



NATIONAL ASSEMBLY

SECOND SESSION

THIRTY-SIXTH LEGISLATURE

Bill 142
(2002, chapter 66)

**An Act to amend the Act respecting
health services and social services as
regards the medical activities, the
distribution and the undertaking of
physicians**

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EXPLANATORY NOTES

This bill amends the Act respecting health services and social services as regards the medical activities, the distribution and the undertaking of physicians.

New measures are introduced concerning the preparation of the medical and dental staffing plans of institutions and the regional medical staffing plans of regional boards. From now on, the medical and dental staffing plan of a hospital centre would have to contain two parts dealing separately with general practitioners and with medical specialists. In addition, the medical and dental staffing plan of an institution would be required to specify the status and volume of activity of physicians. Regional medical staffing plans would also have to include a part concerning general practitioners and another concerning medical specialists, and each such part would specify the status and volume of activity of physicians practising in an institution and the place of practice of physicians practising in a private health facility in the region.

A number of adjustments are made to the rules governing the exercise of specific medical activities, in order, for instance, to extend the possibility of participating in an agreement covering such activities to all general practitioners, and to redefine the list of specific medical activities so as to give priority to emergency medical services. In addition, a regional board would now have the power to review the undertakings made by physicians regarding specific medical activities periodically or, in order to ensure the availability of emergency medical services, upon 60 days' notice.

The bill redefines certain responsibilities of regional departments of general medicine.

Finally, amendments are made to the Health Insurance Act that would notably eliminate, in the health insurance scheme, differences in remuneration applicable to physicians in their first years of general practise or practise in a specialty. As well, under the bill, the conditions for obtaining a scholarship under the Health Insurance Act would no longer include receiving no scholarship funds or direct financial assistance under the Act respecting financial assistance for education expenses or any other law of Québec.

LEGISLATION AMENDED BY THIS BILL :

- Health Insurance Act (R.S.Q., chapter A-29);
- Act respecting health services and social services (R.S.Q., chapter S-4.2);
- Act to ensure the continued provision of emergency medical services (2002, chapter 39).

Bill 142

AN ACT TO AMEND THE ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES AS REGARDS THE MEDICAL ACTIVITIES, THE DISTRIBUTION AND THE UNDERTAKING OF PHYSICIANS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS :

1. Section 184 of the Act respecting health services and social services (R.S.Q., chapter S-4.2) is amended

(1) by replacing the first paragraph by the following paragraphs :

“184. The organization plan of a hospital centre must, in addition, provide for the formation of clinical departments and clinical services. One part of that segment of the organization plan must pertain to the medical staff in general practice and another, to the medical staff in specialties. Each such part must specify the number of general practitioners and specialists in each specialty who may practise in each department and service, as well as their status and volume of activity, the volume of activity being established in accordance with the standards prescribed by regulation of the Government. Another part of that segment of the organization plan must specify the number of dentists and dental specialists who may practise in each department and service.

All elements referred to in the first paragraph must be determined having regard to the permit of the institution operating the hospital centre, the financial resources at its disposal and the regional service organization plans drawn up by the regional board, as well as the expansion or reduction objectives referred to in section 377.”;

(2) by replacing “The part” in the first line of the second paragraph by “Each part of the segment”;

(3) by replacing the second sentence of the second paragraph by the following sentence: “Once approved by the regional board, each part of that segment of the organization plan shall constitute, for the staff covered thereby, the medical and dental staffing plan of the institution.”;

(4) by inserting “, as regards each of its parts,” after “staffing plan” in the first line of the third paragraph.

2. Section 186 of the said Act is amended by replacing “and” in the third line of the first paragraph by “, with an indication of their status and volume of activity, and the number of”.

3. Section 240 of the said Act, replaced by section 44 of chapter 24 of the statutes of 2001, is amended by striking out “, approved in accordance with section 378” in the last line.

4. Section 242.1 of the said Act, enacted by section 45 of chapter 24 of the statutes of 2001, is amended by replacing “ approved by the regional board, that the regional board” in the fourth and fifth lines by “that the regional board”.

5. Section 243 of the said Act is amended

(1) by replacing “may” in the first line by “may not”;

(2) by adding “unless the physician or dentist produces a document in which he or she acknowledges having read the resolution” at the end.

6. Section 340 of the said Act, amended by section 48 of chapter 24 of the statutes of 2001, is again amended by inserting “or section 361.1” after “section 360” in the second line of subparagraph 5 of the second paragraph.

7. Section 360 of the said Act is replaced by the following section :

“**360.** Every general practitioner wishing to participate in an agreement under the fifth paragraph of section 19 of the Health Insurance Act (chapter A-29) must undertake to devote part of his or her practice to specific medical activities listed in section 361.”

8. Section 361 of the said Act is amended

(1) by replacing subparagraphs 1 to 6 of the second paragraph by the following subparagraphs :

“(1) as a priority, the provision of medical services in the emergency departments of institutions designated under paragraph 1.1. of section 359;

“(2) the provision of care to users admitted for short-term care by an institution operating a hospital centre;

“(3) the provision of medical services involving on-call duty in any residential and long-term care centre or rehabilitation centre operated by an institution or in connection with a home care support program of a local community service centre operated by an institution;

“(4) the provision of obstetrical medical services in a centre operated by an institution;

“(5) the provision of primary care services to vulnerable patients, whether in their homes, in a private health facility or in any centre operated by an institution; and

“(6) participation in any other priority activity determined by the regional board and approved by the Minister, to the extent and under the conditions prescribed by the Minister.”;

(2) by striking out the third paragraph.

9. The said Act is amended by inserting the following sections after section 361 :

“361.1. Every medical specialist in a specialty covered by an agreement under the fifth paragraph of section 19 of the Health Insurance Act having no privileges in any institution operating a hospital centre who wishes to participate in such an agreement must devote part of his or her practice to specific medical activities referred to in the second paragraph.

For the purposes of the first paragraph, the regional board shall establish a list of specific medical activities based on its service organization plans. The list shall also specify the conditions of exercise of each activity offered, in accordance with the conditions of the agreement referred to in the first paragraph.

“361.2. An agreement referred to in section 360 or 361.1 may provide for adjustments as regards the nature of activities and the level of participation of physicians according to the number of years of practice.”

10. The said Act is amended by inserting the following section after section 364 :

“364.1. The regional board may, in accordance with the procedure set out in the agreement, periodically review the undertaking made by a physician pursuant to section 363.

However, in the event of a serious shortage of and in order to ensure the availability of the medical services referred to in subparagraph 1 of the second paragraph of section 361, a regional board may, in accordance with the terms of the agreement, after consulting the regional department of general medicine and upon 60 days' notice, review the undertaking made by a physician who only exercises activities referred to in subparagraph 5 or 6 of the second paragraph of that section.”

11. The said Act is amended by inserting the following section after section 366 :

“366.1. The provisions of sections 362 to 366 apply, with the necessary modifications, to medical specialists to whom section 361.1 applies.”

12. Section 377 of the said Act is amended

(1) by replacing the first paragraph by the following paragraphs :

“377. Each regional board must prepare a regional medical staffing plan, one part of which must pertain to the medical staff in general practice and another, to the medical staff in specialties. The plan may also be prepared so as to specify, for each territory and sub-territory, the existing and expected medical staff both in institutions and in private health facilities.

The regional plan is prepared on the basis of the parts of the organization plans of institutions transmitted to the regional board in accordance with sections 184 and 186, the number of physicians required to perform the specific medical activities referred to in sections 361 and 361.1, the number of general practitioners and medical specialists, listed by specialty, who are remunerated by the Régie de l'assurance maladie du Québec and practise in the region, according to their place of practice or the territory where they exercise their activities, including those who practise in a private health facility, and, as regards physicians practising in a centre operated by an institution, their status and volume of activity.”;

(2) by replacing the third, fourth and fifth paragraphs by the following paragraphs :

“In preparing its regional plan, the regional board must also take into account, as regards the part of the plan pertaining to medical staff in general practice, the recommendations obtained from the regional department of general medicine pursuant to subparagraph 1 of the first paragraph of section 417.2 and, as regards the part of the plan pertaining to medical staff in specialties, the advice obtained from the regional medical commission pursuant to subparagraph 1 of the first paragraph of section 369.

Each part of the regional plan, together with the parts of the organization plans of institutions that were used in its preparation, must be submitted to the Minister for approval with or without amendment. Once approved by the Minister, each part of the regional plan shall constitute the regional medical staffing plan for the staff covered by that part.

The regional plan, as regards each of its parts, must be reviewed at least every three years and shall continue in force until the Minister makes a decision on the review.

For the purposes of this section and sections 380 and 417.2, the Minister and the regional board may request the Régie de l'assurance maladie du Québec to send them the practice profiles and information referred to in the third paragraph of section 66.1 of the Health Insurance Act (chapter A-29).”

13. Section 377.1 of the said Act is amended by replacing “seventh” in the fourth line by “sixth”.

14. Section 378 of the said Act is amended by replacing “Once its regional medical staffing plan is approved, the” in the first line of the first paragraph by “The” and by adding “once the part of its regional plan prepared on the basis of those parts is approved” at the end of that paragraph.

15. Section 417.2 of the said Act, amended by section 80 of chapter 24 of the statutes of 2001, is again amended

(1) by replacing “the plan” in the third line and in the fifth line of subparagraph 1 of the first paragraph by “that part of the plan”;

(2) by replacing subparagraph 2 of the first paragraph by the following subparagraph :

“(2) defining and proposing the regional organization plan for the provision of general medical care, which must specify, for each territory and sub-territory, the services provided in private health facilities, in local community service centres or in outpatient clinics of hospital centres operated by an institution, the nature of existing and expected services in terms of accessibility and the capacity to handle various types of patients, and ensuring the implementation and application of the regional board’s decision concerning the plan;”;

(3) by inserting “, particularly by means of service, pairing or sponsorship agreements between institutions,” after “roster” in the second line of subparagraph 3 of the first paragraph.

16. Section 530.57 of the said Act is amended

(1) by replacing “366” in the first line by “366.1”;

(2) by replacing “section 361” in the second line by “sections 361 and 361.1”;

(3) by replacing “regional medical commission” in the fifth line by “regional department of general medicine”.

17. Section 19 of the Health Insurance Act (R.S.Q., chapter A-29), amended by section 241 of chapter 8 of the statutes of 2000, is again amended

(1) by striking out the fifth paragraph;

(2) by striking out the third sentence of the sixth paragraph;

(3) by replacing “the fourth and fifth paragraphs” in the second line of the eighth paragraph by “the fourth paragraph”;

(4) by striking out the third sentence of the eighth paragraph;

(5) by replacing “sixth” in the third and fifth lines of the ninth paragraph by “fifth”;

(6) by striking out “having held a licence to practise for less than ten years” in the seventh and eighth lines of the ninth paragraph;

(7) by replacing “seventh” in the second line of the tenth paragraph by “sixth”.

18. Section 19.0.1 of the said Act is repealed.

19. Section 19.1 of the said Act, amended by section 241 of chapter 8 of the statutes of 2000, is again amended by replacing “thirteenth” in the second paragraph by “twelfth”.

20. Section 65 of the said Act, amended by section 105 of chapter 24 of the statutes of 2001, is again amended by replacing “sixth” in the fifth line of the fourth paragraph by “fifth”.

21. Section 66.1 of the said Act is amended

(1) by inserting “to the Minister,” after “on request,” in the first line of the third paragraph;

(2) by replacing “the said Act,” in the third line of the third paragraph by “that Act, for the purposes of sections 369, 377, 380 and 417.2 of that Act,”.

22. Section 69 of the said Act is amended by striking out subparagraphs *w* and *x* of the first paragraph.

23. The said Act is amended by inserting the following section after section 69.0.1 :

“69.0.1.1. The Conseil du trésor may, after consulting or on the recommendation of the Board, make regulations under the seventh and eighth paragraphs of section 19.”

24. Section 69.0.2 of the said Act is amended by replacing “adopted under subparagraph *w* or *x* of the first paragraph of section 69” in the first and second lines by “under section 69.0.1.1”.

25. Section 89 of the said Act is amended by striking out paragraph *e*.

26. Section 26 of the Act to ensure the continued provision of emergency medical services (2002, chapter 39) is amended by replacing “31 December 2002 or on any later date to be determined by the Government” by “18 December 2002”.

27. The Minister shall take such measures as are necessary to ensure that, no later than 30 June 2003, any amendment required to bring any existing agreement made under the fifth paragraph of section 19 of the Health Insurance Act, amended by section 17, into conformity with the provisions of sections 360 and 361 of the Act respecting health services and social services, replaced by section 7 and amended by section 8, respectively, and any amendment required to take account of the measures introduced by section 361.2 of that Act, enacted by section 9, have been agreed to.

If no agreement has been reached on that date, the Conseil du trésor shall, no later than 31 August 2003, determine the required amendments in the same manner as that provided in the eighth paragraph of section 19 of the Health Insurance Act, as amended by section 17.

28. Notwithstanding any inconsistent provision in an existing agreement made under the fifth paragraph of section 19 of the Health Insurance Act, amended by section 17, the provisions of section 360 of the Act respecting health services and social services, replaced by section 7, have effect from 1 September 2003 in respect of all general practitioners who become subject to such provisions.

If, by virtue of the provisions of the second paragraph of section 361 of the Act respecting health services and social services, amended by section 8, certain activities that a physician was required to perform are no longer recognized as specific medical activities, the undertakings made by the physician cease to have effect on 1 September 2003, notwithstanding any inconsistent provision in an agreement referred to in the first paragraph.

29. The provisions of Schedule 34 to the framework agreement between the Minister of Health and Social Services and the Fédération des médecins spécialistes du Québec for the purposes of the Health Insurance Act, entered into on 1 October 1995, and those of its modifications cease to have effect on the date on which paragraph 1 of section 17 of this Act comes into force, in respect of physicians subject thereto.

However, the joint committee established under that schedule may make recommendations concerning applications for recognition it received before that date and which cover a period preceding that date.

30. The provisions of this Act come into force on the date or dates to be determined by the Government, except sections 25, 26 and 27, which come into force on 18 December 2002.