



NATIONAL ASSEMBLY

SECOND SESSION

THIRTY-SIXTH LEGISLATURE

Bill 96
(2002, chapter 69)

**An Act respecting pre-hospital
emergency services and amending
various legislative provisions**

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Passage 18 December 2002
Assented to 19 December 2002**

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EXPLANATORY NOTES

This bill proposes a new organizational model for pre-hospital emergency services in Québec. It identifies the services to be set in place, the various players in the organization and the rights, roles and responsibilities of each at the national, regional and local levels.

As concerns the national level, the bill defines the roles and responsibilities of the Minister and the national medical director of pre-hospital emergency services. The functions of the Minister will include determining the general policy orientations for pre-hospital emergency services and defining the levels of qualifications required of the actors involved in the organization. The national medical director will, among other duties, advise the Minister on the medical aspect of pre-hospital emergency services and establish national guidelines for care quality.

At the regional level, the regional board will be responsible primarily for determining pre-hospital emergency service priorities in the development of its three-year strategic service organization plan. In preparing the plan, the regional board will determine the organizational model for the pre-hospital emergency services offered in its region and the personnel required.

Other functions of the regional board will be to issue ambulance service permits, prepare and maintain a list of all first responders who will be authorized to act, and enter into a service contract with the holders of ambulance service permits.

The bill provides that each regional board will designate a regional medical director of pre-hospital emergency services whose functions will include monitoring and measuring the quality of the acts performed by pre-hospital emergency service providers and ensuring that the services necessary for the maintenance of their qualification are provided.

The bill provides for the setting up of health communication centres, their number and the regions to be served by them to be determined by the Minister. The bill specifies that a health communication centre must be a non-profit legal person and provides for the composition of its board of directors and its functions.

At the local level, the bill provides for first responder services and ambulance services. The bill defines the roles and responsibilities of first responders and ambulance technicians and sets out the conditions necessary to act as such within the scope of the pre-hospital emergency services organization. The bill makes it mandatory for operators of an ambulance service to hold a permit, determines the conditions under which the regional board may suspend, revoke or refuse to renew a permit and specifies the responsibilities and obligations of permit holders.

The bill includes special provisions that apply to Corporation d'urgences-santé and provides that the Corporation will exercise, for the territories of the regional boards of Montréal-Centre and Laval, the functions that otherwise devolve to a regional board, a health communication centre and an ambulance service.

Lastly, the bill contains consequential amendments and various transitional provisions.

LEGISLATION AMENDED BY THIS BILL :

- Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1);
- Financial Administration Act (R.S.Q., chapter A-6.001);
- Automobile Insurance Act (R.S.Q., chapter A-25);
- Health Insurance Act (R.S.Q., chapter A-29);
- Highway Safety Code (R.S.Q., chapter C-24.2);
- Labour Code (R.S.Q., chapter C-27);
- Act respecting administrative justice (R.S.Q., chapter J-3);
- Act to ensure that essential services are maintained in the health and social services sector (R.S.Q., chapter M-1.1);
- Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies (R.S.Q., chapter P-35);
- Animal Health Protection Act (R.S.Q., chapter P-42);

- Act respecting the Government and Public Employees Retirement Plan (R.S.Q., chapter R-10);
- Act respecting health services and social services (R.S.Q., chapter S-4.2);
- Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5);
- Act respecting the Pension Plan of Management Personnel (2001, chapter 31);
- Act respecting the Health and Social Services Ombudsman and amending various legislative provisions (2001, chapter 43);
- Public Health Act (2001, chapter 60).

Bill 96

AN ACT RESPECTING PRE-HOSPITAL EMERGENCY SERVICES AND AMENDING VARIOUS LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS :

TITLE I

ORGANIZATION OF PRE-HOSPITAL EMERGENCY SERVICES

CHAPTER I

OBJECT

1. The object of this Act is to ensure that persons in need of pre-hospital emergency services may at all times obtain an appropriate, efficient and quality response aimed at reducing the mortality and morbidity rate among the recipients of pre-hospital emergency services.

For that purpose, the Act establishes a framework for the organization of pre-hospital emergency services and fosters their integration into and harmonization with all other health and social services. The Act identifies the services to be put in place and the various players and defines their rights, roles and responsibilities.

2. For the purposes of this Act, “regional board” and “institution” mean, respectively, a regional board and an institution within the meaning of the Act respecting health services and social services (R.S.Q., chapter S-4.2) or, unless otherwise required by the context, a regional council and an institution within the meaning of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5).

CHAPTER II

ROLES AND RESPONSIBILITIES AT THE NATIONAL LEVEL

DIVISION I

THE MINISTER

3. The Minister of Health and Social Services is responsible for determining the general policies underlying the organization of pre-hospital emergency services. The Minister shall propose and develop strategic plans and policies, define response procedures, and develop and approve clinical and operational protocols relating to such organization.

The Minister's responsibilities shall include but are not limited to

(1) defining the operational objectives and determining the standards of quality for pre-hospital emergency services;

(2) approving the three-year priorities submitted by Corporation d'urgences-santé and those submitted by the regional boards as part of their three-year strategic service organization plans consistent with departmental policies;

(3) determining, where the Minister considers it necessary, the level of qualification required of players in the organization of pre-hospital emergency services;

(4) ensuring interministerial coordination as regards pre-hospital emergency services;

(5) ensuring the inter-regional coordination of pre-hospital emergency services so that efficient and effective use is made of the available resources;

(6) allocating the human, material and informational resources among the regions and Corporation d'urgences-santé in an equitable manner and seeing to it that the resources are used efficiently and effectively;

(7) determining the rules for the financing of pre-hospital emergency services, allocating the available financial resources among the regional boards and Corporation d'urgences-santé in an equitable manner and overseeing budgetary and financial follow-up;

(8) establishing and reviewing the national policies for the development and training of the workforce necessary to the organization of pre-hospital emergency services;

(9) determining the rules for evaluating the outcomes achieved by pre-hospital emergency services, implementing accountability mechanisms enabling these outcomes to be measured, and overseeing the application and assessment of the resulting measures;

(10) establishing and maintaining the national workforce registry in which ambulance technicians must be registered;

(11) determining the policies and management standards for air ambulance transportation in cooperation with the relevant partners; the Minister may assign all or part of the responsibility for the operation of such transportation and determine its financing;

(12) determining the minimal content of the agreement entered into under section 38 which must provide for, among other things, the operating methods of first responder services, the standards of quality that must be met, the terms

and conditions of financing, where applicable, and the terms and conditions of repayment of expenses considered to be eligible, accountability mechanisms and the cases, conditions and circumstances in which a party may terminate the agreement ;

(13) determining, in cooperation with the regional boards and the associations representing holders of ambulance service permits, the minimal content of a contract under section 9 and applicable to all such holders, which must provide for, among other things, the roles, obligations and responsibilities of each of the parties, accountability mechanisms and the performance standards to be met by permit holders, the reports permit holders must furnish and the penalties applicable to permit holders for breach or non-fulfilment of the responsibilities under the contract ; if the Minister is of the opinion that the minimal content of the contract cannot be so determined within a reasonable time, the Minister may determine it alone ; and

(14) fostering the involvement of the population as first responders within the framework of the organization of pre-hospital emergency services by promoting, in cooperation with the partners concerned, the role of first responder and its importance for persons in distress.

In addition, where the clinical protocols include activities reserved under section 31 of the Medical Act (R.S.Q., chapter M-9), the Minister must consult the Collège des médecins du Québec before approving them.

4. In addition to the powers conferred on the Minister by this Act, the Minister may make regulations

(1) determining ambulance service zones ;

(2) determining standards for a region or a zone for the fixing of the maximum number of ambulance service permits.

DIVISION II

NATIONAL MEDICAL DIRECTOR OF PRE-HOSPITAL EMERGENCY SERVICES

5. The Minister shall appoint a national medical director of pre-hospital emergency services who is to advise and assist the Minister with respect to the medical aspect of pre-hospital emergency services.

The director must be a physician having relevant training and experience in emergency medicine.

6. The additional functions of the national medical director are

(1) to establish national standards of pre-hospital care and equipment and ensure that the standards are implemented, complied with and evaluated ;

(2) to make recommendations to the Minister on the level of clinical qualification required of players in the organization of pre-hospital emergency services, participate in interministerial coordination work relating to the determination of initial training programs, and establish national continuing education programs;

(3) to promote research and public awareness concerning pre-hospital emergency services;

(4) to participate in the development and maintenance of management information systems intended for performance analysis and quality enhancement in pre-hospital emergency services;

(5) to establish national policies on the quality of pre-hospital emergency care;

(6) to participate in the preparation of the national civil protection plan provided for in section 80 of the Civil Protection Act (2001, chapter 76) in conjunction with the other ministers and heads of government bodies concerned; and

(7) to define and exercise the clinical authority necessary to maintain the standards of quality determined by the Minister with respect to the services provided and the qualification of the service providers.

For the purposes of the first paragraph, the national medical director may have access to certain personal or non-personal information held by a health communication centre or a regional board and necessary for any of those purposes.

If the national medical director is of the opinion that a regional medical director designated under section 17 is not complying with the general policies, policies and standards or observing the protocols determined pursuant to sections 3 and 6, the national medical director may address his or her recommendations to the board of directors of the regional board to which the regional medical director is responsible.

A copy of the recommendations may be transmitted by the national medical director to the Minister and, if the national medical director considers it necessary, to the Collège des médecins du Québec.

CHAPTER III

ROLES AND RESPONSIBILITIES AT THE REGIONAL LEVEL

DIVISION I

REGIONAL BOARDS

7. In accordance with ministerial policies, objectives and priorities and having regard to the geographical location and size of its territory, the density

of the population of the territory and the availability of technologies, each regional board must

(1) establish, as part of the development of the three-year strategic service organization plan, pre-hospital emergency service priorities that must, if required, provide for the whole of the population, access to a 9-1-1 centre, a health communication centre, a first responder service, ambulance services and centres operated by receiving institutions, in particular those that dispense emergency services; the board may, according to the orientation of its plan, include programs for the general public and the school system;

(2) determine the organization model for the pre-hospital emergency services offered in its region and the personnel assigned to the services;

(3) coordinate the regional pre-hospital emergency services and ensure their interaction with the health and social services system;

(4) determine, in accordance with ministerial policies, the medical supervisory framework for the providers of pre-hospital emergency services in its region;

(5) establish, in accordance with the national policies on the quality of pre-hospital emergency care established under subparagraph 5 of the first paragraph of section 6, a procedure for and determine the means of non-emergency transportation to be used by users of health and social services between the facilities maintained by the institutions or between other service areas determined in the three-year strategic service organization plan of the regional board;

(6) participate in the preparation of the national civil protection plan provided for in section 80 of the Civil Protection Act (2001, chapter 76) in conjunction with the other ministers and heads of government bodies concerned;

(7) certify on the basis of the national standards established by the Minister, the bodies that may provide first responder training; and

(8) determine staffing needs, apportion human, material and financial resources in an equitable manner and ensure that the resources are used efficiently in accordance with the three-year strategic service organization plan.

Each regional board must also

(1) issue ambulance service permits, and manage permit allocation and the number of ambulances per permit having regard to available resources and the three-year strategic service organization plan; and

(2) prepare and maintain a list of all first responders available to provide services in accordance with the provisions of section 40.

The board shall submit to the Minister for approval the part of the three-year plan relating to pre-hospital emergency services.

8. The supervisory and inquiry powers conferred on a regional board by sections 414 and 415 of the Act respecting health services and social services apply, with the necessary modifications, in respect of a health communication centre as if the centre or holder were an institution.

9. The regional board must, within the framework of the organization of pre-hospital emergency services, enter into a three-year service contract with any ambulance service permit holder operating in its region under which the holder undertakes to provide the services as determined between the holder and the regional board according to the schedules authorized by the board.

10. Where no agreement is reached between the parties within 90 days after the regional board submits a proposal, the Government shall fix the terms and conditions of the contract by order and the contract is deemed to have been entered into in accordance with section 9.

The terms and conditions of a contract remain in force despite the contract having expired, until a new contract is entered into between the parties.

11. At the time of renewal of a contract or, in exceptional circumstances, for reasons of public interest related to the needs of the population, the regional board may, notwithstanding any inconsistent provision in the contract, revise the determination of the services to be provided by a permit holder.

In such a case, the regional board may, with the authorization of the Minister, reduce or increase the number of ambulances under the contract entered into with the permit holder. The terms of the contract and permit must be adjusted to conform to the regional board's decision.

The regional board may also, for the same reasons and with the authorization of the Minister, withdraw the operating permit.

12. Where the Minister authorizes a reduction in the number of ambulances or the withdrawal of the permit, the Minister shall determine the indemnity payable as a result of the reduction or withdrawal and notify the permit holder.

The indemnity is payable only once in respect of each unit subtracted from the number of ambulances appearing on the permit on 19 December 2002.

The indemnity is in lieu of any right or remedy arising out of the reduction.

13. Where the permit holder does not agree on the amount of the indemnity determined by the Minister pursuant to section 12, the permit holder may require within 60 days after receipt of the Minister's notice that the amount be determined by arbitration conducted in accordance with the rules of the Code

of Civil Procedure (R.S.Q., chapter C-25), with a notice to the Minister to the effect that the Minister is to appoint his or her own arbitrator.

14. Notwithstanding articles 945.4, 946.2 and 947 of the Code of Civil Procedure, the court may, on the application of a party made within 30 days of receiving the arbitration award, review the decision of the arbitrators on the ground of a manifest error of law or fact and fix the amount of the final indemnity. The decision of the court is not subject to appeal.

15. The regional board must provide, where applicable, for the necessary measures to dispose of resources which become surplus resources following the revision of the contract referred to in section 11.

16. A person who requests or uses pre-hospital emergency services required or provided in his or her region may file, directly with the regional board concerned, a complaint relating to the services the person received or should have received.

The provisions of Divisions III to VII of Chapter III of Title II of Part I of the Act respecting health services and social services apply to the processing of complaints.

DIVISION II

REGIONAL MEDICAL DIRECTOR OF PRE-HOSPITAL EMERGENCY SERVICES

17. Each regional board shall designate a physician having relevant training and experience in emergency medicine who shall, in particular, in accordance with the national standards and policies,

(1) exercise the clinical authority necessary to maintain the standards of quality ;

(2) monitor and measure the quality of the acts performed by the service providers of pre-hospital emergency services and ensure that any resulting recommendations made to employers and the service providers under their authority are acted upon ;

(3) ensure that the services required for continuing education and for the maintenance and evaluation of the qualifications of service providers in the pre-hospital emergency services are provided ;

(4) make recommendations on the pertinence of the medical equipment used by service providers and evaluate the use made of the equipment ;

(5) if so designated by a majority of the regional boards whose territory is served by a health communication centre, assume medical supervision at the centre ;

(6) collaborate with the representatives of the Collège des médecins du Québec as regards the obligations of the College concerning the quality of the activities reserved under section 31 of the Medical Act;

(7) exercise any other function assigned by the Minister or the regional board.

Where such a physician cannot be designated as provided for in subparagraph 5 of the first paragraph for the purpose of exercising the functions under that subparagraph, the Minister shall designate the physician.

The physician shall be designated under the name of “regional medical director of pre-hospital emergency services” when exercising those functions; the physician shall form part of the regional board’s pre-hospital emergency service organizational structure.

For the purposes of subparagraphs 1 to 3 and 5 of the first paragraph, the regional medical director may have access to certain personal or non-personal information necessary to the exercise of such functions and held by a first responder service, a health communication centre, an ambulance service permit holder or, notwithstanding section 19 of the Act respecting health services and social services, an institution.

DIVISION III

HEALTH COMMUNICATION CENTRES

18. The Minister shall determine the number of health communication centres and the regions served by them throughout Québec.

The Minister shall also determine the standards, specifications and quality criteria which a health communication centre must meet to be certified by the Minister and the date on which the centre becomes operational.

To ensure the maintenance of its certification by the Minister, a health communication centre must comply at all times with the prescriptions determined under the second paragraph and the performance criteria determined by the Minister. In case of non-compliance with such prescriptions or performance criteria and following a request to that effect by the regional board responsible pursuant to the second paragraph of section 19, the Minister must require the health communication centre to take corrective action within such time as the Minister determines. If the centre does not comply, the Minister may apply the other measures provided for by this Act.

19. Where more than one region is to be served by a health communication centre, the Minister, after consultation with the regional boards concerned, may designate the regional board responsible for the implementation of the centre.

The board so designated must ensure that the health communication centre complies with the provisions of the third paragraph of section 18.

20. At the request of the regional board responsible for the implementation of a health communication centre, the persons, authorities or bodies referred to in subparagraphs 1 to 5 of the second paragraph of section 21 shall constitute such a centre in conformity with this Act.

If no response is obtained within 60 days of the request, the board may establish the centre with the sole collaboration of the persons, authorities or bodies referred to in the first paragraph that gave their consent within the 60-day period.

All the persons, authorities or bodies referred to in subparagraphs 1 to 5 of the second paragraph of section 21 are bound by the establishment of a health communication centre in accordance with this section, whether or not such persons, authorities or bodies participated in its establishment.

21. A health communication centre is a non-profit legal person constituted under an Act of Québec and having as its object the exercise of the functions specified in this Act.

The board of directors of a health communication centre shall be composed of the following persons who become members upon appointment :

(1) five members designated by the ambulance service permit holders operating in the territory served by the centre ;

(2) one member appointed by the municipalities in the territory served by the centre ;

(3) one member appointed by the health institutions in the territory served by the centre ;

(4) one member appointed by the regional board or boards whose territory is served by the centre ; and

(5) a regional medical director of pre-hospital emergency services appointed by and from among the regional medical directors appointed under section 17 by the regional boards whose territory is served by the centre or, where the territory of only one regional board is so served, the regional medical director of that regional board.

The director general of the health communication centre shall attend the meetings of the board of directors but has no vote.

22. The functions of a health communication centre are, in keeping with national and regional policies, to

- (1) receive the calls from a 9-1-1 centre or a person or institution requesting pre-hospital emergency services;
- (2) process and prioritize the calls in accordance with the protocols approved by the Minister;
- (3) assign and apportion available pre-hospital resources in an appropriate, efficient and effective manner;
- (4) use, where required, the information system developed by the regional board pursuant to paragraph 4 of section 359 of the Act respecting health services and social services to monitor, on a daily basis, the situation in the centres operated by the institutions in the region;
- (5) authorize the transportation of a person to another facility operated by an institution in the event that the initially intended facility is overloaded;
- (6) ensure the operational follow-up and supervision of the resources assigned to a request for pre-hospital emergency services;
- (7) collaborate with the regional board in the monitoring and in measuring the quality of the acts performed by the personnel of the centre and the service providers of the pre-hospital emergency services; and
- (8) coordinate communications between the players in the organization of pre-hospital emergency services and the institutions.

A health communication centre shall, in the exercise of its functions, observe the protocols approved by the Minister.

The health communication centre shall also, in order to monitor the quality of the acts performed by the service providers of the pre-hospital emergency services, maintain an information system approved by the Minister containing, in particular, information on the provision of services following a request for assistance, call processing, type of response and follow-up action.

23. Ambulance service permit holders and the institutions are bound by decisions relating to the assignment of pre-hospital resources made by a health communication centre within the scope of its functions.

24. A health communication centre shall establish with each of the authorities responsible for the 9-1-1 centres operating in the territory it serves a protocol for the transfer of the 9-1-1 calls to the health communication centre for the purpose of standardizing procedures and ensuring service quality.

Such a protocol must be consistent with the standards of uniformity and call processing determined by the Minister and must be approved by the Minister.

25. Every health communication centre must use a call processing and call prioritization system approved by the Minister.

26. No health communication centre may, on pain of absolute nullity, borrow moneys without the prior approval in writing of the regional board responsible for its implementation.

27. In exercising its functions, a health communication centre must use the technological and property infrastructures owned by the Corporation d'hébergement du Québec, constituted under the Act respecting the Corporation d'hébergement du Québec (R.S.Q., chapter C-68.1) or, with the authorization of the Minister, its own infrastructures or those of another person, body or legal person.

28. The fiscal year of a health communication centre ends on 31 March.

29. Before 1 April each year, the regional board responsible shall inform the health communication centre of the amount the regional board has allocated to the operating budget of the centre for the following fiscal year.

Within the next 60 days, the centre shall review, if necessary, the estimates of its operating budget, adopt a balanced operating budget and inform the regional board.

30. The health communication centre shall, to enable the regional board to conduct the verifications necessary to the exercise of its functions, furnish on request to the board any information or report the board may require on its activities.

31. The health communication centre shall, not later than 30 June, file its financial statements with the regional boards whose territory is served by the centre and with the Minister together with a report on its activities for the preceding fiscal year containing all the information required by the Minister and the regional boards.

32. The Minister may, as part of the Minister's responsibilities and powers, transmit to the regional board responsible for the implementation of a health communication centre, directives concerning the aims and objectives of the centre in the carrying out of the functions conferred on it by this Act; the directives must receive prior approval by the Government.

The directives shall be transmitted to the health communication centre by the regional board and are binding on the centre.

The directives must be tabled in the National Assembly by the Minister within 15 days of their approval or, if the Assembly is not sitting, within 15 days of resumption.

33. A person authorized in writing by the Minister to make an inspection may, to ascertain whether this Act, its statutory instruments or any regulation applicable to a health communication centre made under this Act are being complied with,

- (1) enter, at any reasonable time, premises occupied by the centre ;
- (2) examine and make a copy of any document relating to the activities carried on by the centre ;
- (3) demand any information relating to such activities and the production of any document connected with them.

Every person having custody, possession or control of such documents and any other person working on the premises must give the inspector reasonable assistance, furnish the inspector with the information or documents required and facilitate the examination of them.

The inspector must, on request, produce a certificate signed by the Minister attesting to the inspector's quality.

34. The Government may designate a controller who shall be responsible for seeing to the proper utilization of the public funds granted to a health communication centre if the centre does not exercise adequate budgetary control.

Every person performing administrative duties within the health communication centre is required to submit to the controller's directives, within the limits of the powers conferred on the controller.

No commitment may be made on behalf of the health communication centre and no disbursement may be made without the countersignature of the controller. Any commitment made contrary to this paragraph is absolutely null.

35. The Government may order that an inquiry be held into any matter pertaining to the administration, organization or operation of a health communication centre and designate a person entrusted with the inquiry.

The investigator is vested, for the purposes of the inquiry, with the powers and immunity of a commissioner appointed under the Act respecting public inquiry commissions (R.S.Q., chapter C-37), except the power to impose imprisonment.

36. Where the Government orders an inquiry or designates a controller, it may suspend all or part of the powers of the centre for a period not exceeding six months and appoint an administrator to exercise such powers.

The Government may extend the suspension or the term of the administrator for a period not exceeding six months.

37. No person who is authorized to make an inspection under section 33, is appointed controller under section 34, or is appointed administrator under section 36 may be prosecuted for any act performed in good faith in the carrying out of the person's functions.

CHAPTER IV

ROLES AND RESPONSIBILITIES AT THE LOCAL LEVEL

DIVISION I

FIRST RESPONDER SERVICE

38. A regional board must, insofar as its three-year strategic service organization plan so provides and taking into account the resources available, take the necessary measures to support the implementation of a first responder service in its territory.

The regional board must, for that purpose, enter into, with interested municipalities having jurisdiction in its territory, an agreement the content of which must be consistent with the content determined under paragraph 12 of section 3 pursuant to which the municipality shall designate one or more services able to offer first responder services. The services so designated must be certified by the regional board.

Any municipality may enter into an agreement described in the second paragraph. A municipality that is a party to such an agreement has the powers necessary for its execution in particular the power to entrust the responsibilities vested in it to a non-profit legal person constituted under an Act of Québec.

DIVISION II

ROLES AND RESPONSIBILITIES OF FIRST RESPONDERS

39. A first responder, on the exclusive assignment of the health communication centre, shall perform primary stabilization techniques on any person whose condition so requires, in accordance with the clinical intervention protocols determined for such purpose by the Minister and in keeping with the level of training recognized by the Minister.

Complementing the work of the ambulance technician, the first responder shall apply the protocols intended to prevent the condition of the person in distress from deteriorating and transfer the responsibility for emergency care to the ambulance technician upon the latter's arrival at the scene.

In exceptional circumstances, such as geographic isolation, that prevent the establishment of the entire pre-hospital emergency services response chain, the regional board concerned may, in the three-year service organization plan it submits to the Minister, assign additional functions to a first responder service in relation to those assigned by this Act.

40. To act as a first responder within an accredited service pursuant to an agreement under section 38, a person must

(1) have successfully completed training recognized by the Ministère de la Santé et des Services sociaux and given by a body recognized by a regional board or by Corporation d'urgences-santé; and

(2) belong to a first responder service accredited by the regional board according to the terms and conditions set out in the agreement under section 38.

41. In the exercise of his or her functions, the first responder must observe the clinical intervention protocols referred to in section 39 and agree to be under the supervision of regional medical authorities established under section 7.

If a first responder fails to comply with the provisions of the first paragraph, the regional medical director may order him or her to cease to act as a first responder, temporarily or permanently, within the framework of the organization of pre-hospital emergency services.

42. No person who acts as a first responder under this Act in accordance with the clinical intervention protocols determined by the Minister under section 39 shall incur liability for any injury that may result from his or her intervention, unless the injury is due to an intentional or gross fault. The immunity also applies to the authority having established the first responder service.

Likewise, the person or body having required the intervention or assistance of a first responder service may not be held liable for any injury resulting from the intervention.

43. A person who acts as a first responder under this Act must inform his or her employer of the duties incumbent upon a first responder and inform the employer when, on receiving a call from the health communication centre, he or she must leave work precipitously or cannot report for work.

No employer may, without a valid reason the burden of proof of which is on the employer, by discriminatory measures or reprisals, changes in conditions of employment, a transfer, suspension or dismissal or any other sanction, prevent a person from acting as a first responder or sanction him or her for having acted in that capacity.

Any person who feels aggrieved by a measure referred to in the second paragraph may exercise a recourse before the Commission des relations du

travail established by the Labour Code (R.S.Q., chapter C-27). The provisions applicable to a recourse relating to the exercise by an employee of a right under the said Code apply, with the necessary modifications.

DIVISION III

AMBULANCE SERVICES

44. An ambulance service means any service which, in keeping with the three-year strategic service organization plan of the regional board and the protocols determined by the Minister, furnishes pre-hospital emergency care intended to prevent a person's condition from deteriorating and transports the person in an ambulance to a centre operated by a receiving institution or between the facilities maintained by one or more institutions.

The provisions of this division do not apply to an enterprise that uses a vehicle to provide rescue services free of charge on land owned or held under a concession or lease by the enterprise provided that there is no indication that may lead to the belief that the vehicle is an ambulance.

§1. — *Permits*

45. This subdivision does not apply to Corporation d'urgences-santé.

46. The operation of an ambulance service is subject to the following conditions :

(1) the operator must be the holder of an ambulance service permit issued by the regional board ; and

(2) the operator must have entered into a contract with the regional board in conformity with the provisions of section 9.

47. A permit may be issued to a natural person or a legal person. The permit shall indicate the region or zone in which the holder is authorized to operate, mainly but not exclusively, the ambulance service, and the number of ambulances the holder may use.

48. The Government may, by regulation, determine the conditions, the terms and the duties applicable to the issue or renewal of an ambulance service permit, the documents and information a permit holder must furnish and the records the permit holder must keep.

49. The contract entered into pursuant to section 9 must specify the number of ambulances covered by the permit of the holder having entered into the contract.

50. The regional board may refuse to increase the number of ambulances attached to a permit or to issue a permit if the number of ambulances available under the contracts entered into under section 9 is sufficient to enable the regional board to meet the needs identified in its estimates as regards the organization of pre-hospital emergency services.

51. A permit is issued for a maximum period of 36 months ending on 31 March. It is renewed for a period of 36 months if the holder fulfills the conditions for renewal set out in the regulation made under section 48.

52. The holder of an ambulance service permit may not transfer or assign the permit or transfer or assign the ownership of shares carrying 50% or more of the voting rights to one or more other persons, without the authorization of the regional board, which may not deny authorization unless its decision is based on reasons of public interest related to the organization and quality of the services provided to the public.

The decision of the regional board must be communicated in writing to the permit holder within 60 days of the application.

Where a permit is transferred or assigned or the ownership of shares carrying 50% or more of the voting rights is transferred or assigned to one or more other persons in accordance with the first paragraph, the regional board shall transfer to the transferee or assignee the contract entered into with the transferor or assignor for the unexpired portion of the contract.

53. A permit holder who wishes to modify or discontinue the services or operations the holder has undertaken to provide in the contract entered into with the regional board must obtain the authorization of the regional board and comply with any conditions it determines.

54. The regional board may suspend, revoke or refuse to renew the permit of any holder who

(1) has been convicted of an offence against this Act or a regulation made thereunder or of an indictable offence related to the activities in respect of which the permit is held;

(2) in the regional board's opinion is unable to provide quality ambulance services consistent with the contract entered into with the regional board;

(3) is not in a position, owing to his or her financial situation, to perform the obligations arising from the contract entered into with the regional board;

(4) obtained a permit on false representations or no longer meets the conditions required for the renewal of the permit;

(5) without the authorization of the regional board, modifies the services required under the contract entered into with the regional board.

Before making such a decision, the regional board shall give written notice as required under section 5 of the Act respecting administrative justice (R.S.Q., chapter J-3) to the holder of the ambulance service permit and allow him or her at least 10 days to present observations.

55. In cases which allow it, the regional board must, before suspending, revoking or refusing to renew a permit for one of the reasons provided in subparagraphs 2, 3 and 5 of the first paragraph of section 54, issue an order in writing requiring the holder to take the necessary corrective action within the time it specifies.

If the holder fails to comply with the order, the regional board may then suspend, revoke or refuse to renew the permit.

56. The regional board shall give written notice of its decision to the ambulance service permit holder, including reasons, within 30 days of the date of the decision.

57. The holder of an ambulance service permit that has been suspended or revoked or in respect of whose renewal authorization has been denied, or a permit holder in respect of whose permit or share ownership the transfer or assignment has been denied pursuant to section 52, may within 60 days after the date of notification, contest the decision of the regional board before the Administrative Tribunal of Québec.

58. A regional board whose decision is contested is subject to the obligations set out in the first paragraph of section 114 of the Act respecting administrative justice, with the necessary modifications.

59. Sections 33 and 37 apply, with the necessary modifications, to permit holders.

§2. — *Responsibilities and obligations of permit holders*

60. A permit holder has the following responsibilities :

(1) to offer ambulance services in compliance with the applicable legislative and regulatory provisions, ministerial policies and objectives and the terms and conditions of the service contracts entered into with the regional board under section 9 ;

(2) to participate in the local and regional implementation activities of pre-hospital emergency services ;

(3) to render an account to the regional board whose form and content shall be determined in the contract entered into under section 9, concerning, in particular, the achievement of results objectives ;

(4) to manage human and material resources in conformity with the contract entered into with the regional board; and

(5) to participate actively in the development of quality management programs relating to operations and implement the resulting measures.

In the exercise of responsibilities under the first paragraph, a permit holder may only have access to the personal or non-personal information held by a health communication centre that is necessary for the purpose of exercising such responsibilities.

A permit holder may only obtain such information insofar as it concerns the permit holder's own operations or the employees under the permit holder's responsibility.

61. A permit holder must file in accordance with section 9, within the prescribed time, any information, documents and reports required pursuant to the contract entered into with the regional board.

62. A permit holder may not use to provide ambulance services any vehicle other than a vehicle that meets the technical specifications at the time it is put into service and contains the equipment and material determined by regulation of the Government under section 77.

DIVISION IV

AMBULANCE TECHNICIANS

63. To act as an ambulance technician, a person must

(1) have completed the initial college training recognized by the Ministère de l'Éducation and passed the relevant examination; and

(2) be registered in the national workforce registry maintained by the Minister pursuant to paragraph 10 of section 3 and have obtained an ambulance technician qualification certificate.

64. The Government may, by regulation, determine the conditions that an ambulance technician must satisfy to be registered in the national workforce registry and obtain an ambulance technician qualification certificate.

The Government may also in the same manner determine the continuing education requirements and the qualification assessment process to which an ambulance technician is subject every four years as a condition for the maintenance of registration in the national workforce registry.

65. An ambulance technician shall provide the necessary care to a person whose condition requires pre-hospital emergency services in accordance with the clinical intervention protocols determined by the Minister.

The ambulance technician shall ascertain the presence of signs or symptoms requiring the application of protocols to prevent the person's condition from deteriorating and, where necessary, transport the person with diligence to a centre operated by the designated receiving institution or between the facilities maintained by one or more institutions.

66. In the exercise of his or her functions, an ambulance technician must observe the protocols referred to in section 65 and submit to the regional medical supervision established under section 17 and participate in the supervision of the regional medical authorities established pursuant to section 17.

67. At the request of a regional medical director of pre-hospital emergency services, an ambulance technician may be temporarily or permanently struck from the national workforce registry maintained pursuant to paragraph 10 of section 3 by the Minister by a review committee formed under section 70, if the ambulance technician

(1) does not comply with the continuing education requirements, refuses to submit to the qualification assessment process referred to in the second paragraph of section 64 for the maintenance of registration, refuses to participate in the qualification assessment process, or does not submit to medical supervision related to the application of the protocols referred to in section 65 in the exercise of his or her functions ;

(2) has been convicted of an offence under this Act or a regulation made thereunder ;

(3) has been convicted of an indictable offence related to the carrying on of the activities in respect of which the ambulance technician is registered in the national workforce registry.

68. In an urgent case and to ensure the quality of the care provided, the regional medical director may request an employer to temporarily suspend all or some of the clinical duties of an ambulance technician under the employer's responsibility and to require the ambulance technician to take the corrective action the regional medical director considers necessary.

The national medical director must be informed of every request for the total suspension of duties as well as the corrective action required within five days after the request.

69. Before requesting that an ambulance technician be temporarily or permanently struck from the national workforce registry maintained by the Minister, a regional medical director of pre-hospital emergency services must, in the cases enumerated in paragraph 1 of section 67, request the ambulance technician to take corrective action within the time he or she specifies and so inform the technician's employer.

In the cases referred to in paragraphs 2 and 3 of section 67, or where the ambulance technician does not comply with a request of the regional medical director under the first paragraph or under section 68 within the time specified, the regional medical director may, within 60 days after the request, request the national medical director of pre-hospital emergency services to form a review committee which may confirm the ambulance technician's registration or temporarily or permanently strike the ambulance technician from the registry.

The regional medical director must inform the technician's employer of the reasons for the request made to the national medical director.

70. The review committee shall be composed of

- (1) the national medical director of pre-hospital emergency services;
- (2) an ambulance technician designated by the union of ambulance technicians of which the technician concerned is a member or, if the technician is not a union member, an ambulance technician chosen by the technician concerned to represent him or her;
- (3) two persons, including a regional medical director, designated by a majority of the regional boards other than the regional board in whose territory the ambulance technician concerned acted, that are not attached to that board;
- (4) a person designated by the operators of ambulance services having no employment relationship with the ambulance technician concerned;
- (5) an ambulance technician instructor designated by the general and vocational colleges that provide ambulance technician training;
- (6) an ambulance technician designated by one or more organizations whose main object is the development and enhancement of the fields of practice of ambulance technicians.

If the persons or bodies mentioned in subparagraphs 2 to 6 of the first paragraph fail to agree on the designation of their representatives within the time specified in the second paragraph of section 69, the Minister shall designate them.

71. Before making its decision, the review committee must notify the ambulance technician in writing as prescribed by section 5 of the Act respecting administrative justice and allow the ambulance technician at least 10 days to present observations.

72. The review committee must, within 30 days after its establishment, notify its reasoned decision in writing to the ambulance technician whose registration is confirmed or who is struck from the registry and shall, where the ambulance technician is struck from the registry, specify on which of the grounds provided in section 67 its decision is based

The review committee shall also transmit a copy of the decision to the technician's employer.

73. An ambulance technician who has been struck from the registry may, within 60 days after the date of the notice, contest the decision of the review committee before the Administrative Tribunal of Québec.

The filing of a motion to bring a proceeding before the Administrative Tribunal of Québec suspends the execution of the contested decision. However, the suspension does not authorize an ambulance technician to continue to provide care to a person whose condition requires pre-hospital emergency services.

74. The review committee whose decision is contested is subject to the obligations set out in the first paragraph of section 114 of the Act respecting administrative justice, with the necessary modifications.

75. The striking of an ambulance technician from the national workforce registry entails forfeiture of that ambulance technician's qualification certificate.

76. Division II of Chapter IV and section 78 of the Act respecting labour standards (R.S.Q., chapter N-1.1) do not apply to employees of holders of ambulance service permits who are ambulance technicians whose work schedules, as established under contracts entered into pursuant to section 9, are made up of periods of work, on-call periods and periods of rest.

CHAPTER V

VEHICLES

DIVISION I

AMBULANCES

77. The Government shall determine, by regulation, the technical specifications applicable to any vehicle that is to be used as an ambulance within the scope of pre-hospital emergency services or for the transportation, between the facilities maintained by the institutions, of users requiring care or medical support during the transportation, and the equipment and material that may be used in such a vehicle.

The Government shall determine in the same manner the inspection standards for such a vehicle, subject to the inspection standards established under any other Act, and for the equipment and material referred to in the first paragraph.

Such a vehicle may only be used by the holder of an ambulance service permit and only for the provision of ambulance services.

DIVISION II

OTHER VEHICLES

78. The Government shall determine, by regulation, the cases, conditions and circumstances in which a vehicle other than a vehicle referred to in section 77 may be used to transport users whose condition does not require care or medical support during the transportation between the facilities maintained by the institutions.

The Government shall determine in the same manner, in the case of a region where the geographic location, the size of the territory or the density of the population so warrants, the cases, conditions and circumstances in which a vehicle other than a vehicle referred to in section 77 may be used to offer services complementary to regular pre-hospital emergency services or to transport users requiring care or medical support during the transportation, and the technical specifications applicable to such a vehicle.

The Government shall also determine in the same manner

- (1) the qualification standards required of the personnel assigned to the vehicles ;
- (2) the equipment and material that may be used in the vehicles ; and
- (3) the inspection standards for the vehicles, subject to the inspection standards established under any other Act, and for the equipment and material referred to in subparagraph 2.

CHAPTER VI

RATES

79. The Government may, by regulation, set the rates that may be charged for transportation by pre-hospital emergency services vehicle or establish standards enabling such rates to be set.

The rates or standards may vary according to whether transportation is between the facilities maintained by one or more institutions or between regions, according to the type of vehicle used or services provided during the transportation or according to the resident or non-resident status of the person transported. Specific rates may also be determined for the placing of a vehicle referred to in section 77 or 78 on stand-by, as well as the cases, conditions and circumstances in which such rates may be charged.

The Government may, in the same manner, designate the person, body or government from whom the payment of a rate may be required. The designation may vary according to the age or the economic situation of the person transported or according to whether the person is a person not required to pay

the rate for such transportation himself or herself or who may be reimbursed in whole or in part.

80. No person may charge a rate for transportation or for making a vehicle available that differs from the rate set under section 79.

CHAPTER VII

PENAL PROVISIONS

81. Every person who contravenes any provision of section 46, the first paragraph of section 52 or section 53, 62 or 80 is guilty of an offence and is liable to a fine of \$2,500 to \$5,000.

82. Every person who knowingly furnishes false or misleading information, reports or other documents required to be communicated under this Act or the regulations or a contract entered into pursuant to this Act to the Minister, the regional board or any other person is guilty of an offence and is liable to a fine of \$2,500 to \$5,000.

83. Every person who hinders or prevents a person from exercising functions in connection with an inspection, investigation or verification conducted pursuant to this Act is guilty of an offence and is liable to a fine of \$2,500 to \$5,000.

84. Every employer who contravenes the second paragraph of section 43 is guilty of an offence and is liable to a fine of \$200 to \$1,000.

85. Every person who aids, abets, counsels, allows, authorizes or commands another person to commit an offence under this Act is guilty of an offence.

Every person convicted of an offence under this section is liable to the same penalty as that prescribed for the offence whose commission the person aided or abetted.

TITLE II

SPECIAL PROVISIONS APPLICABLE TO CORPORATION D'URGENTES-SANTÉ

86. Subject to the provisions of this Title and unless the context indicates otherwise, the provisions of Title I apply to Corporation d'urgences-santé as if it were a regional board and the functions that would devolve on the regional boards of Montréal-Centre and Laval shall be assumed by the Corporation.

87. "Corporation d'urgences-santé de la région de Montréal Métropolitain", a legal person established under section 149.1 of the Act respecting health services and social services for Cree Native persons, shall continue as

“Corporation d’urgences-santé” and shall carry on its activities for the Montréal-Centre and Laval regions.

88. The head office of the Corporation shall be situated in the territory of Ville de Montréal at the address determined by the board of directors.

89. Part III of the Companies Act (R.S.Q., chapter C-38) applies to the Corporation, subject to any inconsistent provisions of this Act.

90. Subject to the powers conferred on a regional board by the Act respecting health services and social services, the Corporation shall exercise, in its territory, the functions assigned to a regional board by this Act, in particular functions associated with the planning, organization and coordination of the organization of pre-hospital emergency services, including the establishment of a first responder service. The Corporation shall also exercise functions associated with the operation of a health communication centre and an ambulance service.

The Corporation may also directly or indirectly exercise activities ancillary to those provided for in the first paragraph, act as a consultant in matters relating to the organization, management or training of the players in the organization of pre-hospital emergency services, and see to the commercial development or the dissemination of that expertise within or outside Québec.

Before exercising or causing to be exercised any of the activities provided for in the second paragraph, the Corporation must enter into an agreement with the Minister and make public the conditions of the agreement.

In addition, the Corporation must, as regards pre-hospital emergency services, ensure coordination between its services and the policies of the regional boards in its territory.

91. In addition to its director general, the board of directors of the Corporation is composed of the following persons appointed by the Government who shall become members upon their appointment :

(1) one member appointed after consultation with Ville de Montréal from among the members of its council or among its managerial personnel ;

(2) one member appointed after consultation with Ville de Laval from among the members of its council or from among managerial personnel ;

(3) one member appointed from among persons having used the pre-hospital emergency services of the Corporation during the 12 months preceding the appointment and having shown interest in the position following a general invitation through the media ;

(4) one member appointed after consultation with the Association des hôpitaux du Québec from among the executive directors of the institutions operating the hospital centres in the territory;

(5) one member appointed after consultation with the medical affairs department of each of the regional boards in the territory from among the co-ordinators of emergency rooms situated in facilities maintained by the institutions operating the hospital centres in the territory;

(6) one member appointed after consultation with the Société de l'assurance automobile du Québec;

(7) two members appointed after consultation with the Régie régionale de la santé et des services sociaux de Montréal-Centre and the Régie régionale de la santé et des services sociaux de Laval;

(8) one member appointed after consultation with the employees of the Corporation; and

(9) one member appointed after consultation with the economic or business community in the territory of the Corporation.

92. The director general of the Corporation shall be appointed by the Government after consultation with the other members of the board of directors. The director general is, by virtue of his or her office, the chair of the board of directors.

93. The term of office of the members of the board of directors including the director general shall not exceed five years.

However, a person who ceases to be qualified shall cease to be a member of the board of directors.

94. The members of the board of directors shall remain in office, notwithstanding the expiry of their terms, until they are reappointed or replaced. Any vacancy occurring before the expiry of a term shall be filled within the next 120 days, in the manner and for the time set out in sections 91 to 93.

95. The members of the board of directors, other than the director general, shall receive no salary; they are, however, entitled to the reimbursement of expenses incurred in the exercise of their functions, on the conditions and to the extent determined by the Government.

96. The director general shall be responsible, under the authority of the board of directors, for the management of the Corporation within the scope of its by-laws and policies. The functions of the director general shall be exercised on a full-time basis.

The remuneration and other conditions of employment of the director general shall be determined by the Government.

97. If the director general is unable to act, the Government may appoint a person to exercise the functions of the director general while the director general is unable to act, and fix the person's remuneration and other conditions of employment.

98. The members of the personnel of the Corporation, other than the director general, shall be appointed according to the staffing plan established by by-law of the Corporation.

Subject to the provisions provided for in a collective agreement, the Corporation shall determine, by by-law, the standards and scales of remuneration, employment benefits and other conditions of employment of the members of its personnel other than the director general, in accordance with the conditions defined by the Government.

99. Each year, the Corporation shall submit its budget estimates for the next fiscal year to the Minister for approval.

The Minister shall fix the final date for filing the estimates and determine the form and content thereof.

100. On 1 April each year, the Minister shall transmit to the Corporation, on the conditions he or she determines, its operating budget for the current fiscal year. Failing such transmission, the operating budget transmitted by the Minister for the preceding fiscal year shall be renewed until the Corporation has received its budget for the current fiscal year.

In addition, the Minister may, where he or she considers it appropriate, transmit a capital budget to the Corporation on the conditions the Minister determines.

101. The fiscal year of the Corporation ends on 31 March.

102. The Corporation shall provide to the Minister any information or report he or she may require on its activities.

103. Not later than 30 June, the Corporation shall submit its financial statements and a report on its activities for the preceding fiscal year to the Minister.

The financial statements and the report on its activities must contain all the information required by the Minister.

104. Any person who requests or uses the pre-hospital emergency services of the Corporation may file with the Corporation a complaint relating to the services the person received or should have received from the Corporation.

The board of directors of the Corporation shall appoint a member of its personnel to exercise the functions of a regional service quality commissioner provided for in the Act respecting health services and social services and establish, by regulation, a complaint examination procedure.

The provisions of Divisions III to VII of Chapter III of Title II of Part I of the Act respecting health services and social services apply with the necessary modifications to the processing of complaints by the Corporation.

105. The Minister may, as part of the Minister's responsibilities and powers, give the Corporation directives concerning the aims and objectives of the Corporation in the carrying out of the functions conferred on it by this Act; the directives must receive prior approval by the Government.

Directives given pursuant to this section are binding on the Corporation.

The directives must be tabled in the National Assembly by the Minister within 15 days of their approval or, if the Assembly is not sitting, within 15 days of resumption.

106. A person authorized in writing by the Minister to make an inspection may, to ascertain whether this Act, its statutory instruments or any regulation applicable to the Corporation made under this Act are being complied with,

- (1) enter, at any reasonable time, premises occupied by the Corporation;
- (2) examine and make a copy of any document relating to the activities carried on by the Corporation;
- (3) demand any information relating to such activities and the production of any document connected with them.

Every person having custody, possession or control of such documents and any other person working on the premises must give the inspector reasonable assistance, furnish the inspector with the information or documents requested and facilitate the examination of them.

The inspector must, on request, produce a certificate signed by the Minister attesting to the inspector's quality.

107. The Government may designate a controller who shall be responsible for seeing to the proper utilization of the public funds granted to the Corporation if the Corporation does not exercise adequate budgetary control.

Every person performing administrative duties within the Corporation is required to submit to the controller's directives, within the limits of the powers conferred on the controller.

No undertaking may be entered into on behalf of the Corporation nor any disbursement made without the countersignature of the controller. Any undertaking entered into in contravention of this paragraph is absolutely null.

108. The Government may order that an inquiry be held into any matter pertaining to the administration, organization or operation of the Corporation and designate a person it entrusts with the inquiry.

The investigator is vested, for the purposes of the inquiry, with the powers and immunity of a commissioner appointed under the Act respecting public inquiry commissions (R.S.Q., chapter C-37), except the power to impose imprisonment.

109. Where the Government orders an inquiry or designates a controller, it may suspend all or part of the powers of the Corporation for a period not exceeding six months and appoint an administrator to exercise such powers.

The Government may extend the suspension of powers and the administrator's mandate for a period not exceeding six months.

110. The Minister may, for a period not exceeding 120 days, assume the provisional administration of the Corporation,

(1) where the Corporation refuses or neglects to comply with the directives given to it pursuant to section 105 or to take the measures required to meet the objectives set forth in the directives ;

(2) where the Corporation engages in practices or tolerates a situation that could endanger the health or welfare of persons who call upon its services or that are inconsistent with the functions conferred upon the Corporation ;

(3) where it is seriously remiss in the performance of its obligations under this Act, its statutory instruments or any regulation, especially by incurring expenditures not provided for in its budget ;

(4) where there are reasonable grounds to believe that there has been a serious fault, such as embezzlement, breach of trust or other misconduct by a member of the board of directors.

The period of 120 days may be extended by the Government for a period not exceeding 90 days.

111. Where the Minister assumes provisional administration of the Corporation, the powers of the Corporation are suspended and are exercised by the Minister.

112. The Minister shall make a provisional report of the administration to the Government as soon as possible, setting forth the Minister's findings and recommendations.

Before submitting the report to the Government, the Minister shall give the Corporation an opportunity to present observations. The Minister shall attach to the report a summary of the observations presented to the Minister by the Corporation.

113. The Government may, if the provisional report confirms the existence of a situation described in the first paragraph of section 110,

(1) order that the situation be remedied within the time it specifies ;

(2) decide that the Minister is to continue the provisional administration or suspend it until the Corporation complies with any conditions imposed by the Government.

114. The Minister shall make a final report to the Government upon ascertaining that the situation described in the provisional report has been corrected or that it will not be possible to correct it.

115. The Government may, after receiving the final report of the Minister,

(1) terminate the provisional administration of the Corporation on the date it specifies ;

(2) declare the members of the board of directors of the Corporation forfeited of office and provide for the appointment of their replacements ;

(3) exercise any power conferred upon it by section 113.

116. A person who, under the authority of the Minister, assumes the provisional administration of the Corporation, is authorized to make an inspection under section 106, is appointed controller under section 107 or is appointed administrator under section 109 may not be prosecuted for any act performed in good faith in the carrying out of his or her functions.

TITLE III

INFORMATION SYSTEM

117. For the purpose of measuring and assessing the quality of the provision of pre-hospital emergency services, the Minister may establish a system for the collection of information concerning the request for services, the provision of services and the use of resources.

The information may be collected from service providers, regional boards, Corporation d'urgences-santé or the James Bay Cree health and social services council.

118. Whenever a person being transported or the person's representative is unable to provide the information at the time of transportation, the institution

concerned must, notwithstanding section 19 of the Act respecting health services and social services, furnish to the person responsible for completing a declaration of transportation the following information respecting the person transported if it has the information in its possession: the name, address, age and health insurance number of the person and, where applicable, the name and address of the person's military unit, the person's veteran's number, the name and number of the person's Indian band and the person's recipient number for the purposes of a last resort financial assistance program provided for in the Act respecting income support, employment assistance and social solidarity (R.S.Q., chapter S-32.001).

The information thus obtained may not be used for purposes other than obtaining payment for the transportation provided and fixing the remuneration or amount payable to the person providing the transportation service.

In addition, the Minister may, for the purposes of statistics or for planning transportation services, require information on any transportation made, from any person having possession of such information. No information may be transmitted that would allow the persons transported to be identified.

TITLE IV

AMENDING, TRANSITIONAL AND FINAL PROVISIONS

119. Section 7 of the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1) is amended by replacing “and the Corporation d’hébergement du Québec” at the end of the first paragraph by “, the Corporation d’hébergement du Québec and a health communication centre established under the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”.

120. Schedule 2 to the Financial Administration Act (R.S.Q., chapter A-6.001), amended by section 21 of chapter 11 of the statutes of 2001 and by section 16 of chapter 28 of the statutes of 2001, is again amended by replacing “Corporation d’urgence-santé de la région de Montréal métropolitain” by “Corporation d’urgence-santé”.

121. Section 155.5 of the Automobile Insurance Act (R.S.Q., chapter A-25) is amended by replacing “and to the health and social services regional councils and to the Corporation d’urgences-santé de la région de Montréal Métropolitain governed by the Act respecting health services and social services for Cree Native persons (chapter S-5)” in the third, fourth, fifth and sixth lines of the first paragraph by “, to the health and social services regional councils governed by the Act respecting health services and social services for Cree Native persons (chapter S-5) and to Corporation d’urgences-santé governed by the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”.

122. Section 3 of the Health Insurance Act (R.S.Q., chapter A-29) is amended by striking out “de la région de Montréal Métropolitain” in the fourth and fifth lines of the last paragraph.

123. Section 4 of the Highway Safety Code (R.S.Q., chapter C-24.2), amended by section 166 of chapter 60 of the statutes of 2001, is again amended by replacing “Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies (chapter P-35)” in the definition of “emergency vehicle” by “Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”.

124. Section 439 of the said Code, amended by section 166 of chapter 60 of the statutes of 2001, is again amended by replacing “Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies (chapter P-35)” by “Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”.

125. Section 111.0.16 of the Labour Code (R.S.Q., chapter C-27) is amended by replacing “an ambulance service enterprise, the Corporation d’urgences-santé de la région de Montréal Métropolitain, the entity responsible for the coordination centre of calls from persons and establishments requesting ambulance services, not contemplated by paragraph 2 of section 111.2” in the first, second, third and fourth lines of paragraph 7 by “an ambulance service enterprise, Corporation d’urgences-santé and a health communication centre governed by the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”.

126. Schedule I to the said Code, enacted by section 70 of chapter 26 of the statutes of 2001, is amended by adding the following paragraph at the end :

“(24) of the third paragraph of section 43 of the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69).”

127. Section 25 of the Act respecting administrative justice (R.S.Q., chapter J-3), amended by section 18 of chapter 29 of the statutes of 2001 and by section 2 of chapter 22 of the statutes of 2002, is again amended by adding the following paragraph at the end :

“Proceedings referred to in paragraph 8.1 of section 3 of Schedule I shall be heard and determined by a single member who shall be an advocate or notary. However, where the proceeding concerns a decision based on any of the grounds set out in paragraph 1 of section 67 of the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69), the proceeding must be heard and determined by a panel of two members, one of whom shall be an advocate or notary and the other, a physician.”

128. Section 119 of the said Act, amended by section 19 of chapter 29 of the statutes of 2001, by section 166 of chapter 60 of the statutes of 2001 and by section 9 of chapter 22 of the statutes of 2002, is again amended

(1) by striking out paragraph 3;

(2) by inserting the following paragraph after paragraph 5:

“(5.1) a proceeding under section 57 of the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69) which pertains to the suspension, revocation or non-renewal of, or a denial of authorization in respect of the transfer or assignment of, an ambulance service permit or to a denial of authorization in respect of the transfer or assignment of share ownership;”.

129. Schedule I to the said Act, amended by section 130 of chapter 9 of the statutes of 2001, by section 107 of chapter 24 of the statutes of 2001, by section 20 of chapter 29 of the statutes of 2001, by sections 147 and 166 of chapter 60 of the statutes of 2001 and by section 25 of chapter 22 of the statutes of 2002, is again amended

(1) by striking out paragraph 6 of section 3;

(2) by inserting the following paragraph after paragraph 8 of section 3:

“(8.1) proceedings under section 57 or 73 of the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”.

130. Section 1 of the Act to ensure that essential services are maintained in the health and social services sector (R.S.Q., chapter M-1.1), amended by section 166 of chapter 60 of the statutes of 2001, is again amended

(1) by replacing “an ambulance service holding a permit issued pursuant to Division VI of the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies (chapter P-35)” in the second paragraph by “ambulance services holding a permit pursuant to Division III of Chapter IV of Title I of the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”;

(2) by replacing “de la région de Montréal Métropolitain established by section 149.1 of the Act respecting health services and social services for Cree Native persons (chapter S-5)” in the first, second and third lines of subparagraph 1 of the third paragraph by “referred to in section 87 of the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”;

(3) by replacing subparagraph 2 of the third paragraph by the following subparagraph:

“(2) every health communication centre governed by the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69), in the same manner as to an operator of ambulance services;”.

131. The said Act is amended by replacing “an ambulance service” wherever it appears in sections 2, 3, 8, 9, 10, 18, 19, 20, 23 and 25 by “ambulance services” and by replacing “d’un service d’ambulance” in the French text of section 3 by “de services ambulanciers”.

132. The title of the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies (R.S.Q., chapter P-35), replaced by section 149 of chapter 60 of the statutes of 2001, is amended by striking out “ambulance services”.

133. Section 1 of the said Act, amended by section 150 of chapter 60 of the statutes of 2001, is again amended by striking out subparagraph *i* of the first paragraph.

134. Section 2 of the said Act, amended by section 151 of chapter 60 of the statutes of 2001, is again amended by striking out the second, third and fourth paragraphs.

135. Section 2.1 of the said Act is repealed.

136. Section 31 of the said Act is amended by striking out the second paragraph.

137. Section 34 of the said Act is amended

(1) by striking out “, the regional board or the regional council, as the case may be” in the second line of the first paragraph;

(2) by striking out “section 2 or” and “, as the case may be” in the fourth and fifth lines of the first paragraph;

(3) by striking out the third paragraph.

138. Section 35 of the said Act is amended by striking out everything after “carry on” in the second, third and fourth lines of the first paragraph.

139. Section 36 of the said Act is amended

(1) by striking out “, the regional board or the regional council, as the case may be,” in the second and third lines of the first paragraph;

(2) by striking out “of the Minister or of the regional board or regional council” in the fourth and fifth lines of the first paragraph;

(3) by striking out “or an ambulance service” in the first and second lines of the second paragraph;

(4) by striking out the fourth and fifth paragraphs.

140. Section 37 of the said Act is amended by replacing “for renewal, in accordance with the regulations of the Minister or the regional council, as the case may be” in the third and fourth lines by “by regulation for the renewal of a permit”.

141. Section 39 of the said Act is amended by replacing “the regulations of the Minister, the regional board or the regional council, as the case may be” in the second, third and fourth lines by “regulation”.

142. Section 40 of the said Act is amended by striking out “or of the regional board or regional council who or which issued it”.

143. Section 40.1 of the said Act is amended by striking out the first paragraph.

144. Sections 40.2 to 40.3.1 of the said Act are repealed.

145. Section 41 of the said Act is amended by striking out “, the regional board or the regional council, as the case may be,” in the third and fourth lines.

146. Section 65 of the said Act is amended by striking out everything after “regulations” in the third line except for “are being complied with”.

147. Section 69 of the said Act, amended by section 158 of chapter 60 of the statutes of 2001, is again amended

(1) by striking out “and in that of an ambulance service” in subparagraph *c* of the first paragraph;

(2) by striking out “except in the case of a holder of an ambulance service permit” in subparagraph *d* of the first paragraph.

148. Section 71 of the said Act is amended by replacing “by the Government, the Minister, the regional board or the regional council, as the case may be,” in the second and third lines by “thereunder”.

149. Section 11.12 of the Animal Health Protection Act (R.S.Q., chapter P-42), amended by section 2 of chapter 37 of the statutes of 2001, section 160 of chapter 60 of the statutes of 2001 and section 148 of chapter 76 of the statutes of 2001, is again amended by striking out “, ambulance services” in the second paragraph.

150. Schedule I to the Act respecting the Government and Public Employees Retirement Plan (R.S.Q., chapter R-10), replaced by section 361 of chapter 31 of the statutes of 2001, is amended by striking out “de la région de Montréal Métropolitain” in the name “Corporation d’urgences-santé de la région de Montréal Métropolitain”.

151. Schedule III to the said Act, replaced by section 364 of chapter 31 of the statutes of 2001, is amended by striking out “de la région de Montréal Métropolitain” in the name “Corporation d’urgences-santé de la région de Montréal Métropolitain”.

152. Section 60 of the Act respecting health services and social services (R.S.Q., chapter S-4.2), replaced by section 41 of chapter 43 of the statutes of 2001, is amended by striking out paragraph 2.

153. Section 61 of the said Act, replaced by section 41 of chapter 43 of the statutes of 2001, is repealed.

154. Section 340 of the said Act, amended by section 48 of chapter 24 of the statutes of 2001, is again amended by inserting the following subparagraph after subparagraph 7 of the second paragraph :

“(7.1) exercising the responsibilities conferred on it by the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)”.

155. Section 1.1 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5) is amended by striking out “and to the extent that it concerns the emergency pre-hospitalization system contemplated in Division VI.1” at the end.

156. Division VI.1 of the said Act, comprising sections 149.1 to 149.34, is repealed.

157. Schedule II to the Act respecting the Pension Plan of Managerial Personnel (2001, chapter 31) is amended by striking out “de la région de Montréal Métropolitain” in the name “Corporation d’urgences-santé de la région de Montréal Métropolitain”.

158. Schedule V to the said Act is amended by striking out “de la région de Montréal Métropolitain” in the name “Corporation d’urgences-santé de la région de Montréal Métropolitain”.

159. Section 8 of the Act respecting the Health Services Ombudsman and amending various legislative provisions (2001, chapter 43) is amended by replacing “de Montréal Métropolitain in accordance with section 61 of that Act, or deemed to have been transmitted to the person under section 72 of that Act, or” in subparagraph 3 of the first paragraph by “pursuant to the provisions of section 104 of the Act respecting pre-hospital emergency services and

amending various legislative provisions (2002, chapter 69) or deemed to have been transmitted to the person by Corporation d'urgences-santé pursuant to the provisions of that section, or who”.

160. Section 20 of the said Act is amended

(1) by striking out “de Montréal Métropolitain” in the first line of subparagraph 3 of the first paragraph;

(2) by inserting “or in section 16 or 104 of the Act respecting pre-hospital emergency services and amending various legislative provisions (2002, chapter 69)” after “social services” in the fourth and fifth lines of the second paragraph.

161. Section 166 of the Public Health Act (2001, chapter 60) is amended by striking out “, ambulance services” in the sixth and seventh lines.

162. An ambulance service permit that is valid on 19 December 2002 remains valid until a new permit is issued pursuant to the provisions of this Act.

163. A contract entered into under section 149.27 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5) that is in force on 19 December 2002 remains valid and continues to produce its effects until a new contract is entered into in accordance with the provisions of section 9 of this Act.

164. The call coordination centre “Centrale de coordination santé de la région de Québec (03) Inc.”, a legal person constituted on 15 December 1995 under Part III of the Companies Act (R.S.Q., chapter C-38) and recognized in accordance with the provisions of section 149.26 of the Act respecting health services and social services for Cree Native persons, is recognized as a health communication centre within the meaning of this Act, if it complies with the provisions determined under the second paragraph of section 18.

The centre must, before 19 March 2003, take the necessary measures to modify its board of directors and bring it into conformity with section 21.

If the centre fails to do so, the Québec regional board of health and social services shall appoint the board members within the following month.

165. The call coordination centre “Groupe Alerte Santé Inc.”, a legal person constituted on 20 February 1997 under Part IA of the Companies Act, is authorized to apply to the Inspector General of Financial Institutions for the issue of letters patent constituting its members as a legal person governed by Part III of the Companies Act pursuant to section 221 of that Act; for that purpose, the shareholders of the legal person are deemed to be its members.

On the date on which the letters patent are issued,

(1) the authorized capital stock of the legal person and all its issued shares are cancelled;

(2) the shareholders of the legal person are entitled as former shareholders to claim from the legal person, within one month after the date of issue of the letters patent, the book value of their shares as established in the legal person's audited financial statements at 31 March 2002.

The legal person's property continues to belong to the legal person, and the legal person retains its rights, obligations and responsibilities in respect of third persons without prejudice to the causes of actions having already arisen.

If the centre "Groupe Alerte Santé Inc." fails to apply for the issue of the new letters patent by 19 March 2003, the Minister may, without further formality, determine that the regions which would have been served by "Groupe Alerte Santé Inc." will be served by another health communication centre determined by the Minister.

166. Following the issue of letters patent in conformity with section 21, the call coordination centre "Groupe Alerte Santé Inc.", recognized in accordance with the provisions of section 149.26 of the Act respecting health services and social services for Cree Native persons, shall be recognized as a health communication centre within the meaning of this Act, if it complies with the provisions determined under the second paragraph of section 18.

The centre must, before 19 March 2003, take the necessary measures to ensure that the composition of its board of directors is in conformity with section 22, failing which the Montérégie regional board of health and social services shall appoint the board members within the following month.

167. The centre "La Centrale des appels d'urgence Chaudière-Appalaches", a legal person constituted on 31 May 1994 under Part III of the Companies Act, is recognized as a health communication centre within the meaning of this Act, if it complies with the provisions determined under the second paragraph of section 18.

Notwithstanding the provisions of the first paragraph of section 21, the centre may continue to carry on all the activities carried on on 19 December 2002.

However, the centre must, before 19 March 2003, take the necessary measures to ensure that the operations inherent in a health communication centre within the meaning of this Act and the budgets attached to such operations are separated from the other activities of the legal person.

Notwithstanding any inconsistent provision in this Act or any other Act, the centre "La Centrale des appels d'urgence Chaudière-Appalaches" does not have to change the composition of its board of directors providing that, before 19 March 2003, it establishes a management committee in the manner and in

accordance with the composition provided for in the second paragraph of section 21, to exercise, with full authority, the responsibilities of the board of directors of a health communication centre within the meaning of this Act.

168. The centre “Centre d’appel d’urgence des régions de l’est du Québec (CAUREQ)”, a legal person constituted on 5 March 1996 under Part III of the Companies Act, is recognized as a health communication centre within the meaning of this Act, if it complies with the provisions determined under the second paragraph of section 18.

Notwithstanding the provisions of the first paragraph of section 21, the centre may continue to carry on all the activities carried on on 19 December 2002.

However, the centre must, before 19 March 2003, take the necessary measures to ensure that the operations inherent in a health communication centre within the meaning of this Act and the budgets attached to such operations are separated from the other activities of the legal person.

Notwithstanding any inconsistent provision in this Act or any other Act, the centre “Centre d’appel d’urgence des régions de l’est du Québec (CAUREQ)” does not have to change the composition of its board of directors providing that, before 19 March 2003, it establishes a management committee in the manner and in accordance with the composition provided for in the second paragraph of section 21, to exercise, with full authority, the responsibilities of the board of directors of a health communication centre within the meaning of this Act.

169. Any natural or legal person or any group of natural or legal persons in operation on 7 November 2001 that receives calls from persons requesting ambulance services for any of the territories of regional boards served by a health communication centre as determined by the Minister under section 18, is authorized to pursue such activities until the communication centre is in operation.

As of that date, the person or group of persons must ensure that all activity has ceased and that the necessary measures have been taken so that any call that may be received by the person or group is transferred directly to the health communication centre serving the territory from which the call originates.

After a health communication centre is in operation for the territory served by a person or group referred to in the first paragraph, the Minister shall, in the cases the Minister deems appropriate and after obtaining the authorization of the Conseil du trésor, pay to that person or group the amount of an indemnity considered reasonable by the Minister.

170. Any person who, on (*insert here the date of coming into force of this section*), is the holder of a valid ambulance technician qualification card issued by a regional board or Corporation d’urgences-santé de la région de

Montréal Métropolitain and is employed in that capacity by the Corporation or an ambulance service permit holder shall be registered of right in the national workforce registry maintained by the Minister under paragraph 10 of section 3.

The Corporation d'urgences-santé and every regional board in whose territory a permit holder operates an ambulance service shall take the necessary measures to furnish to the national medical director of pre-hospital emergency services the list of all the persons to whom the first paragraph applies, within one month after the coming into force of the regulation respecting the conditions to be met by an ambulance technician for registration in the national workforce registry established by the Government under section 64.

171. Any person who, on (*insert here the date of coming into force of this section*), is the holder of a valid ambulance technician qualification card issued by a regional board or the Corporation d'urgences-santé de la région de Montréal Métropolitain but is not employed in that capacity may, within 24 months after the coming into force of the regulation respecting the conditions to be met by an ambulance technician for registration in the national workforce registry established by the Government under section 64, be registered in the register.

172. Insofar as it is consistent with the provisions of this Act, every order, order in council, regulation, by-law, other statutory instrument or decision made or rendered by the Government, the Minister, a regional board, a regional council or any other competent authority pursuant to any of the provisions of the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, ambulance services and the disposal of human bodies (R.S.Q., chapter P-35) or Division VI.1 of the Act respecting health services and social services for Cree Native persons that applies to the persons or bodies to which this Act applies, shall continue to apply until provided to the contrary or until it is replaced pursuant to the provisions of this Act.

173. The persons appointed in accordance with paragraphs 1 to 5 of section 149.6 of the Act respecting health services and social services for Cree Native persons are deemed to be appointed under paragraphs 1 to 5 of section 91 of this Act and shall remain in office until the end of their terms.

The persons appointed in accordance with paragraphs 6 to 8 of section 149.6 of the Act respecting health services and social services for Cree Native persons shall remain in office until replaced in accordance with paragraphs 6 to 9 of section 91 of this Act.

174. The person who, on 19 December 2002, holds the office of executive director of Corporation d'urgences-santé de la région de Montréal Métropolitain shall continue to hold that office until the end of his or her term.

175. The Minister of Health and Social Services is responsible for the administration of this Act.

176. The provisions of this Act come into force on 19 December 2002 except the provisions of sections 63, 67, 69 to 75, 170 and 171, which come into force on the date or dates to be fixed by the Government.