

Regulation to amend the Amended Basic school regulation for preschool, elementary and secondary education for the 2020-2021 school year

Education Act
(chapter I-13.3, s. 447)

1. The Amended Basic school regulation for preschool, elementary and secondary education for the 2020-2021 school year, made by Order in Council 1028-2020 dated 7 October 2020 and amended by Orders in Council 1128-2020 dated 28 October 2020 and 1251-2020 dated 25 November 2020, is amended in section 1 by replacing “22 January” in the second paragraph of section 29.1 of the Basic school regulation for preschool, elementary and secondary education (chapter I-13.3, r. 8) as it reads for the 2020-2021 school year by “5 February”.

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

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Gouvernement du Québec

O.C. 50-2021, 20 January 2021

Health Insurance Act
(chapter A-29)

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

Application of the Health Insurance Act Basic prescription drug insurance plan — Amendment

CONCERNING the Regulation to amend the Regulation respecting the application of the Health Insurance Act and the Regulation respecting the basic prescription drug insurance plan and the revocation of décret 983-2003 dated 17 September 2003

WHEREAS, under the third paragraph of section 3 of the Health Insurance Act (chapter A-29), the Régie de l'assurance maladie du Québec (the Board) assumes, in accordance with this Act and the regulations and subject to the Act respecting prescription drug insurance (chapter A-29.01), the cost of the services determined by regulation that are required for pharmaceutical reasons and furnished by pharmacists, the cost of medications furnished by pharmacists on the prescription of a physician, a resident in medicine, a dentist, a midwife or another professional authorized by law or a regulation

under subparagraph *b* of the first paragraph of section 19 of the Medical Act (chapter M-9) and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance, on behalf of every insured person who is an eligible person within the meaning of that Act and who:

(1) is 65 years of age or over and is not a member of a group insurance contract or employee benefit plan applicable to a group with private coverage within the meaning of section 15.1 of the Act respecting prescription drug insurance that includes basic plan coverage, and is not a beneficiary under such a plan;

(2) holds a valid claim booklet issued under section 70 or 71 of the Health Insurance Act, or

(3) is not required to become a member of a group insurance contract or employee benefit plan referred to in paragraph *a* and in whose respect no person is required, in accordance with section 18 of the said Act, to ensure coverage as a beneficiary under such a contract or plan;

WHEREAS, under the fourth paragraph of section 3 of the Health Insurance Act, the Board also assumes, in accordance with the provisions of this Act and the regulations, the cost of the services determined by regulation that are required for pharmaceutical reasons and furnished by pharmacists and the cost of medications and supplies, as well as the cost of the related profit margin of a wholesaler accredited in accordance with the Act respecting prescription drug insurance, in the cases determined by regulation, on behalf of every insured person;

WHEREAS, under subparagraphs *e.1* to *e.3* of the first paragraph of section 69 of this Act, the Government may, after consultation with the Board or upon its recommendation, in addition to the other regulatory powers conferred upon it by this Act, make regulations to:

(1) determine which services rendered by pharmacists must be considered insured services for the purposes of the third and fourth paragraphs of section 3 of this Act and prescribe the intervals at which certain of those services must be rendered to remain insured services. The intervals may vary according to the cases, conditions and circumstances it indicates;

(2) determine, among the services provided by pharmacists that are to be considered insured services for the purposes of the third and fourth paragraphs of section 3 of this Act, those that must relate to a medication on the list of medications drawn up by the Minister of Health and Social Services under section 60 of the Act respecting prescription drug insurance;

(3) determine the cases in which the Board assumes the cost of a medication or a supply and the related wholesaler's profit margin for the purposes of the fourth paragraph of section 3 of the Health Insurance Act;

WHEREAS, under the first paragraph of section 8 of the Act respecting prescription drug insurance, coverage under the basic plan includes, to the extent provided for by this Act, the pharmaceutical services determined by government regulation under subparagraph 1.2 of the first paragraph of section 78 of this Act, as well as the medications entered on the list of medications drawn up by the Minister in a regulation made under section 60, when provided in Québec by a pharmacist on the prescription of a physician, a medical resident, a dentist, a midwife or another professional authorized by law or a regulation under subparagraph *b* of the first paragraph of section 19 of the Medical Act;

WHEREAS, under the fourth paragraph of section 8 of the Act respecting prescription drug insurance, the Government may, in a regulation made under subparagraph 1.2 of the first paragraph of section 78 of this Act, limit the coverage for pharmaceutical services whose payment is borne by the Board to those relating to a medication that is on the list of medications drawn up by the Minister under section 60 of this Act;

WHEREAS, under the first and second paragraphs of section 8.1.1 of this Act, a pharmacist must give an itemized invoice to a person from whom is claimed the payment of a pharmaceutical service, except where it consists of a service for which no contribution is payable under subparagraph 1.4 of the first paragraph of section 78 of this Act, a medication or supply covered by the basic plan, and this invoice must notably mention any other information that the Government determines by regulation, depending on whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan;

WHEREAS, under the first paragraph of section 11 of this Act, a person may be required to make a contribution towards the payment of the cost of the pharmaceutical services and medications provided up to a maximum contribution for each reference period, this contribution may consist in a deductible amount or a coinsurance payment but no contribution shall be payable for the pharmaceutical services determined by government regulation under subparagraph 1.4 of the first paragraph of section 78 of this Act;

WHEREAS, under subparagraphs 1.2, 1.4 and 2.1 of the first paragraph of section 78 of this Act, the Government may, after consulting the Board, in addition to the other regulatory powers conferred to it by this Act, make regulations to:

(1) determine, for the purposes of section 8, the services required for pharmaceutical reasons and provided by a pharmacist that are covered by the basic prescription drug insurance plan and determine, among those whose cost is paid by the Board, the services that must relate to a medication on the list of medications drawn up by the Minister under section 60 of this Act;

(2) determine, for the purposes of section 11 of this Act, the pharmaceutical services for which no contribution is payable, which services may vary according to whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan;

(3) determine the other information the itemized invoice referred to in section 8.1.1 must contain, which may vary according to whether the insurance coverage is provided by the Board or by a group insurance contract or an employee benefit plan;

WHEREAS, under the first paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5), the function of the Board is to administer and implement the programs of the health insurance plan instituted by the Health Insurance Act (chapter A-29) and any other program entrusted to it by law or by the Government;

WHEREAS, under décret 983-2003 dated 17 September 2003, the Government entrusted the Board with the administration of the program for the free provision of services related to emergency oral contraception offered in pharmacies;

WHEREAS, the provision of services related to emergency oral contraception offered in pharmacies is part of the services whose coverage is provided in the Regulation to amend the Regulation respecting the application of the Health Insurance Act and the Regulation respecting the basic prescription drug insurances plan, attached to this Order in Council, that maintaining a program in this regard is no longer necessary and that it is expedient consequently to revoke décret 983-2003 dated 17 September 2003 on 25 January 2021;

WHEREAS, via Order in Council 177-2020 dated 13 March 2020, the Government has declared a public health emergency and renewed it since that date on account of the COVID-19 pandemic;

WHEREAS, under sections 10, 12 and 13 of the Regulations Act (chapter R-18.1), a proposed regulation to amend the Regulation respecting the application of the Health Insurance Act and the Regulation respecting the basic prescription drug insurance plan was published in Part 2 of the *Gazette officielle du Québec* on 17 December 2020, with notice that it may be made by the Government upon expiry of the 10-day period following that publication;

WHEREAS, under section 18 of this Act, a regulation may come into effect as of the date of its publication in the *Gazette officielle du Québec* or between this date and the date applicable under section 17 of this Act, where the authority having made the regulation is of the opinion that the urgency of the situation requires it and the reason justifying such coming into effect must be published with the regulation;

WHEREAS, in the opinion of the Government, the urgency, on account of the following circumstances, justifies such coming into effect of the Regulation to amend the Regulation respecting the application of the Health Insurance and the Regulation respecting the basic prescription drug insurance plan:

(1) the COVID-19 pandemic currently raging is causing accrued pressure on the health system, which is facing a significant increase in the number of patients to be cared for;

(2) in this context, it is urgent to free certain professionals, notably family doctors, from certain services that may be furnished in pharmacies;

(3) insurance coverage of certain pharmaceutical services will encourage the public to increasingly call for these pharmacy services;

WHEREAS, the Régie de l'assurance maladie du Québec has been consulted with respect to this proposed Regulation;

WHEREAS, it is expedient to make this Regulation to amend the Regulation respecting the application of the Health Insurance Plan and the Regulation respecting the basic prescription drug insurance plan with amendments;

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

THAT the Regulation to amend the Regulation respecting the application of the Health Insurance and the Regulation respecting the basic prescription drug insurance plan, attached to this Order in Council, be made;

THAT, on 25 January 2021, décret 983-2003, dated 17 September 2003, be revoked.

YVES OUELLET,
Clerk of the Conseil exécutif

Regulation to amend the Regulation respecting the application of the Health Insurance Act and the Regulation respecting the basic prescription drug insurance plan

Health Insurance Act
(chapter A-29, s. 69, 1st para., subparas. e.1, e.2 and e.3)

An Act respecting prescription drug insurance
(chapter A-29.01, s. 78, 1st para., subparas. 1.2, 1.4 and 2.1)

1. Section 60 of the Regulation respecting the application of the Health Insurance Act (chapter A-29, r. 5) is amended by replacing subparagraphs *f* to *o* of the first paragraph with the following subparagraphs:

“(f) a service rendered in order to administer a medication orally, topically, subcutaneously, intradermally or intramuscularly, or by inhalation, to establish its appropriate usage, in accordance with the Regulation respecting the initiation and modification of medication therapy, the administration of a medication and the prescription of tests by a pharmacist made by Order in Council 1401-2020 dated 16 December 2020;

(g) a service rendered, in accordance with the Regulation respecting the initiation and modification of medication therapy, the administration of a medication and the prescription of tests by a pharmacist, in order:

i. to extend a prescription so that a treatment prescribed to a patient is not interrupted, in accordance with subparagraph 6 of the second paragraph of section 17 of the Pharmacy Act (chapter P-10) ;

ii. to adjust or terminate a medication therapy to ensure its effectiveness or a patient's safety;

iii. to replace a prescribed medication with another medication, in the cases provided in paragraphs *a* to *d* of subparagraph 8 of the second paragraph of section 17 of the Pharmacy Act;

(h) a service rendered in order to prescribe laboratory analyses or other tests, for the purpose of ensuring the appropriate use of medications, in accordance with the Regulation respecting the initiation and modification of medication therapy, the administration of a medication and the prescription of tests by a pharmacist;

(i) a service rendered following a hospitalization lasting more than 24 hours, targeting at least three medications prescribed for a period of 90 days or more that must be added to the therapy underway, be terminated or be adjusted with respect to their dose or dosage regimen and that are not calcium, vitamin B12 per os or vitamin D, acetaminophen, acetylsalicylic acid, contraceptives, laxative-purgatives or proton-pump inhibitors.”

2. Section 60.1 of that Regulation is replaced with the following section:

“**60.1.** For the purposes of the fourth paragraph of section 3 of the Act, the following services must be considered insured services:

(a) a service rendered in order to administer orally, topically, subcutaneously, intradermally or intramuscularly, or by inhalation and in accordance with the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist, made by Order in Council 1401-2020 dated 16 December 2020, a medication:

i. required for the purposes of vaccinating an insured person covered by the Québec Immunization Program who meets the program’s conditions for receiving the vaccination free of charge;

ii. in an emergency situation;

(b) a service rendered in order to adjust or terminate the medication therapy of a patient in accordance with a prescription by another professional authorized to prescribe medications or following a consultation request, in the cases and in accordance with the conditions determined by the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist. The cost of tests performed in a pharmacy is not included in the remuneration of the pharmacist for this service;

(c) a service rendered in order to evaluate the need for prescribing a medication, in the cases and in accordance with the conditions determined by the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist;

(d) a service rendered in order to evaluate the need to prescribe a medication, in the cases and in accordance with the conditions determined by the Regulation respecting certain professional activities that may be engaged in by a pharmacist (chapter M-9, r. 12.2);

(e) a service rendered to a person receiving palliative care including collaborating with an interdisciplinary care team, establishing a pharmaceutical care plan and ensuring its follow-up and making the required adjustments to a medication, where appropriate, to ensure the person’s relief and comfort;

(f) a service rendered in order to prescribe an over-the-counter medication determined in a regulation made under section 37.1 of the Pharmacy Act (chapter P-10), if the person’s clinical situation or any circumstance so warrants it.

The service referred to in paragraph ii of subparagraph *a* of the first paragraph must be related to a medication on the List of medications.”

3. Section 60.2 of that Regulation is amended:

(1) By replacing, in the first paragraph:

(a) “a vaccine referred to in” with “a medication referred to in subparagraph *a* of the first paragraph of”;

(b) “list of medications drawn up by the Minister under section 60 of the Act respecting prescription drug insurance (chapter A-29.01)” with “List of medications”;

(2) by replacing, in the second paragraph, “a vaccination referred to in” with “a medication referred to in subparagraph *a* of the first paragraph of”.

4. Section 1.1 of the Regulation respecting the basic prescription drug insurance plan (chapter A-29.01, r. 4) is amended by replacing subparagraphs 2 to 11 of the first paragraph with the following subparagraphs:

“(2) a service rendered in order to administer orally, topically, subcutaneously, intradermally or intramuscularly, or by inhalation, to establish its appropriate usage, in accordance with the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist made by Order in Council 1401-2020 dated 16 December 2020;

(3) a service rendered, in accordance with the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist, in order:

(a) to extend a prescription so that a treatment prescribed to a patient is not interrupted, in accordance with subparagraph 6 of the second paragraph of section 17 of the Pharmacy Act (chapter P-10);

(b) to adjust or terminate a medication therapy to ensure its effectiveness or a patient's safety;

(c) to replace a prescribed medication with another medication in the cases provided in paragraphs *a* to *d* of subparagraph 8 of the second paragraph of section 17 of the Pharmacy Act;

(4) a service rendered in order to prescribe laboratory analyses or other tests, for the purpose of ensuring the appropriate use of medications, in accordance with the Regulation respecting the initiation and modification of medication therapy, the administration of a medication and the prescription of tests by a pharmacist;

(5) a service rendered following a hospitalization lasting more than 24 hours, targeting at least three medications prescribed for a period of 90 days or more that must be added to the therapy underway, be terminated or be adjusted with respect to their dose or dosage regimen and that are not calcium, vitamin B12 per os or vitamin D, acetaminophen, acetylsalicylic acid, contraceptives, laxative-purgatives or proton-pump inhibitors.”

5. That Regulation is amended by inserting, after section 3.1, the following section:

“**3.2** For the purposes of section 11 of the Act respecting prescription drug insurance (chapter A-29.01), no contribution is payable for the pharmaceutical services referred to in subparagraphs 2, 3 and 5 of section 1.1, whose costs is borne by the Board, an insurer transacting group insurance or the administrator of employee benefit plans.”

6. That Regulation is amended, after section 14, by inserting the following section:

“**14.1.** Other than the information listed in section 8.1.1 of the Act respecting prescription drug insurance (chapter A-29.01), the itemized invoice to be given by a preparing pharmacist to a dispensing pharmacist must indicate each of the ingredients or supplies having served for the preparation of a medication, the quantity used and the related cost.”

7. This Regulation comes into effect on 25 January 2021.