



NATIONAL ASSEMBLY OF QUÉBEC

SECOND SESSION

FORTY-SECOND LEGISLATURE

Bill 11
(2022, chapter 16)

**An Act to increase the supply of
primary care services and to improve
the management of that supply**

**Introduced 11 November 2021
Passed in principle 10 February 2022
Passed 31 May 2022
Assented to 1 June 2022**

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EXPLANATORY NOTES

This Act amends the Act to promote access to family medicine and specialized medicine services to provide that general practitioners who participate in the Québec Health Insurance Plan are required to add to their caseload of patients only those persons registered for the Québec Family Doctor Finder (GAMF). It also provides that those physicians are required to make themselves available to insured persons through the appointment booking system put in place by the Régie de l'assurance maladie du Québec (the Board) or through an appointment booking system offered by another supplier.

The Act allows the Minister of Health and Social Services to enter into agreements with suppliers of appointment booking systems so that appointments with a same physician may be made by means of more than one such system. It provides that, as soon as a first agreement is entered into, the Minister sees to the management of appointment booking and that every general practitioner must send their hours of availability to the Minister. The Minister is authorized to use the information collected in the course of that management where it is necessary for the exercise of the Minister's functions.

In addition, the Act amends the Act respecting health services and social services so that the Minister may determine the cases in which and the conditions under which certain health services and social services may be provided from a distance.

Moreover, the Act amends the Health Insurance Act to specify that the remuneration of health professionals, within the meaning of that Act, may be different for the provision of medical services from a distance, in particular according to the means used to provide such a service. It also amends that Act to authorize the Board to communicate, to a health and social services institution and to a regional department of general medicine, certain information necessary for medical staff planning and for the application of the Act to promote access to family medicine and specialized medicine services. It also prescribes the conditions under which the Board may communicate to the Minister the information necessary for the exercise of the Minister's functions.

Furthermore, the Act amends the Act respecting the Régie de l'assurance maladie du Québec to set up a system that allows every insured person to find a health and social services professional who agrees to provide medical care to them.

Lastly, the Act contains consequential provisions.

LEGISLATION AMENDED BY THIS ACT:

- Act to promote access to family medicine and specialized medicine services (chapter A-2.2);
- Health Insurance Act (chapter A-29);
- Medical Act (chapter M-9);
- Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);
- Act respecting health services and social services (chapter S-4.2);
- Act to amend certain provisions regarding the clinical organization and management of health and social services institutions (2017, chapter 21).

Bill 11

AN ACT TO INCREASE THE SUPPLY OF PRIMARY CARE SERVICES AND TO IMPROVE THE MANAGEMENT OF THAT SUPPLY

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

I. Section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is replaced by the following sections:

“II. Every general practitioner subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) must

(1) add to the caseload of patients they provide medical care to only those persons registered in the information system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5), which is designed to allow them to find a health and social services professional who agrees to provide medical care to them, except to take over for another physician in the cases referred to in section 10; and

(2) make themselves available to insured persons, within the meaning of the Health Insurance Act, by means of the appointment booking system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec or another system whose supplier has entered into an agreement referred to in section 11.1 with the Minister.

The Government may, by regulation, prescribe the cases in which and conditions under which physicians may add to their caseload of patients a person other than a person registered in the system referred to in subparagraph 1 of the first paragraph. The Government may, likewise, determine to what extent physicians must make themselves available under subparagraph 2 of that paragraph. The Government may also determine, in such a regulation, the percentage of a physician's hours of availability that must be offered from Monday to Friday, before 8:00 a.m. and after 7:00 p.m., as well as on Saturdays and Sundays and prescribe the requirements relating to the use of the information system or an appointment booking system and the information that must be entered into those systems.

11.1. To allow for the booking of appointments with the same physician using more than one appointment booking system, the Minister may enter into an agreement with a supplier of an appointment booking system other than the one referred to in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5).

As soon as a first agreement is entered into, the Minister must see to the management of appointment booking through those systems, in particular by taking the means necessary to prevent there being more than one appointment booked for a single period of availability.

As soon as such an agreement is entered into, every physician to whom section 11 applies must send the Minister their hours of availability referred to in that section, in accordance with the form and content, and at the intervals, determined by government regulation.

The Minister may use the information collected under the second and third paragraphs for any other purpose in addition to the purpose provided for therein, where such use is necessary for the exercise of the Minister's functions, in particular for developing policies, medical staff planning, monitoring the implementation of those policies and that planning, and assessing applications for an approval, authorization or other decision that the Minister is empowered to make under the law in respect of the medical staff or any member of such staff."

2. Section 21 of the Act is amended

(1) by replacing "or under section 10 or 11, the regional department of general medicine is responsible for verifying fulfillment of an obligation under section 6 or" and "or 15" in the first paragraph by ", section 10, subparagraph 1 of the first paragraph of section 11 or section 13.1, the regional department of general medicine is responsible for verifying fulfillment of an obligation under section 6, subparagraph 2 of the first paragraph of section 11 or section" and ", 15 or 15.1", respectively;

(2) by adding the following paragraph at the end:

"Lastly, the Minister is responsible for verifying fulfillment of an obligation under the third paragraph of section 11.1."

3. Section 23 of the Act, amended by section 70 of chapter 21 of the Statutes of 2017, is again amended, in the first paragraph,

(1) by inserting ", the Minister" after "professional services";

(2) by replacing "section 6, 7," by "section 6 or 7, subparagraph 2 of the first paragraph of section 11, the third paragraph of section 11.1 or section".

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

5. Section 30 of the Act, enacted by section 1 of chapter 25 of the statutes of 2015, is amended

(1) by replacing “eighth” in paragraph 1 by “ninth”;

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

“(2) by replacing “sixth or seventh” in the tenth paragraph by “fifth or sixth”.

6. Section 31 of the Act, enacted by section 1 of chapter 25 of the statutes of 2015, is amended by replacing “twelfth” and “tenth” by “thirteenth” and “eleventh”, respectively.

7. Section 39 of the Act, enacted by section 1 of chapter 25 of the statutes of 2015, is amended by replacing “seventh and eighth” and “sixth” by “eighth and ninth” and “seventh”, respectively.

8. Section 63 of the Act, enacted by section 1 of chapter 25 of the statutes of 2015, is replaced by the following section:

“**63.** Section 377.1 of the Act is amended by replacing “seventh” by “sixth”.”

9. Section 72 of the Act is amended by replacing “the medical appointment system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5)” in subparagraph 5 of the first paragraph by “an appointment booking system referred to in subparagraph 2 of the first paragraph of section 11”.

HEALTH INSURANCE ACT

10. Section 19 of the Health Insurance Act (chapter A-29) is amended

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

“An agreement may provide for a different remuneration for the provision of medical services from a distance, in particular according to the means used to provide such a service.”;

(2) by replacing “in the sixth paragraph” in the ninth paragraph by “in the sixth or seventh paragraph”.

11. Section 19.1 of the Act is amended by replacing “twelfth” in the second paragraph by “thirteenth”.

12. The Act is amended by inserting the following section after section 22.0.0.0.2:

“22.0.0.0.3. A health professional subject to the application of an agreement or a health professional who has withdrawn is entitled to be remunerated for an insured service the health professional provided from a distance only in the cases determined by a regulation made under section 453.2 of the Act respecting health services and social services (chapter S-4.2) and if the conditions determined in the regulation are met.”

13. Section 22.2 of the Act is amended by inserting “or with the cases and conditions determined by a regulation made under section 453.2 of the Act respecting health services and social services (chapter S-4.2), as the case may be” after “in non-conformity with the agreement” in the first paragraph.

14. Section 54 of the Act is amended by adding the following sentence at the end of the first paragraph: “The same applies to a dispute concerning a professional in the field of health who is subject to the application of an agreement and that results from the interpretation or application of a provision of a regulation made under section 453.2 of the Act respecting health services and social services (chapter S-4.2).”

15. Section 65 of the Act is amended

(1) in the fifth paragraph,

(a) by striking out “concerning the remuneration of a physician”;

(b) by inserting “or required for medical staff planning” after “services (chapter A-2.2)”;

(2) by inserting the following paragraph after the fifth paragraph:

“The Board may also, in accordance with the conditions and formalities provided for in the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), forward to the Minister the information necessary for the exercise of the Minister’s functions, in particular for developing policies, medical staff planning, monitoring the implementation of those policies and that planning, and assessing applications for an approval, authorization or other decision that the Minister is empowered to make under the law in respect of the medical staff or any member of such staff. Such information must not allow an insured person to be identified.”

16. Section 67 of the Act is amended by striking out the tenth paragraph.

17. Section 69.0.1.1 of the Act is amended by replacing “seventh and eighth” by “eighth and ninth”.

MEDICAL ACT

18. The Medical Act (chapter M-9) is amended by inserting the following section after section 14:

“**14.1.** The president or the person designated by the president may, on request, send to the Minister of Health and Social Services the information concerning physicians or holders of a registration certificate in medicine that the Minister considers necessary for the exercise of his functions, in particular for developing policies, medical staff planning, monitoring the implementation of those policies and that planning, and assessing applications for an approval, authorization or other decision that the Minister is empowered to make under the law in respect of the medical staff or any member of such staff.”

ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

19. Section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is amended by replacing “physician who agrees to provide medical care to the person in collaboration, if applicable, with other health and social services professionals. It shall also set up a system designed to allow every insured person to make an appointment with a general practitioner who is subject to an 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” in the sixth paragraph by “health and social services professional who belongs to a class of professionals, and practises in premises belonging to a class, identified by the Minister and who agrees to provide medical care to the person in collaboration, if applicable, with other professionals. The Board shall also set up a system designed to allow every insured person to make an appointment with”.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

20. Section 6 of the Act respecting health services and social services (chapter S-4.2) is amended by adding the following sentence at the end of the first paragraph: “The person is also entitled to have those services provided to him in person.”

21. Section 13 of the Act is amended by replacing “The right to health services and social services and the right to choose a professional and an institution as provided in sections 5 and 6” by “The rights provided for in section 5 and in the first paragraph of section 6”.

22. Section 34 of the Act is amended by striking out “or 108.1” in the first paragraph.

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

“105.0.1. The services determined under section 105 may be provided from a distance only in the cases and on the conditions determined by a regulation made under section 453.2. The same applies to the conduct of activities determined under section 105.”

24. Sections 108.1 and 108.2 of the Act are repealed.

25. Section 109 of the Act is amended by striking out “, 108.1” in the first and fourth paragraphs.

26. The Act is amended by inserting the following section after section 333.4.1:

“333.4.2. The services insured under the plan established by the Health Insurance Act (chapter A-29) may be provided from a distance by a health professional, within the meaning of that Act, who practises in a specialized medical centre referred to in subparagraph 1 of the first paragraph of section 333.3, only in the cases and on the conditions determined by a regulation made under section 453.2.”

27. The Act is amended by inserting the following title after section 338.1:

“TITLE III

“PRIVATE HEALTH FACILITY

“338.2. The services insured under the plan established by the Health Insurance Act (chapter A-29) may be provided from a distance by a health professional, within the meaning of that Act, who practises in a private health facility, only in the cases and on the conditions determined by a regulation made under section 453.2.”

28. Section 377.1 of the Act is amended by replacing “sixth” by “seventh”.

29. The Act is amended by inserting the following chapter after section 453.1:

“CHAPTER II.1

“HEALTH SERVICES AND SOCIAL SERVICES PROVIDED FROM A DISTANCE

“453.2. The Minister may, by regulation, determine the cases in which and the conditions under which the following services may be provided from a distance, in particular to ensure their quality:

- (1) the health services and social services determined under section 105;

(2) the services insured under the plan established by the Health Insurance Act (chapter A-29) and provided by a health professional, within the meaning of that Act, who practises in a specialized medical centre referred to in subparagraph 1 of the first paragraph of section 333.3; and

(3) the services insured under the plan established by the Health Insurance Act and provided by a health professional, within the meaning of that Act, who practises in a private health facility.

The regulation may also determine the conditions under which the activities determined under section 105 may be conducted from a distance.

The Minister may, in particular, determine the cases and circumstances in which a technological product or service certified in accordance with the specific rules defined by the health and social services network information officer under section 5.2 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) must be used when services are provided or activities are conducted from a distance.”

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

30. Sections 69 and 71 of the Act to amend certain provisions regarding the clinical organization and management of health and social services institutions (2017, chapter 21) are repealed.

FINAL PROVISION

31. The provisions of this Act come into force on the date or dates to be determined by the Government, except

(1) sections 10, 11, 15 to 18 and 28, which come into force on 1 June 2022; and

(2) sections 12 to 14, 20 to 27 and 29, which come into force on the date of coming into force of the first regulation made under section 453.2 of the Act respecting health services and social services (chapter S-4.2), enacted by section 29.