



NATIONAL ASSEMBLY

FIRST SESSION

THIRTY-SEVENTH LEGISLATURE

Bill 83

(2005, chapter 32)

An Act to amend the Act respecting health services and social services and other legislative provisions

**Introduced 10 December 2004
Passage in principle 14 April 2005
Passage 25 November 2005
Assented to 30 November 2005**

**Québec Official Publisher
2005**

EXPLANATORY NOTES

This bill amends the Act respecting health services and social services in order to support the new service organization structure established under the Act respecting local health and social services network development agencies assented to on 18 December 2003.

Thus, the bill proposes an adjustment of responsibilities between local authorities, other institutions, health and social services agencies and the Minister of Health and Social Services. Local instances will be responsible for defining a clinical or organizational project for the territory they serve, while agencies will be more involved with the coordination of financing, human resources and specialized services. Under the bill, integrated university health networks are established whose object is to make proposals to the agency concerned or to the Minister, as the case may be, on various subjects, in particular the supply of services in the recognized areas of expertise of institutions designated as university institutions, medical training, the distribution of students from faculties of medicine, and the prevention of interruptions of services.

The bill introduces changes to the composition of the boards of directors of institutions and agencies, to the process for electing or designating board members, and to the procedures for filling a vacancy. Amendments are also proposed to establish a panel of heads of departments of specialized medicine in each agency and determine the panel's composition and responsibilities. The bill provides for a mandatory procedure for the certification of residences for the elderly to ensure that the occupants of such residences receive safe, high-quality services in an acceptable living environment. Such occupants will be able to file complaints with the agency, and the Health and Social Services Ombudsman will have the power to take action in those residences. The bill also establishes regional pharmaceutical services committees.

The bill proposes certain amendments with a view to improving the quality of services, the processing of complaints, and user rights advocacy. To that end, it provides that the local or regional service quality and complaints commissioner will report directly to the board of directors of the institution or agency and that henceforth all oral complaints will be examined. It introduces the obligation for every institution or agency to create a watchdog committee and for

every institution to set up one or more users' committees, as well as one or more in-patients' committees, where applicable. It also provides that the functions of the Health and Social Services Ombudsman will now be carried out by the Public Protector.

As regards the flow of clinical information, the bill proposes a certain number of new situations in which information contained in a user's record may be communicated or used without the health or social service user's consent if that communication or use is necessary for the purposes specified.

The bill introduces a public key infrastructure in order to ensure the legal and technical security of communications in the health and social services sector that use technological documents. To that end, it sets out the roles and responsibilities of the health and social service providers concerned and how the latter will be designated. It also sets the rules for issuing and using the keys and certificates that are required to use the EDP assets of the health and social services network or the Régie de l'assurance maladie du Québec or to support the planning, organization and secure delivery of health services and social services.

The bill also provides for the establishment of regional storage services for certain information concerning a person who consents to its being stored. The objective of such services is to provide authorized health and social service providers with pertinent and up-to-date information in order to facilitate a rapid examination of a person's health information when that person is taken in charge or is provided health services by those health and social service providers, and to ensure the continuity and complementarity of the services with those provided by other health and social service providers. Another objective of the storage services is to ensure the effectiveness of any subsequent communication of information stored by an agency or institution authorized by the Minister to offer such services for the sole purpose of providing health services.

The bill provides that a person may consent to storage, for five years, of personal information contained in records kept by different health and social service providers situated in the area of jurisdiction of an agency, and may revoke consent at any time.

The bill sets out a certain number of principles regarding the rights of the persons concerned with respect to the information stored by an authorized agency or institution and that must be respected in applying the proposed legislative provisions. Amendments to the Act respecting Access to documents held by

public bodies and the Protection of personal information are also proposed in order to make the Commission d'accès à l'information responsible for ensuring that the information stored is protected.

The bill proposes amendments to the Health Insurance Act to enable the Régie de l'assurance maladie du Québec to assign a unique identification number to insured persons and, under certain conditions, other persons who use the health and social services network. It also introduces measures to ensure that that number remains confidential.

The bill amends the Act respecting the Régie de l'assurance maladie du Québec to assign new functions to the Board with a view to its contributing to the establishment of the regional information storage services to be offered by authorized agencies and institutions. Amendments are also proposed to enable the Board to set up an electronic transmission of prescriptions service.

The bill also introduces amendments to the Notaries Act to enable the Bureau of the Ordre des notaires to establish and maintain a register of organ and tissue donors and a register of living wills.

The bill introduces various measures to facilitate the administration of the Act, in particular as regards amending the constituting instrument of an institution established by a special Act and as regards asset maintenance work carried out by institutions. The bill also adds a number of provisions that make it possible to entrust the responsibilities of an agency to the sole local authority in the jurisdiction of that agency.

Lastly, the bill contains technical, terminological and consequential amendments and transitional provisions.

LEGISLATION AMENDED BY THIS BILL:

- Act respecting equal access to employment in public bodies (R.S.Q., chapter A-2.01);
- Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1);
- Workers' Compensation Act (R.S.Q., chapter A-3);
- Act respecting industrial accidents and occupational diseases (R.S.Q., chapter A-3.001);
- Financial Administration Act (R.S.Q., chapter A-6.001);

- Act respecting local health and social services network development agencies (R.S.Q., chapter A-8.1);
- Act respecting land use planning and development (R.S.Q., chapter A-19.1);
- Archives Act (R.S.Q., chapter A-21.1);
- Automobile Insurance Act (R.S.Q., chapter A-25);
- Hospital Insurance Act (R.S.Q., chapter A-28);
- Health Insurance Act (R.S.Q., chapter A-29);
- Building Act (R.S.Q., chapter B-1.1);
- Act respecting the Caisse de dépôt et placement du Québec (R.S.Q., chapter C-2);
- Labour Code (R.S.Q., chapter C-27);
- Act respecting the Conseil de la santé et du bien-être (R.S.Q., chapter C-56.3);
- Act respecting the Corporation d’hébergement du Québec (R.S.Q., chapter C-68.1);
- Act to provide for balanced budgets in the public health and social services network (R.S.Q., chapter E-12.0001);
- Act respecting Financement-Québec (R.S.Q., chapter F-2.01);
- Act respecting municipal taxation (R.S.Q., chapter F-2.1);
- Act respecting Héma-Québec and the haemovigilance committee (R.S.Q., chapter H-1.1);
- Taxation Act (R.S.Q., chapter I-3);
- Act respecting Institut national de santé publique du Québec (R.S.Q., chapter I-13.1.1);
- Act respecting administrative justice (R.S.Q., chapter J-3);

- Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies (R.S.Q., chapter L-0.2);
- Act to ensure that essential services are maintained in the health and social services sector (R.S.Q., chapter M-1.1);
- Act respecting the Ministère des Finances (R.S.Q., chapter M-24.01);
- Act respecting the Ministère du Revenu (R.S.Q., chapter M-31);
- Act respecting labour standards (R.S.Q., chapter N-1.1);
- Notaries Act (R.S.Q., chapter N-3);
- Act respecting the Health and Social Services Ombudsman (R.S.Q., chapter P-31.1);
- Public Protector Act (R.S.Q., chapter P-32);
- Youth Protection Act (R.S.Q., chapter P-34.1);
- Act respecting the determination of the causes and circumstances of death (R.S.Q., chapter R-0.2);
- Act respecting the Régie de l'assurance maladie du Québec (R.S.Q., chapter R-5);
- Act respecting the process of negotiation of the collective agreements in the public and parapublic sectors (R.S.Q., chapter R-8.2);
- Act respecting the Government and Public Employees Retirement Plan (R.S.Q., chapter R-10);
- Act respecting the Civil Service Superannuation Plan (R.S.Q., chapter R-12);
- Act respecting the Pension Plan of Management Personnel (R.S.Q., chapter R-12.1);
- Regulations Act (R.S.Q., chapter R-18.1);
- Act respecting occupational health and safety (R.S.Q., chapter S-2.1);

- Public Health Act (R.S.Q., chapter S-2.2);
- 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 pre-hospital emergency services (R.S.Q., chapter S-6.2);
- Act respecting bargaining units in the social affairs sector (R.S.Q., chapter U-0.1);
- Securities Act (R.S.Q., chapter V-1.1);
- Act to amend the Act respecting health services and social services and other legislative provisions (2001, chapter 24);
- Act to amend the Act respecting health services and social services as regards the medical activities, the distribution and the undertaking of physicians (2002, chapter 66);
- Act respecting the Agence des partenariats public-privé du Québec (2004, chapter 32);
- Act respecting the Health and Welfare Commissioner (2005, chapter 18).

LEGISLATION REPEALED BY THIS BILL:

- Act respecting local health and social services network development agencies (R.S.Q., chapter A-8.1).

Bill 83

AN ACT TO AMEND THE ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES AND OTHER LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

I. Section 19 of the Act respecting health services and social services (R.S.Q., chapter S-4.2) is amended by replacing everything after “on his behalf” by the following: “. Information contained in a user’s record may, however, be communicated without the user’s consent

(1) on the order of a court or a coroner in the exercise of the functions of office;

(2) at the request of the local service quality and complaints commissioner under section 36, of a medical examiner under the third paragraph of section 47, of a review committee referred to in section 51 or one of its members under the second paragraph of section 55, of a regional service quality and complaints commissioner under section 69, of a council of physicians, dentists and pharmacists or of an expert from outside the institution that the council calls on under the second paragraph of section 214;

(3) at the request of a person designated by an agency to carry out an inspection under the second paragraph of section 413.2 or at the request of an agency or of a person designated by an agency to conduct an inquiry under the second paragraph of section 414;

(4) to the Minister under section 433 for the exercise of the Minister’s functions under section 431;

(5) to a person authorized to make an inspection under the second paragraph of section 489 or section 489.1;

(6) to a person designated by the Government under the second paragraph of section 500 to investigate a matter referred to in the first paragraph of that section;

(7) in the cases and for the purposes set out in sections 19.0.1, 19.0.2, 19.2 and 27.1, in the second paragraph of section 107.1, in the third paragraph of section 108, in sections 204.1 and 520.3.1 and in the first paragraph of section 520.3.2;

(8) at the request of a revisory committee referred to in section 41 of the Health Insurance Act (chapter A-29) under section 77, or of a person or committee referred to in section 192 of the Professional Code (chapter C-26), if necessary to carry out their duties; or

(9) for the purposes of the Public Health Act (chapter S-2.2)”.

2. Section 19.0.1 of the Act is amended

(1) by striking out “Notwithstanding section 19,” at the beginning of the first paragraph;

(2) by striking out “without the consent of the user or the person authorized to give such consent on his behalf or an order of the court,” in the third and fourth lines of the first paragraph.

3. The Act is amended by inserting the following section after section 19.0.1:

“19.0.2. In order to ensure that the information contained in its local files or index is accurate, up-to-date and complete, or, if necessary, to verify a person’s eligibility under the health insurance plan established by the Health Insurance Act or the hospital insurance plan established by the Hospital Insurance Act (chapter A-28), an institution may send the following information contained in a user’s record to the Régie de l’assurance maladie du Québec: the name, date of birth, sex, address, language code, health insurance number, telephone number, unique identification number, date of death and social insurance number of each user or insured person of the institution, and the names of the mother and father or, if applicable, the legal representative of each user or insured person. The social insurance number may not be transmitted except for the purpose of verifying its validity or facilitating the transfer of the other information.

The Régie must destroy the local files or index containing the information that is communicated to it under this section for cross-matching with its register of insured persons.”

4. Section 19.2 of the Act is amended

(1) by striking out “Notwithstanding section 19,” at the beginning of the first paragraph;

(2) by striking out “without the user’s consent” at the end of the first paragraph.

5. Section 23 of the Act is amended by inserting the following paragraph after the second paragraph:

“The holder of parental authority is entitled to be given communication of the information contained in the record of a user under 14 years of age even if the user is deceased. However, that right of access does not extend to information of a psychosocial nature.”

6. The Act is amended by inserting the following sections after section 27:

“27.1. An institution may communicate information contained in a user’s record to any person or body, if that communication is necessary for carrying out any fixed-term mandate or service contract given to that person or body by the institution, except, subject to section 108, a mandate or service contract related to the provision of certain health services or social services.

The mandate or contract must be given in writing and, on pain of nullity,

(1) indicate the measures to be taken by the person or body to ensure at all times throughout the mandate or contract that

(a) the confidentiality of the information is respected;

(b) measures are established to ensure the security of the information;

(c) the information is used only for carrying out the mandate or the contract; and

(d) the information is not retained once the mandate is completed or the contract performed; and

(2) set out the following obligations to be complied with by the person or body that carries out the mandate or contract:

(a) before communicating the information, to send the institution a confidentiality agreement completed by every person to whom the information may be communicated in carrying out the mandate or contract;

(b) if the mandate or contract is carried out on the premises of the institution, to refrain from transmitting any information or transporting any document containing such information outside those premises, unless the executive director of the institution permits it;

(c) to immediately notify the executive director of the institution of any violation or attempted violation of an obligation relating to the confidentiality of information communicated under this section; and

(d) to allow the institution to carry out any verification or investigation relating to the confidentiality of the information communicated.

On awarding a mandate or a service contract, the institution must take the necessary measures to ensure that the information communicated in accordance

with this section will be protected in a manner equivalent to that prescribed in this Act in cases where the mandate or service contract could be given to a person or body outside Québec or the information could be communicated outside Québec.

A third person retained by a person or body to carry out a mandate or contract is subject to the same obligations as those imposed on the person or body under the second paragraph. However, the third person must send that person or body the confidentiality agreement required under subparagraph *a* of subparagraph 2 of the second paragraph and the notice required under subparagraph *c* of that paragraph.

“27.2. The institution shall record any communication of information under section 27.1 in a register.

The register must contain, in particular,

- (1) the nature and type of the information communicated;
- (2) the names of the persons or bodies to whom the institution has given a mandate or a service contract and to whom information is communicated;
- (3) the intended use of the information communicated; and
- (4) the reasons justifying the communication of information.

“27.3. An institution may use the name and address of a user to invite that user to make a gift to the institution or to a foundation of the institution within the meaning of section 132.2, unless the user objects. The institution must give the user a valid opportunity to refuse to allow that information to be used for such a purpose.

A user may at any time request the institution to no longer use that information for such a purpose.

For the purposes of this section, an institution must respect the rules of ethics adopted in accordance with the second paragraph of section 233.”

7. Section 28 of the Act is amended by replacing “27” in the first line by “27.3”.

8. Section 29 of the Act is amended by adding the following paragraph:

“The board of directors must send the procedure to the Minister, who shall ensure that it is established and applied in accordance with sections 29 to 59.”

9. Section 30 of the Act is amended

- (1) by inserting “and complaints” after “service quality” wherever it appears;

(2) by striking out “, on the recommendation of the executive director” in the second line of the first paragraph;

(3) by replacing everything after “reports” in the second paragraph by “to the board of directors”;

(4) by replacing “On the recommendation of the executive director and after” in the first line of the third paragraph by “After”.

10. Section 31 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the second line and in the third line of the first paragraph;

(2) by replacing everything after “the assistant local commissioner” in the second paragraph by “exercise exclusively the functions provided for in section 33.”;

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

“A local service quality and complaints commissioner may also exercise the functions of a regional service quality and complaints commissioner provided for in this Act, subject to the terms and conditions determined by agreement between the institution and the agency concerned.”

11. Section 33 of the Act is amended

(1) by inserting “and complaints” after “service quality” wherever it appears;

(2) by replacing everything after “institution,” in subparagraph 2 of the second paragraph by “distributing information to increase understanding of the rights and obligations of users and the code of ethics referred to in section 233, promoting the complaint examination process and publishing the procedure referred to in section 29;”;

(3) by replacing “during the examination of a complaint” in the second and third lines of subparagraph 5 of the second paragraph by “during the commissioner’s examination” and replacing “the complaint, for a more thorough investigation of the complaint,” in the seventh line of subparagraph 5 of the second paragraph by “the complaint or the object of an intervention, for a more thorough investigation;”;

(4) by inserting “to the board of directors,” after “made” in the third line of subparagraph 6 of the second paragraph;

(5) by replacing “appointed under” in the ninth line of subparagraph 6 of the second paragraph by “referred to in”;

(6) by inserting “to the board of directors,” after “complaint,” in the eleventh line of subparagraph 6 of the second paragraph;

(7) by replacing subparagraph 7 of the second paragraph by the following subparagraph:

“(7) taking action on his or her own initiative when apprised of the facts and when there are reasonable grounds to believe that the rights of a user or group of users are not being enforced; submitting a report to the board of directors and to the department or the service manager concerned within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services concerned, recommending any action to improve user satisfaction and foster the enforcement of user rights;”;

(8) by inserting “or 181.0.1” after “181” in the third line of subparagraph 8 of the second paragraph;

(9) by striking out “the quality of services,” in the third and fourth lines of subparagraph 9 of the second paragraph;

(10) by inserting “foster” after “and” in the fourth line of subparagraph 9 of the second paragraph;

(11) by striking out subparagraph 11 of the second paragraph.

12. Section 34 of the Act is amended

(1) by inserting “or 108.1” after “108” in the second last line of the first paragraph;

(2) by adding “, except in the case of a complaint concerning a physician, dentist or pharmacist, or a resident, who practises with such an organization, partnership or person” at the end of the first paragraph;

(3) by adding “, unless the commissioner’s conclusions were sent to the user within 72 hours after the complaint was received” at the end of subparagraph 3 of the third paragraph.

13. Section 36 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the sixth line;

(2) by replacing “for the examination of a complaint, including” in the sixth and seventh lines by “for examining a complaint or intervening, and provide”;

(3) by striking out “, notwithstanding section 19,” in the seventh line.

14. Section 38 of the Act is repealed.

15. Section 42 of the Act is amended

(1) by replacing everything after “medical examiner,” in the first paragraph by “who may or may not practise in a centre operated by the institution, on the recommendation of the council of physicians, dentists and pharmacists. The director of professional services may be designated to act in that capacity.”;

(2) by striking out the fifth paragraph.

16. Section 51 of the Act is replaced by the following section:

“51. A review committee is established for each local authority.

The review committee is composed of three members appointed by the board of directors of the local authority.

The chair of the review committee is appointed from among the elected or co-opted members of the board of directors of the local authority. The other two members are appointed from among the physicians, dentists and pharmacists who practise in a centre operated by one of the institutions in the territory of a local health and social services network within the meaning of section 99.2 whose activities and services are coordinated by the local authority. The appointments are made on the recommendation of the councils of physicians, dentists and pharmacists of the local authority and of the other institutions in the territory, or, where no such council has been established for an institution, after consulting with the physicians, dentists and pharmacists concerned.

The board of directors of the local authority fixes the term of appointment of the members of the review committee and determines its operating rules.

However, a public institution other than a local authority may establish its own review committee. This section and sections 52 to 59 apply in such a case, with the necessary modifications, and only physicians, dentists and pharmacists who practise in a centre operated by the institution may be appointed by the board of directors as members of that review committee.”

17. Section 52 of the Act is amended

(1) by replacing “of a user complaint by the medical examiner” in the second and third lines of the first paragraph by “of a user complaint by the medical examiner of an institution in the territory of the local health and social services network”;

(2) by replacing everything after “professional concerned” at the end of the first paragraph by “, to the medical examiner and to the local service quality and complaints commissioner of the institution concerned.”;

(3) by adding “of the institution concerned” at the end of subparagraph 1 of the second paragraph;

(4) by inserting “and complaints” after “service quality” in the last line of subparagraph 2 of the second paragraph;

(5) by inserting “established for an institution” after “pharmacists” in the second line of subparagraph 3 of the second paragraph.

18. Section 53 of the Act is amended

(1) by inserting “of an institution in the territory of the local health and social services network” after “the medical examiner” in the first and second lines of the first paragraph and by replacing “the medical examiner” at the end of the second line by “that medical examiner”;

(2) by replacing “in writing” in the third line of the first paragraph by “verbally or in writing”;

(3) by inserting “of the local authority” at the end of the first paragraph;

(4) by replacing “service quality commissioner” in the first line of the third paragraph by “service quality and complaints commissioner of the institution concerned”;

(5) by inserting “of the local authority” after “review committee” in the first line of the fourth paragraph;

(6) by adding “of the institution concerned” after “medical examiner” in the second line of the fourth paragraph;

(7) by replacing everything after “send a copy” in the fifth paragraph by “to the professional concerned and to the medical examiner and the local commissioner of the institution concerned.”

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

“53.0.1. Section 53 applies, with the necessary modifications, to a professional concerned by a complaint who wishes to apply for a review.”

20. Section 54 of the Act is amended

(1) by inserting “concerned” after “medical examiner” in the second line;

(2) by adding “of the local authority” at the end.

21. Section 55 of the Act is amended

(1) by striking out “concerned” in the first line of the first paragraph;

(2) by inserting “concerned” after “medical examiner” in the second line of the first paragraph.

22. Section 56 of the Act is amended by inserting “of the local authority” after “review committee” in the third line.

23. Section 57 of the Act is amended

(1) by inserting “of the local authority” after “directors” in the third line of the first paragraph;

(2) by inserting “of each institution in the territory of the local health and social services network” after “pharmacists” in the third line of the first paragraph;

(3) by replacing “the institution” at the end of the first paragraph by “an institution in the territory of the local health and social services network”;

(4) by replacing “service quality commissioner” in the first and second lines of the second paragraph by “service quality and complaints commissioner of each institution in the territory”.

24. Section 58 of the Act is amended

(1) by inserting “of the local authority” after “review committee” in the fifth line of the third paragraph and by replacing “the review committee” in the sixth line by “that review committee”;

(2) by inserting “and complaints” after “service quality” in the last line of the third paragraph.

25. Section 60 of the Act is amended

(1) by replacing “the regional board” wherever it appears by “the agency”;

(2) by replacing “resides in a nursing home operated by a person accredited for the purposes of subsidies within the meaning of section 454” in the second, third and fourth lines of paragraph 1 by “is lodged in a private nursing home or by a community organization referred to in section 454, or in a residence for the elderly referred to in section 346.0.1”;

(3) by replacing “or residences accredited for the purposes of subsidies within the meaning of section 454” at the end of paragraph 3 by “, private nursing homes or community organizations referred to in section 454 or residences for the elderly referred to in section 346.0.1”;

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

“(4.1) by any natural person regarding the services the person received or ought to have received from an agency or institution authorized by the Minister under section 520.7;”;

(5) by inserting “who” after “person” in the first line of paragraph 5;

(6) by replacing everything after “Division I.” in paragraph 5 by “This does not apply, however, in the case of a complaint concerning a physician, dentist or pharmacist, or a resident, who practises with such an organization, partnership or person.”

26. Section 62 of the Act is amended

(1) by replacing “regional board” in the first line by “agency”;

(2) by adding the following paragraph:

“The board of directors must send the procedure to the Minister, who shall ensure that it is established and applied in accordance with sections 60 to 72.”

27. Section 63 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the first line of the first paragraph;

(2) by striking out “, on the recommendation of the president and executive director” in the second line of the first paragraph;

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

“The regional commissioner comes under the authority of the board of directors. The regional commissioner alone is answerable to the board of directors for the application of the complaint examination procedure. A member of the personnel of the agency may act under the authority of the regional commissioner if it is permitted by the agency’s organization plan.”

28. Section 64 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the second line of the first paragraph;

(2) by replacing everything after “regional commissioner” in the second paragraph by “exercises exclusively the functions provided for in section 66.”

29. Section 65 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the first line;

(2) by replacing “the institution” at the end by “the agency”.

30. Section 66 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the first line of the first paragraph, in the first line of the second paragraph and in subparagraphs 2, 8, 9 and 11 of the second paragraph;

(2) by replacing “the regional board” wherever it appears in the second paragraph by “the agency”;

(3) by replacing “, and publishing the complaint examination procedure for the public in the region” in the second and third lines of subparagraph 2 of the second paragraph by “, promoting the complaint examination process, and publishing the procedure referred to in section 62 for the people of the region,”;

(4) by replacing “during the examination of a complaint” in the second and third lines of subparagraph 5 of the second paragraph by “during the commissioner’s examination” and replacing “the complaint, for a more thorough investigation of the complaint,” in the seventh and eighth lines of subparagraph 5 of the second paragraph by “the complaint or the object of an intervention, for a more thorough investigation,”;

(5) by inserting “to the board of directors,” after “made” in the third line of subparagraph 6 of the second paragraph;

(6) by inserting “to the board of directors,” after “complaint,” in the tenth line of subparagraph 6 of the second paragraph;

(7) by replacing subparagraph 7 of the second paragraph by the following subparagraph:

“(7) taking action on his or her own initiative when apprised of the facts and when there are reasonable grounds to believe that the rights of a person or group of persons are not being enforced; submitting a report to the board of directors and to the department or service manager within the agency or, depending on the case, the highest authority of the organization, resource or partnership or the person holding the position of highest authority that is responsible for the services concerned, recommending any action to improve user satisfaction and foster the enforcement of user rights;”;

(8) by inserting “or 412.1” after “407” in the third line of subparagraph 8 of the second paragraph;

(9) by striking out “the quality of services,” in the fourth line of subparagraph 9 of the second paragraph;

(10) by inserting “foster” after “and” in the fourth line of subparagraph 9 of the second paragraph;

(11) by striking out subparagraph 12 of the second paragraph.

31. Section 67 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the second and third lines of the first paragraph;

(2) by adding “, unless the commissioner’s conclusions were sent to the complainant within 72 hours after the complaint was received” at the end of subparagraph 3 of the third paragraph;

(3) by replacing “regional board” in the third line of subparagraph 4 of the third paragraph by “agency”.

32. Section 69 of the Act is amended

(1) by replacing “the regional board” in the third line by “the agency”;

(2) by inserting “and complaints” after “service quality” in the fifth line;

(3) by replacing “for the examination of a complaint” in the fifth and sixth lines by “for examining a complaint or intervening”;

(4) by striking out “, notwithstanding section 19,” in the sixth line.

33. Section 71 of the Act is repealed.**34.** Section 76.2 of the Act is amended

(1) by replacing “The answers given or statements made by a person for the purposes of the examination of a complaint” in the first and second lines by “Answers given or statements made during the examination of a complaint or during an intervention”;

(2) by inserting “and complaints” after “service quality” in the third and fourth lines, the fourth line and the sixth line.

35. Section 76.5 of the Act is amended by inserting “or in an intervention record” after “complaint record” in the first line.

36. Section 76.6 of the Act is amended

(1) by replacing “regional board” or “board” wherever they appear by “agency”;

(2) by adding “or whose complaint was referred to the council of physicians, dentists and pharmacists of the institution and is governed by section 58” at the end of the first paragraph.

37. Section 76.7 of the Act is amended

(1) by replacing “regional board” in the third line by “agency”;

(2) by inserting “, including when the complaint is referred to the council of physicians, dentists and pharmacists of an institution” after “proceeding” in the fourth line;

(3) by replacing everything after “afforded,” by “to the user’s satisfaction and the enforcement of the user’s rights.”

38. Section 76.8 of the Act is amended by replacing the third paragraph by the following paragraph:

“However, the conclusions, including reasons, and any recommendations made by a medical examiner under section 47, or the opinion prepared by a review committee under section 52, must be placed in the file of the professional concerned by the complaint.”

39. Section 76.9 of the Act is amended

(1) by inserting “, with the necessary modifications,” after “apply” in the first line;

(2) by inserting “complaint” before “records” in the first line;

(3) by replacing “regional board” in the second line by “agency”.

40. Section 76.10 of the Act is amended

(1) by replacing “regional board” in the first line by “agency”;

(2) by replacing “transmit a report on the application of the complaint examination procedure and the improvement of the quality of services to the regional board” by “report to the agency on the application of the complaint examination procedure, on user satisfaction and on the enforcement of user rights”.

41. Section 76.11 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the second line of the first paragraph;

(2) by replacing everything after “local” in the third paragraph by “service quality and complaints commissioner and indicate any action taken to improve user satisfaction and foster the enforcement of user rights.”

42. Section 76.12 of the Act is amended

(1) by replacing “a regional board” in the first paragraph by “an agency” and by replacing “the regional board” wherever it appears by “the agency”;

(2) by striking out “and whenever so required by the Minister” in the first line of the first paragraph;

(3) by inserting “and complaints” after “service quality” wherever it appears in the third, fourth and fifth paragraphs;

(4) by replacing everything after “to improve” in the fourth paragraph by “clientele satisfaction and foster the enforcement of user rights.”

43. Section 76.13 of the Act is amended

(1) by replacing “Health Services Ombudsman, the board of directors of an institution or a regional board must transmit a report to the Ombudsman regarding” in the first, second and third lines by “Minister, the board of directors of an institution or agency must report to the Minister on”;

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

“A copy of the report must be sent at the same time to the Health Services Ombudsman.”

44. Section 76.14 of the Act is amended by replacing “regional boards” in the first line by “agencies referred to in section 76.12”.

45. Section 86 of the Act is amended by adding “or persons with a pervasive developmental disorder” at the end of paragraph 1.

46. Section 92 of the Act is repealed.

47. Section 93 of the Act is amended by replacing “The regional board, within the scope of its regional service organization plans, may” in the first and second lines of the first paragraph by “The agency may”.

48. The Act is amended by inserting the following after section 99.1:

“CHAPTER I.1

“LOCAL HEALTH AND SOCIAL SERVICES NETWORK AND LOCAL AUTHORITY

“99.2. For the purposes of this Act, “local health and social services network” means a network set up in accordance with an order of the Government made under the Act respecting local health and social services network development agencies (chapter A-8.1) and a new network set up in accordance with an order made under section 347.

“99.3. The purpose of establishing a local health and social services network is to foster a greater sense of responsibility among all the health and social service providers in the network to ensure that the people in the network’s territory have continuous access to a broad range of general, specialized and superspecialized health services and social services.

“99.4. The services offered by the health and social service providers in a local health and social services network are coordinated by a local authority, which is a multivocational institution operating a local community service centre, a residential and long-term care centre and, where applicable, a general and specialized hospital centre.

Only a local authority within the meaning of the first paragraph may use the words “health and social services centre” in its name.

“99.5. The local authority is responsible for defining a clinical and organizational project in which the following elements are identified for the territory of the local health and social services network:

(1) the social and health needs and the distinctive characteristics of the population based on an understanding of the state of health and well-being of that population;

(2) the objectives to be pursued to improve the health and well-being of the population;

(3) the supply of services required given the needs and the particular characteristics of the population; and

(4) the organizational structures and the contributions expected of the different partners in the network.

The clinical and organizational project must be consistent with ministerial and regional orientations and recognized standards of accessibility, integration, quality, effectiveness and efficiency, and take into account the resources available.

For the purpose of defining its clinical and organizational project, a local authority must mobilize and ensure the participation, in the territory of its local network, of the institutions offering specialized and superspecialized services, of the various groups of professionals, of the community organizations, of the social economy enterprises, of the private resources and of the key players in the other sectors of activity that have an impact on health services and social services.

“99.6. With a view to improving the health and well-being of the people in its territory, a local authority must offer

(1) general services, including prevention, assessment, diagnostic, treatment, rehabilitation, support and lodging services; and

(2) certain specialized and superspecialized services, when available.

“99.7. In order to coordinate the services required in the territory of the local health and social services network, the local authority must

(1) define and establish mechanisms for the reception, referral and follow-up of users of health and social services;

(2) introduce mechanisms or enter into agreements with different partners or producers of services, including institutions offering specialized and superspecialized services, physicians in the territory, community organizations, social economy enterprises and private resources;

(3) take in charge, accompany and support persons, especially those with particular and more complex needs, in order to provide, within the local health and social services network, the continuity of service required by their state of health; and,

(4) together with the agency, the regional department of general medicine and the regional panel of heads of departments of specialized medicine, create conditions that foster accessibility, continuity and networking of general medical services, focusing in particular on accessibility

(a) to technical/diagnostic facilities for all physicians;

(b) to clinical information, including the results of diagnostic tests such as laboratory tests and medical imaging, drug profiles and record summaries; and

(c) to specialists by family physicians, when appropriate, with a view to the hierarchization of services.

“99.8. A local authority must use different methods of informing and consulting the public in order to involve people in the organization of services and ascertain their level of satisfaction with the results obtained.”

49. Section 100 of the Act is amended

(1) by inserting “, information, technological” after “material” in the fifth line;

(2) by replacing “intervening parties” at the end by “key players, including community organizations, to act on health and social determinants and improve the supply of services to the public. In addition, a local authority must elicit and facilitate such cooperation.”

50. The Act is amended by inserting the following section after section 103:

“103.1. An institution that directs a user toward a lodging service within the scope of an individualized service plan must ensure that the lodging conditions are adequate. A note to the effect that this has been done must be made in the user’s record.

An institution that proposes a lodging service outside the scope of an individualized service plan must also ensure that the lodging conditions will be adequate.”

51. Section 105 of the Act is amended

(1) by striking out “and in accordance with the regional service organization plan established by the regional board” at the end of the first paragraph;

(2) by replacing “the regional board” at the end of the second paragraph by “the agency”.

52. The Act is amended by inserting the following section after section 105:

“105.1. Every institution, other than a local authority, must make a significant contribution to defining the clinical and organizational project initiated by a local authority, and must clearly indicate to the agency concerned the services it will provide at the local, regional or supraregional level.

Within the time limits set by the agency, such an institution must also enter into the necessary agreements with the local authority to allow that authority to coordinate the services required in the territory of the local health and social services network.

If the agreements are not entered into within the time limits set by the agency, the agency determines the contribution expected of each institution.”

53. Section 107 of the Act is amended

(1) by replacing “the regional board” in the first and second lines by “the agency”;

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

“An institution may use the name, address and telephone number contained in a user’s record to carry out surveys to ascertain user expectations and satisfaction with respect to the quality of the services offered by the institution.

A local authority may do the same to ascertain the level of user satisfaction with the organization of services and the results obtained.

A user may at any time request the institution or local authority to no longer use the information concerning the user for such a purpose.

For the purposes of this section, an institution must respect the rules of ethics adopted in accordance with the second paragraph of section 233.”

54. Section 107.1 of the Act is amended

(1) by inserting “every three years” after “body” in the second line of the first paragraph;

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

“To that end, an institution may communicate to a recognized accreditation body the same information as it may use under section 107 for carrying out surveys, to the extent that the information is required for verifying the satisfaction of the institution’s clientele with the services obtained. Sections 27.1 and 27.2 apply, with the necessary modifications, when information is communicated to such a body. In addition, the body must agree to respect the rules governing the use of such information set out in the code of ethics adopted under section 233.”;

(3) by replacing “the regional board” in the second line of the second paragraph by “the agency”;

(4) by replacing “validity period” in the fifth line of the second paragraph by “date of expiry”.

55. Section 108 of the Act is amended

(1) by replacing subparagraph 1 of the first paragraph by the following subparagraph:

“(1) the provision on behalf of the institution of certain health services or social services required by a user of the institution;”;

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

“An institution may also enter into an agreement with another institution concerning the acquisition and the automated preparation and distribution of drugs.

For the purposes of an agreement referred to in subparagraph 1 of the first paragraph or in the second paragraph, an institution may communicate information contained in a user’s record only if that communication is necessary either to ensure the provision by that other institution, that body or that other person of certain health services or social services to the user concerned or to ensure the centralized preparation of certain drugs. Sections 27.1 and 27.2 apply with the necessary modifications when information is communicated for those purposes to another institution, a body or another person.”;

(3) by replacing “the regional board” at the end of the fourth paragraph and in the fifth paragraph by “the agency”.

56. The Act is amended by inserting the following sections after section 108:

“103.1. In order to offer telehealth services to another institution, a body or another person, or to obtain such services from another institution, a body or another person, an institution must enter into an agreement to that effect with that other institution, that body or that other person. The agreement must set out

- (1) the precise nature of the services;
- (2) a description of the responsibilities of each party;
- (3) the conditions on which information may be exchanged for the purpose of assessing the telehealth act and processing complaints; and
- (4) the measures to be taken to ensure the confidentiality and security of the information communicated.

The fourth, fifth and sixth paragraphs of section 108 apply to such an agreement.

“Telehealth services” means a health or social services-related activity, service or system that is practised, provided or delivered in Québec from a distance for educational, diagnostic or treatment purposes or for purposes of research, clinical management or training, using information and communications technologies. However, telehealth services do not include consultations by telephone.

“103.2. The health or social services provided by an institution in the form of telehealth services are considered provided at the place where the health or social services professional who was consulted practises.

Every institution and every health or social services professional involved in providing telehealth services must keep a record for each user or person to whom such services are provided, in accordance with the standards determined by regulation of the Government under paragraph 24 of section 505 in the case of an institution, and, in the case of a professional who practises elsewhere than in a facility maintained by an institution, in accordance with the standards governing record-keeping adopted by regulation or by-law of the Bureau of the order to which the professional belongs.

In this section, “health or social services professional” means a professional who provides health services or social services in Québec and who is a member of a professional order listed in Schedule I to the Professional Code. A person training for a profession who is authorized to engage in professional activities reserved for members of such an order is considered a health or social services professional.

“108.3. An institution may enter into an agreement with a community organization that has received a financial allowance under the second paragraph of section 454, to ensure that all or some of the health services or social services required by the organization’s clientele are provided.”

57. Section 109 of the Act is amended

(1) by inserting “, 108.1 or 108.3” after “108” in the second line of the first paragraph;

(2) by replacing “section 108” in the first line of the fourth paragraph by “sections 108, 108.1 and 108.3”.

58. Section 110 of the Act is amended

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

“110. After consulting the agency and obtaining the authorization of the Minister, an institution may enter into a contract of affiliation with a university for the purpose of offering teaching or research services, or amend or terminate such a contract.

An institution may also enter into a service contract or agreement for the purpose of participating in university training or research programs. Such a contract or agreement must be submitted to the agency and the Minister.”;

(2) by replacing “regional board” at the end of the second paragraph by “agency”;

(3) by replacing “the first or second paragraph” in the first and second lines of the third paragraph by “this section”.

59. Sections 119 to 121 of the Act are replaced by the following sections:

“119. A board of directors is established to administer a local authority or an institution that operates a residential and long-term care centre.

“120. A board of directors is established to administer an institution that operates a rehabilitation centre for mentally impaired persons or persons with a pervasive developmental disorder.

“121. A board of directors is established to administer an institution that operates a rehabilitation centre for physically impaired persons.”

60. Section 124 of the Act is replaced by the following section:

“124. A board of directors is established to administer an institution that operates a rehabilitation centre for persons who suffer from alcoholism or other problems of addiction.”

61. Section 125 of the Act is amended

(1) by replacing “a regional board” and “the regional board” wherever they appear by “an agency” and “the agency” respectively;

(2) by striking out “Centre” in the second line of the second paragraph.

62. Section 126 of the Act is amended

(1) by replacing everything after “operates a” in the first paragraph by “hospital centre”;

(2) by striking out the second paragraph.

63. Sections 126.1 to 126.5 of the Act are repealed.

64. Section 127 of the Act is amended

(1) by inserting “other than a local authority” after “institution” in the second line of the first paragraph;

(2) by replacing “the regional board” in the third line of the first paragraph by “the agency”.

65. Section 128 of the Act is amended by replacing the first and second paragraphs by the following paragraphs:

“128. If an agency is of the opinion that the circumstances warrant it, it may, after consulting the institutions concerned, propose to the Minister that two or more institutions that have their head offices in the area of jurisdiction of the agency be administered by the same board of directors. However, the agency must take into account the ethnocultural or linguistic characteristics of the institutions concerned, particularly the institutions recognized under section 29.1 of the Charter of the French language (chapter C-11).

A decision by the Minister to accept the agency’s proposal must be approved by the Government, which shall determine the type of board of directors that is to administer the institutions concerned and the day and month when the persons referred to in sections 135 and 137 are to be elected or designated.”

66. The Act is amended by inserting the following section after section 128:

“128.1. The invitation to the public for the purposes of the election held under section 135 is made jointly by the boards of directors of the institutions concerned.

Section 147 applies in that case.

Despite the first paragraph of section 149, the term of office of certain members of the first board of directors established under section 128 runs only until the month of October or November of the year in which an election is held under section 135, and that of the remaining members, only until designations and co-optations have taken place under sections 137 and 138.

From the thirtieth day following the day on which the co-optation referred to in section 138 is completed, the institutions concerned by a decision of the Minister made under section 128 cease to be administered by their respective boards of directors and begin to be administered by the first board of directors established under section 128.”

67. Section 129 of the Act is replaced by the following section:

“129. The board of directors of an institution referred to in section 119 is composed of the following persons, who become members of the board as and when they are elected or designated:

(1) four persons elected by the general public at the election held under section 135;

(2) two persons designated by the users’ committee of the institution;

(3) a physician practising in a private health facility in the territory of the local health and social services network in which the head office of that institution is located, designated by the members of the regional department of general medicine;

(4) one person designated by and from among the members of the council of physicians, dentists and pharmacists of the institution and, where applicable, one person designated by and from among the members of the council of midwives of the institution;

(5) one person designated by and from among the members of the council of nurses of the institution;

(6) two persons designated by and from among the members of the multidisciplinary council of the institution, including one who practises a profession in the social services field;

(7) one person designated by and from among the personnel members of the institution who is not a member of any of the councils mentioned in paragraphs 4 to 6;

(8) where applicable, one person designated by the boards of directors of the foundations of the institution and one person designated by the members of a legal person within the meaning of section 139;

(9) two persons designated by the agency concerned and chosen from a list of names provided by all the other institutions in the region to which section 119 does not apply and that have entered into an agreement under the second paragraph of section 105.1;

(10) two persons recognized for their management skills and designated by the members referred to in paragraphs 1 to 9, at least one of whom is chosen from a list of names provided by the community organizations identified by the agency concerned that serve the people in the region; and

(11) the executive director of the institution.”

68. Section 129.1 of the Act is repealed.

69. Sections 130 and 131 of the Act are replaced by the following sections:

“**130.** The board of directors of an institution referred to in section 120, 121 or 124 or of the institutions referred to in section 125 is composed of the following persons, who become members of the board as and when they are elected or designated:

(1) four persons elected by the general public at the election held under section 135;

(2) two persons designated by the users’ committee of the institution or the users’ committees of the institutions, as the case may be;

(3) one person designated by and from among the members of the council of physicians, dentists and pharmacists of the institution or institutions;

(4) one person designated by and from among the members of the council of nurses of the institution or institutions;

(5) one person or, if paragraph 3 cannot be applied owing to the absence of a council of physicians, dentists and pharmacists, two persons or, if paragraph 4 cannot be applied owing to the absence of a council of nurses, three persons designated by and from among the members of the multidisciplinary council of the institution or institutions, provided, however, that the designated persons have different position titles, and, where applicable, that those persons are members of different professional orders;

(6) one person designated by and from among the personnel members of the institution or institutions who is not a member of either of the councils mentioned in paragraphs 3 to 5;

(7) where applicable, one person designated by the boards of directors of the foundations of the institution or institutions, and one person designated by the members of a legal person within the meaning of section 139;

(8) two persons designated by the agency concerned and chosen from a list of names provided by the institutions in the region that are referred to in section 119;

(9) two persons recognized for their management skills and designated by the members referred to in paragraphs 1 to 8, at least one of whom is chosen from a list of names provided by the community organizations identified by the agency concerned that serve the people in the region; and

(10) the executive director of the institution or institutions.

“131. The board of directors of an institution referred to in the first paragraph of section 126 is composed of the following persons, who become members of the board as and when they are elected or designated:

(1) four persons elected by the general public at the election held under section 135;

(2) two persons designated by the users' committee of the institution;

(3) one person designated by and from among the members of the council of physicians, dentists and pharmacists of the institution;

(4) one person designated by and from among the members of the council of nurses of the institution;

(5) one person designated by and from among the members of the multidisciplinary council of the institution;

(6) one person designated by and from among the personnel members of the institution who is not a member of any of the councils mentioned in paragraphs 3 to 5;

(7) where applicable, one person designated by the boards of directors of the foundations of the institution and one person designated by the members of a legal person within the meaning of section 139;

(8) two persons designated by the agency concerned and chosen from a list of names provided by the institutions in the region that are referred to in section 119;

(9) three persons recognized for their management skills and designated by the members referred to in paragraphs 1 to 8, at least one of whom is chosen from a list of names provided by the community organizations identified by the agency concerned that serve the people in the region; and

(10) the executive director of the institution.”

70. Sections 131.1, 132 and 132.1 of the Act are repealed.

71. Section 132.2 of the Act is amended by replacing “paragraph 6 of each of sections 129 to 132.1” in the first line by “paragraph 8 of section 129 and paragraph 7 of sections 130, 131”.

72. Section 132.3 of the Act is amended by replacing “paragraph 9 of each of sections 129, 129.1 and 130 and in paragraph 10 of each of sections 131 and 131.1” by “paragraphs 9 and 10 of section 129, paragraphs 8 and 9 of sections 130 and 131 and paragraphs 9 and 11 of section 133”.

73. Section 133 of the Act is replaced by the following section:

“133. The board of directors of an institution referred to in the second paragraph of section 126 is composed of the following persons, who become members of the board as and when they are elected or designated:

(1) two persons elected by the general public at the election held under section 135;

(2) two persons designated by the users’ committee of the institution;

(3) one person designated by and from among the council of physicians, dentists and pharmacists of the institution;

(4) one person designated by and from among the members of the council of nurses of the institution;

(5) one person designated by and from among the members of the multidisciplinary council of the institution;

(6) one person designated by and from among the personnel members of the institution who is not a member of any of the councils mentioned in paragraphs 3 to 5;

(7) where applicable, two persons designated by the boards of directors of the foundations of the institution and two persons designated by the members of a legal person within the meaning of section 139;

(8) four persons or, where the institution operates a hospital centre designated as an affiliated university centre, three persons designated by the universities with which the institution is affiliated; one person must be from a faculty of medicine, another from another faculty or school in the health sector and the third person must be a medical resident and be designated by and from among the medical residents practising at the hospital centre;

(9) two persons designated by the agency concerned and chosen from a list of names provided by the institutions in the region that are referred to in section 119;

(10) one person designated by the Minister after consulting with the agencies of the other regions served by the institution;

(11) three persons recognized for their management skills and designated by the members referred to in paragraphs 1 to 10, at least one of whom is chosen from a list of names provided by the community organizations identified by the agency concerned that serve the people in the region; and

(12) the executive director of the institution.”

74. Section 133.0.1 of the Act is amended by replacing “paragraph 5 of each of sections 129, 131 to 132.1 and 133 and of paragraph 3 of each of sections 129.1 and 130” in the first and second lines by “paragraph 6 of section 129 and paragraph 5 of sections 130, 131 and 133”.

75. Section 133.1 of the Act is amended

(1) by replacing “third” in the second line of the first paragraph by “second”;

(2) by replacing “132” in the last line of the first paragraph by “131”;

(3) by adding the following subparagraph at the end of the second paragraph:

“(3) a person designated by the Minister.”;

(4) by replacing the second and third lines of the third paragraph by “paragraph 10 of section 129 or paragraph 9 of section 130 or 131, as the case may be.”

76. Section 133.2 of the Act is amended by replacing subparagraphs 2 to 4 of the first paragraph by the following subparagraphs:

“(2) a council of physicians, dentists and pharmacists, a council of midwives, a council of nurses or a multidisciplinary council is established for the institution, allowing the addition of one or more members designated by and from among the members of the new council; or

“(3) a foundation of an institution within the meaning of section 132.2 is created for the first time.”

77. The Act is amended by inserting the following sections after section 133.2:

“133.3. When an institution referred to in the first paragraph of section 126 becomes an institution referred to in the second paragraph of that section following the designation by the Minister of the hospital centre operated by the institution as a university hospital centre, a university institute or an affiliated university centre, the following changes must be made to the board of directors of the institution as soon as possible after that designation:

(1) the withdrawal, by drawing lots or voluntarily, of two of the four persons elected by the general public under paragraph 1 of section 131;

(2) the addition of a person designated under paragraph 7 of section 133 and the addition of the persons designated by the universities under paragraph 8 of section 133 in accordance with the procedure provided for in section 137; and

(3) the addition of a person designated by the Minister in accordance with paragraph 10 of section 133.

In such a case, the board of directors of the institution is deemed to have been established in accordance with section 133, and the terms of office of the persons designated under this section end, despite section 149, at the same time as the terms of office of the other members of the board of directors to which they are named.

“133.4. When a hospital centre operated by an institution referred to in the second paragraph of section 126 loses its designation as a university hospital centre and, consequently, the institution becomes an institution referred to in the first paragraph of that section, the following changes must be made to the board of directors of the institution as soon as possible after the loss of that designation:

(1) the addition, by a resolution of the board of directors, of two persons to represent the general public;

(2) the withdrawal, by drawing lots or voluntarily, of one of the two persons designated under paragraph 7 of section 133; and

(3) the withdrawal of the persons designated by the universities and the Minister under paragraphs 8 and 10 of section 133.

In such a case, the board of directors of the institution is deemed to have been established in accordance with section 131, and the terms of office of the persons designated under this section end, despite section 149, at the same time as the terms of office of the other members of the board of directors to which they are named.”

78. Section 135 of the Act is amended

(1) by replacing “132.1” in the third line of the first paragraph by “131”;

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

“(1) an election held by the local authority serving the territory in which the person’s principal residence is situated;

“(2) any other election held in the region to elect members to the board of directors of an institution referred to in sections 119 to 126.”;

(3) by replacing “and the election procedure to be followed shall be determined by by-law of the regional board, as well as the standards relating to advertising, financing, the powers and duties of election officers and campaign literature” in the third paragraph by “as well as the election procedure to be followed and the standards relating to advertising, financing, the powers and duties of election officers and campaign literature, shall be determined by a by-law of the Minister, made after consulting the chief electoral officer”;

(4) by replacing “must be submitted to the Minister for approval; once approved, it shall come” in the fifth and sixth lines of the third paragraph by “comes”.

79. Section 137 of the Act is replaced by the following section:

“**137.** The Minister shall, by by-law, determine the procedure for designating the persons referred to in paragraphs 2 to 8 of section 129, paragraphs 2 to 7 of sections 130 and 131, paragraphs 2 to 8 of section 133 or subparagraphs 1 and 2 of the second paragraph of section 133.1, as the case may be. The by-law comes into force on the date of its publication in the *Gazette officielle du Québec*.”

Designations under the first paragraph take place on the date set by the Minister, which must be within the 30 days preceding the date set for holding an election under section 135.”

80. Section 138 of the Act is amended

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

“**138.** Once the persons referred to in section 135 are elected and the persons referred to in section 137 and in paragraph 9 of section 129, paragraph 8 of sections 130 and 131, paragraphs 9 and 10 of section 133 and subparagraph 3 of the second paragraph of section 133.1 are designated, they must, within the next 30 days, begin co-opting as provided for in paragraph 10 of section 129, paragraph 9 of section 130 or 131 or paragraph 11 of section 133, as the case may be.”;

(2) by inserting “for the institutions referred to in section 125” after “section 130” in the first line of the third paragraph.

81. Section 139 of the Act is replaced by the following section:

“**139.** For the purposes of paragraph 8 of section 129 and paragraph 7 of sections 130, 131 and 133, “legal person” means an institution within the meaning of paragraph 1 of section 98 that owns all or part of the immovables

used for the institution's activities, if, on 1 September 2002, that institution met one of the following conditions:

(1) it had been issued an express designation by the Minister stating that it was a legal person within the meaning of this section; or

(2) it was deemed to be a legal person designated by the Minister under section 601.1.”

82. Sections 140 to 146 of the Act are repealed.

83. Section 147 of the Act is amended by replacing “the regional board” and “60” in the second line by “the agency” and “120”, respectively.

84. Section 151 of the Act is amended

(1) by replacing “a regional board” in the second and fourth lines of the first paragraph by “an agency”;

(2) by striking out “vote or” in the seventh line of the first paragraph;

(3) by inserting “may not vote at the election held under section 135 for the institution and” after “institution” in the second line of the third paragraph;

(4) by replacing “the provisions of paragraphs 3 to 5 of sections 129, 129.1, 130, 132, 132.1 and 133 and paragraphs 3 to 5 and 8 of sections 131 and 131.1” in the third, fourth and fifth lines of the third paragraph by “paragraphs 3 to 7 of section 129 or paragraphs 3 to 6 of section 130, 131 or 133”;

(5) by replacing “paragraph 7 of each of sections 129 to 132.1 and 133” in the first and second lines of the fourth paragraph by “paragraph 8 of section 129 or paragraph 7 of section 130, 131 or 133”.

85. Section 156 of the Act is amended

(1) by replacing “the regional board” wherever it appears by “the agency”;

(2) by replacing “paragraph 8 of sections 129, 129.1 and 130, paragraph 9 of sections 131 and 131.1, paragraph 10 of sections 132 and 132.1 and paragraphs 9 and 10” in the first, second and third lines of subparagraph 1 of the first paragraph by “paragraph 9 of section 129, paragraph 8 of section 130 or 131, paragraph 9 or 10”;

(3) by inserting “or subparagraph 3 of the second paragraph of section 133.1” after “section 133” in the third line of subparagraph 1 of the first paragraph;

(4) by striking out subparagraph 2 of the first paragraph;

(5) by striking out “2 or” in the second line of the second paragraph;

(6) by replacing “60” in the second line of the second paragraph by “120”.

86. Section 162 of the Act is amended by inserting “in office” after “members” in the first line.

87. Section 167 of the Act is amended by replacing “under any of sections 119 to 125 or under section 126.1 or 126.2” in the first and second lines by “under section 125 or 128”.

88. Section 168 of the Act is amended by replacing “in accordance with any of sections 119 to 125 or established in accordance with section 126.1 or 126.2” in the first and second lines of the second paragraph by “under section 125 or 128”.

89. Section 171 of the Act is amended by replacing “the regional board under section 378 and with the regional service organization plans provided for in section 347” in the second and third lines of the fourth paragraph by “the agency under section 378”.

90. Section 177 of the Act is amended by replacing “and the improvement of the quality of services” in the first and second lines of the fourth paragraph by “, on user satisfaction and on the enforcement of user rights”.

91. The Act is amended by inserting the following sections after section 181:

“181.0.1. With a view to improving the quality of services offered and in a manner respectful of individual and group rights, the board of directors must create a watchdog committee to be responsible mainly for insuring the follow-up, with the board, of the recommendations made by the local service quality and complaints commissioner or the Health and Social Services Ombudsman regarding complaints or interventions made under this Act or the Act respecting the Health and Social Services Ombudsman.

The committee is also to be responsible for coordinating all the activities of the other authorities established within the institution to exercise responsibilities relating to any of the elements mentioned in subparagraph 1 of the second paragraph of section 181.0.3, and for ensuring that their recommendations are followed up.

“181.0.2. The watchdog committee is composed of five members, including the executive director and the local service quality and complaints commissioner. The other three members are chosen by the board of directors from among board members who do not work for the institution or do not practise their profession in any of the centres operated by the institution, and include one of the persons designated under paragraph 2 of any of sections 129, 130, 131 or 133.

“181.0.3. The watchdog committee shall ensure that the board of directors fulfils its service quality responsibilities effectively, especially those set out in paragraphs 1 and 2 of section 172.

To that end, the committee must, in particular,

(1) receive and analyze the reports and recommendations sent to the board of directors on the pertinence, quality, safety or effectiveness of the services provided, the enforcement of user rights or the handling of user complaints;

(2) establish systemic links between those reports and recommendations and draw from them the conclusions necessary to make recommendations under subparagraph 3;

(3) make recommendations to the board of directors on the action to be taken following those reports or recommendations in order to improve the quality of user services;

(4) ensure the follow-up, with the board of directors, of the board’s implementation of the recommendations made under subparagraph 3;

(5) promote joint action and cooperation among the stakeholders concerned by subparagraph 1;

(6) ensure that the local service quality and complaints commissioner has the necessary human, material and financial resources required to carry out the responsibilities of office effectively and efficiently; and

(7) exercise any other function that the board of directors considers useful in fulfilling the mandate entrusted to the committee under the first paragraph.”

92. Section 181.2 of the Act is amended

(1) by replacing “132.1” in the third line by “131”;

(2) by inserting “322.1,” after “262.1,” in the third line.

93. The Act is amended by inserting the following section after section 182:

“182.0.1. Sections 181.0.1 and 181.0.3 apply to a private institution.

However, in that case, the watchdog committee is composed of at least four members, including the executive director and the local service quality and complaints commissioner. The other members are chosen by the board of directors of the private institution or, in the case of an unincorporated institution, by the permit holder.”

94. Section 182.1 of the Act is amended

(1) by replacing “the regional board” in the second line of the first paragraph by “the agency”;

(2) by replacing “third” in the first line of the second paragraph by “second”;

(3) by adding “or section 133.1” after “section 126” in the first line of the second paragraph.

95. Section 183.2 of the Act is amended by replacing “incident or accident risks to ensure the safety of users” in the first and second lines of subparagraph 1 of the first paragraph by “the risk of incidents or accidents in order to ensure the safety of users and, in particular in the case of nosocomial infections, prevent such risks and reduce their recurrence”.

96. Section 184 of the Act is amended

(1) by inserting “and, in the case of a centre designated as a university hospital centre or a university institute, the distribution of clinical, research and teaching tasks among the physicians” after “service” in the fourth line of the first paragraph;

(2) by striking out “and the regional service organization plans drawn up by the regional board” in the sixth and seventh lines of the first paragraph;

(3) by replacing “the regional board” wherever it appears by “the agency”.

97. Section 186 of the Act, amended by section 2 of chapter 66 of the statutes of 2002, is again amended

(1) by striking out “and the regional service organization plans drawn up by the regional board” in the fifth line of the first paragraph;

(2) by adding “or where a local authority operates a hospital centre” at the end of the third paragraph;

(3) by replacing “the regional board” wherever it appears by “the agency”.

98. Section 202 of the Act is amended by replacing “any institution which operates a hospital centre or by any institution designated as a health care centre which operates both a local community service centre and a hospital centre. In the latter case, the” in the second, third and fourth lines of the first paragraph by “every institution which operates a hospital centre and by the local authority. The”.

99. Section 206 of the Act is amended by replacing “every institution designated as a health care centre” in the second and third lines of the first paragraph by “every local authority”.

100. Section 209 of the Act is amended

(1) by replacing “shall, once it operates a residential and long-term care centre of 20 beds or more, a rehabilitation centre, a psychiatric hospital centre or a child and youth protection centre,” in the first, second and third lines of the first paragraph by “must”;

(2) by replacing “those centres” in the third and fourth lines of the first paragraph by “its services”;

(3) by replacing the second, third and fourth paragraphs by the following paragraphs:

“If the institution operates a centre offering in-patient services, it must set up an in-patients’ committee in each of the centre’s facilities.

The users’ committee is composed of at least five members elected by the users of the institution and of a representative designated by and from among the in-patients’ committees set up under the second paragraph.

The majority of the members must be users. However, if it is not possible to have a majority of users on the committee, the users may elect another person of their choice, provided that the person does not work for the institution or practise a profession in a centre operated by the institution.

An in-patients’ committee is composed of at least three members elected by the in-patients of the facility in conformity with the conditions set out in the fourth paragraph.”

101. The Act is amended by inserting the following section after section 209:

“**209.1.** The term of office of the members of the users’ committee and the members of an in-patients’ committee may not exceed three years.”

102. Section 210 of the Act is amended by inserting “or an in-patients’ committee” after “users’ committee”.

103. Section 211 of the Act is amended

(1) by inserting “and of any in-patients’ committee” after “users’ committee” in the second line of the first paragraph;

(2) by replacing “committee” in the third line of the first paragraph by “committees”;

(3) by replacing “activities of the users’ committee” in the first line of the second paragraph by “committees’ activities”;

(4) by replacing “committee’s” in the second line of the second paragraph by “their”.

104. Section 212 of the Act is amended

(1) by adding the following subparagraph after subparagraph 4 of the first paragraph:

“(5) to ensure the proper operation of each of the in-patients’ committees, if applicable, and see that they have the resources necessary to exercise their functions.”;

(2) by replacing “the regional board” in the third line of the second paragraph by “the agency”.

105. The Act is amended by inserting the following section after section 212:

“**212.1.** An in-patients’ committee must exercise the functions set out in subparagraphs 1 to 3 of the first paragraph of section 212 for the users residing in the facility, and report to the users’ committee.”

106. Section 213 of the Act is amended by replacing “formed in accordance with one of sections 119 to 125 or in accordance with section 126.1 or 126.2” in the first and second lines of the third paragraph by “established under section 125 or 128”.

107. Section 214 of the Act is amended by replacing “record where” in the sixth line of the second paragraph by “record in the same way as the council of physicians, dentists and pharmacists if”.

108. Section 219 of the Act is amended by replacing “, established in accordance with one of sections 119 to 125 or in accordance with section 126.1 or 126.2,” in the first and second lines of the third paragraph by “established under section 125 or 128”.

109. Section 223 of the Act is amended by replacing “of” in the second line of the first paragraph by “of at least”.

110. Section 224 of the Act is amended

(1) by replacing “of” in the second line of the first paragraph by “of at least”;

(2) by inserting “and another member” after “chairman” in the third line of the first paragraph.

111. Section 225.1 of the Act is amended by striking out the third paragraph.

112. Section 226 of the Act is amended by replacing “in accordance with one of sections 119 to 125 or in accordance with section 126.1 or 126.2” in the first and second lines of the fifth paragraph by “under section 125 or 128”.

113. Section 231 of the Act is amended

- (1) by replacing “prepare” in the first line of the first paragraph by “adopt”;
- (2) by replacing “un” in the third line of the first paragraph of the French text by “, d’un”;
- (3) by replacing “plan of action for personnel development, with the participation of its employees and of the unions to which they belong, where that is the case” in the first paragraph by “three-year staffing and personnel development action plan, with the participation of its employees and, if applicable, of the unions to which they belong. The action plan is communicated to all personnel members and sent to the agency”;
- (4) by inserting “, the preparation of their successors” after “mobility” in the last line of the second paragraph.

114. Section 233 of the Act is amended by inserting the following paragraph after the first paragraph:

“The code of ethics must also set out the rules governing the use of the information referred to in sections 27.3 and 107.”

115. Section 237 of the Act is amended

- (1) by inserting “of the organization plan and” after “state” in the second line of the third paragraph;
- (2) by replacing “the regional board” in the third line of the third paragraph by “the agency”.

116. Section 238 of the Act is amended by adding “and, in addition, before accepting or refusing an application, take into account the distribution of the clinical, research and teaching tasks among the physicians, having regard to the specific requirements of the institution” at the end of the fifth paragraph.

117. Section 242 of the Act is amended by adding the following sentence at the end of the second paragraph: “In addition, where an institution operates a hospital centre designated as a university hospital centre or a university institute, the board’s resolution must specify, if applicable, the breakdown of the clinical, research and teaching tasks assigned to that physician or dentist.”

118. Section 259.2 of the Act is amended by replacing “the regional board under section 347” in the second and third lines of the first paragraph by “the agency”.

119. Section 259.10 of the Act is amended by replacing “the regional board under section 347” in the second line of the first paragraph by “the agency”.

120. Section 259.11 of the Act is amended by replacing “the regional board under section 347” in the second line by “the agency”.

121. The Act is amended by inserting the following section after section 263:

“263.1. Sections 260 and 263 do not apply to asset maintenance work, whatever the estimated cost of the work and the source of its financing.

“Asset maintenance work” means all the work required to ensure the security of persons and property, stop the deterioration of immovables and ensure their conservation.”

122. Section 272 of the Act is amended

(1) by replacing “the regional board” wherever it appears by “the agency”;

(2) by striking out subparagraph 3 of the second paragraph.

123. Section 280 of the Act is amended by adding “, subject to the protection of any personal information it contains” at the end of the first paragraph.

124. Section 285 of the Act is amended

(1) by replacing “the regional board” wherever it appears by “the agency”;

(2) by replacing “119 to 125 and in sections 126.1 and 126.2” in the second and third lines of the first paragraph by “125 and 128”.

125. Section 303 of the Act is amended

(1) by striking out “within the framework of regional service organization plans” in the third and fourth lines of the first paragraph;

(2) by replacing “regional boards” in the first line of the third paragraph by “agencies”.

126. Section 310 of the Act is amended by inserting “or persons with a pervasive developmental disorder” after “persons” in the second line of the third paragraph.

127. Section 319 of the Act is amended

(1) by striking out “In the cases referred to in section 319.1,” at the beginning of the second paragraph;

(2) by replacing “appointed under sections 129 to 132.1” in the third line of the second paragraph by “designated under sections 129 to 131”;

(3) by replacing “appointments” in the fifth line of the second paragraph by “designations”.

128. Section 319.1 of the Act is repealed.**129.** The Act is amended by inserting the following section after section 322:

“322.1. Despite any inconsistent legislative provision, the enterprise registrar may, upon an application by a public institution within the meaning of paragraph 1 of section 98 that has been constituted by a special Act, and with the written authorization of the Minister, issue supplementary letters patent to amend the constituting instrument of that institution.

The enterprise registrar shall publish the supplementary letters patent in the *Gazette officielle du Québec*, with a notice indicating the date on which they come into effect. The Québec Official Publisher must include in the annual compilation of the statutes of Québec printed after the issuance of the supplementary letters patent a table indicating both the date of effect of the supplementary letters patent and the legislative provisions they amend.

The application referred to in the first paragraph must be signed by the executive director and by the chair of the board of directors of the institution. It must be supported by a by-law passed by the board of directors and, if the institution is a legal person within the meaning of section 139, the by-law must also be approved by at least two thirds of the members of the legal person who cast a vote at a meeting called for that purpose.”

130. Section 336 of the Act is amended

(1) by replacing “A regional board” in the first line of the first and second paragraphs by “An agency”;

(2) by striking out “included in the regional service organization plan of the regional board” in the second and third lines of subparagraph 1 of the first paragraph;

(3) by striking out “where so provided for in the regional service organization plans” in the second and third lines of the second paragraph.

131. Section 337 of the Act is amended

(1) by striking out “not provided for in the regional service organization plan of the regional board” at the end of paragraph 3;

(2) by adding the following paragraph:

“The Minister may also subsidize a community organization to which the Minister has given a mandate to assist and support users under the first paragraph of section 76.6, for the purposes of that mandate.”

132. Section 340 of the Act is amended

(1) by replacing the first paragraph and the first line of the second paragraph by the following:

“340. The agency is established to carry out the functions necessary for coordinating the establishment of health services and social services in its area of jurisdiction, in particular as regards financing, human resources and specialized services.

To that end, the objects of the agency are”;

(2) by replacing subparagraphs 2 and 3 of the second paragraph by the following subparagraphs:

“(2) facilitating the development and management of the local health and social services networks in its region;

“(3) preparing the multi-year strategic plan referred to in section 346.1 and ensuring follow-up;”;

(3) by replacing “and” in the first line of subparagraph 4 of the second paragraph by a comma;

(4) by replacing “accredited private resources” in the second line of subparagraph 4 of the second paragraph by “granting financial allowances to the private resources referred to in section 454”;

(5) by replacing “nursing homes accredited for the purposes of subsidies under” in the fourth line of subparagraph 5 of the second paragraph by “private nursing homes and community organizations referred to in”;

(6) by inserting the following subparagraph after subparagraph 5 of the second paragraph:

“(5.1) ensuring the coordination of the services in its region with those offered in neighbouring regions and, on the Minister’s request, coordinating interregional services;”;

(7) by inserting the following subparagraphs after subparagraph 7.1 of the second paragraph:

“(7.2) assessing the results of implementing its strategic plan and ensuring management accountability on the basis of province-wide and regional targets and recognized standards of accessibility, integration, quality, effectiveness and efficiency;

“(7.3) supporting institutions in the organization of services and becoming involved with institutions to foster service agreements entered into to meet the needs of the general public or, if no agreement is entered into, determining the contribution expected of each institution in accordance with section 105.1;

“(7.4) allowing the use of numerous standard agreement models in order to facilitate the making of agreements under subparagraph 7.3;

“(7.5) ensuring that the mechanisms for referral and for service coordination between institutions are established and functional;

“(7.6) developing information and management tools for the institutions in its region and adapting them to the distinctive characteristics of those institutions;

“(7.7) establishing procedures and mechanisms to inform the general public and involve people in the organization of services, and to ascertain their level of satisfaction with the results obtained;

“(7.8) developing mechanisms for the protection of users and for user rights advocacy; and”.

133. The Act is amended by inserting the following section after section 340:

“340.1. An agency exercises its responsibilities by taking into consideration the proposals made by an integrated university health network under section 436.6.

In addition, an agency must seek the advice of the integrated university health network serving its area of jurisdiction on any question relating to technical facilities, medical staff or services corridors.

A decision made by the agency following the proposals or advice of an integrated university health network must be substantiated and be sent to the network in writing.”

134. Section 341 of the Act is amended by replacing “a regional board must include the expression “regional board” ” by “an agency must include the expression “health and social services agency” ”.

135. Section 342 of the Act is replaced by the following section:

“342. An agency is a legal person and a mandatory of the State. The property of an agency forms part of the domain of the State, but the execution of the obligations of an agency may be levied against its property.

An agency binds none but itself when it acts in its own name.”

136. Section 343 of the Act is amended

(1) by replacing “The regional board” in the first line of the first and second paragraphs by “The agency”;

(2) by replacing “appointment” in the first and third lines of the second paragraph by “designation”.

137. Section 343.6 of the Act is amended

(1) by replacing “The regional board” by “The agency”;

(2) by inserting “, in particular the consultation mechanisms used,” after “forum” in the second line;

(3) by replacing “, according to the procedure determined pursuant to the second paragraph of section 384” by “at a public meeting of its board of directors”.

138. Section 346 of the Act is amended

(1) by replacing the first sentence of the first paragraph by the following sentence: “The agency shall see that orientations and priorities in the area of health and welfare are respected.”;

(2) by replacing “for the preparation of regional service organization plans” in subparagraph 2 of the first paragraph by “with a view to preparing its multi-year strategic plan”;

(3) by replacing “for the preparation and update of the health and welfare policy and” in subparagraph 3 of the first paragraph by “with a view to the preparation and update, by the agency, of the multi-year strategic plan developed under section 431.1 and the”;

(4) by replacing “the regional board” in the second paragraph by “the agency”.

139. The Act is amended by inserting the title of the following subdivision after section 346:

“§2.1. — *Functions related to the identification and certification of residences for the elderly*”.

140. Section 346.0.1 of the Act is amended

(1) by replacing “regional board” in the first line of the first paragraph by “agency” and by replacing “a regional board” in the first line of the third paragraph by “an agency”;

(2) by replacing “of the owner or” in the second line of the third paragraph by “of the operator, whether or not the operator holds a certificate of compliance referred to in section 346.0.3, the date on which the certificate of compliance was issued, and the name and address of the”.

141. The Act is amended by inserting the following sections after section 346.0.2:

“346.0.3. An operator of a residence for the elderly must hold a certificate of compliance issued by the agency for the area of jurisdiction where the residence is situated, attesting that the operator meets the conditions set out in section 346.0.4.

Before recommending a residence for the elderly to a user, a public institution must ascertain that the operator of the residence holds such a certificate.

“346.0.4. To obtain a certificate of compliance, the operator of a residence for the elderly must apply in writing to the agency for the area of jurisdiction where the residence is situated, using a form provided by the agency, and meet the following conditions:

(1) comply with the health and social criteria determined by regulation; and

(2) satisfy the requirements established by regulation.

“346.0.5. The operator of a residence for the elderly that is the holder of a certificate of compliance must publicly display the certificate at all times in the residence.

“346.0.6. The Government may determine, by regulation,

(1) categories of residences for the elderly;

(2) the health and social criteria with which the operator of a residence for the elderly must comply to receive a certificate of compliance, which may vary according to category of residence for the elderly;

(3) categories of residences that may be excluded from the application of certain health and social criteria; and

(4) the fees payable for issuing or renewing a certificate of compliance.

The Government may also establish, by regulation, the requirements that the operator of a residence for the elderly must satisfy.

“346.0.7. If, after verification, the agency is satisfied that the operator of a residence for the elderly meets the conditions set out in section 346.0.4, the agency shall issue certification to that operator.

In order to carry out the required verification, the agency shall enter into an agreement with a local authority in its area of jurisdiction designated by the Minister, or with a body recognized by the Minister.

Such an agreement must specify the conditions applicable to the verification.

“346.0.8. The agency is authorized to inspect a residence for the elderly whose operator holds a certificate of compliance in order to ascertain the extent to which that operator meets the conditions set out in section 346.0.4.

“346.0.9. The person authorized by the agency to carry out an inspection must, on request, produce identification attesting to that authorization.

In carrying out the inspection, the person has the power

(1) to enter, at any reasonable time of day, a residence for the elderly whose operator holds a certificate of compliance; and

(2) to require any information or documents relating to the operator’s activities.

“346.0.10. A certificate of compliance is valid for two years. The agency shall renew it for the same period provided that the operator

(1) applied for the renewal at least 90 days before the expiry date of the certificate; and

(2) met the conditions set out in section 346.0.4 during the period of validity that is ending.

“346.0.11. The agency may refuse to issue a certificate of compliance if the operator of a residence for the elderly that applied for the certificate

(1) does not meet the conditions set out in section 346.0.4;

(2) has been convicted of an offence under this Act during the last three years, unless the operator has obtained a pardon; or

(3) has been convicted of an indictable offence in connection with the operation of a residence for the elderly, unless the operator has obtained a pardon.

“346.0.12. The agency may suspend, revoke or refuse to renew the certificate of compliance of a certificate holder that

(1) no longer meets the conditions set out in section 346.0.4;

(2) has not taken the corrective measures ordered by the agency within the prescribed period following a complaint;

(3) has been convicted of an offence under this Act during the period of validity of the certificate, unless the certificate holder has obtained a pardon; or

(4) has been convicted of an indictable offence in connection with the operation of a residence for the elderly during the term of the certificate, unless the certificate holder has obtained a pardon.

“346.0.13. Before refusing to issue a certificate of compliance, or suspending, revoking or refusing to renew such a certificate, the agency must first inform the applicant or the certificate holder in writing of its intention, as prescribed by section 5 of the Act respecting administrative justice (chapter J-3), and grant a period of at least 10 days for the applicant or the certificate holder to submit observations.

“346.0.14. Instead of suspending, revoking or refusing to renew a certificate of compliance, the agency may order the certificate holder to take the necessary corrective measures within the period the agency determines.

If the certificate holder fails to comply with the order, the agency may then suspend, revoke or refuse to renew the certificate of compliance.

“346.0.15. The agency must inform the holder of a certificate of compliance in writing of its decision, giving its reasons, within 30 days after the date the decision was made.

“346.0.16. The person whose application for a certificate of compliance has been rejected, or the holder of a certificate of compliance whose certificate has been suspended or revoked or for which renewal has been refused may contest the agency’s decision before the Administrative Tribunal of Québec within 60 days after the date of notification.

“346.0.17. An agency 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.

“346.0.18. If the certificate of compliance of a certificate holder has been suspended or revoked or has not been renewed, the agency must ensure that a person who lives in the residence for the elderly operated by that holder obtains relocation assistance if the person requires it.

“346.0.19. The operator of a residence for the elderly that wishes to cease activities must return the certificate of compliance to the agency.

“346.0.20. The rights conferred by a certificate of compliance may not be validly transferred to another person.”

142. Sections 346.1 and 347 of the Act are replaced by the following sections:

“346.1. In accordance with ministerial orientations and recognized standards of accessibility, integration, quality, effectiveness and efficiency, and taking into account available resources, the agency is responsible for preparing a multi-year strategic plan identifying the following elements for its region:

(1) the social and health needs and the distinctive characteristics of the population, based on an understanding of the health and well-being of that population;

(2) the objectives to be pursued to improve the health and well-being of the population, and organize and manage services;

(3) the mandates and responsibilities to be assumed by local authorities, the other institutions and the community organizations to reach those objectives; and

(4) the mechanisms for regional coordination and for mobilizing the partners to implement the strategic plan.

For the purpose of preparing the strategic plan, an agency must obtain the opinion of the people’s forum, call on the participation of the institutions and community organizations of its region, and ensure the collaboration of the stakeholders in other sectors of activity that have an impact on health services and social services.

“347. An agency may propose to the Minister to modify the organization of integrated health services and social services established in its territory under the Act respecting local health and social services network development agencies (chapter A-8.1), provided that the establishment of any new local health and social services network ensures compliance with the objectives set out in section 99.3.

The Minister’s decision to accept the agency’s proposal, with or without changes, must be approved by the Government.

The Minister shall table each order made under the second paragraph in the National Assembly within 30 days of its adoption or, if the Assembly is not sitting, within 30 days of resumption.”

143. Section 350 of the Act is amended

(1) by replacing “Each regional board” at the beginning of the first and second paragraphs by “The agency” and by replacing “regional board” wherever it appears in the third and fourth paragraphs by “agency”;

(2) by replacing “of the regional service organization plans developed for its region” in the second and third lines of the first paragraph by “of its multi-year strategic plan”;

(3) by replacing “accredited private resources referred to in Chapter III of Title II of this Part” at the end of the second paragraph by “private resources referred to in section 454”.

144. Section 353 of the Act is replaced by the following section:

“353. The agency shall promote activities conducive to improving the health and well-being of the population and cooperate in implementing the activities with the other organizations of the region, particularly municipalities, regional branches of government departments and government agencies, institutions in the education and higher education sector, childcare services, regional community organizations and socio-economic organizations.”

145. Section 354 of the Act is amended by replacing “the regional board shall also determine, within the framework of its regional service organization plans and” in the third and fourth lines of the first paragraph by “the agency shall also determine,” and by replacing “regional board” at the beginning of the second paragraph by “agency”.

146. Section 359 of the Act is amended

(1) by replacing “the regional board” in the second line by “the agency”;

(2) by replacing “regional medical commission” in the fourth line by “regional panel of heads of departments of specialized medicine”.

147. Section 361 of the Act is amended

(1) by replacing “the regional board” wherever it appears by “the agency”;

(2) by striking out “based on its service organization plans” in the third and fourth lines of the first paragraph.

148. Section 361.1 of the Act is amended

(1) by replacing “the regional board” in the first line of the second paragraph by “the agency”;

(2) by replacing “based on its service organization plans. The list shall also specify” in the second and third lines of the second paragraph by “that also specifies”.

149. Sections 367 to 370 of the Act are repealed.

150. Section 370.1 of the Act is amended

(1) by replacing “regional board” wherever it appears by “agency”, with the necessary grammatical adjustments;

(2) by striking out “or third” in the fifth line of subparagraph 1 of the second paragraph;

(3) by replacing “one person” in the first line of subparagraph 5 of the second paragraph by “two persons”.

151. Section 370.3 of the Act is amended

(1) by replacing “the regional board” in the second line by “the agency”;

(2) by striking out “, on the basis of the regional service organization plans referred to in section 347” in the second and third lines of paragraph 1.

152. Section 370.7 of the Act is amended

(1) by replacing “the regional board” wherever it appears by “the agency”;

(2) by striking out “, on the basis of the regional service organization plans referred to in section 347” in the second and third lines of paragraph 1.

153. Section 376 of the Act is amended

(1) by replacing “Each regional board” at the beginning of the first paragraph by “The agency” and by replacing “the regional board” in the fourth and fifth lines by “the agency”;

(2) by replacing “a regional human resources development plan in keeping with the orientations determined by the Minister and the policies he establishes and in cooperation with the institutions and organizations concerned, and see to its” in the first, second, third and fourth lines of the first paragraph by “regional staffing and human resources development plans in keeping with the orientations and policies established by the Minister and in cooperation with the institutions and organizations concerned, and see to their”;

(3) by inserting the following subparagraph before subparagraph 1 of the first paragraph:

“(0.1) set up a workforce information system facilitating, in particular, the preparation of the regional plans referred to in this paragraph;”;

(4) by replacing subparagraph 1 of the first paragraph by the following subparagraph:

“(1) coordinate personnel development activities and the preparation of the next generation of employees within the scope of the regional plans referred to in this paragraph;”;

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

“The agency shall also provide ways to assist the institutions in preparing their staffing and personnel development action plans, if requested, and identify priority needs in order to facilitate for institutions the pooling of services pertaining to staffing, and the professional development and mobility of their personnel.”

154. Section 377 of the Act is amended

(1) by replacing “Each regional board” and “the regional board” wherever they appear by “Each agency” and “the agency” respectively;

(2) by replacing “the recommendations of the regional medical commission, obtained in the manner set out in subparagraph 1 of the first paragraph of section 369” in the second and third lines of the third paragraph by “the recommendations obtained from the regional panel of heads of departments of specialized medicine pursuant to subparagraph 1 of the first paragraph of section 417.11”.

155. Section 383 of the Act is amended

(1) by replacing “the regional board” wherever it appears by “the agency”;

(2) by replacing “regional joint purchasing” in the third line of the first paragraph by “joint procurement”.

156. Section 384 of the Act is amended

(1) by replacing “regional board” wherever it appears by “agency”;

(2) by replacing “an accredited private resource” in the third line of the first paragraph by “a private resource referred to in section 454”.

157. Section 397 of the Act is replaced by the following section:

397. The affairs of an agency are administered by a board of directors composed of the following members appointed by the Minister:

(1) one member of the regional panel of heads of departments of specialized medicine and one member of the regional department of general medicine, chosen from a list provided by each body;

(2) one member of the regional nursing commission;

(3) one member of the regional multidisciplinary commission;

(4) one person chosen from a list provided by the community organizations;

(5) one person chosen from a list provided by the organizations from the public education sector;

(6) one person chosen from a list provided by the institutions' users' committees;

(7) one person chosen from a list provided by the organizations representing labour;

(8) two persons representing the socio-economic organizations, chosen from a list provided by the regional conference or regional conferences of elected officers;

(9) if necessary, one person chosen from a list provided by the universities with which the institutions that have a university designation are affiliated;

(10) two persons recognized for their management skills, one chosen from a list provided by the institutions of the region referred to in section 119 and the other chosen from a list provided by the other institutions of the region;

(11) three persons chosen from a list provided by the members referred to in paragraphs 1 to 10; and

(12) the president and executive director of the agency.”

158. Section 397.2 of the Act is replaced by the following section:

“**397.2.** When the Minister must appoint a person from a list referred to in section 397, the list must contain no fewer than three names.

If it is impossible for the Minister to obtain such a list, the rules prescribed in that section for appointing a member may be waived.”

159. Section 397.3 of the Act is amended

(1) by replacing “Government” in the second line by “Minister”;

(2) by replacing “the regional board” in the third line by “the agency”.

160. Section 398.1 of the Act is amended

(1) by replacing “a regional board” and “the regional board” wherever they appear by “an agency” and “the agency” respectively;

(2) by replacing “of the regional medical commission,” in the third and fourth lines of the second paragraph by “of the regional department of general medicine or the regional panel of heads of departments of specialized medicine.”;

(3) by replacing “3” in the last line of the last paragraph by “4”.

161. Section 401 of the Act is amended by replacing the first paragraph by the following paragraph:

“**401.** Any vacancy on the board of directors, other than in the position of president and executive director, must be filled for the unexpired portion of the term. However, the Minister is not required to follow the rules of appointment provided for in section 397 to fill the vacancy, but may request the president and executive director of the agency to propose candidates.”

162. Section 403 of the Act is amended by replacing “the regional board may not be elected” by “the agency and the members referred to in paragraphs 1 to 3 of section 397 may not be elected”.

163. Section 405 of the Act, amended by section 54 of chapter 43 of the statutes of 2001, is again amended

(1) by replacing “a regional board” and “the regional board” in the first paragraph by “an agency” and “the agency” respectively;

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

“(3) appointing the senior management officers and, in accordance with section 63, the regional service quality and complaints commissioner;”.

164. The Act is amended by inserting the following sections after section 412:

“**412.1.** With a view to improving the quality of services offered in a manner respectful of individual and group rights, the board of directors must create a watchdog committee to ensure the follow-up, with the board, of the recommendations made by the regional service quality and complaints commissioner or the Health and Social Services Ombudsman following complaints or interventions made under this Act or the Act respecting the Health and Social Services Ombudsman.

“**412.2.** The committee is composed of the president and executive director, the regional service quality and complaints commissioner and three other members, including the board members appointed under paragraphs 4 and 6 of section 397. The board of directors shall choose the fifth member from among its other members.

“**412.3.** The watchdog committee shall ensure that the agency fulfills its responsibilities relating to the quality of services and the enforcement of the rights of users or other people using the services, with respect to persons, organizations or functions that can be the subject of a complaint under section 60 of this Act or section 16 of the Act respecting pre-hospital emergency services (chapter S-6.2).

To that end, the committee must, in particular,

(1) receive and analyze reports and recommendations sent to the board of directors by the regional service quality and complaints commissioner or the Health and Social Services Ombudsman;

(2) establish systemic links between those reports and recommendations and draw from them the conclusions necessary to make recommendations under subparagraph 3;

(3) make recommendations to the board of directors on the action to be taken following those reports or recommendations in order to improve the quality of the services offered users and other persons using services;

(4) ensure the follow-up, with the board of directors, of the board's implementation of the recommendations it made under subparagraph 3;

(5) exercise any other function the board of directors considers useful in fulfilling the mandate entrusted to the committee under the first paragraph; and

(6) ensure that the regional service quality and complaints commissioner has the human, material and financial resources required to carry out the responsibilities of office effectively and efficiently.”

165. The heading of Division V of Chapter I of Title I of Part III of the Act is amended by inserting “INSPECTION,” at the beginning.

166. The Act is amended by inserting the following section immediately before section 414:

“**413.2.** A person authorized in writing by an agency to carry out an inspection may enter a facility maintained by an institution in the region of the agency at any reasonable time of day in order to ascertain compliance with this Act and the regulations.

During the inspection, the person may

(1) examine and make copies of any document related to the activities exercised by the facility; and

(2) call for any information related to the application of this Act, and the production of any related document.

A person having custody, possession or control of such documents must, on request, make them available to the person carrying out the inspection.

A person who carries out an inspection must, when required, produce a certificate of authorization signed by the agency.”

167. Section 417.2 of the Act is amended

(1) by replacing “the regional board” and “the regional board’s” wherever they appear by “the agency” and “the agency’s” respectively;

(2) by replacing “and sub-territory” in the second and third lines of subparagraph 2 of the first paragraph by “of a local health and social services network”;

(3) by inserting the following subparagraphs after subparagraph 7 of the first paragraph:

“(7.1) giving its opinion on certain projects relating to the use of drugs;

“(7.2) giving its opinion on the implementation of service corridors proposed by the integrated university health network; and”.

168. The Act is amended by inserting the following divisions after section 417.6:

“DIVISION VII**“REGIONAL PHARMACEUTICAL SERVICES COMMITTEE**

“417.7. A regional pharmaceutical services committee is hereby established within each agency.

The committee is composed of representatives from each of the following groups: proprietary pharmacists, pharmacists practising in community pharmacies, heads of clinical departments of pharmacy and pharmacists practising in a centre operated by an institution.

The president and executive director of the agency and a representative of the school or faculty of pharmacy of a university located in the agency’s area of jurisdiction are also members of the committee.

“417.8. With a view to supporting the organization of pharmaceutical services and the implementation of local health services and social services networks, the regional pharmaceutical services committee shall exercise the following responsibilities under the authority of the president and executive director:

(1) making recommendations with respect to the organization of pharmaceutical services and staffing plans;

(2) giving opinions on the accessibility and quality of pharmaceutical services and on projects related to drug use;

(3) giving its opinion on innovative approaches in pharmaceutical care and services; and

(4) carrying out any other mandate conferred on it by the president and executive director.

“417.9. The procedure for appointing members of the regional pharmaceutical services committee and its chair, their term of office and the committee’s internal management rules are determined by a by-law of the agency.

“DIVISION VIII

“REGIONAL PANEL OF HEADS OF DEPARTMENTS OF SPECIALIZED MEDICINE

“417.10. A regional panel of heads of departments of specialized medicine is hereby established within each agency.

The panel is composed of all the medical specialists who act as department heads within an institution situated in the area of jurisdiction of the agency.

Exceptionally, the panel may also include medical specialists who act as department heads if the Minister considers that the number of department heads in the agency’s area of jurisdiction is insufficient to ensure the proper operation of the panel.

“417.11. Within the framework of the powers conferred on the agency and taking into account the responsibilities of the institutions in the agency’s area of jurisdiction, the regional panel of heads of departments of specialized medicine shall exercise the following responsibilities under the authority of the president and executive director:

(1) making recommendations concerning the part of the regional medical staffing plan pertaining to medical staff in specialties that must be drawn up in accordance with section 377, and, once the Minister has approved the plan, ensuring the implementation and application of the agency’s decision concerning the plan;

(2) defining and proposing the regional organization plan for the provision of specialized medical care, divided by specialty, which must specify, for each territory of a local health and social services network, the services likely to best meet the needs of the people, including services provided in private health facilities, and ensuring the implementation and application of the agency’s decision concerning the plan;

(3) defining and proposing the system of access to specialized medical care, which may include patient management at the regional level; a regional duty roster; service, pairing or sponsorship agreements between institutions in certain specialties; and the implementation and coordination of the agency’s decision concerning the system;

(4) evaluating the degree to which the objectives of the regional organization plan for the provision of specialized medical care and the part of the regional medical staffing plan relating to medical specialists have been met;

(5) giving its opinion on any project concerning the provision of specialized medical services and the renewal, distribution and development of specialized medical equipment and telemedicine, in accordance with the regional organization plan for the provision of specialized medical care;

(6) giving its opinion on certain projects relating to the use of drugs;

(7) giving its opinion on the establishment of the services corridors proposed by the integrated university health network; and

(8) carrying out any other function assigned to it by the president and executive director of the agency in connection with specialized medical services.

If the regional panel of heads of departments of specialized medicine fails to exercise its responsibilities under subparagraph 2 or 3 of the first paragraph, the agency's board of directors may request the president and executive director to exercise them.

“417.12. The responsibilities of the regional panel of heads of departments of specialized medicine shall be exercised by a supervisory committee comprising the following members:

(1) three members elected by and from among the medical specialists who act as department heads, from three of the clinical fields mentioned in section 417.13;

(2) five to seven members appointed by the members referred to in subparagraph 1 from among the medical specialists acting as department heads in each of the other clinical fields mentioned in section 417.13; and

(3) the president and executive director of the agency, or a medical specialist the president and executive director designates.

In addition, when there is a faculty of medicine in an agency's area of jurisdiction, the supervisory committee must include a member appointed by the dean of the faculty of medicine as well as a medical resident acting as an observer.

“417.13. The clinical fields that must be represented on the supervisory committee and from which the members forming the committee must be elected or appointed are: internal medicine, anaesthesiology, podiatry, surgery, psychiatry, gynaecology-obstetrics, laboratory medicine, which includes pathology, biochemistry, genetics, hema-oncology and microbiology-infectiology, and medical imaging, including nuclear medicine and diagnostic radiology.

In the absence of one of the clinical fields mentioned in the first paragraph in an agency's area of jurisdiction, another representative of internal medicine or surgery may be appointed as member of the supervisory committee by the committee members referred to in subparagraph 1 of the first paragraph of section 417.12.

“417.14. The regional panel of heads of departments of specialized medicine is directed by a chair appointed by the supervisory committee from among the members of the committee referred to in subparagraph 1 of the first paragraph of section 417.12; the appointment must be approved by the agency's board of directors.

“417.15. The procedure governing the election and appointment of members of the supervisory committee and their terms of office are determined by a by-law made by the department heads at a general meeting called for that purpose.

The by-law must prescribe that the composition of the committee is to ensure equitable representation of the institutions that operate a hospital centre and have their head offices in the agency's area of jurisdiction, and that a member who loses the status of department head may nevertheless complete the unexpired portion of the member's term on the supervisory committee. The by-law shall come into force after being approved by the agency's board of directors.

“417.16. The supervisory committee of the regional panel of heads of departments of specialized medicine may adopt by-laws concerning its internal management, the creation of committees and their mode of operation, as well as the pursuit of the panel's objectives.

The by-laws may also prescribe the manner in which some or all of the responsibilities assigned to the supervisory committee may be entrusted to the chair of the regional panel of heads of departments of specialized medicine. The by-laws shall come into force after being approved by the agency's board of directors.”

169. Section 431 of the Act is amended

(1) by replacing “In accordance with the policy on health and welfare,” in the first line of the first paragraph by “With a view to improving the health and well-being of the general public;”;

(2) by replacing “the regional boards” in the second line of subparagraph 1 of the second paragraph by “the agencies”;

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

“(2) prepare a multi-year strategic plan in accordance with section 431.1;”;

(4) by inserting “information, technological” after “material” in the first line of subparagraph 3 of the second paragraph;

(5) by adding the following subparagraphs after subparagraph 9 of the second paragraph:

“(10) distribute the guidelines for the standards of access, integration, quality, effectiveness and efficiency to the agencies and institutions;

“(11) assess the results of implementing the strategic plan and ensure the accountability of the network management based on the guidelines made public by the Minister;

“(12) determine the service areas of the integrated university health networks; and

“(13) assess and evaluate health and social services.”

170. The Act is amended by inserting the following section after section 431:

“431.1. Focusing on results-based management, calling on the participation of all the partners of the health and social services network and taking the available resources into account, the Minister shall prepare a multi-year strategic plan identifying the following elements for all of Québec:

(1) the health and social service needs and the distinctive characteristics of the general public based on an understanding of the health and well-being of that population;

(2) the objectives to be pursued to improve the health and well-being of the general public, and organize and manage services;

(3) the mandates and responsibilities to be assumed by the partners in the health and social services network; and

(4) the mechanisms for province-wide coordination and for mobilizing the partners to implement the strategic plan.”

171. Section 432.1 of the Act is amended

(1) by replacing “Government” in the first line of the first and third paragraphs by “Conseil du trésor”;

(2) by replacing “regional boards” in the fourth paragraph by “agencies”.

172. The Act is amended by inserting the following section after section 433:

“433.1. The Minister may establish a committee to advise the Minister on the provision of health services and social services to persons from ethnocultural communities.

The Minister shall determine the composition and rules of operation of the committee.”

173. Section 435 of the Act is repealed.

174. Section 436 of the Act is amended

(1) by replacing “joint procurement of goods and services by the institutions, taking into account their impact on the regional economy” in the first paragraph by “procurement of goods and services, including procurement by joint procurement groups”;

(2) by replacing “regional boards” in the fourth line of the first paragraph by “agencies”;

(3) by adding the following sentence at the end of the first paragraph: “The policies must take into account the impact they will have on the regional economy and be consistent with the agreements on the liberalization of public procurement.”;

(4) by inserting “, including the implementation of a provincial scheme,” after “any step” in the first line of the second paragraph;

(5) by striking out the second sentence of the second paragraph.

175. The Act is amended by inserting the following chapter after section 436:

“CHAPTER I.1

“INTEGRATED UNIVERSITY HEALTH NETWORKS

“**436.1.** In order to promote the coordination, complementarity and integration of the patient care, teaching and research missions of the health institutions designated as university institutions and the universities with which those institutions are affiliated, an integrated university health network is established for each service territory identified by the Minister in cooperation with the Minister of Education, Recreation and Sports.

The network is composed of all the institutions in the territory that operate a general and specialized hospital centre designated as a university hospital centre, a university institute or an affiliated university centre and that are affiliated with the university associated with the network, and of any institution that operates a rehabilitation centre designated as a university institute or an affiliated university centre.

Each institution that forms part of an integrated university health network may be called upon to serve a local area determined by the agency in whose area of jurisdiction the head office of the institution is situated.

“436.2. The activities of an integrated university health network are directed by a management committee comprising the following members:

- (1) all the executive directors of the institutions that make up the network;
- (2) the president and executive director of each agency concerned in the network’s service territory; and
- (3) the dean of the faculty of medicine of the university associated with the network.

The committee may also invite any person whose participation in its proceedings it considers relevant.

“436.3. The executive director of the institution operating the general and specialized hospital centre designated as the university hospital centre of the network, unless it is a children’s hospital, and the dean of the faculty of medicine of the university associated with the network are to be designated by the Minister to act as president or vice-president of the network. Their term of office is two years and may be renewed.

“436.4. The president calls the meetings of the management committee, chairs them and ensures that they are conducted properly. The president also sees that the decisions made by the committee are carried out.

“436.5. The management committee of an integrated university health network may adopt by-laws governing its meetings and the conduct of its affairs.

“436.6. Each integrated university health network shall make proposals on the following subjects to the agencies concerned or to the Minister, as the case may be:

- (1) the supply of services in the recognized areas of expertise of institutions designated as university institutions, in response to the requests of local authorities and other associated institutions;
- (2) the assistance offered to the faculty of medicine of the university associated with the network extending access to medical training to the regions;
- (3) the transfer of knowledge between the faculty of medicine and the institutions in the service territory of the network;
- (4) access to programs fostering the maintenance of professional qualifications for partners from various health care occupations;
- (5) the coordination of applications for subsidies made to the Canadian investment fund by institutions forming part of the network;

- (6) the establishment of regional research teams;
- (7) collaboration with the other integrated university health networks in order to determine priority spheres of activity, decide on the distribution of activities, and ensure the dissemination of results, all under the direction of the agency evaluating health care technologies and methods of intervention known as the Agence d'évaluation des technologies et des modes d'intervention en santé;
- (8) the prevention of short, medium or long-term interruptions of services in institutions in its service territory that have difficulty providing general and specialized services to their clientele;
- (9) coordination, with the institutions forming part of the network, of the activities of the Agence d'évaluation des technologies et des modes d'intervention en santé in order to ensure the agency's productivity and efficiency;
- (10) preparation of a university medical staffing plan within the scope of the regional medical staffing plan;
- (11) the establishment of a culture of collaboration between the institutions forming part of the network;
- (12) the grouping of specialized medical staff to avoid duplication; and
- (13) the establishment of services corridors.

In addition, each network shall make proposals to the Minister on

- (1) medical training and the distribution, among the institutions of the network, of students from the faculty of medicine of the university associated with the network; and
- (2) the coordination, with the Fonds de la recherche en santé du Québec, of the research activities of institutions in the service territory of the network, with a view to achieving a critical mass of researchers in given sectors and sharing technical facilities in order to avoid duplication.

“436.7. Each institution forming part of an integrated university health network must

- (1) contribute to the supply of services proposed by the network in the institution's recognized areas of expertise;
- (2) provide general, specialized and superspecialized services to the clientele in its local area and, at the request of the agency in whose area of jurisdiction the head office of the institution is situated, cooperate with the other institutions in the network's service territory to prevent any interruption of services; and

(3) offer, through the agency in whose area of jurisdiction the head office of the institution is situated, general and specialized services to the local authorities in that area of jurisdiction, and, where applicable, make agreements or agree on other arrangements with those institutions.

“436.8. The Minister shall establish a Québec-wide integrated university health network coordination panel composed of

- (1) one representative designated by the Minister;
- (2) one representative designated by the Minister of Education;
- (3) the dean of each faculty of medicine associated with an integrated university health network;
- (4) the executive director of each institution operating a general and specialized hospital centre designated as a university hospital centre, a university institute or an affiliated university centre, or the person the executive director designates;
- (5) the president and executive director of the Agence d'évaluation des technologies et des modes d'intervention en santé;
- (6) the chairman and managing director of the Fonds de la recherche en santé du Québec;
- (7) the president and executive director of the agency established for the Capitale-Nationale region, the agency established for the Estrie region and the agency established for the Montréal region; and
- (8) one representative from the Conference of Rectors and Principals of Quebec Universities designated by the Conference.

The integrated university health network coordination panel may invite any person whose participation in its proceedings it considers relevant.

The representative designated by the Minister shall act as chair and lead the panel.

The chair calls meetings, presides over them and ensures that they are conducted properly.

“436.9. The Québec-wide integrated university health network coordination panel may adopt by-laws governing its meetings and the conduct of its affairs.

“436.10. The Québec-wide integrated university health network coordination panel shall exercise the following responsibilities:

(1) ensuring that academic medicine holds a strategic place in all the institutions in the health and social services network;

(2) coordinating the action of the integrated university health networks to ensure access to academic medicine in all the regions of Québec;

(3) ensuring joint action by all integrated university health networks, and, in the event of disagreement, specifying the contribution expected of each network; and

(4) consulting the different health and social services partners.

“436.11. The Québec-wide integrated university health network coordination panel must send an annual report of activities to the Minister. This report must be included in the annual management report the department produces under the Public Administration Act (chapter A-6.01).”

176. Section 438 of the Act is amended by inserting “, “health and social services centre” ” after “ “rehabilitation centre” ” in the fourth line of the first paragraph.

177. Section 454 of the Act is amended

(1) by replacing “regional board” in the second line by “agency”;

(2) by striking out “a person operating” in the third line;

(3) by adding the following paragraph:

“The agency may also grant a financial allowance to a community organization to allow it to obtain from an institution, by an agreement entered into under section 108.3, all or some of the health services or social services required by the organization’s clientele, or to provide some of those services.”

178. Section 457 of the Act is amended

(1) by replacing “regional board” in the second line of the first paragraph and the first line of the second paragraph by “agency”;

(2) by inserting “and, in the case of an organization referred to in the second paragraph of section 454, for the clientele” after “conditions” in the second line of the second paragraph.

179. Section 459 of the Act is amended

(1) by replacing “the regional board” in the second line by “the agency”;

(2) by replacing “or centre” in the third line by “, centre or community organization”.

180. Section 462 of the Act is replaced by the following section:

“**462.** No person may use the terms “accredited residence”, “accredited institution” or “accredited organization”, or associate the notion of accreditation with a residence, institution or other organization, unless the person has been granted accreditation under this Act.”

181. Section 463 of the Act is amended

(1) by replacing “regional boards” in the second line of the second paragraph by “agencies”;

(2) by striking out “the part of the regional service organization plans referred to in the last paragraph of section 347 and” in the first and second lines of the third paragraph;

(3) by replacing “each regional board” in the third line of the third paragraph by “each agency”.

182. Section 485 of the Act is amended

(1) by replacing “and regional boards respecting the standards” in the second and third lines by “, joint procurement groups and agencies respecting the rules”;

(2) by replacing “purchases” in the fourth line by “procurement”.

183. The Act is amended by inserting the following section after section 496:

“**496.1.** The Minister may, on the Minister’s initiative, exercise the powers provided for in sections 499 to 501 with respect to an agency. If the Minister exercises those powers, section 502 applies.”

184. Section 505 of the Act is amended

(1) by replacing “regional board” or “a regional board” wherever it appears by “agency” or “an agency”;

(2) by replacing “as well as access to and transfer of such records” in the second and third lines of paragraph 24 by “and their use, communication and, subject to section 520.3.2, storage and destruction”;

(3) by inserting the following paragraphs after paragraph 24:

“(24.1) in addition to what is provided in section 520.14, prescribe other means by which a person may give the consent required under that section, or revoke consent, and the procedures for doing so;

“(24.2) prescribe standards for determining the access profiles that may be assigned to a person referred to in section 520.20, based on the person’s position, duties and the place where the person practises a profession or works, and depending on whether the person operates a private health facility, an ambulance service or a laboratory referred to in subparagraph 2 of the first paragraph of section 520.7, owns a pharmacy, or practises a profession or works in a centre operated by an institution, in a private health facility, in a community pharmacy, for the operator of an ambulance service or the holder of a laboratory permit, in an agency or an institution referred to in section 520.7, or at the Régie de l’assurance maladie du Québec;

“(24.3) prescribe the information that each of the classes set out in subparagraphs 1 to 8 of the first paragraph of section 520.9 may include, as well as the period for which the information may be used, which may vary in the cases and circumstances and on the conditions it specifies and according to the information or class of information it indicates;

“(24.4) in the cases and circumstances and on the conditions specified, exempt a health and social service provider giving health services or administering or dispensing drugs or samples to a particular person from the obligation to send a copy of the information referred to in section 520.9 concerning that person to the agency or institution authorized by the Minister to store it if the person has consented;”.

185. Section 516 of the Act is amended

(1) by striking out “, to the extent and on conditions prescribed by regulation,” in the second and third lines of the second paragraph;

(2) by replacing “by such a” in the last line of the second paragraph by “by”.

186. The Act is amended by inserting the following after the heading of Part III.1:

“TITLE I

“GENERAL PROVISIONS”.

187. Section 520.2 of the Act is amended

(1) by replacing “determine orientations relating to EDP assets, and the regional boards shall be responsible for implementing those orientations within the health and social services network” in the first, second and third lines by “define the orientations and standards regarding EDP assets used to

support health and social services network management, and the agencies shall be responsible for implementing those orientations and standards in the network”;

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

“The Minister shall determine the management rules and procedures relating to the certification and directory services offered in the health and social services sector with which every certification service provider designated in accordance with subparagraph 1 of the first paragraph of section 520.3.3 and every directory service provider referred to in this Act must comply.”

188. The Act is amended by inserting the following sections after section 520.3:

“520.3.1. An agency may offer the institutions in its area of jurisdiction installation, maintenance and repair services for any technological medium used by the institutions as well as information resource management services; it may also offer user support services.

If those services concern information resource management or a technological medium used for information contained in a user’s record, the institution giving the contract to an agency may, in accordance with section 27.1, communicate information contained in the user’s record to any person designated by the agency if the communication of that information is necessary for the agency to carry out the contract.

An agency may itself offer those services or give all or part of that responsibility, by service contract, to one of the institutions in its area of jurisdiction or to any other person.

“520.3.2. To promote the availability of shared picture archiving and communication systems, the Minister may designate the agencies or institutions that will offer such systems and determine the groups of institutions that will receive them. Those groups of institutions may communicate the information or documents that are to be so archived without the consent of the user, in the cases and in the manner the Minister determines.

Information or a document concerning a user that is archived in those systems may be communicated, with the consent of the user concerned, by the agency or the institution the Minister designates.

Requests for access to and communication of the information stored in those systems become the responsibility of the agencies and institutions designated under the first paragraph.

“520.3.3. If a certificate is required to use the EDP assets of the health and social services network or the Régie de l’assurance maladie du Québec or to support the planning, organization and secure provision of health services and social services, it must be

(1) issued by a public body within the meaning of section 3 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) or by a professional order referred to in the Professional Code (chapter C-26) that has been designated by the Conseil du trésor, on the Minister's recommendation, to offer certification services in the health and social services sector;

(2) issued at the request of an access profile manager responsible for assigning access profiles and authorizations that enable the persons employed by that manager or under that manager's direction to obtain and use certificates, unless otherwise provided by law with regard to those or other persons; and

(3) associated with cryptographic keys generated in the secured premises of an identity verification agent referred to in section 520.3.6 or 520.3.7, on a physical medium that must be under the control of the certificate holder at all times to ensure the key's confidentiality and security.

The physical medium referred to in subparagraph 3 of the first paragraph must meet the standards prescribed by a regulation made by the Minister under section 520.4.

“520.3.4. The Minister may determine, by order, in what cases and circumstances and on what conditions, in addition to those already set out by the Act, the use of a certificate is mandatory for a person who uses the EDP assets of the health and social services network. The order must be published in the *Gazette officielle du Québec*.

No person may use a certificate issued in accordance with section 520.3.3 outside the health and social services sector, except to search the register of organ and tissue donors or the living will register held by the Bureau de l'Ordre des notaires du Québec.

“520.3.5. A certification service provider designated under subparagraph 1 of the first paragraph of section 520.3.3 and a directory service provider referred to in this Act must submit to the Minister, for approval, any agreement with a third person concerning the provision of certification services or directory services in the health and social services sector.

They may not enter into an agreement that could interfere or enter into conflict with the obligations attached to their functions.

“520.3.6. The Minister may appoint identity verification agents who are competent to carry out the verifications provided for in subparagraph 1 and subparagraph *a* of subparagraph 4 of the first paragraph of section 520.3.10 under the authority of the Minister or under any other authority the Minister indicates. The instrument of appointment must specify the powers assigned to the identity verification agent, the conditions on which and territories in which the powers are to be exercised, the term of the appointment, and, if applicable, the method of payment of the agent.

The identity verification agent must take the oath provided in Schedule II.

“520.3.7. In the same manner, the board of directors of an institution may appoint identity verification agents in an emergency, for a term not exceeding 30 days, to carry out the verifications provided for in subparagraph 1 and subparagraph *a* of subparagraph 4 of the first paragraph of section 520.3.10. The board of directors may designate a person to perform all or some of its responsibilities with regard to the appointment of identity verification agents.

The identity verification agents must take the oath provided in Schedule II.

A copy of the instrument of appointment must be sent to the Minister without delay.

“520.3.8. The access profile manager may be designated

(1) by law, in the case of the information storage services provided for in Title II of this Part; or

(2) in other cases, by the competent authorities within the department, an agency, an institution, the Régie de l'assurance maladie du Québec, a private health facility within the meaning of the second paragraph of section 95, a laboratory within the meaning of the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies (chapter L-0.2), an ambulance service operated by the holder of a permit issued under the Act respecting pre-hospital emergency services (chapter S-6.2), Corporation d'urgences-santé or any other legal person or body operating in the health and social services sector and determined by regulation of the Government.

If a certificate is required in order to carry out the functions of office, the access profile manager must request a certificate confirming that manager's identity and rights.

“520.3.9. The certificate referred to in section 520.3.3 must, in particular, confirm

(1) the identity of the person to whom the certificate is issued, the place where the person practises a profession or works, and, in the case of the information storage services provided for in Title II of this Part, the person's access profile;

(2) the identifier, location or attributes of the object referred to in the certificate, as well as its owner or custodian; or

(3) the identification of the body, department, legal person, association or partnership in whose name the certificate is issued.

Such a certificate may also be issued to establish the link between the certificate holder and the holder's signature.

“520.3.10. The certificate referred to in section 520.3.3 must be issued

(1) if it establishes the identity of a person, following verification in person by an identity verification agent to whom at least two documents emanating from a recognized government authority are presented, confirming the person’s identity, one of which includes the person’s photograph;

(2) if it establishes the place where a person practises a profession or works, following verification by the certification service provider;

(3) if it establishes an access profile, following verification by the certification service provider of the access profile assigned to a person and arising

(a) directly from this Act; or

(b) from the exercise of the powers conferred on the access profile manager; and

(4) if it establishes an object identifier or the use or location of the object, following verification

(a) in person of the identity of the person authorized to apply for a certificate in the name of the object’s owner or custodian, by an identity verification agent to whom at least two documents emanating from a recognized government authority are presented, confirming the person’s identity, one of which includes the person’s photograph; or

(b) by a certification service provider

i. of the applicant’s power to represent the owner or custodian of the object;

ii. of the existence and identifier of the object;

iii. of the authorized use of the object, if applicable;

iv. of the object’s location, if applicable; and

v. of the existence and identity or identification of the object’s owner or custodian.

A verification under this section may also be carried out online using a certificate issued in accordance with sections 520.3.3 to 520.3.13 that establishes the subject of the verification.

In the policy statement issued under section 52 of the Act to establish a legal framework for information technology (chapter C-1.1), a certification service provider may specify other requirements in addition to those set out in this Act.

“520.3.11. In order to exercise the functions of office, a certification service provider shall assign a distinctive name to the person in respect of whom the application for a certificate is made and obtain the following information, which is to be entered in a register:

- (1) the person’s name;
- (2) the person’s date of birth;
- (3) the person’s sex;
- (4) the person’s business address and, if applicable, that of the access profile manager, if the certificate application is authorized by that manager;
- (5) the person’s telephone number and fax number, as well as the person’s business email address, if applicable;
- (6) the access profile assigned to the person by the access profile manager or this Act, if applicable;
- (7) the person’s professional title, if applicable;
- (8) the person’s duties or the capacity in which the person acts, if applicable;
- (9) the person’s membership number within a professional order, if applicable;
- (10) the person’s registration number at the Régie de l’assurance maladie du Québec, if applicable;
- (11) the fact that the person has been struck off the roll or that the person’s right to engage in professional activities has been limited or suspended, if applicable; and
- (12) any other information concerning the person needed in the exercise of the certification service provider’s functions.

The information entered in the register, including the distinctive name of the person concerned, is public information, except the personal information referred to in subparagraphs 2 and 10 of the first paragraph, and, to the extent that it concerns a health and social service provider and makes it possible to identify that provider, the information referred to in subparagraph 12 of that paragraph.

On request, a certification service provider must communicate the public information entered in the register concerning the holder of a valid certificate to any holder of a certificate issued in accordance with section 520.3.3.

The certification service provider shall inform the Minister, on request and without delay, whether a person holds a certificate issued by that provider,

and, if applicable, of the date on which the provider became aware of grounds for suspending or cancelling the certificate, as well as the date on which the provider suspended or cancelled it.

“520.3.12. A certification service provider may collect information under section 520.3.11 from

(1) the actual person, if the law authorizes the person to apply for a certificate referred to in this Act;

(2) the access profile manager in the case of the persons employed or directed by that manager whom the latter authorizes to obtain and use a certificate;

(3) the professional order concerned in the case of a person whose profession is governed by the Professional Code; and

(4) the Régie de l'assurance maladie du Québec, in the case of health professionals registered with the Régie.

Those persons must communicate the information referred to in section 520.3.11 to the certification service provider on request, and must inform the certification service provider without delay of any change in that information.

The Régie must destroy the files containing information that was communicated to it under this section for cross-matching with its register of health professionals.

“520.3.13. A person wishing to act on the basis of a certificate must verify the following with the directory service established in accordance with the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5):

(1) the certificate's validity;

(2) whether the certificate was issued by a certification service provider within the meaning of subparagraph 1 of the first paragraph of section 520.3.3; and

(3) that the policy statement issued under section 52 of the Act to establish a legal framework for information technology and whose identifier is entered in the certificate corresponds to the policy statement applicable in the health and social services sector.”

189. The Act is amended by inserting the following Title after section 520.4:

“TITLE II**“REGIONAL STORAGE SERVICES FOR CERTAIN INFORMATION
FOR THE PURPOSE OF PROVIDING HEALTH SERVICES****“CHAPTER I****“PURPOSES AND PRINCIPLES**

“520.5. The regional information storage services under this Title must have no other objectives than

(1) to provide pertinent, organized, integrated and up-to-date information to authorized health and social service providers in order to facilitate a rapid examination of a person’s health information when the person is taken in charge or is provided with health services by those health and social service providers, and to ensure the continuity and complementarity of the services with those provided by other health and social service providers; and

(2) to ensure the effectiveness of any subsequent communication of information stored by an authorized agency or institution to authorized health and social service providers for the sole purpose of providing health services.

“520.6. The provisions of this Title must be applied in a manner consistent with

(1) respect for a person’s right to privacy and for professional secrecy;

(2) transparency, in that persons must be informed of the purpose of the storage services offered them and of the rules governing their use;

(3) the principle of consent, in that a person remains free to consent to use the storage services offered and to revoke consent at any time;

(4) non-discrimination, in that a decision not to use the storage services offered must in no way imperil the person’s right to have access to and receive the health services required by the person’s state of health;

(5) the right to information, in that a person has the right to be informed by an authorized health and social service provider referred to in section 520.20 of the medical information sent to an agency or an institution authorized to store such information;

(6) limits on the use and communication of information, in that the information stored by an agency or an institution authorized under section 520.7 must only be used for the purposes referred to in section 520.5 and may only be communicated under this Act to authorized health and social service providers for whom the information is necessary in the exercise of their functions;

(7) the right of access and rectification, in that a person has a right of access to the personal information stored by an authorized agency or institution in the manner set out in this Title, and a person is entitled to request that inaccurate, incomplete or equivocal information or information whose collection, storage or communication is not authorized by this Act be rectified in accordance with sections 89 to 102.1 of the Act respecting Access to documents held by public bodies and the Protection of personal information;

(8) a right of redress, in that any person for whom an authorized agency or institution or the Régie de l'assurance maladie du Québec stores or holds personal information has the right to file a complaint with the director of professional services designated by the Minister under subparagraph 3 of the first paragraph of section 520.8, and with the Minister in accordance with section 520.31, in addition to the other remedies provided for by law, including filing a complaint with the Commission d'accès à l'information in accordance with section 128.2 of the Act respecting Access to documents held by public bodies and the Protection of personal information;

(9) responsibility and accountability, in that the authorized agency or institution, the Régie de l'assurance maladie du Québec, as well as the authorized health and social service provider that sends information to the authorized agency or institution or to the Régie, or that is given information by such an agency or institution, must ensure the proper operation of the mechanisms established to ensure the security and confidentiality of the information referred to in section 520.9; and

(10) security guarantees, in that the authorized agency or institution, as well as the Régie de l'assurance maladie du Québec must establish a set of mechanisms to ensure the availability, integrity, confidentiality, accessibility and irrevocability of the information they hold or store, the authentication of the identity of authorized health and social service providers, and the accountability of the health and social service providers.

“CHAPTER II

“SPECIAL FUNCTIONS OF AN AGENCY OR INSTITUTION

“**520.7.** The Minister shall authorize an agency or an institution situated in the agency's area of jurisdiction to offer a person who is an insured person within the meaning of the Health Insurance Act and who consents to it, storage services for a copy of the information concerning the person that is described in section 520.9 and

(1) contained in the users' records kept by the institutions situated in that area of jurisdiction or, exceptionally, in the area of jurisdiction of the agencies that the Minister indicates;

(2) contained in records kept by a physician, dentist, optometrist, podiatrist or midwife practising in a private health facility within the meaning of the

second paragraph of section 95, by a pharmacist practising in a community pharmacy, or by health and social service providers operating an ambulance service under the Act respecting pre-hospital emergency services (chapter S-6.2) or a laboratory under the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies (chapter L-0.2) in that area of jurisdiction or, exceptionally, in the area of jurisdiction of the agencies that the Minister indicates;

(3) contained in the records of the Régie de l'assurance maladie du Québec, in accordance with subparagraph *h.4* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec; or

(4) agreed on between the authorized health and social service provider and the person concerned for the purposes of subparagraphs 2 and 8 of the first paragraph of section 520.9.

Before receiving or communicating information that it stores, such an agency or institution must ensure that the person concerned consented to it and that the consent remains valid and was not revoked.

“520.8. An authorization granted by the Minister under section 520.7 must specify

(1) the duration of the authorization;

(2) the measures to be taken to ensure the confidentiality and security of the stored information throughout its life cycle;

(3) the name of the director of professional services of an institution whom the Minister designates as the person responsible, within the authorized agency or institution, for the management, access to and protection of the information stored in the agency's area of jurisdiction or, exceptionally, in the area of jurisdiction of the agencies that the Minister indicates, and for the examination of complaints filed by persons who may give consent to the storage of personal information in accordance with Chapter IV of this Title;

(4) the obligation to keep a record of instances of access to information stored by the agency or institution, in particular so that a person concerned may learn at any time the name and contact information of any health and social service provider that has been given the information concerning that person or that has sent the agency or institution information concerning the person, as well as the date of access;

(5) the obligation to monitor the journals referred to in subparagraph 4 to detect instances of unauthorized access or access that is not necessary for the exercise of the health and social service provider's functions, or any other incident;

(6) internal control mechanisms that the agency or institution must establish to ensure that the obligations imposed on it by this Act or by the authorization granted by the Minister under section 520.7 are respected;

(7) subject to the second paragraph, the prohibition for the agency or institution to entrust all or some of the information storage services provided for in this Title to a third person; and

(8) the obligation to send the Minister an annual report assessing the conformity of the organizational, procedural and technical rules in order to validate the security measures implemented and warning procedures in the case of incidents, detect security deficiencies, heighten players' awareness of the risks incurred and indicate the measures taken to correct or improve organizational, procedural and technical security.

An authorized agency or an institution may, however, give a mandate or a service contract relating to the installation, maintenance or repair of a technological medium used for the purposes of this Title to a third person. Sections 27.1 and 27.2 apply, with the necessary modifications, if the communication of information stored by the authorized agency or institution is necessary for carrying out a mandate or a service contract given to that third person.

“520.9. The classes of information that an agency or institution may store with the Minister's authorization and the information that those classes may include are as follows:

(1) the identification data of the person concerned including the person's name, date of birth, sex, address, telephone number, health insurance number, unique identification number, date of death, the name of the person's mother and father or, if applicable, of the person's legal representative and the code for the language used, with a note that interpretation services are required, if applicable;

(2) the contact information of the professionals caring for the person concerned, including the name and telephone number of the family physician, the attending physician, the medical specialist, the specialized nurse practitioner, the midwife or any other professional who provides health services to the person and the case manager in a local authority, and the name of the point of service where those health and social service providers practise as well as the name and telephone number of the pharmacy generally patronized;

(3) any allergies or intolerance that may have an impact on the person's health or on a health and social service provider's ability to take the person in charge;

(4) the results of laboratory tests, including laboratory function tests;

(5) the results of medical imaging examinations;

(6) the medication, including the drugs and samples issued or dispensed to the person by a health and social service provider practising in a private health facility, in a community pharmacy or in a pharmacy maintained by a centre operated by an institution, or by an ambulance attendant during transportation by ambulance, including the related therapeutic indications if included on the prescription;

(7) immunological data, including the name of the vaccines received, the date of administration and dose administered, the lot number, route of administration and injection site; and

(8) emergency data including the name, telephone number, address, language of communication and relationship to the person to contact, and any information—such as certain diagnoses, treatments, surgeries or immunological coverage, any blood transfusion record, the use of orthotic or prosthetic devices, contact lenses or high technology devices, the fact that the person is a carrier of multiple resistant bacteria, the existence of consent to organ or tissue donation or a living will, or the presence of a metal implant or pacemaker—required before taking steps to assist a person who is unable to provide the information or who has a clinical condition that may endanger the person's life or health unless specific interventions are performed.

In the case of information referred to in subparagraph 6 of the first paragraph, the authorized agency or institution that requests it from the Régie de l'assurance maladie du Québec must destroy it after communicating it to an authorized health and social service provider.

“520.10. An authorized agency or institution shall store the information referred to in section 520.9 throughout the period prescribed by government regulation for its use for the purposes set out in section 520.5, which may vary in the cases and circumstances and on the conditions the regulation specifies and according to the information or class of information it indicates.

The Régie de l'assurance maladie du Québec shall store the information it collects under subparagraphs *h.2* and *h.3* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec throughout the period prescribed by government regulation for the use of the information referred to in subparagraph 6 of the first paragraph of section 520.9.

The information may be destroyed by the agency, the institution or the Régie five years after the period of use prescribed under the first paragraph ends.

This section applies despite section 73 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

“CHAPTER III

“CONFIDENTIALITY OF INFORMATION

“**520.11.** Subject to this Title, the information stored by an agency or institution under this Title is confidential and may not be communicated to third persons, even with the consent of the person concerned. The same applies to the information that the Régie de l’assurance maladie du Québec collects under subparagraphs *h.2* and *h.3* of the second paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec.

The agency or institution may not use the stored information for any other purposes than those specified in section 520.5. However, the agency or institution may send the information referred to in subparagraph 1 of the first paragraph of section 520.9 that it stores to the Régie de l’assurance maladie du Québec to ensure that the information is accurate, up-to-date and complete. The Régie must destroy the files containing information that was communicated to it for cross-matching with its register of insured persons.

The agency or institution must send the Régie de l’assurance maladie du Québec the names and unique identification numbers of the persons in whose respect it stores information under section 520.7, to allow the Régie to carry out its functions relating to the locator services provided for in subparagraph *h.6* of the second paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec.

The Régie de l’assurance maladie du Québec may not use the information referred to in the first paragraph for any other purposes than those specified in section 2.0.3 of the Act respecting the Régie de l’assurance maladie du Québec.

“**520.12.** An institution or an institution within the meaning of the Act respecting health services and social services for Cree Native persons that receives an extract or copy of stored information from an authorized agency or institution must take appropriate measures to protect the confidentiality and security of the information contained in the extract or copy that is filed in a user’s or a beneficiary’s record, irrespective of the medium on which the extract or copy is stored.

The same applies with respect to the obligations of an authorized health and social service provider referred to in section 520.20 who receives such an extract or copy from an authorized agency or institution and files it in a patient’s record.

Even with the consent of the person concerned, no person may communicate to a third person an extract or copy of the information referred to in the first and second paragraphs.

However, when an authorized health and social service provider enters in the record of a user, beneficiary or patient information referred to in

section 520.9 that is necessary for the provision of health services, the same rules of confidentiality are applicable to that information as apply to the record.

“520.13. Even with the consent of the person concerned,

(1) a person in the network who practises in a field not involving the provision of health services to a person or who exercises control functions or acts as a consultant or appraiser in respect of a person, as well as insurers or employers, are prohibited from requesting, requiring or receiving from anyone an extract or copy of information stored by an agency or institution authorized under this Title; and

(2) no person may have access in any manner to that information or to an extract or copy of that information for the purpose of entering into a contract that calls for an assessment of a person’s state of health, such as a personal insurance contract, an employment contract or a contract made during employment, or at any time during such a contract.

“CHAPTER IV

“OPERATION

“520.14. A person 14 years of age or over who is an insured person within the meaning of the Health Insurance Act may consent to have the information referred to in section 520.9 concerning that person stored in accordance with this Title.

The persons called upon to give such consent must first be informed of the purposes and objectives pursued and of the procedures for accessing, using, communicating, storing and destroying information stored under this Title. They must also be informed that consent to the storage of information gives authorized health and social service providers providing services to the person concerned authorization

(1) to send a copy of the information referred to in section 520.9 to the authorized agency or institution situated in the area of jurisdiction of an agency where health services are provided or, exceptionally, in the area of jurisdiction of the agencies the Minister indicates, in keeping with their access profile, or to send a copy of the information referred to in subparagraph 6 of the first paragraph of that section to the Régie de l’assurance maladie du Québec if the services are provided by a pharmacist practising in a community pharmacy; and

(2) to be given a copy of the information referred to in section 520.9 by any authorized agency or institution, in keeping with their access profile.

Consent given under the first paragraph is valid for five years and may be revoked at any time.

A person must give or revoke consent in writing and send the writing to a local authority or, if applicable, to

(1) a physician who operates a private health facility within the meaning of the second paragraph of section 95;

(2) a pharmacist governed by an agreement referred to in section 19 of the Health Insurance Act;

(3) a physician who practises in a centre operated by an institution or in an institution within the meaning of the Act respecting health services and social services for Cree Native persons;

(4) a pharmacist who practises in a centre operated by an institution, in an institution within the meaning of the Act respecting health services and social services for Cree Native persons or on behalf of a pharmacist referred to in subparagraph 2;

(5) a nurse who practises in a centre operated by an institution, in an institution within the meaning of the Act respecting health services and social services for Cree Native persons or in a private health facility operated by a physician referred to in subparagraph 1;

(6) a person training for a profession mentioned in any of subparagraphs 1 to 5, who holds a registration certificate issued by the secretary of the professional order concerned and carries on professional activities in a centre operated by an institution, in an institution within the meaning of the Act respecting health services and social services for Cree Native persons, in a private health facility operated by a physician referred to in subparagraph 1 or on behalf of a pharmacist referred to in subparagraph 2; or

(7) a person who works for or acts under the direction of a physician referred to in subparagraph 1, a pharmacist referred to in subparagraph 2, an institution in connection with the mission of a centre operated by the institution, or an institution within the meaning of the Act respecting health services and social services for Cree Native persons in connection with the activities of that institution.

A person may also give, renew or revoke consent by any other means prescribed by government regulation, in the manner the regulation indicates.

“520.15. A person may renew consent given to a person referred to in the fourth paragraph of section 520.14.

“520.16. The persons who receive a registration, renewal or revocation of consent must inform the Régie de l’assurance maladie du Québec using a signed document that includes the name and unique identification number of the person concerned and the date on which the registration, renewal or revocation was received.

The written document that is proof of the consent, renewal or revocation is kept by the local authority or the person authorized to receive it. A copy of the document must also be given to the person concerned.

“520.17. A copy of the information referred to in section 520.9 must be sent to the authorized agency or institution as soon as possible by every health and social service provider referred to in section 520.20 to whom the Act or the access profile manager assigns an access profile authorizing this, when that provider provides health services to a person who consented to storage of personal information, or, subject to the second paragraph, when that provider administers or dispenses drugs or samples to that person.

If the health and social service provider referred to in the first paragraph is a pharmacist who practises in a community pharmacy and dispenses drugs to a person who consented to storage of personal information, that pharmacist is required to send the Régie de l'assurance maladie du Québec a copy of the information referred to in subparagraph 6 of the first paragraph of section 520.9 concerning that person.

The copy of the information sent to the authorized agency or institution or to the Régie de l'assurance maladie du Québec must include the name and unique identification number of the person concerned and a confirmation of the existence and validity of the consent obtained from the register of consent given and consent revoked kept by the Régie in accordance with subparagraph *h.5* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec.

The copy of the information sent to the authorized agency or institution or to the Régie de l'assurance maladie du Québec must be signed by the authorized health and social service provider concerned.

However, a health and social service provider referred to in the first paragraph is not required to send that information in the cases and circumstances and on the conditions prescribed by a government regulation made under paragraph 24.4 of section 505.

“520.18. The authorized agency or institution and the Régie de l'assurance maladie du Québec may also receive a copy of the information referred to in section 520.9 or in subparagraph 6 of the first paragraph of that section from a feeder system, if the copy of the information is signed by an authorized health and social service provider and includes

- (1) the name and unique identification number of the person concerned;
- (2) a confirmation of the existence and validity of the consent given by the person concerned; and
- (3) a certificate confirming the object identifier of that system and the identity of the authorized health and social service provider that owns or has custody of the object.

“520.19. In order to receive information referred to in section 520.9, an authorized health and social service provider must first obtain the list of agencies or institutions that store that information from the locator service of the Régie de l’assurance maladie du Québec provided for in subparagraph *h.6* of the second paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec.

A request by an authorized health and social service provider to be given information by such an agency or institution must include the unique identification number of the person concerned and confirmation of the existence and validity of that person’s consent.

“520.20. The following persons who hold a certificate meeting the requirements set out in section 520.3.3 and to whom an access profile is assigned under this chapter are authorized health and social service providers:

(1) a physician or dentist who operates a private health facility within the meaning of the second paragraph of section 95 or a pharmacist governed by an agreement referred to in section 19 of the Health Insurance Act;

(2) a physician or dentist who practises in a centre operated by an institution or in an institution within the meaning of the Act respecting health services and social services for Cree Native persons;

(3) a pharmacist who practises in a centre operated by an institution, in an institution within the meaning of the Act respecting health services and social services for Cree Native persons or on behalf of a pharmacist referred to in paragraph 1;

(4) a nurse who practises in a centre operated by an institution, in an institution within the meaning of the Act respecting health services and social services for Cree Native persons or in a private health facility operated by a health and social service provider referred to in paragraph 1 or paragraph 5;

(5) an optometrist, podiatrist or midwife who operates a private health facility within the meaning of the second paragraph of section 95;

(6) an optometrist or podiatrist who practises in a centre operated by an institution or in an institution within the meaning of the Act respecting health services and social services for Cree Native persons;

(7) a midwife who practises under a contract entered into under section 259.2;

(8) a nursing assistant who practises in a centre operated by an institution or in an institution within the meaning of the Act respecting health services and social services for Cree Native persons;

(9) a medical records archivist who is a member of the Association québécoise des archivistes médicaux and who works in a centre operated by

an institution or in an institution within the meaning of the Act respecting health services and social services for Cree Native persons;

(10) a person training for a profession mentioned in any of paragraphs 1 to 9, who holds a registration certificate issued by the secretary of the professional order concerned, when such a certificate may be issued, and carries on professional activities in a centre operated by an institution, in an institution within the meaning of the Act respecting health services and social services for Cree Native persons, in a private health facility operated by a health and social service provider referred to in paragraph 1 or paragraph 5, or in a community pharmacy;

(11) an ambulance technician working for a person operating an ambulance service; and

(12) a person, other than a person referred to in any of paragraphs 1 to 11, who is working for or acts under the direction of

(a) a health and social service provider referred to in paragraph 1 or paragraph 5, an institution in connection with the mission of a centre operated by that institution or an institution within the meaning of the Act respecting health services and social services for Cree Native persons in connection with the activities of that institution, and who provides administrative support services;

(b) a holder of a laboratory permit, and who provides administrative support or professional services related to the provision of health services in the laboratory operated by the permit holder;

(c) an agency or institution as regards the duties entrusted to it under the authorization referred to in section 520.7 and who provides administrative or technological support services;

(d) the Régie de l'assurance maladie du Québec, and who is authorized to send an agency or institution information referred to in subparagraph *h.4* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec; or

(e) a health communication centre established in accordance with the Act respecting pre-hospital emergency services (chapter S-6.2) and who acts within the framework of the functions set out in the first paragraph of section 22 of that Act.

“520.21. The following persons who hold a certificate that confirms their identity and their rights and meets the requirements set out in section 520.3.3 are access profile managers responsible for assigning access profiles and authorizations that enable the persons referred to in paragraphs 3, 4 and 6 to 12 of section 520.20 who are employed by them or under their direction to obtain and use certificates:

(1) a health and social service provider referred to in paragraph 1 or 5 of section 520.20;

(2) an ambulance service operator or a person authorized to act in the operator's name;

(3) a holder of a laboratory permit referred to in subparagraph *b* of paragraph 12 of section 520.20;

(4) a person authorized to act in the name of an institution in connection with the mission of a centre operated by that institution or a person authorized to act in the name of an institution within the meaning of the Act respecting health services and social services for Cree Native persons in connection with the activities of that institution;

(5) a person authorized to act in the name of an agency or institution as regards the duties entrusted to it under an authorization provided for in section 520.7;

(6) a person authorized to act in the name of the Régie de l'assurance maladie du Québec as regards the duties entrusted to it under subparagraph *h.4* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec; and

(7) a person authorized to act in the name of a health communication centre as regards the functions set out in the first paragraph of section 22 of the Act respecting pre-hospital emergency services.

The access profile manager must ensure that the access profile assigned to a person employed by or under the manager's direction corresponds to the access profile to which that person is entitled under the standards prescribed by government regulation.

“520.22. A person required to send or receive information within the framework of any of the following functions must hold a certificate confirming that person's identity and rights:

(1) functions relating to the registration of consent given and consent revoked, set out in section 520.16;

(2) functions relating to directory services, set out in subparagraph *h.1* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec;

(3) functions relating to the management of the register of consent given and consent revoked, set out in subparagraph *h.5* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec;

(4) functions relating to the locator service, set out in subparagraph *h.6* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec; and

(5) functions relating to the communication to the Régie de l'assurance maladie du Québec of the information required to establish the locator service, set out in the first paragraph of section 2.0.5 of the Act respecting the Régie de l'assurance maladie du Québec.

“520.23. A revocation of consent renders inactive any information previously stored. That information may not be destroyed until five years after it was entered.

If a person again expresses a wish to have the information referred to in section 520.9 stored in accordance with this Title, the information is reactivated, subject to the period during which the information may be used, to the extent that consent is expressed before the time specified for the destruction of the information.

In such a case, a note must appear during any subsequent consultation of the information, stating the period during which the information could not be sent to the agency or institution authorized to store it.

“520.24. A person's consent is revoked by operation of law when the person is no longer an insured person within the meaning of the Health Insurance Act.

In such a case, section 520.23 applies, with the necessary modifications.

“520.25. An agency or institution may communicate to an authorized health and social service provider the information it stores in respect of a person who has given consent in accordance with section 520.14 or that the Régie de l'assurance maladie du Québec stores or holds under the second paragraph of section 520.17 in respect of such a person, whatever the area of jurisdiction or territory in which that health and social service provider provides services to that person.

The authorized health and social service provider may not use the information received for any purposes not related to the provision of health services to the person concerned.

“520.26. The access profiles that may be assigned to a person referred to in section 520.20, granting that person the right to send the information referred to in section 520.9 to an authorized agency or institution or to be given such information, are determined by a government regulation made under paragraph 24.4 of section 505.

If an access profile is assigned by the Act or the access profile manager to a health and social service provider referred to in section 520.20, the latter must

hold and use a certificate issued in accordance with section 520.3.3. The certificate authorizes the health and social service provider, in keeping with the provider's access profile,

(1) to send a copy of the information referred to in section 520.9 to an authorized agency or institution;

(2) to send a copy of the information referred to in subparagraph 6 of the first paragraph of section 520.9 to the Régie de l'assurance maladie du Québec, if the health and social service provider practises as a pharmacist in a community pharmacy;

(3) to be given the information referred to in section 520.9 by an authorized agency or institution;

(4) to obtain confirmation of the existence and validity of consent, in the cases provided for in this Title; and

(5) to obtain the list of agencies or institutions that store the information referred to in section 520.9 concerning a person who consented to the storage, or confirmation that the Régie de l'assurance maladie du Québec holds or stores information referred to in subparagraph 6 of the first paragraph of that section if no authorized agency or institution stores information concerning such a person.

“CHAPTER V

“RIGHTS OF A PERSON CONCERNED

“**520.27.** At the request of a person concerned who is 14 years of age or over, an authorized agency or institution that stores information referred to in section 520.9 must give the person access to that information. No grounds for refusing such a request may be raised.

The persons referred to in sections 21 to 23 also have access to that information to the extent determined by those sections, with the necessary modifications.

Sections 25 to 27 apply to a request for access made in accordance with this section, with the necessary modifications.

This section applies despite the Act respecting Access to documents held by public bodies and the Protection of personal information.

“**520.28.** At the request of a person concerned who is 14 years of age or over, an authorized health and social service provider may confirm that an authorized agency or institution stores information referred to in section 520.9 concerning that person, or that the Régie de l'assurance maladie du Québec stores or holds information referred to in subparagraph 6 of the first paragraph

of section 520.9 if no authorized agency or institution stores information concerning that person.

“520.29. An application for rectification of information stored by an authorized agency or institution must be addressed to that agency or institution. An application for rectification of information referred to in subparagraph 6 of the first paragraph of section 520.9 and stored or held by the Régie de l’assurance maladie du Québec must be addressed to the Régie.

An application for rectification of information referred to in the first paragraph may not be considered unless it includes a document signed by the health and social service provider that sent the information to the authorized agency or institution or to the Régie, attesting the merits of the application.

“CHAPTER VI

“SUPERVISION

“520.30. If a person files a complaint with a director of professional services designated by the Minister in accordance with subparagraph 3 of the first paragraph of section 520.8 or with the Minister in accordance with section 520.31, that director or the Minister must inform that person in writing of the right to file a complaint with the Commission d’accès à l’information in accordance with section 128.2 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

“520.31. On the Minister’s initiative or on a complaint by an interested person, the Minister may designate a person to investigate the practices and procedures of an agency or institution that stores information referred to in section 520.9.

In the same way, the Minister may designate a person to investigate the practices and procedures of health and social service providers authorized to send or receive a copy of that information.

For the purposes of the investigation, the investigator is vested with the immunity and powers of a commissioner appointed under the Act respecting public inquiry commissions, except the power to impose imprisonment, and may have access to the information stored.

On completion of the investigation and after giving the agency, the institution or the health and social service provider concerned an opportunity to submit observations, the Minister may

(1) as regards the agency or institution,

(a) require that certain measures be taken, within the time limits specified, to maintain the authorization to store information; or

(b) withdraw the authorization to store data and issue specific directives regarding the disposal of previously stored information; and

(2) as regards the health and social service provider,

(a) require that certain measures be taken, within the time limits specified, to maintain the rights of access to information stored under this Title; or

(b) inform the professional order concerned or the access profile manager concerned if the seriousness of the failings warrants it.

“520.32. Not later than (*insert the date corresponding to the day that is five years after the date of coming into force of this section*), the Minister must report to the Government on the implementation of this Title and the expediency of maintaining it in force or amending it.

However, not later than (*insert the date corresponding to the day that is three years after the date of coming into force of this section*), the Minister must submit an interim report to the Government on the implementation of the provisions concerned.

The reports must be tabled within the next 15 days in the National Assembly or, if the Assembly is not in session, within 15 days of resumption.”

190. Part IV of the Act, comprising sections 521 to 530, is repealed.

191. The Act is amended by inserting the following after Part IV:

“PART IV.0.1

“SPECIAL PROVISIONS RESPECTING THE EXERCISE OF THE RESPONSIBILITIES OF AN AGENCY BY A LOCAL AUTHORITY

“530.0.1. If there is only one local health and social services network in the area of jurisdiction of an agency and that network covers the whole area of jurisdiction of the agency, the Minister may, after consulting the public institutions in the area of jurisdiction of the agency and obtaining their approval, propose to the Government that the responsibilities the law confers on an agency be exercised by the network’s local authority.

An order in council made by the Government under the first paragraph is tabled by the Minister before the National Assembly within 30 days of the day on which it is made or, if the National Assembly is not sitting, within 30 days of resumption.

“530.0.2. A local authority referred to in the order in council made under section 530.0.1 exercises, in the place and stead of an agency and in accordance with the applicable rules, all the powers, functions and duties

conferred by law on the agency, except the powers, functions or duties the order in council confers on the Minister.

“530.0.3. At the date determined by the order in council made under section 530.0.1, the agency whose responsibilities are conferred on a local authority ceases to exist and, subject to the content of the order in council, its property, rights and obligations become, with no further formality, property, rights and obligations of the local authority.

From that date, the local authority becomes, without continuance of suit, a party to any proceeding to which the agency was a party.

The records and documents of the agency become, with no further formality but subject to the order in council made under section 530.0.1, records and documents of the local authority. The regulations, resolutions, authorizations, recognitions and other acts of the agency are deemed to be regulations, resolutions, authorizations, recognitions and acts of the local authority.

“530.0.4. Subject to the applicable conditions of employment, the employees of an agency that ceases to exist under section 530.0.3 become, from the date determined under that section, employees of the local authority.

“530.0.5. From the date determined under section 530.0.3 and subject to the order in council made under section 530.0.1, the amounts allocated by the Minister to the operating budget of the agency become, for the current fiscal year, amounts allocated to the operating budget of the local authority.

“530.0.6. Complaints filed to the agency under section 60 are transferred to the local authority.

“530.0.7. The order in council made under section 530.0.1 may specify any other measure necessary to the complete transfer of the responsibilities the law confers on an agency.

“530.0.8. Unless the context indicates otherwise and subject to the order in council made under section 530.0.1, in all Acts and regulations, orders, orders in council and other documents, a reference to an agency means a reference to the local authority on which the responsibilities of an agency have been conferred under section 530.0.1.”

192. Section 530.2 of the Act is amended

(1) by inserting “concerning institutions and agencies” after “Act” in the first line;

(2) by adding the following paragraph:

“The provisions of any other Act and of any regulation, by-law, order in council, order or other document concerning a health and social services

agency also apply to the regional board contemplated by this Part, unless the context indicates otherwise.”

193. The Act is amended by inserting the following section after section 530.5:

“**530.5.1.** Sections 51 to 59 apply, with the necessary modifications, to an institution to which this Part applies as if it were a local authority, and only the physicians, dentists or pharmacists who practise in a centre operated by that institution may be appointed as members of the review committee by the board of directors.”

194. Section 530.8 of the Act is amended

(1) by replacing “nursing home accredited for the purposes of subsidies under” in the third and fourth lines of the first paragraph by “private nursing home or by a community organization referred to in”;

(2) by inserting “and complaints” after “service quality” in the sixth line of the first paragraph;

(3) by replacing “regional board” in the third line of the second paragraph and the first line of the third paragraph by “agency”;

(4) by replacing “visée” in the fourth line of the second paragraph and the third line of the third paragraph of the French text by “visés”.

195. Section 530.18 of the Act is amended

(1) by replacing “subparagraph 2” in the third line by “subparagraph 3”;

(2) by striking out everything after “section 156”.

196. The Act is amended by inserting the following section after section 530.21:

“**530.21.1.** For the purposes of section 181.0.2, the person elected under paragraph 3 of section 530.13 is a member of the institution’s watchdog committee.”

197. Section 530.26 of the Act is replaced by the following section:

“**530.26.** Sections 370.1 to 370.4 respecting the regional nursing commission and sections 370.5 to 370.8 respecting the regional multidisciplinary commission do not apply.”

198. The Act is amended by inserting the following section after section 530.31.2:

“530.31.2.1. For the purposes of section 412.2, the three other members are chosen from among the persons appointed under paragraphs 1 to 3 of section 530.30.”

199. Section 530.46 of the Act is amended by inserting “, including the provisions concerning local authorities,” after “institutions” in the first line.

200. Section 530.50 of the Act is amended

(1) by replacing “a regional board” in the third line of the first paragraph by “an agency”;

(2) by striking out the second paragraph.

201. Section 530.52 of the Act is amended

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

“530.52. The institution shall exercise the functions of an agency provided for in sections 346 to 346.1, 348 and 349.”;

(2) by striking out “shall apply section 105 in accordance with the regional service organization plans referred to in section 347 and” in the first and second lines of the second paragraph.

202. Section 530.54 of the Act is amended by striking out “within the framework of its regional service organization plans and” in the first and second lines of the first paragraph.

203. Section 530.57 of the Act is amended

(1) by striking out “based on regional service organization plans” in the third and fourth lines;

(2) by replacing “a regional board” in the fourth and fifth lines by “an agency”.

204. Section 530.58 of the Act is repealed.

205. Section 530.60 of the Act is amended

(1) by replacing “a regional human resources development plan” in the first and second lines of the first paragraph by “regional staffing and human resources development plans” and by replacing “its implementation” in the fourth line of that paragraph by “the implementation of the plans”;

(2) by inserting the following subparagraph before subparagraph 1 of the second paragraph:

“(0.1) set up a workforce information system fostering, in particular, the development of regional staffing plans;”;

(3) by replacing “service organization” in the second line of subparagraph 1 of the second paragraph by “staffing”.

206. Section 530.61 of the Act is amended

(1) by replacing “a regional board” in the first and second lines of the first paragraph by “an agency”;

(2) by replacing “accredited private resources” at the end of the first paragraph by “private resources referred to in section 454”.

207. Section 530.62 of the Act is amended

(1) by inserting “elected or” after “when they are” in the third line;

(2) by replacing “section 135” in the first and second lines of paragraph 1 by “section 530.63”;

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

“(5.1) one person designated by and from among the personnel members of the institution who are not members of any of the councils mentioned in paragraphs 3 to 5;”;

(4) by striking out “representative” in the third and in the fourth line of paragraph 8;

(5) by replacing “the municipalities, regional county municipalities and” in the seventh and eighth lines of paragraph 8 by “the regional conference or conferences of elected officers in the region, representing the”;

(6) by replacing “Government after consultation with the other members of the board of directors” in the second and third lines of paragraph 9 by “Minister”.

208. Section 530.66 of the Act is amended by replacing “60 days” in the second and third lines by “120 days”.

209. Section 530.68 of the Act is repealed.

210. Section 530.70 of the Act is amended

(1) by replacing “regional board” in the first line by “agency”;

(2) by striking out “in subparagraph 2 of the first paragraph of section 156, in the case of a member referred to in paragraphs 2 to 5 of section 530.62,” in the fourth, fifth and sixth lines.

211. The Act is amended by inserting the following section after section 530.72:

“530.72.0.1. For the purposes of section 181.0.2, one of the persons designated under paragraph 2 of section 530.62 must be chosen to be a member of the institution’s watchdog committee.”

212. Section 530.73 of the Act is amended by replacing everything after “section 108” by “must be sent to the Minister”.

213. Section 530.74 of the Act is amended by replacing “obtain authorization from the Minister before entering into a contract referred to in the second” by “send the Minister any contract made under the third”.

214. Section 530.75 of the Act is amended by replacing the first two sentences of the second paragraph by the following sentence: “The part of the organization plan that contains the elements referred to in section 184 must be submitted to the Minister for approval.”

215. Section 530.85 of the Act is amended

(1) by inserting “or to a community organization” after “nursing home” at the end of the first paragraph;

(2) by replacing “and 459, the expression “the regional board” ” in the second paragraph by “, 459 and 460, the expression “the agency” ”.

216. The Act is amended by inserting the following section after section 530.91:

“530.91.1. For the purposes of section 51, the chair of the review committee is appointed from among the members elected under subparagraph 1 of the first paragraph of section 530.94.”

217. Section 530.96 of the Act is amended

(1) by replacing “regional board” wherever it appears by “agency” ;

(2) by replacing “60” in the first line of the second paragraph by “120”.

218. The Act is amended by inserting the following section after section 530.97:

“530.97.1. For the purposes of section 181.0.2, the three members chosen by the board of directors are selected from among the persons elected or appointed under subparagraphs 1, 3 and 4 of the first paragraph of section 530.94.”

219. Section 530.100 of the Act is amended by inserting “du premier alinéa” after “4^o” in the last line of the French text.

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

“531.1. Every person who operates a residence for the elderly without holding a certificate of compliance issued under this Act or who purports to hold such a certificate while not holding one is guilty of an offence.

Every person who contravenes the first paragraph is liable, for each day the offence continues, to a fine of \$150 to \$450 in the case of a natural person or to a fine of \$750 to \$2,250 in the case of a legal person.”

221. The Act is amended by inserting the following section after section 535:

“535.1. Despite sections 159 and 159.1 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), a natural person is guilty of an offence and is liable to a fine of \$6,000 to \$30,000 and a legal person is guilty of an offence and is liable to a fine of \$12,000 to \$60,000 if that person

(1) contravenes a provision of the second paragraph of section 520.3.4, the first paragraph of section 520.11, the third paragraph of section 520.12 or paragraph 2 of section 520.13;

(2) is an agency or an institution and contravenes a provision of the first or third paragraph of section 520.10 or the second paragraph of section 520.11;

(3) is the Régie de l'assurance maladie du Québec and contravenes a provision of the second or third paragraph of section 520.10 or the fourth paragraph of section 520.11;

(4) is an institution and contravenes a provision of section 520.12;

(5) is a health and social service provider and contravenes a provision of section 520.12, paragraph 1 of section 520.13, section 520.17 or the second paragraph of section 520.25;

(6) is an insurer or an employer that contravenes a provision of paragraph 1 of section 520.13;

(7) attempts to give or gives access to information to which this Act does not allow access;

(8) attempts to inform or informs a person of the existence of information of which that person is not entitled to be informed under this Act; or

(9) attempts to communicate or communicates information to a person not authorized to receive it under this Act.

An error or omission committed in good faith in the performance of one's duties does not constitute an offence within the meaning of this Act."

222. Section 553 of the Act is repealed.

223. The Act is amended by adding the following schedule at the end:

“SCHEDULE II

(Sections 520.3.6 and 520.3.7)

Oath

I declare under oath

(1) that I will fulfil the duties of identity verification agent with honesty, impartiality and justice, in conformity with the law and, more specifically, with my instrument of appointment;

(2) that I will not receive any sum of money or consideration for what I have done or may do in the performance of my duties, other than the allowance or salary to which I am entitled;

(3) that I will not reveal or disclose, without being authorized by law, any confidential information that may come to my knowledge in the performance of my duties.”

224. The Act is amended by inserting “and complaints” after “service quality” wherever it appears in sections 32, 35, 37, 40, 45, 46, 47, 48, 50, 59, 68, 70, 72, 75, 76.3, 76.4, 173 and 530.5.

225. The Act is amended by replacing “designated by the Minister pursuant to” in sections 170, 181.1 and 262.1, and “designated by the Minister under” in sections 180 and 327, by “referred to in”.

226. The Act is amended by striking out “and quality” wherever it appears in sections 183.1, 183.3 and 183.4.

227. The Act is amended by replacing “regional board” and “board” wherever it refers to a regional board, by “agency”, wherever they appear, with the necessary grammatical adjustments, in sections 70, 106, 112, 113, 150, 155, 182.3, 182.5, 182.6, 182.7, 183, 193, 197, 199, 200, 240 amended by section 3 of chapter 66 of the statutes of 2002, 240.1, 240.2, 242.1 amended by section 4 of chapter 66 of the statutes of 2002, 245, 256, 260, 262, 262.1, 263, 264, 265, 268, 269.1, 271, 273, 278, 279, 284, 286, 287, 288, 293, 295, 296, 297, 299, 300, 303.1, 304, 305, 306, 307, 310, 325, 328, 330, 339, 342.1,

343.1, 343.2, 343.3, 343.4, 343.5, 344, 346.0.2, 348, 349, 351, 352, 353.1, 355, 356, 357, 358, 362, 363, 364.1, 365, 370.2, 370.5, 370.6, 371, 372, 372.1, 373, 374, 378, 379, 380, 381, 382, 385, 385.1, 385.2, 385.4, 385.5, 385.6, 385.7, 385.9, 386, 387, 388, 389, 390, 391, 392, 394, 395, 396, 400, 406, 407, 413, 413.1, 414, 415, 417.1, 417.3, 417.4, 417.5, 417.6, 441, 442.1, 446, 448, 451.1, 452, 453.1, 460, 464, 465, 468, 469, 470, 471, 475, 477, 478, 486, 487.2, 489.1, 491, 493, 494, 495, 496, 497, 498, 499, 500, 501, 503, 509, 510, 520.3, 520.4, 523, 530.45, 530.50.1, 530.53, 530.58.1, 530.58.2, 530.59, 530.81, 530.82, 530.83, 530.86, 530.87, 530.88, 530.91, 530.92, 530.93, 530.95, 530.102, 530.105, 530.106, 530.107 and 530.117 as well as in the headings of Division III of Chapter III of Title II of Part I and of Chapter I of Title I of Part III.

ACT RESPECTING ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION

228. Section 123 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 adding the following paragraph at the end:

“(7) see to it that the information referred to in Title II of Part III.1 of the Act respecting health services and social services (chapter S-4.2) is protected.”

229. The Act is amended by inserting the following section after section 128.1:

“**128.2.** On its own initiative or following a complaint from an interested person, the Commission may investigate a matter relating to the protection of the information referred to in Title II of Part III.1 of the Act respecting health services and social services, or appoint a person to investigate the matter.

On completion of the investigation and after giving the body or the person concerned an opportunity to submit observations, the Commission may recommend or order that the body or person apply any measure conducive to ensuring the protection of the information referred to in the first paragraph.”

WORKERS' COMPENSATION ACT

230. Section 55 of the Workers' Compensation Act (R.S.Q., chapter A-3) is amended

(1) by replacing “An establishment within the meaning of the Act respecting health services and social services (chapter S-5)” at the beginning of the third paragraph by “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), an institution within the meaning of that Act”;

(2) by replacing “beneficiary” in the fourth line of the third paragraph by “user”;

(3) by adding at the end of the third paragraph: “The same applies for an institution within the meaning of the Act respecting health services and social services for Cree Native persons (chapter S-5).”

ACT RESPECTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES

231. Section 208 of the Act respecting industrial accidents and occupational diseases (R.S.Q., chapter A-3.001) is amended by replacing “The health institution” at the beginning of the first paragraph by “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), the health institution”.

232. Section 229 of the Act is amended by replacing “Within” at the beginning by “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), within”.

FINANCIAL ADMINISTRATION ACT

233. Schedule 1 to the Financial Administration Act (R.S.Q., chapter A-6.001) is amended by striking out “Health and Social Services Ombudsman”.

ACT RESPECTING LOCAL HEALTH AND SOCIAL SERVICES NETWORK DEVELOPMENT AGENCIES

234. (1) Section 33 of the Act respecting local health and social services network development agencies (R.S.Q., chapter A-8.1) is amended by adding the following sentence at the end of the third paragraph: “It is not a government agency or a government enterprise within the meaning of the Auditor General Act (chapter V-5.01).”

(2) Subsection 1 has effect from 30 January 2004.

AUTOMOBILE INSURANCE ACT

235. Section 83.15 of the Automobile Insurance Act (R.S.Q., chapter A-25) is amended by adding the following paragraph at the end:

“This section applies notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2).”

HEALTH INSURANCE ACT

236. Section 9 of the Health Insurance Act (R.S.Q., chapter A-29) is amended by inserting “assign a unique identification number and” after “The Board shall” in the first line of the third paragraph.

237. Section 9.0.1 of the Act is amended by inserting “assign a unique identification number and” after “The Board shall” in the first line of the third paragraph.

238. The Act is amended by inserting the following sections after section 9.0.1:

“**9.0.1.1.** The unique identification number assigned in accordance with the third paragraph of section 9 or section 9.0.1 must be constituted so as not to disclose, of itself, personal information concerning the registered person. The number may be entered on a health insurance card or eligibility card only if its confidentiality can be assured.

“**9.0.1.2.** The unique identification number assigned to a person by the Board may not be used, requested, required or noted by another person except for purposes relating to the dispensing of services or the provision of goods or resources in the field of health or social services where all or part of the cost of those services, goods or resources is assumed, directly or indirectly, by the Government under an Act that is administered by the Minister of Health and Social Services, or for the purposes of the storage services provided for in Title II of Part III.1 of the Act respecting health services and social services, in order to allow the person concerned to be unequivocally identified.

A natural person is guilty of an offence and is liable to a fine of \$6,000 to \$30,000 and a legal person is guilty of an offence and is liable to a fine of \$12,000 to \$60,000 if that person contravenes this section.”

239. Section 63 of the Act is amended by adding the following paragraphs at the end:

“Such a person must, however, for the purposes of subparagraph *h.4* of the second paragraph of section 2 and section 2.0.2 of the Act respecting the Régie de l’assurance maladie du Québec, forward to the agencies or institutions referred to in section 520.7 of the Act respecting health services and social services the information referred to in subparagraph 6 of the first paragraph of section 520.9 of this Act and collected by the Board from pharmacists practising in community pharmacies.

Furthermore, such a person may, for the purposes of section 520.3.12 of the Act respecting health services and social services, forward to the certification service provider information contained in the register of health professionals the Board is required to establish and keep up to date in accordance with subparagraph *h* of the second paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec.

That person may also send an agency or an institution referred to in section 520.7 of the Act respecting health services and social services the information provided for in the fifth paragraph of section 65 of this Act, to ensure that the information it stores referred to in subparagraph 1 of the first

paragraph of section 520.9 of the Act respecting health services and social services is accurate, complete and up-to-date.

Such a person may also send a health communication centre established in accordance with the Act respecting pre-hospital emergency services (chapter S-6.2) the information referred to in subparagraph 1 of the first paragraph of section 520.9 of the Act respecting health services and social services, for the purposes of the functions set out in the first paragraph of section 22 of the Act respecting pre-hospital emergency services. In addition, such a person may send the same information to a midwife or a podiatrist who operates a private health facility within the meaning of the second paragraph of section 95 of the Act respecting health services and social services, for storage purposes.”

240. Section 65 of the Act, amended by section 22 of chapter 11 of the statutes of 2005 and section 22 of chapter 24 of the statutes of 2005, is again amended

(1) by replacing “a regional board established by” in the first line of the fourth paragraph by “an agency established by”;

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

“The Board may also, in accordance with the conditions and formalities provided for in the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), forward to an institution or a health professional, in order that the information contained in the local files or index of that institution or professional be up-to-date, exact and complete or, where applicable, to verify the eligibility of a person to the health insurance plan, the prescription drug insurance plan established by the Act respecting prescription drug insurance or the hospital insurance plan established by the Hospital Insurance Act, the following information: the name, date of birth, sex, address, language code, health insurance number, telephone number, unique identification number, date of death and social insurance number of each user, beneficiary, patient or insured person of the institution or person to whom the health professional provides health services, as well as the names of the mother and father or, where applicable, of the legal representative of the user, beneficiary, patient or insured person. The social insurance number may only be forwarded to verify the validity or facilitate the transfer of the other information.”;

(3) by inserting “, except the unique identification number,” after “same information” in the third line of the sixth paragraph;

(4) by replacing “beneficiaries” in the third line of the last paragraph by “insured persons”;

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

“The Board shall assign a unique identification number to every person who is not registered with the Board at the time the local files or index of a health communication centre or of a podiatrist or midwife operating a private health facility, or the local files or index referred to in the fifth paragraph are cross-matched with the register of insured persons. The Board may not store the personal information that is associated with the numbers it assigns to those persons.”

241. Section 66.1 of the Act is amended by replacing “to the regional medical committee established under section 367 of the Act respecting health services and social services (chapter S-4.2), or to a regional board referred to in the said Act” in the first, second and third lines of the third paragraph by “to an agency referred to in the Act respecting health services and social services”.

LABOUR CODE

242. Section 111.8 of the Labour Code (R.S.Q., chapter C-27) is amended

(1) by striking out “and subcommittees” in the first line of subsection 3;

(2) by striking out “or subcommittee” in the second line of subsection 4.

243. Section 111.10 of the Code is amended

(1) by replacing “a regional board” in the fifth line of subparagraph 1 of the first paragraph by “an agency”;

(2) by striking out “or in the case of an institution designated as a health care centre” at the end of subparagraph 2 of the first paragraph.

ACT RESPECTING ADMINISTRATIVE JUSTICE

244. Section 25 of the Act respecting administrative justice (R.S.Q., chapter J-3) is amended by inserting “12.1,” after “11,” in the first line of the second paragraph.

245. Section 119 of the Act is amended by inserting the following paragraph after paragraph 5.1:

“(5.2) a proceeding under section 346.0.16 of the Act respecting health services and social services (chapter S-4.2) which pertains to the refusal of an application for or the suspension, revocation or non-renewal of a certificate of compliance;”.

246. Schedule I to the Act is amended by inserting the following paragraph after paragraph 12 of section 3:

“(12.1) proceedings by applicants for or holders of a certificate of compliance under section 346.0.16 of the Act respecting health services and social services;”.

NOTARIES ACT

247. Section 93 of the Notaries Act (R.S.Q., chapter N-3) is amended by replacing “and mandates given in anticipation of the mandator’s inability,” in the third and fourth lines by “, mandates given in anticipation of the mandator’s inability, consents to organ or tissue donations, and living wills,”.

248. Section 94 of the Act is amended by replacing “or in the register of mandates given in anticipation of the mandator’s inability” in the third and fourth lines by “, in the register of mandates given in anticipation of the mandator’s inability, in the register of organ and tissue donors or in the register of living wills”.

ACT RESPECTING THE HEALTH AND SOCIAL SERVICES OMBUDSMAN

249. Section 1 of the Act respecting the Health and Social Services Ombudsman (R.S.Q., chapter P-31.1) is replaced by the following section:

“**1.** The Public Protector appointed under the Public Protector Act (chapter P-32) shall exercise the functions of Health and Social Services Ombudsman in accordance with this Act.”

250. Sections 2, 3, 4 and 6 of the Act are repealed.

251. Section 7 of the Act is amended by striking out the third paragraph.

252. The heading of Division I of Chapter III of the Act is struck out.

253. Section 8 of the Act is amended

(1) by inserting “and complaints” after “service quality” in the second line of subparagraphs 1 and 2 of the first paragraph;

(2) by replacing “that Act” at the end of the second paragraph by “the Act respecting health services and social services”.

254. Section 9 of the Act is amended by striking out the second sentence of the first paragraph.

255. Section 10 of the Act is amended

(1) by replacing “must be made in writing and filed together with the conclusions transmitted by the local commissioner or the regional

commissioner, if any” in the first, second and third lines of subparagraph 3 of the second paragraph by “may be made verbally or in writing, and that any conclusions must be forwarded by the local or the regional commissioner”;

(2) by inserting the following subparagraph after subparagraph 3 of the second paragraph:

“(3.1) indicate that the Ombudsman may, where the Ombudsman considers it necessary, require that the complaint be made in writing.”;

(3) by adding the following subparagraph after subparagraph 6 of the second paragraph:

“(7) provide that if the complaint is made verbally, the Health Services Ombudsman may communicate his or her conclusions verbally.”;

(4) by replacing “regional board” and “board” wherever they appear by “agency” and by replacing “regional boards” in the third line of the third paragraph by “agencies”;

(5) by inserting “and complaints” after “service quality” in the seventh and eighth lines of the third paragraph.

256. Section 11 of the Act is repealed.

257. Section 13 of the Act is amended by inserting “and complaints” after “service quality” in the second line and in the third line of subparagraph 3 of the second paragraph.

258. Section 16 of the Act is amended

(1) by replacing “Minister” in the fourth line by “Government”;

(2) by replacing “to the Minister” at the end by “to the National Assembly”.

259. Division II of Chapter III of the Act, comprising sections 17 to 19, is repealed.

260. Section 20 of the Act is amended

(1) by replacing “the rights of a natural person or a group of natural persons have been or may likely be adversely affected” in the second, third and fourth lines of the first paragraph by “a natural person or a group of natural persons has been or may likely be wronged”;

(2) by replacing “regional board” in the first line of subparagraph 2 of the first paragraph by “agency”;

(3) by striking out the second paragraph.

261. Section 22 of the Act is amended by replacing everything after “conducted” in the first paragraph by “in keeping with the duty to act fairly”.

262. Section 26 of the Act is amended

(1) by replacing “Minister” in the fourth line by “Government”;

(2) by replacing “to the Minister” at the end by “to the National Assembly”.

263. Section 27 of the Act is repealed.

264. Section 28 of the Act is replaced by the following section:

“**28.** The Health Services Ombudsman shall release any advice, recommendation or report under section 16 or 26 if the Ombudsman considers that the interest of the users involved requires it.”

265. Section 37 of the Act is amended by inserting “, with the necessary modifications,” after “apply” in the second line.

266. Section 38 of the Act is amended

(1) by replacing everything after “must” in the first paragraph by “, once a year, produce an activities report.”;

(2) by striking out the third and fifth paragraphs;

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

“The content of the report is integrated into the report referred to in section 28 of the Public Protector Act.”

267. Section 39 of the Act is repealed.

268. Chapter VIII of the Act, comprising section 40, is repealed.

PUBLIC PROTECTOR ACT

269. Section 4 of the Public Protector Act (R.S.Q., chapter P-32) is replaced by the following section:

“**4.** The Government shall appoint two Deputy Public Protectors upon the recommendation of the Public Protector, one of whom shall exercise mainly the functions vested in the Public Protector and provided for in the Act respecting the Health and Social Services Ombudsman (chapter P-31.1).

The other Deputy Public Protector shall be mainly responsible for the functions of the Public Protector provided for in this Act.

The Government shall fix their salary, which shall not be reduced subsequently. The maximum duration of their term of office is five years but they shall remain in office at the end of that term until re-appointed or replaced; the Government may dismiss them before the expiration of their term, but only for cause.”

270. Section 5 of the Act is amended by replacing “his assistant” in the first line of the first paragraph by “the Deputy Public Protectors”.

271. Section 6 of the Act is amended by replacing “his assistant” in the third line by “a Deputy Public Protector”.

272. Section 7 of the Act is amended

(1) by replacing “his assistant” in the second line of the first paragraph by “one of the Deputy Public Protectors designated by the Government”;

(2) by replacing “and when his assistant is in similar circumstances or if no assistant” in the second line of the second paragraph by “, when the Deputy Public Protectors are in similar circumstances or if no Deputy Public Protector”.

273. Section 8 of the Act is amended

(1) by replacing “his or her assistant” in the first line of the first paragraph by “a Deputy Public Protector”;

(2) by replacing “his or her assistant” in the third line of the fifth paragraph by “a Deputy Public Protector”;

(3) by replacing “his or her assistant” in the second line of the sixth paragraph by “a Deputy Public Protector”.

274. Section 9 of the Act is amended by replacing “his assistant” at the end by “a Deputy Public Protector”.

275. Section 10 of the Act is amended by replacing “assistant to the Public Protector” in the second line by “Deputy Public Protector”.

276. Section 10.1 of the Act is amended by replacing “his assistant” in the fifth line of the first paragraph and in the third line of the second paragraph by “the Deputy Public Protectors”.

277. Section 11 of the Act is amended by inserting “and the Act respecting the Health and Social Services Ombudsman” after “Act” in the second line of the first paragraph.

278. Section 12 of the Act is amended by replacing “his assistant, public servants and employees” in the first and second lines of the first paragraph by

“the Deputy Public Protectors and of the public servants and employees of the Public Protector”.

279. Section 13 of the Act is amended by adding the following paragraph after the second paragraph:

“The Public Protector shall also exercise the functions assigned to the Health and Social Services Ombudsman in accordance with the Act respecting the Health and Social Services Ombudsman.”

280. Section 21 of the Act is amended by replacing “his assistant, and his public servants and employees” in the first line by “the Deputy Public Protectors and the public servants and employees of the Public Protector”.

281. Section 25 of the Act is amended by replacing “his assistant and the public servants and employees whom he” in the first and second lines of the first paragraph by “the Deputy Public Protectors and the public servants and employees of the Public Protector whom the Public Protector”.

282. Section 30 of the Act is amended by replacing “his assistant, public servants or employees” in the first and second lines by “the Deputy Public Protectors and the public servants and employees of the Public Protector”.

283. Section 31 of the Act is amended by replacing “or against his assistant, public servants or employees” in the third and fourth lines by “the Deputy Public Protectors or the public servants and employees of the Public Protector”.

284. Section 33 of the Act is amended by replacing “assistant,” in the second line by “Deputy Public Protector, or”.

285. Section 34 of the Act is amended by replacing “, or as assistant, public servant or employee of the Public Protector” in the third and fourth lines of the first paragraph by “or Deputy Public Protector, or as public servant or employee of the Public Protector”.

286. Section 36 of the Act is amended by replacing everything after “Protector” in the second line by “, a Deputy Public Protector or the public servants and employees of the Public Protector”.

ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

287. Section 2 of the Act respecting the Régie de l'assurance maladie du Québec (R.S.Q., chapter R-5) is amended

(1) by inserting the following subparagraphs after subparagraph *h* of the second paragraph:

“(h.1) in keeping with the Act to establish a legal framework for information technology (chapter C-1.1), provide directory services by which the validity of a certificate or any other information the directory may include may be confirmed;

“(h.2) collect and store, for the purposes of subparagraph *h.4*, the indications for use of drugs dispensed by pharmacists practising in community pharmacies;

“(h.3) collect and store, for the purposes of subparagraph *h.4*, a copy of all the information on drugs dispensed to persons whose coverage under the prescription drug insurance plan established by the Act respecting prescription drug insurance (chapter A-29.01) is provided by the group insurance companies or the administrators of employee benefit plans in the private sector;

“(h.4) forward, on request, to the agencies and institutions referred to in section 520.7 of the Act respecting health services and social services the information referred to in subparagraph 6 of the first paragraph of section 520.9 that it collects in accordance with the second paragraph of section 520.17 of that Act from pharmacists practising in community pharmacies;

“(h.5) establish and keep up to date a register of consent given and consent revoked in accordance with section 520.14 of the Act respecting health services and social services, and, on request, confirm the existence of that consent or revocation to agencies or institutions referred to in section 520.7 of that Act or to an authorized health and social service provider referred to in section 520.20 of that Act and the expiry date of the consent;

“(h.6) provide a service enabling an authorized health and social service provider within the meaning of section 520.20 of the Act respecting health services and social services to locate, from among the agencies and institutions referred to in section 520.7 of that Act, those that store, in respect of a person who consented to it, the information referred to in section 520.9 of that Act, or to know if the Board stores or holds information referred to in subparagraph 6 of the first paragraph of that section in respect of such a person, and, on the request of an authorized health and social service provider, forward to that provider the list of those agencies or institutions along with the unique identification number of the person concerned, or confirmation that the Board holds or stores such information, if no authorized agency or institution stores information concerning such a person;”;

(2) by inserting the following subparagraph at the end of the second paragraph:

“(j) establish an electronic transmission of prescriptions (ETP) service the sole objective of which is to facilitate the transmission of electronic prescriptions in a secure environment, and, to that end, collect those prescriptions and store them, in a file created exclusively for that purpose, until the pharmacist retrieves the prescription at the request of the person concerned or until the

expiry of a maximum period of one year, at which time the prescriptions must be destroyed.”

288. The Act is amended by inserting the following sections after section 2:

“2.0.1. In the exercise of its functions relating to directory services, the Board shall enter in the directory

- (1) the numbers of the certificates that have been suspended or cancelled;
- (2) the name and certificate of every certification service provider designated by the Conseil du trésor in accordance with section 520.3.3 of the Act respecting health services and social services, and the identifier of the policy statement that applies in the health and social services sector; and
- (3) any other information mentioned in the policy statement referred to in the second paragraph.

As provider of directory services, the Board shall publish in the *Gazette officielle du Québec* the policy statement it must make in accordance with section 52 of the Act to establish a legal framework for information technology.

“2.0.2. Before collecting the information sent to it under the second paragraph of section 520.17 of the Act respecting health services and social services, the Board must ensure that the person concerned consented to its doing so and that the consent remains valid and was not revoked.

“2.0.3. On request, the Board shall forward a copy of the information referred to in subparagraph *h.4* of the second paragraph of section 2 that it holds, or of which subparagraph *h.2* or *h.3* of that paragraph authorizes it to store a copy, to a health and social services agency or an institution authorized by the Minister in accordance with section 520.7 of the Act respecting health services and social services.

“2.0.4. To keep the register of consent given and consent revoked referred to in subparagraph *h.5* of the second paragraph of section 2 up to date, the Board shall revoke the consent of a person who is no longer an insured person within the meaning of the Health Insurance Act. It may use the information it holds for the purposes of that Act to do so.

“2.0.5. An agency or institution referred to in section 520.7 of the Act respecting health services and social services must send to the Board for compilation the names and unique identification numbers of the persons in respect of whom the agency or institution stores information in accordance with that Act, to enable the Board to exercise its functions related to the locator service provided for in subparagraph *h.6* of the second paragraph of section 2. The Board must compile the same information the first time it

collects personal information sent to it under the second paragraph of section 520.17 of that Act.

An authorized agency or institution and the Board must also inform the locator service that they no longer store information concerning an insured person following the destruction of that information.

On request, the Board shall communicate to an authorized health and social service provider within the meaning of section 520.20 of the Act respecting health services and social services the list of agencies and institutions that store, in respect of a person having consented to it, the information referred to in section 520.9 of that Act, or confirmation that the Board holds or stores information referred to in subparagraph 6 of the first paragraph of that section, if no agency or institution stores information concerning such a person, as well as the person's unique identification number.

“2.0.6. For the purposes of subparagraph *j* of the second paragraph of section 2, a health professional who is legally authorized to prescribe drugs or other substances and who, with the consent of the person concerned, writes a prescription in the form of a technology-based document must use the ETP service established by the Board to transmit it. Consenting to ETP implies consenting to the prescription's being sent to the Board and stored by it. The health professional must inform the person concerned accordingly.

When requested to fill an electronic prescription, a pharmacist practising in a community pharmacy may obtain the prescription from the Board after checking the identity of the person concerned and communicating that person's name and unique identification number to the Board. Requesting to have the prescription filled by a specific pharmacist implies consenting to the Board's giving that prescription to the pharmacist.

The health professionals referred to in the first and second paragraphs must hold and use a certificate issued in accordance with section 520.3.3 of the Act respecting health services and social services when sending an electronic prescription to the Board or obtaining such a prescription.

The obligations set out in paragraphs 9 and 10 of section 520.6 of the Act respecting health services and social services apply to the Board, with the necessary modifications.

“2.0.7. The electronic prescriptions stored by the Board are confidential. The Board may send them only to the pharmacists referred to in the second paragraph of section 2.0.6. Those pharmacists may request that the Board send them an electronic prescription only in order to fill it at the request of the person concerned. Even with the consent of the person concerned, the Board is prohibited from giving electronic prescriptions to a third party. No third party may request, require or receive the original of, an extract from or a copy of an electronic prescription stored by the Board, even with the consent of the person concerned.

A natural person is guilty of an offence and is liable to a fine of \$6,000 to \$30,000 and a legal person is guilty of an offence and is liable to a fine of \$12,000 to \$60,000 if that person contravenes this section.”

ACT RESPECTING THE GOVERNMENT AND PUBLIC EMPLOYEES RETIREMENT PLAN

289. Schedule I to the Act respecting the Government and Public Employees Retirement Plan (R.S.Q., chapter R-10) is amended

(1) by inserting in alphabetical order in paragraph 1:

“the health and social services agencies referred to in the Act respecting health services and social services (chapter S-4.2)”;

(2) by striking out in paragraph 1:

“the Centre de référence des directeurs généraux et des cadres”;

“the regional health and social services boards within the meaning of the Act respecting health services and social services (chapter S-4.2)”.

ACT RESPECTING THE PENSION PLAN OF MANAGEMENT PERSONNEL

290. Schedule II to the Act respecting the Pension Plan of Management Personnel (R.S.Q., chapter R-12.1) is amended

(1) by inserting in alphabetical order in paragraph 1:

“the health and social services agencies referred to in the Act respecting health services and social services (chapter S-4.2)”;

(2) by striking out in paragraph 1:

“the Centre de référence des directeurs généraux et des cadres”;

“the Regional Health and Social Services Boards within the meaning of the Act respecting health services and social services (chapter S-4.2)”.

PUBLIC HEALTH ACT

291. Section 7 of the Public Health Act (R.S.Q., chapter S-2.2) is amended by replacing “health and welfare policies” in the first line of the first paragraph by “the multi-year strategic plan referred to in section 431.1 of the Act respecting health services and social services”.

292. Section 13 of the Act is amended by replacing “The regional board shall specify, in the regional service organization plan prepared under the Act

respecting health services and social services (chapter S-4.2),” in the first, second and third lines of the second paragraph by “The agency shall identify”.

ACT RESPECTING PRE-HOSPITAL EMERGENCY SERVICES

293. Section 3 of the Act respecting pre-hospital emergency services (R.S.Q., chapter S-6.2) is amended

(1) by replacing “three-year strategic service organization plans” in the third line of subparagraph 2 of the second paragraph by “three-year pre-hospital emergency service organization plans”;

(2) by replacing “regional boards” wherever it appears by “agencies”.

294. Section 7 of the Act is amended

(1) by replacing “regional board” and “board” wherever they appear by “agency”;

(2) by replacing “establish, as part of the development of the three-year strategic service organization plan, pre-hospital emergency service priorities that” in the first and second lines of subparagraph 1 of the first paragraph by “develop a three-year pre-hospital emergency service organization plan that includes its priorities in that area which”;

(3) by replacing “three-year strategic service organization plan of the regional board” in the sixth and seventh lines of subparagraph 5 of the first paragraph by “agency’s three-year pre-hospital emergency service organization plan”;

(4) by replacing “three-year strategic service organization plan” in the third and fourth lines of subparagraph 8 of the first paragraph by “three-year pre-hospital emergency service organization plan”;

(5) by replacing “three-year strategic service organization plan” in the third line of subparagraph 1 of the second paragraph by “three-year pre-hospital emergency service organization plan”;

(6) by replacing everything after “submit” in the third paragraph by “its three-year pre-hospital emergency service organization plan to the Minister for approval.”

295. Section 22 of the Act is amended by adding the following paragraph at the end:

“For the exercise of the functions set out in the first paragraph, a health communication centre may send the Régie de l’assurance maladie du Québec the information referred to in subparagraph 1 of the first paragraph of

section 520.9 of the Act respecting health services and social services that it stores, to ensure that the information is up to date, accurate and complete. The Régie must destroy any files containing information communicated to it for purposes of cross-matching with its register of insured persons.”

296. Section 38 of the Act is amended

(1) by replacing “three-year strategic service organization plan so provides” in the first and second lines of the first paragraph by “three-year pre-hospital emergency service organization plan provides for it”;

(2) by replacing “A regional board”, “The regional board” and “the regional board” by “An agency”, “The agency” and “the agency”, respectively.

297. Section 39 of the Act is amended

(1) by replacing “the regional board” in the second and third lines of the third paragraph by “the agency”;

(2) by inserting “pre-hospital emergency” before “service” in the third line of the third paragraph.

298. Section 44 of the Act is amended by replacing “three-year strategic service organization plan of the regional board” in the second line of the first paragraph by “agency’s three-year pre-hospital emergency service organization plan”.

299. Section 104 of the Act is amended by inserting “and complaints” after “service quality” in the second line of the second paragraph.

SECURITIES ACT

300. Section 41 of the Securities Act (R.S.Q., chapter V-1.1) is amended by replacing “an agency within the meaning of the Act respecting local health and social services network development agencies (chapter A-8.1),” in the third and fourth lines of subparagraph *c* of paragraph 2 by “a health and social services agency within the meaning of the Act respecting health services and social services (chapter S-4.2)”.

ACT TO AMEND THE ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES AND OTHER LEGISLATIVE PROVISIONS

301. Section 49 of the Act to amend the Act respecting health services and social services and other legislative provisions (2001, chapter 24) is repealed.

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

302. Section 1 of the Act to amend the Act respecting health services and social services as regards the medical activities, the distribution and the undertaking of physicians (2002, chapter 66) is amended

(1) by adding the following at the end of the first paragraph of section 184 of the Act respecting health services and social services (R.S.Q., chapter S-4.2) enacted by paragraph 1: “In the case of a hospital centre designated as a university hospital centre or university institute, the plan must also specify the distribution among the physicians’ clinical, research and teaching activities.”;

(2) by striking out “the regional service organization plans drawn up by the regional board, as well as” in the third and fourth lines of the second paragraph of section 184 of the Act respecting health services and social services enacted by paragraph 1;

(3) by replacing “the regional board” in the second line of paragraph 3 by “the agency”.

303. Section 12 of the Act is amended

(1) by replacing “Each regional board” and “the regional board” wherever they appear by “Each agency” and “the agency” respectively;

(2) by replacing “the advice obtained from the regional medical commission pursuant to subparagraph 1 of the first paragraph of section 369” in the last two lines of the first paragraph proposed by paragraph 2 by “the recommendations obtained from the regional panel of heads of departments of specialized medicine pursuant to subparagraph 1 of the first paragraph of section 417.11”;

(3) by replacing “and 417.2” in the first line of the fourth paragraph proposed by paragraph 2 by “, 417.2 and 417.11”.

304. Section 21 of the Act is amended

(1) by replacing “Minister,” in paragraph 1 by “Minister or”;

(2) by replacing “369, 377, 380 and 417.2” in paragraph 2 by “377, 380, 417.2 and 417.11”.

ACT RESPECTING THE AGENCE DES PARTENARIATS PUBLIC-PRIVÉ DU QUÉBEC

305. Section 7 of the Act respecting the Agence des partenariats public-privé du Québec (2004, chapter 32) is amended by replacing “local health and

social services network development” in paragraph 7 by “health and social services”.

ACT RESPECTING THE HEALTH AND WELFARE COMMISSIONER

306. Section 4 of the Act respecting the Health and Welfare Commissioner (2005, chapter 18) is amended

- (1) by replacing “to 132.1” in subparagraph *d* of paragraph 2 by “to 131”;
- (2) by striking out “to 132.1” in subparagraph *e* of paragraph 2.

307. Section 25 of the Act is amended by replacing “local health and social services network development” in paragraph 1 by “health and social services”.

OTHER AMENDMENTS

308. The words “board” wherever it refers to a regional board, “regional board”, “regional health and social services board” and “régie régionale” and the expressions “established under”, “established pursuant to”, “instituted under”, “governed by” and “within the meaning of” used in relation to those words are replaced by the words “agency”, “health and social services agency” and “agence” and by the expression “referred to in”, respectively, with the necessary grammatical adjustments, wherever they appear in the following legislative provisions:

- (1) section 2 of the Act respecting equal access to employment in public bodies (R.S.Q., chapter A-2.01);
- (2) 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);
- (3) section 195 of the Act respecting industrial accidents and occupational diseases (R.S.Q., chapter A-3.001);
- (4) section 120.0.1 of the Act respecting land use planning and development (R.S.Q., chapter A-19.1);
- (5) the schedule to the Archives Act (R.S.Q., chapter A-21.1);
- (6) sections 1 and 2 of the Hospital Insurance Act (R.S.Q., chapter A-28);
- (7) section 19 of the Health Insurance Act (R.S.Q., chapter A-29);
- (8) section 65.4 of the Building Act (R.S.Q., chapter B-1.1);
- (9) section 20.5 of the Act respecting the Caisse de dépôt et placement du Québec (R.S.Q., chapter C-2);

- (10) section 111.0.16 of the Labour Code (R.S.Q., chapter C-27);
- (11) section 4 of the Act respecting the Conseil de la santé et du bien-être (R.S.Q., chapter C-56.3);
- (12) section 3 of the Act respecting the Corporation d'hébergement du Québec (R.S.Q., chapter C-68.1);
- (13) sections 5 to 8, 10 and 14 of the Act to provide for balanced budgets in the public health and social services network (R.S.Q., chapter E-12.0001);
- (14) section 4 of the Act respecting Financement-Québec (R.S.Q., chapter F-2.01);
- (15) sections 204 and 236 of the Act respecting municipal taxation (R.S.Q., chapter F-2.1);
- (16) section 46 of the Act respecting Héma-Québec and the haemovigilance committee (R.S.Q., chapter H-1.1);
- (17) section 489 of the Taxation Act (R.S.Q., chapter I-3);
- (18) sections 3, 20 and 33 of the Act respecting Institut national de santé publique du Québec (R.S.Q., chapter I-13.1.1);
- (19) section 1 of the Act respecting medical laboratories, organ, tissue, gamete and embryo conservation, and the disposal of human bodies (R.S.Q., chapter L-0.2);
- (20) sections 1, 3, 8, 9, 10, 18, 19, 20, 23 and 25 of the Act to ensure that essential services are maintained in the health and social services sector (R.S.Q., chapter M-1.1);
- (21) section 24 of the Act respecting the Ministère des Finances (R.S.Q., chapter M-24.01);
- (22) section 31.1.4 of the Act respecting the Ministère du Revenu (R.S.Q., chapter M-31);
- (23) section 39.0.1, amended by section 7 of chapter 80 of the statutes of 2002, of the Act respecting labour standards (R.S.Q., chapter N-1.1);
- (24) sections 12, 14 and 15 of the Act respecting the Health and Social Services Ombudsman (R.S.Q., chapter P-31.1);
- (25) sections 1, 10, 31 and 37 of the Youth Protection Act (R.S.Q., chapter P-34.1);
- (26) section 33 of the Act respecting the determination of the causes and circumstances of death (R.S.Q., chapter R-0.2);

(27) sections 7 and 24.3 of the Act respecting the Régie de l'assurance maladie du Québec (R.S.Q., chapter R-5);

(28) section 1 of the Act respecting the process of negotiation of the collective agreements in the public and parapublic sectors (R.S.Q., chapter R-8.2);

(29) Schedules II.2 and III.1 to the Act respecting the Government and Public Employees Retirement Plan (R.S.Q., chapter R-10);

(30) Schedule IV.1 to the Act respecting the Civil Service Superannuation Plan (R.S.Q., chapter R-12);

(31) section 19.1 of and Schedules I, IV and VI to the Act respecting the Pension Plan of Management Personnel (R.S.Q., chapter R-12.1);

(32) section 3 of the Regulations Act (R.S.Q., chapter R-18.1);

(33) sections 1, 51, 78, 107, 109, 110, 127, 130 to 134, 136 and 206 of the Act respecting occupational health and safety (R.S.Q., chapter S-2.1);

(34) sections 10, 11, 15, 17, 68 and 131 of the Public Health Act (R.S.Q., chapter S-2.2);

(35) section 63.14 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5);

(36) sections 2, 6, 8 to 11, 15, 17 to 22, 26, 29 to 32, 40, 46, 50, 52 to 58, 60, 61, 82, 86, 90, 91 and 170 to 172 of the Act respecting pre-hospital emergency services (R.S.Q., chapter S-6.2) and the heading of Division I of Chapter III of that Act;

(37) section 9 of and Schedule 3 to the Act respecting bargaining units in the social affairs sector (R.S.Q., chapter U-0.1);

(38) section 41 of the Securities Act (R.S.Q., chapter V-1.1);

(39) section 4 of the Act to amend the Act respecting health services and social services as regards the medical activities, the distribution and the undertaking of physicians (2002, chapter 66).

309. In any regulation or by-law, and with the necessary grammatical adjustments,

(1) the expressions “local service quality commissioner”, “assistant local service quality commissioner” and “regional service quality commissioner” are replaced by “local service quality and complaints commissioner”, “assistant local service quality and complaints commissioner” and “regional service quality and complaints commissioner”;

(2) the words “board”, “regional board”, “regional health and social services board” and “régie régionale” and the expressions “established under”, “established pursuant to”, “instituted under”, “governed by” and “within the meaning of” used in relation to those words are replaced by the words “agency”, “health and social services agency” and “agence” and by the expression “referred to in”, respectively.

TRANSITIONAL AND FINAL PROVISIONS

310. A person appointed as local or regional service quality commissioner under section 30 or 63 of the Act respecting health services and social services (R.S.Q., chapter S-4.2) and in office on 1 April 2006 remains in office as local or regional service quality and complaints commissioner, as the case may be, until replaced under those sections.

However, an institution or agency must, not later than six months after the date mentioned in the first paragraph or at any later date determined by the Government, have taken the necessary measures to ensure that the functions of the local or regional service quality and complaints commissioner are carried out in conformity with sections 30 and 31 or, as the case may be, sections 63 and 64 of that Act, amended, respectively, by sections 9, 10, 27 and 28 of this Act.

311. A local authority referred to in section 51 of the Act respecting health services and social services, amended by section 16 of this Act, has until 1 October 2006 or any later date determined by the Government to establish the review committee referred to in that section and notify the institutions in the area of jurisdiction of the local health and social services network whose services and activities it coordinates, other than the institutions referred to in the fifth paragraph of section 51, of the establishment of that review committee.

A review committee already established for an institution that becomes subject to the first paragraph must, not later than two months after the date mentioned in that paragraph, forward to the review committee of the local authority all review applications in its possession that, on that date, have not been examined or decided upon.

312. An institution must establish the watchdog committee referred to in section 181.0.1 or 182.0.1 of the Act respecting health services and social services, enacted by sections 91 and 93 of this Act, not later than 1 July 2006 or at any later date determined by the Government.

However, for the purposes of the composition of the watchdog committee and as long as the second paragraph of section 313 applies, the committee is composed of three members chosen by the board of directors from among board members who do not work for the institution or practise their profession in any of the centres operated by the institution.

An agency must also establish the watchdog committee provided for in section 412.1 of the Act respecting health services and social services, enacted by section 164 of this Act, not later than 1 July 2006 or at any later date determined by the Government.

313. The election referred to in section 135 or 530.63 of the Act respecting health services and social services, to be held in 2005, is postponed to 2006.

Therefore, the mandates of the members of the boards of directors of public institutions, except for the executive director or the president and executive director, as the case may be, are extended, despite any inconsistent provision, until the thirtieth day following the day on which the cooptation referred to in section 138 of that Act, amended by section 80 of this Act, or in section 530.65 of that Act is completed.

314. An institution must take the necessary measures to ensure its compliance with section 209 of the Act respecting health services and social services, amended by section 100 of this Act, and with section 209.1 of that Act, enacted by section 101 of this Act, not later than 28 February 2006 or at any later date determined by the Government.

315. An agreement entered into between an institution or agency and an organization, person or partnership that does not provide for the application of Chapter III of Title II of Part I of the Act respecting health services and social services or the provisions of the Act respecting the Health and Social Services Ombudsman, as allowed under paragraph 5 of section 60 or the second paragraph of section 108 of the Act respecting health services and social services before they were amended by this Act, becomes governed by the new provisions of those sections, amended by sections 25 and 55 of this Act, upon the renewal or extension of the agreement.

316. A local health and social services network development agency established under the Act respecting local health and social services network development agencies (R.S.Q., chapter A-8.1) whose name appears in the schedule to that Act is continued under the name indicated in the schedule to this Act and is deemed, for the same area of jurisdiction and the same head office, to be an agency established under section 339 of the Act respecting health services and social services, amended by section 227 of this Act.

The rights, obligations and acts of the agency are not affected by the continuance. They remain in force and retain their effect to the extent that they are consistent with the Act respecting health services and social services.

317. The regional health and social services boards designated in the schedule to the Act respecting local health and social services network development agencies ceased to exist on 30 January 2004.

318. Despite any inconsistent provision, the members of the board of directors of an agency referred to in section 316 remain in office until the expiry of their term.

A vacancy on the board of directors must be filled by the Minister of Health and Social Services for the remainder of the term of office of the member to be replaced.

319. To ensure the rotation of the members of the board of directors of the agencies and despite the first paragraph of section 399 of the Act respecting health services and social services, eight of the members of the first board of directors established under section 397 of that Act, as amended by section 157 of this Act, other than the president and executive director, are appointed by the Minister for not more than two years.

320. An agency must ensure that the regional panel of heads of departments of specialized medicine established under section 417.10 of the Act respecting health services and social services, enacted by section 168 of this Act, is able to exercise its functions by 1 July 2006.

321. Despite any inconsistent legislative provision, a member of the board of directors of an agency already appointed under paragraph 2 of section 5 of the Act respecting local health and social services network development agencies shall remain in office until the Minister appoints the new members under paragraph 1 of section 397 of the Act respecting health services and social services, replaced by section 157 of this Act. In the meantime, if the office becomes vacant, the Minister shall appoint a member of the regional medical commission to replace the original board member.

322. The Minister determines by order the date on which sections 520.5 to 520.32 of the Act respecting health services and social services, enacted by section 189 of this Act, take effect. The effective date may vary according to the agencies' areas of jurisdiction and the classes of information referred to in section 520.9 of that Act that the Minister indicates. The orders are published in the *Gazette officielle du Québec*.

323. The term of office of the members of the Centre de référence des directeurs généraux et des cadres ends on 31 March 2006. The Centre's board of directors and its chief executive officer have until that date to take the measures necessary for the Centre to cease its activities.

324. In collaboration with the health and social services agencies, the Minister of Health and Social Services shall ensure that the Centre de référence des directeurs généraux et des cadres receives the assistance necessary to continue to fulfil its responsibilities towards its clientele undergoing career transition until the day its activities cease, and that after that those responsibilities are assumed by the institutions, the agencies or the Minister, as the case may be.

325. The property and assets of the Centre de référence des directeurs généraux et des cadres are to be transferred, after the payment of debts and the extinction of liabilities, to the Minister of Health and Social Services.

The records and documents of the Centre become, without further formality, the records and documents of the Minister or of any institution or agency the Minister designates.

326. The Régie de l'assurance maladie du Québec shall assign a unique identification number to any person registered with it in accordance with sections 9 and 9.0.1 of the Health Insurance Act before 14 January 2006.

327. Until 30 June 2007 or any later date the Government determines, a health professional who is legally authorized to prescribe drugs or other substances and who, with the consent of the person concerned, writes a prescription in the form of a technology-based document must also, in the absence of the certificate required for sending it to the Régie de l'assurance maladie du Québec in accordance with the third paragraph of section 2.0.6 of the Act respecting the Régie de l'assurance maladie du Québec, enacted by section 288 of this Act, write it on paper, sign it, and give it to the person concerned in the place of the original.

In order to have an electronic prescription filled by a pharmacist practising in a community pharmacy, the person concerned must give the pharmacist a paper prescription.

The Régie de l'assurance maladie du Québec must then use a combination of measures that will guarantee compliance with the obligations set out in paragraphs 9 and 10 of section 520.6 of the Act respecting health services and social services.

328. The Health and Social Services Ombudsman in office on 1 April 2006 remains in office as Deputy Public Protector responsible for the functions referred to in the Act respecting the Health and Social Services Ombudsman (R.S.Q., chapter P-31.1) until reappointed or replaced under section 4 of the Public Protector Act (R.S.Q., chapter P-32), replaced by section 269 of this Act.

329. The assistant to the Public Protector appointed under section 4 of the Public Protector Act and in office on 1 April 2006 remains in office as Deputy Public Protector responsible for exercising the functions of the Public Protector set out in the Public Protector Act until reappointed or replaced under section 4 of that Act, replaced by section 269 of this Act.

330. The complaint examination procedure established by the Health and Social Services Ombudsman under section 10 of the Act respecting the Health and Social Services Ombudsman continues to apply to the Public Protector where exercising the functions of the Health and Social Services Ombudsman.

331. The Public Protector replaces the Health and Social Services Ombudsman. The Public Protector acquires the rights and property and assumes the obligations of the Health and Social Services Ombudsman, and the proceedings to which the Health and Social Services Ombudsman is a party may be continued by the Public Protector without continuance of suit.

332. The records and documents of the Health and Social Services Ombudsman become, with no further formality, records and documents of the Public Protector.

333. The sums allocated to the Health and Social Services Ombudsman are transferred to the Public Protector, to the extent determined by the Government.

334. The examination of a complaint filed with the Health and Social Services Ombudsman before 1 April 2006 is continued by the Public Protector in accordance with the Act respecting the Health and Social Services Ombudsman.

335. The Health and Social Services Ombudsman must, not later than 1 June 2006, forward to the Minister the examination procedures for the complaints received under section 17 of the Act respecting the Health and Social Services Ombudsman that have not, on that date, been examined or been the subject of a recommendation under section 18 of that Act.

336. Subject to the conditions of employment applicable to them, the employees of the Health and Social Services Ombudsman in office on 31 March 2006 become employees of the Public Protector insofar as a decision by the Conseil du trésor providing for their transfer is made before 1 October 2007.

337. An employee referred to in section 336 holds the office and exercises the functions assigned to the employee by the Public Protector, subject to the applicable conditions of employment.

338. An employee referred to in section 336 who, in accordance with the applicable conditions of employment, refuses to be transferred is assigned to the Public Protector until the chair of the Conseil du trésor is able to place the employee in accordance with section 100 of the Public Service Act (R.S.Q., chapter F-3.1.1).

339. The operator of a residence for the elderly has 24 hours from (*insert the date of coming into force of this section*) to obtain the certificate of compliance referred to in section 346.0.3 of the Act respecting health services and social services, enacted by section 141 of this Act.

340. The Act respecting local health and social services network development agencies (R.S.Q., chapter A-8.1) is repealed.

341. This Act comes into force on 1 January 2006, except

(1) section 1 except as regards “service quality and” in proposed paragraph 2 of section 19, section 2, section 3 except as regards “unique identification number” in proposed section 19.0.2, sections 4 to 7, paragraph 3 of section 13, paragraph 5 of section 25, paragraph 4 of section 32, section 46, section 48 except as regards paragraph 4 of proposed section 99.7, section 49, paragraph 2 of section 53, paragraphs 1 and 2 of section 54, paragraphs 1 and 2 of section 55, sections 108.1 and 108.2 proposed by section 56, section 57 except as regards “or 108.3” in paragraph 1 and “and 108.3” in paragraph 2, paragraph 6 of section 85, sections 86, 95, 98 to 103, paragraph 1 of section 104, sections 105, 107, 109, 110, 113, 114, 121, 123, 129, 172, 173, paragraphs 1 and 3 to 5 of section 174, section 176, paragraph 2 of section 184, section 186, paragraph 2 of section 187, sections 188, 199, 209 and 212, paragraph 2 of section 217, sections 219, 222, 223, 230 to 232, 234 and 235, the second paragraph proposed by section 239, paragraph 2 of section 240 except as regards “or a health professional”, “or professional”, “unique identification number” and “or person to whom the health professional provides health services” in the paragraph proposed by that paragraph 2, paragraph 4 of section 240, sections 242, 247, 248, paragraph 2 of section 287, section 2.0.6 proposed by section 288 except as regards “and unique identification number” in the second paragraph of that section, section 2.0.7 proposed by section 288, and sections 301, 313 to 315, 317, 318, 323 to 325 and 327, which come into force on 30 November 2005;

(2) “unique identification number” in section 19.0.2 proposed by section 3, sections 236 to 238, “unique identification number” in the paragraph proposed by paragraph 2 of section 240, paragraph 3 of section 240, paragraph 5 of section 240 except as regards “of a health communication centre or of a podiatrist or midwife operating a private health facility, or the local files or index” in the paragraph proposed by that paragraph 5, “and unique identification number” in the second paragraph of section 2.0.6 proposed by section 288, and section 326, which come into force on 14 January 2006;

(3) “service quality and” in paragraph 2 of section 19 proposed by section 1, sections 8 to 12, paragraphs 1 and 2 of section 13, sections 14 to 24, paragraphs 2, 3 and 6 of section 25, paragraph 2 of section 26, sections 27 and 28, paragraph 1 of section 29, paragraphs 1 and 3 to 11 of section 30, paragraphs 1 and 2 of section 31, paragraphs 2 and 3 of section 32, sections 33 to 35, paragraph 2 of section 36, paragraphs 2 and 3 of section 37, section 38, paragraphs 1 and 2 of section 39, paragraph 2 of section 40, section 41, paragraphs 2 to 4 of section 42, sections 43, 90, 91 and 93, paragraph 3 of section 94, paragraph 2 of section 131, paragraph 2 of section 163, section 164, Division VII and sections 417.7 to 417.9 proposed by section 168, sections 190 and 193, paragraph 2 of section 194, sections 196, 198, 211, 216, 218, 224, 226, 233 and 249 to 254, paragraphs 1 to 3 and 5 of section 255, sections 256 to 259, paragraphs 1 and 3 of section 260, sections 261 to 286, paragraph 2 of sections 289 and 290 as concerns striking out “the Centre de référence des directeurs généraux et des cadres”,

section 299, paragraph 1 of section 309, and sections 310 to 312 and 328 to 338, which come into force on 1 April 2006;

(4) sections 45, 59, 60, 62, 63, paragraph 1 of section 64, sections 65 to 83, paragraphs 2 to 5 of section 84, paragraphs 2 to 5 of section 85, sections 87, 88 and 92, paragraph 2 of section 94, sections 106, 108, 111 and 112, paragraph 2 of section 124, sections 126 to 128, paragraph 2 of section 150, and sections 195, 207 to 210, 225 and 306, which come into force on 1 August 2006;

(5) paragraph 4 of section 25, sections 50 and 139, paragraph 2 of section 140, section 141, paragraph 3 of section 184, sections 189, 220, 221, 228 and 229, the first, third and fourth paragraphs proposed by section 239, “or a health professional”, “or professional”, and “or person to whom the health professional provides health services” in the paragraph proposed by paragraph 2 of section 240, “of a health communication centre or of a podiatrist or midwife operating a private health facility, or the local files or index” in the paragraph proposed by paragraph 5 of section 240, sections 244 to 246, paragraph 1 of section 287, sections 2.0.1 to 2.0.5 proposed by section 288, sections 295, 302, 303 and 304, paragraph 39 of section 308, and sections 322 and 339, which come into force on the date or dates to be set by the Government.

However, in any provision in this Act that comes into force before 1 January 2006, “agency”, wherever it appears, must be read until that date as “regional board”.

SCHEDULE

- Agence de développement de réseaux locaux de services de santé et de services sociaux de l'Abitibi-Témiscamingue
- Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue
- Agence de développement de réseaux locaux de services de santé et de services sociaux du Bas-Saint-Laurent
- Agence de la santé et des services sociaux du Bas-Saint-Laurent
- Agence de développement de réseaux locaux de services de santé et de services sociaux de la Capitale nationale
- Agence de la santé et des services sociaux de la Capitale-Nationale
- Agence de développement de réseaux locaux de services de santé et de services sociaux de Chaudière-Appalaches
- Agence de la santé et des services sociaux de Chaudière-Appalaches
- Agence de développement de réseaux locaux de services de santé et de services sociaux de la Côte-Nord
- Agence de la santé et des services sociaux de la Côte-Nord
- Agence de développement de réseaux locaux de services de santé et de services sociaux de l'Estrie
- Agence de la santé et des services sociaux de l'Estrie
- Agence de développement de réseaux locaux de services de santé et de services sociaux de la Gaspésie—Îles-de-la-Madeleine
- Agence de la santé et des services sociaux de la Gaspésie—Îles-de-la-Madeleine
- Agence de développement de réseaux locaux de services de santé et de services sociaux de Lanaudière
- Agence de la santé et des services sociaux de Lanaudière
- Agence de développement de réseaux locaux de services de santé et de services sociaux des Laurentides
- Agence de la santé et des services sociaux des Laurentides
- Agence de développement de réseaux locaux de services de santé et de services sociaux de Laval
- Agence de la santé et des services sociaux de Laval

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- Agence de développement de réseaux locaux de services de santé et de services sociaux de la Mauricie et du Centre-du-Québec
 - Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec
 - Agence de développement de réseaux locaux de services de santé et de services sociaux de la Montérégie
 - Agence de la santé et des services sociaux de la Montérégie
 - Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal
 - Agence de la santé et des services sociaux de Montréal
 - Agence de développement de réseaux locaux de services de santé et de services sociaux de l'Outaouais
 - Agence de la santé et des services sociaux de l'Outaouais
 - Agence de développement de réseaux locaux de services de santé et de services sociaux du Saguenay—Lac-Saint-Jean
 - Agence de la santé et des services sociaux du Saguenay—Lac-Saint-Jean