



NATIONAL ASSEMBLY

FIRST SESSION

FORTY-FIRST LEGISLATURE

Bill 10

(2015, chapter 1)

An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies

Introduced 25 September 2014
Passed in principle 28 November 2014
Passed 7 February 2015
Assented to 9 February 2015

EXPLANATORY NOTES

This Act modifies the organization and governance of the health and social services network through the regional integration of health and social services, the creation of institutions with a broader mission, and the implementation of a two-tier management structure, with a view to promoting and simplifying access to services, helping improve the quality and security of services, and increasing the efficiency and effectiveness of the network.

To that end, the Act provides for the creation, for each health region, of an integrated health and social services centre resulting from the amalgamation of the region's health and social services agency with public institutions in the region. However, the Gaspésie-Îles-de-la-Madeleine, Montérégie and Montréal regions will have two, three and five integrated centres, respectively. In addition to the integrated centres, there will also be seven unamalgamated institutions and certain grouped institutions.

The Act establishes a new system of governance for the integrated health and social services centres, unamalgamated institutions and grouped institutions, in particular by prescribing the composition of their boards of directors, whose members, for the most part independent directors, are to be designated by certain groups or appointed by the Minister of Health and Social Services. Each of these institutions will be directed by a president and executive director, to be appointed by the Government.

Interpretation and application provisions are included with respect to a number of Acts and regulations in order to take into account the changes made to the organization and governance of the health and social services network. These provisions mainly concern functions, currently exercised by health and social services agencies, that will be exercised by integrated health and social services centres.

The Minister is granted new powers regarding integrated health and social services centres and unamalgamated institutions, in particular the power to prescribe rules relating to their organizational structure and management and the power to intervene at the general management level in the event of acts incompatible with the rules of sound management.

Finally, the Act contains miscellaneous, transitional and final provisions required for its application, concerning such matters as human resources and the appointment of the first officers and board members of public institutions.

LEGISLATION AMENDED BY THIS ACT:

- Act respecting administrative justice (chapter J-3);
- Act respecting health services and social services (chapter S-4.2);
- Act respecting bargaining units in the social affairs sector (chapter U-0.1).

Bill 10

AN ACT TO MODIFY THE ORGANIZATION AND GOVERNANCE OF THE HEALTH AND SOCIAL SERVICES NETWORK, IN PARTICULAR BY ABOLISHING THE REGIONAL AGENCIES

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

CHAPTER I

PURPOSE

1. The purpose of this Act is to modify the organization and governance of the health and social services network in order to facilitate and simplify public access to services, improve the quality and safety of care and make the network more efficient and effective.

Accordingly, the Act provides for territorial integration of health and social services through the setting up of territorial health and social services networks designed to ensure the availability and continuity of local services, the creation of institutions with a broader mission and the implementation of a two-tier management structure.

2. This Act applies despite any incompatible provision of the Act respecting health services and social services (chapter S-4.2). It does not apply to the institutions and regional board governed, as applicable, by Parts IV.1 and IV.2 of that Act or to the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons (chapter S-5).

CHAPTER II

INTEGRATED HEALTH AND SOCIAL SERVICES CENTRES AND UNAMALGAMATED INSTITUTIONS

DIVISION I

GENERAL PROVISIONS

3. The main purpose of this chapter is to constitute integrated health and social services centres and to provide for the composition, operation, powers and obligations of the boards of directors of those institutions and of unamalgamated institutions.

Integrated health and social services centres and unamalgamated institutions are public institutions within the meaning of the Act respecting health services and social services.

An integrated health and social services centre resulting from an amalgamation under this Act is deemed to result from an amalgamation carried out in accordance with the Act respecting health services and social services and to have been constituted by letters patent of amalgamation issued by the enterprise registrar under section 318 of that Act.

DIVISION II

INTEGRATED HEALTH AND SOCIAL SERVICES CENTRES

4. Subject to the second and third paragraphs, an integrated health and social services centre is constituted for each health region listed in Schedule I through the amalgamation of the region's public institutions and health and social services agency, as provided for in the schedule.

For the Montréal and Montérégie regions, five and three integrated health and social services centres, respectively, are constituted through the amalgamation of certain public institutions and, if applicable, the health and social services agency in each region, as provided for in the schedule.

For the Gaspésie-Îles-de-la-Madeleine region, an integrated health and social services centre is constituted through the amalgamation of certain public institutions and the health and social services agency in the region, as provided for in the schedule. Furthermore, the institution mentioned in the schedule becomes an integrated health and social services centre and has the name given in the schedule.

Only an integrated health and social services centre governed by this Act may use the words "integrated health and social services centre" in its name. Similarly, only such a centre that is located in a health region where a university offers a complete undergraduate program in medicine, or that operates a centre designated as a university institute in the social sector, may use the words "integrated university health and social services centre" in its name.

5. For the Capitale-Nationale, Estrie, Montréal, Laval, Laurentides and Montérégie regions, the board of directors of each integrated health and social services centre identified in Schedule I administers the public institutions listed in that schedule with regard to that centre. The institutions so grouped pursue their activities in accordance with their permits.

The organizational structure of each grouped institution is that of the integrated centre, and the centre's president and executive director and management personnel also exercise their functions and responsibilities with regard to the grouped institution, as do all of the centre's boards, councils, authorities and, subject to section 203, committees.

A single budget is granted to the integrated centre for all its activities and those of the grouped institutions administered by its board of directors. The integrated centre files unified financial statements for all the institutions. The centre also files, in a similar manner, any act of an administrative nature, report or other document that must be filed by all the institutions.

6. The name of an integrated health and social services centre, the location of its head office, the missions it pursues and the territory for which it is constituted are those set out in Schedule I. This territory constitutes the institution's territorial health and social services network.

Subject to the special provisions of this Act, such an institution exercises the activities of a public institution as well as the functions, powers and responsibilities of a health and social services agency, except those exercised by an agency with regard to the institutions, which are exercised by the Minister.

Subject to the limitations specified for the missions pursued by the integrated centre, the first paragraph does not have the effect of restricting its services exclusively to the users in its territory.

7. Subject to the special provisions of this Act, an integrated health and social services centre succeeds, by operation of law and without further formality, the amalgamated public institutions and, if applicable, agency. It enjoys all the rights, acquires all the property and assumes all the obligations of those institutions and, if applicable, agency, and the proceedings to which they are a party may be continued by the new institution without continuance of suit.

DIVISION III

UNAMALGAMATED INSTITUTIONS

8. For the purposes of this Act, the following institutions are unamalgamated institutions:

(1) Centre hospitalier de l'Université de Montréal;

(2) Centre hospitalier universitaire Sainte-Justine;

(3) McGill University Health Centre;

(4) Institut de cardiologie de Montréal;

(5) Institut Philippe-Pinel de Montréal;

(6) CHU de Québec–Université Laval; and

(7) Institut universitaire de cardiologie et de pneumologie de Québec–Université Laval.

DIVISION IV**BOARDS OF DIRECTORS OF INTEGRATED HEALTH AND SOCIAL SERVICES CENTRES AND UNAMALGAMATED INSTITUTIONS***§1. — Composition, term of office and qualifications of members*

9. Subject to section 10, the affairs of an integrated health and social services centre are administered by a board of directors composed of the following members:

(1) one general practitioner who practises in the territory of the integrated centre, designated by and from among the members of the regional department of general medicine;

(2) one medical specialist designated by and from among the members of the council of physicians, dentists and pharmacists;

(3) one institution pharmacist, designated by and from among the members of the regional pharmaceutical services committee;

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

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

(6) one person designated by and from among the members of the institution's users' committee;

(7) one person appointed by the Minister from a list of names provided by the bodies identified by the education community as representing that community;

(8) nine independent persons appointed in accordance with sections 15 and 16; and

(9) the president and executive director of the institution, appointed by the Government on the recommendation of the Minister, from a list of names provided by the members referred to in paragraphs 1 to 8.

10. The affairs of an unamalgamated institution, and those of an integrated health and social services centre that is located in a health region where a university offers a complete undergraduate program in medicine, or that operates a centre designated as a university institute in the social sector, are administered by a board of directors composed of the following members:

(1) one general practitioner who practises in the region in which the unamalgamated institution is situated or in the territory of the integrated centre, as applicable, designated by and from among the members of the regional department of general medicine;

(2) one medical specialist designated by and from among the members of the council of physicians, dentists and pharmacists;

(3) one institution pharmacist, designated by and from among the members of the regional pharmaceutical services committee;

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

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

(6) one person designated by and from among the members of the institution's users' committee;

(7) two persons appointed by the Minister from a list of names provided by the bodies identified by the universities with which the institution is affiliated, if applicable;

(8) ten independent persons appointed in accordance with sections 15 and 16; and

(9) the president and executive director of the institution, appointed by the Government on the recommendation of the Minister, from a list of names provided by the members referred to in paragraphs 1 to 8.

11. The foundation of an institution may designate its chair to act as a non-voting observer on the institution's board of directors. If there is more than one foundation for an institution or if the board of directors administers one or more grouped institutions for which there are one or more foundations, the foundations concerned, as a group, designate one of their chairs to act as such. The non-voting observer's term of office must not exceed three years.

For the purposes of paragraph 4 of sections 9 and 10, persons who perform nursing assistant activities are deemed to be members of the institution's council of nurses. For the purposes of paragraph 5 of sections 9 and 10, midwives who have entered into a service contract with an institution under section 259.2 of the Act respecting health services and social services are deemed to be members of the institution's multidisciplinary council.

As in the case of independent members, the persons designated or appointed under paragraphs 6 and 7 of sections 9 and 10 may not be employed by the institution or practice their profession there. In addition, a person, other than

an observer, who is a member of the board of directors of a foundation of the institution may not sit on the institution's board of directors.

12. The Minister determines, by regulation, the procedure for designating the persons referred to in paragraphs 1 to 6 of sections 9 and 10.

The designations are made on the date determined by the Minister. The persons so designated take office on that date.

13. If a position remains vacant after the application of section 12, the Minister appoints a person to the position within 120 days.

14. The lists of names sent to the Minister under paragraph 7 of sections 9 and 10 must contain an equal number of men and women, and consist of at least four names. If the Minister is unable to obtain such a list, the Minister may appoint any person of his or her choice.

The lists referred to in paragraph 9 of sections 9 and 10 must consist of at least two names.

15. Before appointing the independent directors, the Minister must establish competency, expertise or experience profiles in the following areas:

- (1) governance and ethics competency;
- (2) risk management, finance and accounting competency;
- (3) human, property and information resources competency;
- (4) auditing, performance and quality management competency;
- (5) expertise with respect to community organizations;
- (6) youth protection expertise;
- (7) rehabilitation expertise;
- (8) mental health expertise; and
- (9) experience as a user of social services.

For each board of directors of an integrated health and social services centre, the Minister must appoint one independent director for each of the profiles listed in subparagraphs 1 to 9 of the first paragraph. If such an institution is located in a health region where a university offers a complete undergraduate program in medicine, or operates a centre designated as a university institute in the social sector, an additional independent director must be appointed for the profile referred to in subparagraph 7 of that paragraph. In the case of the board of directors of an unamalgamated institution, at least one independent

director must be appointed for each of the profiles listed in subparagraphs 1 to 4 and 9 of the first paragraph.

In the case of the board of directors of an integrated health and social services centre, one of the independent directors corresponding to a profile listed in any of subparagraphs 1 to 4 of the first paragraph must be appointed from a list of names provided by the regional committee formed in accordance with section 510 of the Act respecting health services and social services.

16. For the purposes of the independent director appointment process, the Minister establishes one or more committees of governance experts to make recommendations to the Minister, in particular with regard to the candidates to be considered and to what extent their profile corresponds to the profiles established under the first paragraph of section 15.

Each expert committee is composed of seven members appointed by the Minister. Four of those members are appointed on the recommendation of a body identified by the Minister and having recognized expertise in the governance of public bodies. At the time of appointment, each of the other three members must have experience as a chair of the board of directors of an institution. Members of an expert committee may not, in any capacity, be designated or appointed as members of the board of directors.

Each expert committee's candidate selection process must include a general invitation for applications. The committee proposes two candidates to the Minister for each position to be filled.

17. When appointing directors, the Minister must ensure adequate representation of the various parts of the territory served by the institution; he or she must also take into account the sociocultural, ethnocultural, linguistic and demographic composition of the user population.

In addition, the board of directors must be composed of an equal number of women and men. An equal number is presumed if the difference is not more than two.

The president and executive director is not counted.

18. The Government determines the allowances, indemnities or remuneration of the members of the board of directors.

19. Board members other than the president and executive director are appointed for a term of office not exceeding three years.

Board members remain in office until redesignated, reappointed or replaced.

20. Any vacancy occurring during the term of office of a member of the board of directors must be filled for the remainder of that member's term.

In the case of a designated member, the vacancy is filled by resolution of the board provided the person who is the subject of the resolution is qualified to sit on the board in the same capacity as the member being replaced. A vacancy that is not filled by the board within 120 days may be filled by the Minister.

In the case of an appointed member, the vacancy is filled by the Minister, who is not required in such a case to follow the appointment rules set out in sections 15 and 16. The Minister may, however, request the institution's president and executive director to propose candidates.

Absence from the number of board meetings determined in the institution's by-laws, in the cases and circumstances specified, constitutes a vacancy.

21. Sections 131 to 133 and 150 to 153 of the Act respecting health services and social services apply, with the necessary modifications, to the board of directors of an integrated health and social services centre or an unamalgamated institution.

§2. — *Operation*

22. Every two years, the Minister designates one of the independent directors as chair.

The Minister may thus designate the same person more than once.

23. Every two years, the board of directors elects one of its members as secretary and one of its independent members as vice-chair.

If the chair of the board is absent or unable to act, the vice-chair acts as chair.

24. Section 158 of the Act respecting health services and social services applies, with the necessary modifications, to the chair of the board of directors.

25. Sections 160 to 164 of the Act respecting health services and social services apply, with the necessary modifications, to the meetings of the board of directors.

26. Section 166, the first paragraph of section 168 and section 169 of the Act respecting health services and social services apply, with the necessary modifications, to the documents and records of the board of directors.

27. If the board of directors administers more than one institution, the board's minutes must specify which of those institutions are bound by a decision it makes. Otherwise, all the institutions are bound by the decision.

The minutes of the board of directors of an integrated health and social services centre, its correspondence and any other document binding the

institution and, if applicable, a grouped institution, are to be kept at the head office of the integrated centre.

§3. — *Powers and obligations of the board of directors*

28. The board of directors of an integrated health and social services centre or an unamalgamated institution administers the affairs of such an institution and, if applicable, the affairs of a grouped institution and exercises all their powers except those granted to members of a legal person referred to in section 139 of the Act respecting health services and social services for the purposes of sections 180, 181.1, 262.1, 322.1 and 327 of that Act.

In addition, the board of directors of an integrated centre must obtain consent, by at least a two-thirds majority of the votes cast by the members of a grouped institution it administers, with regard to any decision of a cultural or linguistic nature relating to access to services provided in the facilities of that institution.

29. The board of directors organizes the institution's services in keeping with province-wide orientations.

In addition, the board of directors equitably distributes, within the bounds of the resource envelopes allocated by service program, the human, physical and financial resources at its disposal, taking into account the characteristics of the population it serves, and ensures that such resources are used economically and efficiently.

30. The board of directors of an integrated health and social services centre or an unamalgamated institution must, at least once a year, hold a public information meeting to which the public is invited. The meeting may be held at the same time as a meeting provided for in section 176 of the Act respecting health services and social services.

The board of directors must give public notice of the date, time and place of the meeting at least 15 days in advance.

At the meeting, the board members must present to the public the information contained in the institution's activity report and annual financial report.

The report on the application of the complaint examination procedure, on user satisfaction and on the enforcement of user rights referred to in section 76.10 of the Act respecting health services and social services must also be presented to the public at the public information meeting.

The board members must answer any questions put to them regarding the reports presented to the public.

The procedure for calling and conducting the meeting must be determined by by-law of the institution.

31. Sections 172 to 176 and 178 to 181.0.3 of the Act respecting health services and social services apply, with the necessary modifications, to the board of directors of an integrated health and social services centre or an unamalgamated institution.

DIVISION V

PRESIDENT AND EXECUTIVE DIRECTOR AND ASSISTANT PRESIDENT AND EXECUTIVE DIRECTOR OF INTEGRATED HEALTH AND SOCIAL SERVICES CENTRES AND UNAMALGAMATED INSTITUTIONS

32. The president and executive director is responsible for the administration and operation of the integrated health and social services centre or unamalgamated institution within the scope of its by-laws.

The president and executive director exercises the functions of office on a full-time basis, sees to it that the decisions of the board of directors are carried out, and ensures that all the information the board requires, or needs in order to assume its responsibilities, is transmitted to it.

The president and executive director must also ensure that the institution's clinical activity is coordinated and supervised.

33. The president and executive director is assisted by an assistant president and executive director appointed by the board of directors.

If the president and executive director is absent or unable to act, his or her functions and powers are exercised by the assistant president and executive director.

The person who occupies the position of assistant president and executive director must exercise functions on a full-time basis within the institution.

34. The Government determines the remuneration, employee benefits and other conditions of employment of the president and executive director.

The Minister determines, by regulation, the standards and scales governing the selection, appointment, hiring, remuneration, employee benefits and other conditions of employment of the assistant president and executive director.

A regulation under this section must be authorized by the Conseil du trésor.

35. Subject to the second paragraph of section 37, no person may pay to the president and executive director or assistant president and executive director a remuneration or grant them a benefit other than those provided for by this Act or by a regulation made under the second paragraph of section 34.

Any person who contravenes the second paragraph is guilty of an offence and is liable to a fine of \$2,500 to \$25,000 in the case of a natural person or \$5,000 to \$50,000 in any other case. A president and executive director or assistant president and executive director who accepts such a remuneration or benefit is guilty of an offence and is liable to a fine of \$2,500 to \$25,000.

36. The president and executive director and the assistant president and executive director are appointed for a term of office not exceeding four years.

When their term expires, they remain in office until replaced or reappointed.

37. The president and executive director and the assistant president and executive director of an integrated health and social services centre or an unamalgamated institution must devote themselves exclusively to the work of the institution and the duties of their office.

However, with the Minister's consent, they may engage in other professional activities, whether remunerated or not. They may also carry out any mandate the Minister entrusts to them.

If an assistant president and executive director contravenes this section, the board of directors may impose sanctions, including dismissal.

On ascertaining that the president and executive director or assistant president and executive director is contravening this section, the board must inform the Minister of the situation.

CHAPTER III

CONTINUITY AND COORDINATION OF SERVICES

38. An integrated health and social services centre assumes the responsibilities assigned to a local authority by sections 99.5 to 99.7 of the Act respecting health services and social services for the local health and social services networks in its territorial health and social services network. The integrated health and social services centre is responsible for ensuring the development and smooth operation of those local health and social services networks.

39. An integrated health and social services centre must establish, in collaboration with any other public institution concerned, all the regional or inter-regional service corridors required to meet the needs of the population in its territory.

Once established, the corridors apply to the institutions concerned. The integrated centre sees to the implementation of the corridors.

The Centre intégré universitaire de santé et de services sociaux de l'Estrie—Centre hospitalier universitaire de Sherbrooke and the Centre intégré de santé et de services sociaux de la Montérégie-Centre must ensure the coordination

of the services offered to users in the territories of the Réseau local de services de la Haute-Yamaska and the Réseau local de services de la Pommeraie.

40. If of the opinion that special regional or inter-regional service corridors must be established to ensure that a region's users have continuity of services and access to services within a reasonable time, the Minister may request that an integrated health and social services centre establish them jointly with any other public institution concerned.

41. Corridors for specialized or superspecialized services must be established after consultation with the integrated university health network that serves the region.

42. If of the opinion that the corridors established are inadequate to ensure continuity of services or access to services within a reasonable time, or after noting that such corridors have not been established despite the Minister's request, the Minister may modify them or establish them.

The new corridors become applicable to the institutions concerned as soon as they are informed of the Minister's decision.

43. A public institution may not refuse care to a user referred to its services by another public institution in accordance with the applicable service corridors, unless it has serious reasons for doing so.

44. In each region having more than one integrated health and social services centre, the integrated centres that operate a child and youth protection centre and those that operate a rehabilitation centre serve, for each of those missions, the region's entire population.

In such regions, any integrated centre that does not operate a child and youth protection centre must enter into an agreement with any integrated centre that operates such a centre. The agreement sets out the terms governing patient management by the first integrated centre with regard to users in its territory who require care or services to supplement those provided by the second integrated centre.

In the regions concerned, similar agreements must be entered into between any integrated centre that does not operate a rehabilitation centre and any integrated centre that does, and between all integrated centres that operate rehabilitation centres belonging to different classes.

CHAPTER IV

ADAPTATION AND APPLICATION OF CERTAIN PROVISIONS

DIVISION I

PRELIMINARY PROVISION

45. The purpose of this chapter is to adapt, specify and, in certain cases, modify the application of various legislative and regulatory provisions in light of the amendments made by this Act to the organization and governance of the health and social services network.

Accordingly, the chapter contains general interpretation provisions and, when required, special application provisions. Such provisions must be read in light of the modifications required for their application.

DIVISION II

GENERAL INTERPRETATION PROVISIONS

46. Subject to the special provisions of this Act, the provisions of any text applicable to a public institution also apply, with the necessary modifications and unless the context indicates otherwise, to an integrated health and social services centre or an unamalgamated institution.

Subject to the same conditions and in any text, a reference to a health and social services agency is a reference to an integrated health and social services centre, except if the provision concerns the functions, powers and responsibilities that an agency exercises with regard to an institution, in which case, it is a reference to the Minister.

For the purposes of the second paragraph, the functions and powers that an agency exercises with regard to an institution include any approval, authorization, recommendation, indication, identification, designation, notice, opinion or advice.

47. Subject to the special provisions that it specifies, any provision of this Act that concerns or applies to an unamalgamated institution also concerns or applies to a grouped institution.

48. Subject to the special provisions of this Act and for the purposes of any text, the requests, documents, information, notices, details or proposals that are to be sent to a health and social services agency must be sent to the Minister. References to an obligation to consult an agency do not apply.

If a text provides that a power may be exercised or a request made by the Minister and an agency, only the Minister may act.

49. Any provision of a text that mentions an amalgamated institution by name continues to apply to the new institution resulting from an amalgamation, but only with regard to the facilities indicated on the amalgamated institution's most recent permit or with regard to the persons who hold an office or practise their profession there.

50. Subject to the special provisions of this Act, in any text, a reference to the executive director of a public institution is a reference to the president and executive director of an integrated health and social services centre or of an unamalgamated institution, with the necessary modifications.

However, for the purposes of any of sections 203, 204, 207, 208, 208.2 and 208.3 of the Act respecting health services and social services or section 31 of the Youth Protection Act (chapter P-34.1), the board of directors of an institution may provide that the responsibilities referred to in those sections are to be exercised by the institution's director of professional services, director of nursing care, midwifery services coordinator or director of youth protection, under the authority of the president and executive director, or of an assistant president and executive director determined by the board.

DIVISION III

SPECIAL APPLICATION PROVISIONS

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

51. Complaints filed under section 60 of the Act respecting health services and social services (chapter S-4.2) are examined by an integrated health and social services centre in accordance with sections 29 to 59 of the Act.

However, in regions having more than one integrated centre, complaints concerning a community organization referred to in section 334 of the Act are examined by the integrated centre resulting from the amalgamation of the agency and other institutions.

52. Sections 62 to 72 and 76.12 of the Act do not apply to an integrated health and social services centre.

53. The Minister tables in the National Assembly the report submitted by any integrated health and social services centre or unamalgamated institution under section 76.10 of the Act within 30 days of receiving it or, if the Assembly is not sitting, within 30 days of the opening of the next session or resumption.

54. Sections 182.0.2 to 182.0.4 of the Act do not apply to a public or private institution governed by the Act.

55. Public institutions must enter into a management and accountability agreement with the Minister.

The agreement must contain a definition of the institution's mission, the objectives it wishes to achieve while the agreement is in force and the main indicators to be used to measure results.

The institution must establish an action plan describing the means for implementing the agreement and the resources available to do so.

This agreement and the action plan derived from it must make it possible to implement the strategic directions determined by the Minister.

56. Sections 192.1 to 201 of the Act do not apply to the president and executive director of an integrated health and social services centre or of an unamalgamated institution.

57. The assistant president and executive director, senior administrators and senior management officers of an integrated health and social services centre or an unamalgamated institution may not, on pain of sanctions which may include dismissal, have a direct or indirect interest in an undertaking that causes their personal interest to conflict with that of the institution. However, such sanctions do not apply if the interest devolves to them by succession or gift, provided they renounce it or, after informing the board, dispose of it within the time determined by the board.

A dismissed assistant president and executive director, senior administrator or senior management officer becomes, for a period of three years, inapt to occupy any of those positions in any public institution.

On ascertaining that an assistant president and executive director, senior administrator or senior management officer is in conflict of interest, the board of directors must impose the necessary sanctions. It must also, within the next 10 days, inform the Minister of the situation in writing, including the sanctions that have been imposed.

The second paragraph of section 154 of the Act applies, with the necessary modifications, to the assistant president and executive director, senior administrator or senior management officer.

58. Within 60 days after being appointed, the assistant president and executive director, senior administrators and senior management officers must file with the board of directors a written statement of any pecuniary interests they have in legal persons, partnerships or enterprises that could enter into a contract with any health and social services institution. The statement must be updated within 60 days of the acquisition of such an interest by those persons and, each year, within 60 days from the anniversary of their appointment.

They must also file with the board of directors a written statement concerning the existence of any professional services contract between an institution and a legal person, partnership or enterprise in which they have a pecuniary interest, within 30 days after the contract is entered into.

59. Full-time senior administrators and senior management officers of an integrated health and social services centre or an unamalgamated institution must, under pain of sanctions which may include dismissal, devote themselves exclusively to the work of their institution and the duties of their office. However, they may carry out any mandate the Minister entrusts to them.

Section 200 of the Act also applies to those persons.

60. The users' committee of an integrated health and social services centre is composed of at least six members elected by all the chairs of the users' committees of all the amalgamated or grouped institutions that continue to exist under section 203, and of five representatives of the in-patients' committees designated by all the in-patients' committees set up under the third paragraph of section 209 of the Act.

An integrated health and social services centre must allocate to the users' committee the special budget provided for that purpose in its operating budget.

61. In addition to the requirements set out in section 242 of the Act, the resolution of the board of directors of an integrated health and social services centre must specify the facilities of the institution or grouped institution with regard to which privileges are granted to a physician or dentist. The resolution by which the board appoints a pharmacist under section 247 of the Act must also specify the facilities with regard to which the appointment applies.

In addition, the resolution must provide that, in the event that urgent or semi-urgent problems arise with regard to access to services at another facility of the integrated centre or of a grouped institution, a physician, dentist or pharmacist must, at the request of the director of professional services, the chair of the council of physicians, dentists and pharmacists, the head of a clinical department or, if these persons are absent or unable to act, the president and executive director of the integrated centre, provide temporary support at the facility indicated to him or her, collectively with the other members of his or her service or department.

In such cases, the professional qualifications of the physician, dentist or pharmacist concerned are taken into account, as are the staffing requirements of their facilities and the necessity of avoiding significant access problems with regard to the services in those facilities. The provision of temporary support may not have the effect of calling into question the person's primary practice in the facility where he or she works, does not apply with regard to a facility located 70 or more kilometres from that facility, and may not exceed a period of three months, which may be renewed after the situation has been re-evaluated.

62. In addition to the information required under section 278 of the Act, the integrated health and social services centre's annual activity report must, if applicable, include the information required under the fourth paragraph of section 391 of the Act with regard to community organizations.

63. The Minister tables in the National Assembly the annual report submitted by each integrated health and social services centre or unamalgamated institution under section 278 of the Act within 30 days of receiving it or, if the Assembly is not sitting, within 30 days of the opening of the next session or resumption.

64. The budgetary rules established by an integrated health and social services centre or an unamalgamated institution under the first paragraph of section 283 of the Act must not permit transfers of sums allocated to a service program, except with the authorization of the Minister, which can be given only in exceptional circumstances.

65. An integrated health and social services centre or an unamalgamated institution may use the services of an intermediate resource to carry out the mission of a centre it operates. It may also use the services of a family-type resource for the placement of adults or elderly persons and, if it operates a centre referred to in the second or third paragraph of section 310 of the Act, for the placement of children.

The institution itself recruits resources on the basis of its users' needs, in compliance with the general criteria determined by the Minister. It also sees to their assessment.

66. Sections 301, 304, 305, 305.1 to 305.3 and 307 of the Act do not apply.

For the purposes of section 302 of the Act, the reference to a resource recognized by an agency is a reference to a resource that has entered into an agreement with an institution.

An integrated health and social services centre or, in regions having more than one such centre, the one resulting from the amalgamation of the agency and other institutions, must maintain a register of resources that have entered into an agreement with an institution in the region, classified by type of clientele.

67. Two or more institutions may use the services of the same intermediate resource. The institutions concerned jointly decide on the professional follow-up of users and the payments to be made to the resource.

68. One or two persons who fit the descriptions given in the first or second paragraph, as applicable, of section 312 of the Act, except with regard to the reference to their recognition, are a foster family or a foster home.

69. In regions having more than one integrated health and social services centre, the one resulting from the amalgamation of the agency and other institutions exercises the powers of the agency set out in section 336 of the Act.

70. Section 339 of the Act does not apply. However, the Government may, by order, modify the territory of a health region.

71. Subject to the special provisions of this Act, the functions assigned to an agency by section 340 of the Act are exercised by the integrated health and social services centre or the Minister as follows:

(1) the integrated health and social services centre must enlist the public's participation in the management of the health and social services network and ensure that users' rights are respected;

(2) the integrated health and social services centre must ensure that health services and social services are provided to users safely;

(3) the Minister is responsible for allocating budgets to institutions;

(4) the integrated health and social services centre is responsible for granting subsidies to community organizations and financial allowances to private resources referred to in the first paragraph of section 454;

(5) the Minister is responsible for granting the subsidies referred to in the second paragraph of section 454 of the Act to community organizations;

(6) the integrated health and social services centre must ensure the coordination of the specific medical activities of physicians who are under an agreement referred to in section 360 or section 361.1 of the Act and the activities of the community organizations, intermediate resources and private nursing homes and community organizations referred to in section 454 of the Act and foster their cooperation with the other agents of community development;

(7) the Minister must ensure the coordination of the activities of institutions within the same region, as well as the coordination of services between institutions of neighbouring regions;

(8) the integrated health and social services centre must implement measures for the protection of public health and for the social protection of individuals, families and groups;

(9) the integrated health and social services centre must ensure that the human, physical and financial resources at its disposal are economically and efficiently managed;

(10) the integrated health and social services centre exercises the responsibilities assigned to an agency by the Act respecting pre-hospital emergency services (chapter S-6.2);

(11) the integrated health and social services centre must ensure management accountability on the basis of province-wide targets and recognized standards of accessibility, integration, quality, effectiveness and efficiency;

(12) the Minister is responsible for supporting institutions in the organization of their services and becoming involved with them to foster the signing of service agreements designed to meet the needs of the general public or, if no agreement is entered into, for indicating, in accordance with section 105.1 of the Act respecting health services and social services, the contribution expected of each institution;

(13) the Minister must allow the use of numerous standard agreement models in order to facilitate the making of agreements under subparagraph 12;

(14) the Minister must ensure that the mechanisms for referral and for service coordination between institutions are established and functional;

(15) the Minister may develop information and management tools for the institutions and adapt them to the distinctive characteristics of those institutions;

(16) the integrated health and social services centre must establish procedures and mechanisms for informing the general public and enlisting the public's participation in the organization of services, and ascertaining their level of satisfaction with the results obtained; the integrated health and social services centre must report on the application of this paragraph in a separate section of its annual management report;

(17) the integrated health and social services centre must develop mechanisms for the protection of users and for user rights advocacy.

72. Sections 341 to 342.1 of the Act do not apply to an integrated health and social services centre.

73. Section 343.0.1 of the Act does not apply to an integrated health and social services centre.

74. In regions having more than one integrated health and social services centre, the function assigned to an agency by subparagraph 1 of the first paragraph of section 346 of the Act is exercised by the integrated centre resulting from the amalgamation of the agency and other institutions.

In addition, subparagraphs 2, 4 and 5 of the first paragraph of that section do not apply to an integrated centre.

75. Sections 346.1 to 346.3 of the Act do not apply to an integrated health and social services centre.

76. Each public institution must, in the centres it specifies, develop a program of access to English-language health services and social services for the English-speaking population it serves or, if applicable, develop such a program jointly with other public institutions in the centres it specifies that are operated by those institutions.

The program must identify the English-language services that are available in the specified facilities. It must also set out the language requirements for the recruitment or assignment of the personnel needed to provide such services.

A public institution may, with the consent of a private institution under agreement, specify in its access program any services that may be provided to its users by the private institution under an agreement.

The program must take into account the institution's human, physical and financial resources; it must also be approved by the Government and revised at least once every five years.

77. For the purposes of section 349.1 of the Act, an integrated health and social services centre or an unamalgamated institution proposes directly to the Minister that it become associated with the operator of one of the places referred to in the second paragraph of that section.

The proposal so made by an institution is considered the proposal of the agency referred to in sections 349.2 and 349.3 of the Act.

The agreement required under section 349.3 of the Act must be signed by the Minister and the integrated health and social services centre, and the amount paid to the clinic under subparagraph 3 of the first paragraph of that section must be paid by the institution.

78. The power conferred on an agency under section 349.8 of the Act is exercised by the Minister.

79. For the purposes of section 349.9 of the Act, the Minister determines, after consulting with the region's institutions, whether access difficulties exist with respect to the services in the area of jurisdiction concerned.

80. Sections 350 and 351 of the Act do not apply to an integrated health and social services centre.

81. An integrated health and social services centre must take the measures necessary to coordinate its activities with those of other institutions, community organizations, and physicians subject to an agreement referred to in section 360 of the Act in order to rationalize the use of resources, ensure that they are equitably distributed, take into account the complementary character of institutions, specialized medical centres, community organizations and private health facilities, eliminate duplication of services and allow joint services to be set up.

82. The Minister may mandate an integrated health and social services centre to take the measures required to coordinate its services with those of the institutions in neighbouring regions.

83. Each public or private institution under agreement must submit its criteria for access to services to the integrated health and social services centre for approval, in particular with respect to the admission and discharge of users and the policies for their transfer. In regions having more than one integrated centre, the one resulting from the amalgamation of the agency and other institutions is responsible for approving access criteria.

The Minister may require a public or private institution under agreement with a special vocation to submit its access criteria directly to the Minister for approval. In such cases, the Minister must obtain the opinion of the integrated centre concerned.

84. An integrated health and social services centre or, in regions having more than one such centre, the one resulting from the amalgamation of the agency and other institutions, must set up and manage a regional access mechanism for the services determined by the Minister.

Each public or private institution under agreement must receive any person referred to its services in accordance with the regional services access mechanism.

85. An integrated health and social services centre exercises the functions set out in paragraphs 1 to 3 of section 359 of the Act, except in regions having more than one such centre, in which case those functions are exercised jointly by all the integrated centres. For each of those regions, the Minister determines which integrated centre is to set up the regional information system described in paragraph 4 of that section.

86. In regions having more than one integrated health and social services centre, the functions assigned to an agency by sections 361 and 361.1 of the Act are exercised by the integrated centre resulting from the amalgamation of the agency and other institutions.

In addition, the physician's application referred to in section 362 of the Act is sent to the integrated centre concerned.

87. Sections 370.1, 370.2, 370.4 to 370.6 and 370.8 of the Act do not apply.

The responsibilities of the regional nursing commission under section 370.3 of the Act and those of the regional multidisciplinary commission under section 370.7 of the Act are assumed, respectively, by the council of nurses and the multidisciplinary council of an integrated health and social services centre. In regions having more than one integrated centre, they are assumed by the one resulting from the amalgamation of the agency and other institutions.

88. Subparagraphs 3 and 4 of the first paragraph of section 371 of the Act do not apply.

In addition, in regions having more than one integrated health and social services centre, the functions assigned to an agency by sections 371 to 372.1 and 374 of the Act are exercised by the integrated centre resulting from the amalgamation of the agency and other institutions.

89. The Minister may, under section 372 of the Act, appoint a single public health director to be responsible for two or more regions determined by the Minister.

90. In addition to the responsibilities set out in section 373 of the Act, the public health director coordinates services and the use of resources for the purposes of the regional public health plan provided for by the Public Health Act (chapter S-2.2).

91. The Minister exercises the functions assigned to agencies by sections 376 and 377 of the Act.

92. For the purposes of section 380 of the Act, the reference to the agency is a reference to the integrated health and social services centre.

93. In addition to the functions the Minister assumes under section 383 of the Act, the Minister may, to the extent the Minister believes such action to be justified by the need to optimize resources and after consulting with the public or private institution under agreement concerned, oblige such an institution to use the services of a joint procurement group or to participate in a call for tenders held by such a group. The institution may be relieved of this obligation if it demonstrates, to the satisfaction of the Minister, that such a decision will not achieve the desired objectives.

94. The second paragraph of section 384 and sections 385, 385.1 to 385.8 and 385.10 of the Act do not apply to an integrated health and social services centre.

95. Section 385.9 of the Act applies to an integrated health and social services centre and to an unamalgamated institution.

96. Sections 386 to 396 of the Act do not apply to an integrated health and social services centre.

97. The recommendations mentioned in subparagraph 1 of the first paragraph of section 417.2 of the Act must be sent to the Minister.

98. Sections 417.10 to 417.16 of the Act do not apply to an integrated health and social services centre.

99. For the purposes of section 436.6 of the Act, a reference to an agency is a reference to an integrated health and social services centre.

100. For the purposes of paragraph 2 of section 436.7 of the Act, a reference to the agency is a reference to the Minister.

101. Subparagraph 7 of the first paragraph of section 436.8 of the Act does not apply to an integrated health and social services centre.

102. An integrated health and social services centre exercises, for its territory and even with regard to private institutions not under agreement, the functions assigned to the agency by the first paragraph of section 454 of the Act. The Minister exercises the functions provided for in the second paragraph of that section.

In addition, for the purposes of sections 457, 459 and 460 of the Act, a reference to the agency is a reference to an integrated health and social services centre.

103. For the purposes of the second paragraph of section 463 of the Act, the reference to the agencies is a reference to the public and private institutions.

The third paragraph of that section does not apply.

104. Each year, after consulting with the institutions, the Minister establishes budgetary rules to determine the amount of operating and capital expenditures that may be covered by subsidies to be allocated to the institutions.

The budgetary rules also govern subsidies to be allocated to other eligible persons, bodies and organizations that fulfil a special obligation arising from the Act respecting health services and social services or an agreement entered into in accordance with that Act.

The budgetary rules must be submitted to the Conseil du trésor for approval and, once approved, are public.

105. Each year, the Minister establishes special budgetary rules for the institutions with respect to their management and the granting of subsidies to community organizations and accredited private resources.

The rules applicable to institutions with respect to their management must provide for separate accounts to be kept for each service program.

106. In sections 466 and 475 of the Act, a reference to sections 464 and 465 of the Act is a reference to sections 104 and 105 of this Act.

In addition, the third paragraph of section 475 of the Act does not apply.

107. For the purposes of section 509 of the Act, the reference to an agency is a reference to a public institution.

108. For the purposes of section 510 of the Act, the references to an agency in the first paragraph are references to a public institution and the reference to an agency in the third paragraph is a reference to an integrated health and social services centre or, for regions having more than one integrated centre, to the one resulting from the amalgamation of the agency and other institutions.

The by-law referred to in the second paragraph of section 510 of the Act must prescribe that a regional committee is to be composed of not fewer than seven nor more than eleven members who are representative of the region's English-speaking population. It must also prescribe that the members of the committee are to be appointed by the board of directors of the integrated centre from a list of names provided by organizations that promote the interests of English speakers and are identified by the provincial committee set up in accordance with section 509 of the Act.

In the Montréal region, the lists of names are provided by organizations that promote the interests of English speakers and are identified by the integrated centres recognized under section 29.1 of the Charter of the French language.

In regions having more than one public institution, the by-law mentioned in the second paragraph is adopted after consultation with those institutions.

109. The second paragraph of section 520.2 of the Act does not apply to an integrated health and social services centre.

110. The first three paragraphs of section 520.3.1 of the Act do not apply to an integrated health and social services centre.

DIVISION IV

OTHER ACTS AND REGULATIONS

ACT TO PROVIDE FOR BALANCED BUDGETS IN THE PUBLIC HEALTH AND SOCIAL SERVICES NETWORK

111. Sections 5 and 6 of the Act to provide for balanced budgets in the public health and social services network (chapter E-12.0001) do not apply.

At the beginning of the fiscal year, the Minister sends each institution the amount of the sums allotted to it. The Minister also informs them of the ministerial policies and priorities to be complied with as regards budgetary balance, budgeting, services and, for integrated health and social services centres, subsidies and the allocation of resources.

112. In section 7 of the Act, a reference to the agency is a reference to the Minister and the reference to section 6 of the Act is a reference to the second paragraph of section 111 of this Act.

113. Section 8 of the Act, and the reference to that section 8 in section 14 of the Act, do not apply to an integrated health and social services centre.

TAXATION ACT

114. For the purposes of the definition of “private seniors’ residence” in section 1029.8.61.1 of the Taxation Act (chapter I-3), the reference to the health and social services agency for the region in which the facility is situated is a reference to the Minister.

ACT RESPECTING THE SHARING OF CERTAIN HEALTH INFORMATION

115. For the purposes of section 13 of the Act respecting the sharing of certain health information (chapter P-9.0001), a reference to an agency is a reference both to an integrated health and social services centre and to an unamalgamated institution.

ACT RESPECTING THE DETERMINATION OF THE CAUSES AND CIRCUMSTANCES OF DEATH

116. For the purposes of the second paragraph of section 33 of the Act respecting the determination of the causes and circumstances of death (chapter R-0.2), the reference to an agency is a reference to the Minister.

ACT RESPECTING THE REPRESENTATION OF FAMILY-TYPE RESOURCES AND CERTAIN INTERMEDIATE RESOURCES AND THE NEGOTIATION PROCESS FOR THEIR GROUP AGREEMENTS

117. The third paragraph of section 55 of the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements (chapter R-24.0.2) does not apply to an integrated health and social services centre.

ACT RESPECTING OCCUPATIONAL HEALTH AND SAFETY

118. For the purposes of the Act respecting occupational health and safety (chapter S-2.1), the reference to an agency is, in all cases, a reference to an integrated health and social services centre. For regions having more than one integrated centre, a reference to the agency is, in all cases, a reference to the integrated centre resulting from the amalgamation of the agency and other institutions.

PUBLIC HEALTH ACT

119. For the purposes of the second paragraph of section 10 of the Public Health Act (chapter S-2.2), the parameters concerned must enable, as far as possible, a comparison of the health outcomes obtained throughout Québec with those obtained for each health region and, at the regional level, a

comparison of the health outcomes obtained in the various parts of the territories served by the integrated health and social services centres specified by the Minister.

120. For the purposes of sections 11, 13, 15 and 17 of the Act, a reference to an agency is a reference to the public health director.

For the purposes of sections 11, 12, 13 and 17 of the Act, a reference to the territory, the territory of the agency or the regional board's territory is a reference to the region.

In addition, for the purposes of sections 11 and 13 of the Act, a reference to an institution operating a local community service centre is a reference to an integrated health and social services centre.

121. Section 14 of the Act does not apply.

In addition, the obligation incumbent on institutions operating a local community service centre under section 17 of the Act does not apply.

122. The regional action plan developed by an integrated health and social services centre in accordance with section 11 of the Act must include measures that take into account the specific characteristics of the population living in the region. These measures are developed in collaboration with, in particular, the public institutions in the region and, if applicable, the community organizations concerned.

ACT RESPECTING PRE-HOSPITAL EMERGENCY SERVICES

123. For the purposes of the Act respecting pre-hospital emergency services (chapter S-6.2), a reference to an agency is, in all cases, a reference to an integrated health and social services centre. For the Montérégie and Gaspésie-Îles-de-la-Madeleine regions, a reference to an agency is, in all cases, a reference to an integrated centre resulting from the amalgamation of the agency and other institutions.

However, the functions and responsibilities assigned to an agency by sections 9, 10, 11 and 53 of the Act must be exercised jointly by the integrated centre mentioned in the first paragraph and the Minister.

ACT RESPECTING END-OF-LIFE CARE

124. For the purposes of the second paragraph of section 37 of the Act respecting end-of-life care (chapter S-32.0001), the reference to the health and social services agency territory is a reference to the region.

ACT RESPECTING BARGAINING UNITS IN THE SOCIAL AFFAIRS SECTOR

125. For the purposes of section 9 of the Act respecting bargaining units in the social affairs sector (chapter U-0.1), a bargaining unit may only include employees whose home base is in the same region.

126. For the purposes of section 13 of the Act, an amalgamation or grouping under this Act is deemed to be an amalgamation or integration referred to, respectively, in sections 323 and 330 of the Act respecting health services and social services (chapter S-4.2).

INDIVIDUAL AND FAMILY ASSISTANCE REGULATION

127. For the purposes of the first paragraph of section 88.1 of the Individual and Family Assistance Regulation (chapter A-13.1.1, r. 1), the reference to a health and social services agency is a reference to the Minister.

REGULATION RESPECTING ACCESS AUTHORIZATIONS AND THE DURATION OF USE OF INFORMATION HELD IN A HEALTH INFORMATION BANK IN A CLINICAL DOMAIN

128. For the purposes of section 16 of the Regulation respecting access authorizations and the duration of use of information held in a health information bank in a clinical domain (chapter P-9.0001, r. 1), the reference to an agency is a reference to both an integrated health and social services centre and an unamalgamated institution.

REGULATION RESPECTING THE SUPPLY OF MEDICATIONS TO AMBULANCE TECHNICIANS BY AN INSTITUTION

129. For the purposes of section 1 of the Regulation respecting the supply of medications to ambulance technicians by an institution (chapter P-10, r. 17), the reference to the territory of the health and social services agency responsible for the institution is a reference to the region in which that institution is situated.

REGULATION RESPECTING OCCUPATIONAL HEALTH SERVICES

130. For the purposes of section 3 of the Regulation respecting occupational health services (chapter S-2.1, r. 16), the reference to an agency is a reference to an integrated health and social services centre. For regions having more than one such centre, the reference is to the integrated centre resulting from the amalgamation of the agency and other institutions.

REGULATION RESPECTING THE CONDITIONS FOR OBTAINING A
CERTIFICATE OF COMPLIANCE AND THE OPERATING STANDARDS
FOR A PRIVATE SENIORS' RESIDENCE

131. For the purposes of the Regulation respecting the conditions for obtaining a certificate of compliance and the operating standards for a private seniors' residence (chapter S-4.2, r. 5.01), a reference to a local authority is a reference to an integrated health and social services centre.

In addition, for the purposes of sections 7, 11, 26, 38, 79, 80 and 82 of the Regulation, a reference to an agency is a reference to the Minister.

REGULATION RESPECTING CERTAIN TERMS OF EMPLOYMENT
APPLICABLE TO OFFICERS OF AGENCIES AND HEALTH AND
SOCIAL SERVICES INSTITUTIONS

132. Section 11.5 of the Regulation respecting certain terms of employment applicable to officers of agencies and health and social services institutions (chapter S-4.2, r. 5.1) applies only with regard to an officer physician position referred to in section 8.1 of the Regulation.

133. The function assigned to an agency by section 80 of the Regulation is exercised by the Minister.

134. For the purposes of section 80.1 of the Regulation, the reference to agencies is a reference to public institutions and to private institutions under agreement.

135. An officer enjoys the employment stability measures provided for in the Regulation, but the total time period covered by all the measures must not exceed 36 months.

136. If a position is eliminated because of a reorganization carried out pursuant to this Act, the maximum end-of-engagement indemnity provided for in sections 116 and 124 of the Regulation may not exceed 12 months' salary.

REGULATION RESPECTING CERTAIN TERMS OF EMPLOYMENT
APPLICABLE TO SENIOR ADMINISTRATORS OF AGENCIES AND OF
PUBLIC HEALTH AND SOCIAL SERVICES INSTITUTIONS

137. Division 1 of Chapter 2 of the Regulation respecting certain terms of employment applicable to senior administrators of agencies and of public health and social services institutions (chapter S-4.2, r. 5.2) does not apply.

138. The third paragraph of section 27.1 of the Regulation applies, except with regard to the reference to agencies.

139. The function assigned to an agency by section 91 of the Regulation is exercised by the Minister.

140. For the purposes of section 91.1 of the Regulation, the reference to the agencies is a reference to public institutions and to private institutions under agreement.

141. The copies of the documents mentioned in the third paragraph of section 132.1 of the Regulation must only be sent to the Minister.

The copies of the documents mentioned in the third paragraph of section 153 of the Regulation must only be sent to the arbitrator and the Minister.

REGULATION RESPECTING THE LEASING OF IMMOVABLES BY PUBLIC INSTITUTIONS AND AGENCIES

142. Sections 3 and 23 of the Regulation respecting the leasing of immovables by public institutions and agencies (chapter S-4.2, r. 16) do not apply.

REGULATION RESPECTING THE PROCEDURE TO BE OBSERVED FOR IMMOVABLE CONSTRUCTION PROJECTS OF HEALTH AND SOCIAL SERVICES AGENCIES AND PUBLIC AND PRIVATE INSTITUTIONS UNDER AGREEMENT

143. The third paragraph of section 3 and section 5 of the Regulation respecting the procedure to be observed for immovable construction projects of health and social services agencies and public and private institutions under agreement (chapter S-4.2, r. 18) do not apply.

REGULATION RESPECTING THE CONDITIONS FOR THE REGISTRATION OF AN AMBULANCE TECHNICIAN IN THE NATIONAL WORKFORCE REGISTRY

144. For the purposes of the Regulation respecting the conditions for the registration of an ambulance technician in the national workforce registry (chapter S-6.2, r. 1), a reference to an agency is a reference to an integrated health and social services centre.

CHAPTER V

SPECIAL FUNCTIONS AND POWERS ASSIGNED TO THE MINISTER

145. If of the opinion that the amalgamation of two or more institutions in the same region would improve the continuity of care, the Minister may, in accordance with section 318 of the Act respecting health services and social services and after consulting with the institutions concerned, request that the enterprise registrar issue letters patent of amalgamation in order to amalgamate the institutions.

Under the name attributed to it by the letters patent, the new institution resulting from the amalgamation enjoys all the rights, acquires all the property and assumes all the obligations of the amalgamated institutions, and the proceedings to which they were a party may be continued by the new institution without continuance of suit.

146. The Minister may, if of the opinion that the circumstances justify it and after consulting with the institutions concerned, decide that two or more institutions in the same region are to be administered by the same board of directors, composed in accordance with section 9 or 10 as specified by the Minister. In such cases, the Minister must consider the ethnocultural and linguistic characteristic of the institutions concerned, in particular those of institutions recognized under section 29.1 of the Charter of the French language.

The Minister's decision must be approved by the Government and must specify the date of the designations. Sections 12 and 13 apply to such designations.

Once the members have been designated, the Minister proceeds with appointments.

Thirty days after the date the Minister completes the appointment process, the institutions concerned by the Minister's decision cease to be administered by their respective boards of directors and begin to be administered by the first board of directors formed under this section.

147. The Minister may, by regulation, prescribe rules relating to the organizational structure for managing public institutions.

Similarly, the Minister may prescribe any other measure that a public institution must comply with in the interests of improved organization and sound management of the institution's resources, in particular with regard to the programs to be set up and the provision of services to users.

148. At the request of one or more groups composed of employees or professionals who work at a facility of an integrated health and social services centre or of a grouped institution administered by the board of directors of such a centre, or composed of persons from any sector of the population served by those institutions, the Minister must, for all the institutions indicated on the most recent permit of an amalgamated institution or the permit of a grouped institution, set up a single advisory committee charged with making recommendations to the board of directors of the integrated centre on the measures to be implemented to preserve the cultural, historic, linguistic or local character of the amalgamated or grouped institution, and, if applicable, with establishing the necessary ties with the foundations of the institutions as well as the persons in charge of research activities.

The committee is composed of seven members who are qualified to carry out its mandate and appointed by the integrated centre's board of directors.

The board must invite interested groups to provide it with lists of names from which it selects the committee members.

The committee must establish its operating rules.

149. Within the scope of the Minister's responsibilities with regard to the organization and operation of the health and social services network and the proper use of public funds, the Minister may issue directives to an integrated health and social services centre or an unamalgamated institution concerning its objectives, policies and actions in the performance of its functions. The directives may be addressed to one or more institutions and their content may vary according to the institution concerned.

The directives must be submitted to the Government for approval. Once approved, they are binding on the institution concerned.

Such directives issued must be tabled in the National Assembly within five days of being approved by the Government or, if the Assembly is not sitting, within five days of the opening of the next session or resumption.

150. To ensure sound management of the health and social services network, the Minister may require public institutions to use in common certain goods and services determined by the Minister.

151. To improve management of the information resources used in the health and social services network, any information resource project within the meaning of the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03) must, under pain of nullity of the contracts entered into to carry out the project, be authorized by the Minister in the cases he or she determines.

The Minister authorizes a project only if of the opinion that it conduces to the interoperability of the network's information resources, the uniformity of standards and the similarity of information resource assets.

If such a project must also be authorized under the first paragraph of section 15 of the Act respecting the governance and management of the information resources of public bodies and government enterprises, the Minister may only give his or her authorization if of the opinion that the project meets the conditions set out in the second paragraph.

This section does not apply to a project considered by the Conseil du trésor to be of government-wide interest under the second paragraph of section 15 of that Act.

152. Exceptionally, if the Minister is of the opinion that the general management or the board of directors of a public institution does anything that is incompatible with the rules of sound management applicable to such an

institution, the Minister may, for a period not exceeding 180 days, appoint one or more persons to temporarily replace the president and executive director or assistant president and executive director, or to assume some of the powers of the institution's board of directors.

If deprived of some of its powers, the institution's board of directors continues to exercise only those powers that were not suspended.

153. The period provided for in the first paragraph of section 152 may be extended by the Minister for an additional period not exceeding 180 days.

154. A person appointed by the Minister to replace the president and executive director or assistant president and executive director, or to assume some of the powers of the institution's board of directors, may not be prosecuted for acts performed in good faith in the exercise of his or her functions.

155. On ceasing to assume the general management or the administration of the institution, the Minister may make recommendations in order to prevent a reoccurrence of the situation which gave rise to the decision.

The institution must send to the Minister an action plan to implement the recommendations. The board of directors ensures that it is carried out within the time specified in the plan.

CHAPTER VI

AMENDING PROVISIONS

ACT RESPECTING ADMINISTRATIVE JUSTICE

156. Section 25 of the Act respecting administrative justice (chapter J-3) is amended by striking out "12.0.1," in the second paragraph.

157. Paragraph 12.0.1 of section 3 of Schedule I to the Act is struck out.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

158. Section 107.1 of the Act respecting health services and social services (chapter S-4.2) is amended by replacing "four" in the second paragraph by "five".

159. Section 131 of the Act is amended

(1) by inserting " , a senior managerial advisor" after "assistant executive director" in subparagraph 2 of the second paragraph;

(2) by striking out " , by an agency" in subparagraph 4 of the second paragraph;

(3) by replacing “of the board of directors of an agency or of the Régie” in subparagraph 4 of the second paragraph by “of the board of directors of the Régie”.

160. Section 173 of the Act is amended by replacing “the executive director” in paragraph 1 by “the senior administrators”.

161. Section 267 of the Act is replaced by the following section:

“267. An institution that is not represented by a joint procurement group referred to in section 383, recognized by the Minister for the negotiation and conclusion of a contract of civil liability insurance in favour of the institutions it represents and the management of the deductible, must enter into such a contract in respect of acts for which it may be held liable.”

162. Section 274 of the Act is amended

(1) by replacing “No executive director of a public institution may, under pain of forfeiture of office, and no senior management officer or middle management officer of a public institution may” in the first paragraph by “Officers and senior administrators of a public institution must not”;

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

“A dismissed officer or senior administrator becomes, for a period of three years, inapt to occupy either of those positions in any public institution.

On ascertaining that an officer or senior administrator has contravened this section, the board of directors must impose the necessary sanction. It must also, within the next 10 days, inform the Minister of the situation in writing, including the sanctions it has imposed.”

163. Section 346.0.10 of the Act is amended by replacing “three years” in the second paragraph by “four years”.

164. Section 413.1.1 of the Act is amended by striking out “at the latter’s request” in the first paragraph.

165. Section 472.1 of the Act is amended

(1) by replacing everything after “which” in the first sentence of the first paragraph by “a joint procurement group recognized by the Minister under section 267 is required to discharge in connection with the management of a deductible on an insurance contract negotiated and concluded by the joint procurement group in favour of the institutions it represents.”;

(2) by replacing “the association” in the second sentence of the first paragraph by “the joint procurement group”.

166. Section 487.2 of the Act is amended by replacing “executive directors” in subparagraph 1 of the first paragraph by “senior administrators”.

ACT RESPECTING BARGAINING UNITS IN THE SOCIAL AFFAIRS SECTOR

167. Section 36 of the Act respecting bargaining units in the social affairs sector (chapter U-0.1) is replaced by the following section:

“36. Except where the certification of an association of employees is revoked under section 24, the clauses negotiated and agreed at the national level of the collective agreement of each certified association of employees referred to in paragraph 1 of section 14, in force on the day before the date on which the new association of employees is certified, and the local arrangements that relate to it continue to apply for employees covered by those clauses until the date that is 30 days after the date on which the new association of employees is certified.

After that period, the clauses negotiated and agreed at the national level of the collective agreement of the newly certified association of employees and the local arrangements that relate to it apply for all employees included in the new bargaining unit. The first, second and third paragraphs of section 37 apply, with the necessary modifications, to those clauses and arrangements. The seniority lists referred to in the third paragraph of that section are posted within 30 days after the date of the end of the pay period that includes the date of coming into force of the clauses and arrangements.

The clauses negotiated and agreed at the local or regional level of a collective agreement of each certified association of employees referred to in paragraph 1 of section 14, in force on the day before the date on which the new association of employees is certified, continue to apply for employees covered by those clauses until the date of coming into force of the new clauses negotiated and agreed at the local or regional level. However, the parties, at the local or regional level, may, for the period between the date on which the new association is certified and the date of coming into force of the new clauses negotiated and agreed at the local or regional level, agree to apply all or some of the clauses negotiated and agreed at the local or regional level that apply to the newly certified association of employees and that were applicable to it on the day before the date on which it was certified. Likewise, if the new association of employees is certified in accordance with paragraph 4 of section 20, the local parties may, for the same period, agree to apply all or some of the clauses negotiated and agreed at the local or regional level that apply to one of the employee associations having agreed to merge into a single association and that were applicable to it on the day before the date on which it was certified. The first three paragraphs of section 37 apply, with the necessary modifications, to the clauses subject to the agreement, and the seniority lists referred to are posted within 30 days after the date of the end of the pay period that includes the date of coming into force of the agreement.

As of the date of coming into force of an agreement relating to a matter negotiated and agreed at the local or regional level, the corresponding replaced clauses cease to apply. The institution and the association of employees certified to represent the employees of a class of personnel governed by this Act may agree to bring the clauses negotiated and agreed at the local or regional level into force on different dates.”

CHAPTER VII

MISCELLANEOUS, TRANSITIONAL AND FINAL PROVISIONS

168. Order in Council 1823-91 (1992, G.O. 2, 267, French only), which establishes the boundaries of the health region of Montérégie, is amended by the withdrawal from that region of the entire territory of Municipalité régionale de comté de Brome-Missisquoi, the territory of the municipality of Sainte-Brigide-d’Iberville comprised within the territory of Municipalité régionale de comté du Haut-Richelieu, the territories of the municipalities of Ange-Gardien and Saint-Paul-d’Abbotsford comprised within the territory of Municipalité régionale de comté de Rouville, and the territory of Municipalité régionale de comté de La Haute-Yamaska.

Order in Council 1817-91 (1992, G.O. 2, 264, French only), which establishes the boundaries of the health region of Estrie, is amended by adding to that region the entire territory of Municipalité régionale de comté de Brome-Missisquoi, the territory of the municipality of Sainte-Brigide-d’Iberville comprised within the territory of Municipalité régionale de comté du Haut-Richelieu, the territories of the municipalities of Ange-Gardien and Saint-Paul-d’Abbotsford comprised within the territory of Municipalité régionale de comté de Rouville, and the territory of Municipalité régionale de comté de La Haute-Yamaska.

169. The employees of a grouped institution become, without further formality, employees of the integrated health and social services centre referred to in Schedule I.

The employees identified by the integrated centre exercise their functions in the facilities of the grouped institution, for the purpose of carrying out the mission of the centres operated by the institution. The employees are selected in particular on the basis of their knowledge of a language other than French that is spoken by the users of the grouped institution recognized under section 29.1 of the Charter of the French language (chapter C-11).

170. Subject to sections 171 and 172, persons who, on 31 March 2015, are employees of a health and social services agency or the institutions amalgamated with it become, without further formality and as of 1 April 2015, employees of the institution that succeeds the agency and institutions.

171. To ensure that the Minister is able to exercise his or her new functions under this Act, persons who are employees of an agency, public institution or health and social services network employers' association on 9 February 2015 and who are identified by the Conseil du trésor on the recommendation of the Minister become, on 1 April 2015 and without further formality, employees of the Ministère de la Santé et des Services sociaux.

The total number of employees so transferred must not exceed 10% of the total number of persons, excluding those who exercise functions related to public health, who are agency employees on 25 September 2014.

Such employees are deemed to have been appointed in accordance with the Public Service Act (chapter F-3.1.1). For casual employees of health and social services agencies and public institutions, this presumption applies only to the unexpired portion of their contract.

The Conseil du trésor determines their remuneration and their classification and any other condition of employment applicable to them.

172. Where this Act provides that more than one public institution has its head office in the same region, the Minister determines how the agency's staff is to be distributed among the integrated health and social services centres and unamalgamated institutions in the region in proportion to their staff or on the basis of available positions, as applicable.

The provisions of the collective agreements that pertain to the total closure of a particular institution and the creation of a new institution, or the total or partial integration of the particular institution into one or more institutions, apply, with the necessary modifications, to the transfer of employees under the first paragraph, whether or not activities are to be transferred to those institutions.

The employees are informed by the agency of the name of their new employer and become, on 1 April 2015 and without further formality, employees of that institution.

173. Agency employees transferred under section 170 or 172 join the bargaining unit of the employees of the service to which they are transferred, according to the class of personnel that corresponds to that of the bargaining unit of which they were members at the agency. They are subject to the same conditions of employment as the employees in the bargaining unit of the service to which they are transferred.

174. Despite any provision to the contrary under a collective agreement, an integrated health and social services centre employee who is laid off and has employment security is deemed, for re-assignment purposes, to be part of the bargaining unit for the same class of personnel as that of the integrated centre position to be filled.

The first paragraph applies for the period from 1 April 2015 to the date of certification of the new bargaining unit resulting from an amalgamation or transfer under this Act.

175. The Minister may offer an integrated health and social services centre employee benefiting from employment stability or employment security measures a transfer to the Ministère de la Santé et des Services sociaux. An employee who accepts such a transfer is deemed to have been appointed under the Public Service Act. The fourth paragraph of section 171 applies in such a case.

176. The “CHU de Québec” is renamed “CHU de Québec–Université Laval” and the “Institut universitaire de cardiologie et de pneumologie de Québec” is renamed “Institut universitaire de cardiologie et de pneumologie de Québec–Université Laval” and their letters patent are amended accordingly.

177. The activities of a residential and long-term care centre exercised by the CHU de Québec–Université Laval in the Résidence Paul Triquet facility, and the activities exercised by that institution in the Centre de traitement en santé mentale dans la communauté are transferred to the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale on the constitution of that integrated centre. The Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale acquires all the movable property and assumes responsibility for all the activities exercised in those immovables and all the resulting obligations. On the date of the transfer, the staff and budget related to the transferred activities may not be smaller than those established as at 1 April 2014.

The Minister may, by ministerial order published in the *Gazette officielle du Québec*, determine any other particulars or conditions necessary to carry out the transfer.

178. The immovables situated at 789, rue de Belmont and 1212, rue Chanoine-Morel in the city of Québec that are owned by the CHU de Québec–Université Laval, along with all the institution’s rights and obligations relating to those immovables, are transferred to the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale.

The Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale must, before 1 July 2015, file with the registrar a statement that announces the transfer, refers to this section and includes a description of the transferred immovables.

179. The Minister must, not later than 1 October 2015, make an order transferring specified activities exercised by the CHU de Québec–Université Laval to the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale so that it takes on additional activities inherent in the mission of a general and specialized hospital centre. The transferred activities, mainly primary and secondary care activities, must include part of the physical health

program, the adult and pediatric mental health program, including psychiatric emergency care, and the seniors program. The primary care liaison teams that cover emergency rooms and patient care units must also be transferred.

To allow the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale to use all or part of the immovables owned by the CHU de Québec–Université Laval, the ministerial order may set out the terms under which space may be leased in those immovables.

The ministerial order may also provide for the transfer of the immovables in which the transferred activities are exercised. In such a case, the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale must, within 90 days after the transfer date, file with the registrar a statement that, among other things, announces the transfer, refers to this section and the ministerial order, and includes a description of the transferred immovables.

On the transfer date specified in the ministerial order, the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale acquires all the movable property relating to the transfer and assumes responsibility for all the activities of the CHU de Québec–Université Laval that are transferred to it and all the resulting obligations, including those relating to leases.

The ministerial order made under this section is published in the *Gazette officielle du Québec*.

The decisions of the board of directors of the CHU de Québec–Université Laval made prior to the date of the transfer must be made in the best interests of the transfer of activities provided for in this section.

180. The Minister must, for the same reason as that set out in section 179, make an order to transfer the activities exercised by the Institut universitaire de cardiologie et de pneumologie de Québec–Université Laval and relating to primary care liaison teams to the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale. Section 177 applies, with the necessary modifications, to the transfer.

181. The Minister must, not later than 1 April 2020, make an order transferring the activities of a general and specialized hospital centre exercised by the Centre hospitalier de l'Université de Montréal in the Hôpital Notre-Dame du CHUM facility, except the specialized and superspecialized activities, to the Centre intégré universitaire de santé et de services sociaux du Centre-Est-de-l'Île-de-Montréal so that it takes on additional activities inherent in the mission of a general and specialized hospital centre.

On the transfer date specified in the ministerial order, the Centre intégré universitaire de santé et de services sociaux du Centre-Est-de-l'Île-de-Montréal acquires all the movable property relating to the transfer and assumes responsibility for all the activities of the Centre hospitalier de l'Université de Montréal that are transferred to it and all the resulting obligations, including those relating to leases.

To allow the Centre intégré universitaire de santé et de services sociaux du Centre-Est-de-l'Île-de-Montréal to use the immovable situated at 1560, rue Sherbrooke Est in Montréal and owned by the Centre hospitalier de l'Université de Montréal, the ministerial order sets out the terms under which space in that immovable may be leased between the two institutions until the immovable and all the related rights and obligations are transferred to the Centre intégré universitaire de santé et de services sociaux du Centre-Est-de-l'Île-de-Montréal. Following the transfer of the immovable and in order to allow the Centre hospitalier de l'Université de Montréal to use certain facilities it needs to continue exercising its specialized and superspecialized activities, the ministerial order sets out the terms under which space may be leased in that immovable between the two institutions.

Within 90 days after the date of transfer of the immovable, the Centre intégré universitaire de santé et de services sociaux du Centre-Est-de-l'Île-de-Montréal must file with the registrar a statement that, among other things, announces the transfer, refers to this section and the ministerial order, and includes a description of the transferred immovable.

The ministerial order made under this section is published in the *Gazette officielle du Québec*.

The decisions of the board of directors of the Centre hospitalier de l'Université de Montréal made prior to the date of the transfer of activities must be made in the best interests of the transfer.

182. The activities of a rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment) and exercised by the Centre de réadaptation en déficience physique Le Bouclier on 31 March 2015 in the following facilities are transferred to the Centre intégré de santé et de services sociaux des Laurentides on the constitution of that integrated centre:

- Centre de réadaptation Le Bouclier, situated at 29, chemin d'Oka in Saint-Eustache;
- Centre de réadaptation Le Bouclier, situated at 225, rue du Palais in Saint-Jérôme;
- Centre de réadaptation Le Bouclier, situated at 1300, boulevard du Curé-Labelle in Blainville;
- Centre de réadaptation Le Bouclier, situated at 51, rue Boyer in Saint-Jérôme;
- Centre de réadaptation Le Bouclier, situated at 11, rue Boyer in Saint-Jérôme;
- Centre de réadaptation Le Bouclier, situated at 144, rue Principale Est in Sainte-Agathe-des-Monts;

- Centre de réadaptation Le Bouclier, situated at 515, rue Hébert in Mont-Laurier;
- Centre de réadaptation du Bouclier-de-Lachute, situated at 145, avenue de la Providence in Lachute;
- Centre de réadaptation du Bouclier-de-Sainte-Agathe, situated at 234, rue Saint-Vincent in Sainte-Agathe-des-Monts.

The Centre intégré de santé et de services sociaux des Laurentides acquires all the movable property related to the transfer and assumes responsibility for all the activities of the Centre de réadaptation en déficience physique Le Bouclier in those immovables and all the resulting obligations, including those relating to leases. On the date of the transfer, the staff and budget related to the transferred activities may not be smaller than those established as at 1 April 2014.

The Minister may, by ministerial order published in the *Gazette officielle du Québec*, determine any other particulars or conditions necessary to carry out the transfer.

183. No transfer duties provided for in the Act respecting duties on transfers of immovables (chapter D-15.1) are payable by an institution for the transfer of an immovable under this Act.

184. For the purposes of section 30 of the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements (chapter R-24.0.2), the date of the amalgamation or grouping of institutions or of the transfer of activities under this Act is deemed to be the date that is 60 days after the signing of the group agreements which ensure overall that at least 70% of all the resources represented by a recognized association are covered by those agreements.

185. For the purposes of sections 12 to 34 of the Act respecting bargaining units in the social affairs sector (chapter U-0.1), the date of the amalgamation or grouping of institutions or of the transfer of activities under this Act is deemed to be the date that is 60 days after the signing of the agreements concerning the clauses negotiated and agreed at the national level which ensure overall that at least 70% of all the employees of the health and social services network are covered by those clauses.

Until the Commission des relations du travail has rendered a decision under the first paragraph of section 25 of that Act, any parties who have not entered into such agreements must continue negotiating.

186. Despite the second paragraph of section 35 of the Act respecting bargaining units in the social affairs sector, after an amalgamation under this Act, the parties have 18 months from the date on which the new association of

employees of an integrated health and social services centre is certified to agree on matters defined as being the subject of clauses negotiated and agreed at the local level.

187. Each public institution must, no later than six months after the coming into force of the first regulation made under section 147, carry out an administrative reorganization in order to comply with the rules and measures set out in the regulation.

188. The term of office of the members of the boards of directors of amalgamated health and social services agencies and institutions ends on 31 March 2015. This also holds for members of the boards of directors of the Centre de santé et de services sociaux des Îles, of grouped institutions and of unamalgamated institutions.

189. The positions of senior administrator, senior management officer and, if they perform administrative duties, middle management officer of amalgamated or grouped institutions and the positions of executive director of unamalgamated institutions are abolished on 31 March 2015. Persons who occupy such positions are deemed to have received the notices required under, as applicable, sections 86, 92 and 94 of the Regulation respecting certain terms of employment applicable to officers of agencies and health and social services institutions (chapter S-4.2, r. 5.1) or sections 92 and 94 of the Regulation respecting certain terms of employment applicable to senior administrators of agencies and of public health and social services institutions (chapter S-4.2, r. 5.2), and the time limits prescribed by those sections are deemed to be expired.

The contract of the president and executive director of an agency ends on 31 March 2015. He or she is deemed to have received the notices required under the applicable conditions of employment, and the time limits prescribed are deemed to be expired.

Any person referred to in this section whose position has been eliminated is not entitled to indemnities other than those provided under his or her conditions of employment. An executive director of an institution who chooses to maintain his or her employment contract may benefit from this measure for a period of not more than 12 months.

190. For the purpose of appointing the members of the first board of directors of an integrated health and social services centre referred to in section 10, the list of names mentioned in paragraph 7 of that section is to be provided by the universities with which the amalgamated institutions are affiliated.

191. To ensure the smooth operation of integrated health and social services centres and unamalgamated institutions as of 1 April 2015, and despite paragraph 9 of sections 9 and 10, the first president and executive director of each of those institutions is appointed by the Minister after a selection process initiated by the Minister, including an invitation for applications held as determined by the Minister.

The president and executive director may, on his or her appointment, appoint the first director of human resources and the first director of financial resources after a selection process initiated by the Minister, including an invitation for applications held as determined by the Minister. An appointment made before 1 April 2015 takes effect on that date.

192. For the first appointment of members of a board of directors under this Act, the second and third paragraphs of section 17 apply without taking into account the members designated under paragraphs 1 to 6 of sections 9 and 10.

The first regulation made under the first paragraph of section 12 is not subject to the publication requirement or the date of coming into force set out in sections 8 and 17 of the Regulations Act (chapter R-18.1).

193. Despite section 33, the first assistant president and executive director of an integrated health and social services centre or an unamalgamated institution is appointed by the Minister after a selection process initiated by the Minister, including an invitation for applications held as determined by the Minister.

194. Despite section 137 and until the Minister makes a regulation under the second paragraph of section 34, the provisions of the Regulation respecting certain terms of employment applicable to senior administrators of agencies and of public health and social services institutions (chapter S-4.2, r. 5.2) that are applicable to an executive director and are not contrary to the provisions of this Act apply to the assistant president and executive director of the institution.

The selection committee referred to in section 8 of the Regulation is composed of five members, of whom two are designated by the Minister and three by the institution. The recommendations of the selection committee must receive the consent of the majority of the committee members, including that of at least one person designated by the Minister.

195. To ensure the smooth operation of integrated health and social services centres and unamalgamated institutions as of 1 April 2015, the first president and executive director of each institution exercises all the powers of the board of directors until 30 September 2015 or the date of appointment of the majority of members referred to in paragraph 8 of section 9 or 10, as applicable, whichever comes first.

196. The appointments, privileges or status granted, as applicable, by an amalgamated or grouped institution to a physician, dentist or pharmacist who, on 31 March 2015, practises in a centre operated by the institution, are deemed to have been granted by a resolution of the integrated health and social services centre that succeeds the centre or whose board of directors administers the grouped institution under the same conditions and exclusively for the facilities in which the physician, dentist or pharmacist was practising on that date, until

the appointments and privileges are renewed in accordance with the Act respecting health services and social services and this Act.

In addition, the resolution is deemed to provide that, in the event that urgent or semi-urgent problems arise with regard to access to services at another facility of the integrated centre or grouped institution, a physician, dentist or pharmacist must, at the request of the director of professional services, the chair of the council of physicians, dentists and pharmacists, the head of a clinical department or, if these persons are absent or unable to act, the president and executive director of the integrated centre, provide temporary support at the facility indicated to him or her, collectively with the other members of his or her service or department.

In such cases, the professional qualifications of the physician, dentist or pharmacist concerned are taken into account, as are the staffing requirements of their own facilities and the necessity of avoiding significant access problems with regard to the services in those facilities. The provision of temporary support may not have the effect of calling into question the person's primary practice in the facility where he or she works, does not apply with regard to a facility located 70 or more kilometres from that facility, and may not exceed a period of three months, which may be renewed after the situation has been re-evaluated.

197. In regions having more than one public institution, appointments, privileges or status granted, as applicable, by an institution to a physician, dentist or pharmacist who, on 31 March 2015, practises in the public health department of an agency, are deemed to have been granted, by resolution and under the same conditions, by the integrated centre resulting from the amalgamation of the agency and other institutions.

198. Senior administrators and senior management officers in office on 1 April 2015 must file the statement of interests required under section 58 not later than 1 June 2015.

199. Any insurance contract entered into by an association recognized by the Minister under section 267 of the Act respecting health services and social services, as it read before 1 April 2015, is deemed to have been entered into by the joint procurement group recognized by the Minister under section 267 of the Act, as replaced by section 161 of this Act.

Likewise, a performance guarantee in respect of an obligation and, if applicable, an advance granted to an association under section 472.1 of the Act respecting health services and social services, as it read before 1 April 2015, are transferred to the joint procurement group referred to in the first paragraph.

200. Despite the Act to provide for balanced budgets in the public health and social services network (chapter E-12.0001), the Minister makes known the operating budget of the integrated health and social services centres and unamalgamated institutions at the beginning of the 2015–2016 fiscal year.

The sum of the amalgamated institutions' and, if applicable, grouped institutions' operating budgets becomes the operating budget of the integrated health and social services centre that succeeds those institutions and, if applicable, that administers the grouped institutions for the 2015–2016 fiscal year. However, the Minister may send an adjusted operating budget to an institution during that fiscal year to enable it to exercise the new functions resulting from this Act.

201. The Minister is not required to inform each health and social services agency, before 1 April 2015, of the amount the Minister allocates to its operating budget for the following fiscal year, and no operating budget for the fiscal year beginning on that date is sent to the agency.

202. The records and documents of an amalgamated institution and a health and social services agency become, without further formality, those of the integrated health and social services centre that succeeds them.

In addition, the users' records of a grouped institution are deemed to also be those of the integrated centre whose board of directors administers the grouped institution.

203. Any users' committee established under section 209 of the Act respecting health services and social services for an amalgamated or grouped institution continues to exist and to exercise its responsibilities within the integrated health and social services centre resulting from the amalgamation with respect to each of the facilities specified on the most recent permit of the amalgamated institution or the permit of the grouped institution. Such a committee carries out its activities under the responsibility of the integrated centre's users' committee.

The integrated centre must allocate to any users' committee whose existence is so continued the special budget provided for that purpose in its operating budget.

Sections 209 to 212.1 of that Act apply to such a committee. However, any documents that a users' committee is required to send to the institution must be sent to the users' committee of the integrated centre.

204. A people's forum established under section 343.1 of the Act respecting health services and social services, a regional department of general medicine established under section 417.1 of that Act, and a regional pharmaceutical services committee established under section 417.7 of that Act are continued and their members remain in office and continue to exercise their responsibilities in accordance with the relevant provisions of this Act.

Such a forum, department and committee are deemed to be constituted within each integrated health and social services centre. In regions having more than one integrated health and social services centre, they are deemed to be constituted within the integrated centre resulting from the amalgamation of the

agency and other institutions. The president and executive director of the institution, or a person designated by him or her, is a member of those entities.

205. An integrated health and social services centre that succeeds an institution indicated in a program developed under section 348 of the Act respecting health services and social services, in force on 31 March 2015, or whose board of directors administers a grouped institution indicated in such a program must provide access, in the English language for English-speaking persons, to the services mentioned in the program until a new program is approved under the second paragraph of section 76 of this Act. An unamalgamated institution indicated in such a program and an institution to which services mentioned in such a program are transferred are bound by the same obligation.

206. An integrated health and social services centre that succeeds an institution designated under section 508 of the Act respecting health services and social services or whose board of directors administers a grouped institution so designated must continue to ensure that English-speaking persons have access to English-language health and social services in the facilities indicated on the most recent permit of the amalgamated institution or the permit of the grouped institution.

The program referred to in section 76 must include the services provided in any facility referred to in the first paragraph.

207. If all the institutions amalgamated under this Act are recognized under section 29.1 of the Charter of the French language, the integrated health and social services centre resulting from the amalgamation is deemed to have obtained such recognition.

If the majority of the institutions amalgamated under this Act are recognized under section 29.1 of the Charter of the French language, the integrated centre resulting from the amalgamation is deemed to have obtained such recognition, except with respect to the facilities indicated on the most recent permit of the amalgamated institution or institutions that were not recognized.

If one or more institutions amalgamated under this Act are recognized under section 29.1 of the Charter of the French language, the integrated centre resulting from the amalgamation is deemed to have obtained such recognition with respect to the facilities indicated on the most recent permit of the recognized amalgamated institution or institutions.

An institution that retains recognition under the third paragraph with respect to one or more of its facilities is considered to be a recognized institution for the purposes of the first paragraph of section 146.

208. An integrated health and social services centre resulting from an amalgamation under this Act that requests the withdrawal of a recognition under the third paragraph of section 29.1 of the Charter of the French language must, for the request to be admissible, file the request together with a favourable

recommendation by at least two thirds of the members of the regional committee for programs of access to health services and social services in the English language established under section 510 of the Act respecting health services and social services for the region and a favourable recommendation by the provincial committee for the delivery of health and social services in the English language established under section 509 of that Act.

The request for withdrawal of the recognition of a grouped institution must also be accompanied by a favourable recommendation by at least two thirds of the votes cast by the members of that institution.

209. Despite the provisions of section 148 relating to the setting up of the advisory committee and its composition, an advisory committee is set up to advise the board of directors of the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, which administers the grouped institution Saint Brigid's–Jeffery Hale Hospital, on the administration of the health and social services provided in the facilities of the grouped institution.

The committee is composed of the nine following members:

(1) the director of the grouped institution Saint Brigid's–Jeffery Hale Hospital appointed under section 210;

(2) one person designated by and from among the members of the council of physicians, dentists and pharmacists practising in the facilities of the grouped institution;

(3) one person designated by and from among the members of the council of nurses who work in the facilities of the grouped institution;

(4) one person designated by and from among the members of the multidisciplinary council who work in the facilities of the grouped institution;

(5) one person designated by and from among the members of the users' committee of the grouped institution whose existence is continued under section 203;

(6) one person designated by the board of directors of the foundations of the grouped institution;

(7) one person designated by the members of the grouped institution;

(8) two persons co-opted by the members referred to in subparagraphs 1 to 7, to ensure the representation of the region's English-speaking community.

210. The board of directors of the Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale appoints the director of the grouped institution Saint Brigid's–Jeffery Hale Hospital after consulting with the members of the advisory committee referred to in subparagraphs 2 to 8 of the

second paragraph of section 209. The director, under the authority of the president and executive director of the integrated centre, is responsible for, among other things, the operations of the grouped institution's facilities.

211. In addition to the functions assigned to it by section 148, the advisory committee referred to in section 209 exercises, with respect to the facilities of the grouped institution Saint Brigid's–Jeffery Hale Hospital, the following functions:

(1) ensuring that the integrated centre's board of directors is informed of the English-speaking community's particular needs with respect to health and social services and recommending measures to the board to ensure that the services provided in the grouped institution's facilities meet those needs;

(2) making recommendations to the integrated centre's board of directors on the organization and operation of the grouped institution;

(3) acting as liaison between the integrated centre, the grouped institution, its members and the foundation of the grouped institution, and the region's English-speaking community;

(4) making recommendations to the integrated centre's board of directors to ensure the continuity of English-language services in the grouped institution's facilities, improve the quality of those services and facilitate their development;

(5) giving an opinion on the organization plan prepared under section 183 of the Act respecting health services and social services with respect to the integrated centre's structure, management, services and departments;

(6) assuming any other function the board of directors of the integrated centre entrusts to it.

212. If an institution that operates a centre designated as a university hospital centre, university institute or affiliated university centre under sections 88 to 91 of the Act respecting health services and social services amalgamates with another institution, the designation remains valid but only for the centre and in the facilities indicated on the most recent permit of the amalgamated institution.

213. An integrated health and social services centre resulting from the amalgamation of an institution for which the Minister determines, on 31 March 2015, under section 112 of the Act respecting health services and social services, a supraregional vocation with regard to certain highly specialized services it offers retains that supraregional vocation with regard to the same services and for the facilities where those services were offered on that date.

214. Natural persons who, on 31 March 2015, are members of an institution that is a legal person under section 139 of the Act respecting health services and social services may continue to exercise the powers conferred on them by

the Act on that date with regard to the immovables that are owned by such an institution on that date. The new institution must keep an up-to-date list of these persons for each of the legal persons so designated of which it is composed.

This section does not apply to grouped institutions and their members.

215. A foundation whose purpose, as defined in its constituting act, is essentially to collect contributions made for the benefit of an amalgamated institution may continue to collect contributions that are to be used for a purpose or purposes corresponding to those mentioned in section 272 of the Act respecting health services and social services, for the benefit of the facilities indicated on the institution's most recent permit.

A grouped institution's members may support the foundation in planning fundraising events, collecting contributions and working with the foundation in allocating the contributions collected in accordance with section 272 of that Act.

216. Any designation, recognition, certification, accreditation or other action or decision made or performed by a health and social services agency and that, under this Act, is the responsibility of the Minister or an institution, as applicable, is deemed to have been made or performed by them.

Similarly, any agreement entered into by an agency under section 475 of the Act respecting health services and social services is deemed to have been entered into with the Minister.

217. The Government may, by regulation, take any measure necessary or useful for carrying out this Act and fully achieving its purpose.

A regulation made under this section is not subject to the publication requirement or the date of coming into force set out in sections 8 and 17 of the Regulations Act (chapter R-18.1) and may apply, after publication and if the regulation so provides, from a date not prior to 1 April 2015.

218. If an employers' association in the health and social services network or a group of institutions ceases its activities, the Government may, after consulting with the public institutions concerned, determine, with regard to any text, who is to assume the functions, powers or responsibilities that such a text entrusts to the association or group.

219. Subject to section 220, an integrated health and social services centre or, in the regions having more than one integrated centre, the one resulting from the amalgamation of the agency and other institutions is responsible for the payroll service activities of the region's public institutions and the information assets those institutions use.

The integrated centre acquires all the movable property relating to those activities as well as all resulting obligations, including those relating to leases. The staff and budget transferred in connection with those activities may not be smaller than those established as at 1 April 2014.

If transferring the activities to an integrated centre makes it necessary to transfer an immovable, the transferor institution must agree with the integrated centre on the transfer.

The information assets owned by a public institution are transferred to the integrated centre in the region that is responsible for them, with all the related rights and obligations.

An institution must release the information necessary to implement this section to the integrated centre concerned.

Nothing in this section transfers ownership to the integrated centre of the personal information contained in the information assets or modifies the confidentiality rules that apply to it.

220. The McGill University Health Centre and the Centre hospitalier de l'Université de Montréal remain responsible for their payroll service activities. These institutions, as well as the CHU de Québec–Université Laval, the Institut de cardiologie de Montréal, the Centre hospitalier universitaire Sainte-Justine and the integrated health and social services centres in the Montréal region, continue to own their information assets and remain responsible for the related activities.

In addition, the CHU de Québec–Université Laval is responsible for the activities related to the information assets that the Institut universitaire de cardiologie et de pneumologie de Québec–Université Laval uses.

The information assets owned by the Institut universitaire de cardiologie et de pneumologie de Québec–Université Laval, with all the related rights and obligations, are transferred to the CHU de Québec–Université Laval.

The CHU de Québec–Université Laval acquires all the movable property relating to activities related to the information assets of the Institut universitaire de cardiologie et de pneumologie de Québec–Université Laval and assumes all the resulting obligations, including those relating to leases. The staff and budget transferred in connection with these activities may not be smaller than those established as at 1 April 2014.

The third, fifth and sixth paragraphs of section 219 apply, with the necessary modifications.

221. The names of the facilities indicated on the first permit that the Minister issues to an integrated health and social services centre are those indicated on the most recent permit of each amalgamated institution.

Subsequently, the name of a facility of an integrated health and social services centre can only be amended at the latter's request, filed with the approval of the advisory committee set up under section 148, if applicable.

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

223. This Act comes into force on 1 April 2015, except sections 12 to 17, 34, 159, 160, 162, 163, 166, 171, 172, 188 to 194, 201, 217, 218 and 222, which come into force on 9 February 2015.

SCHEDULE I
(Sections 4 to 6)

Health region: Bas-Saint-Laurent (01)

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DU BAS-SAINT-LAURENT
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DU BAS-SAINT-LAURENT
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE KAMOURASKA
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA MATAPÉDIA
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA MITIS
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE MATANE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE RIMOUSKI-NEIGETTE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE RIVIÈRE-DU-LOUP
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE TÉMISCOUATA
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES BASQUES
- CENTRE JEUNESSE DU BAS-ST-LAURENT

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DU BAS-SAINT-LAURENT

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre

- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Rimouski, in the judicial district of Rimouski.

Territory served:

Bas-Saint-Laurent health region

Health region: Saguenay–Lac-Saint-Jean (02)**Amalgamated agency and public institutions:**

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DU SAGUENAY–LAC-SAINT-JEAN
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DU SAGUENAY–LAC-SAINT-JEAN
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX CLÉOPHAS-CLAVEAU
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE CHICOUTIMI
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE JONQUIÈRE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LAC-SAINT-JEAN-EST
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DOMAINE-DU-ROY
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX MARIA-CHAPDELAINÉ
- LE CENTRE JEUNESSE DU SAGUENAY–LAC-SAINT-JEAN

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DU SAGUENAY–LAC-SAINT-JEAN

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder

- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Saguenay, in the judicial district of Chicoutimi.

Territory served:

Saguenay–Lac-Saint-Jean health region

Health region: Capitale-Nationale (03)

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA CAPITALE-NATIONALE
- CENTRE DE RÉADAPTATION EN DÉPENDANCE DE QUÉBEC
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE DE QUÉBEC
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE CHARLEVOIX
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA VIEILLE-CAPITALE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE PORTNEUF
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE QUÉBEC-NORD
- INSTITUT DE RÉADAPTATION EN DÉFICIENCE PHYSIQUE DE QUÉBEC
- INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE DE QUÉBEC
- CENTRE JEUNESSE DE QUÉBEC

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA CAPITALE-NATIONALE

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A hospital centre belonging to the class of psychiatric hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder

- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual or motricity impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems
- A rehabilitation centre belonging to the class of rehabilitation centres for mothers with adjustment problems

The head office of the institution is located in Québec, in the judicial district of Québec.

Territory served:

Capitale-Nationale health region

Public institution administered by the board of directors of the public institution resulting from the amalgamation:

SAINT BRIGID'S-JEFFERY HALE HOSPITAL

Health region: Mauricie et Centre-du-Québec (04)**Amalgamated agency and public institutions:**

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA MAURICIE ET DU CENTRE-DU-QUÉBEC
- CENTRE DE RÉADAPTATION INTERVAL
- CENTRE DE RÉADAPTATION EN DÉPENDANCE DOMRÉMY-DE-LA-MAURICIE-CENTRE-DU-QUÉBEC
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DE LA MAURICIE-ET-DU-CENTRE-DU-QUÉBEC-INSTITUT UNIVERSITAIRE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX D'ARTHABASKA-ET-DE-L'ÉRABLE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE BÉCANCOUR-NICOLET-YAMASKA
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA VALLÉE-DE-LA-BATISCAN
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE L'ÉNERGIE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE MASKINONGÉ
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE TROIS-RIVIÈRES
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DRUMMOND
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU HAUT-SAINT-MAURICE
- LE CENTRE JEUNESSE DE LA MAURICIE ET DU CENTRE-DU-QUÉBEC

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA MAURICIE-ET-DU-CENTRE-DU-QUÉBEC

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems
- A rehabilitation centre belonging to the class of rehabilitation centres for mothers with adjustment problems

The head office of the institution is located in Trois-Rivières, in the judicial district of Trois-Rivières.

Territory served:

Mauricie et Centre-du-Québec health region

Health region: Estrie (05)**Amalgamated agency and public institutions:**

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE L'ESTRIE
- CENTRE HOSPITALIER UNIVERSITAIRE DE SHERBROOKE
- CENTRE DE RÉADAPTATION EN DÉPENDANCE DE L'ESTRIE
- CENTRE DE RÉADAPTATION ESTRIE INC.
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA MRC-DE-COATICOOK
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE MEMPHRÉMAGOG
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES SOURCES
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU GRANIT
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU HAUT-SAINT-FRANÇOIS
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU VAL-SAINT-FRANÇOIS
- CENTRE JEUNESSE DE L'ESTRIE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA HAUTE-YAMASKA
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX LA POMMERAIE

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DE L'ESTRIE-CENTRE HOSPITALIER UNIVERSITAIRE DE SHERBROOKE

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre

- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems
- A rehabilitation centre belonging to the class of rehabilitation centres for mothers with adjustment problems

The head office of the institution is located in Sherbrooke, in the judicial district of Saint-François.

Territory served:

Estrie health region

Public institutions administered by the board of directors of the public institution resulting from the amalgamation:

- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DE L'ESTRIE
- HEALTH AND SOCIAL SERVICES CENTRE—UNIVERSITY INSTITUTE OF GERIATRICS OF SHERBROOKE

Health region: Montréal (06) – Institution 1

Amalgamated public institutions:

- WEST ISLAND HEALTH AND SOCIAL SERVICES CENTRE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE DORVAL-LACHINE-LASALLE
- WEST MONTRÉAL READAPTATION CENTRE
- LES CENTRES DE LA JEUNESSE ET DE LA FAMILLE BATSHAW

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DE L'OUEST-DE-L'ÎLE-DE-MONTRÉAL

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Pointe-Claire, in the judicial district of Montréal.

Territory served:

- Réseau local de services de Pierrefonds–Lac Saint-Louis
- Réseau local de services de LaSalle–Vieux Lachine

Public institutions administered by the board of directors of the public institution resulting from the amalgamation:

- DOUGLAS MENTAL HEALTH UNIVERSITY INSTITUTE
- GRACE DART EXTENDED CARE CENTRE
- ST. MARY'S HOSPITAL CENTER

Health region: Montréal (06) – Institution 2

Amalgamated public institutions:

- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX CAVENDISH
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA MONTAGNE

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DU CENTRE-OUEST-DE-L'ÎLE-DE-MONTRÉAL

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A residential and long-term care centre

The head office of the institution is located in Montréal, in the judicial district of Montréal.

Territory served:

- Réseau local de services de René-Cassin–NDG/Montréal-Ouest
- Réseau local de services de Côte-des-Neiges–Métro–Parc-Extension

Public institutions administered by the board of directors of the public institution resulting from the amalgamation:

- THE SIR MORTIMER B. DAVIS JEWISH GENERAL HOSPITAL
- MIRIAM HOME AND SERVICES
- CHSLD JUIF DE MONTRÉAL
- MOUNT SINAI HOSPITAL
- MAIMONIDES HOSPITAL GERIATRIC CENTER CORPORATION
- CONSTANCE-LETHBRIDGE REHABILITATION CENTRE

Health region: Montréal (06) – Institution 3**Amalgamated agency and public institutions:**

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE MONTRÉAL
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX JEANNE-MANCE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU SUD-OUEST-VERDUN
- LA CORPORATION DU CENTRE DE RÉADAPTATION LUCIE-BRUNEAU
- INSTITUT RAYMOND-DEWAR
- INSTITUT UNIVERSITAIRE DE GÉRIATRIE DE MONTRÉAL
- CENTRE DE RÉADAPTATION EN DÉPENDANCE DE MONTRÉAL
- INSTITUT DE RÉADAPTATION GINGRAS-LINDSAY-DE-MONTRÉAL
- LE CENTRE JEUNESSE DE MONTRÉAL
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DE MONTRÉAL

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DU CENTRE-EST-DE-L'ÎLE-DE-MONTRÉAL

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction

- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems
- A rehabilitation centre belonging to the class of rehabilitation centres for mothers with adjustment problems
- A child and youth protection centre

The head office of the institution is located in Montréal, in the judicial district of Montréal.

Territory served:

- Réseau local de services des Faubourgs–Plateau-Mont-Royal–Saint-Louis-du-Parc
- Réseau local de services de Verdun/Côte Saint-Paul–Saint-Henri–Pointe-Saint-Charles

Public institution administered by the board of directors of the public institution resulting from the amalgamation:

THE MONTREAL CHINESE HOSPITAL (1963)

Health region: Montréal (06) – Institution 4

Amalgamated public institutions:

- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX D'AHUNTSIC ET MONTRÉAL-NORD
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE BORDEAUX-CARTIERVILLE-SAINTE-LAURENT
- CENTRE DE SANTÉ ET DE SERVICE SOCIAUX DU CŒUR-DE-L'ÎLE
- HÔPITAL DU SACRÉ-COEUR DE MONTRÉAL
- HÔPITAL RIVIÈRE-DES-PRAIRIES

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DU NORD-DE-L'ÎLE-DE-MONTRÉAL

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A hospital centre belonging to the class of psychiatric hospital centres
- A residential and long-term care centre

The head office of the institution is located in Montréal, in the judicial district of Montréal.

Territory served:

- Réseau local de services d'Ahuntsic–Montréal-Nord
- Réseau local de services du Nord de l'Île–Saint-Laurent
- Réseau local de services de la Petite-Patrie–Villeray

Health region: Montréal (06) – Institution 5

Amalgamated public institutions:

- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA POINTE-DE-L'ÎLE
- INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE DE MONTRÉAL
- HÔPITAL MAISONNEUVE-ROSEMONT
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE SAINT-LÉONARD ET SAINT-MICHEL
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX LUCILLE-TEASDALE
- CANADIAN POLISH WELFARE INSTITUTE INC.

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DE L'EST-DE-L'ÎLE-DE-MONTRÉAL

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A hospital centre belonging to the class of psychiatric hospital centres
- A residential and long-term care centre

The head office of the institution is located in Montréal, in the judicial district of Montréal.

Territory served:

- Réseau local de services de Rivière-des-Prairies–Mercier-Est/Anjou–Pointe-aux-Trembles/Montréal-Est
- Réseau local de services de Saint-Léonard–Saint-Michel
- Réseau local de services de Hochelaga-Maisonneuve–Olivier-Guimond–Rosemont

Public institution administered by the board of directors of the public institution resulting from the amalgamation:

SANTA CABRINI HOSPITAL

Health region: Outaouais (07)

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE L'OUTAOUAIS
- CENTRE DE RÉADAPTATION EN DÉPENDANCE DE L'OUTAOUAIS
- CENTRE RÉGIONAL DE RÉADAPTATION LA RESSOURSE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE GATINEAU
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA VALLÉE-DE-LA-GATINEAU
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE PAPINEAU
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES COLLINES
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU PONTIAC
- PAVILLON DU PARC
- LES CENTRES JEUNESSE DE L'OUTAOUAIS

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE L'OUTAOUAIS

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)

- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Gatineau, in the judicial district of Gatineau.

Territory served:

Outaouais health region

Health region: Abitibi-Témiscamingue (08)**Amalgamated agency and public institutions:**

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE L'ABITIBI-TÉMISCAMINGUE
- CENTRE DE RÉADAPTATION LA MAISON
- CENTRE NORMAND
- CLAIR FOYER INC.
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA VALLÉE-DE-L'OR
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE ROUYN-NORANDA
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES AURORES-BORÉALES
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU TÉMISCAMINGUE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX LES ESKERS DE L'ABITIBI
- CENTRE JEUNESSE DE L'ABITIBI-TÉMISCAMINGUE (C.J.A.T.)

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE L'ABITIBI-TÉMISCAMINGUE

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder

- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Rouyn-Noranda, in the judicial district of Rouyn-Noranda.

Territory served:

Abitibi-Témiscamingue health region

Health region: Côte-Nord (09)**Amalgamated agency and public institutions:**

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA CÔTE-NORD
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA BASSE-CÔTE-NORD
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA HAUTE-CÔTE-NORD – MANICOUAGAN
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA MINGANIE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE L'HÉMATITE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE PORT-CARTIER
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE SEPT-ÎLES
- CENTRE DE PROTECTION ET DE RÉADAPTATION DE LA CÔTE-NORD

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LA CÔTE-NORD

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction

- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Baie-Comeau, in the judicial district of Baie-Comeau.

Territory served:

Côte-Nord health region

Health region: Gaspésie–Îles-de-la-Madeleine (11) – Institution 1

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA GASPÉSIE–ÎLES-DE-LA-MADELEINE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA BAIE-DES-CHALEURS
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA CÔTE-DE-GASPÉ
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA HAUTE-GASPÉSIE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU ROCHER-PERCÉ
- LE CENTRE DE RÉADAPTATION DE LA GASPÉSIE
- CENTRE JEUNESSE GASPÉSIE/LES ÎLES

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LA GASPÉSIE

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction

- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Gaspé, in the judicial district of Gaspé.

Territory served:

- Réseau local de services de la Haute-Gaspésie
- Réseau local de services de la Baie-des-Chaleurs
- Réseau local de services du Rocher-Percé
- Réseau local de services de La Côte-de-Gaspé

Health region: Gaspésie–Îles-de-la-Madeleine (11) – Institution 2

Public institution to become an integrated health and social services centre:

CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES ÎLES

New name of the integrated health and social services centre:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DES ÎLES

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder

The head office of the institution is located in Îles-de-la-Madeleine, in the judicial district of Gaspé.

Territory served:

Réseau local de services des Îles-de-la-Madeleine

Health region: Chaudière-Appalaches (12)

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE CHAUDIÈRE-APPALACHES
- CENTRE DE RÉADAPTATION EN DÉPENDANCE DE CHAUDIÈRE-APPALACHES
- CENTRE DE RÉADAPTATION EN DÉFICIENCE PHYSIQUE CHAUDIÈRE-APPALACHES
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DE CHAUDIÈRE-APPALACHES
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX ALPHONSE-DESJARDINS
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE BEAUCE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LA RÉGION DE THETFORD
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE MONTMAGNY-L'ISLET
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES ETCHEMINS
- CENTRE JEUNESSE CHAUDIÈRE-APPALACHES

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE CHAUDIÈRE-APPALACHES

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre

- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Sainte-Marie, in the judicial district of Beauce.

Territory served:

Chaudière-Appalaches health region

Health region: Laval (13)

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LAVAL
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DE LAVAL
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE LAVAL
- CENTRE JEUNESSE DE LAVAL

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LAVAL

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Laval, in the judicial district of Laval.

Territory served:

Laval health region

Public institution administered by the board of directors of the public institution resulting from the amalgamation:

JEWISH REHABILITATION HOSPITAL

Health region: Lanaudière (14)

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LANAUDIÈRE
- CENTRE DE RÉADAPTATION EN DÉFICIENCE PHYSIQUE LE BOUCLIER
- CENTRE DE RÉADAPTATION LA MYRIADE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU NORD DE LANAUDIÈRE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU SUD DE LANAUDIÈRE
- LES CENTRES JEUNESSE DE LANAUDIÈRE

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LANAUDIÈRE

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Joliette, in the judicial district of Joliette.

Territory served:

Lanaudière health region

Health region: Laurentides (15)

Amalgamated agency and public institutions:

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DES LAURENTIDES
- CENTRE DE RÉADAPTATION EN DÉPENDANCE DES LAURENTIDES
- CENTRE DU FLORÈS
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX D'ANTOINE-LABELLE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX D'ARGENTEUIL
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE SAINT-JÉRÔME
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE THÉRÈSE-DE-BLAINVILLE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES PAYS-D'EN-HAUT
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DES SOMMETS
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU LAC-DES-DEUX-MONTAGNES
- CENTRE JEUNESSE DES LAURENTIDES

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DES LAURENTIDES

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder

- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, visual, motricity or language impairment)

The head office of the institution is located in Saint-Jérôme, in the judicial district of Terrebonne.

Territory served:

Laurentides health region

Public institution administered by the board of directors of the public institution resulting from the amalgamation:

THE RESIDENCE OF LACHUTE

Health region: Montérégie (16) – Institution 1**Amalgamated agency and public institutions:**

- AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA MONTÉRÉGIE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX CHAMPLAIN-CHARLES-LE MOYNE
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX HAUT-RICHELIEU-ROUVILLE
- INSTITUT NAZARETH ET LOUIS-BRAILLE

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LA MONTÉRÉGIE-CENTRE

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (visual impairment)

The head office of the institution is located in Longueuil, in the judicial district of Longueuil.

Territory served:

- Réseau local de services de Samuel-de-Champlain et Saint-Hubert
- Réseau local de services de Champagnat de la Vallée des Forts et du Richelieu

Health region: Montérégie (16) – Institution 2**Amalgamated public institutions:**

- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX PIERRE-BOUCHER
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX PIERRE-DE SAUREL
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX RICHELIEU-YAMASKA
- CENTRE JEUNESSE DE LA MONTÉRÉGIE

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LA MONTÉRÉGIE-EST

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A child and youth protection centre
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for young persons with adjustment problems

The head office of the institution is located in Saint-Hyacinthe, in the judicial district of Saint-Hyacinthe.

Territory served:

- Réseau local de services des Maskoutains, de la MRC d'Acton et des Patriotes
- Réseau local de services de Simonne-Monet-Chartrand, Longueuil-Ouest et des Seigneuries
- Réseau local de services du Havre

Health region: Montérégie (16) – Institution 3**Amalgamated public institutions:**

- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE VAUDREUIL–SOULANGES
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU SUROÛT
- CENTRE DE SANTÉ ET DE SERVICES SOCIAUX JARDINS–ROUSSILLON
- CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DE LA MONTÉRÉGIE-EST
- LES SERVICES DE RÉADAPTATION DU SUD-OUEST ET DU RENFORT
- CENTRE MONTÉRÉGIEN DE RÉADAPTATION
- CENTRE DE RÉADAPTATION EN DÉPENDANCE LE VIRAGE
- CENTRE DE RÉADAPTATION FOSTER

Name of the public institution resulting from the amalgamation:

CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LA MONTÉRÉGIE-OUEST

The purpose of the institution is to operate:

- A local community service centre
- A hospital centre belonging to the class of general and specialized hospital centres
- A residential and long-term care centre
- A rehabilitation centre belonging to the class of rehabilitation centres for mentally impaired persons or persons with a pervasive developmental disorder
- A rehabilitation centre belonging to the class of rehabilitation centres for physically impaired persons (hearing, motricity or language impairment)
- A rehabilitation centre belonging to the class of rehabilitation centres for persons with an addiction

The head office of the institution is located in Châteauguay, in the judicial district of Beauharnois.

Territory served:

- Réseau local de services de Kateri, Châteauguay et Jardins du Québec
- Réseau local de services de Huntingdon
- Réseau local de services de la Seigneurie de Beauharnois
- Réseau local de services de la Presqu'île

Public institution administered by the board of directors of the public institution resulting from the amalgamation:

CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU HAUT-SAINT-LAURENT