

NATIONAL ASSEMBLY

FIRST SESSION

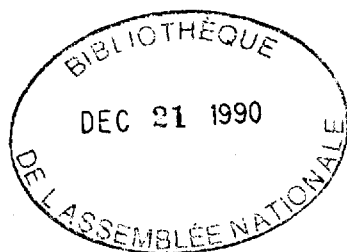
THIRTY-FOURTH LEGISLATURE

Bill 120

**An Act respecting health services
and social services and amending
various legislation**

Introduction

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



**Québec Official Publisher
1990**

EXPLANATORY NOTES

This bill proposes a complete reform of the present Act respecting health services and social services and various legislative amendments to the Civil Code of Lower Canada, the Health Insurance Act and the Act respecting the Régie de l'assurance-maladie.

First of all, the bill sets out the fundamental objectives of the health services and social services system and the rights of the users of services provided under the system. In particular, it provides rules ensuring the accessibility of services and the confidentiality of user's personal records, and new rules governing consent to care which will be integrated into the Civil Code of Lower Canada. It also introduces a procedure to be followed by institutions and regional boards in dealing with users' complaints.

The bill determines which health services and social services will be offered in local community service centres, hospitals, child and youth protection centres, residential and extended care centres and rehabilitation centres. It also indicates the classes to which hospitals and rehabilitation centres belong and specifies the sphere of activity of centres designated as university hospitals or institutes. In addition, it clarifies the distinction between public and private institutions providing health and social services.

The bill goes on to deal with the organization of health and social service institutions. It defines their roles and various powers and duties allowing them to provide health services and social services and to manage their human, material and financial resources. It introduces a new organizational structure for boards of directors of public institutions which will permit a board of directors to administer several institutions situated in a given territory, according to the type of centres operated by those institutions. It also specifies the composition of the boards of directors, the mode of appointment of their members, their operating rules and some of their particular responsibilities.

The bill adapts the existing rules governing the organization of the human, material and financial resources of institutions to the current reform, adding to them where necessary. To that end, the rules which apply to executive directors of institutions are modified to take account of the new boards of directors. The role of users' committees is expanded to allow members of a users' committee to accompany and assist any user who desires to file a complaint with an institution or regional board; users' committee will also contribute to improving the quality of the living conditions of users. In addition, a budget will be granted to the committees.

The bill maintains the existing council of physicians, dentists and pharmacists and establishes a council of nurses. Provisions concerning the practice of the medical or dental profession in institutions include the requirement for a physician or dentist to sign an agreement linking him to an institution before status and privileges may be granted to him.

Certain other provisions allow for the recognition and development by institutions of intermediate resources, including family-type resources.

The rules which now govern the constituting instruments of institutions for the purposes of creation, amalgamation, conversion or dissolution are maintained, and the integration of two institutions is made possible.

The bill also concerns itself with community organizations. They will henceforth be eligible for subsidies according to the services they provide. Subsidies will be granted by the regional boards, or in certain special cases, by the Minister.

To ensure the coordination, supervision and regulation of health and social services, the bill creates new bodies, including regional boards, which will replace the existing health and social services councils. In particular, it specifies the responsibilities of the regional boards with regard to the public and the rights of users, health and welfare priorities and objectives, public health, the organization and coordination of services, the allocation of financial resources and the management of human, material and financial resources. Provisions are introduced which provide for the organization, composition, operating rules and certain specific responsibilities of the boards of directors of regional boards.

The bill also provides for the formation of regional assemblies and determines their composition and manner in which their

members will be selected. The principal roles of the regional assemblies will be to elect the members of the boards of directors of regional boards and to approve the regional priorities submitted by regional boards.

The role and the responsibilities of the Minister are clarified and the existing rules governing permits, funding of services, regulation and supervision are adapted and added to as necessary. The Minister will henceforth be able to grant accreditation and financial allowances to certain centres or private residences which provide lodging so that the persons they lodge may receive various health and social services.

The bill also grants administrative and regulatory powers to the Government. It includes various penal provisions and allows for the continuance of the legal existence of public institutions and health and social services councils.

It also clarifies and adds to the provisions of the Civil Code of Lower Canada relating to the consent of persons requiring health services or social services.

The Health Insurance Act is also amended by the introduction of different measures regarding the obtaining, use and content of health-insurance cards.

The bill also allows for the partial coverage of certain programs, and provides that users not exempted by regulation may be required to pay a deductible.

The bill defines the legal framework within which the Minister may enter into agreements with groups or groupings representing health professionals he determines, and establish the various terms and conditions governing their remuneration.

The Act respecting the Régie de l'assurance-maladie is amended in order to adapt the functions and composition of the Régie to other amendments included in the bill.

The Régie will be required to produce an annual report on the sums it has paid out to physicians and showing the proportion of budget variance between expenditure and estimates in relation to the determined guidelines, and an annual report indicating the regional breakdown of those sums according to the terms and conditions prescribed by the Government.

Finally, the bill provides that the existing Act respecting health services and social services will continue to apply to the territory of

the James Bay Cree health and social services council and the territory of the Kativik health and social services council.

Bill 120

An Act respecting health services and social services and amending various legislation

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

PART I

OBJECT OF THE ACT AND RIGHTS OF USERS

TITLE I

OBJECT

1. The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong.

The plan shall focus mainly on

(1) reducing mortality caused by illness and trauma as well as morbidity and disabilities;

(2) acting on health determining factors and developing users' responsibility with respect to their health and welfare through prevention and promotion activities;

(3) fostering the recovery of users' health and welfare;

(4) fostering the adjustment or rehabilitation of users as well as their social integration or reintegration;

(5) reducing the impact of problems which threaten the stability, fulfilment or autonomy of users;

(6) attaining comparable standards of health and welfare in the various strata of the population.

2. In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources designed

(1) to ensure the participation of users and groups of users in the selection of orientations and in the setting up, improvement, development and management of services;

(2) to foster the participation, in the various sectors of activity of the community, of all intervening parties whose action may have an influence on health and welfare;

(3) to apportion responsibilities among public bodies, community organizations and other parties working in the sphere of health and social services;

(4) to ensure that quality services are accessible on a continuous basis to respond to the physical, mental and social needs of individuals, families and groups;

(5) to take account of the distinctive geographical, linguistic, sociocultural and socioeconomic characteristics of each region;

(6) to foster, according to resources available, access to health services and social services in their own languages for the various cultural communities of Québec or through adapted means of communications for persons with functional limitations;

(7) to foster maximum effectiveness and efficiency in providing health services and social services without encroachment of users' rights;

(8) to ensure participation of human resources of institutions in the selection of orientations and the management of services.

3. For the application of this Act, the following guidelines shall guide the management and provision of health services and social services:

– the underlying reason for the existence of the services is the person requiring such services;

– respect for the user and recognition of his rights and freedoms must inspire every act performed in his regard;

- in any intervention under this Act, the user must be treated with courtesy, fairness and understanding, and with respect for his dignity, autonomy and needs;
- the user must, as much as possible, play an active role in his treatment;
- the user must use the services in a judicious manner.

TITLE II

USERS' RIGHTS

CHAPTER I

GENERAL PROVISIONS

4. Every person is entitled to be informed of the existence of the health and social services and resources available in his community and of the conditions governing access to such services and resources.

5. Every person is entitled to receive, with continuity and in a personalized manner, health services and social services which are scientifically, humanly and socially appropriate.

6. Every person is entitled to choose the professional or the institution from whom or which he wishes to receive health services or social services.

Nothing in this Act shall restrict the freedom of a professional to accept or refuse to treat a person.

7. Every person whose life or bodily integrity is endangered is entitled to receive the care required by his condition. Every institution shall, where requested, ensure that such care is effectively provided.

8. Before giving his consent to medical or other care, every user of health services and social services is entitled to be informed of his state of health and welfare and to be acquainted with the various options open to him and the risks and consequences generally associated with each option.

9. No person may be made to undergo care of any nature, whether for examination, specimen taking, removal of tissue, treatment or any other act, except with his consent.

Consent to care or the authorization to provide such care shall be given or refused by the user or, as the case may be, his representative or the court, in the circumstances and manner provided for in articles 19 and in subsequent articles of the Civil Code of Lower Canada.

10. Every user is entitled to participate in any decision affecting his state of health or welfare.

He is entitled, in particular, to participate in the development of his intervention plan or individualized service plan where such plans are required under sections 72 and 73.

The same applies to any modification made to such plans.

11. Every user is entitled to be accompanied and assisted by the person of his choice when he wishes to obtain information or take steps in relation to any service provided by an institution, by one of its employees or servants or by any professional practising in a centre operated by the institution.

12. The rights of any person which are recognized under this Title may be exercised by a representative.

The following persons are considered representatives, according to the circumstances and subject to any priorities provided for by law :

(1) the holder of parental authority of a user who is a minor or the user's tutor;

(2) the curator, tutor, spouse or close relative of a user of full age under legal incapacity;

(3) an authorized person mandated by the incapable user of full age before his incapacity;

(4) a person proving that he has a special interest in the user of full age under legal incapacity.

13. 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 shall be exercised within the framework of the legislative and regulatory provisions relating to the organizational and operational structure of the institution and within the limits of the human, material and financial resources at its disposal.

14. No institution may cease to lodge a user who has been discharged unless his condition allows him to return to his domicile

or his admission into another institution or in a family-type resource is assured and the services required by his condition will be provided to him by the institution or resource.

Subject to the first paragraph, a user must leave the institution where he is an in-patient immediately upon being discharged.

15. English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program prepared pursuant to section 268.

16. Nothing in this Act restricts the right of a person or his assigns to pursue a remedy against an institution, its directors, employees or servants or a professional by reason of a professional or other fault. In no case may such remedy be waived.

The same applies to the right to pursue a remedy against a family-type resource referred to in section 232.

CHAPTER II

USER'S RECORD

17. Every user fourteen years of age or over has right of access to his record. However, the institution may deny him access to it temporarily if, on the advice of his attending physician or the physician designated by the executive director of the institution, communication of the record or any part thereof would likely be seriously prejudicial to the user's health. In that case, the institution, on the recommendation of the physician, shall determine the time at which the record or the part thereof to which access has been denied can be communicated to the user, and notify him thereof.

18. Notwithstanding section 83 of the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1), no user is entitled to be informed of the existence or be given communication of information concerning him furnished by a third person which is contained in his record, where knowledge of the existence or the communication thereof would make it possible to identify the third person, unless that person has agreed in writing to the disclosure of the information and of its source to the user.

The first paragraph does not apply where the information was furnished by a health or social services professional or by an employee of an institution.

19. The record of a user is confidential and no person may have access to it except with the authorization of the user or the person designated to give authorization on his behalf, or on the order of a court.

However, a professional may examine a user's record for purposes of study, teaching or research, with the authorization of the executive director or the person he designates for that purpose, granted in accordance with the criteria established in section 125 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

20. A user under fourteen years of age is not entitled, at the time of an application for information or rectification, to be advised of the existence or to be given communication of information of a medical or social nature concerning him that is contained in his record.

Nothing in the first paragraph shall restrict normal communication between a user and a health or social services professional or a member of the staff of an institution.

This section applies notwithstanding the first paragraph of section 94 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

21. The holder of parental authority is entitled to have access to the record of a user who is a minor.

However, an institution shall refuse to give the holder of parental authority access to the record of a user who is a minor where

(1) the user is under 14 years of age, an intervention within the meaning of section 2.3 of the Youth Protection Act (R.S.Q., chapter P-34.1) has been made in his regard or a decision respecting him has been made under the said Act, and the institution, after consulting the director of youth protection, determines that communication of the record of the user to the holder of parental authority will or could be prejudicial to the health of the user;

(2) the user is 14 years of age or over and, after being consulted by the institution, refuses to allow his record to be communicated to

the holder of parental authority and the institution determines that communication of the record of the user to the holder of parental authority will or could be prejudicial to the health of the user.

This section applies notwithstanding the second paragraph of section 53, section 83 and the first paragraph of section 94 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

22. The tutor, curator, mandatary or person who may give his consent to care for a user has a right of access to the information contained in the record of the user to the extent that such communication is necessary for the exercise of that power.

23. The heirs and legal representatives of a deceased user are entitled to be given communication of the information contained in his record to the extent that such communication is necessary for the exercise of their rights in such capacity. The same applies to the person entitled to the payment of a benefit under an insurance policy on the life of the user or under a pension plan of the user.

The spouse, ascendants or direct descendants of a deceased user are entitled to be given communication of information relating to the cause of death of the user, unless the deceased user entered in writing in his record his refusal to grant such right of access.

Notwithstanding the second paragraph, persons related by blood to a deceased user may be given communication of the information contained in his record to the extent that such communication is necessary to verify the existence of a genetic or hereditary disease.

This section applies notwithstanding the first paragraph of section 94 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

24. Every user or his representative is entitled to require that a copy, extract or abstract of his record be sent as soon as possible by an institution to another institution or to a professional designated by him.

25. Where an institution provides a user with information of a medical or social nature concerning him that is contained in his record, it shall, at the request of the user, provide him with the assistance of a qualified professional to help him to understand the information.

The same applies to the holder of parental authority, the tutor, the curator, the mandatary or any person who may give consent to care on behalf of a user.

26. The institution shall give the user access to his record as soon as possible.

The same applies to the persons referred to in sections 21 to 23.

27. A user to whom an institution refuses access to his record or to information contained therein may, by way of a motion, apply to a judge of the Superior Court or the Court of Québec or to the Commission d'accès à l'information for a review of the decision of the institution. He may also apply to the Commission des affaires sociales.

The same applies to the persons referred to in sections 21 to 23.

CHAPTER III

ADMINISTRATIVE REMEDY

DIVISION I

EXAMINATION BY THE INSTITUTION

28. Each institution shall establish a procedure for the examination of complaints filed by users and appoint a senior management officer to apply the procedure.

29. The institution must publish the complaint examination procedure and inform each user of the existence of the publication and of the means of obtaining a copy thereof.

However, the institution shall give a copy of the publication to every user who is lodged at the institution.

30. The examination procedure enables the user to file a complaint concerning the services that have or should have been provided to him by the institution.

31. The complaint shall be in writing.

32. The examination procedure must permit the user to express his views.

33. The time limit for the examination by the institution of a complaint filed with it must not exceed 60 days.

Before the expiry of the time limit, the institution must inform the user in writing of its conclusions and give the reasons on which they are based. At the same time, it must inform him of the remedy available to him before the regional board.

34. Where the institution fails to communicate its conclusions in writing to the user within the time prescribed in section 32, it is deemed to have communicated negative conclusions on the date on which the prescribed time expires.

35. The institution may, after a brief examination, dismiss any complaint it considers frivolous, vexatious or made in bad faith.

36. Where the complaint concerns a professional act which falls within the jurisdiction of a professional corporation, the institution must submit the complaint to the professional corporation concerned. If there is a council of physicians, dentists and pharmacists or a council of nurses in the institution, the complaint must also be submitted to the council concerned.

The institution must inform the user that it has done so.

37. Where a user's complaint is submitted to a corporation or council in accordance with section 36 or is dismissed in accordance with section 35, the institution shall inform the user in writing of the reasons on which its decision is based.

DIVISION II

EXAMINATION BY REGIONAL BOARD

38. A user having filed a complaint with an institution may address his complaint to the regional board established under section 259 if he disagrees with the conclusions sent to him by the institution or deemed sent to him under section 34, or if the institution refused or ceased to examine his complaint.

39. The regional board shall establish a procedure for the examination of complaints filed by users and appoint a senior management officer to implement it.

40. The complaint shall be in writing and accompanied with the conclusions sent by the institution, if any. The user may obtain assistance for the formulation of his complaint and for any step he wishes to take in relation to the complaint.

41. The regional board must permit the user to express his views.

42. The regional board shall send a copy of the complaint filed with it to the institution and, within 30 days of receiving the copy, the institution must send to the board the whole record of the complaint examined by it.

43. Users or institutions must provide the regional board with the information it requires for the examination of a complaint and, unless they have a valid reason, must attend any meeting to which they are called by the board.

44. The regional board shall inform the user of its recommendation with diligence and communicate it to the institution without delay.

45. The regional board shall refuse or cease to examine a complaint where legal action based on the same facts, instituted by the user against the institution, is pending or resulted in a final decision.

Sections 35 and 37, adapted as required, apply to complaints referred to the regional board.

46. The regional board must give to a community organization which it shall designate after consultation, in particular, with interested users' committees and associations, the mandate to assist and accompany, on request, users wishing to file a complaint with the board or an institution.

DIVISION III

CONFIDENTIALITY OF USER'S COMPLAINT RECORD

47. Sections 17 to 27 apply to every record kept by an institution or by the regional board in carrying out the functions entrusted to it under sections 30 and 38, respectively.

DIVISION IV

REPORTS

48. Each institution shall send to the regional board, once a year and whenever required by the board, a report on the application of the complaint examination procedure.

The report shall describe the grounds on which complaints were made and indicate for each kind of complaint

- (1) the number of complaints received, dismissed after a brief examination, examined, refused or abandoned since the last report;
- (2) the time needed for the examination of complaints;
- (3) the action taken following their examination.

The institution shall submit the report to the population at a public information meeting held pursuant to section 134.

49. Each regional board must send to the Minister, once a year and whenever required by him, a report compiling all the reports received from each institution.

Each report shall describe the kinds of complaints received and indicate for each kind,

- (1) the number of complaints received, dismissed after a brief examination, examined, refused or abandoned since the last report;
- (2) the action taken following their examination;
- (3) the name of each institution concerned.

In addition, the report shall describe the kinds of complaints filed with the board and indicate for each kind,

- (1) the number of complaints received, dismissed after a brief examination, examined, refused or abandoned since the last report;
- (2) the action it has taken following their examination.

50. The Minister shall table the reports of the regional boards before the National Assembly, if in session, within 30 days of receiving them or, if it is not in session, within 30 days of resumption or of the next session.

CHAPTER IV

POWERS OF SUPERVISION AND SUBROGATION

51. Nothing in this Act may be construed as limiting the powers of the revisory committees established by section 41 of the Health Insurance Act (R.S.Q., chapter A-29) or of the professional corporations governed by the Professional Code (R.S.Q., chapter C-26).

The representatives of the professional corporations governed by the Professional Code shall have access to any centre or facility maintained by an institution for the performance of the functions which the professional corporations must fulfil to ensure protection of the public.

52. The Gouvernement du Québec is subrogated by operation of law to any user with respect to any right of recovery against a third person up to the cost of the services it has assumed following injury caused through the fault of that third person.

In case of contributory negligence the amount of such subrogation shall be subject to reduction in the same proportion as the user's remedy.

The Minister has the power to transact on any claim arising from this section and he may delegate that power.

The insurer of the liability of a third person shall not discharge his obligation to indemnify the latter of his liability under this section otherwise than by payment.

An undertaking by a person to discharge a third person's or an insurer's liability under this section or to compensate them for it is null and must be considered unwritten in any agreement, transaction or receipt.

The rights acquired by the effect of the subrogation provided for in this section are part of the public domain of Québec from the time they arose and are subject to the rules applicable to rights included therein; however, the resulting right of action is prescribed by three years.

PART II

PROVISION OF HEALTH SERVICES AND SOCIAL SERVICES

TITLE I

INSTITUTIONS

CHAPTER I

GENERAL PROVISIONS

53. Health services and social services shall be provided by an institution in the following centres:

- (1) a local community service centre;
- (2) a hospital;
- (3) child and youth protection centre;
- (4) a residential and extended care centre;
- (5) a rehabilitation centre.

54. The mission of a local community service centre is to offer primary health services and social services of a preventive or curative nature as well as rehabilitation and reintegration services to the population of the territory served by it.

To that end, any institution which operates such a centre shall see to it that the persons who require such services for themselves or for their families are contacted, assess their needs, dispense the required services in its facilities, in school or at home or, where necessary, refer the persons to the centres, organizations or persons best suited to assist them.

55. The mission of a hospital is to offer diagnostic services and specialized medical treatments.

To that end, any institution which operates such a centre shall admit, mainly on referral, the persons who require such services, ensure that their needs are assessed and that the required services are offered within its facilities or, where necessary, that the persons are referred to the centres, organizations or persons best suited to assist them.

56. The mission of a child and youth protection centre is to offer in its region the services required by the situation of a young person under the Youth Protection Act and the Act respecting young offenders (R.S.C. 1985, chapter Y-1), and services for child placement, family mediation, expertise at the Superior Court on child custody, adoption and past biological history.

To that end, any institution which operates such a centre shall provide reception services following reports or referrals, situation assessment services, counselling services and orientation services; it shall assume or refer the custody of young persons to the centres, organizations or persons best suited to assist young persons or their families.

57. The mission of a residential and extended care centre is to offer, on a temporary or permanent basis, alternative environment,

lodging, assistance, support and supervision services as well as rehabilitation, psychosocial and nursing care and medical services to adults who, by reason of loss of functional or psychosocial autonomy, can no longer live in their natural environment, despite the support of their family and friends.

To that end, any institution which operates such a centre shall receive, on referral, the persons who require such services, periodically assess their needs and dispense the required services within its facilities or in a day-care centre.

This section does not apply to facilities maintained by a religious institution to receive its members or followers.

58. The mission of a rehabilitation centre is to offer adjustment, rehabilitation and social integration services to persons who, by reason of physical or mental impairment, characterial disorders, psychosocial or family difficulties or problems of addiction, require such services, as well as persons to accompany them, or support services for their family and friends.

To that end, any institution which operates such a centre shall receive, on referral, young persons with adjustment problems and impaired persons and, mainly on referral, persons with problems of addiction and young mothers with adjustment problems; it shall ensure that their needs are assessed and the required services provided to them within its facilities or within the person's own environment, in school, at work or at home.

59. Hospitals belong to one or another of the following classes :

- (1) general and specialized hospitals;
- (2) psychiatric hospitals.

60. Rehabilitation centres belong to one or another of the following classes, depending on the clientele they serve:

- (1) rehabilitation centres for mentally impaired persons;
- (2) rehabilitation centres for physically impaired persons;
- (3) rehabilitation centres for persons with problems of addiction;
- (4) rehabilitation centres for young persons with adjustment problems;

(5) rehabilitation centres for young mothers with adjustment problems.

61. The Minister may designate as a university hospital a hospital in which an institution offers, in addition to the services inherent in its mission, specialized or highly specialized services in several medical disciplines, evaluates health technologies, provides medical instruction in several specialties under the terms of a contract of affiliation entered into under section 79, and manages a research centre or research institute recognized by the Fonds de la recherche en santé du Québec established by section 65 of the Act to promote the advancement of science and technology in Québec (R.S.Q., chapter D-9.1).

62. The Minister may designate as a university institute a hospital in which an institution offers, in addition to engaging in the activities inherent in the mission of such a centre, highly specialized medical services in one medical discipline or services related to family medicine, evaluates health technologies, provides medical education under the terms of a contract of affiliation entered into under section 79, and manages a research centre or research institute recognized by the Fonds de la recherche en santé du Québec.

63. The Minister may designate as a university institute any other centre in which an institution, in addition to engaging in the activities inherent in the mission of such a centre, provides advanced services in a special interdisciplinary field, contributes to the training for professionals practising in the field of health care or social services under the terms of a contract of affiliation entered into under section 79, manages a research centre or research institute recognized by an organization engaged in the development of social research, and evaluates technologies or methods of intervention related to its advanced sector.

64. The regional board, within the scope of its regional services organization plan, may allow an institution to engage, as complement and in addition to the activities inherent in the mission of a centre operated by it, in certain activities inherent in the mission of another centre.

65. The word "institution" means a person or a partnership of persons engaging in activities inherent in the mission of one or more of the service centres.

66. A person or a partnership operating a private practice facility is not an institution.

A private practice facility is a facility, situated elsewhere than in a facility maintained by an institution, in which one or more physicians, dentists or other professionals, individually or as a group, regularly practise their professions, privately and solely on their own account, without providing their patients with lodging services.

67. Institutions are either public or private.

68. The following are public institutions:

(1) an institution constituted as a non-profit corporation before 1 June 1972, irrespective of the Act under which its constituting instrument was granted, and to which sections 439 to 443 apply;

(2) an institution constituted as a non-profit corporation after 1 June 1972 and continued in accordance with sections 433 to 437;

(3) an institution incorporated under this Act;

(4) an institution resulting from an amalgamation or conversion under this Act.

69. The following are private institutions:

(1) an unincorporated institution;

(2) an institution constituted as a profit-making corporation;

(3) an institution constituted as a non-profit corporation engaging in activities inherent in the mission of a centre referred to in paragraph 2, 4 or 5 of section 53, provided the facilities maintained by the institution do not provide lodging to a greater number of users than the number determined by regulation.

CHAPTER II

FUNCTIONS

70. The function of institutions is to ensure the provision of continuing and accessible quality health services and social services without encroachment of the rights of individuals and with a view to reducing health and welfare problems and responding to the needs of the various population groups. To that end, institutions must manage their human, material and financial resources effectively and efficiently and cooperate with other intervening parties.

71. Every institution must, in particular,

- (1) receive any person requiring services and assess his needs;
- (2) dispense the required health services or social services directly, or have them provided by an institution, body or person with which or with whom it has entered into a service agreement under section 78;
- (3) ensure that its services are provided in continuity and complementarity with those provided by the other institutions and resources of the region, and that such services are organized in a way that reflects the needs of the population it serves;
- (4) refer persons to whom it cannot provide certain services to another institution or body that provides them.

72. Each institution must develop for users of a class determined by regulation, to the extent prescribed therein, an intervention plan in order to identify the needs of the user, the objectives pursued, the means to be used and the estimated period during which services are to be provided.

73. Where a user of a class determined by regulation must receive over an extended period health services and social services involving several resources, the institution which provides the greater part of the services involved or the institution designated jointly by the institutions concerned must develop an individualized service plan.

74. Each of the plans referred to in sections 72 and 73 must be developed, where possible, with the participation of the user.

Each plan must contain a timetable for assessment and review. A plan may, however, be modified at any time, with the participation of the user, where pertinent, to take account of new circumstances.

75. Each institution shall determine the health services and social services it will provide and the various activities it will organize, within the scope of its mission, the resources at its disposal and the regional services organizational structure established by the regional board with a view to achieving the objectives set out in the various programs established by the Minister.

76. An institution may adopt such by-laws as are necessary for the conduct of its affairs and the discharge of its duties. It must adopt by-laws on any matter determined by regulation of the Government coming under the authority of the institution.

A copy of the by-laws adopted by an institution shall be transmitted to the regional board or to the Minister on request.

77. Each institution must, in cooperation with the Minister or the regional board, take part in the analysis of the overall performance of the health services and social services system.

78. An institution may enter into an agreement with another institution, a body or a person for any of the following purposes:

- (1) the provision of certain health services or social services;
- (2) the provision or exchange of professional health or social services;
- (3) the provision or exchange of certain other services such as technical, administrative or financial services.

The agreement shall indicate the nature, terms and conditions and cost of the services. It is valid only from the date of its approval by the regional board.

79. Each institution, on the recommendation of the regional board and with the authorization of the Minister, may

- (1) enter into a contract of affiliation with a university for the purpose of offering teaching or research services;
- (2) amend or terminate a contract of affiliation;
- (3) sign letters of intent or contracts for special services for the purpose of participating in university training or research programs;
- (4) enter into a contract of association with any other educational institution recognized by the Minister of Education or the Minister of Higher Education and Science for the purpose of securing facilities to which students in the field of health and social services may go for periods of practical and other training.

The terms and conditions of the contracts and letters of intent referred to in the first paragraph must be consistent with the principles and general rules established by the Minister in cooperation with the Minister of Education or the Minister of Higher Education and Science, according to their respective fields of competence.

80. With the authorization of the Government and on the conditions it determines, an institution may, according to law, enter

into an agreement with a government other than that of Québec, or with any of its departments, any international organization or any agency of such a government or organization for the carrying out of its functions.

81. With a view to rationalizing the services, the Minister may, after consultation with the regional board,

(1) determine the local, sub-regional, regional or supra-regional vocation of an institution with regard to certain highly specialized services it offers;

(2) limit to certain institutions the function of offering highly specialized services or dispensing certain medicines he determines.

82. No institution may offer new services which would require additional professional resources or highly specialized equipment determined by the Minister, or acquire highly specialized equipment determined by the Minister, before obtaining his authorization in writing. The Minister shall consult with the regional board before granting his authorization.

83. A public institution may

(1) act as a home day-care agency in accordance with the Act respecting child day care (R.S.Q., chapter S-4.1) and the regulations;

(2) where designated by the Office des services de garde à l'enfance under section 69 of the said Act, act as regional representative and perform the functions attached to that office;

(3) exercise any power whose exercise is authorized by the Office des services de garde à l'enfance under the said Act;

(4) enter into an agreement with the Office des services de garde à l'enfance under section 70 of the said Act.

84. An institution may participate in the carrying out of a project of a community organization within the meaning of Title II of this Part. To that end, it may enter into agreements with the community organization but it cannot, in such an agreement, commit its financial liability.

85. An institution, within the scope of its objects and powers, may organize activities complementary to the health services or social services it provides.

It may hire staff and enter into agreements for that purpose. Revenues derived from sums paid by persons participating in complementary activities must be sufficient to cover direct and indirect expenditure entailed by such activities in the operating budget of the institution.

86. No institution may furnish medicines other than those appearing on the list drawn up by the Minister for that purpose. The list shall be updated periodically after consultation with the Conseil consultatif de pharmacologie established under section 39 of the Health Insurance Act. The Régie de l'assurance-maladie du Québec must publish the list and each of its updatings. The list and updatings come into force on the date of publication in the *Gazette officielle du Québec*, or on any later date fixed therein, of a notice from the Minister stating that the list is drawn up or updated and that the list or updating has been published by the Régie.

An institution which operates a hospital or a residential and extended care centre may, however, furnish medicines which do not appear on the list in the case of medicines used for purposes exclusive to hospitals or certain departments of residential and extended care centres, such as curariforms, general anaesthetics, diagnostic agents, immunological products, radioactive substances and physiological solutions.

It may, in addition, furnish medicines other than those referred to in the first paragraph for purposes of clinical and fundamental research or specific medical requirements. In such case, the physician or dentist having used or prescribed such medicines must so inform in writing the executive director who, after consultation with the Conseil consultatif de pharmacologie, shall decide on the advisability of using such medicines again in the same circumstances.

In addition to the limits fixed under paragraph 2 of section 81, the Minister may, by regulation, determine, for any medicine, the cases, conditions and circumstances in which it may be used.

87. No institution may furnish any prosthesis or apparatus other than those referred to in section 3 of the Health Insurance Act or included in insured services under the Hospital Insurance Act (R.S.Q., chapter A-28).

CHAPTER III

ORGANIZATION OF INSTITUTIONS

DIVISION I

BOARDS OF DIRECTORS OF PUBLIC INSTITUTIONS

§ 1.—*Establishment*

88. A board of directors shall be established to administer all the institutions having their head offices in the territory of a regional county municipality and which operate a residential and extended care centre, including institutions whose mission is also to provide general and specialized care if, for that purpose, they have less than 50 beds.

For the purposes of this section, the Government shall delimit the territory in another manner where there is no regional county municipality.

89. A board of directors shall be established to administer all institutions having their head office in the territory of a regional board which operate a centre classified as a rehabilitation centre for mentally impaired persons.

90. A board of directors shall be established to administer all institutions having their head office in the territory of a regional board which operate a centre classified as a rehabilitation centre for physically impaired persons.

91. A board of directors shall be established to administer all institutions having their head office in the territory of a regional board which operate a centre classified as a rehabilitation centre for persons with problems of addiction.

92. A board of directors shall be established to administer all the institutions having their head office in the territory of a regional board which operate the following centres:

(1) a child and youth protection centre;

(2) a centre classified as a rehabilitation centre for young persons with adjustment problems or a rehabilitation centre for young mothers with adjustment problems.

93. Where an institution operates centres which may be governed by more than one board of directors pursuant to sections

88 to 92, the Minister shall determine, after consultation with the regional board, which board of directors is to administer the institution.

94. A board of directors shall be established to administer every institution which operates a local community service centre.

The same applies to every institution which operates a hospital and every institution which operates a residential and extended care centre whose mission includes the provision of general and specialized care if, for that purpose, it has 50 beds or more.

The board of directors shall also administer every other centre operated by the institution, notwithstanding sections 88 to 92.

95. A regional board may propose to the Minister that he modify the organizational structure provided for in sections 88 to 94 where the nature or size of the territory or where the number of centres situated in the territory, the density of the population served or the linguistic and sociocultural characteristics of a part of that population warrant it.

The modifications must be approved by order of the Government.

The Minister shall table every order before the National Assembly within 30 days after its adoption if the Assembly is in session or, if it is not sitting, within 30 days after resumption or the opening of the next session.

§ 2.—*Composition of the board*

1. Mode of appointment of members

96. The board of directors of the institutions referred to in each of sections 88 to 91 shall be composed of the following persons, who shall be members of the board as and when they are elected or appointed:

(1) four persons elected by the population at the public meeting held pursuant to section 101 and chosen from among the persons present;

(2) three persons elected by and from among the persons employed by the institutions;

(3) two persons elected jointly by the users' committees of the institutions and chosen from among the persons who qualify for membership on such committees;

(4) where applicable, three persons elected by the members of the corporation where one of the institutions concerned is a corporation designated by the Minister under section 103 or, if there is more than one institution of that type, elected jointly by the members of the corporations;

(5) where applicable, one person elected by the board of directors of the foundation attached to one of the institutions concerned or, if there is more than one institution in that situation, elected jointly by the boards of directors of the foundations;

(6) where applicable, one person appointed by the members referred to in paragraphs 1 to 5 and chosen after consultation with bodies representative of the school sector, where one of the institutions concerned operates a centre serving children;

(7) the executive director of the institutions concerned;

(8) two persons appointed by the members referred to in paragraphs 1 to 7.

97. The board of directors of the institutions referred to in section 92 shall be composed of the following persons, who shall be members of the board as and when they are elected or appointed:

(1) four persons elected by the population at the public meeting held pursuant to section 101 and chosen from among the persons present;

(2) three persons elected by and from among the persons employed by the institutions;

(3) two persons elected jointly by the users' committees of the institutions and chosen from among persons who qualify for membership of such committees;

(4) where applicable, three persons elected by the members of the corporation where one of the institutions concerned is a corporation designated by the Minister under section 103 or, if there is more than one institution of that type, elected jointly by the members of the corporations;

(5) where applicable, one person elected by the board of directors of the foundation attached to one of the institutions concerned or, if there is more than one institution in that situation, elected jointly by the boards of directors of the foundations;

(6) two persons appointed by the members referred to in paragraphs 1 to 5, one of whom must be chosen after consultation with bodies representative of the judicial sector and the other after consultation with bodies representative of the education sector;

(7) the executive director of the institutions concerned;

(8) two persons appointed by the members referred to in paragraphs 1 to 7.

98. The board of directors of an institution which operates a local community service centre shall be composed of the following persons, who shall be members of the board as and when they are elected or appointed:

(1) five persons elected by the population at the public meeting held pursuant to section 101 and chosen from among the persons present;

(2) three persons elected by and from among the persons employed by the institution;

(3) where applicable, two persons elected by the users' committee of the institution and chosen from among persons who qualify for membership on such committee;

(4) where applicable, one person elected by the board of directors of the foundation attached to the institution concerned;

(5) the executive director of the institution;

(6) two persons appointed by the members referred to in paragraphs 1 to 5.

99. The board of directors of an institution which operates a hospital or an institution which operates a residential and extended care centre, whose mission includes the provision of general and specialized care and which has, for that purpose, 50 beds or more shall be composed of the following persons, who shall be members of the board as and when they are elected or appointed:

(1) four persons elected by the population at the public meeting held pursuant to section 101 and chosen from among the persons present;

(2) three persons elected by and from among the persons employed by the institution, one of whom must be a physician and one other, a nurse;

(3) where applicable, two persons elected jointly by the users' committee of the institution and chosen from among persons who qualify for membership on such committee;

(4) where applicable, three persons elected by the members of the corporation where the institution concerned is a corporation designated by the Minister under section 103;

(5) where applicable, one person elected by the board of directors of the foundation attached to the institution;

(6) the executive director of the institution;

(7) two persons appointed by the members referred to in paragraphs 1 to 6.

100. The composition of the board of directors of an institution which operates a centre designated as a university hospital or a university institute shall be governed by section 96, 97, 98 or 99, as the case may be.

The board of directors shall, in addition, include two persons appointed by the university to which the institution is affiliated, one of whom must be associated with the educational sector and the other, with the research sector.

Those persons are deemed to be members for the purposes, as the case may be, of paragraph 8 of section 96 or section 97, paragraph 6 of section 98, or paragraph 7 of section 99.

101. Every three years, each board of directors shall, on such day in the month of May as it determines, hold a public meeting to which it invites the population for the purpose of electing the persons referred to in paragraph 1 of section 96, 97, 98 or 99, as the case may be.

A person referred to in subparagraph 3 of the first paragraph of section 107 is not entitled to vote at such meeting.

The procedure for calling the meeting and for holding the election thereat shall be determined by by-law of the regional board.

102. The regional board shall, by by-law, determine the procedure for electing or appointing the persons referred to in paragraphs 2 to 6 of section 96, paragraphs 2 to 6 of section 97, paragraphs 2 to 4 of section 98, paragraphs 2 to 5 of section 99 or the second paragraph of section 100, as the case may be.

The by-law must provide, to ensure rotational membership on the board of directors, that the elections or appointments under one or more of the paragraphs of the said sections will be held or made in the first month of May following the public meeting held under section 101 and that the other elections or appointments will be held or made in the month of May of the following year.

103. The Minister shall designate, from among the corporations referred to in paragraph 1 of section 68 which own all or part of the immovables used for the activities of the institution, those whose members may, where applicable, take part in the election of the persons referred to in paragraph 4 of section 96, 97 or 99, as the case may be.

104. Where the election or appointment of a member under this subdivision does not take place, the member shall be appointed by the regional board.

105. Any interested person may apply to the Commission des affaires sociales to contest or demand the annulment of any election held pursuant to this subdivision.

The Commission may confirm or annul the election or declare another person duly elected.

Where the Commission annuls the election of a member without declaring another person duly elected, a new election must be held without delay.

A member so elected shall remain in office for the unexpired portion of the term of office of the member whose election is annulled.

2. Term of office and qualifications of members

106. The term of office of a member of a board of directors other than the executive director is three years.

The members shall remain in office notwithstanding the expiry of their terms until they are reappointed, reelected or replaced.

107. The following persons cannot be members of a board of directors:

- (1) persons not resident in Québec;
- (2) minors;

(3) persons employed by the Ministère de la Santé et des Services sociaux, a regional board, an institution or any other body providing services related to health or social services or the Régie de l'assurance-maladie du Québec, or person receiving remuneration from the latter;

(4) persons under tutorship or curatorship;

(5) persons under close treatment or incapable of administering their property within the meaning of the Mental Patients Protection Act (R.S.Q., chapter P-41);

(6) persons convicted in the preceding five years of a crime punishable by three years of imprisonment or more;

(7) persons forfeited of office as members of the board of directors of an institution or regional board in the preceding three years, pursuant to paragraph 2 of section 404;

(8) persons convicted of an offence against this Act or the regulations in the preceding three years.

Scholarships, subsidies or sums of money granted or paid under a research contract are not deemed to be remuneration for the purposes of subparagraph 3 of the first paragraph.

The prohibition set out in subparagraph 3 of the first paragraph does not apply to members elected as persons employed by an institution pursuant to the provisions of sections 96 to 99, respectively.

108. A person ceases to be a member of a board of directors upon becoming disqualified for appointment or election as such.

109. Any member of a board of directors may resign by transmitting a notice in writing of his intention to the secretary. A vacancy occurs upon acceptance of the resignation by the board of directors.

110. Any member of a board of directors having a direct or indirect interest in an undertaking which causes his personal interest to conflict with the interest of the board or of any of the institutions under its administration must, under pain of forfeiture of office, disclose that interest in writing to the board of directors and abstain from sitting on the board and from participating in any deliberation or decision on any question relating to the undertaking in which he has that interest.

The fact that a member of the board of directors is a minority shareholder of a corporation operating an undertaking referred to in this section does not constitute a conflict of interest if the shares of the corporation are listed on a recognized stock exchange and if the member of the board of directors concerned is not an insider of the corporation within the meaning of section 89 of the Securities Act (R.S.Q., chapter V-1.1).

111. No action for forfeiture of office under section 110 may be brought except by the regional board concerned, by the institution concerned or by the Minister.

112. Any vacancy occurring less than one year after the election or appointment of a member of a board of directors shall be filled within a reasonable time in accordance with the election or appointment procedure prescribed for the election or appointment of the member to be replaced, but only for the unexpired portion of the term of office of that member.

Any vacancy occurring more than one year after the election or appointment shall be filled, for the unexpired portion of the term of office of the member to be replaced, by resolution of the members of the board remaining in office. Where the board fails to fill the vacancy, the regional board shall do so.

Absence from the number of meetings of the board of directors determined in the internal management by-laws of the board constitutes a vacancy, in the cases and circumstances prescribed therein.

§ 3.—*Operation*

1. Chairman

113. Each year, the members of a board of directors shall elect a chairman from among their number.

114. The chairman of the board of directors shall preside over the sittings, see that good order is maintained and assume all other duties assigned to him by by-law of the board.

Where the chairman is absent or temporarily unable to act, the members of the board of directors shall appoint a person to replace him from among their number.

115. In no case may the chairman of the board of directors or his substitute be a person employed by the institution or any of the institutions administered by the board.

2. Sitzings

116. The procedure for calling sittings of the board of directors shall be determined by by-law of the board and filed with the regional board.

117. The sittings of a board of directors are public; the board of directors may, however, order that a sitting be held *in camera* to examine a matter that may cause prejudice to a person.

The board of directors must allow for a question period at each sitting.

118. A majority of the members of a board of directors who are in office, including the chairman, constitutes a quorum at sittings of the board.

119. Subject to section 148, decisions of the board of directors are taken by a majority of the votes given by the members present.

In the case of a tie, the chairman of the board or the person designated as his substitute has a casting vote.

120. In emergencies, resolutions in writing signed by all the members of the board of directors have the same force as if they had been passed at a sitting.

Resolutions shall be kept with the minutes of the sittings of the board of directors.

3. Reimbursement of expenses

121. Members of a board of directors are not remunerated. However, they are entitled to the reimbursement of expenses incurred in the performance of their duties on the conditions and to the extent determined by the Government.

4. Documents and records

122. The minutes of the sittings of the board of directors, approved by it and signed by the chairman and the secretary, are

authentic. The same applies to documents and copies or extracts issued by the institution or forming part of its records if certified true by the chairman of the board or the secretary.

123. Where the board of directors is established under sections 88 to 92, the minutes shall indicate which institutions, among the institutions it administers, are bound by a decision of the board. Failing such an indication, the decision shall be deemed to be binding on all such institutions.

The board of directors shall determine, by resolution, in which institution it shall keep its records.

124. Every institution must keep and maintain at its head office a register of the name, address and occupation of every member of the board of directors and, if the institution is a corporation within the meaning of paragraph 1 of section 68, of every member of the corporation, and books containing the by-laws of the institution, the minutes of the sittings of the board of directors and, where applicable, those of the executive committee and of the meetings of the members of the corporation.

125. No instrument, document or writing binds an institution unless it is signed by the chairman of the board of directors, the executive director or, to the extent determined by by-law of the board, by a member of the staff of that institution.

§ 4.—*Powers and obligations of the board of directors*

126. The board of directors shall exercise all the powers and manage the affairs of the institution.

127. The board of directors shall establish priorities and orientations for every institution under its administration and see to it that they are observed.

Priorities shall focus on the health and social needs to be satisfied, the populations to be served and the services to be provided.

Priorities must take account of

(1) the distinctive geographical, linguistic, sociocultural and socioeconomic characteristics of users;

(2) the human, material and financial resources available;

(3) the regional services organization plans and the medical and dental staffing plan approved by the regional board.

128. The board of directors must in addition, for every public institution it administers, ensure

(1) the pertinence, quality and efficiency of the services provided;

(2) the respect for users' rights and promptness in processing users' complaints;

(3) the efficient use of financial resources;

(4) the participation, motivation, enrichment, maintenance of levels of competence and development of human resources.

129. The board of directors must, in particular,

(1) hire the executive director and appoint senior management officers;

(2) appoint physicians and dentists, grant them privileges and provide for the obligations to be attached to such privileges;

(3) appoint pharmacists and assign them a status, where pertinent;

(4) allocate the financial resources to every institution it administers and to the intermediary resources attached to an institution.

130. The members of the board of directors shall, within the scope of the powers conferred on them, exercise the care, prudence, diligence and skill that a reasonable person would exercise in similar circumstances; they must also act with honesty, loyalty and in the interest of the institution or, as the case may be, of the group of institutions administered by them and of the population served.

131. Every institution must purchase, according to market conditions, liability insurance for the benefit of the members of the board of directors and their successions to cover any liability that may be incurred by such persons in the performance of their duties.

132. Every institution shall assume the defence of any member of the board of directors who is prosecuted by a third person for an act done in the performance of his duties.

In penal or criminal proceedings, however, the institution shall assume the payment of the expenses of a member of the board of directors only where he had reasonable grounds to believe that his conduct was in conformity with the law, or if he has been freed or acquitted or if the proceedings have been withdrawn or dismissed.

133. Every board of directors shall meet at such times of the year as it determines. It must, however, meet at the request of the chairman or at the request, in writing, of one-third of its members in office.

134. Every board of directors must, at least once a year, hold a public information meeting to which it shall invite the population.

At the meeting, members of the board of directors must present to the population, in accordance with the regulations, such items of information as are prescribed with respect to the report of activities and the financial report of every institution under the administration of the board. They must also answer questions put to them with respect to their management, the financial report and the services provided by each of the institutions.

The procedure for calling and conducting the meeting shall be determined in the by-law of the institution and approved by the regional board.

135. A board of directors may hold several public information meetings if it considers that the size of the territory, the density of the population invited to attend or the nature of the services provided to the users justifies the holding of several meetings.

136. Where the institution is a corporation defined in paragraph 1 of section 68, the board of directors must see to it that the members of the corporation adopt a by-law to determine the conditions of admission of their members, their rights and obligations and the criteria or conditions relating to their resignation, suspension or exclusion.

If the members of the corporation fail to do so, the board of directors shall act in their stead.

An amendment to the by-law must, to become effective, be submitted to the board of directors for approval.

137. Where a corporation referred to in section 136 owns all or part of the immovables used for the activities of the institution, the

board of directors must notify the members of the corporation of any measure that may entail a reduction in the value or a change in the destination of the immovables of the institution.

The board of directors cannot alienate an immovable of such an institution or change its use except with the approval of at least two-thirds of the votes cast by the members of the corporation.

138. A board of directors may, by by-law, establish committees necessary for the pursuit of its objects and determine their composition, functions, powers and duties, and the rules governing the administration of their affairs and their internal management.

DIVISION II

HUMAN RESOURCES

§ 1.—*Organizational plan*

139. Every institution must prepare an administrative, professional and scientific organizational plan. The plan shall describe the administrative structure of the institution, its divisions, services and departments and any other organizational element required by this Act or the regulations.

The organizational plan must be sent to the regional board and, at his request, to the Minister.

140. The organizational plan of a hospital must, in addition, provide for the formation of clinical departments and services and specify the number of physicians and dentists who may practise in each of such departments and services according to the permit of the institution, the financial resources at its disposal and the regional medical staffing plan approved by the Minister and the regional services organizational plans drawn up by the regional board.

This part of the organizational plan must, after consultation with the university to which a hospital designated either as a university hospital or as a university institute is affiliated, be sent to the regional board, which shall approve it with or without amendment and transmit it to the Minister if he so requests.

This part of the organizational plan must be reviewed at least once every three years.

141. The organizational plan of a local community service centre, rehabilitation centre or residential and extended care centre

must also specify, where applicable, the number of physicians and dentists who may practise in the centre, according to the permit of the institution, the financial resources at its disposal and the regional medical staffing plan approved by the Minister and the regional services organizational plans drawn up by the regional board.

This part of the organizational plan must be sent to the regional board, which shall approve it with or without amendment and transmit it to the Minister if he so requests.

If the centre is designated as a university institute, this part of the organizational plan must be prepared after consultation with the university to which it is affiliated.

This part of the organizational plan must be reviewed at least once every three years.

§ 2.—*Executive director*

142. The executive director of a public institution shall be appointed by the members of the board of directors of that institution. Where the board of directors administers more than one institution, the executive director shall also act as the executive director of each of the institutions.

143. The executive director, under the authority of the board of directors, is responsible for the administration and operation of the institution or institutions under the administration of the board.

He must, in particular,

(1) see to it that the resolutions of the board of directors are implemented;

(2) prepare the organizational plan of the institution and submit it to the board of directors for approval;

(3) set up the internal structures provided for in the organizational plan;

(4) prepare the budget estimates of the institution, transmit them to the board of directors and see that expenditures are consistent with the operating budget of the institution;

(5) except for pharmacists, select and hire the staff members, including members of the managerial staff other than senior management officers, and make recommendations to the board of directors as to the engagement and appointment of senior

management officers in accordance with the regulations made under section 412;

(6) prepare, in concert with the staff of the institution, the annual plan of action for staff development and submit it to the board of directors for approval;

(7) foster the participation of the staff of the institution in work organization;

(8) see to it that an effective system of management and control is established and implemented to ensure the preservation and proper use of the material resources of the institution;

(9) sign, on behalf of the institution, all contracts authorized by the board of directors;

(10) foster the complementarity of services offered by the institution and the other institutions of the territory;

(11) establish and submit to the board of directors for approval the procedure for processing complaints filed by users or their representatives;

(12) fulfil, or designate a person to fulfil, obligations under the Civil Code and the Act respecting the Public Curator (R.S.Q., chapter C-80.1) as regards protective supervision of incapable persons and the mandate given by a person for the eventuality of his incapacity;

(13) perform any other duty entrusted to him by the board of directors and transmit to the latter any information it may require.

144. Where a board of directors administers several institutions, the executive director must, in addition to the functions set out in section 143, ensure the follow-up of decisions of the board of directors with regard to issues requiring inter-institutional coordination and advise the board of directors on the following matters:

(1) the development of integrated processing policies in respect of issues of general importance to institutions such as capital investment, human resources, information systems and budget control;

(2) the possible impact on a particular institution of decisions relating to common issues;

(3) the possible impact of any decision relating to a particular institution on any other institution administered by the board.

145. The executive director shall not, under pain of forfeiture of office, have a direct or indirect interest in an enterprise placing his personal interest in conflict with that of the institution. However, forfeiture of office is not incurred if such an interest devolves to him by succession or gift, provided that he renounces it or that, having informed the board of directors, he disposes of it within the time fixed by the board.

An executive director who is forfeited of office becomes disqualified from holding any office or employment as a member of the managerial staff of any public institution or regional board for the period of disqualification determined in the judgment. That period shall not exceed three years.

The board of directors, on ascertaining that the executive director is in a position of conflict of interest, shall take measures to institute proceedings for forfeiture of office against him. It shall also, within ten days, inform the regional board in writing of the situation, specifying the nature of the case and the measures it has taken.

Section 111 applies to proceedings for forfeiture of office.

146. The executive director shall, under pain of forfeiture of office, devote himself exclusively to the work of the institution and the duties of his office.

He may, however, hold another employment, office or function or provide another service if no remuneration or direct or indirect benefit whatever is paid or granted to him therefor.

He may also, with the authorization of the board of directors, hold or provide, outside the health and social services sector, another employment, office, function or service for which remuneration or direct or indirect benefit is paid or granted to him.

He may also, with the authorization of the regional board and the board of directors, hold or provide, within the health and social services sector, another employment, office, function or service for which remuneration or direct or indirect benefit is paid or granted to him. However, only the authorization of the board of directors is required in the case of an office or function held within an association grouping a majority of the institutions carrying out activities inherent in the mission of centres of the same type or within an association of

executive directors of health services and social services recognized by order in council, for labour relations purposes, or within an institutional certification body.

He may also carry out any mandate entrusted to him by the Minister.

He may also hold an elective public office.

Section 111 applies to proceedings for forfeiture of office.

147. The board of directors must, on ascertaining that the executive director is violating any of the rules prescribed in section 146, suspend him without pay or take measures to institute proceedings for forfeiture of office against him, according to the seriousness of the contravention. It must also, within the following ten days, inform the regional board and the Minister of the situation and indicate to them the nature of the case and the measures it has taken. A suspension imposed under this paragraph may vary from three to six months.

An executive director who is forfeited of office becomes disqualified from holding any office or employment as member of the managerial staff of any public institution or regional board for the period of disqualification determined in the judgment. That period shall not exceed three years.

148. The board of directors shall not dismiss an executive director or reduce his salary except by a resolution adopted by the vote of at least two-thirds of its members at a meeting called for that purpose.

The executive director cannot be present at a sitting of the board of directors of the institution while the board is discussing or deciding his dismissal, suspension, remuneration, renewal of engagement or his other terms of employment.

§ 3.—*Users' committee*

149. Every institution which operates a residential and extended care centre, a rehabilitation centre, a psychiatric hospital or a hospital where more than 10% of the beds are intended for users requiring extended care must set up a users' committee in each centre and allocate to it the special budget provided for that purpose in its operating budget.

The committee shall be composed of at least five members elected by the users of the institution or their representatives. A majority of the members must be users or representatives of users.

150. No person under close treatment or incapable of administering his property within the meaning of the Mental Patients Protection Act or the Act respecting the Public Curator may be a member of a users' committee.

151. The executive director of the institution must foster the proper functioning of the users' committee and inform, in writing, every user or his representative of the existence of the committee.

He must make a room available for meetings of the users' committee and make it possible for the committee's records to be kept confidential.

152. The functions of the users' committee are

(1) to inform users of their rights and obligations;

(2) to contribute to improving the quality of the living conditions of users and assess the degree of satisfaction of users with regard to the services obtained from the institution;

(3) to defend the common rights and interests of users or, at the request of a user, his rights and interests as a user before the institution or any competent authority;

(4) to accompany and assist a user, on request, in any action he undertakes, including the filing of a complaint in accordance with sections 30 to 49.

In addition, the users' committee must adopt operating rules and submit an annual report of its activities to the board of directors and to the regional board.

§ 4.—*Council of physicians, dentists and pharmacists*

153. A council of physicians, dentists and pharmacists shall be established for every hospital in which not fewer than five physicians, dentists or pharmacists are practising.

The council is composed of all the physicians, dentists and pharmacists practising in the centre who have the status required by the by-laws of the institution.

154. The council of physicians, dentists and pharmacists, under the authority of the executive director or his representative and in accordance with the by-laws of the institution, is responsible for

(1) appraising the pertinence, quality and efficiency of the medical, dental and pharmaceutical acts performed in the centre and examining the users' complaints submitted to it;

(2) assessing and maintaining the level of competence of the physicians, dentists and pharmacists practising in the centre;

(3) giving its opinion on the rules governing medical and dental care and pharmaceutical services applicable in the centre;

(4) giving its opinion to the executive director or his representative on any other question he may submit to it;

(5) giving its opinion on the appointment of physicians or dentists.

155. The responsibilities of the council of physicians, dentists and pharmacists shall be exercised by an executive committee composed of not fewer than three physicians, dentists or pharmacists designated by the council, of the executive director or his representative, and of the chairman of the council of nurses or his representative.

The executive committee shall exercise all the powers of the council of physicians, dentists and pharmacists.

156. Notwithstanding the Act respecting Access to documents held by public bodies and the Protection of personal information, the records and minutes concerning the performance of functions described in paragraphs 1 and 2 of section 154 are confidential. No person may have access to them except the Commission des affaires sociales or the representatives of a professional corporation in the performance of the duties assigned to it by law.

§ 5.—*Council of nurses*

157. A council of nurses shall be established in every institution which operates a hospital.

The council is composed of all the nurses discharging their duties in the centre.

158. The council of nurses, under the authority of the executive director or his representative and in accordance with the by-laws of the institution, is responsible for

(1) appraising the pertinence, quality and efficiency of the nursing care provided in the centre and examining the users' complaints submitted to the council;

(2) assessing and maintaining the level of competence of the nurses discharging their duties in the centre;

(3) giving its opinion on the rules relating to nursing care applicable in the centre;

(4) giving its opinion to the executive director or his representative on any other question he may submit to it.

159. The responsibilities of the council of nurses shall be exercised by an executive committee composed of not fewer than three nurses designated by the council, of the executive director or his representative, and of the chairman of the council of physicians, dentists and pharmacists or his representative.

The executive committee shall exercise all the powers of the council of nurses.

§ 6.—*Staff*

160. Every public institution must prepare an annual plan of action for the development of human resources.

The plan must identify the objectives and means to be taken to ensure participation of the employees of the institution in the orientation and management of the institution and contain staff management policies relating to entry, motivation, job enrichment, proficiency level, professional development, performance assessment, mobility and career counselling.

161. The plan of action for staff development must be prepared with the participation of the employees of the institution.

162. Every institution must adopt a code of ethics which shall set out the rights of users, the expected practices and conduct of employees towards users.

The institution must give a copy of the code of ethics to every person who is an in-patient.

163. The Government may, by regulation, determine standards applicable to senior management officers or middle management officers of public institutions as regards conflicts of interest and standards applicable to senior management officers as regards exclusivity of office.

No senior management officer or middle management officer may, under pain of suspension, contravene any of the standards prescribed pursuant to the first paragraph.

164. The Government may, by regulation, establish measures to be taken by a public institution and by the persons employed by or practising in the institution in order to prevent or put an end to conflicts of interest which may arise from the awarding of contracts between an institution and a person or enterprise in which such persons have a direct or indirect interest.

165. A physician or dentist other than a member of the managerial staff of the institution is not considered to be a member of the staff of the institution.

§ 7.—*Physicians, dentists and pharmacists*

166. A physician, dentist or pharmacist wishing to practise his profession in a centre operated by an institution must make an application for privileges to the executive director in accordance with the regulation.

Before referring an application for privileges to the board of directors, the executive director shall solicit the advice of the council of physicians, dentists and pharmacists, where such a council is established.

167. The decision of board of directors to accept or refuse a physician's or dentist's application for privileges shall take into account the organizational plan of the institution, the number of physicians and dentists specified in the organizational plan, the resources available, the specific requirements of the institution and the mission of each of the centres operated by the institution.

The board may also refuse a physician's or dentist's application for privileges on the basis of criteria of qualifications, scientific competence or conduct having regard to the specific requirements of the institution, or if, within the three preceding years, disciplinary measures have been imposed by the board on the physician or dentist for failure to comply with the agreement signed by him under section 171.

Every refusal must give reasons in writing.

If the institution operates a centre designated as a university hospital or university institute, the board of directors shall make its decision after consultation with the university to which the institution is affiliated.

168. The board of directors must, before accepting a physician's or dentist's application for privileges, submit the application to the regional board for approval in the following cases:

(1) where the number of physicians or dentists specified in the organizational plan of the institution approved in accordance with section 140 or 141, as the case may be, has been reached;

(2) where the organizational plan of the institution has not received the approval of the regional board;

(3) where the regional medical and dental staffing plan has not received the approval of the Minister.

169. The board of directors shall transmit to the physician or dentist a decision in writing within 90 days after receipt of the application for privileges.

170. The resolution of the board of directors accepting a physician's or dentist's application for privileges must, in addition to specifying the period for which privileges are granted, which cannot exceed three years, the nature and range of the medical or dental activities that a physician or dentist will be allowed to perform in the centre, set out the obligations attached to the privileges granted to the physician or dentist, in particular, in relation to

(1) his participation in the clinical activities of the centre, including being on duty;

(2) his participation in teaching and research activities, where applicable;

(3) his participation in professional, scientific, medical or administrative committees.

171. Upon signing a written agreement reproducing the terms and conditions of the resolution accepting the application for privileges, the physician or dentist may practise in the centre operated by the institution and enjoy the privileges granted to him by the board of directors.

172. Where the physician or dentist practises in a hospital where a council of physicians, dentists and pharmacists is established, the board of directors shall, in addition to the privileges granted to him in its resolution accepting his application, grant him a status in accordance with the by-laws of the institution.

173. The board of directors must notify the regional board within 30 days after accepting an application for privileges.

174. A pharmacist shall practise in a centre operated by an institution upon being appointed by the board of directors on the recommendation of the executive director. If the pharmacist practises in a hospital where a council of physicians, dentists and pharmacists is established, the board of directors shall grant him a status in accordance with the by-laws of the institution.

175. The executive director or his representative may, in case of emergency, temporarily authorize a physician, dentist or pharmacist to practise in a hospital, a residential and extended care centre, a local community service centre or a centre classified as a rehabilitation centre for physically impaired persons.

Where the time required for obtaining the authorization may be prejudicial to a user, any physician, dentist or pharmacist may, without such authorization, give the care or services required by the state of health of the user.

The executive director or his representative may, in case of emergency, temporarily withdraw the authorization allowing a physician, dentist or pharmacist to practise in a centre referred to in the first paragraph.

176. The board of directors of an institution may take disciplinary measures against a physician, dentist or pharmacist.

The disciplinary measures that may be taken against a physician or dentist are a reprimand, the prohibition from using certain resources of the centre, a change in status, the withdrawal of privileges, the suspension of status or privileges for a specific period or the cancellation of status or privileges.

The disciplinary measures that may be taken against a pharmacist are a reprimand or suspension.

The cancellation of status or privileges of a physician or dentist must give reasons and be based solely on lack of qualifications,

scientific incompetence, negligence, misconduct, non-compliance with the by-laws of the institution, having regard to the specific requirements of the institution, or non-compliance with the terms of the agreement signed by the physician or dentist in accordance with section 171.

The imposition of disciplinary measures must be done in accordance with the procedure prescribed by regulation.

177. A physician or dentist who is not satisfied with a decision rendered in his regard on the basis of criteria of qualification or scientific competence or concerning disciplinary measures related to status or privileges may appeal therefrom to the Commission des affaires sociales.

He may also appeal to the Commission if more than 90 and less than 180 days have elapsed since he applied for privileges in accordance with section 166 and if no decision has been transmitted to him.

178. A physician or dentist who is not satisfied with a decision rendered in his regard on the basis of any criteria other than those set out in the first paragraph of section 177 or concerning any disciplinary measure other than those set out in the first paragraph of the said section, may use the appeal procedure established by regulation made under section 412.

A pharmacist who is not satisfied with a decision rendered in his regard under the third paragraph of section 176 may use the same procedure.

179. A physician or dentist who decides to cease to practise in a centre must give prior notice of at least 60 days to the board of directors.

The decision of the physician or dentist becomes irrevocable upon receipt of the notice by the board of directors, and takes effect at the end of the period indicated in the notice.

180. Notwithstanding section 179, the board of directors may authorize a physician or dentist to cease to practise in the centre without prior notice or with notice of less than 60 days if it considers that his leaving does not affect the quality or adequacy of the medical or dental services offered to the population served by the centre.

181. The board of directors must notify the regional board whenever a physician or a dentist has made the decision to cease to practise in accordance with sections 179 and 180.

182. A physician or dentist who ceases to practise in a centre without the authorization of the board of directors and without giving prior notice of at least 60 days or before the end of the period indicated in the notice becomes, from the date fixed by the Régie de l'assurance-maladie du Québec, a non-participating professional for the purposes of the Health Insurance Act for a period equal to twice the number of days remaining of the notice given.

The board of directors shall forthwith inform the Régie that the physician or dentist has left, and shall indicate the period for which he becomes a non-participating professional.

Where the board of directors believes that the departure of a physician or dentist may affect the quality or adequacy of the medical or dental services offered to the population served by a centre, it shall inform the Corporation professionnelle des médecins du Québec or the Corporation professionnelle des dentistes du Québec, as the case may be, in writing.

183. Every physician or dentist practising in a centre must hold a valid professional liability insurance policy for himself and his succession, accepted by the board of directors, and he must, each year, establish that the policy is in force.

However, a physician or dentist may fulfil his obligation under the first paragraph by furnishing each year to the board of directors proof that he is a member of the Canadian Medical Protective Association.

184. No institution may pay any sum of money or grant any direct or indirect benefit for the performance of the duties of a physician, except to the extent prescribed by regulation.

DIVISION III

MATERIAL AND FINANCIAL RESOURCES

§ 1.—*Rules relating to material resources*

185. No public institution or private institution under agreement may, without having obtained prior authorization from the Conseil du trésor on the recommendation of the regional board and the Minister,

(1) acquire, alienate, charge with a servitude or hypothecate an immovable or otherwise give it as security;

(2) build, enlarge, develop, improve, convert, demolish, rebuild or repair its immovables where the estimated total cost of the project amounts to a figure determined by the Government.

186. The Conseil du trésor may, on the conditions and to the extent that it determines, delegate to the Minister all or some of the powers vested in it under section 185.

The deed of delegation shall be published in the *Gazette officielle du Québec* and shall come into force on the fifteenth day following the date of publication.

187. A public institution shall identify, in a specific accounting item in its fixed assets fund, the net proceeds resulting from the alienation of an immovable. This sum, and the revenues therefrom, shall be used for any purpose that is consistent with the use of the fixed assets fund. If the institution obtains prior authorization from the Minister, which will be given on the recommendation of the regional board, the sum and the revenues may also be used to finance a specific operating expenditure of the institution.

188. No public institution or private institution under agreement may, without having obtained prior authorization from the regional board,

(1) lease an immovable;

(2) grant a lease on, lend or otherwise permit a third person to use any of its immovables;

(3) carry out any work of construction, enlargement, development, improvement, alteration, demolition, reconstruction or repair on its immovables, other than work described in paragraph 2 of section 185.

189. A contract made by an institution without the prior authorization of the Conseil du trésor, the Minister or the regional board is null in all cases where such authorization is required by this Act.

Furthermore, every contract must, on pain of nullity, be made in accordance with the standards, terms and procedure prescribed by regulation of the Minister.

An action in nullity of any contract made by an institution that is contrary to this section may be instituted by the Minister, the regional board or any interested person.

190. No public institution may

- (1) acquire shares in another corporation;
- (2) operate a commercial enterprise;
- (3) grant loans out of funds administered by it;
- (4) guarantee, endorse or otherwise grant security for payment of the obligation of a third person;
- (5) dispose gratuitously of property, except in the case of property of small value or, with the prior authorization of the regional board, where the property is disposed of in the interest of the institution or its mission or for humanitarian purposes;
- (6) neglect to exercise or renounce a right belonging to it, except for value;
- (7) grant any subsidy to a third person, except in the case of amounts that may be paid, or goods and services that may be provided, to users or other persons as material or financial assistance under this Act or any other legislative or regulatory provision.

An action in nullity of any decision, by-law, resolution or contract made or adopted by an institution contrary to the first paragraph may be instituted by the Minister, the regional board or any other interested person.

Organization by an institution of activities which are subsidiary to the health services or social services it provides shall not constitute a commercial enterprise.

191. A public institution may acquire, by expropriation, any immovable it needs to enlarge its facilities or to organize services relating to the general operations of its centre.

The Corporation d'hébergement du Québec referred to in section 376 may, in the same manner and in the place and stead of the institution, acquire such an immovable for the purposes of the institution.

§ 2.—*Gifts, legacies and subsidies*

1. Solicitation and acceptance

192. Any institution may solicit and receive gifts, legacies, subsidies or other voluntary contributions from any person or any public or private body wishing to assist in the carrying out of the mission of a centre administered by an institution.

However, no institution may, without the prior authorization of the regional board, accept gifts, legacies, subsidies or other contributions to which obligations or conditions are attached, except from the Gouvernement du Québec or its departments and agencies.

A gift of equipment of a greater value than that fixed by government order shall be considered to have a condition attached to it for the purposes of the second paragraph.

A gift of an immovable is deemed to be an acquisition within the meaning of section 185.

193. Every amount received as a gift, legacy, subsidy or other form of contribution, except an amount granted by the Gouvernement du Québec or one of its departments or agencies, constitutes income of the institution.

However, the amount of a contribution made for special purposes shall not be paid into the general fund of the institution, but into a special fund created by the institution. It shall be deposited or invested in accordance with the provisions of the Civil Code concerning the investment of property of others, until it is used for the special purposes for which the contribution was made.

Where sums have been granted for the specific purpose of furnishing the institution with capital that must be preserved and of which only the income may be used, the amount thereof shall be paid into an endowment fund created by the institution and administered in the manner set out in the second paragraph.

A separate statement for each fund created under this section shall appear in the financial statements of the institution.

194. A public institution that receives a sum of money or a direct or indirect benefit from a foundation or corporation that solicits funds or gifts from the public for purposes related to health and social services must mention it in a schedule appended to its financial

statements indicating the object for which the sum of money or benefit was granted.

2. Foundations

195. Any institution may, with the prior authorization of the regional board, transfer the administration of all or part of any fund referred to in section 193 to a foundation or a non-profit corporation incorporated under the laws of Québec whose object is to administer the contributions paid to the institution or to several institutions or to receive directly contributions paid by other persons for special purposes.

The funds whose administration is so transferred to a foundation or non-profit corporation are deemed received in trust; the foundation or corporation is, in respect of such funds, subject to the same obligations and powers as a trust company incorporated in Québec.

In cases of dissolution of the foundation or non-profit corporation, the funds which have not yet been used for the special purposes stipulated, together with the accrued income and interest derived from the investment of the funds, shall be returned to the institution and administered in the manner prescribed in section 193.

196. A public institution may require or accept financial or material assistance from a foundation or corporation referred to in section 195 for any of the following purposes:

(1) the purchase, construction, renovation, improvement, enlargement or development of immovable property for the purposes of the institution;

(2) the purchase, installation, improvement or replacement of furnishings, equipment or machinery of the institution;

(3) the research activities of the institution;

(4) the improvement or consolidation of the financial position of the institution.

The institution shall, before requiring or accepting such assistance, submit its project to the regional board for consideration and approval. The application must be accompanied with such documents and contain such information as are determined by the regional board.

After considering the relevance and the financial viability of the project, and after ascertaining that the foundation or corporation has

the financial potential to honour its commitments, the regional board shall notify the institution of the eligibility of the project or of the requirements for its approval.

197. The regional board may, at any time, verify the accuracy of information given to it by an institution concerning any project submitted under section 196, or demand information on the use made of assistance obtained under that section, as the case may be.

Where an institution has obtained the right to receive assistance through false representation or has used any part of the assistance for purposes other than those for which it should have been used, the regional board may, of its own initiative or at the request of the Minister, declare the institution forfeited of the benefit of the assistance granted and take any step to require the institution and the foundation or corporation providing the assistance to remedy the situation.

198. No executive director, senior management officer or middle management officer of a public institution may accept any sum of money or any direct or indirect benefit from a foundation or corporation that solicits funds or gifts from the public for purposes related to health or social services.

199. A gift made to the owner, a director or an employee of a health or social services institution who is neither the spouse nor a close relative of the donor is null if it was made while the donor was receiving care or services from the institution.

A gift made to a member of a family-type resource while the donor was residing there is also null.

200. A legacy made to the owner, a director or an employee of a health or social services institution who is neither the spouse nor a close relative of the testator is null if it was made while the testator was receiving care or services from the institution.

A legacy made to a member of a family-type resource while the testator was residing there is also null.

§ 3.—Rules relating to financial resources

1. Provisions applicable to all institutions

201. Each institution must transmit an annual report of its activities to the regional board and to the Minister within three

months after the end of its fiscal year. The report must be filed in the form determined by the Minister and must contain any information required by him or by the regional board.

202. Every institution must, at the request of the regional board, in the form and within the time prescribed by it, furnish the financial statements, statistical data, reports and other information on the activities of the institution which the board requires or considers relevant to the carrying out of this Act. The Minister may request a copy from the regional board.

203. Information contained in any report or document prescribed in this division is public information from the date on which the prescribed time for transmitting the report or document expires or, if it is transmitted after that date, from the date of transmission.

204. Sums of money paid by the Government in respect of an immovable owned by an institution and standing in lieu of municipal taxes or other compensation for municipal services are deemed to be paid for and on behalf of the Minister and constitute operating expenses of the institution concerned. This section applies to sums of money paid in that respect by the Government from 21 December 1979.

2. Provisions applicable to public institutions

205. The fiscal year of a public institution ends on 31 March each year.

206. The institution shall, each year, establish rules and procedures for the allocation of its financial resources to the various items or entries according to the requirements of its own organizational plan.

The rules must allow for any budgetary transfers that may be required under a program during the fiscal year for the proper operation of the institution and the adequate provision of the services it is called upon to provide.

207. The executive director of every institution shall submit to the board of directors the operating budget estimates for the following fiscal year for the institution or for each of the institutions under the administration of the board, before the date fixed by it. The estimates shall be drawn up within the budgetary terms of reference set forth by the regional board.

The estimates of the institution must ensure that expenditures balance against financial resources forecasted by the institution.

208. Before 1 April each year, the regional board shall inform every board of directors of the institutions referred to in sections 88 to 92 of the total of the amounts it is allocating to the operating budget of each institution under the administration of these boards.

Each board of directors shall, if necessary, revise the budget estimates of each of the institutions under its administration according to the total amount indicated by the regional board, adopt the operating budget of each institution and inform the regional board of its adoption within 30 days after the date thereof. It shall, if necessary, draw up a budget balancing plan for any of the institutions under its administration and transmit it to the regional board at the same time.

209. Before 1 April each year, the regional board shall transmit to every institution not referred to in section 220 its operating budget for the next fiscal year.

The institution shall, if necessary, revise its estimates in order to conform with its operating budget and shall also, if necessary, file a budget balancing plan with the regional board within 30 days following receipt of its budget.

210. If, on 1 April in any year, the operating budget of an institution has not been adopted or has not been transmitted to it, as the case may be, one-quarter of the budget for the preceding fiscal year shall be renewed at the beginning of each quarter of the fiscal year and shall remain in force until it is replaced by the budget for the fiscal year concerned.

211. Every institution shall transmit to the regional board, on the dates and in the form which the board fixes,

(1) interim reports on budget use and on the operation of the institution;

(2) an annual statistical report on the resources and services of the institution for the last fiscal year.

The regional board shall furnish a copy of these reports to the Minister at his request.

212. The books and accounts of every institution shall be audited every year by an auditor.

213. The board of directors shall appoint an auditor for the current fiscal year of the institution before 30 September each year.

The Minister may define terms of reference applicable to all auditors of institutions. The regional board may add other auditing duties to those generally prescribed.

214. On failure by an institution to have its books and accounts audited or to appoint an auditor in accordance with this Act, the regional board may appoint an auditor and determine his remuneration, which shall be payable by the institution.

If the auditor leaves office before the end of his term, the board of directors of the institution shall fill the vacancy at its next meeting.

215. For the performance of his duties, the auditor shall have access to all the books, registers, accounts and other accounting records and vouchers of the institution. Every person having custody of such documents shall facilitate his examination of them.

The auditor may also require the members of the board of directors, officers, employees or other representatives of the institution to provide the information, explanations and other documents required by him to fulfil his mandate.

216. The auditor shall, for the fiscal year for which he has been appointed, audit the financial statements of the institution and any other document determined by the regional board or by the Minister.

217. The auditor shall submit his report to the board of directors of the institution.

He shall indicate in his report

(1) whether his examination has been made in accordance with generally recognized auditing standards;

(2) whether, in his opinion, the financial statements faithfully represent the financial position of the institution, the financial and quantitative data of its responsibility centres and the changes in its financial position, according to accounting standards and principles applicable in the institution;

(3) whether the accounting procedures or policies of the institution are consistent with the standards applicable to the institution.

The auditor shall set out in his report all useful information on the subjects covered by his terms of reference and shall provide a sufficient explanation of any reservation he may have expressed.

218. The institution shall, on or before 30 June each year, submit to the regional board its annual financial report for the last fiscal year. The report shall be prepared on the forms supplied by the Minister and shall include the financial statements of the institution and any other information required by the regional board or by the Minister.

The annual financial report is deemed to be submitted to the regional board only if it is accompanied with the auditor's report described in section 217.

The regional board shall transmit a copy of the annual financial report of the institution to the Minister, at his request.

219. Notwithstanding any legislative provision inconsistent herewith, an institution may, with the prior authorization of the regional board and subject to any terms and conditions it fixes, borrow money by any method recognized by law to pay current operating expenditures.

The institution may also, with the prior authorization of the Minister and subject to any terms and conditions he fixes, borrow money by any method recognized by law to finance capital expenditures or the debt service of the institution.

The Minister shall determine in what cases and circumstances and on what conditions the regional board may allow borrowings to be made under the first paragraph, and the amount of such borrowings.

220. At the request of the regional board or of the Minister, the institution shall, either directly or through the financial institutions with which it does business, furnish the board or the Minister with any information on its financial position.

3. Provisions applicable to private institutions under agreement

221. The fiscal year of a private institution under agreement ends on 31 March each year.

222. On 1 April each year, the regional board shall transmit to each private institution under agreement in its region its operating

budget for the current financial year. The budget shall be established on the basis of the financing agreement entered into between the institution and the Minister, according to the terms and conditions, if any, set out therein.

If, on 1 April in a year, the operating budget of an institution has not been transmitted to it, one quarter of the budget for the preceding fiscal year shall be renewed at the beginning of each quarter of the fiscal year and shall remain in force until it is replaced by the budget for the fiscal year concerned.

223. Every private institution under agreement is subject to sections 211 to 218 as regards reports to be submitted and audits to be made.

DIVISION IV

INTERMEDIATE AND FAMILY-TYPE RESOURCES

§ 1.—*Intermediate resources*

224. Any resource that is developed, controlled and funded by a public institution which, with a view to maintaining persons and integrating them into the community, provides lodging and support or assistance services according to their needs, is an intermediate resource.

225. In order to foster an adequate framework and the rational implementation of intermediate resources, and to ensure sufficient flexibility for the emergence of future resources within the framework of regional service organizational plans, the Minister shall propose to regional boards a classification of intermediate services based on the level of support or assistance required by users.

The classification shall be accompanied with the rates of compensation applicable to each type of service so classified.

The Minister shall also identify the minimal orientations to be followed by regional boards in determining the rules and procedures governing access to the services provided by intermediate resources, including the general criteria for admission to such resources.

226. The regional board shall, in addition to establishing the rules and procedures governing access to the services provided by intermediate resources in its region,

(1) specify the criteria for recognizing intermediate resources, recognize them and keep a register of recognized resources classified according to the types of clientele;

(2) identify the public institutions in its region which will use the services of intermediate resources and allocate to them the amounts required to pay for such resources in accordance with the applicable compensation rates;

(3) ensure that mechanisms for concerted action between institutions and their intermediate resources are established and put into operation.

227. Public institutions identified by the regional board shall themselves recruit and assess intermediate resources with a view to recognition of such resources by the regional board.

The institutions shall provide professional follow-up services to the resources and their users.

228. Any person responsible for an intermediate resource may apply to the regional board for review of a decision made by the public institution to which the resource is attached to terminate any misunderstanding concerning them.

After examining the decision, the regional board shall transmit its decision to the institution.

229. A municipal permit or certificate shall not be refused and proceedings under a by-law shall not be instituted for the sole reason that a building or dwelling premises are to be occupied in whole or in part by an intermediate resource.

This section takes precedence over any general or special Act and over any municipal by-law adopted under any such Act.

§ 2.—*Family-type resources*

230. Every public institution may call upon the services of a family-type resource for the placement of children, adults or elderly persons.

However, only an institution operating a child and youth protection centre may recruit and use the services of such a resource for the placement of children.

231. Family-type resources comprise foster families and foster homes.

232. One or two persons receiving in their home children in difficulty entrusted to them by a public institution in order to respond to their needs and afford them living conditions as close to those in a parental environment as possible may be recognized as a foster family.

One or two persons receiving in their home adults or elderly persons entrusted to them by a public institution in order to respond to their needs and afford them living conditions as close to a natural environment as possible may be recognized as a foster home.

233. Activities and services provided by a family-type resource are deemed not to be a commercial enterprise or a means to make profit.

234. The provisions of sections 224 to 229 apply, adapted as required, to family-type resources.

CHAPTER IV

RULES APPLICABLE TO THE CONSTITUTING INSTRUMENT OF INSTITUTIONS

DIVISION I

GENERAL PROVISIONS

235. "Constituting instrument of an institution" means the special Act constituting the institution, the letters patent, supplementary letters patent, the articles of incorporation or continuance and any other document or charter granted for its incorporation.

In case of discrepancy between this Act and the constituting instrument of an institution, this Act shall prevail.

236. No constituting instrument of an institution may be granted, amended, revoked or abandoned without the written authorization of the Minister.

However, the Minister may, with the same effects, give the authorization referred to in the first paragraph in cases where the constituting instrument of an institution has been granted, amended, revoked or abandoned without that authorization.

DIVISION II

INCORPORATION OF A PUBLIC INSTITUTION

237. From (*insert here the date of coming into force of this section*), no public institution may be incorporated otherwise than under this Act.

238. Where the amalgamation or conversion of institutions or, as the case may be, the expansion of the sphere of activity of a centre entails the creation of a public institution, the public institution shall be incorporated by letters patent issued by the Inspector General of Financial Institutions, at the request of the Minister.

Notice of the issuance of letters patent shall be published in the *Gazette officielle du Québec*.

239. The letters patent shall indicate the mission of the institution and, in the case of a rehabilitation centre or a hospital, its class, the name of the institution and the location of its head office. They may also contain any other provision consistent with this Act.

In the case of any institution referred to in section 94, the letters patent shall indicate the names of not less than five and not more than the number of persons who should be elected or appointed, as the case may be, under the said section. Such persons shall be appointed as members of the board of directors until the elections or appointments provided for in the said sections have taken place.

240. From the date of issuance of the letters patent, the institution is a corporation within the meaning of the Civil Code. It is vested with the general powers of such a corporation and the special powers conferred upon it by this Act.

241. When the letters patent contain a misnomer, a misdescription or a clerical error, the Inspector General of Financial Institutions may, if there is no contestation, direct the letters patent to be corrected or cancelled, and corrected letters patent to be issued.

242. To amend the constituting instrument of a public institution, other than an institution to which paragraph 1 of section 68 refers, the Inspector General of Financial Institutions shall issue supplementary letters patent at the request of the Minister.

A notice of issuance of supplementary letters patent shall be published in the *Gazette officielle du Québec*.

DIVISION III

AMALGAMATION AND CONVERSION

243. The following institutions may amalgamate to form a public institution incorporated under this Act:

- (1) two public institutions;
- (2) a public institution and a private institution referred to in paragraph 3 of section 69 or in section 444;
- (3) two or more private institutions referred to in paragraph 2 of this section.

244. The following institutions may be converted into a public institution incorporated under this Act:

- (1) a public institution referred to in paragraph 1 of section 68;
- (2) a private institution referred to in paragraph 3 of section 69 or in section 444.

245. No institution may be amalgamated or converted except with its consent and on the conditions agreed upon, after consultation with the regional board, between the institution and the Minister.

246. The amalgamation or conversion shall be requested by a resolution adopted for that purpose by the board of directors.

The resolution shall indicate

- (1) the name of the new institution;
- (2) the place in Québec where the corporate seat of the institution will be situated;
- (3) the mission of the institution and, in the case of a rehabilitation centre or a hospital, the class to which it will belong;
- (4) any other condition, term or measure concerning the administration and operation of the institution which is consistent with this Act.

247. Where the amalgamation or conversion involves an institution referred to in paragraph 1 of section 68, paragraph 3 of section 69 or section 444, and where that institution owns all or part of the immovable assets used for its activities, the conversion or

amalgamation resolution must be approved by at least two-thirds of the votes cast by the members of the institution at a meeting called for that purpose.

248. Notwithstanding sections 245 to 247, the Government may, on a motion of the Minister, amalgamate two or more public institutions which do not own their immovable assets or whose immovable assets have been acquired out of funds derived for the greater part from government subsidies. The Minister shall propose such an amalgamation where, after consulting the regional board, he is of the opinion that the public interest warrants it.

The Minister shall publish in the *Gazette officielle du Québec* a notice of his intention to propose to the Government, 45 days after the publication of the notice, the amalgamation of the institutions and the issue of letters patent to that effect by the Inspector General of Financial Institutions.

After publication of the notice, the Minister shall give the institutions concerned the opportunity to present their views.

249. The new institution resulting from the amalgamation or conversion, under the name given to it by the letters patent, has all the rights, acquires all the property and assumes all the obligations of the amalgamated institutions or of the converted institution, and proceedings to which the latter are parties may be continued without continuance of suit.

DIVISION IV

INTEGRATION

250. A public institution may, within the scope of its objects and on the recommendation of the regional board, agree with another public institution to integrate the whole of its property, rights and obligations with those of that institution.

The integration agreement shall indicate the date on which the integrating institution shall take charge of the activities of the integrated institution, and make any necessary provision for the carrying out of the integration and for the management of the activities of the integrated institution.

The agreement must provide for the cancellation or amendment, as the case may be, of the constituting instrument of the integrated institution.

Each institution shall adopt the integration agreement by resolution of its board of directors. Section 247 applies, adapted as required, to the resolution.

251. The integration agreement must be submitted to the Minister for approval. The Minister shall transmit a copy thereof, duly signed, together with a certified copy of each of the resolutions made for its adoption and execution, to the Inspector General of Financial Institutions.

252. From the date of integration, the integrating institution acquires the rights and property of the integrated institution and assumes the obligations thereof.

DIVISION V

DISSOLUTION

253. The Inspector General of Financial Institutions may, at the request of a public institution referred to in paragraph 2, 3 or 4 of section 68 and with the authorization of the Minister, cancel the letters patent of the institution. The cancellation takes effect sixty days after publication of notice thereof in the *Gazette officielle du Québec*.

The institution is thereupon dissolved and its property devolves, after the payment of its debts and the performance of its obligations, to the Government or to a public institution designated by the Government.

TITLE II

COMMUNITY ORGANIZATIONS

254. In this Act, "community organization" means a legal person incorporated under an Act of Québec for non-profit purposes whose affairs are administered by a board of directors composed in the majority of clients of the organization or members of the community.

255. Any community organization which receives a subsidy under this Title shall be free to define its orientations, policies and approaches.

256. A regional board may, according to the eligibility and allotment criteria it determines in accordance with the applicable

budgetary rules, subsidize a community organization in one or other of the following cases:

(1) where it offers prevention, assistance and support services to persons in the region, including temporary lodging services included in a regional service organization plan of the regional board;

(2) where it engages in activities at the regional level to promote, raise awareness of and defend the rights and interests of its clients or the users of its health services or social services in the region.

257. The Minister may, in accordance with the applicable budgetary rules, subsidize

(1) community organizations committed to the defence of the rights or promotion of the interests of the clients of community organizations or the interests of users of health services or social services throughout Québec;

(2) community organizations committed to the promotion of social development, improvement of living conditions, prevention, or promotion of health throughout Québec;

(3) community organizations which engage in activities which respond to new needs, take new approaches or which are directed at specific groups of persons not provided for in the regional service organization plan of a regional board;

(4) provincial groups of community organizations.

258. Any community organization which receives a subsidy in cases covered by section 256 or 257 shall, at the times fixed by the regional board, hold public information meetings to which its clientèle and the users of its health services or social services are invited. It must present them with a report of its activities and a financial statement.

It must also transmit the report and financial statement to the authority from which it received a subsidy in the cases referred to in section 256 or 257.

PART III

COORDINATION, CONTROL AND REGULATION OF HEALTH SERVICES AND SOCIAL SERVICES

TITLE I

REGIONAL INSTITUTIONS

CHAPTER I

REGIONAL HEALTH AND SOCIAL SERVICES BOARDS

DIVISION I

STATUS AND OBJECTS

259. The Government shall establish, for each region it determines, a regional health and social services board.

260. The main object of a regional board is to organize, implement and evaluate, in the region, the health and social services programs prepared by the Minister.

The other objects of a regional board are

(1) ensuring public participation in the management of the public network of health services and social services and ensuring that user's rights are protected;

(2) establishing priorities in matters of health and welfare according to the needs of the population of the region and within the scope of the objectives fixed by the Minister;

(3) establishing service organization plans in its territory and evaluate the effectiveness of services;

(4) allocating the budgets intended for the institutions and granting subsidies to community organizations;

(5) ensuring the coordination of professionals in private practice, institutions, intermediate resources and community organizations and promoting their cooperation with other agents of community development;

(6) implementing measures for the protection of public health and for the social protection of individuals, families and groups;

(7) ensuring efficient management of the human, material and financial resources at its disposal.

261. The name of a regional board must include the expression "regional board" and indicate the region for which it is established.

262. A regional board is a corporation within the meaning of the Civil Code; it is vested with the general powers of such a corporation and the special powers conferred upon it by this Act.

DIVISION II

SPECIAL FUNCTIONS

§ 1.—*Functions in respect of the population and the rights of users*

263. To ensure public participation in the orientations and organization of health services and social services, the regional board shall

(1) see that mechanisms for public participation provided for in this Act, such as the formation of users' committees are implemented;

(2) see that the provisions concerning the appointment of members to boards of directors of institutions are observed;

(3) see that the regional assembly is formed and functions properly.

264. To ensure protection of the rights of users, the regional board must, in addition to the functions entrusted to it by sections 40 to 48, inform the public in its territory of the health services and social services available to them and of their rights and obligations in respect thereof.

265. The regional board shall ensure that each institution establishes and implements a complaint examination procedure.

§ 2.—*Functions relating to priorities and objectives in matters of health and welfare*

266. The regional board shall see to it that priorities are respected and that health and welfare objectives are reached. To that end, it shall

(1) ensure that the information on the health of the population in the region is up to date and accessible;

(2) identify the needs of the population for the preparation of regional services organization plans;

(3) each year determine regional priorities and submit them to the regional assembly for approval;

(4) inform the Minister of the needs of the population for the preparation of the health and welfare policy and health and social services policies and programs;

(5) assess, at intervals determined by the Minister, the effectiveness of the health services and social services, the extent to which the objectives pursued have been achieved and the extent to which users are satisfied with the services;

(6) prepare and implement, in accordance with the directives of the Minister, a program to assess the quality of the services offered by the institutions;

(7) carry out any specific mandate entrusted to it by the Minister.

§ 3.—*Functions relating to the organization of services*

267. A regional board must, in cooperation with the institutions and community organizations and any multi-disciplinary action groups in which they participate, develop and implement the regional health service organization plans required to respond to the needs of the population of the region, within the scope of its social and health resources, the financial resources set aside for that purpose and the linguistic and socio-cultural characteristics of its region.

These plans must be developed in keeping with health and social services programs, orientations and, where that is the case, policies of the Minister in that regard.

The plans must specify the contribution expected from each institution and each community organization in the territory in order to achieve the objectives formulated in the policy or program.

The plans must be submitted to the Minister for approval.

268. Each regional board, in cooperation with the institutions, and jointly with other regional boards, if pertinent, shall prepare a

program of access to health services and social services in the English language for English-speaking persons for the institutions it indicates, taking account of the organization and resources of such institutions.

The program of access must be approved by the Government.

§ 4.—*Functions relating to the allocation of financial resources*

269. Each regional board shall allocate the financial resources put at its disposal for the implementation and operation of the regional services organization plans developed for its region.

Each regional board shall be responsible, to the extent and on the conditions prescribed by the Minister in accordance with the applicable budgetary rules, for allocating the operating budgets of the public and private institutions under agreement of its region and for granting subsidies to the community organizations of its region in accordance with section 256.

The regional board shall also assume the management of funds relating to any special mandate entrusted to it by the Minister under paragraph 7 of section 266.

270. Each regional board must, in accordance with the rules determined by the Minister, ensure control over the budgets and subsidies allocated or granted under section 269.

§ 5.—*Functions relating to the coordination of health services and social services*

271. Each regional board shall coordinate the work of the institutions, community organizations and professionals in private practice of its region and promote joint action and cooperation between them for the purpose of ensuring rational utilization and equitable distribution of resources so as to take the complementarity of institutions, community organizations and private practice into account, eliminate duplication between them and allow the setting up of joint services.

272. A regional board shall cooperate with other bodies and agencies of the region, particularly municipalities, regional branches of government departments and socio-economic organizations, in activities conducive to improving the health and welfare of the population.

273. Each regional board shall establish, in accordance with the regulation, a regional system for the admission, discharge and

transfer of users to or from residential and extended care centres, rehabilitation centres for mentally impaired persons or for young people with social adjustment problems, as well as to or from related intermediate resources.

In implementing the system, the regional board shall take account of the linguistic and socio-cultural characteristics of the users.

274. The institutions referred to in section 273 must submit their admission and discharge criteria and their procedure for the transfer of users to the regional board for approval. However, the Minister may require that an institution, by reason of its special vocation, submit its criteria and procedure directly to him for approval. The Minister shall in that case obtain the opinion of the board.

275. Each regional board shall ensure that the institutions of the region carry out their functions of reception, assessment and referral of users, and that intermediate resources are developed in harmony with the capacity of the population concerned to accept them.

276. For the purpose of distributing emergency cases, the regional board shall

(1) approve admission criteria for and policies governing the transfer of users to centres operated by public institutions and private institutions under agreement;

(2) ensure that adequate operating standards of emergency services are adopted by the institutions or, if not, fix such standards;

(3) ensure that the institutions adopt and apply standards for the use and allocation of beds which are consistent with an adequate distribution of emergency cases or, if not, fix such standards;

(4) develop and implement a regional information system to monitor, on a daily basis, the situation in the centres operated by these institutions as regards the number and nature of registrations and admissions of users and their transfer and transport by ambulance.

277. For the purpose of ensuring greater coordination of the resources of institutions and of professionals in private practice and fostering greater cooperation among them, a regional board may grant accreditation to any physician in private practice who applies therefor.

Accreditation is issued to give effect to an agreement which may be entered into under the fifth paragraph of section 19 of the Health Insurance Act.

278. A physician may be accredited by the regional board provided he undertakes in writing

- (1) to practise in the centre designated by the regional board;
- (2) to participate in the programs of intervention determined by the board, in particular in the fields of prevention and home care;
- (3) to offer any other service determined by the board with a view to fulfilling the needs which, in its opinion, constitute priorities;
- (4) to cooperate with the other resources of the region for the purpose of ensuring availability of medical services at all times.

279. In accepting or refusing a physician's application for accreditation, a regional board shall take into account the number of physicians specified in the regional medical staffing plan prepared by the board under section 289 and approved by the Minister in accordance with that section.

Furthermore the board must ascertain the pertinence of the practice profile of the physician to the needs identified in the regional service organization plans referred to in section 267.

280. Accreditation shall be granted for a period of three years. It shall be renewed for the same period provided the physician fulfils the conditions of its issuance and the number of physicians specified in the regional medical staffing plan prepared by the regional board permits it.

281. The regional board may revoke or refuse to renew the accreditation of a physician who does not comply with an undertaking made under section 278.

282. Before revoking or refusing to renew the accreditation of a physician, the regional board must give the physician an opportunity to be heard.

§ 6.—*Functions relating to public health*

283. For the purpose of contributing to the protection of public health, each regional board shall

(1) manage the public health program in the same manner as the other programs determined by the Minister and, for such purpose, establish priorities, organize services and allocate resources;

(2) establish a public health department.

284. Each regional board shall appoint a public health director.

285. The public health director shall be responsible for

(1) informing the population on its general state of health and of the major health problems, the groups most at risk, the principal risk factors and of the interventions he considers the most effective;

(2) identifying situations which could pose a threat to the population's health and ensuring that the measures necessary for its protection are taken;

(3) ensuring the development of expertise in prevention and in the promotion of health so as to integrate such expertise into all of the programs entrusted to the regional board.

286. The director shall carry out any other mandate entrusted to him by the regional board.

287. The director must, without delay, inform the Minister of any emergency or of any situation posing a threat to public health.

§ 7.—*Functions relating to human, material
and financial resources management*

288. Each regional board shall draw up a regional human resources development plan in keeping with the orientations of the Minister and in cooperation with the institutions and organizations concerned, and see to its implementation. To that end, the regional board shall

(1) assist the institutions in preparing their plans of action if they so request, identify priority needs and promote the pooling of services related to personnel development and mobility;

(2) coordinate personnel development activities within the scope of the regional service organization plans;

(3) determine and coordinate personnel development activities for the members of the boards of directors of institutions;

(4) assist community organizations with regard to human resource development activities for their members.

289. Each regional board shall, in accordance with the regulations and in keeping with the expansion or reduction objectives identified by the Minister, prepare a regional medical staffing plan on the basis, particularly, of the organizational plan of each institution approved by it under sections 153 and 154 and the number of physicians to whom it has granted accreditation under section 290.

The regional plan must be reviewed at least every three years.

The regional plan, accompanied with the organizational plans used in preparing it and a copy of each accreditation granted, must be submitted to the Minister, who may approve it with or without amendments.

Where the Minister amends the regional plan, he shall inform the regional board and the institution of the amendments affecting its organizational plan, where such is the case.

290. Each regional board shall manage an annual envelope for the remuneration of the physicians of the region who are remunerated on a fixed-fee basis and salary basis.

291. Where the Minister so requests, the regional board shall advise him on the bases of remuneration and the organization of the practice of physicians practicing in the region which best correspond to the needs of the region.

To that end, it may establish a peer review committee. The committee may request the Régie de l'assurance-maladie du Québec to transmit to it, in non-nominative form, information on the profile of the individual or group practice of physicians practising in the region.

292. In the exercise of its functions or at the request of the Minister, the regional board may require from the institutions and community organizations in its region, in the manner and within the time prescribed by it or fixed by the Minister, as the case may be, any necessary information on their clienteles, the services requested and provided and the resources utilized.

It shall furnish the Minister with any information he requires on the allocation and utilization of the financial and material resources of the institutions and community organizations of its region.

293. Each regional board is responsible for examining the institutions' requests relating to material resources which must be submitted to it for advice or authorization in accordance with this Act or the regulations. It must reply to them with diligence.

294. Each regional board is also responsible for ensuring that the institutions of its region regroup for the joint procurement of goods and services. It may, if necessary, require institutions to participate in regional joint purchasing groups.

The regional board may, with the authorization of and on the conditions determined by the Minister, establish a corporation to supply services shared by the institutions of the region.

295. Once a year, every regional board must hold a public information meeting at which any public institution called to attend must answer the questions raised by the board in respect of its management.

296. Upon ascertaining that an institution or one or several members of a board of directors is or are in one of the situations described in paragraphs 3, 4 and 5 of section 396, a regional board shall inform the Minister thereof.

DIVISION III

OPERATING BUDGET AND REPORTS

297. The fiscal year of a regional board ends on 31 March each year.

298. On 1 April each year, the Minister shall transmit to each regional board its operating budget for the current fiscal year. Failing this, one-quarter of the budget for the preceding fiscal year shall be renewed at the beginning of each quarter of the fiscal year and shall remain in force until it is replaced by the budget for the fiscal year concerned.

In addition, the Minister may, if he considers it expedient, allocate a capital budget to a regional board on the conditions he determines.

299. A regional board shall assume, out of its operating budget, the expenses attributable to the functions exercised by the regional assembly. The provisions of section 85, adapted as required, apply to complementary activities organized by the regional board.

300. No later than 30 June each year, every regional board must file with the Minister a report of its activities for the year ending on the preceding 31 March. The report must include any information the Minister may prescribe. The report must have been approved by the regional assembly.

301. The Minister shall table the report of every regional board before the National Assembly within 30 days of its receipt or, if the Assembly is not in session, within 30 days after resumption.

302. Each regional board must also, not later than 31 July each year, file with the Minister an annual report of the activities of all of the institutions of its region for the year ended on the preceding 31 March. The report shall be made in the manner determined by the Minister and contain any information required by him.

303. Each regional board must provide the Minister, at his request and in the manner and within the time he determines, with any statement, statistics, report or other information that he requires with regard to the activities of the regional board or that he considers relevant to the carrying out of this Act.

304. The regional board is subject to sections 203 and 211 to 218, adapted as required, with respect to reports and audits that must be made.

305. Notwithstanding any legislative provision inconsistent herewith, any regional board may, with the authorization of the Minister and on the conditions he determines, take out any form of loans recognized by law.

At the request of the Minister, a regional board shall, either directly or through the financial institutions with which it does business, provide the Minister with any information on its financial position.

DIVISION IV

BOARD OF DIRECTORS

§ 1.—*Composition, tenure and qualifications of members*

306. The board of directors of a regional board shall consist of the following members:

(1) twenty members elected by the regional assembly from among its members, and chosen respectively from each of the four

groups of members referred to in the first paragraph of section 329 and according to the same distribution;

(2) the executive director of the regional board.

307. With the exception of the executive director, the term of office of elected members of a board of directors is three years. However, they shall remain in office until they are re-elected or replaced by the regional assembly.

The term of office of a member of the board of directors cannot be renewed more than once.

308. Sections 108, 109, 110, 111 and 121 apply, adapted as required, to the members of the board of directors of a regional board.

309. Any vacancy occurring less than one year after the election of a member of a board of directors shall be filled within a reasonable time in accordance with the mode of election prescribed for the election of the member to be replaced, but only for the unexpired portion of the term of office of that member.

Any vacancy occurring more than one year after the election shall be filled from among the members of the regional assembly for the unexpired portion of the term of office of the member to be replaced, by resolution of the members of the board remaining in office. If the board fails to fill the vacancy, the vacancy may be filled by the Minister.

Absence from the number of meetings of the board of directors determined by the internal rules of management constitutes a vacancy in the cases and circumstances indicated by the board.

§ 2.—*Chairman*

310. The members of the board of directors shall, each year, elect a chairman from among their number.

311. Sections 114 and 115 apply, adapted as required, to the chairman of the board of directors.

§ 3.—*Functions of the board of directors*

312. The board of directors of a regional board shall be responsible, in particular, for

(1) identifying priorities in relation to the needs of the population served and the services offered, in the light of the linguistic and cultural characteristics of the population and the sub-regional and socio-economic characteristics of the region, and establishing orientations in respect thereof;

(2) apportioning equitably the human, material and financial resources at its disposal;

(3) hiring the executive director and confirming the appointments of senior management officers;

(4) making an annual report of its activities to the regional assembly and to the Minister.

313. The members of the board of directors must act within the limits of the powers conferred on them, with the care, prudence, diligence and competence of any reasonable person in similar circumstances, with honesty and loyalty, and in the interest of the regional board and the population of the region for which the regional board is established.

314. Sections 131 and 132 apply, adapted as required, to a regional board.

§ 4.—*Operation*

315. The procedure for calling meetings of the board of directors shall be determined by by-law of the board.

The board of directors shall meet at least six times a year.

However, it must meet at the request of the chairman or at the written request of one-third of its members in office.

316. Sections 117 and 118 apply, adapted as required, to meetings of the board of directors.

317. Decisions of the board of directors are made by the majority vote of the members present.

In the case of a tie-vote, the chairman or, in his absence, the vice-chairman has a casting vote.

318. Sections 110 and 120 apply, adapted as required, to a regional board.

319. A regional board may, by by-law,

(1) set up the committees necessary for the pursuit of its objects;

(2) determine the composition, functions, duties and powers of the committees and their operating procedures, internal management rules and financing;

(3) determine the mode of appointment, qualifications, functions, duties and powers and the term of office of committee members and the dismissal procedure.

The by-law comes into force on the date of its approval by the Minister.

320. Sections 122, 124 and 125 apply, adapted as required, to the documents and records of a regional board.

DIVISION V

EXECUTIVE DIRECTOR AND OTHER MEMBERS OF THE MANAGERIAL STAFF

321. The members of the board of directors of a regional board shall appoint the executive director of the regional board.

322. The executive director is responsible, under the authority of the board of directors, for the management and operation of the regional board within the scope of its by-laws.

323. Sections 145 to 147 apply, adapted as required, to the executive director.

324. The executive director shall select and hire the personnel, including members of the managerial staff other than senior management officers, and make recommendations to the board of directors as to the hiring and appointment of senior management officers in accordance with the regulations under section 412.

325. Sections 163 and 164 apply, adapted as required, to the senior and middle management officers of a regional board and to persons holding positions therein.

CHAPTER II

REGIONAL ASSEMBLIES

326. A regional assembly shall be established for each region in Québec where the Government establishes a regional board.

327. The functions of a regional assembly are

(1) to elect the members of the board of directors every three years;

(2) to approve the list of regional priorities in matters of health services and social services which are submitted to it by the regional board;

(3) to approve the annual report of activities of the regional board.

328. The Minister shall fix the number of members of each regional assembly. The number may vary according to the regions, but may not exceed 150.

329. A regional assembly shall be composed as follows:

(1) 40 % of the members shall be persons elected by and from among the members of the boards of directors of the institutions of the region which represent the population or the users of the institutions;

(2) 20 % of the members shall be persons elected by and from among the members of the boards of directors of the community organizations of the region designated by the regional board which represent the clients of those organizations or the members of their communities;

(3) 20 % of the members shall be persons elected by the organizations of the region which the regional board designates as being the most representative of socio-economic groups and persons elected by other groups concerned with health or social services matters;

(4) 20 % of the members shall be persons elected by and from among the elected municipal representatives of each regional county municipality of the region or, in the case of an urban community, representatives of the municipalities forming part thereof.

Within 30 days of being formed, the assembly must proceed with the election of the members of the board of directors of the regional board.

330. The Minister may determine the number of members of each group referred to in subparagraphs 1 to 4 of section 329 in order to ensure that the institutions, organizations, groups and regional county municipalities are equitably represented.

331. The members of a regional assembly shall be designated every three years according to such procedure as is prescribed by regulation by the Minister.

The regulation must, in order to ensure a rotation of the members of a regional assembly, provide for the election of a third of the members referred to in each of paragraphs 1, 2, 3 and 4 of section 329 each year.

332. The following persons cannot be members of a regional assembly:

- (1) persons not residing in Québec;
- (2) minors;
- (3) persons employed by the Ministère de la Santé et des Services sociaux, a regional board, an institution, any other body or agency dispensing services related to the field of health or social services and persons employed by the Régie de l'assurance-maladie du Québec or receiving remuneration from the latter;
- (4) persons under tutorship or curatorship;
- (5) persons under close treatment or incapable of administering their property within the meaning of the Mental Patients Protection Act;
- (6) persons convicted of a crime punishable by three or more years of imprisonment, within the preceding five years;
- (7) persons forfeited of office as members of the board of directors of an institution or regional board within the preceding three years, pursuant to paragraph 2 of section 404;
- (8) persons convicted of an offence under this Act or the regulations within the preceding three years.

Scholarships, subsidies or sums of money paid under a research contract are not deemed to be remuneration for the purposes of subparagraph 3 of the first paragraph.

The prohibition enacted by subparagraph 3 of the first paragraph does not apply to persons referred to in subparagraph 4 of the first paragraph of section 329.

333. The term of office of a member of a regional assembly is three years.

334. A person ceases to be a member of a regional assembly upon ceasing to be qualified for election.

335. Any vacancy among the members of a regional assembly shall be filled within a reasonable time in accordance with the mode of election prescribed for the member to be replaced, but only for the unexpired portion of the term of office of that member.

336. Members of a regional assembly remain in office, notwithstanding the expiry of their term, until they are re-elected or replaced.

337. Each regional assembly shall establish its rules of internal management.

338. The members of a regional assembly shall elect a chairman and a vice-chairman from among their number.

In case of a tie-vote at a meeting of the members of the regional assembly, the chairman shall have a casting vote.

339. The members of a regional assembly shall not, as such, receive any remuneration; however, they are entitled to reimbursement of expenses incurred in the exercise of their functions on the conditions and to the extent determined by the Government.

TITLE II

THE MINISTER

CHAPTER I

MINISTERIAL FUNCTIONS

340. The Minister shall determine priorities, objectives and orientations in the field of health and social services and see that they are carried out. To that effect, he shall

(1) establish health and social services policies and programs, see that the policies and programs are implemented and applied by the regional boards, and that they are assessed;

(2) approve the priorities and regional organization of services submitted to him by each regional board;

(3) allocate human, material and financial resources equitably among the regions for the implementation of the programs, and monitor their utilization;

(4) grant accreditation to institutions, authorize projects involving major capital expenditures, coordinate research projects, and develop resource management frameworks;

(5) participate in the negotiation of agreements and collective agreements;

(6) ensure inter-regional coordination of health services and social services;

(7) take the measures that are best suited to ensure the protection of public health.

341. The Minister, in exercising his functions under this Act, may, notwithstanding any provision inconsistent herewith, to the extent and on the conditions fixed by the Government, implement any experimental project concerning the organization of the human or material resources of the institutions for the purpose of fostering integrated organization and provision of health services and social services.

He may, for the purposes set out in the first paragraph, enter into agreements with institutions or professionals.

342. The Minister may develop and propose to the regional boards policies relating to the joint procurement of goods and services for the institutions. He shall see to and coordinate the implementation of such policies.

The Minister may take any step to improve the effectiveness and efficiency of the institutions and limit expenditures relating to the acquisition of highly specialized medical equipment.

CHAPTER II

PERMITS

DIVISION I

ISSUE AND RENEWAL

343. No person may engage in activities inherent in the mission of a local community service centre, hospital, child and youth protection centre, residential and extended care centre or rehabilitation centre unless he is the holder of a permit issued by the Minister.

No person may, in any way, purport to be authorized to engage in activities inherent in the mission of a centre mentioned in the first paragraph unless he is the holder of a permit issued by the Minister.

344. No person may operate a facility or engage in an activity under a name or corporate name containing the words "local community service centre", "hospital centre", "hospital", "child and youth protection centre", "social services centre", "residential and extended care centre", "rehabilitation centre" or "reception centre" unless he is the holder of a permit issued by the Minister.

Nothing in the first paragraph shall prevent a foundation associated with an institution from using the name of the institution in its corporate name or the use of the words "veterinary hospital" in a name or corporate name.

345. The facilities of an institution may be identified by a name other than that of the institution.

However, no institution may operate a facility under a name other than that indicated on its operating permit for that facility, where such is the case.

346. The permit shall indicate the mission of every service centre operated by the institution, the class to which a rehabilitation centre or a hospital belongs, where applicable, and a list of the facilities at the disposal of the institution, and, where it applies, its capacity.

347. Every person applying for a permit must send his application to the regional board in accordance with the regulations. The person must possess the qualifications, fulfil the conditions and provide the information and documents prescribed by regulation.

After approving the application, the regional board shall transmit it to the Minister, who shall issue a permit if he is of the opinion that it is in the public interest.

348. A permit is granted for a period of two years ending on 31 March.

In the case of a first permit, the Minister may grant it for a period of less than two years ending on 31 March of the year in which all permits are renewed.

349. A permit shall be renewed for two years if its holder possesses the qualifications, fulfils the conditions and provides the information and documents prescribed by regulation.

When renewing a permit, the Minister may however, after consultation with the regional board, change the capacity indicated on the permit, if he is of the opinion that it is in the public interest. Before changing the capacity indicated on the permit, the Minister must give the permit holder an opportunity to be heard.

The decision of the Minister to modify the capacity indicated on the permit is final.

Every holder whose permit has been modified must take the necessary steps to comply with the changes made to the permit within six months of receiving his new permit.

DIVISION II

OBLIGATIONS OF PERMIT HOLDERS

350. The activities of a permit holder must be confined within the limits fixed in the permit.

351. No permit holder may assign or transfer his permit without the written authorization of the Minister.

DIVISION III

SUSPENSION, CANCELLATION AND REFUSAL OF RENEWAL

352. The Minister may suspend, cancel or refuse to renew the permit of any holder who

(1) has been convicted of an offence under this Act or the regulations or an indictable offence in connection with the performance of activities for which he holds a permit;

(2) is unable to ensure adequate health services or social services;

(3) is or is about to become insolvent;

(4) no longer fulfils the conditions required by regulation to obtain the permit.

353. Where a permit holder contravenes paragraph 2 of section 352, the Minister, instead of suspending, cancelling or refusing to renew the permit, may order the holder to take the necessary remedial measures within the time he fixes.

If the permit holder fails to comply with the Minister's order within the time fixed, the Minister may then suspend, cancel or refuse to renew his permit.

354. Where the Minister has reasonable ground to believe that a permit holder is contravening this Act or the regulations, he may accept a voluntary undertaking from the holder to comply with the Act and the regulations.

If the holder fails to comply with his undertaking, the Minister may then suspend, cancel or refuse to renew his permit.

355. Before suspending, cancelling or refusing to renew a permit, the Minister shall give the holder notice thereof and an opportunity to be heard. The permit holder must give indication in writing of his intention to be heard within fifteen days of receiving the notice. That time limit is peremptory and extinguishes the right of appeal.

Where the Minister suspends, cancels or refuses to renew a permit, he shall notify the holder in writing, giving the reasons on which his decision is based.

356. A permit holder whose permit is suspended or cancelled or whose application for renewal is rejected may appeal from the Minister's decision to the Commission des affaires sociales

(1) if the reasons of fact or law invoked in support of the decision are clearly erroneous;

(2) if the procedure followed is affected by gross irregularity;

(3) if the decision has not been rendered impartially.

357. Within one month from service of the declaration of appeal, the Minister shall transmit the relevant part of the record concerning the decision appealed from to the clerk of the Commission des affaires sociales.

DIVISION IV

OPERATION WITHOUT A PERMIT

358. Where, in a facility, activities for which a permit is required under section 343 are carried on without a permit, the Minister may proceed with the evacuation and relocation of any persons provided with lodging in that facility, if that is the case.

Before so doing, the Minister shall serve his decision giving the reasons therefor on the person maintaining the facility.

From receipt of the Minister's decision, the person shall not, except in medical emergencies or with the written authorization of the Minister, allow the transfer of the persons lodged in the facility whose names appear in a list appended to the Minister's decision giving reasons.

359. A person maintaining a facility to which section 358 applies may, on grounds listed in section 356, appeal from the Minister's decision to the Commission des affaires sociales, within 10 days after receiving it.

That time limit is peremptory and entails forfeiture.

Notwithstanding section 22 of the Act respecting the Commission des affaires sociales (R.S.Q., chapter C-34), the Minister cannot proceed with the evacuation and relocation of persons lodged in a facility to which section 358 applies before the expiry of the time limit or, where an appeal has been brought, before the Commission renders its decision.

CHAPTER III

ACCREDITATION OF CERTAIN PRIVATE RESOURCES FOR
FUNDING PURPOSES

360. With a view to allowing people with decreasing autonomy to receive various health services or social services, the Minister may grant a financial allowance to a private residence providing lodging services or to a private institution not under agreement which operates a residential and extended care centre; the allowance may vary according to the type of services offered.

361. Only a person to whom accreditation has been granted under this chapter may receive a financial allowance under section 360.

362. Any person who satisfies the requirements determined by the Minister and who applies for accreditation on the form provided by him is eligible therefor.

363. Before granting accreditation, the Minister shall obtain the advice of the regional board.

He may subject the granting of accreditation to the conditions he determines.

364. Accreditation granted by the Minister remains in force as long as the person to whom it was granted complies with this Act, satisfies the requirements and fulfils the conditions determined by the Minister.

The Minister may, however, grant accreditation for a determined period, or temporary accreditation, whenever he considers it necessary.

365. Every person to whom accreditation has been granted must, prior to the fact, inform the regional board and the Minister in writing of any change of address of the residence or centre, of any alienation of assets or shares or of any transaction which entails ineligibility.

366. The Minister may cancel accreditation at the request of the person to whom it was granted or suspend or revoke it where the person no longer fulfils the conditions prescribed by this Act or the requirements or conditions determined by the Minister.

Before deciding to suspend or revoke an accreditation, the Minister must give the person concerned an opportunity to be heard and seek the advice of the regional board.

367. The Minister must give notice of his decision in writing, giving the reasons therefor, to the person whose accreditation is suspended or revoked.

368. No person may use the terms "accredited residence" or "accredited institution", or associate the notion of accreditation with a residence or institution, unless he has been granted accreditation under this Act.

CHAPTER IV

FUNDING OF SERVICES

369. The Minister shall see to it that the resources necessary for funding the health and social services system are allocated equitably among the regions, according to the population they serve and their social and health characteristics.

He shall establish resource allocation mechanisms in order to allow the regional boards to implement the programs for which they are responsible and to manage the related resource envelope.

He shall approve the regional services organization plan and the financial resource allocation plan submitted to him by each regional board.

370. Each year, after consultation with the regional boards, the Minister shall establish budgetary rules to determine the amount of operating and investment expenditures which is eligible for subsidies to be granted to regional boards in the form of a comprehensive envelope for each program.

In the budgetary rules, the Minister must provide for the payment of subsidies intended to eliminate inter-regional disparity.

The budgetary rules shall also provide for the amount of debt service expenditures which is eligible for subsidies to be granted to public institutions and the amount of subsidies to be granted to other persons and organizations eligible therefor who or which fulfil a special obligation pursuant to this Act or under an agreement entered into in accordance with this Act.

The budgetary rules established by the Minister must be submitted to the Conseil du trésor for approval.

371. Each year, the Minister shall establish special budgetary rules for the regional boards with respect to their management, the allocation of budgets to institutions and the granting of subsidies to the community organizations to which this Act applies.

372. The budgetary rules referred to in sections 369 and 370 may provide that the granting of a subsidy may be made

(1) on the basis of general standards applicable to all those eligible or on the basis of special standards applicable to only some of them;

(2) subject to general conditions applicable to all those eligible or to special conditions applicable to only one or some of them;

(3) subject to authorization by the Minister;

(4) to only one or some of those eligible.

373. The budgetary rules may also deal with

(1) the use of the revenue that may be collected and the financial contributions that must be demanded pursuant to this Act, and the effect thereof on the calculation or payment of subsidies;

(2) the frequency of instalments and other terms and conditions of payment of a subsidy.

CHAPTER V

FUNDING OF CAPITAL EXPENDITURES

374. The Minister may, on the conditions he determines, grant a subsidy on behalf of the Government to any regional board or public institution to provide, out of the funds voted annually for such purpose by Parliament, for the total or partial payment in principal and interest of any loan contracted or to be contracted by the regional board or public institution.

The regional board or public institution must allocate the proceeds of the loan referred to in the first paragraph to the payment of capital expenditures and related debt service, the repayment of loans made for the purposes of such expenditures or the payment of costs and expenses related to the said loan.

The Minister may deposit with the Minister of Finance, to be managed by him, all amounts intended as funds for the capital of a loan contracted by the regional board, the public institution or the Corporation d'hébergement du Québec to constitute a sinking fund for the repayment out of these sums, on the dates specified in the loan, of the capital of the loan and, out of the proceeds or revenues of the fund, the loans of any regional board or public institution or of the Corporation.

375. The Minister may withhold or cancel the whole or part of the amount of a subsidy intended for a regional board, a public institution, a private institution under agreement or a community organization where it refuses or neglects to comply with a provision of this Act or the regulations applicable to it.

The Minister cannot, however, withhold or cancel a subsidy granted under section 374 for the payment in capital and interest of any duly authorized loan obtained by a regional board or public institution.

376. The Minister may, on the conditions he determines, assume the performance of any obligation of the Corporation d'hébergement du Québec, which is incorporated for exclusively charitable purposes, or grant, on behalf of the Government, a subsidy of the same nature as that of a subsidy under section 374 to provide for the payment of any loan obtained by that Corporation, where the loan or obligation is obtained or undertaken, directly or indirectly, for one or other of the following purposes:

(1) to acquire, build or convert an immovable used or to be used by an institution, a regional board or any other person, association or corporation specially designated by the Minister;

(2) to administer and maintain such an immovable and acquire or procure, by supply contract, the required furnishings and equipment and all other services which may be required;

(3) to finance such activities.

The Minister may also determine which members of the personnel of the Ministère de la Santé et des Services sociaux will be assigned to the operation of the Corporation d'hébergement du Québec, and provide the Corporation with the equipment and premises needed for its operations.

377. The provisions of section 185, paragraph 3 of section 188 and section 189, adapted as required, apply to any operation involving

immovables carried out by the Corporation d'hébergement du Québec for the purposes of an institution.

378. Not later than 30 June each year, the Corporation d'hébergement du Québec must make a report of its activities for the preceding fiscal year to the Minister; the report must also contain all the information that the Government or the Minister may prescribe.

In addition, the Corporation must provide the Minister with any information he requires on its operations.

379. The books and accounts of the Corporation d'hébergement du Québec shall be audited each year by the Auditor General and also whenever the Government so orders; the audit reports must be attached to the annual report of the Corporation.

380. After consulting the regional board, the Minister may, if he considers it in the public interest and justified by the needs of a region, enter into an agreement with a private institution for either of the following purposes:

(1) compensation for the health services and social services it provides under the agreement, at a rate fixed by the Government for any class of centres or services it designates;

(2) full or partial reimbursement for expenditures eligible for subsidies under the budgetary rules referred to in section 371.

381. The Minister, with the approval of the Conseil du trésor and on the conditions it determines, may negotiate and accept terms and conditions applicable to all funding agreements entered into under paragraph 2 of section 380 and, saving the exceptions prescribed by the Minister, to all private institutions under the agreement.

382. In order to ensure the uniform administrative and financial management of public and private institutions under agreement and of regional boards, the Minister shall publish and keep up to date a financial management manual.

CHAPTER VI

MATERIAL AID AND ASSISTANCE TO PERSONS

383. The Minister, a regional board or an institution designated for such purpose by the Minister, or an organization authorized by Government order, may provide material or financial assistance for either of the following purposes:

(1) to lodge any person who is the victim of violence, vagrant or homeless;

(2) to maintain a person in his home.

He or it may also provide any other form of assistance determined by the Government to such persons, such as maintenance or transportation allowances or other allowances or payments for which the person is not eligible under another Act.

384. Where assistance is granted to a person under section 383, an assessment shall be made, in the cases prescribed by government order, to determine whether the person is in need of assistance.

The assessment shall be made by comparing the income and assets of the person with the cost of his needs on a monthly basis. The income and assets of the person taken into account for the assessment shall be those determined in the government order made under section 385.

385. The Government shall determine by order

(1) the cases in which an assessment must be made to determine whether a person is in need of assistance;

(2) the income and assets to be taken into account, or excluded, in determining a person's financial situation;

(3) the amounts which may be paid and the goods and services which may be furnished to a person as material and financial assistance;

(4) the contribution exigible from persons and the exemptions which may be granted to them.

Every order made under this section shall be published in the *Gazette officielle du Québec*.

386. Emergency lodging services shall include lodging, feeding and providing assistance and various support services to a person whose physical or mental security is compromised and who, due to that fact, is in need of such services.

387. Amounts of money paid under this chapter for emergency lodging services shall be deemed to be made to cover payment for the cost of lodging and of services rendered to persons recognized as being in need of assistance under the provisions of this division.

388. Amounts of money paid since 1 August 1974 to persons in need by institutions or organizations, in the form of allowances or premiums, to foster attendance of the institution or organization or continued participation in a rehabilitation program, shall be deemed to have been provided under section 383.

389. Aid granted under this chapter is unassignable and unseizable. Such aid must be used for the purposes for which it was granted and shall not be taken into account when benefits, allowances or income replacement benefits are granted or calculated under any other legislative or regulatory provision.

CHAPTER VII

REGULATIONS

390. The Minister may, with the approval of the Conseil du trésor, make regulations applicable to institutions and regional boards, and to the Corporation d'hébergement du Québec respecting the standards, conditions and procedure to be observed for procurement, joint purchases and mandates given for that purpose, franchising of services, construction of immovables, alienation of property, leasing of immovables and contracts related to such matters.

391. The Minister, in making regulations under section 390, may determine cases where his approval or that of the regional board is required.

For the purposes of the regulations, the Minister may, in addition, prescribe and issue model contract forms or other standard documents.

392. The Government may, if it considers it warranted by exceptional circumstances, such as full funding by private sources, or where major financial, scientific or technological repercussions on the activities of an institution are at stake, permit the Minister to exclude a project involving the construction of an immovable from the application of all or some of the provisions of a regulation made under section 390.

The order may, however, establish other specific terms and conditions for the carrying out of the project concerned.

393. The Minister may make regulations to determine the procedure for calling and holding the public meeting which a regional

board is required to hold, and the procedure which must be observed for the appointment of the members of a regional assembly.

394. The Minister may determine, in each regulation he makes under this chapter, the provisions of that regulation the contravention of which shall constitute an offence.

CHAPTER VIII

SUPERVISORY POWERS

DIVISION I

INSPECTION

395. A person authorized in writing by the Minister to make an inspection may at any reasonable time enter any premises in which he has reason to believe that operations or activities for which a permit is required by law are carried on, or any centre, in order to ascertain whether this Act and the regulations are being complied with.

Such person may, during an inspection,

(1) examine and make a copy of any document relating to the activities carried on in those premises or that centre;

(2) demand any information relating to the application of this Act and the production of any document connected therewith.

Every person having custody, possession or control of such documents must, on request, make them available to the person making the inspection.

Any person making an inspection must, if so required, produce a certificate signed by the Minister attesting his quality.

DIVISION II

PROVISIONAL ADMINISTRATION

396. The Minister may, for a period not exceeding 120 days, assume the provisional administration of a public institution,

(1) where the institution no longer holds a permit, no longer satisfies the conditions required for obtaining a permit, or if its permit has been cancelled in accordance with this Act;

(2) where the institution's permit has been suspended for failure to comply with an order of the Minister directing that certain remedial measures be taken within the time fixed under section 353;

(3) where the institution indulges in practices or tolerates a situation which could endanger the health or welfare of persons whom the institution receives or could receive or which are inconsistent with the pursuit of the mission of the centre it operates;

(4) where he considers that there has been a serious fault, such as embezzlement, breach of trust or other misconduct by one or more members of the board of directors or if the board is seriously remiss in the performance of its obligations under this Act, such as incurring expenditures not provided for in the budget of an institution or not specially authorized in accordance with this Act;

(5) or where the institution has failed to obtain the authorization provided for in section 82.

The first paragraph applies, adapted as required, to private institutions under agreement.

397. The Minister may also assume the administration of a regional board for a period not exceeding 120 days where he considers that there has been a serious fault, such as embezzlement, breach of trust or other misconduct by one or more members of the board of directors or where the board is seriously remiss in the performance of its obligations under this Act.

398. The period of 120 days may be extended by the Government for any length of time it determines, up to 90 additional days.

399. Where the Minister assumes provisional administration of an institution or a regional board, he shall make a preliminary report of his findings to the Government as soon as possible, together with his recommendations.

400. Before submitting his preliminary report to the Government, the Minister shall give the institution or the regional board, as the case may be, an opportunity to present its views. The Minister shall attach to his report a summary of the representations made to him.

401. Where the Minister assumes provisional administration in accordance with this division, the powers of the members of the board

of directors of the public institution or regional board, or those of the director or the members of the board of directors of the private institution under agreement, as the case may be, are suspended and the Minister shall exercise their powers.

402. No natural or legal person who, under the authority of the Minister, assumes provisional administration of an institution or regional board, as the case may be, may be prosecuted for any act performed in good faith in the performance of his or its functions.

TITLE III

THE GOVERNMENT

CHAPTER I

ADMINISTRATIVE MEASURES

403. The Government may, where the preliminary report made by the Minister pursuant to section 399 confirms the existence of a situation described in section 396 or 397,

(1) attach such restrictions and conditions to the permit of the institution as it deems appropriate;

(2) prescribe the time by which any situation described in section 396 or 397 must be remedied;

(3) order the Minister to continue his administration or to relinquish it and not to resume it unless the institution or the regional board, as the case may be, fails to comply with the conditions imposed by the Government pursuant to subparagraph 1 or 2.

The Government shall, in addition, order the Minister to make a final report to it upon ascertaining that the situation described in section 396 or 397 has been corrected or that it will not be possible to correct it.

404. After receiving the final report of the Minister, the Government may take one or several of the following measures:

(1) terminate the provisional administration on the date it fixes;

(2) declare the members of the board of directors of the public institution, the members of the regional board or the members of the board of directors or the director of a private institution under agreement, as the case may be, forfeited of office and provide for the appointment or election of their replacements;

(3) exercise any power conferred upon it by section 403.

405. The Government may designate a person who shall be responsible for ensuring that the public funds put at the disposal of an institution or regional board which does not exercise adequate budgetary control are properly used.

Every person performing administrative duties within the institution or regional board is bound to submit to the controller's directives, within the limits of the powers assigned to him.

No undertaking may be entered into on behalf of the institution or regional board nor any disbursement made without the countersignature of the controller. Any agreement made in contravention of this paragraph is null.

406. The Government may designate a person entrusted with the responsibility of investigating any matter pertaining to the quality of health services or social services and to the administration, organization and operation of an institution or regional board.

The investigator is vested, for the purposes of the investigation, with the immunity and powers of a commissioner appointed under the Act respecting public inquiry commissions (R.S.Q., chapter C-37), except the power to impose imprisonment.

407. In addition to the powers referred to in sections 405 and 406, the Government may order that some or all of the powers of the board of directors of a public institution or of a regional board or of the director or board of directors of a private institution under agreement, as the case may be, be suspended for a period of not more than six months and appoint a person who shall exercise the powers thus suspended.

The Government may extend the suspension and the term of office of the director it has appointed for a period of not more than six months.

408. The administrator appointed by the Government may, subject to the rights of third persons in good faith, annul a decision taken before his appointment under the powers which have been suspended.

He cannot be prosecuted for an act performed in good faith in the performance of his functions.

409. The Government shall determine each year the number of positions available in the post-doctoral medical training programs. This number includes

- (1) the general practice or family medicine training positions;
- (2) the other training positions required for one or another of the specialties recognized by regulation under the Medical Act (R.S.Q., chapter M-9).

In order to foster what it considers a rational distribution of medical resources among the regions, the Government may each year authorize certain of the positions provided for in subparagraph 2 of the first paragraph, on the condition that the trainees agree to sign an agreement, which may contain a penal clause, to practise for a period not exceeding four years in the region or institution determined by the Minister. These positions cannot exceed 25 % of the number of positions intended for new trainees among the total number of positions provided for in subparagraph 2 of the first paragraph.

Where a position referred to in the second paragraph has not been filled, it automatically becomes a general practice or family medicine training position to which no agreement to practise in a particular region or institution is attached.

The Government may also, if it deems it appropriate, authorize certain additional training positions in post-doctoral medical training programs intended for graduate students of a university or school situated outside Canada or the United States on the condition that the trainees agree to sign an agreement, which may contain a penal clause, to practise for a period not exceeding four years in the region or institution determined by the Minister.

The number of the positions referred to in the second paragraph shall be determined after the Minister has consulted the Corporation professionnelle des médecins du Québec, the deans of the faculties of medicine in Québec and the regional boards of the regions where the trainees are to practise.

CHAPTER II

REGULATIONS

DIVISION I

ADMINISTRATION OF THIS ACT

410. The Government may, by regulation,

(1) determine which centres must provide emergency services to users requiring such services and, where required, determine the care and services included in emergency services, and fix the maximum period for which a user may occupy a bed in an emergency service;

(2) fix the minimum amount of liability insurance that a physician or dentist is required to hold under section 183;

(3) determine the conditions and measures of hygiene and safety which must be maintained or taken, as the case may be, in an institution;

(4) determine the by-laws a regional board or an institution may or must adopt;

(5) determine the information which must be contained in the report of activities and the financial report which must be presented by a regional board or public institution when holding its public information meeting, and the form in which they must be presented;

(6) prescribe the procedure for setting up regional admission systems referred to in section 273, and determine the function and minimum components of such a system;

(7) determine the form of the regional medical staffing plan drawn up by a regional board, the items it must contain and the methods or rules according to which it must be prepared;

(8) determine, for the purposes of the regional medical staffing plan or of the part of an organizational plan which concerns the medical and dental staff, the methods or rules for determining the size of the medical or dental staff, which may vary according to the regions, the mission of the centres or the classes of rehabilitation centres or hospitals, and according to the activities carried on therein;

(9) determine the form and tenor of an application for the issue or renewal of a permit, the qualifications required of the applicant, the conditions he must fulfil and the information and documents he must provide;

(10) determine the cases and circumstances in which an institution may pay or grant a sum of money or a direct or indirect benefit to a physician in the performance of his functions;

(11) determine standards governing the compilation and keeping of users' records, the particulars and documents they contain as well as access to and transfer of such records;

(12) determine the classes of users for whom an intervention plan or an individualized service plan must be prepared;

(13) determine the conditions and procedure of registration, enrolment, admission, transfer or discharge for the users of an institution;

(14) prescribe the amount of administration costs that an establishment may require of a user for the provision, in a hospital, of services also available in a local community service centre or in a private practice facility;

(15) determine the number of users who may be lodged in a facility maintained by an institution referred to in paragraph 3 of section 69.

411. The Government may, by regulation applicable to hospitals and, where pertinent, to residential and extended care centres,

(1) determine the tenor of the form that must be completed by a physician, dentist or pharmacist in applying for privileges;

(2) determine the procedure according to which disciplinary measures may be taken by the board of directors with regard to a physician, dentist or pharmacist.

412. The Government may, by regulation, determine the standards and scales which must be used by regional boards, public institutions and private institutions under agreement for

(1) the selection and appointment of and the remuneration and other terms of employment applicable to executive directors and senior and middle management officers and physicians and dentists discharging medical administrative functions for an institution;

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

The Government may establish by regulation, for persons referred to in subparagraphs 1 and 2 of the first paragraph who are not governed by a collective agreement or for physicians, dentists or pharmacists practising in a centre operated by an institution, a procedure of appeal for cases of dismissal, non-renewal or termination of employment other than cases arising from proceedings for forfeiture of office or for the case where a physician, dentist or pharmacist is not satisfied with a decision rendered in his respect in

any of the cases provided for in section 178. 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, it may prescribe a method for the designation of an arbitrator and the measures the arbitrator may take after having heard the parties.

413. The Government may, by regulation, for any region it indicates, designate from among the institutions recognized under paragraph *f* of section 113 of the Charter of the French language (R.S.Q., chapter C-11) those which are required to make health services and social services accessible in the English language to English-speaking persons.

414. The Government may determine, in each regulation made under this chapter, the provisions of that regulation the contravention of which shall constitute an offence.

DIVISION II

STANDARDS RELATING TO USERS' CONTRIBUTIONS

415. The Government shall determine, by regulation, the contribution that may be required of users lodged in a facility maintained by a public or private institution under agreement, including any intermediate resource of a public institution, or taken in charge by a family-type resource.

The regulation shall also determine the amount of personal expense allowance which must be left at the disposal of the user each month.

416. The amount of the contribution may vary according to the circumstances or needs identified by regulation.

The contribution shall be required by an institution or by the Minister. The users themselves are bound to pay it; however, in the case of a user who is a minor, the contribution may be required of his father, mother or any other person determined by regulation; in the case of a married user, the contribution may be required of the spouse and, in the case of a member of a religious community, the contribution may be required of the community.

417. The Minister or an institution designated by regulation may, at the request of a person of whom payment of a contribution

is required, exempt such person from paying the contribution, in accordance with the terms and conditions and in the circumstances determined by regulation.

418. The Government may, in a regulation made under sections 415 to 417,

(1) prescribe the automatic indexing of all or part of the amounts fixed in the regulation, according to the index provided therein;

(2) prescribe a financial contribution which varies according to whether the user or person of whom payment of the financial contribution may be required is or is not resident in Québec, and define, for that purpose, the expression "resident in Québec".

419. A user or any person of whom payment of a financial contribution may be required must not, in the two years preceding the moment when the user was provided with lodging or taken in charge, have renounced his rights, or alienated property or liquid assets without due consideration, or have squandered such property or assets with the intention of making himself eligible for an exemption from payment or in such a way that he would be required to pay a lower contribution than what he would otherwise have been required to pay.

Where provisions of the first paragraph are violated, the Minister or the institution referred to in section 417 may, to the extent and on conditions prescribed by regulation, institute proceedings for the recovery of the value of the rights, property or liquid assets by which a third person has benefited as a result of the renunciation, alienation or squandering, after subtracting the just consideration paid by the third person, and he or it may also take any other measure provided for by such a regulation.

420. Any person may appeal to the Commission des affaires sociales from any decision respecting the exemption from payment applied for under section 417.

421. No institution which operates a rehabilitation centre for young persons with adjustment problems may use sums derived from the consolidated revenue fund to provide services to children or adolescents who have not been referred to it by an institution operating a child and youth protection centre or under the Youth Protection Act or the Act respecting young offenders.

When a young person is placed in accordance with the Act respecting young offenders, the contribution for a user who is a minor

established according to section 416 shall apply, and any person of whom it may be required is bound to pay it if not exempt therefrom under sections 417 and 420.

422. The contribution of a user is payable each month in a single payment.

It bears interest at the rate fixed by the Government in accordance with section 28 of the Act respecting the Ministère du Revenu (R.S.Q., chapter M-31).

No institution may waive payment of a user's contribution or of the interest.

423. All proceedings for the recovery of a user's contribution are prescribed by three years from the date on which it became payable.

PART IV

PENAL PROVISIONS

424. Every person who contravenes a provision of this Act or a regulatory provision referred to in section 394 or 414 is guilty of an offence and is liable to a fine of \$250 to \$1 150 in the case of a natural person or to a fine of \$575 to \$5 750 in the case of a legal person.

Notwithstanding the first paragraph, every executive director, senior management officer or middle management officer of a public institution who contravenes section 198 is guilty of an offence and is liable to a fine equal to twice the sum of money or value of the benefit he received.

425. Every person who omits or refuses to provide the information, reports, or other documents required to be communicated under this Act is guilty of an offence.

426. Every person who knowingly provides the Minister, the Inspector General of Financial Institutions or any other person with information, reports or other documents required to be communicated under this Act which are false or misleading is guilty of an offence.

427. Every person who omits or refuses to keep a book or register required under this Act or to make a required entry therein is guilty of an offence.

428. Every person who hinders the performance of the duties of a person making an inspection, investigation or examination under this Act is guilty of an offence.

429. Where a legal person is guilty of an offence against this Act or a regulation, any director, employee or agent of the legal person who has prescribed or authorized the commission of the offence or assented thereto or acquiesced or participated therein is deemed a party to such offence.

430. Every person who, through his act or omission, helps another person to commit an offence may be convicted of the offence as if he had committed it himself, if he knew or should have known that his action or omission would as a probable consequence assist in the commission of the offence.

431. Every person who, by encouragement, advice or order, induces another person to commit an offence may be convicted of the offence as if he had committed it himself, as well as of any other offence committed by the other person as a result of the encouragement, advice or orders, if he knew or should have known that such encouragement, advice or orders would have as a probable consequence the commission of the offence.

432. Proceedings instituted under this title are brought by the Attorney General or by any person generally or specially authorized by him in writing for that purpose.

PART V

CONTINUANCE OF LEGAL PERSONS

CHAPTER I

PUBLIC INSTITUTIONS

433. Every establishment incorporated under the Act respecting health services and social services (R.S.Q., chapter S-5) or resulting from an amalgamation or conversion made under the said Act is continued and is deemed, from (*insert here the date of coming into force of this section*) to be an institution incorporated under this Act.

The rights, obligations and acts of the institution are not affected by the continuance. They remain in force and retain their effect to the extent that they are consistent with this Act.

434. If the continued establishment operated a hospital centre for short term care, it is deemed to have as its object, from the date of continuance, the carrying on of activities inherent in the mission of a hospital belonging to one or another of the classes listed in section 59 and determined by the Minister.

435. If the continued establishment operated a hospital centre for long term care or a shelter centre, it is deemed to have as its object, from the date of continuation, the carrying on of activities inherent in the mission of a residential and extended care centre within the meaning of this Act.

436. If the continued establishment operated a rehabilitation centre, it is deemed to have as its object, from the date of continuation, the carrying on of activities inherent in the mission of a rehabilitation centre belonging to one or another of the classes listed in section 60 and determined by the Minister.

437. If the continued establishment operated a social services centre, it is deemed to have as its object, from the date of continuation, the carrying on of activities inherent in the mission of a child and youth protection centre within the meaning of this Act.

438. In order to effect the modifications consequent upon the application of sections 434 to 437, supplementary letters patent shall be issued in accordance with section 242.

439. A public institution referred to in paragraph 1 of section 68 shall continue its activities under this Act from (*insert here the date of coming into force of this section*) and is deemed to have as its object, from that date, the carrying on of activities inherent in the mission of one or more than one of the centres mentioned in paragraphs 1 to 5 of section 53.

Sections 434 to 437, wherever pertinent, apply to such institutions, adapted as required.

440. Any provision of the constituting instrument of an institution referred to in section 439 that is inconsistent with a provision of this Act is inoperative and deemed to have been replaced, from (*insert here the date of coming into force of this section*) by the corresponding provision of this Act, until supplementary letters patent have been obtained by the institution, where such is the case.

441. Notwithstanding any inconsistent legislative provision, the Inspector General of Financial Institutions may, upon an

application by the institution referred to in section 439 and with the written authorization of the Minister, issue supplementary letters patent to replace the provisions of the constituting instrument of the institution by the corresponding provisions of this Act or to repeal provisions of those constituting instruments for which there is no corresponding provision in this Act.

The Inspector General shall publish the supplementary letters patent in the *Gazette officielle du Québec*, with a notice indicating the date on which they come into effect.

442. Where an institution to which section 441 applies has been incorporated by a special Act, the Québec Official Publisher must insert in the annual compilation of the statutes of Québec a table indicating the date of coming into force of the supplementary letters patent issued before its printing and the legislative provisions which they replace or repeal.

443. The application referred to in section 441 must be signed by the executive director and by the secretary of the institution. It must be supported by a by-law passed by the board of directors. In the case of an institution referred to in section 247, the by-law must also be approved in accordance with that section.

444. Notwithstanding paragraph 1 of section 68, an institution holding a permit on (*insert here the date of coming into force of this section*) and constituted as a non-profit organization before 1 January 1974, remains a private institution where any sums it receives which are derived from the consolidated revenue fund do not cover more than 80 % of the net amounts it would receive for its current operating expenditures if it were a public institution.

445. Subject to the provisions of section 492, public institutions continue to be administered by the boards of directors established under the Act respecting health services and social services (R.S.Q., chapter S-5), until they are replaced by boards of directors established under this Act.

446. Notwithstanding sections 88, 126, 440 and 445, a public institution referred to in paragraph 1 of section 68 which carries on activities inherent in the mission of a residential and extended care centre, on (*insert here the date of coming into force of this section*) is represented and has its affairs administered by the board of directors formed according to its constituting instrument, if it fulfils the following conditions:

(1) the corporation is a religious community or a corporation established under the Act incorporating that religious community or under a special Act which applies to it;

(2) the immovable assets used for the activities of the institution were the property of such a corporation on 21 December 1977;

(3) it has been given the written authorization of the Minister to that effect.

Nevertheless, the board of directors remains subject to other regulations consistent with this Act and the regulations respecting the board of directors of a public institution.

CHAPTER II

HEALTH AND SOCIAL SERVICES COUNCILS

447. Subject to the provisions of section 492, every health and social services council in existence on (*insert here the date of coming into force of this section*) is continued under this Act in its territory and is, from that date, a regional board established under this Act.

448. Notwithstanding section 306, the members of the board of directors of a regional board referred to in section 447 remain in office until the new board of directors of that regional board has been formed in accordance with the provisions of this Act.

449. The regional board shall exercise all the functions that are assigned to it by this Act. However, it shall exercise the functions relating to the implementation of health and social services programs only from the time jurisdiction over such programs is assigned to it by the Minister.

PART VI

AMENDING AND FINAL PROVISIONS

CHAPTER I

LEGISLATIVE AMENDMENTS

CIVIL CODE OF LOWER CANADA

450. The Civil Code of Lower Canada is amended by inserting, after article 19.1, the following articles:

“19.1.1 In case of emergency, consent to medical care is not required if the person’s life is in danger or his integrity at risk and where his consent is not obtainable in due time.

However, consent is necessary where the care contemplated is unusual or useless and its consequences may be intolerable for the person.

“19.1.2 Consent to medical care required by the state of health of a minor is given by the person having parental authority or by his tutor.

A minor fourteen years of age may nevertheless consent alone to the care. If his state requires that he remain in a health or social services institution for over twelve hours, the person having parental authority or his tutor must be informed of that fact.”

451. Article 19.4 of the said Code is amended by adding, at the end, the following paragraph:

“Authorization is, furthermore, required to submit a minor fourteen years of age to care if he refuses it, except in cases of emergency and where his life is in danger or his integrity at risk, in which cases consent by the person having parental authority or the tutor is sufficient.”

452. The said Code is amended by inserting, after article 19.4, the following articles:

“19.5 Consent to care not required by the state of health of a minor fourteen years of age is given jointly by the minor and by the person having parental authority or his tutor.

Notwithstanding the foregoing, the minor may consent alone to the care if it is of a minor character or entails no serious risk to his health nor any major and permanent effects.

“19.6 Where the person is under fourteen years of age or where he is unable to give consent, consent to care not required by his state of health is given by the person having parental authority, the mandatory, the tutor or the curator; the authorization of the court is also required.

Notwithstanding the foregoing, the person having parental authority, the mandatory, the tutor or the curator may consent to the care without the court’s authorization if it is of a minor character or entails no serious risk to health nor any major and permanent effects.

“19.7 Consent to care not required by the state of health of a person must be given in writing.

The consent may be withdrawn at any time, even verbally.

“19.8 Where the court is called upon to rule on an application for authorization in respect of care, it shall obtain the opinions of experts, of the person having parental authority, the mandatary, the tutor or the curator; it may also obtain the advice of any person who shows a special interest in the person concerned by the application.

The court shall also obtain the opinion of the person concerned unless that is impossible, and shall respect his refusal except in the case of care required by his state of health.”

HEALTH INSURANCE ACT

453. Section 1 of the Health Insurance Act (R.S.Q., chapter A-29), amended by section 1 of chapter 50 of the statutes of 1989, is again amended by inserting the figures “, 69.1, 69.2” after the word and figure “section 69” in the first and second lines of subparagraph *k*.

454. Section 3 of the said Act, amended by section 2 of chapter 50 of the statutes of 1989, is again amended

(1) by replacing the words “in accordance with this act and the regulations” wherever they occur by the words “as provided for by law or by regulation”;

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

“The Board, as provided for by law or by regulation, in the cases, on the conditions and in the circumstances determined by regulation, also assumes the cost of the services rendered by a health professional in performing administrative activities or tasks.

The Board also assumes the cost of services and goods provided for in programs it administers by virtue of the first paragraph of section 2 of the Act respecting the Régie de l'assurance-maladie du Québec (R.S.Q., chapter R-5) according to the conditions and methods provided for under those programs.”;

(3) by replacing the words “a regional council” in the fourth line of the twelfth paragraph by the words “the Corporation d'urgences-santé de la région de Montréal Métropolitain”.

455. Section 9 of the said Act, replaced by section 8 of chapter 50 of the statutes of 1989, is again replaced by the following section:

“9. Every person who is or is deemed to be a resident of Québec must register with the Board in accordance with the regulations.

The information and documents prescribed by regulation shall accompany every application for registration.

The Board shall issue a health-insurance card to every person so registered. The card is valid for the length of time provided for by regulation. To obtain a new card a person must again register with the Board.

Every health-insurance card is the property of the Board and its holder must return it to the Board and cease to present it to obtain insured services if he is no longer a resident of Québec or deemed to be a resident of Québec.

The Board may address a notice to a holder informing him whether or not he is a resident or deemed to be a resident of Québec.”

456. Section 9.0.1 of the said Act, enacted by section 9 of chapter 50 of the statutes of 1989, is replaced by the following section:

“9.0.1 Every person contemplated in subparagraph *a* of subparagraph 2 of the first paragraph of section 10 or in section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux (R.S.Q., chapter M-19.2) who benefits from all or part of the services provided for by this Act must register with the Board in accordance with the regulations.

The information and documents prescribed by regulation shall accompany every application for registration.

The Board shall issue an eligibility card to a person so registered, entitling him to all or part of the said services. The card is valid for the time provided for by regulation. To obtain a new card a person must again register with the Board.

The eligibility card is the property of the Board and its holder must return it to the Board and cease to present it if he no longer comes under subparagraph *a* of subparagraph 2 of the first paragraph of section 10 or under section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux. He must do likewise if he no longer benefits from all or part of the services provided for.”

457. The said Act is amended by inserting, after section 9.3, the following section:

“9.4 The following persons are guilty of an offence and are liable to a fine of not less than \$200 nor more than \$1 000:

(a) any person who neglects or refuses to return to the Board his health-insurance card or who presents it to obtain insured services when he is no longer a resident or deemed to be a resident of Québec;

(b) any person who neglects or refuses to return to the Board his eligibility card or who presents it to obtain insured services when he no longer comes under subparagraph *a* of subparagraph 2 of the first paragraph of section 10 or under section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux or when he no longer benefits from all or part of the services provided for.”

458. Section 12 of the said Act, amended by section 13 of chapter 50 of the statutes of 1989, is again amended by adding, at the end, the following paragraph:

“The Board must, when considering a statement of fees submitted under this section, apply all rules relating to remuneration provided for under the relevant agreement as if payment were made directly to the professional in the field of health.”

459. Section 15 of the said Act, amended by section 21 of chapter 50 of the statutes of 1989, is again amended by adding the following paragraph:

“The first paragraph does not apply either to a contract having as its object the reimbursement of prescribed fees exigible by law from a beneficiary or the reimbursement of any amount established by virtue of fiscal legislation on the basis of the cost of insured services furnished to that beneficiary in the course of a year.”

460. Section 18.1 of the said Act, enacted by section 23 of chapter 50 of the statutes of 1989, is amended by striking out the words “subparagraph *b* of” in the second line.

461. Section 19 of the said Act is replaced by the following section:

“19. For the purposes of this Act, the Minister may, with the approval of the Government, enter into an agreement with any group or grouping representing health professionals that he determines.

An agreement may in particular provide for the remuneration of insured services to vary according to rules applicable to an activity, a type of activity or all activities of a health professional, or to the activities of a class of health professionals or specialty to which he belongs. Such an agreement may also provide for varying methods of remuneration which include remuneration by the act, fixed fee remuneration and salary. It may also, by way of compensation or reimbursement, provide for the payment of various amounts such as awards, fees or allowances.

The Minister shall determine by regulation the territories or places of practice situated therein that he considers to be understaffed. Such regulations may refer to all professionals in a territory or to only some of them, depending on the nature of their activity.

An agreement may provide for a method of remuneration for the provision of medical services in a territory where the Minister considers that all or some sectors of service are overstaffed or understaffed, which varies according to the nature of the activity or the place of practice of the professionals concerned.

An agreement may also provide for a method of remuneration for physicians which varies according to the territory where they practice, the nature of their activity, or according to whether or not they are accredited with a regional board under section 277 of the Act respecting health services and social services and amending various legislation for all or part of their activities in the region.

Failing an agreement to determine the varying methods of remuneration referred to in the fifth paragraph, the Government may fix the remuneration by a regulation which shall be in lieu of an agreement. It may likewise determine the number of years during which such method of remuneration shall apply.

The Minister may, on an experimental basis and for a determined period, make a special agreement with the professionals of a clinical department in an establishment with a view to the application to all such professionals of a method of remuneration provided for in an agreement made under the first paragraph. The agreement shall require the prior consent of the health professionals concerned, the board of directors of the establishment and of any group or grouping representing the professionals concerned.

If the reduction of medical services in a territory endangers public health, the Minister may, to allow medical services to be adequately

furnished in an establishment of the territory, make, for a fixed period, a special agreement with any health professional.

Any such agreement shall bind, as the case may be, the Board, the regional boards and the establishments.

The Minister must consult the Board and any regional board or any establishment that may be bound by name under an agreement or part of an agreement.

The Commission de la santé et de la sécurité du travail shall participate in the elaboration of the part of such agreements dealing with the services contemplated in the tenth paragraph of section 3.

The provisions of the Labour Code (R.S.Q., chapter C-27) and of the Act respecting labour standards (R.S.Q., chapter N-1.1) do not apply to a health professional to whom an agreement made pursuant to this section applies who renders insured services in an establishment or on behalf of an establishment."

462. Section 19.1 of the said Act, amended by section 24 of chapter 50 of the statutes of 1989, is again amended by replacing the second paragraph by the following paragraph:

"The ninth paragraph of section 19 applies to the agreement."

463. The said Act is amended by inserting, after section 19.1, the following section:

"19.2 The provisions of an agreement shall cease to have effect, with regard to health professionals represented by a new group or grouping determined by the Minister under the first paragraph of section 19, from the date of coming into effect of the agreement entered into with the new group or grouping ."

464. Section 22 of the said Act is amended

(1) by inserting, after the fourth paragraph, the following paragraphs:

"No health professional may receive from an establishment, within the framework of the exercise of his functions, any sum of money or any direct or indirect benefit except to the extent provided for by law or a regulation.

The Board may recover from a health professional who contravenes the fifth paragraph, by compensation or otherwise, any amount or the value of any benefit received.";

(2) by replacing the word "He" at the beginning of the fifth paragraph by the words "A health professional subject to the application of an agreement";

(3) by replacing, in the second and third lines of the ninth paragraph, the words "fifth or sixth paragraph, and every person who contravenes the seventh" by the words "seventh or eighth paragraph, and every person who contravenes the ninth".

465. Section 22.1 of the said Act, amended by section 29 of chapter 50 of the statutes of 1989, is again amended

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

"In the cases and circumstances determined by regulation, every health professional must, in addition, to be eligible for remuneration by the Board for an insured service furnished to a beneficiary outside an establishment, obtain that beneficiary's signature on the statement of fees he has completed and give a copy to the beneficiary except in the cases and circumstances and with regard to the classes of beneficiaries and insured services indicated by regulation.";

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

"Every health professional, to be entitled to remuneration by the Board, must submit to the Board his statement of fees duly completed within thirty days of the date on which the insured service was furnished. Every establishment must in a like manner submit its statement of fees within ninety days of the date on which the insured service was furnished. The Board may extend such period if a health professional or an establishment demonstrates that it was in fact impossible to act sooner, or in the case of death of a professional."

466. Section 39 of the said Act is amended by replacing the words "four other members of whom two" in the third line of the first paragraph by the words "six other members of whom four".

467. Section 40 of the said Act is amended by adding the following paragraph:

"In the exercise of its functions the Conseil may require from recognized manufacturers and wholesalers, or those applying to be recognized, pharmacotherapeutic information concerning a medication or any information relating to the price of medications it offers for sale."

468. Section 41 of the said Act is replaced by the following section:

“41. The Government shall appoint revisory committees responsible for making recommendations to the Board in respect of matters submitted to them by the Board under section 47.”

469. Section 42 of the said Act is amended by replacing the third to the eighth paragraphs inclusively by the following paragraphs:

“One of the committees shall include five medical specialists, of whom two are chosen from a list of at least four names furnished by the Corporation professionnelle des médecins du Québec and three others are chosen from a list of at least six names furnished by each group or grouping representing health professionals with which the Minister has made an agreement applicable to medical specialists; such persons must not hold any elective or full-time office within that Corporation or those organizations.

Another committee shall include five general practitioners, of whom two are chosen from a list of at least four names furnished by the Corporation professionnelle des médecins du Québec and three others are chosen from a list of at least six names furnished by each group or grouping representing health professionals with which the Minister has made an agreement applicable to general practitioners; such persons must not hold any elective or full-time office within that Corporation or those organizations.

Another committee shall include five specialists in oral surgery, of whom two are chosen from a list of at least four names furnished by the Corporation professionnelle des dentistes du Québec and three others are chosen from a list of at least six names furnished by each group or grouping representing health professionals with which the Minister has made an agreement applicable to specialists in oral surgery; such persons must not hold any elective or full-time office within that Corporation or those organizations.

Another committee shall include five dentists, of whom two are chosen from a list of at least four names furnished by the Corporation professionnelle des dentistes du Québec and three others are chosen from a list of at least six names furnished by each group or grouping representing health professionals with which the Minister has made an agreement applicable to dental surgeons; such persons must not hold any elective or full-time office within that Corporation or those organizations.

Another committee shall include five optometrists, of whom two are chosen from a list of at least four names furnished by the Corporation professionnelle des optométristes du Québec and three others are chosen from a list of at least six names furnished by each group or grouping representing health professionals with which the Minister has made an agreement applicable to optometrists; such persons must not hold any elective or full-time office within that Corporation or those organizations.

Another committee shall include five pharmacists, of whom two are chosen from a list of at least four names furnished by the Corporation professionnelle des pharmaciens du Québec and three others are chosen from a list of at least six names furnished by each group or grouping representing health professionals with which the Minister has made an agreement applicable to proprietary pharmacists; such persons must not hold any elective or full-time office within that Corporation or those organizations."

470. Section 64 of the said Act, amended by section 35 of chapter 50 of the statutes of 1989, is again amended by replacing the third paragraph by the following paragraph:

"The Board must, in the cases, conditions and circumstances and for the services determined by regulation, transmit to every beneficiary for whom it has paid insured services a statement giving

(a) the name of the health professional, of the establishment, of the laboratory or of any person having furnished the services;

(b) the dates on which the services were furnished and their nature;

(c) the amount paid by the Board for each provision of service; and

(d) the total sum thus paid for such services."

471. Section 66.1 of the said Act is amended by inserting, after the second paragraph, the following paragraph:

"The Board shall also send, on request, to the committee formed by a regional board under section 291 of the Act respecting health services and social services, the individual or group practice profile of health professionals who practise in the region concerned. That information must contain no mention of the surname, given name or address of any professional."

472. Section 67 of the said Act, amended by section 36 of chapter 50 of the statutes of 1989, is again amended by adding, at the end, the following paragraph:

“Furthermore, it does not prohibit that information obtained for the carrying out of this Act be disclosed to a person authorized by the Commission d'accès à l'information to use such information for purposes of research in the fields of health and social services.”

473. Section 68 of the said Act is replaced by the following section:

“**68.** Every health professional to whom an agreement applies, whatever his basis of remuneration, is bound to furnish the Board with any information or document needed by the Board to evaluate a statement of fees or a request for payment concerning insured services furnished by him to a beneficiary or for purposes of the application of sections 24.1 to 24.3 of the Act respecting the Régie de l'assurance-maladie du Québec and section 64 of this Act.”

474. Section 69 of the said Act, amended by section 37 of chapter 50 of the statutes of 1989, is again amended

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

“(c.2) determine which services rendered by physicians must be considered insured services for the purposes of the eleventh paragraph of section 3 and prescribe in what cases, conditions and circumstances those services must be rendered;”;

(2) by inserting, after subparagraph *e* of the first paragraph, the following subparagraph:

“(e.1) determine which services rendered by pharmacists must be considered insured services for the purposes of the third and fourth paragraphs of section 3 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;”;

(3) by inserting, after subparagraph *f* of the first paragraph, the following subparagraphs:

“(f.1) determine, with regard to the insured services contemplated in subparagraph *c* of the first paragraph, or in the second, third, fourth, fifth, sixth, seventh, or twelfth paragraph of section 3, the amount or the method of fixing the contributions which

may be required of a beneficiary for services he receives or that his dependent, within the meaning of the regulation, receives;

“(f.2) specify to what extent and according to what methods the financial capacity of a beneficiary may be taken into consideration in determining the contributions referred to in subparagraph *f.1* and provide for the method of their collection by a health professional or an establishment or the Board, as the case may be, as well as the cases of complete or partial exemption from such payment with regard to certain services or certain beneficiaries, with or without conditions;”;

(4) by replacing subparagraph *l* of the first paragraph by the following subparagraph:

“(l) determine the conditions to be met by a person who registers with the Board, the information and documents he must provide, the time of year of registration, and in what cases, conditions and circumstances and by what methods a person must register with the Board and the cases in which an application for registration may be made by one person on behalf of another;”;

(5) by replacing the word “in” in the first line of subparagraph *q* of the first paragraph by the words “and services for”;

(6) by inserting, after subparagraph *t* of the first paragraph, the following subparagraph:

“(t.1) determine the cases and the circumstances in which a health professional who is subject to the application of an agreement must, to be remunerated by the Board, obtain the beneficiary’s signature on the statement of fees he has completed and give a copy of such to the beneficiary as well as in what cases and circumstances and with regard to which classes of beneficiaries and insured services the health professional is exempted from this obligation;”;

(7) by inserting, after subparagraph *v* of the first paragraph, the following subparagraph:

“(w) provide for a method of remuneration for physicians which varies according to the territory where they practise or their field of practice, or according to whether or not they are accredited with a regional board for all or part of their activities in that region and, where applicable, determine the number of years during which such remuneration shall apply.”

475. Section 69.0.2, enacted by section 38 of chapter 50 of the statutes of 1989, is amended by inserting the words “or *w*” after the words “subparagraph *u*” in the first line.

476. The said Act is amended by inserting, after section 69.0.2, the following section:

“69.0.3 The Board may enter into agreements with the Minister of Revenue for the purpose of collecting, on behalf of the Board, the contributions referred to in a regulation made under subparagraphs *f.1* and *f.2* of the first paragraph of section 69.”

477. Section 69.1 of the said Act is amended by adding the following paragraphs:

“(c) to determine the tenor of the undertaking a manufacturer or wholesaler must sign in order to be recognized;

“(d) to determine the conditions of operation of the activities of recognized manufacturers and wholesalers;

“(e) to determine in what cases and circumstances the recognition of a manufacturer or wholesaler may be suspended or cancelled;

“(f) to determine the duration of the suspension or cancellation of the recognition of a manufacturer or wholesaler;

“(g) to determine in what cases and circumstances the Minister may again recognize a manufacturer or wholesaler whose recognition is suspended or cancelled;

“(h) to establish a review procedure in cases of suspension or cancellation of the recognition of a manufacturer or wholesaler.”

478. The said Act is amended by inserting, after section 69.1, the following section:

“69.2 The Minister may make regulations to determine the territories or places of practice situated therein that he considers to be understaffed with regard to all professionals or to only some of them, taking into account the nature of their activity.

Any regulation referred to in the first paragraph is not subject to mandatory publication and to the time limit for coming into force prescribed in sections 8 and 17 of the Regulations Act.”

479. Section 72 of the said Act, amended by section 39 of chapter 50 of the statutes of 1989, is again amended by adding, after subparagraph *f* of the first paragraph, the following subparagraphs:

“(g) establish the classes of health-insurance cards according to the services for which a person is eligible and determine, for each class of card, the information it shall contain;

“(h) determine the content of a health-insurance card and an eligibility card and the terms and conditions of their issue and specify in what cases and circumstances with regard to classes of beneficiaries the health-insurance card and eligibility card need not include a photograph or the signature of the beneficiary registered with the Board.”

480. The said Act is amended by inserting, after section 73, the following section:

“73.1 Any regulation made under this Act has precedence from the time of its coming into force over an agreement referred to in section 19.”

481. Section 104.0.1 of the said Act, enacted by section 41 of chapter 50 of the statutes of 1989, is amended by striking out the words “subparagraph b of” in the second and third lines of the first paragraph.

482. In this Act and in statutory instruments coming under it, the word “beneficiary” is replaced by the word “user”, with necessary adaptations.

ACT RESPECTING THE RÉGIE DE L'ASSURANCE-MALADIE DU QUÉBEC

483. The Act respecting the Régie de l'assurance-maladie du Québec (R.S.Q., chapter R-5) is amended by replacing section 2, amended by section 121 of chapter 51 of the statutes of 1988 and by section 44 of chapter 50 of the statutes of 1989, by the following sections:

“2. The function of the Board shall be to administer and implement the programs of the health insurance plan instituted by the Health Insurance Act (R.S.Q., chapter A-29) and any other program entrusted to it by law or by the Government.

The Board shall, in particular, for such purposes,

(a) assume the cost of services and goods provided for under the programs;

(b) control the eligibility of persons to the programs, the remuneration paid to health professionals, and payments or

reimbursements made, as the case may be, to establishments, the person dispensing the service or furnishing the goods or the person who received them;

(c) advise the Minister of Health and Social Services on any matter he refers to it and inform that Minister, any other minister or any body participating in the administration or implementation of a program, of any problem or any matter which, in its opinion, warrants examination by the Minister or another minister;

(d) organize and direct the operational research and assessment needed for proper administration and implementation of the programs;

(e) publish, subject to sections 63 to 68 of the Health Insurance Act, any information relating to:

i. its management, operational research and assessment activities;

ii. the nature, frequency, origin, destination, distribution and cost of insured services it has paid for; and

iii. the total and average remuneration of health professionals, by class and specialty, by region and by type of acts;

(f) inform the public of the possibilities of access to all services and goods it is empowered to pay and the conditions to be fulfilled to have access thereto;

(g) subject to sections 63 and 64 of the Health Insurance Act, inform persons who have benefited from health services of the name of the health professional, the establishment, the laboratory or of any person having furnished insured services to them, the dates on which they were furnished, the amount paid by the Board for each provision of services and the total sum thus paid for those services during a given fiscal year;

(h) establish and keep up to date, for the purposes of the Health Insurance Act, a register of health professionals and, subject to section 63 of the Health Insurance Act, facilitate access to it by the Minister of Health and Social Services or his authorized representative for the purposes of the Health Insurance Act, the Hospital Insurance Act (R.S.Q., chapter A-28) or any other Act under the administration of the Minister;

(i) contribute, subject to the fourth paragraph of section 67 of the Health Insurance Act, to research in the fields of health and social services.

"2.1 The Board shall recover, from the department or body concerned, the cost of services and goods it assumes under a program entrusted to it by law or by the Government, to the extent provided for under that program.

The Board shall in particular recover from the Ministère de la Main-d'oeuvre et de la Sécurité du revenu

(a) the cost of the services and medications it has assumed under subparagraph *b* of the first paragraph, or the third, sixth and seventh paragraphs of section 3 of the Health Insurance Act on behalf of any person or any family eligible for a last resort assistance program under the Act respecting income security (R.S.Q., chapter S-3.1.1), as well as the corresponding administration costs, after any sums recovered under section 18 of the said Act have been deducted;

(b) the cost of the services, prostheses, orthopedic devices, apparatus, wheelchairs or other equipment it has assumed under subparagraph *c* of the first paragraph or the second and fifth paragraphs of section 3 of the Health Insurance Act for each person and each family eligible for a last resort assistance program under the Act respecting income security holding a claim booklet in effect issued under section 70 or 71.1 of the Health Insurance Act, as well as the corresponding administration costs, after any sums recovered under section 18 of the said Act have been deducted.

The Board shall also recover from the Commission de la santé et de la sécurité du travail, in accordance with the Workmen's Compensation Act (R.S.Q., chapter A-3) and the Act respecting industrial accidents and occupational diseases (R.S.Q., chapter A-3.001), the cost of the services it has assumed under the tenth paragraph of section 3 of the Health Insurance Act as well as the administration costs relating thereto."

484. Section 7 of the said Act is amended

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

"7. The Board shall consist of twelve members, including a president and a vice-president, appointed by the Government.

The vice-president shall be designated by the Government from among the members.";

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

“One of those members shall be appointed after consultation with organizations representing the business community, one after consultation with organizations representing labour, two after consultation with organizations representing consumers; three other members, who must be health professionals within the meaning of the Health Insurance Act, of whom one must be a general practitioner and one a medical specialist, shall be appointed after consultation with each group or grouping representing health professionals having entered into an agreement.”;

(3) by inserting, after the third paragraph, the following paragraph:

“Two other members shall be appointed from among the members of the board of directors of an establishment and of a regional board respectively, as defined under the Act respecting health services and social services and amending other legislation.”

485. The said Act is amended by inserting, after section 7, the following sections:

“7.1 The Government shall fix the remuneration, social benefits and other terms of employment of the president.

“7.2 The members of the Board, apart from the president, shall not be remunerated except in such cases, on such conditions and to such extent as the Government may determine.

They are however entitled to the reimbursement of expenses incurred in the performance of their duties, on the conditions and to the extent determined by the Government.”

486. Section 15 of the said Act is amended by replacing the word “Seven” in the first line of the first paragraph by the word “Six”.

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

“22.2 The Board may, for the purpose of keeping the beneficiaries’ files established under this Act and the Health Insurance Act up to date on a continuing basis, obtain from the Ministère de la Main-d’œuvre et de la Sécurité du revenu, from the Régie des rentes du Québec or from the Société de l’assurance automobile du Québec the addresses of beneficiaries of programs administered by them.”

488. The said Act is amended by inserting, after section 24, the following sections:

“24.1 The Board must, not later than 15 October each year, produce a report showing the sums it has paid out to physicians in the course of the preceding fiscal year under the Health Insurance Act. The report must indicate, on the one hand, the proportion of budget variance between expenditure and estimates and on the other, the reasons for such variance.

“24.2 The Board must produce a report with such tenor and breakdown method and according to such terms as are prescribed by regulation of the Government, showing for each region for which a regional board is established, the sums paid out to physicians in the course of the preceding fiscal year for the purposes of the Health Insurance Act. The report must indicate, on the one hand, the proportion of budget variance between expenditure and estimates and on the other, the reasons for such variance.

“24.3 The Board must, each year, submit its budgetary estimates for the next fiscal year.

The estimates must take account of demographic evolution, the aging of the population and its state of health, the extent of service coverage and the content of any agreements entered into under section 19 of the Health Insurance Act.

“24.4 Every department, body, regional board or establishment must furnish the Board, at the request of its general manager, with any information needed for the purposes of sections 24.1 to 24.3.”

489. Section 38 of the said Act is amended by replacing the words and figure “the fourth and fifth paragraphs of section 2” in the fourth line of paragraph *a* by the word and figure “section 2.1”.

490. The said Act is amended by inserting, after section 39, the following section:

“39.1 The revenues arising from the contributions covered by a regulation made under subparagraphs *f.1* and *f.2* of the first paragraph of section 69 of the Health Insurance Act constitute specific revenue of the Board and reduce by a like amount its needs for the purposes of section 39.”

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

491. The title of the Act respecting health services and social services (R.S.Q., chapter S-5) is replaced by the following title: "An Act respecting health services and social services for Cree and Inuit Native persons".

CHAPTER II

FINAL PROVISIONS

492. This Act replaces the Act respecting health services and social services (R.S.Q., chapter S-5) except to the extent that it applies to the territory of the James Bay Cree health and social services council and the territory of the Kativik health and social services council.

493. The Minister of Health and Social Services is responsible for the administration of this Act.

494. The provisions of this Act will come into force on the dates to be fixed by Government.

TABLE OF CONTENTS

		<i>Sections</i>
PART I:	OBJECT OF THE ACT AND RIGHTS OF USERS	
TITLE I	OBJECT	1-3
TITLE II	USERS' RIGHTS	4-52
CHAPTER I	GENERAL PROVISIONS	4-16
CHAPTER II	USER'S RECORD	17-27
CHAPTER III	ADMINISTRATIVE REMEDY	28-50
Division I:	Examination by the institution	28-37
Division II:	Examination by regional board	38-46
Division III:	Confidentiality of user's complaint record	47
Division IV:	Reports	48-50
CHAPTER IV	POWERS OF SUPERVISION AND SUBROGATION	51-52
PART II:	PROVISION OF HEALTH SERVICES AND SOCIAL SERVICES	
TITLE I	INSTITUTIONS	53-253
CHAPTER I	GENERAL PROVISIONS	53-69
CHAPTER II	FUNCTIONS	70-87
CHAPTER III	ORGANIZATION OF INSTITUTIONS	88-234
Division I:	Boards of directors of public institutions	88-138
	§ 1.— <i>Establishment</i>	88-95
	§ 2.— <i>Composition of the board</i>	96-112
	1. Mode of appointment of members	96-105
	2. Term of office and qualifications of members	106-112
	§ 3.— <i>Operation</i>	113-125
	1. Chairman	113-115
	2. Sitzings	116-120
	3. Reimbursement of expenses	121
	4. Documents and records	122-125
	§ 4.— <i>Powers and obligations of the board of directors</i>	126-138

Division II:	Human resources	139-184
	§ 1.— <i>Organizational plan</i>	139-141
	§ 2.— <i>Executive director</i>	142-148
	§ 3.— <i>Users' committee</i>	149-152
	§ 4.— <i>Council of physicians, dentists and pharmacists</i>	153-156
	§ 5.— <i>Council of nurses</i>	157-159
	§ 6.— <i>Staff</i>	160-165
	§ 7.— <i>Physicians, dentists and pharmacists</i>	166-184
Division III:	Material and financial resources	185-223
	§ 1.— <i>Rules relating to material resources</i>	185-191
	§ 2.— <i>Gifts, legacies and subsidies</i>	192-200
	1. Solicitation and acceptance	192-194
	2. Foundations	195-200
	§ 3.— <i>Rules relating to financial resources</i>	201-223
	1. Provisions applicable to all institutions	201-204
	2. Provisions applicable to public institutions	205-220
	3. Provisions applicable to private institutions under agreement	221-223
Division IV:	Intermediate and family-type resources	224-234
	§ 1.— <i>Intermediate resources</i>	224-229
	§ 2.— <i>Family-type resources</i>	230-234
CHAPTER IV	RULES APPLICABLE TO THE CONSTITUTING INSTRUMENT OF INSTITUTIONS	235-253
Division I:	General provisions	235-236
Division II:	Incorporation of a public institution	237-242
Division III:	Amalgamation and conversion	243-249
Division IV:	Integration	250-252
Division V:	Dissolution	253
TITLE II	COMMUNITY ORGANIZATIONS	254-258
PART III:	COORDINATION, CONTROL AND REGULATION OF HEALTH SERVICES AND SOCIAL SERVICES	
TITLE I	REGIONAL INSTITUTIONS	259-339
CHAPTER I	REGIONAL HEALTH AND SOCIAL SERVICES BOARDS	259-325

Division I:	Status and objects	259-262
Division II:	Special functions	263-296
	§ 1.— <i>Functions in respect of the population and the rights of users</i>	263-265
	§ 2.— <i>Functions relating to priorities and objectives in matters of health and welfare</i>	266
	§ 3.— <i>Functions relating to the organization of services</i>	267-268
	§ 4.— <i>Functions relating to the allocation of financial resources</i>	269-270
	§ 5.— <i>Functions relating to the coordination of health services and social services</i>	271-282
	§ 6.— <i>Functions relating to public health</i>	283-287
	§ 7.— <i>Functions relating to human, material and financial resources management</i>	288-296
Division III:	Operating budget and reports	297-305
Division IV:	Board of directors	306-320
	§ 1.— <i>Composition, tenure and qualifications of members</i>	306-309
	§ 2.— <i>Chairman</i>	310-311
	§ 3.— <i>Functions of the board of directors</i>	312-314
	§ 4.— <i>Operation</i>	315-320
Division V:	Executive director and other members of the managerial staff	321-325
APTER II	REGIONAL ASSEMBLIES	326-339
LE II	THE MINISTER	340-402
APTER I	MINISTERIAL FUNCTIONS	340-342
APTER II	PERMITS	343-359
Division I:	Issue and renewal	343-349
Division II:	Obligations of permit holders	350-351
Division III:	Suspension, cancellation and refusal of renewal	352-357
Division IV:	Operation without a permit	358-359
APTER III	ACCREDITATION OF CERTAIN PRIVATE RESOURCES FOR FUNDING PURPOSES	360-368
APTER IV	FUNDING OF SERVICES	369-373

CHAPTER V	FUNDING OF CAPITAL EXPENDITURES	374-382
CHAPTER VI	MATERIAL ASSISTANCE AND AID TO PERSONS	383-389
CHAPTER VII	REGULATIONS	390-394
CHAPTER VIII	SUPERVISORY POWERS	395-402
Division I:	Inspection	395
Division II:	Provisional administration	396-402
TITLE III	THE GOVERNMENT	403-423
CHAPTER I	ADMINISTRATIVE MEASURES	403-409
CHAPTER II	REGULATIONS	410-423
Division I:	Administration of this Act	410-414
Division II:	Standards relating to users' contributions	415-423
PART IV:	PENAL PROVISIONS	
PART V:	CONTINUANCE OF LEGAL PERSONS	
CHAPTER I	PUBLIC INSTITUTIONS	433-446
CHAPTER II	HEALTH AND SOCIAL SERVICES COUNCILS	447-449
PART VI:	AMENDING AND FINAL PROVISIONS	
CHAPTER I	LEGISLATIVE AMENDMENTS	450-491
	CIVIL CODE OF LOWER CANADA	450-452
	HEALTH INSURANCE ACT	453-482
	ACT RESPECTING THE RÉGIE DE L'ASSURANCE-MALADIE DU QUÉBEC	483-490
	ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES	491
CHAPTER II	FINAL PROVISIONS	492-494