

Coming into force of Acts

Gouvernement du Québec

O.C. 1562-96, 11 December 1996

An Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32) — Coming into force of certain provisions

COMING INTO FORCE of certain provisions of the Act respecting prescription drug insurance and amending various legislative provisions

WHEREAS the Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32) was assented to on 20 June 1996;

WHEREAS under section 119 of the Act, the provisions of that Act come into force on the date or dates to be fixed by the Government;

WHEREAS under section 118 of the Act, when ordering the coming into force of a provision of that Act, the Government may determine the date or dates on which the provision takes effect in respect of the classes of persons it determines;

WHEREAS under Order in Council 845-96 dated 3 July 1996, the provisions of section 3 except the words “, or by the insurers transacting group insurance or the administrators of private-sector employee benefit plans.”, of section 5, of the first paragraph of section 8 except the words “in Québec”, of section 9, of the first and third paragraphs of section 11, of the fourth paragraph of section 11 except the words “or by an insurer or employee benefit plan, as the case may be”, of section 12, of the first sentence of section 13, which reads “The maximum contribution for a reference period of one year shall not exceed \$750 per adult;”, of section 14, of paragraph 1 of section 15 except the words “who are not 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 that includes basic plan coverage, and who are not beneficiaries under such a contract or plan”, of paragraphs 2 and 3 of section 15, of the first paragraph of section 22, of the second paragraph of section 22 except the words “and, with respect to medications provided by an institution, according to the price established in that list”, and of section 31 of the Act respecting prescription drug insurance and amending various legislative provisions came into force on 1 August 1996;

WHEREAS under Order in Council 845-96 dated 3 July 1996, the coming into force of the provisions of the sections referred to in the preceding paragraph has effect, in respect of the persons referred to in paragraphs 1 to 3 of section 15 of the Act respecting prescription drug insurance and amending various legislative provisions, from 1 August 1996 and, in respect of the other persons eligible for the basic prescription drug insurance plan, on the date or dates determined by the Government;

WHEREAS under Order in Council 845-96 dated 3 July 1996, the provisions of sections 1, 51 to 82, 87 and 88, of the third paragraph of section 3 of the Health Insurance Act, introduced by paragraph 1 of section 89 except, in the introductory sentence, the words “and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance and amending various legislative provisions”, except, in subparagraph *a* of the third paragraph of that section, the words “and is not a member 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 that includes basic plan coverage, and is not a beneficiary under such a plan” and except subparagraph *c* of the third paragraph of that section, of the fourth paragraph of section 3 of the Health Insurance Act, introduced by paragraph 2 of section 89 except the words “and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance and amending various legislative provisions”, of paragraph 3 of section 89, and of sections 90, 92 to 94, 98 to 105, 109 to 116 and 118 of the Act respecting prescription drug insurance and amending various legislative provisions came into force on 1 August 1996;

WHEREAS under Order in Council 845-96 dated 3 July 1996, the provisions of section 17, of the first paragraph of section 19, of sections 20 and 21 and of the second paragraph of section 43 of the Act respecting prescription drug insurance and amending various legislative provisions came into force on 1 September 1996;

WHEREAS it is expedient to indicate in respect of what other persons and on what date certain provisions of the Act respecting prescription drug insurance and amending various legislative provisions, which came into force on 1 August 1996 under Order in Council 845-96 dated 3 July 1996, will take effect;

WHEREAS it is expedient to fix the date of coming into force of the provisions of section 2, of the words "or by the insurers transacting group insurance or the administrators of private sector employee benefit plans" in section 3, of the provisions of sections 4, 6, and 7, of the words "in Québec" in the first paragraph of section 8, of the provisions of the second paragraph of section 8, of the third paragraph of section 8 except the words "or any other institution recognized for that purpose by the Minister that is situated outside Québec in a region bordering on Québec", of section 10, of the second paragraph of section 11, of the words " , or by an insurer or employee benefit plan, as the case may be" in the fourth paragraph of section 11, of the provisions of the second sentence of section 13, which reads "this amount includes any amounts paid by the adult as a deductible amount and coinsurance payment for a child of the adult or a person suffering from a functional impairment who is domiciled with the adult.", of the words "who are not 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 that includes basic plan coverage, and who are not beneficiaries under such a contract or plan" in paragraph 1 of section 15, of the provisions of paragraph 4 of section 15, of sections 16 and 18, of the second paragraph of section 19, of the words "and, with respect to medications provided by an institution, according to the price established in that list" in the second paragraph of section 22, of the provisions of sections 23 to 30 and 32 to 37, of section 38 except, in subparagraph 2 of the first paragraph, the words "otherwise binding the policy-holder" and except, in subparagraph 3 of the first paragraph, the words "administered by or on behalf of the policy-holder", of section 39 except, in subparagraph 2 of the first paragraph, the words "otherwise binding the plan administrator" and except, in subparagraph 3 of the first paragraph, the words "binding the plan administrator", of sections 41 and 42, of the first paragraph of section 43, of section 44, of section 45 except, in the first sentence, the words "or the plan member" and except the second sentence, which reads "Any notice of non-renewal or of a change in the premium or assessment from the insurer must be sent to the last known address of the plan member not later than 30 days preceding the date of expiry.", of sections 46 to 50 and 83 to 86, of the words "and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance and amending various legislative provisions" in the introductory sentence of the third paragraph of section 3 of the Health Insurance Act, introduced by paragraph 1 of section 89, of the words "and is not a member 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 that includes basic plan coverage, and is not a beneficiary under such a plan" in subparagraph *a* of the third paragraph of section 3 of the Health Insurance Act, introduced by paragraph 1 of section 89, of the provisions of subparagraph *c* of the third paragraph of section 3 of the Health Insurance Act, introduced by paragraph 1 of section 89, of the words "and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance and amending various legislative provisions" in the fourth paragraph of section 3 of the Health Insurance Act, introduced by paragraph 2 of section 89, of the provisions of section 91 except the third paragraph of section 10 of the Health Insurance Act, introduced by paragraph 2 of that section, of section 22.1.0.1 of the Health Insurance Act, introduced by section 95 except, in the third paragraph of that section, the words "or institution", and of sections 96, 97, 106, 107, 108 and 117 of the Act respecting prescription drug insurance and amending various legislative provisions;

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

THAT the provisions of the Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32) that came into force on 1 August 1996 under Order in Council 845-96 dated 3 July 1996 and that have effect only in respect of the persons referred to in paragraphs 1 to 3 of section 15 of the Act have effect, from 1 January 1997, in respect of every other person;

THAT 1 January 1997 be fixed as the date of coming into force of the provisions of section 2, of the words "or by the insurers transacting group insurance or the administrators of private sector employee benefit plans" in section 3, of the provisions of sections 4, 6, and 7, of the words "in Québec" in the first paragraph of section 8, of the provisions of the second paragraph of section 8, of the third paragraph of section 8 except the words "or any other institution recognized for that purpose by the Minister that is situated outside Québec in a region bordering on Québec", of section 10, of the second paragraph of section 11, of the words " , or by an insurer or employee benefit plan, as the case may be" in the fourth paragraph of section 11, of the provisions of the second sentence of section 13, which reads "this amount includes any amounts paid by the adult as a deductible amount and coinsurance payment for a child of the adult or a person suffering from a functional impairment who is domiciled with the adult.", of the words "who are not 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 that includes basic plan coverage, and who are not beneficiaries under such a contract or plan” in paragraph 1 of section 15, of the provisions of paragraph 4 of section 15, of sections 16 and 18, of the second paragraph of section 19, of the words “and, with respect to medications provided by an institution, according to the price established in that list” in the second paragraph of section 22, of the provisions of sections 23 to 30 and 32 to 37, of section 38 except, in subparagraph 2 of the first paragraph, the words “otherwise binding the policy-holder” and except, in subparagraph 3 of the first paragraph, the words “administered by or on behalf of the policy-holder”, of section 39 except, in subparagraph 2 of the first paragraph, the words “otherwise binding the plan administrator” and except, in subparagraph 3 of the first paragraph, the words “binding the plan administrator”, of sections 41 and 42, of the first paragraph of section 43, of section 44, of section 45 except, in the first sentence, the words “or the plan member” and except the second sentence, which reads “Any notice of non-renewal or of a change in the premium or assessment from the insurer must be sent to the last known address of the plan member not later than 30 days preceding the date of expiry.”, of sections 46 to 50 and 83 to 86, of the words “and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance and amending various legislative provisions” in the introductory sentence of

the third paragraph of section 3 of the Health Insurance Act, introduced by paragraph 1 of section 89, of the words “and is not a member 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 that includes basic plan coverage, and is not a beneficiary under such a plan” in subparagraph *a* of the third paragraph of section 3 of the Health Insurance Act, introduced by paragraph 1 of section 89, of the provisions of subparagraph *c* of the third paragraph of section 3 of the Health Insurance Act, introduced by paragraph 1 of section 89, of the words “and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance and amending various legislative provisions” in the fourth paragraph of section 3 of the Health Insurance Act, introduced by paragraph 2 of section 89, of the provisions of section 91 except the third paragraph of section 10 of the Health Insurance Act, introduced by paragraph 2 of that section, of section 22.1.0.1 of the Health Insurance Act, introduced by section 95 except, in the third paragraph of that section, the words “or institution”, and of sections 96, 97, 106 to 108 and 117 of the Act respecting prescription drug insurance and amending various legislative provisions.

MICHEL CARPENTIER,
Clerk of the Conseil exécutif