



NATIONAL ASSEMBLY

FIRST SESSION

FORTY-FIRST LEGISLATURE

Bill 92
(2016, chapter 28)

**An Act to extend the powers of the Régie de
l'assurance maladie du Québec, regulate
commercial practices relating to prescription
drugs and protect access to voluntary
termination of pregnancy services**

**Introduced 6 April 2016
Passed in principle 26 May 2016
Passed 6 December 2016
Assented to 7 December 2016**

**Québec Official Publisher
2016**

EXPLANATORY NOTES

This Act amends the Health Insurance Act to, among other things, allow the Régie de l'assurance maladie du Québec (the Board) to recover from a health professional or third person an amount unlawfully obtained from an insured person, without an application for reimbursement being filed beforehand. The monetary administrative penalties that may be imposed on health professionals and third persons who have claimed or obtained a payment contrary to the law are set out and the applicable fines are increased. In addition, the Board may claim the cost of the insured services borne by the Board from anyone who assisted a person in obtaining or using a health insurance card without entitlement. The applicable fines are also increased in such a case.

The Health Insurance Act is further amended to include, for dispensers who provide insured orthoses and prostheses as well as other insured devices, provisions that are similar to those applicable to health professionals, in particular as regards the recovery by the Board of non-authorized payments claimed or obtained by such dispensers. The Board may communicate information obtained for the carrying out of the Health Insurance Act to a police force and to certain government departments and to certain bodies if such information is necessary to prevent, detect or repress an offence under an Act applicable in Québec. The obligation to prescribe by regulation the content of the forms used by the Board is abolished. Moreover, the Board may require that a health professional's statement of fees or claim for payment be transmitted to the Board by electronic means only.

The Act respecting prescription drug insurance is amended to require pharmacists to give an itemized invoice to a person from whom payment of a pharmaceutical service or a medication covered by the basic plan is claimed. Pharmacists are also prohibited from selling a medication covered by the basic plan at any other price than the price they paid. The Minister may suspend or end the insurance coverage of a medication in certain cases, such as when the manufacturer fails to comply with a condition or commitment prescribed by ministerial regulation.

Certain commercial practices as regards medications are prohibited. In particular, a manufacturer, wholesaler or intermediary may not require an owner pharmacist to procure medications from the manufacturer, wholesaler or intermediary on an exclusive basis, or induce or require such a pharmacist to sell a specific brand of medication on a preferential basis.

Nor may a manufacturer, wholesaler or intermediary grant to or receive from a manufacturer, wholesaler or intermediary or a pharmacist any benefit in connection with the sale or purchase of a medication, except a benefit authorized by regulation, or grant any benefit to the author of a prescription or to the operator or an employee of a private seniors' residence. The Board is empowered to require that any such benefit paid contrary to the law be reimbursed.

Monetary administrative penalties and penal offences are prescribed for cases where a manufacturer, wholesaler or intermediary grants or receives such benefits or cases where a pharmacist receives such benefits. Furthermore, the Minister may, by regulation, prescribe the monetary administrative penalties applicable by the Board for any other failure by a manufacturer or wholesaler to comply with a condition or commitment prescribed by ministerial regulation.

The prescriptive period applicable to penal proceedings brought under the Health Insurance Act or the Act respecting prescription drug insurance is set at one year from the date on which the prosecutor became aware of the commission of the offence. The period during which the Board may recover sums received by a health professional or dispenser, manufacturer, wholesaler or intermediary contrary to those Acts is extended.

The Act respecting the Régie de l'assurance maladie du Québec is amended to grant the Board inspection powers. Also, the Board may apply to the Superior Court to obtain an injunction in respect of any matter relating to an Act under the Board's administration.

The Act respecting health services and social services is amended to prohibit hindering a person from having access to a place where health services or social services are provided and to regulate demonstrations near places where voluntary termination of pregnancy services are provided.

LEGISLATION AMENDED BY THIS ACT:

- Hospital Insurance Act (chapter A-28);
- 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 Régie de l'assurance maladie du Québec (chapter R-5);
- Act respecting health services and social services (chapter S-4.2).

Bill 92

AN ACT TO EXTEND THE POWERS OF THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC, REGULATE COMMERCIAL PRACTICES RELATING TO PRESCRIPTION DRUGS AND PROTECT ACCESS TO VOLUNTARY TERMINATION OF PREGNANCY SERVICES

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

HEALTH INSURANCE ACT

1. Section 1 of the Health Insurance Act (chapter A-29) is amended by inserting the following subparagraph after subparagraph *p* of the first paragraph:

“(p.1) “dispenser”: any person who provides an insured service referred to in the fifth, sixth, seventh or eighth paragraph of section 3 and may exact from an insured person or from the Board, as the case may be, the cost determined by regulation for such a service;”.

2. Section 7 of the Act is amended by replacing “in the form prescribed by the Board” in the second paragraph by “using the form provided by the Board”.

3. Section 9.1.1 of the Act is amended by replacing “\$200 to \$1,000” in the second paragraph by “\$500 to \$5,000”.

4. Sections 9.2 to 9.4 of the Act are amended by replacing “not less than \$200 nor more than \$1,000” by “not less than \$500 nor more than \$5,000”.

5. Section 9.5 of the Act is amended by replacing “\$50 to \$500” and “\$100 to \$1,000” in the second paragraph by “\$250 to \$2,500” and “\$500 to \$5,000”, respectively.

6. Section 9.7 of the Act is amended

(1) by adding the following subparagraph at the end of the first paragraph:

“(4) received insured services as a result of the use of a health insurance card or eligibility card that was entrusted, lent, given, sold or otherwise alienated contrary to the first paragraph of section 9.1 or that does not correspond to the person’s, spouse’s or child’s true identity.”;

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

“A person must also reimburse the Board, solidarily with the person who received insured services without being entitled to them,

(1) if the person, contrary to the first paragraph of section 9.1, entrusted, lent, gave, sold or otherwise alienated the person’s card;

(2) if the person, contrary to section 9.2, assisted or encouraged the person who received insured services to register with the Board although that person was not entitled to do so.”;

(3) by replacing the second paragraph by the following paragraph:

“The recovery of amounts unduly paid is prescribed five years after the insured services are received. In the case of a false declaration, recovery is prescribed five years after the date on which the Board becomes aware of a person’s ineligibility for such services, but not later than 10 years after the services are received.”;

(4) by inserting “or any other person referred to in the second paragraph” after “the person” in the third paragraph.

7. Section 18 of the Act is amended

(1) by adding the following sentence at the end of subsection 1: “Any claim by the Board must be notified to the third person by way of a notice stating the amount of the debt and the reasons for which the debt is due.”;

(2) by inserting the following subsections after subsection 1:

“(1.1) A health professional or dispenser shall, on a request by the Board specifying the nature of the information or documents sought, communicate to the Board any information or document contained in the insured person’s record that is necessary to exercise a right of recovery under subsection 1. The health professional or dispenser shall inform the insured person of the nature of the information or documents to be communicated to the Board within a reasonable time before they are sent.

“(1.2) If a judicial application is instituted to obtain compensation for the injury caused by the third person’s fault, the insured person or insured person’s successors shall notify it to the Board within five days after it is instituted.

“(1.3) The Board may intervene in any judicial application brought against the third person to obtain compensation for the injury caused to the insured person. If it wishes to intervene, it shall send a notice to that effect to each of the parties and to the court; it is then considered to be a party to the proceeding.”;

(3) by replacing subsection 2.1 by the following subsection:

“(2.1) An insurer of a third person’s liability shall notify the Board in writing as soon as the insurer is informed of an event involving physical or mental injury that entails or might entail the payment of insured services.”;

(4) by adding the following subsection at the end:

“(6) For the purposes of this section, “insurer of a third person’s liability” also means a person or group of persons that provides coverage which may otherwise be obtained under a liability insurance contract.”

8. Section 18.1 of the Act is amended by inserting “, as may a person who must reimburse an amount under section 9.7” at the end.

9. Section 22 of the Act is amended by replacing the fourteenth paragraph by the following paragraphs:

“A health professional who contravenes the fourth, seventh, eighth or thirteenth paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, in the case of a subsequent offence, to a fine of \$10,000 to \$100,000.

Every person who contravenes the ninth or eleventh paragraph 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 any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.

Every person who manages the business of a health professional and makes a false declaration in connection with a claim for payment to the Board 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 \$10,000 to \$100,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.”

10. Section 22.0.0.2 of the Act is amended by replacing “\$1,000 to \$2,000” and “\$2,000 to \$5,000” in the third paragraph by “\$5,000 to \$50,000” and “\$10,000 to \$100,000”, respectively.

11. Section 22.0.0.1 of the Act is amended

(1) by replacing “the remedy provided for in the first paragraph of section 22.0.1” in the fourth paragraph by “the right of the person from whom payment is exacted contrary to section 22.0.1 to claim reimbursement”;

(2) by replacing “\$500 to \$1,000” and “\$1,000 to \$2,000” in the sixth paragraph by “\$2,500 to \$25,000” and “\$5,000 to \$50,000”, respectively;

(3) by replacing the seventh paragraph by the following paragraph:

“Every person who contravenes the second paragraph 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 any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.”

12. Section 22.0.1 of the Act is replaced by the following section:

“22.0.1. Where the Board believes that a health professional or third person has received payment from an insured person contrary to this Act, including if the health professional or third person has exacted more than the amount that would have been paid by the Board to a professional subject to the application of an agreement for the services provided to an insured person who did not present his health insurance card, claim booklet or eligibility card, it shall notify the health professional or third person in writing. The notice must also indicate the reimbursement mechanisms that the Board may apply under this section and, if applicable, the monetary administrative penalty that may be imposed, and allow the health professional or third person 30 days to present observations.

At the expiry of the 30-day period, the Board shall notify its decision to the health professional or third person in writing, with reasons. If the Board maintains that an amount has been so paid, it shall reimburse the amount to the insured person in respect of whom it has, within five years after payment is made, written proof of the payment.

The Board may

(1) inform the insured persons concerned by any means it considers appropriate, such as by publishing a notice to that effect on its website or in a newspaper in the locality where the health professional practises, that they may file an application for reimbursement with the Board within five years of the date of payment;

(2) recover from the health professional or third person, by compensation or otherwise, any amount received contrary to this Act, whether or not the Board has received an application for reimbursement, such an amount then being deemed to be a debt toward the Board; and

(3) impose on the health professional or third person a monetary administrative penalty equal to 15% of the payment received contrary to this Act, which it may collect by compensation or otherwise.

If the five-year period referred to in the second paragraph has expired, the Board may not take any recovery measure under subparagraph 2 of the third paragraph in respect of an amount for which it has not received an application for reimbursement.

If the third person having received the prohibited payment is the operator of a private health facility or specialized medical centre where the health professional named in the application for reimbursement or affected by the recovery measure practises, or if the third person manages the business of the health professional, compensation may be applied against that health professional, except as regards the monetary administrative penalty, provided the health professional has been notified in accordance with the first paragraph.

The health professional or third person may, within 60 days of notification of the decision, contest the decision before the Superior Court or the Court of Québec, according to their respective jurisdictions. The burden of proving that the decision of the Board is ill-founded is on the health professional or third person, as the case may be.

If the health professional or third person does not contest such a decision and the Board cannot recover the amount owing by compensation, the Board may, at the expiry of the 60-day period for contesting the decision, issue a certificate stating the name and address of the health professional or third person and attesting the amount owing and the health professional's or third person's failure to contest the decision. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, the decision becomes enforceable as if it were a final judgment of that court not subject to appeal and has all the effects of such a judgment.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to the amount owed by the health professional or third person."

13. Section 22.2 of the Act is amended

(1) by inserting "in accordance with the terms and conditions and time limits provided for in the agreement" at the end of the first paragraph;

(2) by replacing "36" in the first paragraph by "60";

(3) by replacing "36 preceding months" in the second paragraph by "preceding 10 years";

(4) by replacing the third paragraph by the following paragraphs:

"In addition, the Board may impose on the health professional a monetary administrative penalty equal to 10% of the payment the health professional has claimed or obtained for services referred to in the first paragraph or 15% of the payment the health professional has claimed or obtained for services referred to in the second paragraph. It may collect the amount of the penalty by compensation or otherwise.

Before rendering its decision, the Board shall give the health professional at least 30 days' notice, stating the acts alleged against him and, if applicable, the monetary administrative penalty that may be imposed, and allowing him

an opportunity to present observations. At the expiry of the time limit, the Board shall notify its decision to the health professional in writing, with reasons.”;

(5) by replacing “six months” in the fifth paragraph by “60 days”;

(6) by inserting the following paragraphs after the fifth paragraph:

“The amount of the payments that a health professional has obtained for services referred to in the first or second paragraph may be established by statistical inference on the sole basis of information obtained by a sampling of those services, according to a method consistent with generally accepted practices.

Notification of a notice of investigation to the health professional by the Board suspends the 60-month prescription provided for in the first paragraph or the 10-year prescription provided for in the second paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.”;

(7) by replacing “second, third, fourth and fifth” in the sixth paragraph by “second, fourth, fifth and sixth”.

14. Section 22.3 of the Act is amended by replacing the first paragraph by the following paragraph:

“If a health professional does not contest the decision rendered by the Board under section 22.2 and the Board can neither refuse payment for the services concerned by its decision nor have the amount owing reimbursed by compensation, it may, at the expiry of the applicable period for contesting the decision, issue a certificate stating the name and address of the health professional and attesting the amount owing and the health professional’s failure to contest the decision of the Board. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, the decision becomes enforceable as if it were a final judgment of that court not subject to appeal and has all the effects of such a judgment.”

15. Section 22.4 of the Act is amended by replacing the first and second paragraphs by the following paragraphs:

“Any amount, except a monetary administrative penalty, owed by a health professional or third person, as the case may be, following a decision of the Board made under section 22.0.1, 22.2 or 50 carries a recovery charge equal to 10% calculated on the outstanding balance of the debt on the date on which the Board, in order to collect the debt, resorts to a recovery measure, such as compensation or the issue of a certificate. The charge cannot be less than \$50 nor more than \$10,000.

When several measures are exercised to recover a debt, the charge provided for in the first paragraph is applied only once.”

16. The Act is amended by inserting the following section after section 22.4:

“**22.5.** No decision to impose a monetary administrative penalty may be notified to a person for a failure to comply with this Act or the regulations if a statement of offence has already been served for a failure to comply with the same provision on the same day, based on the same facts.”

17. The Act is amended by inserting the following section after section 22.5:

“**22.6.** Despite section 63, the information contained in a decision made by the Board under section 22.0.1, the second or third paragraph of section 22.2, section 38.3 or section 50 that is not contested within the time prescribed or the contestation of which has been withdrawn is public information, except the personal information concerning a person to whom the decision does not apply. The Board shall send such a decision to the professional order concerned.”

18. Section 26 of the Act is amended by replacing “the provisions of the agreement” and “which is provided for in the agreement and” by “what is prescribed by regulation” and “so prescribed”, respectively.

19. Section 27 of the Act is repealed.

20. Section 28 of the Act is amended

(1) by striking out “in the agreement or, failing an agreement, in accordance with the regulations” in the first paragraph;

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

“However, the Minister may authorize the re-engagement of a professional who has withdrawn or a non-participating professional within a shorter period than the prescribed period.”

21. Section 31 of the Act is amended by replacing “\$1,000 to \$2,000” and “\$2,000 to \$5,000” in the second paragraph by “\$5,000 to \$50,000” and “\$10,000 to \$100,000”, respectively.

22. Section 38 of the Act is amended by replacing “Subject to the second paragraph of section 18.2 and excepting any proceeding under section 18.4 or 50” by “Unless another period is specified”.

23. The Act is amended by inserting the following division after section 38:

“DIVISION III.1

“DISPENSERS

“38.1. A dispenser may not exact or receive payment from the Board or from an insured person, as the case may be, for an insured service that was not provided, that the dispenser did not provide in accordance with the tariffs or conditions prescribed by regulation or that the dispenser falsely described.

The dispenser may not exact or receive payment from the Board for a non-insured service.

A dispenser who contravenes the first or second paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, in the case of a subsequent offence, to a fine of \$10,000 to \$100,000.

“38.2. Section 22.0.1, except the fifth paragraph, applies where the Board believes that a dispenser received a payment from an insured person contrary to section 38.1, with the necessary modifications. However, a dispenser who wishes to contest the Board’s decision must do so before the Administrative Tribunal of Québec within 60 days of notification of the decision.

“38.3. Where the Board believes that services for which payment is claimed by a dispenser or for which he obtained payment in the preceding 60 months were services not provided in accordance with the tariffs or conditions prescribed by regulation, it may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

Where, after an investigation, the Board believes that services for which payment is claimed by a dispenser or for which he obtained payment in the preceding 10 years were services that were not provided or that the dispenser falsely described or were non-insured services, it may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

In addition, the Board may impose on the dispenser a monetary administrative penalty equal to 10% of the payment the dispenser claimed or obtained for services referred to in the first paragraph or 15% of the payment the dispenser claimed or obtained for services referred to in the second paragraph. It may collect the amount of the penalty by compensation or otherwise.

Before rendering its decision, the Board shall give the dispenser at least 30 days’ notice, stating the acts alleged against him and, if applicable, the monetary administrative penalty that may be imposed, and allowing him an opportunity to present observations. At the expiry of the time limit, it shall notify its decision to the dispenser in writing, with reasons.

The dispenser may, within 60 days of notification of the decision, contest it before the Administrative Tribunal of Québec. The burden of proving that the decision of the Board is ill-founded is on the dispenser.

Notification of a notice of investigation to the dispenser by the Board suspends the 60-month prescription provided for in the first paragraph or the 10-year prescription provided for in the second paragraph, as the case may be, until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.

“38.4. If a dispenser does not contest the Board’s decision before the Administrative Tribunal of Québec and the Board can neither refuse payment for the services concerned nor have them reimbursed by compensation, it may, at the expiry of the 60-day period for contesting the decision, issue a certificate stating the name and address of the dispenser and attesting the amount owing and the dispenser’s failure to contest the decision before the Administrative Tribunal of Québec. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, the decision becomes enforceable as if it were a final judgment of that court not subject to appeal and has all the effects of such a judgment.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to the amount owed by the dispenser.

“38.5. Any amount, except a monetary administrative penalty, owed by a dispenser following a decision of the Board made under section 38.2 or 38.3 carries a recovery charge equal to 10% calculated on the outstanding balance of the debt on the date on which the Board, in order to collect the debt, resorts to a recovery measure, such as compensation or the issue of a certificate. The charge cannot be less than \$50 nor more than \$10,000.

The second and third paragraphs of section 22.4 apply, with the necessary modifications.

“38.6. Section 22.5 applies to a dispenser on whom a statement of offence has been served.

“38.7. Sections 38.1 to 38.5 do not apply to an institution.”

24. Section 47 of the Act is amended

- (1) by replacing “36” in the first paragraph by “60”;
- (2) by adding the following paragraph at the end:

“Notification of a notice of investigation to the health professional by the Board suspends the 60-month prescription provided for in the first paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.”

25. Section 50 of the Act is amended

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

“The Board may impose on the health professional a monetary administrative penalty equal to 15% of the payment the professional claimed or obtained for services referred to in the first paragraph of section 47, which it may collect by compensation, except if its decision is not in conformity with the recommendation of the revisory committee. When such a penalty is imposed, the notice transmitted to the professional must mention as much.”;

(2) by replacing “the preceding paragraph” in the second paragraph by “the first or second paragraph”.

26. Section 51 of the Act is amended by replacing “second paragraph” in the first paragraph by “third paragraph”.

27. Section 64 of the Act is amended

(1) by adding the following subparagraph after subparagraph *c* of the first paragraph:

“(d) the description of the service that was furnished.”;

(2) by inserting “, except that referred to in subparagraph *d* of the first paragraph,” after “shall be required to disclose such information” in the second paragraph.

28. Section 65 of the Act is amended

(1) by inserting “or the board of directors of any professional order to which a dispenser belongs or to which a person who provides an insured service for a dispenser belongs” after “Ordre professionnel des pharmaciens du Québec” in the first paragraph;

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

“Neither does it prohibit the communication of information obtained for the carrying out of this Act

(1) to a body responsible by law for the prevention, detection or repression of crime or statutory offences, if the information is necessary to prosecute an offence under an Act applicable in Québec; or

(2) to a body referred to in the seventh paragraph if the information is necessary to prevent, detect or repress an offence under an Act applicable in Québec.”;

(3) by replacing “fifth” in the seventh paragraph by “sixth”.

29. The Act is amended by inserting the following section after section 65:

“**65.0.0.1.** If a person is found guilty of an offence under this Act or its regulations, the Board must inform the professional order of which the person is a member, if any.”

30. Section 67 of the Act is amended by inserting the following paragraph after the tenth paragraph:

“Neither does it prohibit the communication to the Minister of Health and Social Services, in accordance with the conditions and formalities prescribed by the Act respecting Access to documents held by public bodies and the Protection of personal information, of the information necessary to advise the Minister on any matter the Minister refers to the Board and to inform the Minister of any problem or any matter which, in the Board’s opinion, warrants examination or action by the Minister or by any other minister or body with an interest in the administration or implementation of a program in accordance with subparagraph *c* of the second paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5).”

31. Section 69 of the Act is amended, in the first paragraph,

(1) by striking out “prescribe the terms and conditions for claims and payments,” in subparagraph *h.2*;

(2) by striking out “the information and documents he must provide,” in subparagraph *l*;

(3) by replacing “, the documents that must be presented by the applicant, and the conditions the applicant must fulfil” in subparagraph *l.2* by “and the conditions to be met by the applicant”.

32. Section 72 of the Act is amended, in the first paragraph,

(1) by striking out subparagraph *a*;

(2) by replacing subparagraph *d.2* by the following subparagraph:

“(d.2) prescribing, with respect to any class of health professionals with which the Minister has entered into an agreement under section 19, according to the method of remuneration, that a health professional’s statement of fees or claim for payment be transmitted to the Board by electronic means only;”;

(3) by striking out subparagraph *e*.

33. Section 74 of the Act is amended by replacing “of not more than \$500” and “of \$100 to \$1,000” in the third paragraph by “of \$1,000 to \$10,000” and “of \$2,000 to \$20,000”, respectively.

34. The Act is amended by inserting the following section after section 74:

“74.1. Every person who threatens or intimidates a person or takes reprisals in any manner whatever against him, including demoting, suspending or dismissing him or taking any disciplinary or other measure that adversely affects his employment or conditions of employment because he is complying with this Act, is exercising a right provided for by this Act or has reported conduct that contravenes this Act is guilty of an offence and is liable to a fine of \$2,000 to \$20,000 in the case of a natural person and \$10,000 to \$250,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.

The Board must take all necessary measures to protect the identity of persons making a disclosure. The Board may however communicate the identity of such persons to the Director of Criminal and Penal Prosecutions.”

35. Section 76 of the Act is amended by replacing “of not more than \$1,000” by “of \$250 to \$2,500”.

36. Section 76.1 of the Act is replaced by the following section:

“76.1. Penal proceedings for an offence under this Act or the regulations must be brought within one year from the date on which the prosecutor became aware of the commission of the offence. However, no proceedings may be instituted if more than five years have elapsed since the date of the commission of the offence.”

37. The Act is amended by striking out “the content of which is in conformity with the regulations,” in the first paragraphs of sections 12, 13.1 and 22.1, “and the content of which is in conformity with the regulations” in the first paragraphs of sections 13 and 13.2 and in the first and third paragraphs of section 13.2.1, and “, the content of which is in conformity with the regulations,” in section 13.3.

HOSPITAL INSURANCE ACT

38. Section 10 of the Hospital Insurance Act (chapter A-28) is amended

(1) by adding the following sentence at the end of subsection 1: “Any claim by the State must be notified by the Board to the third party by way of a notice stating the amount of the debt and the reasons for which the debt is due.”;

(2) by replacing subsection 3.1 by the following subsection:

“(3.1) An insurer of a third party’s liability shall notify the Board in writing as soon as the insurer is informed of an event involving physical or mental injury that entails or might entail the payment of insured services.”;

(3) by adding the following subsections at the end:

“(7) An institution shall, on a request by the Board specifying the nature of the information or documents sought, communicate to the Minister any information or document contained in the insured person’s record that is necessary to exercise a right of recovery under subsection 1, provided the institution has informed the insured person of the nature of the information or documents to be communicated to the Board within a reasonable time before they are sent.

“(8) For the purposes of this section, “insurer of a third party’s liability” also means a person or group of persons that provides coverage which may otherwise be obtained under a liability insurance contract.”

ACT RESPECTING PRESCRIPTION DRUG INSURANCE

39. The Act respecting prescription drug insurance (chapter A-29.01) is amended by inserting the following sections after section 8.1:

“8.1.1. A pharmacist must give an itemized invoice to a person from whom payment of a pharmaceutical service, except a service for which no contribution is payable under subparagraph 1.4 of the first paragraph of section 78, or of a medication or supply covered by the basic plan is claimed. The invoice must list separately the pharmacist’s professional fees for every service provided, the price paid by the basic plan for every medication or supply provided and the wholesaler’s profit margin, if any.

The invoice must also show any other information the Government determines by regulation, based on whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan.

An accredited wholesaler must give the pharmacist to whom the wholesaler sells a medication or supply covered by the basic plan an itemized invoice which lists separately the price of that medication or supply and the wholesaler’s profit margin.

“8.1.2. No pharmacist may sell a medication covered by the basic plan to a person covered by that plan at any other price than the price the pharmacist paid. In the case of a compounded medication, a parenteral therapy, an ophthalmic solution or any other medication requiring preparation, the price that the pharmacist paid includes the cost of all the ingredients used in the preparation and the fees of the compounding pharmacist.

No compounding pharmacist who, at the request of another pharmacist, prepares a compounded medication, a parenteral therapy, an ophthalmic solution or any other medication requiring preparation may sell such a medication to that other pharmacist at any other price than the price paid by the basic plan, or bill that other pharmacist, if the person concerned is covered by the public plan, for fees other than those established according to the tariffs determined in the agreement under section 19 of the Health Insurance Act (chapter A-29).”

40. Section 22 of the Act is amended

(1) by replacing “36” in the third paragraph by “60”;

(2) by inserting “government” before “regulation” in the third paragraph;

(3) by adding the following sentence at the end of the third paragraph: “In addition, the Board may impose on a pharmacist a monetary administrative penalty equal to 15% of the amount of the benefits, which it may collect by compensation or otherwise.”;

(4) by inserting the following paragraph after the third paragraph:

“For the purposes of the third paragraph, any benefit received by a pharmacist is presumed, in the absence of any evidence to the contrary, to have been received in connection with pharmaceutical services or medications for which the pharmacist has claimed or received payment.”;

(5) by adding the following paragraphs at the end:

“The information contained in a decision made by the Board under the third paragraph that is not contested within the time prescribed or the contestation of which has been withdrawn is public information, except the personal information concerning a person to whom the decision does not apply. The Board shall send such a decision to the Ordre professionnel des pharmaciens du Québec.

Notification of a notice of investigation to the pharmacist by the Board suspends the 60-month prescription provided for in the third paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.”

41. The Act is amended by inserting the following section after section 42.2:

“**42.2.1.** No group insurance contract or employee benefit plan may restrict a beneficiary’s freedom to choose a pharmacist.”

42. Section 60 of the Act is amended by replacing the fourth and fifth paragraphs by the following paragraphs:

“The list shall also, for medications provided by a pharmacist, in the cases and on the conditions determined in the list, indicate the price of the medications or supplies sold to a pharmacist by an accredited manufacturer or wholesaler, the manner in which the price of a medication or supply is established, the cost payable by the basic plan for a medication or supply and the accredited wholesalers’ maximum profit margins.

Furthermore, the list shall include, where applicable, the cases in which and the conditions on which payment of the cost of a medication, including an

exceptional medication, is covered by the basic plan, in particular the therapeutic indications concerned, the maximum quantity covered for that medication, the duration of the pharmacological treatment, the necessity of obtaining the Board's authorization and the restrictions relating to the age of the eligible person.”

43. Section 60.0.0.1 of the Act is amended by replacing “it is entered as an exceptional medication” by “the brand-name medication is subject to the Board's authorization”.

44. The Act is amended by inserting the following sections after section 60.0.3:

“60.0.4. The Minister may suspend the insurance coverage of a manufacturer's medication or supply, end it or not re-enter a medication or a supply of that manufacturer on the list of medications when the list is updated in the following cases:

(1) if the manufacturer fails to comply with a condition or commitment prescribed by ministerial regulation, a provision of a listing agreement or a provision of a contract entered into following a call for tenders;

(2) if the selling price guaranteed by the manufacturer for a medication is higher than the maximum amount payable by the basic plan;

(3) if a competing medication or supply is the subject of a listing agreement;

(4) if the Institut national d'excellence en santé et en services sociaux recommends doing so; or

(5) if the Minister considers that the public interest so requires.

The Minister suspends or ends the insurance coverage by publishing a notice on the Board's website. The suspension or end of the insurance coverage applies on the date of publication of the notice or on any later date specified in the notice. Where applicable, a notice of the end date of the suspension is also published on the website. Publication imparts authentic value to such notices. The notices are not subject to the requirements concerning publication and date of coming into force set out in sections 8, 15 and 17 of the Regulations Act (chapter R-18.1).

However, the Minister may, in a suspension or end-of-coverage notice or on an updating of the list, maintain the insurance coverage of a medication or supply for persons undergoing pharmacological treatment.

A medication for which the Minister has issued a suspension or end-of-coverage notice or which has not been re-entered on the list of medications is excluded from the application of the sixth paragraph of section 60.

“60.0.5. If the Minister considers that the available stock of a medication entered on the list of medications is becoming scarce and there is a serious risk of a stock shortage, the Minister may, by publishing a notice on the Board’s website, suspend, if applicable, the application of any preferential procurement agreement relating to that medication. The suspension applies on the date of publication of the notice or any later date specified in the notice. A notice of the end date of the suspension is also published on the Board’s website.

The accredited manufacturer or wholesaler or the intermediary within the meaning of the second paragraph of section 80.1 governed by such an agreement must then supply any pharmacist who requests it.

“60.0.6. At the Minister’s request, a manufacturer or wholesaler must provide, within 24 hours following the request and in the requested format, any information on the manufacturer’s or wholesaler’s stocks and back orders, including, if requested, the medication or supply, the format, dosage, lot numbers and expiry dates and the sales to pharmacists with an account. The Minister may request that the Board send the information to pharmacists.”

45. Section 60.1 of the Act is amended by replacing “it” by “the president and chief executive officer or, in that officer’s absence, the person that officer designates”.

46. The Act is amended by inserting the following sections after section 70:

“70.0.1. The Minister may, by regulation, prescribe the monetary administrative penalties that may be imposed by the Board in the case of a failure by a manufacturer or wholesaler to comply with a condition or commitment prescribed by ministerial regulation. The regulation determines the amount of the penalty by taking into account the nature and seriousness of the failure to comply; however, the amount may not exceed \$2,500.

The imposition of such an administrative penalty is prescribed two years after the date of the failure to comply.

“70.0.2. Sections 22.2 and 22.3 of the Health Insurance Act (chapter A-29) govern the procedure applicable to a decision made by the Board under section 70.0.1 as if the decision had been made under the third paragraph of section 22.2 of that Act, with the necessary modifications.”

47. Section 78 of the Act is amended by replacing subparagraph 2.1 of the first paragraph by the following subparagraph:

“(2.1) determine the other information the itemized invoice referred to in section 8.1.1 must contain, which may vary according to whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan;”.

48. Section 80 of the Act is amended

(1) by replacing the introductory clause by the following introductory clause:

“30. In addition to the other regulatory powers conferred by this Act, the Minister may make regulations to”;

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

“(4) determine the benefits intermediaries may grant or receive within the scope of their activities in the supply chain for medications entered on the list of medications or in the marketing of such medications in pharmacies; and

“(5) determine the elements for which a certificate or report must be prepared by an independent auditor.”

49. The Act is amended by inserting the following chapter after section 80:

“CHAPTER IV.1

“PROHIBITED COMMERCIAL PRACTICES

“30.1. An accredited manufacturer may not enter into an exclusive agreement with an accredited wholesaler or an intermediary to supply a pharmacy with a medication or supply entered on the list of medications.

For the purposes of this Act, an intermediary is

(1) any person with whom owner pharmacists identify within the scope of their professional or commercial activities, in particular by using, with the person’s consent, the person’s name or image or a trademark the person owns; or

(2) any person who intervenes, directly or indirectly, in the supply chain for the medications entered on the list of medications or in the marketing of such medications in pharmacies, except accredited manufacturers or wholesalers or owner pharmacists or any of their employees.

“30.2. An accredited manufacturer or wholesaler may not, nor may an intermediary,

(1) pay or reimburse to a person covered by the basic plan all or part of the price of a medication or supply covered by the plan, except to the extent provided for by ministerial regulation, in particular for humanitarian reasons;

(2) limit the supply of medications or supplies entered on the list of medications to a restricted number of owner pharmacists, unless a notice of compliance with conditions has been issued by Health Canada to the contrary;

(3) require that an owner pharmacist procure from the manufacturer, wholesaler or intermediary, on an exclusive basis, medications or supplies entered on the list of medications;

(4) require that an owner pharmacist procure from the manufacturer, wholesaler or intermediary, on a preferential basis, medications or supplies entered on the list of medications, unless an agreement between them explicitly provides for the possibility of procuring medications or supplies otherwise when, in the pharmacist's opinion, a person's state or condition requires a medication or supply that is not available on a preferential basis;

(5) directly or indirectly induce or require an owner pharmacist to sell on a preferential basis a specific brand of medication or supply entered on the list of medications; or

(6) grant to or receive from an accredited manufacturer or wholesaler, intermediary or pharmacist, directly or indirectly, any benefit in connection with the sale or purchase of a medication entered on the list of medications covered by the basic plan, except a benefit authorized by regulation or a discount or, in the case of a wholesaler, a profit margin not provided for in the commitment.

“80.3. An accredited manufacturer or wholesaler may not, nor may an intermediary or owner pharmacist, grant any benefit, directly or indirectly, in connection with the sale or purchase of a medication entered on the list of medications covered by the basic plan, to the author of a prescription or an operator or employee of a private seniors' residence governed by the Act respecting health services and social services (chapter S-4.2).

The author of a prescription or the operator or employee of a private seniors' residence may not receive such a benefit from an accredited manufacturer or wholesaler or from an intermediary or owner pharmacist.

“80.4. If, after an investigation, the Board believes that an accredited manufacturer or wholesaler or an intermediary has granted or received, within the preceding 60 months, a benefit, a discount or a profit margin contrary to paragraph 6 of section 80.2, the Board may require that the accredited manufacturer or wholesaler or the intermediary reimburse it. In addition, the Board may require that the accredited manufacturer or wholesaler or the intermediary pay the administrative costs determined in the commitment and may impose a monetary administrative penalty equal to 15% of the amount of the reimbursement.

If, after an investigation, the Board believes that an accredited manufacturer or wholesaler or an intermediary or owner pharmacist has granted, within the preceding 60 months, any benefit contrary to the first paragraph of section 80.3, the Board may require that the accredited manufacturer or wholesaler or the intermediary or owner pharmacist reimburse it. In addition, the Board may require that the accredited manufacturer or wholesaler or the intermediary or

owner pharmacist pay the administrative costs determined in the commitment and may impose a monetary administrative penalty equal to 15% of the amount of the reimbursement.

Notification of a notice of investigation to the accredited manufacturer or wholesaler, the intermediary or owner pharmacist by the Board suspends the 60-month prescription provided for in the first or second paragraph, as the case may be, until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.

Sections 22.2 to 22.3 of the Health Insurance Act (chapter A-29) govern the procedure applicable to a decision made under the first or second paragraph, as if the decision had been made under the second paragraph of section 22.2 of that Act, with the necessary modifications.

The information contained in a decision made under the first or second paragraph that is not contested in the time prescribed or the contestation of which has been withdrawn is public information, except the personal information concerning a person to whom the decision does not apply.

For the purposes of this section, any benefit granted or received is presumed, in the absence of any evidence to the contrary, to have been granted or received in connection with the sale or purchase of a medication entered on the list of medications covered by the basic plan.”

50. The Act is amended by inserting the following section before section 81:

“**80.5.** A pharmacist who contravenes the first or second paragraph of section 8.1.1 or section 8.1.2 is guilty of an offence and is liable to a fine of \$2,500 to \$25,000.

The same applies to an accredited wholesaler who contravenes the third paragraph of section 8.1.1.”

51. Section 81 of the Act is amended by replacing “of not less than \$100 and not more than \$1,000” at the end by “of \$1,000 to \$10,000”.

52. Section 82 of the Act is amended by replacing the second paragraph by the following paragraphs:

“Every person who assists or encourages another person to obtain or receive a benefit, in particular a brand-name medication, to which that other person is not entitled under this Act or who provides information the person knows to be false or inaccurate to allow the other person to enjoy such a benefit is guilty of an offence.

A person found guilty of an offence under this section is liable to a fine of \$1,000 to \$10,000.”

53. The Act is amended by inserting the following section after section 82:

“82.1. Every person who threatens or intimidates a person, or takes reprisals in any manner whatever against the person, including demoting, suspending or dismissing the person or taking any disciplinary or other measure that adversely affects the person’s employment or conditions of employment because the person is complying with this Act, is exercising a right provided for by this Act or has reported conduct that contravenes this Act is guilty of an offence and is liable to a fine of \$2,000 to \$20,000 in the case of a natural person and \$10,000 to \$250,000 in any other case.

The Board must take all necessary measures to protect the identity of persons making a disclosure. The Board may however communicate the identity of such persons to the Director of Criminal and Penal Prosecutions.”

54. Sections 84, 84.1 and 84.2 of the Act are amended by replacing “of not less than \$1,000 and not more than \$10,000” by “of \$2,500 to \$250,000”.

55. The Act is amended by inserting the following sections after section 84.2:

“84.2.1. An insurer transacting group insurance or an administrator of an employee benefit plan who, in contravention of section 42.2.1, restricts a beneficiary’s freedom to choose a pharmacist is guilty of an offence and is liable to a fine of \$10,000 to \$1,000,000.

“84.2.2. An accredited manufacturer or wholesaler or an intermediary who contravenes the second paragraph of section 60.0.5 is guilty of an offence and is liable to a fine of \$2,500 to \$250,000.”

56. Section 84.3 of the Act is amended by replacing “of not less than \$1,000 and not more than \$10,000” by “of \$1,000 to \$100,000”.

57. The Act is amended by inserting the following sections after section 84.3:

“84.3.1. An accredited manufacturer who contravenes section 80.1 is guilty of an offence and is liable to a fine of \$10,000 to \$1,000,000.

An accredited manufacturer or wholesaler or an intermediary who contravenes section 80.2 or 80.3 is guilty of an offence and is liable to a fine of \$10,000 to \$1,000,000.

A pharmacist who contravenes section 80.3 is guilty of an offence and is liable to a fine of \$10,000 to \$100,000.

“84.3.2. The operator of a private seniors’ residence or author of a prescription who contravenes the second paragraph of section 80.3 is guilty of an offence and is liable to a fine of \$5,000 to \$50,000.

The employee of a private seniors' residence who contravenes the second paragraph of section 80.3 is guilty of an offence and is liable to a fine of \$1,000 to \$10,000."

58. Section 84.4 of the Act is amended by replacing "of not less than \$1,000 and not more than \$10,000" by "of \$2,500 to \$25,000".

59. The Act is amended by inserting the following sections after section 84.5:

"84.6. A pharmacist who receives a benefit in connection with pharmaceutical services or medications for which the pharmacist has claimed or received payment, except a benefit authorized by regulation, is guilty of an offence and is liable to a fine of \$10,000 to \$100,000.

"84.7. An accredited manufacturer or wholesaler who contravenes a condition or commitment prescribed by ministerial regulation is guilty of an offence and is liable to a fine of \$2,500 to \$250,000."

60. Section 85 of the Act is amended by replacing "Every person" by "Subject to section 84.7, every person".

61. The Act is amended by inserting the following sections after section 85:

"85.0.1. Penal proceedings for an offence under this Act or the regulations must be brought within one year from the date on which the prosecutor became aware of the commission of the offence. However, no proceedings may be instituted if more than five years have elapsed since the date of the commission of the offence.

"85.0.2. In the case of a subsequent offence, the minimum and maximum fines prescribed in this Act are doubled."

62. Section 85.1 of the Act is repealed.

63. The Act is amended by inserting the following sections after section 85.1:

"85.2. The Board is also authorized, within the scope of any action it institutes to recover a sum collected in contravention of this Act, to act on behalf of any insurer transacting group insurance or administrator of an employee benefit plan if it has previously informed the insurer or administrator of its intention and given the insurer or administrator reasonable time to bring an action itself.

The sums collected on behalf of insurers or administrators are distributed among them by the Board in the manner and on the conditions prescribed by regulation. As consideration, the insurer or administrator shall take the necessary measures to use them for the purpose of benefiting its insured.

“85.3. No decision to impose a monetary administrative penalty may be notified to a person for a failure to comply with this Act or the regulations if a statement of offence has already been served for a failure to comply with the same provision on the same day, based on the same facts.”

ACT RESPECTING ADMINISTRATIVE JUSTICE

64. Section 3 of Schedule I to the Act respecting administrative justice (chapter J-3) is amended by inserting “, 38.2, 38.3” after “18.4” in paragraph 2.

ACT RESPECTING THE RÉGIE DE L’ASSURANCE MALADIE DU QUÉBEC

65. The Act respecting the Régie de l’assurance maladie du Québec (chapter R-5) is amended by inserting the following section after section 2.0.12:

“2.0.13. The Board may require, from every person filing an application under this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01), the regulations or any other program entrusted to it by law or by the Government under the first paragraph of section 2,

(1) that the person use the appropriate form provided by the Board; and

(2) that the person provide the information and documents necessary to the processing of the application.

Likewise, the Board may require that declarations, notices, authorizations or mandates given to a third person be submitted to the Board on the appropriate form it provides.

The Board’s forms are published on the Board’s website.”

66. Section 16.0.1 of the Act is amended

(1) by inserting “of the Board” at the end of the first paragraph;

(2) by replacing the third paragraph by the following paragraph:

“Such a regulation comes into force on the date of its publication on the Board’s website or on any later date specified in the regulation. Publication on the website imparts authentic value to the regulation.”

67. The Act is amended by inserting the following sections after section 19:

“19.1. The Board may authorize any person to act as an inspector for the purpose of verifying compliance with this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01) and the regulations.

To that end, the person acting as an inspector may

(1) enter, at any reasonable time, any place where a health professional, a dispenser or a drug manufacturer or wholesaler accredited by the Minister or an intermediary within the meaning of section 80.1 of the Act respecting prescription drug insurance exercises functions or carries on activities; and

(2) require the persons present to provide any information relating to the functions exercised or activities carried on by the persons referred to in subparagraph 1 and to produce any related document for examination or for the purpose of making copies.

Any person who has custody, possession or control of the documents referred to in this section must, on request, make them available to the person conducting the inspection and facilitate their examination.

An inspector authorized to act by the Board cannot be prosecuted for acts performed in good faith in the exercise of the functions of office.

“19.2. An inspector may, by a request sent by registered mail or personal service, require from any person, within a reasonable time specified by the inspector, that the person send by registered mail or personal service any information or document relating to the application of this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01) and the regulations.”

68. The Act is amended by inserting the following section after section 20:

“20.1. Within the scope of an inspection or investigation, no person may refuse to communicate to the Board any information or document contained in the record of an insured person within the meaning of the Health Insurance Act (chapter A-29) or any financial information or document concerning the activities carried on by a health professional, a dispenser or a drug manufacturer or wholesaler accredited by the Minister.”

69. Section 21 of the Act is amended

(1) by inserting “to communicate any information or document he may require or” after “refuse” in the first paragraph;

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

“Anyone who contravenes the first paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000. In the case of a subsequent offence, the minimum and maximum fines are doubled.”

70. The Act is amended by inserting the following section after section 21:

“21.1. The Board may apply to a judge of the Superior Court to obtain an injunction in respect of any matter covered by this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01) or the regulations.

The application for an injunction is a proceeding in itself.

The procedure prescribed in the Code of Civil Procedure (chapter C-25.01) applies, except that the Board cannot be required to give security.”

71. Section 23 of the Act is replaced by the following section:

“23. The Board may, in accordance with the applicable legislative provisions, enter into an agreement with a government other than the Gouvernement du Québec or a department or body of such a government, or with an international organization or a body of such an organization.”

72. Section 25 of the Act is amended by inserting the following paragraph after the first paragraph:

“In a separate section of the report, the Board shall state, in particular, the number of inspections and investigations conducted and, as regards the latter, their class and the number of them having lasted more than one year, as well as the sums recovered following those inspections and investigations.”

73. Section 39 of the Act is amended

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

“The sums collected by the Board as monetary administrative penalties under sections 22.0.1, 22.2 and 38.3 of the Health Insurance Act (chapter A-29) are credited to the Health Services Fund.”;

(2) by replacing the second paragraph by the following paragraph:

“The Ministère des Finances shall distribute the sums credited to the Health Services Fund equally between the Board and the Ministère de la Santé et des Services sociaux, except the sums referred to in the second paragraph, which are assigned in their entirety to the Board.”;

(3) by replacing “second” in the third paragraph by “third”.

74. Section 40.1 of the Act is amended

(1) by inserting the following paragraph after paragraph *d.2*:

“(d.3) the sums collected by the Board as monetary administrative penalties under section 22 or 70.0.1 of the Act respecting prescription drug insurance;”;

(2) by replacing “d.2” in paragraph *e* by “d.3”.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

75. The Act respecting health services and social services (chapter S-4.2) is amended by inserting the following section before section 10:

“**9.2.** No person may hinder a person from having access to a place to which the person has a right of access and where health services or social services are provided.”

76. The Act is amended by inserting the following chapter after section 16:

“CHAPTER I.1

“ACCESS TO VOLUNTARY TERMINATION OF PREGNANCY SERVICES

“**16.1.** No person may, within a distance of 50 metres from the grounds on which a facility or premises providing voluntary termination of pregnancy services are situated, demonstrate in any manner or in any other way intervene to

(1) attempt to dissuade a woman from obtaining such a service or contest or condemn her choice of obtaining or having obtained the service; or

(2) attempt to dissuade a person from providing, or from participating in the provision of, such a service or contest or condemn the person’s choice of providing, or participating in the provision of, such a service or working in such a place.”

77. Section 19 of the Act is amended

(1) by inserting “in the seventh paragraph of section 78,” after “27.1,” in paragraph 7;

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

“(16) in the cases and for the purposes set out in subsection 7 of section 10 of the Hospital Insurance Act (chapter A-28);

“(17) to a person authorized to conduct an inspection or investigation under section 19.1 or 20 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5); or

“(18) in the cases and for the purposes set out in subsection 1.1 of section 18 of the Health Insurance Act (chapter A-29).”

78. Section 78 of the Act is amended

(1) by adding the following sentence at the end of the first paragraph: “Any claim by the Government must be notified to the third person by way of a notice stating the amount of the debt and the reasons for which the debt is due.”;

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

“An institution must, on a request by the Minister specifying the nature of the information or documents sought, communicate to the Minister any information or document contained in the insured person’s record that is necessary to exercise a right of recovery under the first paragraph, provided the institution has informed the insured person of the nature of the information or documents to be communicated to the Minister within a reasonable time before they are sent.

For the purposes of this section, “insurer of a third person’s liability” also means a person or group of persons that provides coverage which may otherwise be obtained under a liability insurance contract.”

79. The Act is amended by inserting the following section after section 531:

“**531.0.1.** Every person who contravenes section 9.2 or 16.1 is guilty of an offence and is liable to a fine of \$250 to \$1,250 in the case of a natural person or to a fine of \$500 to \$2,500 in any other case.

Every person who threatens or intimidates a person who is accessing, trying to access or leaving a facility or premises where voluntary termination of pregnancy services are provided is guilty of an offence and is liable to a fine of \$500 to \$2,500 in the case of a natural person or to a fine of \$1,000 to \$5,000 in any other case.”

TRANSITIONAL AND FINAL PROVISIONS

80. In the case of a question as to the interpretation or application of an agreement, a health professional may contest a decision of the Board made under section 22.0.1 of the Health Insurance Act (chapter A-29), as replaced by section 12 of this Act, before a council of arbitration established under section 54 of the Health Insurance Act, until the coming into force of the first regulation made under the twelfth paragraph of section 22 of that Act.

81. The sixth paragraph of section 22.2 of the Health Insurance Act, as amended by section 13 of this Act, has effect from 7 December 2006.

82. A regulation made under subparagraph *d.2* of the first paragraph of section 72 of the Health Insurance Act, as it read before 7 December 2016, continues to apply with respect to any class of health professionals with which the Minister entered into an agreement under section 19 of that Act until such a class is governed by a regulation made under subparagraph *d.2* of the first paragraph of section 72 of that Act, as amended by section 32 of this Act.

83. The first regulation made under subparagraph *d.2* of the first paragraph of section 72 of the Health Insurance Act, as amended by section 32 of this Act, is not subject to the publication requirement or the date of coming into force set out in sections 8 and 17 of the Regulations Act (chapter R-18.1).

84. The provisions of this Act come into force on 7 December 2016, except

(1) section 12, to the extent that it concerns subparagraph 3 of the third paragraph of section 22.0.1 of the Health Insurance Act, paragraph 4 of section 13, to the extent that it concerns the third paragraph of section 22.2 of the Health Insurance Act, section 23, to the extent that it concerns the third paragraph of section 38.3 of the Health Insurance Act, paragraph 1 of section 25, paragraph 3 of section 40, section 49, to the extent that it concerns the last sentence of the first and second paragraphs of section 80.4 of the Act respecting prescription drug insurance (chapter A-29.01), which come into force on 7 March 2017;

(2) sections 27 and 31, paragraph 1 of section 32 and section 65, which come into force on 7 December 2017, unless the Government sets an earlier date or earlier dates for their coming into force;

(3) sections 39, 47 and 50, to the extent that they concern section 8.1.1 of the Act respecting prescription drug insurance, which come into force on 15 September 2017;

(4) sections 39 and 50, to the extent that they concern section 8.1.2 of the Act respecting prescription drug insurance, which come into force by order of the Government;

(5) section 49, to the extent that it concerns paragraph 1 of section 80.2 of the Act respecting prescription drug insurance, which comes into force on the day of coming into force of the first regulation under paragraph 1 of that section 80.2;

(6) section 72, which comes into force on 31 July 2018.

