

Draft Regulations

Draft Regulation

Act to promote access to family medicine and specialized medicine services (chapter A-2.2)

Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16)

Act respecting health and social services information and amending various legislative provisions (2023, chapter 5)

Regulation

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Regulation under the Act to promote access to family medicine and specialized medicine services, appearing below, may be made by the Government on the expiry of 45 days following this publication.

The draft Regulation sets forth the cases and conditions on which general practitioners subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) could add to their caseload of patients persons who are registered for the Québec Family Doctor Finder (GAMF), namely the mechanism referred to in subparagraph 1 of the first paragraph of section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), replaced by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16) and amended by section 182 of the Act respecting health and social services information and amending various legislative provisions (2023, chapter 5). Accordingly, general practitioners may add a person, for example, if a member of the person's family is already registered with the practitioner, or the person is unable to register with the mechanism and, subject to certain conditions, the practitioner has previously provided medical care to the person.

The draft Regulation further provides that general practitioners should offer all their hours of availability using the appointment booking mechanism referred to in subparagraph 2 of the first paragraph of that section 11. It prescribes the other information they should send to the Minister of Health pertaining to each period of hours of availability.

Lastly, the draft Regulation provides in particular that general practitioners who are required to send the Minister their hours of availability and the other information relating to the hours should use a duly certified electronic medical record, at the frequency determined in the Regulation, and to maintain the information current.

Further information on the draft Regulation may be obtained by contacting Stéphane Bergeron, Assistant Deputy Minister, Academic, Medical, Nursing and Pharmaceutical Affairs, Ministère de la Santé et des Services sociaux, 1075, chemin Sainte-Foy, 9^e étage, Québec (Québec) G1S 2M1; telephone: (418) 446-1344; email: stephane.bergeron@msss.gouv.qc.ca.

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the Minister of Health, 1075, chemin Sainte-Foy, 15^e étage, Québec (Québec) G1S 2M1; email: ministre@msss.gouv.qc.ca.

CHRISTIAN DUBÉ
Minister of Health

Regulation under the Act to promote access to family medicine and specialized medicine services

Act to promote access to family medicine and specialized medicine services (chapter A-2.2, ss. 11, 1st par. and 11.1, 3rd par.)

Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16, s. 1)

Act respecting health and social services information and amending various legislative provisions (2023, chapter 5, s. 182)

DIVISION I

ADDING OF PERSONS TO GENERAL PRACTITIONERS' CASELOAD OF PATIENTS

1. General practitioners may add to their caseload of patients a person other than a person registered in the mechanism referred to in subparagraph 1 of the first paragraph of section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), replaced by section 1 of the Act to increase

the supply of primary care services and to improve the management of that supply (2022, chapter 16) and amended by section 182 of the Act respecting health and social services information and amending various legislative provisions (2023, chapter 5), if the local medical coordinator has first ascertained that the addition considered corresponds to one of the following cases:

- (1) a member of the person's immediate family is already registered with the practitioner;
- (2) the practitioner takes over for another health and social services professional and the person was registered with that other professional; or
- (3) the person is unable to register with the mechanism.

For the purposes of the first paragraph, member of the person's immediate family means

- (1) the person's father and mother or relatives;
- (2) the person's spouse, child and child of the person's spouse; and
- (3) a dependent child of the person.

2. In addition to the cases described in section 1, general practitioners may add to their caseload of patients a person other than a person registered in the mechanism referred to in that section if the local medical coordinator has first ascertained that the practitioner has already cared for the person for an episode of care or for specific monitoring and the person satisfies the conditions set out in one of the following paragraphs:

- (1) the person is in one of the following situations:
 - (a) the person is suffering from active cancer;
 - (b) the person is receiving palliative care;
 - (c) the person has a psychotic disorder;
 - (d) the person has suicidal or homicidal ideation;
 - (e) the person is pregnant;
 - (f) the person is in a situation of the same nature as those referred to in subparagraphs *a* to *e* for which a registration delay of 7 or more days could have adverse consequences on the person's health;
 - (g) the person was hospitalized for a chronic problem or a problem requiring rapid follow-up in the month preceding the person's request to be added to the practitioner's caseload of patients;

(h) the person has an active drug or alcohol addiction;

(i) the person has a major and active depressive, adjustment or anxiety disorder;

(j) the person has HIV or AIDS;

(k) the person has had a recent embolism or atrial fibrillation requiring the person to take anticoagulants and that the international normalized ratio (INR) calculated for blood clotting be monitored;

(l) the person is in a situation of the same nature as those referred to in subparagraphs *g* to *k* for which a registration delay of not more than two weeks can be tolerated;

(2) the person is not in a situation described in paragraph 1, but being added to the practitioner's caseload of patients is not done to the detriment of a person in such a situation who is registered in the mechanism referred to in section 1.

3. For the purposes of this division, local medical coordinator means the general practitioner appointed as coordinating physician pursuant to paragraph 4.04 of the protocol accord concerning the remuneration of certain professional activities carried out within a regional department of general medicine, entered into between the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec, and acting under the authority of the steering committee of the regional department of general medicine having authority as regards the local health and social services network in the territory in which the place where the practitioner practises is located.

DIVISION II HOURS OF AVAILABILITY OF GENERAL PRACTITIONERS

4. General practitioners must offer all their hours of availability using any appointment booking mechanism referred to in subparagraph 2 of the first paragraph of section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), replaced by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16) and amended by section 182 of the Act respecting health and social services information and amending various legislative provisions (2023, chapter 5).

5. Each period of hours of availability to be sent to the Minister by general practitioners under the third paragraph of section 11.1 of the Act to promote access to family medicine and specialized medicine services

(chapter A-2.2), enacted by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16), must specify:

(1) the date on which the hours of availability became accessible for the booking of appointments, and the times at which the hours begin and end;

(2) the category of persons for whom the hours of availability are offered from among the following:

(a) a person registered with the practitioner;

(b) a person registered with another practitioner practising in the same place;

(c) a person registered with another health and social services professional practising in the same place;

(d) any other person;

(3) the reason for consultation for which the hours of availability are offered from among the following:

(a) urgent consultation;

(b) semi-urgent consultation;

(c) pregnancy monitoring;

(d) pediatric follow-up;

(e) regular check-up;

(4) if applicable, the source redirecting the person for whom the hours of availability are offered from among the following:

(a) 811 call;

(b) 911 call;

(c) Primary Care Access Point;

(d) hospital centre;

(5) the consultation method to be used for which the hours of availability are offered from among the following:

(a) attendance at the place where the practitioner practises during the hours of availability;

(b) attendance at the person's domicile;

(c) remotely, by videoconference;

(d) remotely, by telephone; and

(6) the name and contact information of the place where the practitioner practises during the hours of availability.

6. The following information must be provided with the information specified in the hours of availability referred to in section 5 where those hours cease to be available owing to an appointment being made other than by a mechanism provided for in section 4:

(1) the name of the person obtaining the appointment;

(2) the person's health insurance number;

(3) the person's date of birth;

(4) the person's sex;

(5) the postal code of the person's place of residence; and

(6) the contact information enabling the person to be reached.

The information listed in the first paragraph must be entered in the appointment booking mechanism used by the practitioner by any means taken by the Minister under the second paragraph of section 11.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), enacted by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16).

7. For each four-week period beginning on a Sunday, the information listed in section 5 is to be sent to the Minister not later than 24 hours before the beginning of the period and, without delay, whenever hours of availability allotted to a patient again become available in particular because a consultation has been cancelled.

The information listed in section 6 is to be sent to the Minister without delay.

8. The information listed in sections 5 and 6 is to be sent to the Minister using an electronic medical record certified in accordance with the rules made for the purposes of section 5.2 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) and enabling the information to be sent in compliance with section 7.

DIVISION III TRANSITIONAL AND FINAL

9. Until the coming into force of section 182 of the Act respecting health and social services information and amending various legislative provisions (2023, chapter 5), this Regulation is to be read by replacing “mechanism” wherever it appears by “system”.

10. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*, except sections 4 to 8, which come into force on (insert the date occurring 18 months after the date of publication of this Regulation in the *Gazette officielle du Québec*) with regard to any general practitioner who, on (insert the date occurring 15 days after the date of publication of this Regulation in the *Gazette officielle du Québec*), does not use the booking mechanism for requests for care and for the management of primary care services referred to in Order in Council 808-2020 dated 15 July 2020.

106703

Draft Regulation

Building Act
(chapter B-1.1)

Construction Code — Amendment

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Regulation to amend the Construction Code, appearing below, may be approved by the Government, with or without amendments, on the expiry of 45 days following this publication.

The draft Regulation amends Chapter I, Building, of the Construction Code (chapter B-1.1, r. 2) in order to include by reference the National Building Code of Canada 2020, with amendments to reflect the specific needs of Québec. The draft Regulation also extends most of the Québec amendments made to the previous edition, in particular the addition of provisions relating to buildings of combustible construction, ambulatory clinic occupancies, tents and air-supported structures, as well as specific requirements for prefabricated buildings and private seniors' residences. The draft Regulation adds technical requirements for large farm buildings, encapsulated mass timber construction and home-type care occupancy. In addition, the draft Regulation amends the accessibility and design requirements for evaporative equipment.

The measures proposed will result in additional construction costs estimated at \$53,448,623 for the first year and \$282,561,694 over a five-year period.

Further information on the draft Regulation may be obtained by contacting Abdelkrim Habbouche, architect, Régie du bâtiment du Québec, 255, boulevard Crémazie Est, bureau 100, Montréal (Québec) H2M 1L5; email: projet.reglement@rbq.gouv.qc.ca.

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to Caroline Hardy, Secretary General and Director of Institutional Affairs, Régie du bâtiment du Québec, 800, place D'Youville, 16^e étage, Québec (Québec) G1R 5S3; email: projet.reglement.commentaires@rbq.gouv.qc.ca.

MICHEL BEAUDOIN
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Régie du bâtiment du Québec
