

Regulations and other Acts

Gouvernement du Québec

O.C. 1137-2017, 22 November 2017

An Act respecting prescription drug insurance (chapter A-29.01)

An Act to extend the powers of the Régie de l'assurance maladie du Québec, regulate commercial practices relating to prescription drugs and protect access to voluntary termination of pregnancy services (2016, chapter 28)

Basic prescription drug insurance plan —Amendment

CONCERNING the Regulation to amend the Regulation respecting the basic prescription drug insurance plan

WHEREAS, under section 8.1.1 of the Act respecting prescription drug insurance (chapter A-29.01), a pharmacist must give an itemized invoice to a person from whom payment of a pharmaceutical service, except a service for which no contribution is payable under subparagraph 1.4 of the first paragraph of section 78, or of a medication or supply covered by the basic plan is claimed;

WHEREAS, under section 8.1.1 of that Act, the invoice must list separately the pharmacist's professional fees for every service provided, the price paid by the basic plan for every medication or supply provided and the wholesaler's profit margin, if any;

WHEREAS, pursuant to this provision, the invoice must also show any other information the Government determines by regulation, based on whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan;

WHEREAS, under subparagraph 2.1 of the first paragraph of section 78 of the Act respecting prescription drug insurance amended by section 47 of the Act to extend the powers of the Régie de l'assurance maladie du Québec, regulate commercial practices relating to prescription drugs and protect access to voluntary termination of

pregnancy services (2016, chapter 28), the Government may, after consulting with the Board, make regulations to determine the other information that the itemized invoice referred to in section 8.1.1 of the Act respecting prescription drug insurance must contain, which information may vary based on whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan;

WHEREAS section 14 of the Regulation respecting the basic prescription drug insurance plan (chapter A-29.01, r. 4) is to the effect that the pharmacist must give to any beneficiary to whom he supplies pharmaceutical services and medications whose coverage is provided by the Board, a receipt indicating, in particular, certain information concerning each medication thus supplied;

WHEREAS, it is expedient to amend section 14 of the Regulation respecting the basic prescription drug insurance plan to ensure that it is consistent with section 8.1 of the Act respecting prescription drug insurance;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), a draft of the Regulation to amend the Regulation respecting the basic prescription drug insurance plan was published in Part 2 of *Gazette officielle du Québec* on 19 July 2017, with notice that it could be enacted by the Government upon expiry of the 45-day period following that publication;

WHEREAS the Board has been consulted with respect to this draft regulation;

WHEREAS it is expedient to enact this regulation without any amendment;

IT IS ORDERED, therefore, on the recommendation of the Minister of Health and Social Services:

THAT the Regulation to amend the Regulation respecting the basic prescription drug insurance plan, attached to this Order in Council, be enacted.

JUAN ROBERTO IGLESIAS,
Clerk of the Conseil exécutif

Regulation to amend the Regulation respecting the basic prescription drug insurance plan

An Act respecting prescription drug insurance (chapter A-29.01, s. 78, 1st para., subpara. 2.1)

An Act to extend the powers of the Régie de l'assurance maladie du Québec, regulate commercial practices relating to prescription drugs and protect access to voluntary termination of pregnancy services (2016, chapter 28, s. 47)

1. Section 14 of the Regulation respecting the basic prescription drug insurance plan (chapter A-29.01, r. 4) is replaced with the following:

“**14.** In addition to the information specified in section 8.1.1 of the Act respecting prescription drug insurance (chapter A-29.01), the itemized invoice given by the pharmacist must indicate the following:

(1) with respect to the cost:

(a) the amount insured by the Board, by a group insurance contract or an employee benefit plan, which amount corresponds to the sum of the pharmacist's professional fees for each service provided and, if applicable, to the cost of each medication or supply as well as the wholesaler's profit margin;

(b) the amount representing the surplus between the cost of a medication and the maximum payment amount covered by the basic plan, where applicable;

(c) the amount of the prescription, which corresponds to the sum of the amounts referred to in paragraphs *a* and *b* of subparagraph 1;

(2) with respect to the contribution required from a person when paying for the cost of pharmaceutical services, medications or supplies:

(a) the deductible amount;

(b) the coinsurance amount;

(c) the total contribution amount, which corresponds to the sum of the amounts referred to in paragraphs *a* and *b* of subparagraph 2;

(3) the amount paid by the Board, by a group insurance contract or an employee benefit plan;

(4) the total amount required of the person from whom is claimed the payment of pharmaceutical services, medications or supplies provided to him;

(5) with respect to the total amount of the maximum contribution per reference period borne by a person, beyond which the cost of pharmaceutical services, medications and supplies is fully covered by the Board, by a group insurance contract or an employee benefit plan, as the case may be:

(a) the amount of the contributions paid to date;

(b) the remaining amount of the maximum contribution to which this person is subject;

(6) the reference number assigned by the Board, by a group insurance contract or an employee benefit plan.

In the case of information from a group insurance contract or an employee benefit plan, mention of the information listed in subparagraphs 2, 3, 5 and 6 of the first paragraph is required insofar as the pharmacist has this information.”

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

103208

M.O., 2017

Order number 2017 015 of the Minister of Health and Social Services dated 24 November 2017

Criminal Code
(R.S.C. 1985, c. C-46)

Youth Criminal Justice Act
(S.C. 2002, c. 1)

Designation of places for the custody, treatment or assessment of an accused or young person pursuant to the Criminal Code or the Youth Criminal Justice Act

THE MINISTER OF HEALTH AND SOCIAL SERVICES,

CONSIDERING section 672.1 of the Criminal Code (R.S.C. 1985, c. C-46), which provides that the Minister of Health and Social Services designates places for the custody, treatment or assessment of an accused in respect of whom an assessment order, a disposition or a placement decision is made;