph.

**“63.** Section 377.1 of the Act is amended by replacing “sixth” by “fifth”.

**“64.** Section 417.2 of the Act is amended by striking out subparagraph 5 of the first paragraph.

**“65.** Section 417.5 of the Act is replaced by the following section:

**“417.5.** The agency shall appoint, from among the members referred to in subparagraphs 1 and 2 of the first paragraph of section 417.3 and after consulting with the supervisory committee, the department head of the regional department of general medicine who is responsible for its management.

No department head of the regional department of general medicine may hold employment or a position or an office within the Fédération des médecins omnipraticiens du Québec or an association connected with it or act on their behalf. Moreover, a department head may not receive from them, directly or indirectly, any remuneration or benefit of any kind.

The agency shall remove from office any department head of the regional department of general medicine who contravenes the second paragraph.”

**“66.** Section 530.53 of the Act is amended by striking out “and specific medical activities”.

**“67.** Section 530.57 of the Act is repealed.

## **“CHAPTER V**

### **“MISCELLANEOUS AND TRANSITIONAL PROVISIONS**

**“68.** The first regulation made under Chapter II must be examined by the competent committee of the National Assembly for a period not exceeding six hours before it is approved by the Government.

**“69.** Despite section 19 of the Health Insurance Act (chapter A-29) and any stipulation of an agreement under that section, if the Minister is of the opinion that certain amendments to the terms and conditions of remuneration applicable to physicians would improve access to insured services within the meaning of that Act and that an agreement cannot be reached on the amendments with the representative organization concerned within a time the Minister considers reasonable, the Minister may make the amendments, with the approval of the Conseil du trésor.

The amendments bind the parties and apply from the date of their publication on the website of the Régie de l’assurance maladie du Québec. They are not subject to the Regulations Act (chapter R-18.1).

**“70.** Section 69 ceases to have effect on the date set by the Government or not later than 31 March 2020.

The amendments made by the Minister under section 69, in force on the date that section ceases to have effect, remain in force until amended or replaced in accordance with an agreement entered into under section 19 of the Health Insurance Act.

**“71.** The provisions of this Act and of any regulation prevail over any conflicting provisions of any agreement entered into under section 19 of the Health Insurance Act.

**“72.** The Minister publishes the following information every three months for the territory of each integrated health and social services centre and for all those territories combined:

(1) the percentage of insured persons, within the meaning of the Health Insurance Act, who are provided medical care by a general practitioner who is subject to an agreement entered into under section 19 of that Act;

(2) the average patient fidelity rate achieved by all general practitioners combined;

(3) for each family medicine group, the total caseload of insured persons who are provided medical care by general practitioners included in the family medicine group, and the patient fidelity rate achieved by those physicians;

(4) the total number of visits made to the emergency room of a health and social services institution and for which the triage priority, established in accordance with the Canadian Triage and Acuity Scale for emergency departments, is level 4 or 5, as well as the proportion of that number in relation to all visits to the emergency department;

(5) the average wait time to obtain an appointment with a general practitioner using the medical appointment system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);

(6) the average wait time to obtain an appointment with a medical specialist by a person who has been registered for over six months in the specialized services priority access mechanism.

The information published must not allow the insured persons or physicians concerned to be identified.

**“73.** The Lettre d'entente n° 245 concernant la prise en charge et le suivi de tout patient sans médecin de famille sur référence ou non du guichet d'accès du CSSS and the Lettre d'entente n° 246 concernant le suivi et le financement de la mesure relative à la prise en charge du patient sans médecin de famille sur référence ou non du guichet d'accès du CSSS, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens

du Québec and approved by Conseil du trésor decision C.T. 213628 dated 11 February 2014, cease to have effect on 28 November 2014.

**“74.** The Entente particulière ayant pour objet les activités médicales particulières, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec and approved by Conseil du trésor decision C.T. 210874 dated 6 December 2011, ceases to have effect on (*insert the date of coming into force of this section*), except paragraph 5.1 of that agreement, which ceases to have effect on 31 December 2015 with regard to the undertakings referred to in section 77.

**“75.** Paragraphs 15.01 to 15.07 of the Entente particulière relative aux services de médecine de famille, de prise en charge et de suivi de la clientèle, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec and approved by Conseil du trésor decision C.T. 211816 dated 31 July 2012, cease to have effect on (*insert the date of coming into force of this section*).

**“76.** The services, supplies or accessory costs that, under an agreement entered into under section 19 of the Health Insurance Act, could be billed by a health professional who was subject to that agreement or by a professional who had withdrawn under the ninth paragraph of section 22 of that Act, as it read before 9 November 2015, may continue to be billed until the coming into force of the first regulation made under the twelfth paragraph of section 22 of that Act, enacted by section 32.

The tariff of fees for services, supplies or accessory costs is subject to the requirements set out in section 22.0.0.1 of that Act.

**“77.** Any undertaking by a physician under section 363 of the Act respecting health services and social services (chapter S-4.2), in force on (*insert the date of coming into force of this section*), ceases to have effect on the earlier of the following dates:

- (1) the expiry date of the undertaking;
- (2) (*insert the date that precedes the date of coming into force of this section*).

However, a general practitioner who, on 31 December 2017, has been performing an activity listed in any of subparagraphs 1 to 5 of the second paragraph of section 361 of the Act respecting health services and social services, as it read on that date, for at least one year has priority with respect to obtaining authorization for medical activity hours authorized in accordance with the first paragraph of section 7 for the same activity, if applicable. If, because of the implementation of the Minister’s directives referred to in the first paragraph of section 5, more than one physician has priority to perform the same medical activity, the hours are authorized for the physician whose initial date of billing to the Board is the earliest.

**“78.** The Minister must, not later than (*insert the date that is two years after the date of coming into force of this section*), report to the Government on the implementation of this Act and, subsequently every five years, on the advisability of amending it.

The report is tabled in the National Assembly by the Minister within 30 days or, if the Assembly is not sitting, within 30 days of resumption.

**“79.** Every general practitioner who, on (*insert the date that precedes the date of coming into force of section 12*), holds a notice of compliance issued by the regional department of general medicine in the region where he or she practises, under the Entente particulière relative au respect des plans régionaux d’effectifs médicaux (PREM) entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec and approved by Conseil du trésor decision C.T. 200809 dated 23 March 2004, is deemed to have obtained a notice of compliance with the regional medical staffing plan from that regional department under section 12.

**“80.** The Minister of Health and Social Services is responsible for the administration of this Act.

**“SCHEDULE I**  
**“(Section 3)**

“The following institutions are not subject to this Act:

(1) those governed by Part IV.1, Part IV.2 and Part IV.3 of the Act respecting health services and social services (chapter S-4.2);

(2) the Centre intégré de santé et de services sociaux de la Côte-Nord, with respect to the facilities indicated on the permits in force on 31 March 2015 for the Centre de santé et de services sociaux de la Basse-Côte-Nord, the Centre de santé et de services sociaux de l’Hématite and the Centre de santé et de services sociaux de la Minganie.”

**PART II**

**AMENDMENTS RELATING TO ASSISTED PROCREATION**

**ACT RESPECTING CLINICAL AND RESEARCH ACTIVITIES  
RELATING TO ASSISTED PROCREATION**

**2.** Section 8 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01) is replaced by the following section:

**“8.** A research project concerning assisted procreation activities or using embryos that resulted from such activities but were not used for that purpose must be approved and monitored by the research ethics committee established by the Minister under article 21 of the Civil Code.

The Government may, by regulation, determine the conditions to be respected by a research project using embryos that resulted from assisted procreation activities but were not used for that purpose.”

**3.** Section 10 of the Act is replaced by the following sections:

**“10.** In order to raise the quality, safety and ethical standards of assisted procreation activities, the Collège des médecins du Québec draws up guidelines on assisted procreation and ensures that they are followed. The Minister sees to the dissemination of the guidelines.

The guidelines must pertain to, among other factors, the importance of favouring the least invasive techniques based on medical indication, the risk factors for the health of the woman and the child, the conditions of access to preimplantation genetic diagnosis, the period of sexual relations or number of artificial inseminations that must precede an *in vitro* fertilization activity, if applicable, and the criteria, including the woman’s age, and the success rates to be considered when a treatment is chosen.

The Collège des médecins du Québec reports on the application of this section in a separate section of its annual report.

**“10.1.** In his or her analysis intended to determine whether assisted procreation activities should be carried out and to select an appropriate treatment under the guidelines provided for in section 10, the physician must ensure that such an activity does not pose a serious risk to the health of the person or of the child to be born.

The physician’s analysis must be entered in the person’s medical record.

**“10.2.** If a physician has reasonable grounds to believe that the party or parties to the parental project are likely to endanger the safety or development of any child born of the assisted procreation but wishes to pursue his or her professional relationship with the party or parties, the physician must obtain a positive assessment of the party or parties, carried out by a member of the Ordre des psychologues du Québec or the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec.

The member of the order is selected by the party or parties to the parental project from a list provided by the order concerned and sent to the Minister.

The assessment is carried out, at the expense of the party or parties to the parental project, on the basis of criteria agreed on by the two professional orders and the Minister. The Minister sees to the dissemination of the assessment criteria.

The Government may, by regulation, determine the conditions applicable to the assessment procedure.



**“10.3.** In the course of an *in vitro* fertilization activity, only one embryo may be transferred into a woman.

However, taking into account the quality of embryos, a physician may decide to transfer two embryos if the woman is 37 years of age or over. The reasons for the decision must be entered in the woman’s medical record.

**“10.4.** No person operating in the health and social services sector may direct a person to an assisted procreation clinic outside Québec to receive assisted procreation services that are not in conformity with the standards set out in or provided for by this Act or the regulations.”

**4.** Section 11 of the Act is amended by adding the following sentence at the end of the first paragraph: “However, if *in vitro* fertilization activities are carried out at the centre, the director of the centre must hold a specialist’s certificate in reproductive and infertility gynaecological endocrinology.”

**5.** The Act is amended by inserting the following section after section 14:

**“14.1.** Any clinical education or training services relating to assisted procreation must be provided at a facility maintained by a health and social services institution within the meaning of the Act respecting health services and social services (chapter S-4.2).”

**6.** Section 26 of the Act is repealed.

**7.** Section 30 of the Act is amended by inserting the following paragraph after paragraph 2:

“(2.1) prescribe the conditions relating to the assessment procedure provided for in section 10.2;”.

**8.** Section 34 of the Act is amended

(1) by replacing “or before suspending or revoking a licence” in the first paragraph by “suspending or revoking a licence, or subjecting a licence to any condition, restriction or prohibition”;

(2) by replacing “to renew the licence” in the second paragraph by “to issue, modify or renew the licence, or subject the licence to a condition, restriction or prohibition”.

**9.** Section 35 of the Act is amended by replacing “or revoked” in the first paragraph by “or revoked, or is subject to a condition, restriction or prohibition”.

**10.** Section 36 of the Act is replaced by the following sections:

**“36.** A person who contravenes section 6, 8, 10.4 or 15 is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in all other cases.

**“36.1.** A physician who contravenes the first paragraph of section 10.2 or section 10.3 is guilty of an offence and is liable to a fine of \$5,000 to \$50,000.

**“36.2.** The director of a centre who contravenes the second paragraph of section 11 is guilty of an offence and is liable to a fine of \$5,000 to \$50,000.

**“36.3.** A centre for assisted procreation that

(1) contravenes the first or third paragraph of section 11 or section 13, 16 or 24 is guilty of an offence and is liable to a fine of \$2,500 to \$25,000 in the case of a natural person and \$7,500 to \$75,000 in all other cases;

(2) contravenes section 14 is guilty of an offence and is liable to a fine of \$1,000 to \$10,000 in the case of a natural person and \$3,000 to \$30,000 in all other cases;

(3) contravenes section 21 or 23 is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in all other cases.”

**11.** Section 37 of the Act is amended by replacing “is liable to a fine of \$1,000 to \$10,000” by “is guilty of an offence and is liable to a fine of \$2,500 to \$25,000 in the case of a natural person and \$7,500 to \$75,000 in all other cases”.

**12.** Section 38 of the Act is repealed.

**13.** Section 39 of the Act is replaced by the following section:

**“39.** Any person who hinders in any way an inspector carrying out the functions of office, misleads the inspector by concealment or false declarations, or refuses to hand over a document or information the inspector may demand under this Act or the regulations is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in all other cases.”

**14.** The Act is amended by inserting the following after section 41:

**“41.1.** In determining the penalty, the judge takes into account, among other things, the following aggravating factors:

(1) the seriousness of the harm, or the risk of serious harm, to the health of a person who resorted to assisted procreation activities, or any child born of such activities;

- (2) the intentional, negligent or reckless nature of the offence;
- (3) the foreseeable character of the offence or the failure to follow recommendations or warnings to prevent it;
- (4) the cost to society of making reparation for the injury or damage caused;
- (5) the increase in revenues or decrease in expenses that the offender obtained, or intended to obtain, by committing the offence or by omitting to take measures to prevent it.

A judge who, despite the presence of an aggravating factor listed in the first paragraph, decides to impose the minimum fine must give reasons for the decision.

## “CHAPTER VII.1

### “RECOVERY MEASURE

“**41.2.** The Government may claim from a centre for assisted procreation operated by a person or partnership referred to in section 4 the cost of health services that

(1) were provided to a person by a public institution or a private institution under agreement within the meaning of the Act respecting health services and social services (chapter S-4.2); and

(2) resulted directly from an assisted procreation activity that was carried out by the centre for assisted procreation and that does not comply with this Act or the regulations.

An institution may, on its own initiative or at the Minister’s request and after having informed the user or the user’s representative, communicate to the Minister any information contained in the user’s file that is necessary for the recourse referred to in the first paragraph.”

### HEALTH INSURANCE ACT

**15.** Section 3 of the Health Insurance Act (chapter A-29) is amended by replacing subparagraph *e* of the first paragraph by the following subparagraphs:

“(e) artificial insemination services rendered by a physician; and

“(f) fertility preservation services determined by regulation and rendered by a physician.”

**16.** Section 69 of the Act is amended by replacing subparagraph *c.2* of the first paragraph by the following subparagraph:

“(c.2) determine the fertility preservation services that must be considered insured services for the purposes of subparagraph *f* of the first paragraph of section 3 and, if applicable, in which cases and on which conditions they must be considered as such;”.

## ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

**17.** Section 19 of the Act respecting health services and social services (chapter S-4.2), amended by section 71 of chapter 2 of the statutes of 2014, is again amended by adding the following paragraph after paragraph 14:

“(15) in the cases and for the purposes set out in the second paragraph of section 41.2 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01).”

## REGULATION RESPECTING CLINICAL ACTIVITIES RELATED TO ASSISTED PROCREATION

**18.** Sections 17 and 18 of the Regulation respecting clinical activities related to assisted procreation (chapter A-5.01, r. 1) are repealed.

## REGULATION RESPECTING THE APPLICATION OF THE HEALTH INSURANCE ACT

**19.** Section 22 of the Regulation respecting the application of the Health Insurance Act (chapter A-29, r. 5) is amended

(1) by striking out “, or is required for the purposes of medically assisted procreation in accordance with section 34.4, 34.5 or 34.6” in paragraph *q*;

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

“(v) any assisted procreation service, except the artificial insemination services, including services required for ovarian stimulation, referred to in subparagraph *e* of the first paragraph of section 3 of the Act.”

**20.** Division XII.2 of the Regulation is replaced by the following division:

### “DIVISION XII.2

#### “FERTILITY PRESERVATION SERVICES

**“34.3.** If rendered to a fertile insured person before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person’s testicles or ovaries for oncotherapy purposes, the fertility preservation services listed below must be considered insured services for the purposes of subparagraph *f* of the first paragraph of section 3 of the Act:

- (a) the services required for ovarian stimulation or ovulation induction;
- (b) the services required to retrieve eggs or ovarian tissue;
- (c) the services required to retrieve sperm or testicular tissue by medical intervention, including percutaneous epididymal sperm aspiration; and
- (d) the services required to freeze and store sperm, eggs, ovarian or testicular tissue or embryos for a five-year period.”

### **PART III**

#### **TRANSITIONAL AND FINAL PROVISIONS**

**21.** Section 8 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01), enacted by section 2, does not apply to research projects in progress on 10 November 2015 that relate to assisted procreation activities or use embryos that resulted from such activities but were not used for that purpose.

**22.** The Collège des médecins du Québec must draw up the guidelines on assisted procreation provided for in section 10 not later than 10 February 2016 and update them periodically.

**23.** Subparagraph *e* of the first paragraph of section 3 of the Health Insurance Act (chapter A-29), subparagraph *c.2* of the first paragraph of section 69 of the Act, paragraph *q* of section 22 and sections 34.3 to 34.6 of the Regulation respecting the application of the Health Insurance Act (chapter A-29, r. 5), as they read on 9 November 2015, continue to have effect with regard to an insured person, within the meaning of that Act, who

(1) began receiving *in vitro* fertilization services before 11 November 2015, until the end of the ovulatory cycle in which the *in vitro* fertilization services are provided or until there is a pregnancy, whichever occurs first;

(2) began receiving services required for artificial insemination before 11 November 2015, until the artificial insemination has occurred; or

(3) participates with the person referred to in subparagraph 1 or 2 in assisted procreation activities for the duration provided for in those subparagraphs.

For the purposes of subparagraph 1 of the first paragraph, an insured person has begun receiving *in vitro* fertilization services if

(1) the person herself has received services required to retrieve eggs or ovarian tissue; or

(2) the person participating with her in the assisted procreation activity has received, as applicable, services required to retrieve sperm by medical intervention or services required to retrieve eggs or ovarian tissue.

For the purposes of subparagraph 2 of the first paragraph, a person has begun receiving services required for artificial insemination if he or she has received services required for ovarian stimulation or ovulation induction.

**24.** Embryo cryopreservation services and services required to freeze and store sperm, as part of the services required for assisted procreation, continue to be insured services within the meaning of the Health Insurance Act until 10 November 2018, provided they began before 11 November 2015.

**25.** This Act comes into force on 10 November 2015, except:

(1) sections 4 to 31, 39, 41, 42, 45 to 47, 49, paragraph 3 of section 50, sections 53, 54, 56, 59 to 68, section 69 to the extent that it concerns general practitioners, and sections 74, 75 and 77 to 79, enacted by section 1, which come into force on the date or dates to be set by the Government;

(2) section 3, to the extent that it enacts section 10.3 of the Act respecting clinical and research activities relating to assisted procreation, and section 18 to the extent that it repeals section 17 of the Regulation respecting clinical activities related to assisted procreation (chapter A-5.01, r. 1), which come into force on 11 November 2015.



