

des Transports, a municipality, Hydro-Québec, the Société d'énergie de la Baie James or the federal government; and".

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

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Gouvernement du Québec

O.C. 1519-96, 4 December 1996

An Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32)

Basic prescription drug insurance plan

Regulation respecting the basic prescription drug insurance plan

WHEREAS under the first paragraph of section 19 of the Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32), persons to whom paragraph 4 of section 15 of that Act applies must register with the Régie de l'assurance-maladie du Québec on the conditions and in the manner prescribed by government regulation;

WHEREAS under section 12 of the Regulations Act (R.S.Q., c. R-18.1), a proposed regulation may be made without having been published pursuant to section 8 of that Act, if the authority making it is of the opinion that the urgency of the situation requires it;

WHEREAS under section 13 of that Act, the reasons justifying the absence of such publication shall be published with the regulation;

WHEREAS the Government is of the opinion that the urgency owing to the following circumstances justifies the absence of publication of sections 7 and 8 of the Regulation respecting the basic prescription drug insurance plan, attached to this Order in Council:

— those provisions provide for the information that a person must provide to the Board to register in the basic prescription drug insurance plan or to register his child or a person suffering from a functional impairment who is domiciled with him;

— eligible persons who are not required to become members of a group insurance contract or employee benefit plan applicable to a group of persons determined

on the basis of current or former employment status, profession or habitual occupation, and in whose respect no person is required to ensure coverage as beneficiaries under such a contract or plan must register in the basic prescription drug insurance plan of the Régie de l'assurance-maladie du Québec as soon as the plan comes into force. The plan will come into force on 1 January 1997;

— the information required to allow a person to fulfil his requirement to register in the basic prescription plan or to register another person from 1 January 1997 must necessarily apply from that date;

WHEREAS under subparagraphs 1, 2 and 4 to 6 of the first paragraph of section 78 of the Act respecting prescription drug insurance and amending various legislative provisions, in addition to the regulatory powers otherwise conferred on it by the Act, the Government may, after consulting the Régie de l'assurance-maladie du Québec, make regulations in respect of the subjects mentioned therein;

WHEREAS under section 112 of that Act, the Government may, not later than 31 December 1996, make a regulation under section 78 or section 113 of the Act even if the regulation has not been published as required by section 8 of the Regulations Act. Such a regulation shall come into force, notwithstanding section 17 of that Act, on the date of its publication in the *Gazette officielle du Québec* or on any later date fixed in the regulation and it may, if it so provides, apply to any class of eligible persons it determines and from any date not prior to 20 June 1996;

WHEREAS under paragraph 6 of section 113 of the Act respecting prescription drug insurance and amending various legislative provisions, the Government may make any transitional provision in respect of the subjects mentioned therein, with regard to the persons or classes of persons referred to in Division I of Chapter III of this Act, for the reference period it determines therein;

WHEREAS under the first paragraph of section 116 of that Act, the Government may, by regulation, not later than 1 August 1997, make any other transitional provision to remedy any omission and ensure the implementation of the basic prescription drug insurance plan as soon as possible after the plan is established by the Act;

WHEREAS under the second paragraph of section 116 of that Act, a regulation made under that section is not subject to the publication requirements set out in section 8 of the Regulations Act. The Regulation shall come into force on the date of its publication in the *Gazette officielle du Québec* or on any later date fixed in the

regulation, notwithstanding section 17 of that Act and it may, once published and where it so provides, apply from any date not prior to 1 August 1996;

WHEREAS by Order in Council 846-96 dated 3 July 1996, the Government made the Regulation respecting the application of the Act respecting prescription drug insurance and amending various legislative provisions;

WHEREAS it is expedient to replace that Regulation and to make the Regulation respecting the basic prescription drug insurance plan;

WHEREAS in accordance with section 78 of the Act respecting prescription drug insurance and amending various legislative provisions, the Régie de l'assurance-maladie du Québec has been consulted;

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

THAT the Regulation respecting the basic prescription drug insurance plan, the text of which is attached to this Order in Council, be made.

MICHEL CARPENTIER,
Clerk of the Conseil exécutif

Regulation respecting the basic prescription drug insurance plan

An Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32, s. 78, 1st par., subpars. 1, 2 and 4 to 6, s. 112, s. 113, par. 6 and s. 116)

DIVISION I COVERAGE EQUIVALENT TO THE BASIC PRESCRIPTION DRUG INSURANCE PLAN COVERAGE

1. The following classes of persons are entitled to coverage equivalent to the coverage of the basic plan established by the Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32) under another Act of Québec or under a program administered by the government or by a government department or agency but are not covered by this plan:

(1) beneficiaries of the "Agreement" within the meaning of the Act approving the Agreement concerning James Bay and Northern Québec (R.S.Q., c. C-67) and the Act approving the Northeastern Québec Agreement (R.S.Q., c. C-67.1);

(2) users or beneficiaries sheltered in a facility maintained by a public or private institution under agreement operating a residential and long-term care centre governed by the Act respecting health services and social services (R.S.Q., c. S-4.2) or by the Act respecting health services and social services for Cree and Inuit Native persons (R.S.Q., c. S-5).

DIVISION II COVERAGE UNDER THE BASIC PRESCRIPTION DRUG INSURANCE PLAN

§1. Coverage of pharmaceutical services

2. In addition to the cost of the services rendered to fill or renew a prescription, the following pharmaceutical services are covered under the basic prescription drug insurance plan for which the Régie de l'assurance-maladie du Québec provides coverage, in accordance with section 22 of the Act respecting prescription drug insurance and amending various legislative provisions:

(1) refusal to fill or renew a prescription;

(2) a pharmaceutical opinion, that is, the reasoned opinion of a pharmacist on the pharmacological and therapeutic history of an eligible person drawn up under the authority of that pharmacist or on the therapeutic value of one or a combination of treatments prescribed, given in writing to the prescriber.

§2. Medications provided as part of the services provided by an institution

3. The medications entered on the list of medications drawn up by the Minister of Health and Social Services under section 60 of that Act are part of the coverage under the basic plan referred to in the third paragraph of section 8 of that Act where they are provided by an institution referred to in the Regulation made under paragraph *b* of section 37 of the Pharmacy Act (R.S.Q., c. P-10) to persons other than the persons admitted to or registered at that institution.

Coverage of the cost of medications in accordance with the prices determined in accordance with the terms and conditions established in the list of medications for institutions governed by the Act respecting health services and social services or by the Act respecting health services and social services for Cree and Inuit Native persons.

DIVISION III EXEMPTION FROM PAYMENT OF PREMIUM

4. Any eligible person referred to in section 15 of the Act respecting prescription drug insurance and amend-

ing various legislative provisions shall be exempted from payment of the premium during an entire calendar year where he remains outside Québec for that entire year and shall retain his status as resident of Québec under the Health Insurance Act (R.S.Q., c. A-29), provided that he notifies the Board of his absence from Québec.

DIVISION IV FUNCTIONAL IMPAIRMENTS

5. For the purposes of section 17 of the Act respecting prescription drug insurance and amending various legislative provisions, the following are the functional impairments from which an eligible person may suffer:

(1) an intellectual impairment, with an intelligence quotient or a development quotient of less than 70, as demonstrated in an evaluation using standardized tests; the development quotient is determined by multiplying by 100 the ratio between the person's developmental age and his chronological age;

(2) a severe, permanent psychiatric, organic or motor impairment which, despite technological assistance in the case of a motor impairment, considerably hinders the person in carrying out normal day-to-day activities and compromises his social integration;

(3) a severe, permanent multiple impairment, with two or more of the following impairments the combination of which considerably hinders the person in carrying out normal day-to-day activities and compromises his social integration:

(a) an intellectual impairment;

(b) a psychiatric impairment;

(c) an organic impairment;

(d) a motor impairment;

(e) a speech and language impairment;

(f) a hearing impairment for which an audiometric evaluation, before correction, indicates an average acuity threshold of 40 decibels or more at a frequency of 500, 1 000 and 2 000 hertz in the ear having the greater hearing capability;

(g) a visual impairment which, after correction by means of appropriate ophthalmic lenses, is characterized by visual acuity in each eye of not more than 6/21 or by a field of vision in each eye that is less than 60 degrees in the 180- and 90- degree meridians or that requires the use of special optical systems of over +4.00 dioptries.

6. The functional impairment described in paragraph 1 of section 5 shall be stated in an attestation containing the results obtained and issued by a person authorized to carry out such evaluations. The impairments described in paragraphs 2 and 3 of that section shall be stated in a medical certificate issued by a physician.

The attestation or the medical certificate shall be submitted to the Board and, where applicable, on request, to the insurer or to the administrator of an employee benefit plan.

DIVISION V REGISTRATION

7. Every person to whom paragraph 4 of section 15 of the Act respecting prescription drug insurance and amending various legislative provisions applies shall, to register in the basic prescription drug insurance plan, provide the Board with the following information:

(1) his full name;

(2) his sex;

(3) his date of birth;

(4) his health insurance number;

(5) his social insurance number, where applicable

(6) his home address;

(7) in the case of a person referred to in the second paragraph of section 11, a statement according to which the group insurance contract or the employee benefit plan to which he is required to become a member on the basis of current or former employment status, profession or habitual occupation is applicable solely outside Québec;

(8) a statement according to which he is not required to become a member of a group insurance contract or an employee benefit plan applicable to a group of persons determined on the basis of current or former employment status, profession or habitual occupation;

(9) his civil status, whether he is single, married, a common-law spouse, separated, divorced, widowed or a member of a religious order;

(10) a statement according to which his spouse is not obliged to ensure his coverage as a beneficiary taking into account that he is not himself required to become a member of a group insurance contract or an employee benefit plan applicable to a group of persons determined

on the basis of current or former employment status, profession or habitual occupation, where applicable;

(11) in the case of a person under 18 years of age, a statement according to which he is emancipated and the reason of the emancipation;

(12) in the case of a person of 25 years of age or under who is duly registered as a student, a statement according to which he attends an educational institution on a part-time basis or that he has a spouse.

8. Every person to whom paragraphs 1, 3 and 4 of section 15 of that Act apply shall, to register his child or a person suffering from a functional impairment and domiciled with him in the basic prescription drug insurance plan, provide the Board with the following information in respect of each person that he must register in accordance with section 20 of that Act;

- (1) his full name;
- (2) his sex;
- (3) his date of birth;
- (4) his health insurance number;
- (5) his social insurance number, where applicable;
- (6) his home address;

(7) in what capacity, father, mother or tutor, he is registering the child or the person suffering from a functional impairment;

(8) his civil status, whether he is single, married, a common-law spouse, separated, divorced, widowed or a member of a religious order;

(9) in the case of a child under 18 years of age, a statement according to which his child is not emancipated;

(10) in the case of a spouseless child 25 years of age or under, a statement according to which his child attends an educational institution on a full-time basis as a duly registered student;

(11) in the case of a spouseless person suffering from a functional impairment, a statement according to which the person is a person of full age, that the impairment occurred before he reached the age of 18, that he receives no benefits under the last resort assistance program provided for in the Act respecting income security (R.S.Q., c. S-3.1.1) and that he is domiciled with that person;

(12) a statement according to which neither he, nor his spouse, nor any other person referred to in section 18 of the Act respecting prescription drug insurance and amending various legislative provisions must ensure coverage for that child or the person suffering from a functional impairment that is domiciled with him and in respect of whom an application for registration is made taking into account that neither one nor the other is required to become a member of a group insurance contract or an employee benefit plan applicable to a group of persons determined on the basis of current or former employment status, profession or habitual occupation, where applicable.

Notwithstanding the foregoing, in the case of a birth that occurred in Québec, the father or mother who declares the birth of a child to the registrar of civil status in accordance with article 113 of the Civil Code of Québec shall be deemed to have made an application for the registration of that child in the basic prescription drug insurance plan with the Board where that person is a person to whom paragraphs 1, 3 or 4 of section 15 of the Act respecting prescription drug insurance and amending various legislative provisions apply and that he is registered himself.

DIVISION VI **TRANSITIONAL PROVISIONS**

9. Notwithstanding section 5 of that Act, any person who settles in another Canadian province shall cease to be a person eligible for the basic prescription drug insurance plan from the day of his settlement in that other province.

10. Notwithstanding section 5 of that Act, any person legally authorized to remain in Canada and who settles in Québec shall become a person eligible for the basic prescription drug insurance plan as soon as he or his family receives benefits under the last resort assistance program pursuant to the Act respecting income security and holds a valid claim booklet issued by the Minister of Income Security pursuant to section 70 of the Health Insurance Act.

11. Any group insurance contract or employee benefit plan applicable solely outside Québec is deemed to include at least the coverage of the basic prescription drug insurance plan, where the eligible person is required to become a member on the basis of current or former employment status, profession or habitual habit.

However, that person may register in the basic prescription drug insurance plan in accordance with section 7, if he may not otherwise benefit from drug insurance coverage as a beneficiary of the group insurance

contract or employee benefit plan of an eligible person referred to in section 18 of the Act respecting prescription drug insurance and amending various legislative provisions. He is then presumed not to benefit from the coverage provided for by the basic prescription drug insurance plan, pursuant to his group insurance contract or his employment benefit plan.

12. Any eligible person of 65 years of age or over who receives the maximum amount of guaranteed monthly income supplement under the Old Age Security Act (R.S.C., 1985, c. O-9), or any eligible person to whom paragraph 2 or 3 of section 15 of the Act respecting prescription drug insurance and amending various legislative provisions applies and who suffers from severe mental illness shall, unless he is exempted therefrom, contribute to the payment of the cost of pharmaceutical services and medications covered by the basic prescription drug insurance plan paid by the Board in accordance with section 22 of that Act, for the filling or renewal of a prescription, up to the amount of the maximum monthly contribution referred to in the second paragraph, with respect to all the medications provided to him, where that person obtains for the treatment of his mental illness an antipsychotic medication entered on the list of medications drawn up by the Minister of Health and Social Services under section 60 of that Act and, where applicable, an antipsychotic medication referred to in a regulation made by the Government under subparagraph *u* of the first paragraph of section 69 of the Health Insurance Act and that continues to have effect in accordance with section 114 of the Act respecting prescription drug insurance and amending various legislative provisions.

The deductible amount of \$100 per year and the amount of the maximum contribution of \$200 per year provided for in sections 26 and 28 of that Act are divided into equal parts for each month.

13. Sections 30, 32 and 33 of that Act apply to the person referred to in section 12, *mutatis mutandis*.

14. A pharmacist shall remit to any beneficiary to whom he has provided pharmaceutical services and medications the coverage of which is paid by the Board, a receipt indicating, in particular, the following information with respect to each medication thus provided:

- (1) with respect to the cost:
 - (a) the cost of the prescription;
 - (b) the amount insured; and
 - (c) the uninsured surplus that may be required from the beneficiary, where applicable;

(2) with respect to the contribution to the payment of the cost of pharmaceutical services and medications exigible from the beneficiary:

- (a) the deductible amount;
- (b) the 25 % coinsurance amount;
- (3) the amount paid by the Board;
- (4) with respect to the state of the beneficiary's maximum contribution for the reference period:
 - (a) the amount of the contributions paid to date;
 - (b) the remaining amount of the maximum contribution he must pay;
- (5) the reference number awarded by the Board.

15. The maintenance period for the coverage of the basic plan provided for in section 49 of the Act respecting prescription drug insurance and amending various legislative provisions shall not apply to lockouts, strikes or other work stoppages which began before the date of coming into force of this Regulation.

16. This Regulation replaces the Regulation respecting the application of the Act respecting prescription drug insurance and amending various legislative provisions, made by Order in Council 646-93 dated 3 July 1996.

17. This Regulation comes into force on 1 January 1997.

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Gouvernement du Québec

O.C. 1520-96, 4 December 1996

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

**Eligibility and registration of persons
— Amendments**

Regulation to amend the Regulation respecting eligibility and registration of persons in respect of the Régie de l'assurance-maladie du Québec

WHEREAS under subparagraph *a* of the first paragraph of section 69 of the Health Insurance Act (R.S.Q., c. A-29), the Government may, after consultation with the Board or upon its recommendation, prescribe anything that may be prescribed under that Act;