



NATIONAL ASSEMBLY

FIRST SESSION

FORTY-FIRST LEGISLATURE

Bill 130

(2017, chapter 21)

An Act to amend certain provisions regarding the clinical organization and management of health and social services institutions

**Introduced 9 December 2016
Passed in principle 22 February 2017
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Assented to 26 October 2017**

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EXPLANATORY NOTES

This Act amends certain rules applicable to the boards of directors and assistant president and executive directors of the integrated health and social services centres and unamalgamated institutions governed by the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies. The Act provides, for instance, that the assistant president and executive director of such an institution is to be appointed by the Government, on the recommendation of the Minister of Health and Social Services, from a list of names provided by the institution's board of directors.

The Act introduces various measures to promote access to services. In that respect, it amends certain rules relating to the medical governance of an institution, in particular its organization and the practice status and privileges granted to physicians and dentists who practice there. In addition, an institution may provide supplies and medicines gratuitously to a private health facility, and the Minister may establish a temporary support system for access to specialized services and require medical specialists to use the appointment system set up by the Régie de l'assurance maladie du Québec.

The Act redefines the governance of joint procurement groups and updates the governance of integrated university health networks.

The Act also provides that a member of an institution's personnel may act under the authority of the local service quality and complaints commissioner or the assistant local service quality and complaints commissioner and enjoys the same protections as they do.

Certain institutions are required to adopt a procedure for the confinement of persons in their facilities and to evaluate its implementation.

The Act respecting the sharing of certain health information is amended to allow the Collège des médecins du Québec and the Ordre des pharmaciens du Québec to access, for the protection of the public, certain information held in the health information banks in the clinical domains and in the electronic prescription management system for medication.

The enactment of certain regulations that may be made by the institutions and their various boards, councils and committees is made subject to the Minister's authorization.

Lastly, the Act contains various consequential and transitional provisions.

LEGISLATION AMENDED BY THIS ACT:

- Act to promote access to family medicine and specialized medicine services (chapter A-2.2);
- Building Act (chapter B-1.1);
- Act respecting contracting by public bodies (chapter C-65.1);
- Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03);
- Act respecting Héma-Québec and the biovigilance committee (chapter H-1.1);
- Public Infrastructure Act (chapter I-8.3);
- Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2);
- Act respecting the sharing of certain health information (chapter P-9.0001);
- Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);
- Public Health Act (chapter S-2.2);
- Act respecting health services and social services (chapter S-4.2).

REGULATIONS AMENDED BY THIS ACT:

- Regulation respecting certain supply contracts of public bodies (chapter C-65.1, r. 2);
- 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);
- Organization and Management of Institutions Regulation (chapter S-5, r. 5);
- Règlement sur le comité d’inspection professionnelle de l’Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (chapitre T-5, r. 6, French only).

REGULATION REPEALED BY THIS ACT:

- Regulation respecting certain terms of employment applicable to assistant president and executive directors of integrated health and social services centres and unamalgamated institutions (chapter O-7.2, r. 0.1).

Bill 130

AN ACT TO AMEND CERTAIN PROVISIONS REGARDING THE CLINICAL ORGANIZATION AND MANAGEMENT OF HEALTH AND SOCIAL SERVICES INSTITUTIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

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

1. Section 11 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) is amended by adding the following paragraph at the end:

“However, the president and executive director of an institution may also sit on the board of directors of a foundation of that institution.”

2. Section 14 of the Act is amended

(1) by replacing “, the Minister may appoint any person of his or her choice” in the first paragraph by “within a reasonable time, the Minister may appoint any person of his or her choice after notifying the bodies and universities concerned”;

(2) by adding the following sentence at the end of the second paragraph: “If the Minister is unable to obtain such a list within a reasonable time, the Minister may recommend to the Government any person of his or her choice after notifying the members of the board of directors.”

3. Section 22 of the Act is amended, in the first paragraph,

(1) by striking out “Every two years,”;

(2) by inserting “for a period not exceeding three years” at the end.

4. Section 23 of the Act is amended, in the first paragraph,

(1) by striking out “Every two years,”;

(2) by inserting “for a period not exceeding three years” at the end.

5. Section 33 of the Act is amended

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

“The president and executive director may be assisted by an assistant president and executive director appointed by the Government, on the recommendation of the Minister, from a list of names provided by the members of the board of directors.

The list sent to the Minister must contain a minimum of two names. If the Minister does not receive the list within a reasonable time, the Minister may recommend any person of his or her choice to the Government after notifying the members of the board of directors.”;

(2) by adding the following sentence at the end of the second paragraph: “In the case of a vacancy in the office of the president and executive director, the assistant president and executive director acts as interim president and executive director until the Government appoints a new president and executive director.”

6. Section 34 of the Act is amended

(1) by inserting “and of the assistant president and executive director” at the end of the first paragraph;

(2) by striking out the second and third paragraphs.

7. Section 35 of the Act is amended by striking out “or by a regulation made under the second paragraph of section 34” at the end of the first paragraph.

8. The Act is amended by inserting the following section after section 36:

“36.1. The Minister may, after consultation with the board members referred to in paragraphs 1 to 8 of section 9 or 10, as applicable, recommend to the Government that the term of office of the president and executive director be renewed.

The assistant president and executive director’s term of office may be renewed by the Government on the recommendation of the Minister, after consultation with the board members.”

9. The Act is amended by inserting the following section after section 38:

“38.1. The clinical and organizational project developed by an integrated health and social services centre operating a centre designated as a university hospital centre, university institute or affiliated university centre must provide that the specialized and superspecialized services related to such a designation and required by the population in the territorial health and social services network are to be provided by that integrated centre in cases where they are included in that integrated centre’s organization plan which was approved in accordance with section 184 of the Act respecting health services and social services (chapter S-4.2).

The clinical and organizational project developed by such an integrated centre must also be consistent with the teaching and research mission attached to the designation of a centre it operates.”

10. The Act is amended by inserting the following section after section 55:

“55.0.1. The organization plan of an integrated health and social services centre or of an unamalgamated institution prepared in accordance with section 183 of the Act must be sent to the Minister. The Minister approves the institution’s organization plan with or without modification.”

11. The Act is amended by inserting the following sections after section 60:

“60.1. To meet family medicine or specialized medicine needs, the Minister may, when giving the approval required under section 240 of the Act, require certain obligations to be added to the privileges the board of directors intends to grant to the physician.

The Government prescribes, by regulation, the guidelines the Minister must follow in exercising the power provided for in the first paragraph. Bodies representative of physicians must be consulted when such a regulation is being drafted.

“60.2. Despite section 240 of the Act, the Minister may, in exceptional circumstances, in particular to ensure sufficient access to services, authorize, on the conditions the Minister determines, an institution to grant a physician’s or dentist’s application for privileges even if the number of physicians and dentists authorized in the institution’s medical and dental staffing plan has been reached.

Section 239 of the Act does not apply in the case of such an authorization.”

12. Section 61 of the Act is replaced by the following section:

“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 or unamalgamated institution must provide that privileges are granted to a physician or dentist for all of the institution’s facilities and specify the facilities in which the physician or dentist is to primarily practise. It must also specify any obligations determined under section 60.1 and indicate that the physician is responsible, collectively with the other physicians practising in the institution, to ensure that access to the institution’s services is not disrupted. The resolution by which the board appoints a pharmacist under section 247 of the Act must specify the facilities with regard to which the appointment applies.

The distribution of the institution’s medical and dental staff must take into account requirements related to maintaining physicians’ and dentists’ qualifications and, if applicable, comply with ministerial orientations relating to medical workforce management referred to in section 240 of the Act.”

13. Sections 93 and 110 of the Act are repealed.

14. Section 151 of the Act is amended

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

“For the same purpose, the Minister may also require one or more institutions to use an information asset he or she determines.”;

(2) in the second paragraph,

(a) by replacing “authorizes a project only” by “authorizes a project or requires the use of an information asset”;

(b) by inserting “, or that it contributes to improving the quality, efficiency and performance of the Québec health system by allowing the controlled management and use of health and social information” at the end;

(3) in the third paragraph,

(a) by replacing “If such a project” by “If an information resource project”;

(b) by replacing “second” by “third”.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

15. Section 30 of the Act respecting health services and social services (chapter S-4.2) is amended by adding the following paragraph at the end:

“A member of the institution’s personnel may act under the authority of the local commissioner or the assistant local commissioner.”

16. Section 31 of the Act is amended

(1) by replacing “and the assistant local service quality and complaints commissioner” in the first paragraph by “, the assistant local commissioner and the personnel members acting under their authority”;

(2) by inserting “and that the personnel members acting under their authority do not exercise any other function within the institution” at the end of the second paragraph.

17. Section 75 of the Act is amended by inserting “or a person acting under their authority” after “assistant local commissioner” in paragraph 1.

18. Section 76.2 of the Act is amended by replacing “a person acting under the authority of a regional service quality and complaints commissioner” by “a person acting under the authority of a local or regional service quality and complaints commissioner or an assistant local commissioner”.

19. Sections 76.3 and 76.4 of the Act are amended by replacing “a person acting under the authority of a regional service quality and complaints commissioner” by “a person acting under the authority of a local or regional service quality and complaints commissioner or an assistant local commissioner”.

20. The Act is amended by inserting the following section after section 118.1:

118.2. Any institution described in section 6 or 9 of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001) must adopt a procedure to regulate the confinement of persons in its facilities. The procedure must be consistent with the ministerial orientations determined under subparagraph 9 of the second paragraph of section 431 and must be made known to the institution’s personnel and the health professionals practising in the institution’s facilities as well as the users concerned and their significant family members.

The procedure must, among other things, require that the following information be entered or filed in the confined user’s record:

(1) the duration, including the start and end dates, of the confinement, as well as the time in the case of preventive or temporary confinement;

(2) a description of the danger that warrants placing and keeping the user under confinement;

(3) a copy of the psychiatric examination reports, of the confinement applications presented to the court by the institution, and of any judgment ordering confinement;

(4) if a psychiatric assessment was carried out without a temporary confinement order, a note attesting that the user's consent to the assessment was obtained; and

(5) the date on which the information required under section 15 of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others was transmitted to the user.

The executive director of the institution must report to the board of directors at least once every three months on the implementation of the procedure. The report must include, for the period concerned, the number of preventive or temporary confinements, the number of confinements authorized under article 30 of the Civil Code and the number of confinement applications the institution presented to the court. Such data must be presented for each of the institution's missions. A summary of the reports must be included in a separate section of the institution's annual management report."

21. Section 172 of the Act is amended by inserting the following paragraph after paragraph 3:

"(3.1) ensure the accessibility of the institution's services throughout the territory under its responsibility;"

22. Section 181.0.3 of the Act is amended

- (1) by inserting "3.1," after "paragraphs" in the first paragraph;
- (2) in the second paragraph,
 - (a) by inserting "the accessibility of services," after "on" in subparagraph 1;
 - (b) by inserting "access to services and" after "to improve" in subparagraph 3.

23. Section 183 of the Act is amended by replacing both occurrences of "on the recommendation of" in the second paragraph by "after consultation with".

24. Section 185 of the Act is replaced by the following section:

"**185.** The organization plan of a hospital centre operated by a public institution must include the following departments:

- (1) anesthesia;
- (2) surgery;
- (3) gynecology-obstetrics;
- (4) medical imaging;

- (5) general medicine;
- (6) specialized medicine;
- (7) emergency medicine;
- (8) pediatrics;
- (9) pharmacy; and
- (10) psychiatry.

The Minister shall determine the public institutions that must include a clinical department of laboratory medicine, a clinical department of dentistry or a clinical department of public health in their organization plan.

The clinical department of medical imaging must group the radiology and nuclear medicine services, and the clinical department of laboratory medicine must group the hematology, biochemistry, pathology, microbiology and genetics laboratory services. The clinical department of specialized medicine must include the radiation oncology service, the medical oncology service and the clinical activities in hematology and in microbiology and infectious diseases.

The Minister may authorize an institution to derogate from this section.”

25. Section 185.1 of the Act is amended by inserting “provide that a physician must enter a user on the access list for the specialized or superspecialized services of the centre’s clinical departments as soon as the physician determines that such services are required. The mechanism must also” after “The mechanism must” in the first paragraph.

26. Section 188 of the Act is amended by replacing “clinical biochemistry department” in the first paragraph by “clinical department of laboratory medicine”.

27. Section 189 of the Act is amended

(1) in the first paragraph,

(a) by inserting “that take into account such factors as the need to promote access to the institution’s services” after “dentists” in subparagraph 3;

(b) by replacing, in subparagraph 4,

i. “radiology, the head of the clinical department of medical biology laboratories” by “medical imaging, the head of the clinical department of laboratory medicine”;

ii. “radiology, of a clinical department of medical biology laboratories” by “medical imaging, of a clinical department of laboratory medicine”;

(c) by adding the following subparagraph at the end:

“(8) informing the board of directors of the nature of and grounds for any administrative sanction imposed.”;

(2) by replacing “neglects to draw up rules governing the use of resources, the executive director may request that the director of professional services” in the fourth paragraph by “refuses to draw up rules or is slow to act, the director of professional services or, failing that, the executive director must”.

28. Section 190 of the Act is amended, in the fifth paragraph,

(1) by replacing “neglects to draw up rules governing medical and dental care and rules governing the use of medicines” by “refuses to draw up rules governing medical and dental care and rules governing the use of medicines or is slow to act”;

(2) by inserting “or the executive director” after “pharmacists”.

29. Section 191 of the Act is replaced by the following section:

“191. No bed may be reserved for a particular physician or dentist for users he treats. However, a minimum percentage of beds, determined by the Minister, must be reserved in the clinical departments able to take in charge the users from the clinical department of emergency medicine who must be hospitalized.

The rules governing the use of resources drawn up under subparagraph 3 of the first paragraph of section 189 must, among other things, provide that in cases of necessity, the director of professional services or, if there is no such director, the chair of the council of physicians, dentists and pharmacists or the physician designated for that purpose by the executive director may designate a clinical department or service in which a bed must be made available to a user.”

30. The Act is amended by inserting the following section after section 192:

“192.0.1. If a clinical department of public health is formed in a hospital centre, sections 189 to 192 apply, with the necessary modifications, to the head of the clinical department of public health, unless the context indicates otherwise. If a public health director exercises his or her functions in that centre, he or she shall exercise the responsibilities assigned to the director of professional services. In addition, the rules governing medical and dental care and the rules governing the use of medicines that must be drawn up in accordance with subparagraph 2 of the first paragraph of section 190 must first be approved by the public health director.

In addition to the responsibilities entrusted to him or her by section 189, the head of the clinical department of public health shall carry out any other mandate entrusted to him or her by the public health director under the second paragraph of section 373.”

31. The Act is amended by inserting the following section after section 205:

“205.1. If a clinical department of public health is formed in a hospital centre and a public health director exercises his or her functions in that centre, he or she shall exercise the responsibilities assigned to the director of professional services under sections 203, 204 and 205 with regard to the clinical department of public health and the head of that clinical department, unless the context indicates otherwise.”

32. Section 213 of the Act is amended

(1) by striking out “who have the status required by regulation made under paragraph 3 of section 506” in the second paragraph;

(2) by striking out “and who have the status required by regulation referred to in the second paragraph” in the fourth paragraph.

33. Section 214 of the Act is amended by replacing “may” in subparagraph 7 of the first paragraph by “must”.

34. Section 237 of the Act is amended

(1) by striking out the second paragraph;

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

“Before referring an application for appointment or renewal to the board of directors, the executive director must obtain from the council of physicians, dentists and pharmacists a recommendation concerning the qualifications and competence of the physician or dentist, and the status and privileges that should be granted to the physician or dentist by virtue of the appointment. The council of physicians, dentists and pharmacists and the director of professional services must be consulted on the obligations that must be attached to the enjoyment of the privileges granted by the board of directors. Such obligations must be established clearly and be aimed at ensuring the physician’s or dentist’s participation in fulfilling the institution’s responsibilities, in particular with respect to access to services and the quality and pertinence of such services. The physician or dentist concerned shall then be invited to submit observations on those obligations. The executive director shall forward the observations to the board of directors on receiving the application for appointment or renewal.

In the case of an application for renewal and before referring the application to the board of directors, the executive director must also obtain an opinion from the director of professional services concerning the physician's or dentist's compliance with the terms set out in the resolution made under section 242."

35. Section 238 of the Act is amended by adding the following sentence at the end of the fourth paragraph: "However, such an application may also be refused if the conditions prescribed by a regulation made under paragraph 3 of section 506 for granting a status cannot be met."

36. Section 240 of the Act is amended by inserting " , with the institution's organization plan and with ministerial orientations on medical workforce management" at the end.

37. Section 242 of the Act is amended

(1) by replacing " , and the undertaking of the physician or dentist to fulfil the obligations attached to the enjoyment of the privileges and determined on the recommendation of the council of physicians, dentists and pharmacists" in the first paragraph by " , the obligations attached to the enjoyment of the privileges and the physician's or dentist's undertaking to fulfil them";

(2) by replacing "a maximum period of three years. They are renewed for a minimum period of two years, unless the application for renewal is for a period of less than two years" in the third paragraph by "18 to 24 months. They are renewed for a minimum period of one year and a maximum period of three years".

38. The Act is amended by inserting the following section after section 242:

"242.0.1. The resolution of the board of directors accepting a physician's or dentist's application for appointment or renewal of appointment is absolutely null if it does not comply with section 242."

39. Section 248 of the Act is amended by replacing "it is not renewable" in the first paragraph by "is renewable only with the authorization of the Minister and on the conditions he determines".

40. Section 251 of the Act is amended

(1) by replacing "48 hours" in the third paragraph by "the following four days";

(2) by replacing "10 days" in the fourth paragraph by "20 days".

41. Section 265 of the Act is amended by adding the following paragraph at the end:

“Despite subparagraph 4 of the first paragraph, an institution may, with the authorization of the Minister, provide supplies and medicines gratuitously to a private health facility. An agreement between the institution and the operator of the private health facility must determine the cases in which and conditions on which the supplies and medications are to be provided, as well as the applicable control measures.”

42. Section 359 of the Act is amended

(1) by striking out paragraph 1.1;

(2) by replacing “designated under paragraph 1.1” in paragraphs 2, 3 and 4 by “for which a clinical department of emergency medicine is set up”.

43. Section 361 of the Act is amended by replacing “in the emergency departments of institutions designated under paragraph 1.1 of section 359” at the end of subparagraph 1 of the second paragraph by “in the clinical department of emergency medicine of the institutions for which such a department is set up”.

44. Section 372 of the Act is amended

(1) by striking out “who shall also act as the head of any clinical department of public health” at the end of the first paragraph;

(2) in the second paragraph,

(a) by replacing “may require that a person representing the Minister participate” by “shall appoint a person to represent the Minister”;

(b) by inserting “de santé publique” at the end of the French text;

(3) in the third paragraph,

(a) by replacing “Ce directeur” in the French text by “Le directeur de santé publique”;

(b) by inserting “or, exceptionally, having five years of experience in the practice of community health care” after “trained in community health care”.

45. Section 373 of the Act is amended by inserting the following paragraph after the first paragraph:

“The public health director shall also be responsible for entrusting any mandate to the head of a clinical department of public health.”

46. Section 383 of the Act is repealed.

47. Section 431 of the Act is amended by replacing “the procedure for the application of control measures adopted by an institution under section 118.1” in subparagraph 9 of the second paragraph by “the institution’s procedure referred to in section 118.1 or 118.2”.

48. The Act is amended by inserting the following section after section 431.1:

“431.1.1. The Minister shall establish a temporary support system for access to specialized services in which all public institutions operating a general and specialized hospital centre must participate. Such a system will make it possible to draw up, for a specialty referred to in the regulation made under section 15.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), a duty roster of medical specialists who may be called upon to provide services in an institution that is experiencing significant problems with regard to access to services.

Such medical specialists are deemed to hold the privileges required to practise within such an institution.

The Minister shall determine by regulation the operating framework for the temporary support system for access to specialized services. To that end, the Minister shall consult the competent medical associations concerned.

The Minister may entrust the management of the system to any institution he determines.”

49. The Act is amended by inserting the following section after section 433.2:

“433.3. The Minister shall authorize any draft by-law by the board of directors of a public institution or by a council of physicians, dentists and pharmacists, council of nurses, nursing assistants committee, council of midwives, multidisciplinary council, regional department of general medicine or regional pharmaceutical services committee that may be adopted under section 106, 216, 222, 223, 225.5, 229, 417.6 or 417.9. The Minister’s authorization may be conditional on certain amendments being made to the draft by-law.”

50. The Act is amended by inserting the following after section 435:

“CHAPTER I.0.1

“JOINT PROCUREMENT

“435.1. For the purposes of this Act, “joint procurement group” means a non-profit legal person constituted under the laws of Québec whose purpose is to manage the joint procurement of goods or services in accordance with the

orientations determined by the Minister under section 435.2. A joint procurement group may also, with the Minister's authorization, pursue additional or complementary purposes.

“435.2. The Minister shall recognize the joint procurement groups required to provide efficient and effective joint procurement for the health and social services network. He shall identify the institutions that are to be served by each recognized group and, if applicable, the other types of persons or bodies each group may provide services to. The Minister may also provide that certain procurement services he determines must be provided exclusively by an identified group.

“435.3. All the public institutions served by a joint procurement group are members of that group. The same applies to a private institution under agreement to which a group provides services in accordance with the orientations determined by the Minister.

The composition of a group's board of directors shall be determined in the group's constituting act. The board must be composed in the majority of members from the institutions served by the group. The group's executive director shall be appointed by the Minister following a selection process initiated by the Minister, including an invitation for applications held as determined by the Minister.

Sections 260 to 265, 278 to 280, 282, 289 to 292, 294 to 297, 316, 436, 468, 469, 485, 486, 489, 499 and 500 apply, with the necessary modifications, to a group. The Minister shall exercise the responsibilities assigned to an agency by those sections.

The auditor appointed by the group under section 290 must, for the fiscal year for which he was appointed, audit the group's financial report and carry out the other components of his mandate that are determined by the group or the Minister.

“435.4. To fulfil its purpose, each joint procurement group shall

(1) carry out the joint goods and services procurement projects entrusted to it by the institutions it serves or by the Minister;

(2) provide support with respect to procurement for the institutions;

(3) establish and update, in cooperation with the institutions it serves and in accordance with ministerial policy directions, a timetable for all calls for tenders under its responsibility;

(4) deploy the resources necessary to carry out the calls for tenders scheduled in the timetable;

(5) enlist the participation of the institutions and other partners possessing the knowledge and skills required to carry out procurement projects, such as institution pharmacists in the case of procurement of medicines;

(6) collaborate and act in concert with other joint procurement groups, if applicable;

(7) produce management data on its work in accordance with the indicators and method determined by the Minister; and

(8) carry out any other mandate entrusted to it by the Minister.

In exercising its functions, the joint procurement group must help improve the quality of care, promote innovation and preserve the value of procurements, for instance by making sure, if necessary, that information assets are compatible.

“435.5. Each joint procurement group must enter into a management and accountability agreement with the Minister, containing

(1) the group’s strategic and operational orientations and objectives, the orientations for joint procurement and the main indicators to be used to measure results; and

(2) the manner in which periodic reports are to be filed.

The group must prepare an annual management report containing the information and documents required under section 182.7 and send it to the Minister. The report must be published on the group’s website.”

51. The Act is amended by inserting the following sections after section 436:

“436.0.1. The Minister must ensure that public institutions use the services of the joint procurement group that serves them.

The Minister may, to the extent he believes such action to be justified by the need to optimize resources and after consulting the public institution concerned, oblige the institution to participate in a call for tenders held by such a group.

A group must inform the Minister if an institution refuses to participate in a joint procurement process the Minister has required public institutions to participate in.

“436.0.2. To ensure the effective and efficient management of procurement, the Minister may, after consulting the institutions concerned and giving the joint procurement groups concerned the opportunity to submit observations, ask the enterprise registrar to amalgamate the groups.

The enterprise registrar shall then issue letters patent amalgamating the groups, in accordance with the Minister's request, into a single joint procurement group constituted under Part III of the Companies Act (chapter C-38). Once constituted, the new group enjoys all the rights, acquires all the property and assumes all the obligations of the amalgamated groups and the proceedings to which the amalgamated groups are a party may be continued without continuance of suit.

The Minister may also, for the same reasons, ask that an existing group be dissolved.

“436.0.3. The Minister may, by regulation, determine the standards and scales to be used by joint procurement groups for

(1) the selection, appointment and hiring, and the remuneration and other conditions of employment, of senior administrators and management personnel; and

(2) the remuneration and other conditions of employment of the other staff members, subject to the collective agreements in force.

The Minister may establish, by regulation and for persons referred to in subparagraphs 1 and 2 of the first paragraph who are not governed by a collective agreement, a procedure of appeal for cases of dismissal, termination of employment or non-renewal of employment, and for cases of suspension without pay or of demotion. The regulation may also prescribe a procedure for the settlement of disagreements over the interpretation and application of the terms of employment established thereby. Lastly, the regulation may prescribe a method for the designation of an arbitrator, to which sections 100.1, 139 and 140 of the Labour Code (chapter C-27) apply, and the measures the arbitrator may take after having heard the parties.

A regulation under this section must be authorized by the Conseil du trésor. The Conseil du trésor may limit the authorization requirement to the matters it considers of governmental import. It may also attach conditions to the authorization.

“436.0.4. The Minister shall determine the general terms governing the financing of joint procurement groups' activities.”

52. Section 436.3 of the Act is amended by replacing “and the dean of the faculty of medicine of the university associated with the network are to be designated by the Minister to act as president or vice-president of the network” by “shall act as president of the network. A first vice-president is to be appointed by and from among the deans of the faculties of social sciences of the university associated with the network. A second vice-president is to be appointed by and from among the deans of the faculties of health sciences of the university associated with the network”.

53. Section 442 of the Act is amended by adding the following paragraph at the end:

“All applications for modification of a permit must be received by the Minister at least three months before the projected date of the modification.”

54. Section 444 of the Act is amended by adding the following paragraph at the end:

“Failing that, the Minister may, among other things, order the permit holder to comply with what is entered on the permit within the time the Minister prescribes.”

55. The Act is amended by inserting the following section after section 444:

“**444.1.** Every two years, the holder of an institution permit must, using the form prescribed by the Minister, provide a statement to the Minister attesting that the institution’s facilities and their capacity are the same as those specified on the permit.”

56. Section 505 of the Act is amended by replacing “designated by the agency pursuant to paragraph 1.1 of section 359” and “in emergency services” in paragraph 1 by “for which a clinical department of emergency medicine is set up” and “in a clinical department of emergency medicine”, respectively.

57. Section 506 of the Act is amended by inserting “or renewed” after “granted” in paragraph 3.

58. Section 520.3.1 of the Act is replaced by the following section:

“**520.3.1.** The Minister may offer the institutions, as well as other bodies or persons in the health and social services network, installation, maintenance and repair services for any technological medium used by the institutions, bodies or persons or user support services as well as information resource management services. The Minister may also offer information asset design, implementation and procurement services.

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

The Minister may, by agreement, delegate all or part of the powers assigned to the Minister by this section to an institution or to another body or person in the health and social services network. In such a case, the delegatee is deemed to have the capacity to exercise such powers.”

59. The Act is amended by inserting the following section after section 530.2:

“530.2.1. Sections 185 and 433.3 do not apply to the institutions governed by this Part.”

60. Section 530.25 of the Act is amended by adding the following sentence at the end: “That regional board is designated under the name “Nunavik Regional Board of Health and Social Services”.”

61. The Act is amended by inserting the following section after section 530.75:

“530.75.1. Section 185 does not apply to the institution.”

62. The Act is amended by inserting the following section after section 530.112:

“530.112.1. Section 433.3 does not apply to an institution governed by this Part.”

63. Section 531 of the Act is amended

(1) by replacing “, 438, 444” in the first paragraph by “or 438, the first paragraph of section 444, sections 444.1”;

(2) by inserting “the second paragraph of section 444 or” after “contravenes” in the second paragraph.

64. Section 619.36 of the Act is amended by replacing “fourth paragraph of section 383” by “third paragraph of section 435.3”.

OTHER AMENDING PROVISIONS

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

65. The Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is amended by inserting the following section after section 13:

“13.1. All medical specialists subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) must, to the extent prescribed by government regulation, make themselves available to insured persons within the meaning of that Act by using the medical appointment system described in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5).”

66. The Act is amended by inserting the following section after section 15:

“15.1. Every medical specialist whose specialty is specified by government regulation and who practises in a general and specialized hospital centre operated by a public institution must, to the extent prescribed in the regulation, participate in the temporary support system provided for in section 431.1.1 of the Act respecting health services and social services (chapter S-4.2).”

67. Section 16 of the Act is amended by replacing “section 13 or 14” in the second paragraph by “any of sections 13, 13.1, 14 and 15.1”.

68. Section 19 of the Act is amended by adding the following sentence at the end of the second paragraph: “The president and executive director also informs the Board of any decision affecting a medical specialist’s obligation under section 13.1.”

69. Section 21 of the Act is amended, in the first paragraph,

(1) by replacing “section 10 or 11” by “any of sections 10, 11 and 13.1”;

(2) by replacing “section 14 or 15” by “any of sections 14, 15 and 15.1”.

70. Section 23 of the Act is amended by replacing “or 15” in the first paragraph by “, 15 or 15.1”.

71. Section 24 of the Act is amended by replacing “a general practitioner has failed to fulfill an obligation under subparagraph 1 of the first paragraph of section 4 or under section 10 or 11” by “a physician has failed to fulfill an obligation under subparagraph 1 of the first paragraph of section 4 or under any of sections 10, 11 and 13.1”.

72. Section 74 of the Act is replaced by the following section:

“74. The Entente particulière ayant pour objet les activités médicales particulières, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec under section 19 of the Health Insurance Act (chapter A-29), ceases to have effect on the date of coming into force of subparagraph 2 of the first paragraph of section 4 of this Act.”

73. Section 75 of the Act is replaced by the following section:

“75. The provisions of the Entente particulière relative aux services de médecine de famille, de prise en charge et de suivi de la clientèle, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec under section 19 of the Health Insurance Act (chapter A-29), that relate to the supplement for the volume of patients registered cease to have effect on the date of coming into force of subparagraph 1 of the first paragraph of section 4 of this Act.”

74. Section 77 of the Act is replaced by the following section:

“77. Any undertaking by a general practitioner under section 363 of the Act respecting health services and social services (chapter S-4.2) that is in effect on the date of coming into force of subparagraph 2 of the first paragraph of section 4 of this Act ceases to have effect on that date.

However, a general practitioner who, on that date, has been performing an activity listed in any of subparagraphs 1 to 5 of the second paragraph of section 361 of the Act respecting health services and social services, as it read before the date of coming into force of section 61 of this Act, for at least one year has priority with respect to obtaining authorization for medical activity hours in accordance with the first paragraph of section 7 of this Act for the same activity, if applicable. If, because of the implementation of the Minister’s directives referred to in the first paragraph of section 5 of this Act, more than one physician has priority to perform the same medical activity, the hours are authorized for the general practitioner whose initial date of billing to the Board is the earliest.”

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

“79. Every general practitioner who, on the date of coming into force of section 12 of this Act, holds a notice of compliance issued by the regional department of general medicine in the region where he or she practises, under the Entente particulière relative au respect des plans régionaux d’effectifs médicaux (PREM) entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec under section 19 of the Health Insurance Act (chapter A-29), is deemed to have obtained a notice of compliance with the regional medical staffing plan from that regional department under section 12 of this Act.”

BUILDING ACT

76. Section 65.4 of the Building Act (chapter B-1.1) is amended by replacing “a health and social services agency or a public institution under the Act respecting health services and social services (chapter S-4.2), a legal person or a joint procurement group referred to in section 383 of that Act,” in subparagraph 5 of the first paragraph by “a public institution governed by the Act respecting health services and social services (chapter S-4.2), a joint procurement group referred to in section 435.1 of that Act, the Nunavik Regional Board of Health and Social Services established under section 530.25 of that Act.”

ACT RESPECTING CONTRACTING BY PUBLIC BODIES

77. Section 4 of the Act respecting contracting by public bodies (chapter C-65.1) is amended by replacing “health and social services agencies and public institutions referred to in the Act respecting health services and social services (chapter S-4.2), legal persons and joint procurement groups referred to in section 383 of that Act,” in subparagraph 6 of the first paragraph by “public institutions governed by the Act respecting health services and social services (chapter S-4.2), joint procurement groups referred to in section 435.1 of that Act, the Nunavik Regional Board of Health and Social Services established under section 530.25 of that Act,”.

ACT RESPECTING THE GOVERNANCE AND MANAGEMENT OF THE INFORMATION RESOURCES OF PUBLIC BODIES AND GOVERNMENT ENTERPRISES

78. Section 2 of the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03) is amended by replacing “health and social services agencies and public institutions governed by the Act respecting health services and social services (chapter S-4.2), legal persons and joint procurement groups referred to in section 383 of that Act,” in subparagraph 5 of the first paragraph by “public institutions governed by the Act respecting health services and social services (chapter S-4.2), joint procurement groups referred to in section 435.1 of that Act, the Nunavik Regional Board of Health and Social Services established under section 530.25 of that Act,”.

ACT RESPECTING HÉMA-QUÉBEC AND THE BIOVIGILANCE COMMITTEE

79. Section 3 of the Act respecting Héma-Québec and the biovigilance committee (chapter H-1.1) is amended by replacing “body managing joint supplies to institutions” in subparagraph 8 of the second paragraph by “joint procurement group referred to in section 435.1 of the Act respecting health services and social services (chapter S-4.2)”.

80. Section 38 of the Act is amended by replacing “body to manage joint supplies to institutions” and “that body” in the first paragraph by “joint procurement group referred to in section 435.1 of the Act respecting health services and social services (chapter S-4.2)” and “that group”, respectively.

PUBLIC INFRASTRUCTURE ACT

81. Section 3 of the Public Infrastructure Act (chapter I-8.3) is amended by replacing “health and social services agencies and public institutions governed by the Act respecting health services and social services (chapter S-4.2), legal persons and joint procurement groups referred to in section 383 of that Act,” in subparagraph 6 of the first paragraph by “public institutions governed by the Act respecting health services and social services (chapter S-4.2), joint procurement groups referred to in section 435.1 of that Act, the Nunavik Regional Board of Health and Social Services established under section 530.25 of that Act.”

82. Section 28 of the Act is amended by replacing “agencies” in the fourth paragraph by “the Nunavik Regional Board of Health and Social Services”.

83. Section 36 of the Act is amended by replacing “a health and social services agency” in the first paragraph by “the Nunavik Regional Board of Health and Social Services”.

ACT RESPECTING THE SHARING OF CERTAIN HEALTH INFORMATION

84. Section 4 of the Act respecting the sharing of certain health information (chapter P-9.0001) is amended by adding the following paragraphs at the end:

“(18) the Collège des médecins du Québec;

“(19) the Ordre des pharmaciens du Québec; and

“(20) any other persons or partnerships determined by regulation of the Government.”

85. Section 31 of the Act is amended by replacing “clinical radiology department” by “clinical department of medical imaging”.

86. The Act is amended by inserting the following section after section 31:

31.1. In addition to the radiology examination results produced by an institution or laboratory referred to in section 31, the Government determines, by regulation, the types of medical imaging examinations for which health information must be released to the operations manager of a health information bank in the medical imaging domain, and the date from which the information must be released.”

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

“105.1. The Minister may, by written agreement, release health information held in the health information banks in the clinical domains or in the electronic prescription management system for medication to the Collège des médecins du Québec and the Ordre des pharmaciens du Québec when necessary for the exercise of the functions entrusted to them by the Professional Code (chapter C-26), the Medical Act (chapter M-9) or the Pharmacy Act (chapter P-10).

The Minister may also, at the request of the president of the Collège des médecins du Québec or of the Ordre des pharmaciens du Québec, assign access authorizations for a health information bank in a clinical domain or for the electronic prescription management system for medication to an inspector, investigator or syndic referred to in section 192 of the Professional Code acting on behalf of the Collège des médecins du Québec or the Ordre des pharmaciens du Québec. The provisions of this Act that apply to the access authorization manager apply, with the necessary modifications, to the president of the Collège des médecins du Québec and to the president of the Ordre des pharmaciens du Québec, and the provisions applicable to an authorized provider apply to an inspector, investigator or syndic referred to in this section.

This section applies despite section 103.”

88. Section 107 of the Act is amended by inserting “the first paragraph of section 105.1 and” after “In the cases provided for in” in the first paragraph.

89. Section 108 of the Act is amended by replacing “section 106” in the first paragraph by “sections 105 and 106”.

ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

90. Section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is amended, in the sixth paragraph,

(1) by inserting “or medical specialist” after “general practitioner”;

(2) by inserting the following sentence after “agreement entered into under section 19 of that Act.”: “The Board may also, at the Minister’s request, allow such a system to be used to make an appointment with a health care or social services professional who practises within a family medicine group and belongs to a class of professionals identified by the Minister.”

PUBLIC HEALTH ACT

91. Section 82 of the Public Health Act (chapter S-2.2) is amended by replacing “laboratory or of a medical biology department” in paragraph 2 by “medical biology laboratory or laboratory medicine department”.

92. Section 100 of the Act is amended by replacing “laboratory or of a private or public medical biology department” in paragraph 7 by “private or public medical biology laboratory or laboratory medicine department”.

93. Section 136 of the Act is amended by replacing “laboratory or medical biology department” in paragraph 6 by “medical biology laboratory or laboratory medicine department”.

94. Section 138 of the Act is amended by replacing “laboratory or medical biology department” in paragraph 2 by “medical biology laboratory or laboratory medicine department”.

REGULATION RESPECTING CERTAIN SUPPLY CONTRACTS OF PUBLIC BODIES

95. Section 46.2 of the Regulation respecting certain supply contracts of public bodies (chapter C-65.1, r. 2) is amended by replacing “a legal person or by a joint procurement group referred to in section 383” in the first paragraph by “a joint procurement group referred to in section 435.1”.

REGULATION RESPECTING CERTAIN TERMS OF EMPLOYMENT APPLICABLE TO ASSISTANT PRESIDENT AND EXECUTIVE DIRECTORS OF INTEGRATED HEALTH AND SOCIAL SERVICES CENTRES AND UNAMALGAMATED INSTITUTIONS

96. The Regulation respecting certain terms of employment applicable to assistant president and executive directors of integrated health and social services centres and unamalgamated institutions (chapter O-7.2, r. 0.1) is repealed.

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

97. Section 11 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) is amended by replacing “radiology” in subparagraph 3 of the first paragraph by “medical imaging”.

98. Section 16 of the Regulation is amended by replacing “radiology” in paragraph 3 by “medical imaging”.

ORGANIZATION AND MANAGEMENT OF INSTITUTIONS REGULATION

99. Section 27 of the Organization and Management of Institutions Regulation (chapter S-5, r. 5) is amended by replacing the second paragraph by the following paragraph:

“A hospital centre shall limit to 24 hours the time for which a beneficiary remains in the emergency department, except in cases where the beneficiary’s medical condition requires him to be isolated for reasons of public health or mental health and no isolation room is available outside the department or in cases where the average duration of stay in the department is less than 12 hours. In such cases, a written approval from the director of professional services is required.”

100. The Regulation is amended by inserting the following section after section 92:

“**92.1.** The status of associate member or advisory member shall not be granted or renewed where the institution’s needs can be met by a member who holds or may hold the status of active member.”

RÈGLEMENT SUR LE COMITÉ D’INSPECTION PROFESSIONNELLE DE L’ORDRE DES TECHNOLOGUES EN IMAGERIE MÉDICALE, EN RADIO-ONCOLOGIE ET EN ÉLECTROPHYSIOLOGIE MÉDICALE DU QUÉBEC

101. Section 13 of the Règlement sur le comité d’inspection professionnelle de l’Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (chapter T-5, r. 6, French only) is amended by replacing “de radiologie” in the first paragraph of the French text by “d’imagerie médicale”.

102. Section 14 of the Regulation is amended by replacing “de radiologie” in the first paragraph of the French text by “d’imagerie médicale”.

TRANSITIONAL AND FINAL PROVISIONS

103. Every institution must, not later than 26 April 2019, adopt the first procedure to regulate the confinement of persons in its facilities, in accordance with section 118.2 of the Act respecting health services and social services (chapter S-4.2), enacted by section 20.

104. Not later than 10 May 2018, every public institution operating a hospital centre must amend its organization plan as prescribed by section 185 of the Act respecting health services and social services, replaced by section 24, and in the case of an integrated health and social services centre or unamalgamated institution, send it to the Minister for approval, with or without modifications, in accordance with section 55.0.1 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2), enacted by section 10.

105. The board of directors of every institution must, not later than 10 May 2018, amend any resolution by which the board accepted an application for appointment or renewal of appointment from a physician or dentist to make it consistent with section 242 of the Act respecting health services and social services, amended by section 37, and with section 61 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, amended by section 12.

106. Every institution must, not later than 10 February 2018, send all regulations already enacted under any of sections 106, 216, 222, 223, 225.5, 229, 417.6 and 417.9 of the Act respecting health services and social services to the Minister for approval, with or without modifications.

107. A joint procurement group established under the second paragraph of section 383 of the Act respecting health services and social services, as it read before being repealed by section 46, is deemed to be a joint procurement group recognized by the Minister under section 435.2 of the Act respecting health services and social services, enacted by section 50. It continues to serve the same institutions.

Such a group must, before 10 May 2018, take the necessary measures to ensure its constituting act and all its activities comply with sections 435.1 to 435.4 of the Act respecting health services and social services, enacted by section 50.

The management and accountability agreement provided for in section 435.5 of the Act respecting health services and social services, enacted by section 50, must be signed with the Minister not later than 10 November 2018.

If a group fails to comply with this section, the Minister may, without further formality, determine that the institutions served by the group are to be served by another joint procurement group specified by the Minister. In such a case, the latter group enjoys all the rights, acquires all the property and assumes all the obligations of the non-compliant group and the proceedings to which the non-compliant group is a party may be continued without continuance of suit by the other group. The Minister subsequently asks the enterprise registrar to revoke the non-compliant group's constituting act.

108. In order to establish a timeline for the examination of the statements sent by an institution under section 444.1 of the Act respecting health services and social services, enacted by section 55, the Minister determines the date by which the first statement must be sent to him or her. The Minister informs the institution of his or her decision at least one year before the determined date.

109. The remuneration, benefits and other conditions of employment applicable to the assistant president and executive director of an institution under the Regulation respecting certain terms of employment applicable to assistant president and executive directors of integrated health and social services centres and unamalgamated institutions (chapter O-7.2, r. 0.1), as it read before being repealed by section 96, continue to apply to that assistant president and executive director until the end of the latter's term of office.

110. This Act comes into force on 10 November 2017, except

- (1) section 20, which comes into force on 26 April 2018; and
- (2) sections 48 and 65 to 75 and paragraph 1 of section 90, which come into force on the date or dates to be set by the Government.