



NATIONAL ASSEMBLY

SECOND SESSION

THIRTY-FOURTH LEGISLATURE

Bill 9

An Act to amend the Health Insurance Act

Introduction

**Introduced by
Mr Marc-Yvan Côté
Minister of Health and Social Services**

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EXPLANATORY NOTES

This bill amends the Health Insurance Act in respect of certain insured services.

The bill provides that the cost of services provided by optometrists will be assumed by the Régie de l'assurance-maladie du Québec only on behalf of certain beneficiaries. It also provides that the Government may make regulations in respect of services provided by physicians for problems related to colour blindness or refraction.

Concerning dental services, the bill clarifies the powers of the Government to determine by regulation which of the services provided by dentists are insured services.

As regards pharmaceutical services, the bill introduces the obligation for certain beneficiaries to pay a contribution, and establishes rules governing the fixing and payment of the contribution and, where applicable, its reimbursement by the Board.

Finally, the bill includes concordance amendments and transitional provisions necessary for enforcement.

Bill 9

An Act to amend the Health Insurance Act

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

1. Section 3 of the Health Insurance Act (R.S.Q., chapter A-29), amended by section 558 of chapter 42 of the statutes of 1991, is again amended

(1) by adding, at the end of subparagraph *c* of the first paragraph, the following words: “however, the cost of such services shall be assumed by the Board only on behalf of a beneficiary whose age is that fixed for that purpose by regulation or who holds a valid claim booklet issued pursuant to section 71.1;”;

(2) by replacing that part which follows the word “beneficiary” in the second paragraph by the words “according to his age and according as to whether or not he holds a valid claim booklet issued pursuant to section 71.1.”

2. The said Act is amended by inserting, after section 14.2, the following headings and sections:

“DIVISION II.0.1

“BENEFICIARY’S CONTRIBUTION IN RESPECT OF PHARMACEUTICAL SERVICES

“14.3 Every beneficiary to whom subparagraph *a* of the third paragraph of section 3 applies shall pay to the pharmacist, for each prescription or repeat prescription, the contribution fixed by regulation.

“14.4 A beneficiary is exempt from paying the contribution referred to in section 14.3 to the pharmacist

(a) for the remainder of a year, where the number of prescriptions and repeat prescriptions for which he is required to pay a contribution in the year reaches the number determined by regulation and he furnishes the pharmacist with a valid proof of exemption issued to him by the Board to that effect;

(b) where he receives the maximum amount of the guaranteed income supplement pursuant to the Old Age Security Act (R.S.C., 1985, chapter O-9) and furnishes the pharmacist with a valid proof of exemption issued to him by the Board to that effect.

“14.5 Subject to section 14.4, the pharmacist must collect the contribution referred to in section 14.3.

“14.6 Where the Board reimburses the beneficiary in accordance with sections 10, 12 and 13.1 for the cost of insured services mentioned in the third paragraph of section 3 that have been provided to him, the Board shall deduct from such reimbursement, subject to section 14.4, the amount of the contribution referred to in section 14.3.

The same applies where the Board, in accordance with section 11, assumes, on behalf of a beneficiary, payment of the cost of insured services mentioned in the third paragraph of section 3 that have been provided to the beneficiary outside Québec.

“14.7 The Board shall issue a proof of exemption valid for the period indicated therein to a beneficiary who has reached the number of prescriptions and repeat prescriptions determined under paragraph *a* of section 14.4.

The Board shall reimburse the beneficiary referred to in the first paragraph for all the contributions paid in excess of the amount which corresponds to the product of the amount of the contribution payable under section 14.3 and the number of prescriptions and repeat prescriptions determined under paragraph *a* of section 14.4.

“14.8 The Board shall issue a proof of exemption valid for the period indicated therein to a beneficiary who receives the maximum amount of the guaranteed income supplement in accordance with paragraph *b* of section 14.4.

The Board shall reimburse the beneficiary referred to in the first paragraph for all the contributions paid by him under section 14.3 while he was receiving the maximum amount of the guaranteed income supplement.

“DIVISION II.0.2

“CONTRACT OF INSURANCE AND SUBROGATION”.

3. Section 15 of the said Act is amended by adding, after the word “payment” at the end of the last paragraph, the following words: “nor does it apply to a contract covering the contribution payable by a beneficiary under section 14.3.”

4. The said Act is amended by inserting, after section 22.0.1, the following section:

“22.0.2 The amount collected by the pharmacist in accordance with section 14.3 is deemed to be collected as remuneration. The Board shall deduct that amount from the remuneration payable under an agreement entered into under section 19.”

5. The said Act is amended by inserting, after section 22.1, the following section:

“22.1.1 To be entitled to remuneration by the Board, a pharmacist must indicate to the Board, on his statement of fees or claim for payment, that he has collected the contribution referred to in section 14.3 or that a beneficiary has furnished him with a valid proof of exemption.”

6. Section 69 of the said Act, amended by section 5 of chapter 56 of the statutes of 1990 and by section 581 of chapter 42 of the statutes of 1991, is again amended

(1) by inserting, after subparagraph *b.1*, the following subparagraph:

“(b.2) determine which services provided by physicians for problems related to colour blindness or refraction must not be considered insured services for beneficiaries determined under such regulations according to their age or according as to whether or not they hold a valid claim booklet issued pursuant to section 71.1;”;

(2) by replacing the words “insured services required by orthoptics” in the fourth line of subparagraph *g* of the first paragraph by the words “such services or some of them”;

(3) by inserting, after subparagraph *m.1* of the first paragraph, the following subparagraph:

“(m.2) determine the amount of the contribution payable by a beneficiary under section 14.3 and the number of prescriptions and repeat prescriptions referred to in paragraph *a* of section 14.4;”.

7. Section 71.1 of the said Act is amended by replacing the words “second paragraph of section 3” in the fifth and sixth lines by the words “subparagraph *c* of the first paragraph and in the second paragraph of section 3, and to the services determined by a regulation made under subparagraph *b.2* of the first paragraph of section 69.”

8. Until the coming into force of a regulation made under subparagraph *m.2* of the first paragraph of section 69 of the Health Insurance Act, the amount of the contribution payable under section 14.3 of the said Act shall be two dollars and the number of prescriptions and repeat prescriptions referred to in paragraph *a* of section 14.4 of the said Act shall be seventy-five.

9. Notwithstanding section 14.7 of the Health Insurance Act, no proof of exemption attesting that the beneficiary has reached the number of prescriptions and repeat prescriptions referred to in paragraph *a* of section 14.4 of the said Act will be issued for the year 1992, and the reimbursement to which a beneficiary is entitled under the second paragraph of section 14.7 of the said Act for the year 1992 cannot be claimed from the Board before 1 February 1993.

10. Notwithstanding section 14.8 of the Health Insurance Act, no proof of exemption attesting that the beneficiary receives the maximum amount of the guaranteed income supplement will be issued for the year 1992, and the reimbursement to which a beneficiary is entitled under the second paragraph of section 14.8 of the said Act for the year 1992 cannot be claimed from the Board before 1 February 1993.

11. The Government may adopt, not later than (*insert here the date occurring six months after the date of introduction of this bill*), regulations under subparagraphs *b*, *b.1*, *d*, *e* and *g* of the first paragraph of section 69 of the Health Insurance Act, even if the regulations have not been published as prescribed under section 8 of the Regulations Act (R.S.Q., chapter R-18.1). Such regulations come into force, notwithstanding section 17 of the said Act, on the date of its publication in the *Gazette officielle du Québec* or on any later date fixed therein. The regulations may, where they so provide, apply from any date not prior to (*insert here the date of the day following the date of introduction of this bill*).

12. This Act comes into force on the date on which it is assented to and has effect from *(insert here the date of the day following the date of introduction of this bill)*.
