

24. Should the persons referred to in section 23 fail to make contact for more than 5 years, a centre for assisted procreation may conserve, donate, transfer or dispose of those persons' gametes or embryos in a manner that is acceptable in terms of ethics and recognized by the Minister.

25. A centre for assisted procreation may transfer eggs, sperm or embryos to another centre for assisted procreation or, in the case of sperm transfer, to a physician, for clinical or research purposes, provided that

(1) the applicant for biological material has provided his or her name and contact information, the date of the application and the expected date of transfer, the purpose, the identity of the physician responsible for using the material in a clinical environment or of the person responsible for the research project, the type of material requested and the quantity and state of that material;

(2) the centre's director ensured that the biological material will be used only for the purposes of a parental or research project approved by a committee on ethics recognized by the Minister; and

(3) the donors of biological material consented to the purpose for which the transfer will be made.

The director must record the information in the application and the information related to the transfer, in particular the name and contact information of the physician or centre that receives the eggs, sperm or embryos, the date of the application and the effective date of transfer, the purpose, the identity of the physician responsible for using the material in a clinical environment or of the person responsible for the research project, the type of material transferred and the quantity and state of that material.

That information must be kept within the centre permanently so as to ensure the traceability of biological material at all times.

26. Every centre for assisted procreation must, following an *in vitro* fertilization activity, gather information enabling it to know the fertilization results, particularly a birth, and send that information to the Minister in accordance with the Public Health Act (R.S.Q., c. S-2.2).

27. The annual report sent to the Minister by a centre for assisted procreation must contain and be accompanied, where applicable, by the following information and documents:

- (1) the name of the centre;
- (2) the state of the accreditation;

(3) the number of patients, the type and number of treatments administered;

(4) the distribution of treatments for each person and each of the centre's clinical activities;

(5) the number of multiple pregnancies and their type, in particular twins and triplets;

(6) detail about the type, state and quantity of biological material transferred to a physician or another centre, including the name of the physician or centre, the person in charge and the purpose for which the material was transferred; and

(7) the number of persons per sector of activity;

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

9728

Draft Regulation

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

Regulation — Amendments

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation to amend the Regulation respecting the application of the Health Insurance Act, appearing below, may be made by the Government on the expiry of 45 days following the date of this publication.

The purpose of the proposed amendment is to consider as services insured under the Health Insurance Act (R.S.Q., c. A-29) certain assisted procreation services. As a result, infertile persons who wish to have one or more children will have easier access to those services.

To date, study of the matter shows no impact on the public and on enterprises, including small and medium-sized businesses.

Further information may be obtained by contacting Michel Paquette, Régie de l'assurance maladie du Québec, 1125, Grande Allée Ouest, dépôt 84, Québec (Québec) G1S 1E7; telephone: 418 682-5172; fax: 418 643-7312.

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the undersigned, 1075, chemin Sainte-Foy, 15^e étage, Québec (Québec) G1S 2M1.

YVES BOLDUC,
Minister of Health and Social Services

Regulation to amend the Regulation respecting the application of the Health Insurance Act*

Health Insurance Act
(R.S.Q., c. A-29, s. 3, 1st par., subpar. *e* and s. 69, 1st par., subpar. *c.2*; 2009, c. 30, ss. 46 and 48)

1. The Regulation respecting the application of the Health Insurance Act is amended in section 22 by adding “; or is required for the purposes of medically assisted procreation in accordance with section 34.4 or 34.5 or 34.6” at the end of paragraph *q*.

2. The following is inserted after section 34.2:

“DIVISION XII.2 MEDICALLY ASSISTED PROCREATION SERVICES

34.3. For the purposes of this Division,

“frozen embryo” means a frozen embryo produced by *in vitro* fertilization insured under subparagraph *d* of the first paragraph of section 34.4 or an embryo already frozen before the coming into force of that section; (embryon congelé)

“modified natural cycle” means a cycle being stimulated by medication to obtain only one egg; (cycle naturel modifié)

“natural cycle” means a cycle in which ovulation occurs spontaneously, without being stimulated by medication; (cycle naturel)

“natural cycle IVF” means *in vitro* fertilization following the retrieval of an egg obtained during a natural cycle; (FIV sur cycle naturel)

“stimulated cycle” means a cycle stimulated by medication to increase the number of eggs; (cycle stimulé)

“stimulated cycle IVF” means *in vitro* fertilization following the retrieval of eggs obtained during a stimulated cycle. (FIV sur cycle stimulé)

34.4 The assisted procreation services listed below and rendered in a centre for assisted procreation that holds a licence issued in accordance with the Regulation respecting clinical activities related to assisted procreation, made by Order in Council xxxx-xxxx- dated xxxxxxxx, by a physician who practises at the centre must be considered as insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act, up to a live birth or after each live birth, for one of the following options determined by the physician, that is, 1 stimulated or modified natural cycle IVF and 4 natural cycle IVFs, or 2 stimulated or modified natural cycle IVFs and 2 natural cycle IVFs, or 3 stimulated or modified natural cycle IVFs or 6 natural cycle IVFs:

(*a*) the services required to retrieve sperm by medical intervention, including percutaneous epididymal sperm aspiration and surgical or micro-surgical testicular sperm extraction;

(*b*) the services required to retrieve eggs or ovarian tissue;

(*c*) the services required for *in vitro* maturation;

(*d*) the services required for *in vitro* fertilization, including assisted hatching services, sperm microinjection (ICSI) services and the services required for preimplantation genetic diagnosis to identify serious monogenic diseases or chromosomal abnormalities;

(*e*) the services required to transfer 1 fresh embryo or, in accordance with the decision of the physician having considered the quality of the embryos, a maximum of 2 fresh embryos, in the case of a woman 36 years of age or under, and 3 fresh embryos, in the case of a woman 37 years of age or over.

The services referred to in the first paragraph are insured only to the extent that no quality frozen embryo is available for a transfer. However, after 1 live birth obtained following an IVF referred to in the first paragraph, the transfer of frozen embryos, determined according to the conditions referred to in subparagraph *b* of the first paragraph of section 34.5, is considered as a stimulated or modified natural cycle IVF insured under this section.

* The Regulation respecting the application of the Health Insurance Act (R.R.Q., 1981, c. A-29, r.1) was last amended by the regulation made by Order in Council 894-2009 dated 12 August 2009 (2009, G.O. 2, 3165). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Québec Official Publisher, 2009, updated to 1 November 2009.

34.5. The assisted procreation services listed below and rendered in a centre for assisted procreation that holds a licence issued in accordance with the Regulation respecting clinical activities related to assisted procreation by a physician who practises at the centre must be considered as insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act:

(a) in the case of egg donations, the services required to retrieve eggs or ovarian tissue;

(b) the services required, including cryopreservation, to transfer 1 frozen embryo or, in accordance with the decision of the physician having considered the quality of the embryos, a maximum of 2 frozen embryos, in the case of a woman 36 years of age or under, and 3 frozen embryos, in the case of a woman 37 years of age or over.

All quality frozen embryos must be transferred before the services referred to in the first paragraph of section 34.4 are insured. However, after 1 live birth obtained following an IVF referred to in that section, the transfer of frozen embryos, determined according to the conditions referred to in subparagraph *b* of the first paragraph, is considered as a stimulated or modified natural cycle IVF insured under the first paragraph of section 34.4.

34.6. The assisted procreation services listed below and rendered by a physician must be considered as insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act:

(a) the services required for ovarian stimulation or ovulation induction;

(b) the services required for artificial insemination, including retrieval of sperm by medical intervention;

(c) the services required for freezing and storing sperm.”.

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

9729

Draft Regulation

An Act respecting off-highway vehicles
(R.S.Q., c. V-1.2)

Motorized all-terrain vehicles

— Operation on a portion of Rue Perreault Est under the management of the Minister of Transport

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., R-18.1), that the Regulation to allow the operation of motorized all-terrain vehicles on a portion of rue Perreault Est under the management of the Minister of Transport, appearing below, may be made by the Minister for Transport on the expiry of 45 days following this publication.

The draft Regulation allows the operation of motorized all-terrain vehicles on a portion of Rue Perreault Est in the territory of Ville de Rouyn-Noranda.

Further information on the draft Regulation may be obtained by contacting Yves Coutu, Director, Direction de l’Abitibi-Témiscamingue, Ministère des Transports du Québec, 80, avenue Québec, Rouyn-Noranda (Québec) J9X 6R1; telephone: 819 763-3237, extension 450; fax: 819 763-3493; e-mail: yves.coutu@mtq.gouv.qc.ca

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the Minister for Transport, 700, boulevard René-Lévesque Est, 29^e étage, Québec (Québec) G1R 5H1.

NORMAN MACMILLAN,
Minister for Transport

Regulation to allow the operation of motorized all-terrain vehicles on a portion of Rue Perrault Est under the management of the Minister of Transport

An Act respecting off-highway vehicles
(R.S.Q., c. V-1.2, ss. 11, 2nd par., subpar. (6) and 47)

1. The operation of motorized all-terrain vehicles referred to in subparagraph 2 of the first paragraph of section 1 of the Act respecting off-highway vehicles (R.S.Q., c. V-1.2) is allowed on a portion of Rue Perreault (22278-03-020), situated in the territory of Ville de Rouyn-Noranda (86042), over a distance of 4,248 metres, from chaining 0 + 000 to chaining 4 + 248.