

THIRD SESSION
THIRTY-FIRST LEGISLATURE

ASSEMBLÉE NATIONALE DU QUÉBEC

Bill 84

**An Act to amend the Health Insurance Act
and other legislation**

First reading

Second reading

Third reading

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L'ÉDITEUR OFFICIEL DU QUÉBEC

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EXPLANATORY NOTES

The proposed amendments to the Health Insurance Act are directed at

(a) *specifying that the health insurance board (the Régie) is to assume the cost of purchase, fitting, replacement or repair of hearing and visual aids determined by regulation;*

(b) *broadening the scope of application of the dental care programme to social aid recipients;*

(c) *granting immunity to the members of revisory committees in the performance of their duties;*

(d) *extending the jurisdiction of revisory committees, enabling them to determine whether the insured services furnished had been required by medicine, optometry, dentistry or pharmacy;*

(e) *increasing by two the number of members of each revisory committee, one being appointed from a list supplied by the professional corporation concerned and the other being a functionary of the Board, who has no right to vote, appointed on the recommendation of the Board; it also specifies that the member appointed on the recommendation of the Office des professions du Québec must be an advocate;*

(f) *enabling the Government to appoint, on the recommendation of the Office des professions du Québec, the members of a revisory committee where the body concerned has not furnished a list;*

(g) *providing for the appointment by the Government of a vice-chairman from among the members of each revisory committee and abolishing the Office of "substitute";*

(h) *providing for the formation of a revisory committee for pharmacists;*

(i) *providing that, within thirty days of receipt of a recommendation from a revisory committee, the Board should render a substantiated decision and forward it to the interested per-*

sons, by registered mail, that decision being susceptible of homologation by the Superior Court or by the Provincial Court, according to their respective jurisdictions. It also provides that the professional in the field of health will be entitled to appeal from a decision of the Board to the Commission des affaires sociales and that the burden of proof that the Board's decision is ill-founded will be on him;

(j) authorizing, after a notice is published by the Minister in the Gazette officielle du Québec, the Government to pass a regulation ordering for such time as it determines that, in certain circumstances, the professionals in the field of health who have become non-participant after the date fixed in the regulation, which date may be earlier than the date of the coming into force of the regulation, cannot exact or receive for insured services they furnish to beneficiaries, any other remuneration than that provided under an agreement and that the Board is to reimburse to beneficiaries the cost of the insured services they receive from such professionals;

(k) providing that insured services furnished to a beneficiary are to be paid to the professional only where the beneficiary presented his health-insurance card, except in cases provided for by regulation;

(l) providing that in any other case, the professional in the field of health may obtain payment directly from the beneficiary, for the insured services he has rendered, the amount exacted being the amount provided in the agreement, and that the beneficiary will be entitled to be reimbursed by the Board. It also enables a resident of Québec who is not registered with the Board to be reimbursed provided that he registers with the Board;

(m) establishing that a professional in the field of health will be entitled to be remunerated by the Board only if he personally signed the statements of fees, except in the cases and on the conditions fixed by regulation, giving the Board the power to refuse payment, after an investigation, or to proceed to a reimbursement by compensation or otherwise in respect of uninsured services, services not furnished or services furnished in contravention to the act, the regulations or the agreement and providing that the burden of proof is on the professional in the field of health to prove before the competent court that such services are insured services, that they have been furnished or that they have been furnished in accordance with the act, the regulations or the agreement;

(n) enabling the Board to prescribe, with the approval of the Government, any additional mode for claiming fees for professionals in the field of health;

(o) *reducing from two years to six months the delay for prescription of any recourse against the Board for claiming remuneration for, payment or reimbursement of the cost of insured services, except in the cases or circumstances determined by regulation and providing that that recourse is prescribed by two years in the cases where it is exercised by a beneficiary;*

(p) *excluding from the health insurance plan, for a determined period, any professional in the field of health prosecuted under the Criminal Code who pleads guilty to or is found guilty of an infraction or an indictable offence in connection with a claim for insured services;*

(q) *allowing the Board to examine, with the authorization of the patient or of the Superior Court, the medical record of a patient in an establishment for purposes of inspection or investigation on matters of its competence;*

(r) *establishing an incentive premium programme addressed to all the professionals in the field of health having a permit to practice, thus enabling the Ministre des affaires sociales to turn to an immediately available labour force to ensure that insured services are available to beneficiaries in such territories as he may determine;*

(s) *providing that the Board must refuse or suspend payment of insured services to a professional in the field of health where so recommended by the professions tribunal;*

(t) *amending the conditions for the obtaining of a research scholarship in any of the health sciences;*

(u) *amending the composition of the Board by replacing the three physician members and the two non-physician professionals by five professionals in the field of health to include a general practitioner, a medical specialist, a pharmacist, a dentist and an optometrist who are to be appointed after consultation of the bodies most representative of the health sector;*

(v) *defining the offences that could be committed by professionals in the field of health in connection with the claims and payments for insured services;*

(w) *empowering the Government to determine the persons, other than an establishment or a laboratory, that may furnish prostheses, orthopedic devices, apparatus or other equipment the cost of which may be claimed from the Board by the beneficiary, and determine certain terms and conditions for payment;*

(x) *allowing the Board to disclose, with the authorization of the Government, to a Minister or to a government body, to an establishment or to a person appointed by the Assemblée nationale, the names, given names, date of birth, sex and address of beneficiaries;*

(y) *compelling the Board to disclose to the body with which the Minister has made an agreement, the names and given names of a professional in the field of health who has received remuneration from the Board, the amount of the remuneration, the number and the nature of, and the date when the insured services so remunerated were furnished where the Board is duly authorized for that purpose by such professional and, also providing, that in such a case, the Board is bound to disclose that information to the Minister;*

(z) *amending the definition of the word "hospital" provided in the Health Insurance Act to make it concordant with the definition given in the Act respecting health services and social services.*

Sec. 1. *The proposed amendments are directed at extending the definition of "insured services" to visual and hearing aids, apparatus or other equipment, the notion of "professional subject to the application of an agreement" to a professional remunerated directly by an individual who has not presented his health-insurance card or claim booklet, as the case may be, the notion of "non-participating professional" to any professional who is submitted to an order of the Board pursuant to section 62 of the act, at introducing the notion of "beneficiary" as a person residing in Québec and duly registered with the Board, at redefining the word "Minister" and the expression "resident of Québec" for purposes of concordance, and at defining the expressions "incentive premiums", "visually handicapped person", "person with a hearing handicap", and the word "beneficiary".*

Bill 84

An Act to amend the Health Insurance Act and other legislation

HER MAJESTY, with the advice and consent of the Assemblée nationale du Québec, enacts as follows:

1970, c. 37,
s. 1, am.

1. Section 1 of the Health Insurance Act (1970, chapter 37), amended by section 1 of chapter 38 of the statutes of 1970, section 1 of chapter 47 of the statutes of 1971, section 1 of chapter 30 of the statutes of 1973, section 1 of chapter 40 of the statutes of 1974 and by section 1 of chapter 44 of the statutes of 1977, is again amended:

(a) by replacing subparagraph *a* of the first paragraph by the following subparagraph:

“insured
services”;

“(a) “insured services”: the services, medications, prostheses, orthopedic devices, apparatus or other equipment, and visual or hearing aids contemplated in section 3;”;

(b) by replacing subparagraph *b* of the first paragraph by the following subparagraph:

“profes-
sional in
the field
of health”;

“(b) “professional in the field of health” or “professional”: any physician, dentist, optometrist or pharmacist legally authorized to furnish insured services;”;

(c) by replacing subparagraph *b*¹ of the first paragraph by the following subparagraph:

“profes-
sional
subject
to the
application
of an
agree-
ment”;

“(b¹) “professional subject to the application of an agreement”: a professional who practises his profession within the scope of the plan established by this act, is remunerated in accordance with the tariff provided in an agreement and the amount of whose fees, which include the price of medications in the case of a pharmacist, is paid to him directly by the Board where the beneficiary has presented his health-insurance card or claim

Sec. 2. This section introduces new law and aims at establishing that the Board should assume the cost of insured services on behalf of beneficiaries only, at extending the notion of "insured services" to visual and hearing aids, apparatus or other equipment, certain services required pharmaceutically but not rendered on prescription of a physician or a dentist, at extending the scope of the dental care plan to social aid recipients and at establishing concordance with section 4 of this bill.

booklet, as the case may be, or directly by the beneficiary where he did not present his health-insurance card or claim booklet, as the case may be;”;

(d) by replacing subparagraph *b*³ of the first paragraph by the following subparagraph:

“non-participating professional”; (b³) “non-participating professional”: a professional who practises his profession outside the scope of the plan established by this act but does not agree to be remunerated in accordance with the tariff provided in an agreement or who is the subject of an order issued pursuant to section 62, and all of whose patients alone assume payment of the fees which include the price of medications in the case of a pharmacist;”;

(d) by replacing subparagraph *d* of the first paragraph by the following subparagraph:

“resident of Québec”; (d) “resident of Québec”: a person declared to be such a resident pursuant to sections 4 to 7;”;

(f) by inserting, after subparagraph *d* of the first paragraph, the following subparagraph:

“beneficiary”; (d¹) “beneficiary”: a resident of Québec who is duly registered with the Board;”;

(g) by replacing subparagraph *n* of the first paragraph by the following subparagraphs:

“Minister”; (n) “Minister”: the Ministre des affaires sociales;

“incentive premium”; (o) “incentive premium”: an incentive premium contemplated in Division IX;

“visually handicapped person”; (p) “visually handicapped person”: a visually handicapped person as defined by regulation;

“person with a hearing handicap”; (q) “person with a hearing handicap”: a person suffering from a hearing handicap as defined by regulation.”

1970, c. 37,
s. 3,
replaced.

2. Section 3 of the said act, amended by section 2 of chapter 38 of the statutes of 1970, by section 2 of chapter 47 of the statutes of 1971, by section 2 of chapter 30 of the statutes of 1973, by section 2 of chapter 40 of the statutes of 1974, by section 1 of chapter 60 of the statutes of 1975 and by section 2 of chapter 44 of the statutes of 1977, is replaced by the following section:

Services
for which
cost
assumed.

3. The cost of the following services rendered by a professional in the field of health are assumed by the Board on behalf of every beneficiary, in accordance with this act and the regulations:

(a) all services rendered by physicians that are medically required;



(b) the services of oral surgery determined by regulation and required by dentistry and rendered by a dentist in a university establishment or in a hospital centre, provided, however, that if rendered in Québec they are rendered in a university establishment determined by regulation or in a hospital centre by a dentist authorized to render such services in that centre;

(c) the services determined by regulation and required by optometry and rendered by optometrists in the practice of optometry within the meaning of the Optometry Act (1973, chapter 52).

Dentistry
services.

The cost of services determined by regulation and required by dentistry and rendered by dentists are also assumed by the Board in accordance with this act and the regulations on behalf of every beneficiary whose age is that fixed by regulation for that purpose and also on behalf of every beneficiary holding a valid claim booklet issued pursuant to section 56c.

Pharmacy
services.

The Board also assumes, in accordance with this act and the regulations, the cost of the services determined by regulation that are required by pharmacy and furnished by pharmacists, and the cost of medications furnished by pharmacists on the prescription of a physician or a dentist, subject to section 3a, on behalf of every beneficiary who

(a) is sixty-five years of age or older; or

(b) holds a valid claim booklet issued under section 56a.

Pharmacy
services.

The Board also assumes, in accordance with this act and the regulations, the cost of the services determined by regulation that are required by pharmacy and furnished by pharmacists, and the cost of medications furnished by pharmacists on the prescription of a physician or a dentist, subject to section 3a, to every beneficiary who holds a valid claim booklet issued under section 56b.

Prostheses,
etc.

The Board also assumes, on behalf of every beneficiary, the amount fixed by regulation for the purchase, fitting, replacement or repair of prostheses and orthopedic devices, apparatus or other equipment determined by regulation, which compensate for a physical deficiency or deformity and are furnished on the prescribed terms and conditions.

Visual aids.

The Board reimburses to an establishment recognized for that purpose by the Minister the cost of purchase, fitting, replacement or repair of visual aids, determined by regulation, lent by the Board to a beneficiary who is a visually handicapped person whose age is that fixed for such purpose by regulation in accordance with the prescribed terms and conditions. The visual aids lent to a visually handicapped person are unassignable and unseizable.

Sec. 3. *The proposed amendment is for concordance with section 2 of this bill.*

Sec. 4. *The proposed amendment is for concordance with section 2 of this bill.*

Sec. 5. *The proposed amendment is for concordance with section 2 of this bill.*

Sec. 6. *This section introduces new law. Section 8 of the act presently in force reads as follows:*

Hearing
aids.

The Board also assumes on behalf of every beneficiary who is a person with a hearing handicap whose age is that fixed for such purpose by regulation, the cost of purchase, fitting, replacement or repair of hearing aids determined by regulation in accordance with the prescribed terms and conditions.

Exception.

However, such services, medications, prostheses and orthopedic devices, apparatus or other equipment, visual aids or hearing aids do not include those which a person may obtain and is entitled to under another statute of Québec, an act of the Parliament of Canada other than the Medical Care Act or a statute of another province of Canada or another country.

Services
insured.

Notwithstanding the foregoing, the services contemplated in the first paragraph remain insured services even if they constitute services to which a person is entitled under the Act respecting health services and social services (1971, chapter 48)."

1970, c. 37,
s. 3*a*, am.

3. Section 3*a* of the said act, enacted by section 3 of chapter 47 of the statutes of 1971 and amended by section 3 of chapter 40 of the statutes of 1974, is again amended by replacing the first paragraph by the following paragraph:

List of
medica-
tions.

3*a*. The Minister shall prepare a list of the medications of which the Board assumes the cost under section 3; such list indicates the generic name, brand name, manufacturer's name and price of each medication."

1970, c. 37,
s. 4,
replaced.

4. Section 4 of the said act, amended by section 4 of chapter 47 of the statutes of 1971, replaced by section 3 of chapter 30 of the statutes of 1973 and amended by section 3 of chapter 44 of the statutes of 1977, is replaced by the following section:

Resident
of Québec.

4. A person is a resident of Québec when he is lawfully entitled to be or remain in Canada, makes his home in Québec and is ordinarily present there, unless he is a tourist, a transient or a visitor there."

1970, c. 37,
s. 6, am.

5. Section 6 of the said act, amended by section 6 of chapter 47 of the statutes of 1971, is again amended by replacing the second paragraph by the following paragraph:

Emigrants
excluded.

"A person who leaves Québec to settle in another country ceases, from his departure, to be a resident of Québec."

1970, c. 37,
s. 8,
replaced;
ss. 8*a*-8*c*,
added.

6. Section 8 of the said act, replaced by section 4 of chapter 40 of the statutes of 1974, is again replaced by the following sections:

“8. Every resident of the province of Québec must be registered with the Board in accordance with the regulations.”

Sec. 7. The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.

Sec. 8. The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.

Registra-
tion.

“8. Every person who is a resident of Québec must register with the Board in accordance with the regulations. Only such a person is entitled to so register with the Board.

Card.

The Board shall issue a health-insurance card to every person registered in accordance with the prescribed terms and conditions.

Transfer
prohibited.

“8a. No beneficiary may entrust his health-insurance card to a third person, lend, give, sell or otherwise alienate it and no person may require or accept that a beneficiary entrust him with his card, or that he lend, sell or otherwise alienate it in his favour.

Exception.

However, a beneficiary may entrust his health-insurance card to an establishment and any establishment may require or receive the health-insurance card of a beneficiary.

Registra-
tion
without
being
entitled
to it.

“8b. Every person who registers with the Board without being entitled thereto or knowingly assists or encourages another person to register with the Board whereas that person is not entitled thereto, or infringes section 8a, is guilty of an offence and is liable, on summary proceeding, in addition to the costs, to a fine of not less than \$200 nor more than \$1000.

False
informa-
tion.

“8c. Any person who gives false or misleading information in or in respect of an application for registration with the Board is guilty of an offence and is liable, on summary proceeding, in addition to the costs, to a fine of not less than \$200 nor more than \$1000.”

1970, c. 37,
s. 9,
replaced.

7. Section 9 of the said act is replaced by the following section:

Reimburs-
ement for
services
furnished
outside
Québec.

“9. A beneficiary is entitled to exact from the Board the reimbursement of the cost of the insured services furnished to him outside Québec by a professional in the field of health provided that he delivers to the Board the receipts for the fees paid by him, and furnishes it with the information the Board needs to justify the payment claimed.

Amount
exigible.

However, he shall only be entitled to exact the lesser of the amount he actually paid for such services or that which would have been paid by the Board for such services to a professional in the field of health of Québec under an agreement.”

1970, c. 37,
s. 10, am.

8. Section 10 of the said act is amended by replacing the first paragraph by the following paragraph:

Payment
for
services
by Board.

“10. The Board itself may also assume, on behalf of any beneficiary, payment of the cost of the services contemplated in

Sec. 9. *The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.*

Sec. 10. *Section 10b of the act presently reads as follows:*

10b. A resident of the province of Québec shall also be entitled to exact from the Board payment of the cost of purchase, fitting, replacement or repair of prostheses or orthopedic or other devices contemplated by section 3 furnished to him in the province of Québec, by an establishment or laboratory, or furnished to him outside the province of Québec by an establishment or laboratory recognized for such purpose by the Minister, on presentation of a statement of account prescribed in accordance with section 57, provided that the Board has obtained from such person the information it needs to justify the payment claimed.

Such person shall not be entitled to exact more than the price fixed by regulation for purchase, fitting, replacement or repair of such prostheses and orthopedic or other devices.

The Board itself may also assume for the account of a resident of the province of Québec, up to the maximum amounts fixed by regulation, the payment of the cost of the services contemplated in the first paragraph. It shall do so however only if such person presents a statement of account and furnishes the appropriate information to it.

A person who sells, adjusts, replaces or repairs prostheses or orthopedic or other devices contemplated in section 3 shall be paid only for what he has actually executed and only up to the maximum prices fixed by regulation.”

section 9 upon presentation of a statement of fees and after having obtained the information it needs to justify the payment claimed.”

1970, c. 37,
s. 10a,
replaced.

9. Section 10a of the said act, enacted by section 3 of chapter 38 of the statutes of 1970, is replaced by the following section:

Services
in case of
with-
drawal or
non-
participa-
tion.

“10a. A beneficiary is also entitled to exact from the Board payment of the cost of the insured services furnished to him in Québec by a professional who has withdrawn or by a professional contemplated in section 24, upon presentation of a statement of fees prescribed in accordance with section 57, provided that the Board has obtained from such beneficiary or from the professional concerned the information it needs to justify the payment claimed.

Amount
exigible.

He is not entitled to exact more than the amount which would have been paid by the Board for such services to a professional who is subject to the application of an agreement.”

1970, c. 37,
s. 10b,
replaced.

10. Section 10b of the said act, enacted by section 4 of chapter 30 of the statutes of 1973 and amended by section 5 of chapter 40 of the statutes of 1974, is replaced by the following section:

Payment
for cost of
prostheses,
etc.

“10b. A beneficiary is also entitled to exact from the Board payment of the amount fixed by regulation for the purchase, fitting, replacement or repair of prostheses, orthopedic devices, apparatus or other equipment contemplated in the fifth paragraph of section 3 furnished to him in Québec, by an establishment or laboratory or by a person contemplated in subparagraph c^s of the first paragraph of section 56 or furnished to him outside Québec by an establishment or laboratory recognized by the Minister, or by a person contemplated in subparagraph c^s of the first paragraph of section 56, on presentation of a statement of account prescribed in accordance with section 57, provided that the Board has obtained from such beneficiary the information it needs to justify the payment claimed.

Maximum
price.

Such beneficiary is not entitled to exact more than the price fixed by regulation for purchase, fitting, replacement or repair of such prostheses, orthopedic devices, apparatus or other equipment.

Payment
by Board.

The Board itself may also assume for the account of a beneficiary, up to the maximum amounts fixed by regulation, the payment of the cost of the services contemplated in the first paragraph. It shall do so however only if such beneficiary presents a statement of account and furnishes the appropriate information to it.

Sec. 11. *This section introduces entirely new law.*

Sec. 12. *The proposed amendment is for concordance with sections 2 and 11 of the bill and aims at providing for the mode of payment or reimbursement of insured services to a beneficiary, to a person residing in Québec or to an establishment.*

Sale, etc.,
of
prostheses
and other
equipment.

An establishment or laboratory which sells, adjusts, replaces or repairs prostheses, orthopedic devices, apparatus or other equipment contemplated in section 3 shall be paid only for what it has actually executed and only up to the maximum prices fixed by regulation.”

1970, c. 37,
ss. 10c-
10e, added.

11. The said act is amended by inserting, after section 10*b*, the following sections:

Reim-
bursement
upon
justifica-
tion.

“**10c.** A beneficiary who has not presented his health-insurance card or claim booklet, as the case may be, to a professional in the field of health who is subject to the application of an agreement, is also entitled to exact from the Board the reimbursement of the cost of insured services on presentation of a statement of fees prescribed under section 57, provided that the Board has obtained from such beneficiary or from the professional concerned the information it needs to justify the payment claimed.

Maximum
amount.

He is not entitled to exact more than the amount which would have been paid by the Board for such services to a professional who is subject to the application of an agreement.

Reim-
bursement
to an
establish-
ment.

“**10d.** Only an establishment contemplated in the sixth paragraph of section 3 is entitled to exact from the Board, up to the maximum amounts fixed by regulation, the reimbursement of the cost of purchase, replacement or repair of the visual aids contemplated in the sixth paragraph of section 3 that have been lent to a visually handicapped person, on presentation of a statement of account prescribed under section 57, provided that the Board has obtained from that establishment the information it needs to justify the payment claimed.

Maximum
amount.

It shall not exact or receive for such aids any payment other than that which is payable to it by the Board.

Visual aid
lent, etc.

It shall not exact any payment for a visual aid that has already been lent to and recovered from a visually handicapped person, except the payment of the cost of repairs.

Warranty.

It shall not exact any payment for the cost of repairs to a visual aid where such cost is payable under the warranty offered by the manufacturer.

Statement
of fees.

“**10e.** The professional contemplated in sections 10*a* and 10*c* must fill out the statement of fees prescribed under section 57, and remit it to the beneficiary.”

1970, c. 37,
s. 11,
replaced;
s. 11*a*,
added.

12. Section 11 of the said act, amended by section 4 of chapter 38 of the statutes of 1970 and by section 5 of chapter 30 of the statutes of 1973, is replaced by the following sections:

Sec. 13. *The proposed amendment aims at replacing the words "Minister of Social Affairs" by the word "Minister" and suppresses the power of the Minister to impose, by a regulation subject to the approval of the Lieutenant-Governor in Council, a tariff for the services furnished by dentists in the cases where he could not reach an agreement with a body representing the dentists.*

Sec. 14. *Section 18 of the act presently reads as follows:*

"18. A professional shall be entitled to be remunerated by the Board for the insured services which he has furnished, to a resident of the province of Québec while such professional was subject to the application of an agreement, provided that he has complied with the provisions of the agreement. A pharmacist authorized by law to furnish insured services is entitled to be remunerated

Restriction. "11. A beneficiary is not entitled to exact from the Board the payment or, as the case may be, reimbursement of the cost of any service furnished by a professional in the field of health except in accordance with sections 9, 10, 10a and 10c.

Prostheses or other equipment. He is not entitled to exact from the Board payment of the cost of purchase, fitting, replacement or repair of any prosthesis, orthopedic device, apparatus or equipment contemplated in the fifth paragraph of section 3, except in accordance with section 10b.

Claim by an establishment. An establishment contemplated in the sixth paragraph of section 3 is entitled to exact from the Board the payment of the cost of purchase, replacement or repair of any visual aid contemplated in the sixth paragraph of section 3, except in accordance with section 10d.

Person with a hearing handicap. A person with a hearing handicap is not entitled to exact from the Board the payment of the cost of purchase, fitting, replacement or repair of any hearing aid contemplated in the seventh paragraph of section 3, except in accordance with the prescribed terms and conditions.

Reimbursement upon registration. "11a. A person who is a resident of Québec who receives any insured service while not being duly registered with the Board may exact the payment or reimbursement from the Board of the cost of that insured service provided that he registers with the Board in accordance with section 8.

Beneficiary. In such a case, he is considered to be a beneficiary from the date on which he received that insured service."

1970, c. 37, s. 15, am. "13. Section 15 of the said act, amended by section 6 of chapter 30 of the statutes of 1973 and by section 8 of chapter 40 of the statutes of 1974, is again amended:

(a) by replacing the first paragraph by the following paragraph:

Agreement "15. With the approval of the Lieutenant-Governor in Council, the Minister may make with the bodies representing any class of professionals in the field of health, any agreement for the purposes of the carrying out of this act.";

(b) by striking out the fourth paragraph.

1970, c. 37, s. 18, replaced. "14. Section 18 of the said act, amended by section 7 of chapter 30 of the statutes of 1973 and by section 9 of chapter 40 of the statutes of 1974, is replaced by the following section:

Remuneration. "18. A professional in the field of health is not entitled to be remunerated by the Board except for an insured service he

ated by the Board, on the same conditions, for insured services legally furnished by one of his employees.

He shall not exact or receive for such services any other remuneration than that payable to him by the Board and provided for by the agreement; any agreement to the contrary shall be null *ipso facto*.

No person shall be remunerated for insured services which he has not furnished in conformity with the law or the regulations or which he has furnished but falsely described.

No person shall be remunerated by the Board for uninsured services.

Every person who contravenes the second, third or fourth paragraph is guilty of an offence and liable upon summary proceeding to a fine of not less than \$500 nor more than \$2,000 and, for each subsequent offence within two years, to a fine of not less than \$2,000 nor more than \$5,000."

Sec. 15. *The proposed amendment introduces entirely new law.*

has furnished in person to a beneficiary who presented his health-insurance card or claim booklet, as the case may be, or to be remunerated by a beneficiary except for an insured service he has furnished in person to such beneficiary who did not present his health-insurance card or claim booklet, as the case may be, while such professional was subject to the application of an agreement, provided that he has complied with the provisions of the agreement. A pharmacist authorized by law to furnish insured services is entitled, however, to be remunerated by the Board or by such a beneficiary, as the case may be, on the same conditions, for an insured service legally furnished by one of his employees.

Services furnished in accordance with the agreement.

Nevertheless, a professional in the field of health who is subject to the application of an agreement is entitled, in the cases provided for by regulation, to be remunerated by the Board for an insured service he has furnished in person to a beneficiary who did not present his health-insurance card or claim booklet, as the case may be, provided that he has complied with the provisions of the agreement.

Remuneration not provided for by agreement.

A professional in the field of health shall not exact or receive for such a service any other remuneration than that payable to him by the Board or by such a beneficiary, as the case may be, and provided for by agreement; any agreement to the contrary is null *ipso facto*.

Service not furnished.

He shall not exact or receive any payment from the Board for an insured service he has not furnished or which he has furnished in a manner not in conformity with the act, the regulations or the agreement.

Uninsured services.

He shall not exact or receive any payment from the Board for uninsured services.

Payment by beneficiary.

No person may exact or receive any payment whatever from any beneficiary in connection with the dispensing of any insured service by a professional in the field of health who is subject to the application of an agreement, except in the cases prescribed.

Offences and penalties.

A professional in the field of health who contravenes the first, second, third, fourth or fifth paragraph, and every person who contravenes the sixth paragraph, is guilty of an offence and is liable, on summary proceeding, in addition to the costs, to a fine of not less than \$500 nor more than \$2 000 in the case of a first offence, and of not less than \$2 000 nor more than \$5 000 for any subsequent offence within two years."

1970, c. 37, ss. 18a and 18b, added.

15. The said act is amended by inserting, after section 18, the following sections:

Statement of fees.

"18a. A professional in the field of health is not entitled to be remunerated unless he has personally signed the statement

Sec. 16. *The proposed amendment aims at binding the Board to refuse or suspend the payment of the cost of insured services further to a recommendation by the professions tribunal.*

Sec. 17. *Section 24 of the act presently reads as follows:*

“24. When the Minister of Social Affairs considers that the number of professionals who are non-participating professionals throughout the province of Québec or in any region of the Province, or the number of those engaged in the same kind of activities who are non-participating professionals, throughout the province of Québec or in a region of Québec is too large to allow the insured services to continue to be rendered under uniform conditions, he shall cause to be published in the *Québec Official Gazette* a notice which takes account of the circumstances; from the publication of such notice, he must also take the special measures which he considers necessary and which he is authorized to adopt under the law to see to it that the insured services concerned continue to be rendered under uniform conditions.”

of fees prescribed under section 57, subject to the prescribed cases and conditions.

Refusal of
payment.

“18b. Where, after an investigation, the Board has reasonable cause to believe that insured services for which payment is claimed by a professional in the field of health or for which he has obtained payment were uninsured services, have not been furnished or have been furnished in a manner not in conformity with this act, the regulations or the agreement, the Board may refuse payment for such services and proceed to have them reimbursed by compensation or otherwise. In such a case, the burden of proof, before the competent court, that such services were insured services, that they were furnished, or that they were furnished in accordance with this act, the regulations or the agreement, as the case may be, is on the professional in the field of health.”

1970, c. 37,
s. 19b,
replaced.

16. Section 19b of the said act, enacted by section 5 of chapter 38 of the statutes of 1970 and amended by section 10 of chapter 47 of the statutes of 1971, is replaced by the following section:

Payment
refused or
suspended.

“19b. The payment of the cost of insured services must be refused or suspended whenever the committee on discipline of the Corporation professionnelle des médecins du Québec, the Corporation professionnelle des dentistes du Québec, the Corporation professionnelle des pharmaciens du Québec or the Corporation professionnelle des optométristes du Québec or the professions tribunal so recommends with respect to a professional in the field of health who is subject to its authority.”

1970, c. 37,
s. 24,
replaced.

17. Section 24 of the said act, amended by section 9 of chapter 38 of the statutes of 1970 and by section 17 of chapter 42 of the statutes of 1970, is replaced by the following section:

Notice
when too
many pro-
fessionals
withdraw.

“24. When the Minister considers that the number of professionals who are non-participating professionals throughout Québec or in any region of Québec, or the number of those engaged in the same kind of activities who are non-participating professionals throughout Québec or in any region of Québec is too large to allow the insured services to continue to be rendered under uniform conditions, he shall cause a notice to be published in the *Gazette officielle du Québec* setting forth the situation.

Order to
subject
remunera-
tion.

After publication of such a notice, the Lieutenant-Governor in Council may order, by regulation, for such period as he may determine, that the professionals in the field of health contemplated in the notice who have become non-participating profes-

Sec. 18. *The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.*

Sec. 19. *The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.*

Sec. 20. *The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.*

sionals after the date fixed in the regulation, which may be earlier than the date of the coming into force of the regulation, shall not exact or receive for insured services they have furnished to beneficiaries, any remuneration other than that provided for in an agreement, and the Board shall reimburse to the beneficiaries the cost of the insured services they have received from such professionals.

Provisions applicable.

Sections 24a to 24e apply to those professionals in the field of health, *mutatis mutandis*."

1970, c. 37, s. 24a, am.

18. Section 24a of the said act, enacted by section 10 of chapter 38 of the statutes of 1970 and amended by section 10 of chapter 40 of the statutes of 1974, is again amended by replacing the first paragraph by the following paragraph:

Other remuneration forbidden.

"24a. A professional in the field of health shall not exact or receive, for insured services furnished by him to a beneficiary as a professional who had withdrawn, any remuneration other than that provided for in an agreement; any covenant to the contrary is null *ipso facto*."

1970, c. 37, s. 24b, replaced.

19. Section 24b of the said act, enacted by section 10 of chapter 38 of the statutes of 1970, is replaced by the following section:

Notice to professional who has withdrawn.

"24b. When the Board forwards a payment to a beneficiary after the latter has presented a statement of fees for insured services furnished by a professional who has withdrawn, it must, at the same time, give a written notice thereof to that professional; the latter shall not exact or receive from the beneficiary any payment of fees for insured services before he receives that notice. A professional who has withdrawn who contravenes this section is guilty of an offence and is liable, on summary proceeding, in addition to payment of the costs, to the fine provided for in section 24a."

1970, c. 37, s. 24c, replaced.

20. Section 24c of the said act, enacted by section 10 of chapter 38 of the statutes of 1970, is replaced by the following section:

Notice of non-payment.

"24c. When the Board forwards to a beneficiary a notice informing him that it will not pay him all or part of the amount claimed, it must also forward a copy of such notice to the professional who has withdrawn, who rendered the services for which fees have been claimed; such professional may, from the receipt of such notice, claim before the courts from the Board, in the place and stead of his patient, the amount of fees which the Board

Sec. 21. *The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.*

Sec. 22. *The proposed amendment aims at replacing the expression “resident of the province of Québec” by the word “beneficiary”.*

Sec. 23. *The proposed amendment is for concordance with section 11 of this bill.*

Sec. 24. *Section 27 of the act presently reads as follows:*

“27. Every recourse against the Board in recovery of remuneration or in payment or reimbursement of the cost of insured services, in consequence of the application of this act and the regulations or of an agreement, shall be prescribed by two years from the time when each insured service is furnished.”

intends not to pay provided that he then gives notice thereof to his patient.”

1970, c. 37,
s. 24*d*,
replaced.

21. Section 24*d* of the said act, enacted by section 10 of chapter 38 of the statutes of 1970, is replaced by the following section:

Right to
claim of
profes-
sional not
notified.

“**24*d*.** A professional in the field of health who has not received from the Board a copy of a notice contemplated in section 24*b* or 24*c* respecting an amount of fees claimed by him from a beneficiary for insured services which he rendered to him as a professional who had withdrawn, may claim the unpaid amount from the Board before the courts, in the place and stead of his patient, from the ninetieth day following the forwarding of his account to the patient, provided that he has, in writing, notified the Board and his patient of his intention at least thirty days beforehand.”

1970, c. 37,
s. 25,
replaced.

22. Section 25 of the said act, replaced by section 11 of chapter 38 of the statutes of 1970, is again replaced by the following section:

Right to
remunera-
tion.

“**25.** A professional in the field of health who is not a professional subject to the application of an agreement is not entitled to be remunerated by the Board for insured services which he furnishes to a beneficiary, except in accordance with section 10 or sections 24*a* to 24*e* or for services rendered in Québec in emergency cases determined according to the standards established by regulation; he shall then exact from the Board only the remuneration provided for in section 10 or sections 24*a* to 24*e* or, in the case of services rendered in Québec in emergency cases, only the remuneration provided for in an agreement.”

1970, c. 37,
s. 26,
replaced.

23. Section 26 of the said act, amended by section 12 of chapter 38 of the statutes of 1970 and replaced by section 8 of chapter 30 of the statutes of 1973, is again replaced by the following section:

Exclusive
right to
payment.

“**26.** Subject to sections 9, 10, 10*a*, 10*b*, 10*c* and 10*d*, only a professional in the field of health is entitled to exact payment from the Board for the cost of insured services furnished to a beneficiary.”

1970, c. 37,
s. 27,
replaced.

24. Section 27 of the said act is replaced by the following section:

Prescrip-
tion of
recourse.

“**27.** Every recourse against the Board in recovery of remuneration or in payment or reimbursement of the cost of insured

Sec. 25 *The proposed amendment aims at replacing the words "Minister of Social Affairs" by the word "Minister".*

Sec. 26 *The proposed amendment aims at replacing the words "Minister of Social Affairs" by the word "Minister".*

Sec. 27. *Section 28 of the act presently reads as follows:*

"28. At least five revisory committees are established to make recommendations to the Board on matters it refers to them under section 34."

Sec. 28. *The proposed amendments aim at adding two members to each revisory committee, one of whom is appointed from a list furnished by the professional corporation concerned, and the other is an officer of the Board*

services, in consequence of the application of this act and the regulations or of an agreement, is prescribed by six months from the date when each insured service is furnished, except in cases or circumstances determined by regulation. However, such recourse is prescribed by two years from the date when each insured service is furnished in the case where it is exercised by a beneficiary.”

1970, c. 37,
s. 27a, am.

25. Section 27a of the said act, enacted by section 12 of chapter 47 of the statutes of 1971, is amended:

(a) by replacing the first paragraph by the following paragraph:

Council
established.

“**27a.** The Lieutenant-Governor in Council, on the recommendation of the Minister, shall establish an Advisory Council on Pharmacology, composed of a chairman and four other members of whom two must be experts in pharmacology, one an expert in finance and economics and another an officer of the Board.”;

(b) by replacing the third paragraph by the following paragraph:

Secretary,
etc.

“The Minister shall add to such Council a secretary and the other officers and employees necessary for its work; they shall be chosen from among the officers and employees of the Ministère des affaires sociales.”

1970, c. 37,
s. 27b,
replaced.

26. Section 27b of the said act, enacted by section 12 of chapter 47 of the statutes of 1971, is replaced by the following section:

Functions.

“**27b.** The functions of the Council are to assist the Minister in keeping up to date the list contemplated in section 3a and for that purpose to give him its advice on the therapeutic value of each medication and the fairness of the price exacted.”

1970, c. 37,
s. 28,
replaced.

27. Section 28 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Committees
established.

“**28.** For each class of professionals in the field of health, at least one revisory committee is established to make recommendations to the Board in respect of matters it refers to it under section 34.”

1970, c. 37,
s. 29,
replaced.

28. Section 29 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973 and amended by section 11 of chapter 40 of the statutes of 1974, is replaced by the following section:

appointed on the recommendation of the Board, and at specifying that the sixth member of each committee is an advocate appointed on the recommendation of the Office de Professions du Québec.

The last paragraph of section 29 of the act presently reads as follows:

“If a body contemplated in this section fails to furnish its list of names, the Lieutenant-Governor in Council may appoint, among the members of that body who do not hold any elective or full-time office, the number of members of the committee which must be chosen from among the members of that body. However, the Lieutenant-Governor in Council shall not exercise that power until thirty days after the Minister has sent to the body concerned notice that it has failed to furnish its list of names; such notice may be sent up to two months before the date on which a term of office is to expire.”

Composi-
tion.

“29. Each committee consists of seven members appointed for a term not exceeding two years by the Lieutenant-Governor in Council, who shall designate a chairman and a vice-chairman from among them.

Medical
specialists.

One of the committees includes 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 are chosen from a list of at least six names furnished by the Federation of Medical Specialists of Québec; such persons must not hold any elective or full-time office within such corporation or federation.

General
practi-
tioners.

Another committee includes 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 are chosen from a list of at least six names furnished by the Fédération des médecins omnipraticiens du Québec; such persons must not hold any elective or full-time office within such corporation or federation.

Oral
specialists.

Another committee includes 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 are chosen from a list of at least six names furnished by the Association of Oral Surgeons of Québec; such persons must not hold any elective or full-time office within such corporation or association.

Dentists.

Another committee includes 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 are chosen from a list of at least six names furnished by the Québec Dental Surgeons Association; such persons must not hold any elective or full-time office within such corporation or association.

Optome-
trists.

Another committee includes 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 are chosen from a list of at least six names furnished by the Professional Association of Optometrists of the Province of Québec; such persons must not hold any elective or full-time office within such corporation or association.

Pharma-
cists.

Another committee includes 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 are chosen from a list of at least six names furnished by the Association of proprietary pharmacists of Québec; such persons must not hold any elective or full-time office within such corporation or association.

Sec. 29. *The proposed amendment introduces entirely new law.*

Sec. 30. *The proposed amendment introduces new law.*

Sec. 31. *Section 33 of the act presently reads as follows:*

“33. Three members including the chairman, or his substitute in the cases provided for in section 30, constitutes a quorum.

In case of a tie-vote, the chairman, or his substitute in the cases provided for in section 30, has a casting vote.”

Sec. 32. *Section 34 of the act presently reads as follows:*

“34. When the Board believes that the insured services for which a physician, a dental surgeon or an optometrist has claimed or obtained payment

Advocate. The sixth member of each committee, who must be an advocate duly registered with the Barreau du Québec, is appointed on the recommendation of the Office des professions du Québec.

Functionary of the Board. The seventh member of each committee who is a non-voting functionary of the Board is appointed on the recommendation of the Board.

Failure to furnish list of names. If a body contemplated in this section fails to furnish its list of names, the Lieutenant-Governor in Council, on the recommendation of the Office des professions du Québec, shall appoint, among the members of the body concerned who do not hold any elective or full-time office, the number of members of the committee which must be chosen from among the members of that body. However, the Lieutenant-Governor in Council shall not exercise that power until thirty days after the Minister has sent to the body concerned notice that it has failed to furnish its list of names; such notice may be sent up to two months before the date on which a term of office is to expire."

1970, c. 37, s. 30, replaced. **29.** Section 30 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Immunity. **"30.** The members of the revisory committees shall not be prosecuted by reason of official acts done in good faith in the performance of their duties."

1970, c. 37, s. 31, replaced. **30.** Section 31 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Salary, etc. **"31.** The salary or, if necessary, the fees or allowances of each member of such committees are fixed by the Lieutenant-Governor in Council and paid by the Board, which also assumes the administrative costs of each committee in accordance with the standards set by the Lieutenant-Governor in Council."

1970, c. 37, s. 33, replaced. **31.** Section 33 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Quorum. **"33.** Three voting members, including the chairman or, if he is unable to act, the vice-chairman, and the advocate, constitute a quorum.

Casting vote. In case of a tie-vote, the chairman or the vice-chairman has a casting vote."

1970, c. 37, s. 34, replaced. **32.** Section 34 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973 and amended by section 12 of chapter 40 of the statutes of 1974, is replaced by the following section:

during the thirty-six preceding months were not required so frequently or that such services have been rendered in an improper or unjustified manner described, it may refer the matter to the appropriate revisory committee and must, in writing, inform the physician, dental surgeon or optometrist concerned, who is entitled to be heard before the revisory committee before it makes its recommendation."

Sec. 33. *Section 35 of the act presently reads as follows:*

"35. Every physician, dental surgeon or optometrist, and every establishment within the meaning of the Act respecting health services and social services (1971, chapter 48) must furnish to the committee, on request, any document or information relating to a matter referred to it."

Sec. 34. *Section 36 of the act presently reads as follows:*

"36. The revisory committee seized of a matter under section 34 shall, after study, recommend to the Board by a writing signed by the chairman of the committee, stating the reasons for the recommendation, either to pay the amount claimed in whole or in part or to refuse to pay that amount, or to require the reimbursement of any overpayment, by compensation or otherwise."

Sec. 35. *Section 37 of the act presently reads as follows:*

"37. The Board may accept the recommendation of the revisory committee and it must then comply therewith.

Likewise, the physician, dental surgeon or optometrist contemplated by the recommendation may accept it, and he shall then comply therewith.

However, the Board or the professional contemplated, if not satisfied with the recommendation, may lodge an appeal before the Social Affairs Commission, which shall be proceeded with in accordance with the Social Affairs Commission Act (1974, chapter 39)."

Grounds
for refer-
ring
matter to
revisory
committee.

“34. Where the Board believes that the insured services or a part of them for which a professional in the field of health has claimed or obtained payment during the thirty-six preceding months were not required so frequently or were dispensed in an improper or unjustified manner or were not justified by medicine, optometry, dentistry or pharmacy, it shall refer the matter to the appropriate revisory committee and must, in writing, inform the professional concerned.

Profes-
sional
heard.

Before making its recommendation, the revisory committee must allow the professional concerned to be heard.”

1970, c. 37,
s. 35,
replaced.

33. Section 35 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Request
for docu-
ment or
infor-
mation.

“35. Every professional in the field of health and every establishment must furnish to the committee, on request, any document or information relating to a matter referred to it.”

1970, c. 37,
s. 36,
replaced.

34. Section 36 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Recom-
mendation
of revisory
committee.

“36. The revisory committee to which a matter has been referred under section 34 shall, after study, recommend to the Board either to pay the amount claimed in whole or in part or to refuse to pay that amount, or to require the reimbursement of any overpayment, by compensation or otherwise. The revisory committee may, before making its recommendation, obtain the opinion of the professional corporation concerned.

Recom-
mendation
substan-
tiated.

The recommendation must be substantiated and signed by the chairman or the vice-chairman and the assenting members. Any dissenting member may make a separate report.

Recom-
mendation
transmit-
ted to the
Board.

The recommendation, the separate reports of dissenting members and the opinions obtained must be transmitted by the secretary of the revisory committee, by registered mail, to the secretary of the Board.”

1970, c. 37,
s. 37,
replaced.

35. Section 37 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973 and replaced by section 13 of chapter 40 of the statutes of 1974, is again replaced by the following section:

Decision of
the Board.

“37. The Board must render a substantiated decision within thirty days of receiving the recommendation of the revisory committee and make compensation, if such is the case. It must forthwith, by registered mail, inform the professional contemplated in the decision, the professional corporation and the professional federation or association concerned.

Sec. 36. *The proposed amendment introduces entirely new law.*

Sec. 37. *Section 39 of the act presently reads as follows:*

“39. The delays for prescription of a recourse against the Board for payment of insured services which have given rise to the application of section 34 are suspended from the time the Board refers the matter to a revisory committee until the Board informs the physician, dental surgeon or optometrist concerned of its decision, following the recommendation of the committee.”

Sec. 38. *Section 51 of the act presently reads as follows:*

“51. Nevertheless, a person contemplated in section 50 may disclose the date on which an insured service was furnished, the name and address of the person who furnished it, the sums paid by the Board for such service and the names of the persons to whom they were paid, but such information may be disclosed only to the person who furnished or received the service, his advocate or his representative duly authorized by or acting for him under the law.

The Board shall also be required to disclose such information to the Minister of Revenue of Québec or to the Minister of Revenue of Canada whenever he makes application to it therefor and it must disclose to the Minister of National Health and Social Welfare the information which it has obtained for the carrying out of this act, whenever he makes application to it therefor, but it shall disclose such information only to such extent as is required for the purposes of the carrying out of the Medical Care Act (Statutes of Canada). In such cases, section 50 shall not apply to the members of the Board or to the officers and employees thereof authorized by it to disclose the information contemplated in this paragraph.

The Board must send to every resident of the province of Québec for whom it has paid insured services a statement giving:

(a) the name of the professional in the field of health who furnished the services;

(b) the date on which they were furnished;

Appeal.

Any professional aggrieved by a decision rendered pursuant to the preceding paragraph may appeal therefrom to the Commission des affaires sociales in accordance with the Social Affairs Commission Act (1974, chapter 39). The burden of proof that the decision of the Board is ill-founded is on the appellant.”

1970, c. 37,
s. 38,
replaced.

36. Section 38 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Homologation.

38. The decision of the Board may be homologated, upon its request, by the Superior Court or the Provincial Court according to their respective jurisdictions, at the expiration of the delay for appeal and the judgment becomes executory under the authority of the court which homologated it.”

1970, c. 37,
s. 39,
replaced.

37. Section 39 of the said act, enacted by section 9 of chapter 30 of the statutes of 1973, is replaced by the following section:

Suspension
of prescription
of
recourse.

39. The delays for prescription of a recourse against the Board for payment of insured services which have given rise to the application of section 34 are suspended from the time the Board refers the matter to a revisory committee until the Board informs the professional in the field of health of its decision.”

1970, c. 37,
s. 51, am.

38. Section 51 of the said act, amended by section 14 of chapter 40 of the statutes of 1974, is again amended:

(a) by replacing the third paragraph by the following paragraph:

Statement
to be sent.

“The Board must send to every beneficiary for whom it has paid insured services a statement giving:

(a) the name of the professional in the field of health who furnished the services;

(b) the date on which they were furnished and the nature of such services;

(c) the amount paid by the Board for each performance of services; and

(d) the total sum so paid for such services.”;

(b) by replacing the fifth paragraph by the following paragraph:

Circumstances.

“The regulation may also indicate the cases or the circumstances in which this section or certain provisions of it must not be applied.”;

(c) by adding, at the end, the following paragraph:

- (c) the amount paid by the Board for each performance of services; and
- (d) the total sum so paid for such services.

The statement contemplated in this section must be sent not less than once each year; however, in the cases or circumstances determined by regulation, it must be sent within the delays or at the times fixed by such regulation.

The regulation may also indicate the circumstances in which this section or certain provisions of it must not be applied.”

Sec. 39. The amendments proposed in the first paragraph are for concordance with section 24 of the Professional Code (1973, chapter 43). The amendments proposed in the second and third paragraphs of section 52 of the act introduce entirely new law.

Sec. 40. The proposed amendment aims at replacing the words “Minister of Social Affairs” by the word “Minister”.

Surveys.

“The Board is bound to make periodic sampling surveys for the purposes of verifying whether the insured services of which it has assumed the cost have in fact been furnished.”

1970, c. 37,
s. 52,
replaced.

39. Section 52 of the said act, amended by section 13 of chapter 47 of the statutes of 1971, is replaced by the following section:

Disclosure
of informa-
tion to
certain
profes-
sional cor-
porations.

“**52.** Section 50 does not prohibit the disclosure of information obtained for the carrying out of this act to the Bureau of the Corporation professionnelle des médecins du Québec, the Bureau of the Corporation professionnelle des dentistes du Québec, the Bureau of the Corporation professionnelle des optométristes du Québec, the Bureau of the Corporation professionnelle des pharmaciens du Québec, to the committee on discipline or the professional inspection committee of each of such corporations.

Disclosure
authorized
by a profes-
sional.

The Board is bound to disclose to the body with which the Minister has made an agreement, the name and given names of a professional in the field of health who has received a remuneration from the Board, the amount of the remuneration, the number and nature of, and the date when insured services thus remunerated were furnished whenever it has been duly authorized for that purpose in writing by that professional. In such a case, the Board is bound to disclose that information to the Minister.

Informa-
tion on
benefi-
ciaries.

The Board may also, with the authorization of the Lieutenant-Governor in Council, on such conditions as he may determine, disclose to a minister or to an agency of the Gouvernement du Québec, to an establishment or to a person appointed by the Assemblée nationale, the names, given names, date of birth, sex and address of beneficiaries.”

1970, c. 37,
s. 54, am.

40. Section 54 of the said act, amended by section 14 of chapter 47 of the statutes of 1971 and by section 12 of chapter 30 of the statutes of 1973, is again amended by replacing the second paragraph by the following paragraph:

Disclosure
of cost of
services,
etc.

“Neither does it prohibit the disclosure to the Minister of the total cost of the services, medications, prostheses, orthopedic devices, apparatus or other equipment assumed by the Board under subparagraph *c* of the first paragraph of section 3 and the second, third and fifth paragraphs of that section with respect to each person entitled to social aid under the Social Aid Act (1969,

Sec. 41. *Section 55 of the act presently reads as follows:*

55. Every professional to whom an agreement applies must furnish the Board, at the request of its general manager, with only the information which the Board requires to appraise a statement of fees and which relates to the insured services he has furnished to a resident of the province of Québec.

Whenever any professional who is remunerated otherwise than for each professional act which he performs and to whom an agreement applies furnishes an insured service, the person who remunerates him must furnish the Board, at the request of its general manager, with only the information which the Board requires for appraising his remuneration and which relates to the insured services furnished by such a professional to a resident of the province of Québec; the person who remunerates such a professional shall also be entitled to obtain such information from the professional concerned, when it is so requested of him."

Sec. 42. *The effect of this section is to amend subparagraphs c⁵, d, h, i and l of section 56 of the act, which presently read as follows:*

(c⁵) determine which prostheses and orthopedic or other devices are deemed insured services for the purposes of the fourth paragraph of section 3, fix the cost of purchase, fitting, replacement and repair thereof and prescribe the conditions on which they may be furnished;

(d) determine what constitutes a hospital outside the province of Québec or a university establishment for the purposes of paragraph b of section 3;

(h) provide for the issuing of cards certifying that residents of the province of Québec are registered, determine the conditions upon which such cards may be used, the cases in which they must be used, those in which they must be returned to the Board and those in which they may be replaced;

(i) establish standards to determine the emergency cases in which the Board shall pay the remuneration provided for in an agreement, to a professional who has withdrawn, for insured services which he renders to a resident of the province of Québec;

(l) fix certain delays within which or times at which the statement contemplated in section 51 must be sent and the circumstances in which the said section or certain provisions of it must not be applied."

Another effect of this section is to insert provisions introducing new law by enacting subparagraphs c⁶, c⁷, c⁸, m, n and o, to replace the words "dental surgeon" in subparagraph c¹ by the word "dentist". This section is for concordance with sections 1 and 2 of this bill.

chapter 63), holding a valid claim booklet issued under section 56a or 56c during the period indicated by the Minister but which shall not be less than thirty days.”

1970, c. 37,
s. 55,
replaced.

41. Section 55 of the said act, amended by section 17 of chapter 42 of the statutes of 1970, is replaced by the following section:

Informa-
tion to be
furnished
by profes-
sionals.

“55. Every professional in the field of health to whom an agreement applies must furnish the Board, at the request of its general manager, with only the information which the Board requires to appraise a statement of fees or a demand for payment relating to the insured services he has furnished to a beneficiary.”

1970, c. 37,
s. 56, am.

42. Section 56 of the said act, amended by section 19 of chapter 38 of the statutes of 1970, section 15 of chapter 47 of the statutes of 1971, section 13 of chapter 30 of the statutes of 1973 and by section 15 of chapter 40 of the statutes of 1974, is again amended:

(a) by replacing subparagraph *c*¹ of the first paragraph by the following subparagraph:

“(c¹) determine which services rendered by dentists are to be considered insured services for the purposes of the second paragraph of section 3;”;

(b) by replacing subparagraph *c*⁵ of the first paragraph by the following subparagraph:

“(c⁵) determine which prostheses, orthopedic devices, apparatus or other equipment are deemed insured services for the purposes of the fifth paragraph of section 3, fix the amount that may be reimbursed to a beneficiary for the purchase, fitting, replacement and repair thereof and prescribe the conditions on which they may be furnished, fitted, replaced or repaired;”;

(c) by adding after subparagraph *c*³ of the first paragraph, the following subparagraphs:

(c⁶) give a definition of “visually handicapped person” and determine the visual aids which are to be considered insured services for the purposes of the sixth paragraph of section 3, fix the cost of purchase, fitting, replacement or repair thereof, prescribe the conditions on which they may be furnished, fitted, replaced, repaired or recovered, fix the age of the visually handicapped persons who may benefit thereby and determine classes of such persons;

“(c⁷) give a definition of “person with a hearing handicap”, determine the hearing aids which are to be considered insured services for the purposes of the seventh paragraph of section 3, fix the cost of purchase, fitting, replacement or repair thereof, prescribe the conditions on which they may be furnished, fitted, replaced or repaired, prescribe the terms and conditions regarding claims and payments, fix the age of the persons with a hearing handicap who may benefit thereby and determine classes of such persons;

“(c⁸) determine what persons, other than an establishment or laboratory, may furnish certain categories of insured services contemplated in the fifth paragraph of section 3 for which a fixed cost may be exacted from the Board by the beneficiary, the classes of services the cost of which may be so exacted and fix the maximum price that may be exacted from the beneficiary by such persons;”;

(d) by replacing subparagraph *d* of the first paragraph by the following subparagraph:

“(d) determine what constitutes a hospital centre outside Québec, or a university establishment, for the purposes of subparagraph *b* of the first paragraph of section 3;”;

(e) by replacing subparagraph *h* of the first paragraph, by the following subparagraph:

“(h) provide for the issuance of health-insurance cards certifying that a person who is a resident of Québec is registered with the Board, determine the conditions upon which such cards may be renewed or replaced, the cases in which they must be returned to the Board and fix the expiration date thereof;”;

(f) by replacing subparagraph *i* of the first paragraph by the following subparagraph:

“(i) establish standards to determine the emergency cases in which the Board shall pay the remuneration provided for in an agreement, to a professional who has withdrawn or a non-participating professional, for insured services which he renders to a beneficiary;”;

(g) by replacing subparagraph *l* of the first paragraph by the following subparagraphs:

“(l) fix the delays within which the statement contemplated in section 51 must be sent;

“(m) determine the cases or circumstances in which the delay of prescription contemplated in section 27 is not to be applied and fix delays applicable in such cases or circumstances;

“(n) prescribe the tenor of the engagement that must be fulfilled by a professional receiving an incentive premium;

Sec. 43. *The proposed amendment aims at replacing the words “Minister of Social Affairs” by the word “Minister” and is for concordance with section 2 of this bill.*

Sec. 44. *The proposed amendment aims at replacing the words “Minister of Social Affairs” by the word “Minister” and is for concordance with section 2 of this bill.*

Sec. 45. *The proposed amendment introduces entirely new law.*

“(o) determine the cases or circumstances where a professional in the field of health who is subject to the application of an agreement is entitled to be remunerated by the Board for insured services he has furnished in person to a beneficiary who did not present his health-insurance card.”;

(h) by replacing the second paragraph by the following paragraph:

Publication
of draft
regulations.

“The Minister shall cause to be published in the *Gazette officielle du Québec* the draft regulations contemplated in paragraph *b* of the first paragraph, together with a notice that they shall be considered by the Lieutenant-Governor in Council at the expiry of thirty days following such publication.”

1970, c. 37,
s. 56a,
replaced.

43. Section 56a of the said act, enacted by section 16 of chapter 47 of the statutes of 1971, amended by section 16 of chapter 40 of the statutes of 1974, by section 2 of chapter 60 of the statutes of 1975 and replaced by section 4 of chapter 44 of the statutes of 1977, is again replaced by the following section:

Issue of
claim
booklets.

“**56a.** The Minister shall issue a claim booklet in the form prescribed under section 57 to every person who is entitled to social aid under the Social Aid Act or who is a recipient of an allowance paid under the second paragraph of section 67 of the said act, attesting that he is entitled to the services contemplated in the third paragraph of section 3, for the period provided in such booklet.”

1970, c. 37,
s. 56b,
replaced.

44. Section 56b of the said act, enacted by section 3 of chapter 60 of the statutes of 1975 and amended by section 5 of chapter 44 of the statutes of 1977, is replaced by the following section:

Claim
booklet.

“**56b.** The Minister shall issue a claim booklet in the form prescribed under section 57 to every person at least sixty years of age and less than sixty-five years of age, attesting that he is entitled to the services mentioned in the fourth paragraph of section 3, during the period provided in the booklet,

(a) if such person receives an allowance under Part II.1 of the Old Age Security Act (Statutes of Canada); and

(b) if such person would but for such allowance be entitled to social aid under the Social Aid Act or be the recipient of an allowance under the second paragraph of section 67 of the said act.”

1970, c. 37,
s. 56c,
added.

45. The said act is amended by adding, after section 56b, the following section:

Sec. 46. *Section 57 of the act presently reads as follows:*

“57. The Board may, by by-law, prescribe the form and tenor of the forms which may or must be used for the purposes of this act by a professional or a resident of the province of Québec; such a by-law must, before coming into force, be approved by the Lieutenant-Governor in Council.”

Sec. 47. *The proposed amendment introduces entirely new law.*

Sec. 48. *Sections 63 to 68 of the act, enacted by section 48 of this bill introduce entirely new law and they aim at setting up a programme of incentive premiums for the professionals in the field of health.*

Social aid
recipient.

“56c. The Minister shall issue a claim booklet in the form prescribed under section 57 to every person who is entitled to social aid under the Social Aid Act, attesting that he is entitled to the services mentioned in the second paragraph of section 3, during the period provided in the booklet.”

1970, c. 37,
s. 57,
replaced.

46. Section 57 of the said act is replaced by the following section:

Regula-
tion pre-
scribing
forms and
statement
of fees.

“57. The Board may make regulations

(a) prescribing the form and tenor of the statement of fees or of any other form which may or must be used by a professional in the field of health, a beneficiary, a resident of Québec, an establishment or a laboratory;

(b) prescribing any other additional mode of making a statement of fees according to which a professional may claim fees from the Board, the cases in and conditions according to which a mandatary may claim fees from the Board on behalf of a professional in the field of health, the information, and the tenor of the documents they must file with the Board as well as the tenor of the documents they must preserve together with the time during which such documents must be kept.

Approval.

Before coming into force, such a regulation must be approved by the Lieutenant-Governor in Council.”

1970, c. 37,
s. 62,
replaced.

47. Section 62 of the said act, amended by section 17 of chapter 40 of the statutes of 1974, is replaced by the following section:

Profes-
sional
guilty.

“62. Where a professional in the field of health prosecuted under the Criminal Code is guilty of or pleads guilty to an infraction or an indictable offence in connection with a claim for insured services, the Board shall, from the pronouncement of the final judgment, issue a written order whereby that professional is considered to be a non-participating professional for a period of six months in the case of a first offence and one year in the case of a subsequent offence.

Profes-
sional
considered
non-parti-
cipating for
period
indicated.

Such an order must indicate the date from which the professional is to be considered a non-participating professional and the period for which it applies. The Board must, by registered mail, send a copy of that order to the professional at the last address known to the Board and cause a notice thereof to be published in the *Gazette officielle du Québec*.”

1970, c. 37,
Div. IX,
ss. 63-68,
added.

48. The said act is amended by inserting, after section 62, the following division:

Sec. 49. *The proposed amendment aims at changing the conditions for obtaining a research scholarship.*

"DIVISION IX

"INCENTIVE PREMIUMS

Incentive premium in insufficiently provided territory.

"63. In accordance with this act and the regulations, the Minister may grant an incentive premium to the professional in the field of health who agrees to furnish insured services to beneficiaries in a territory recognized by the Minister as insufficiently provided with insured services.

Restriction.

"64. No person is entitled to an incentive premium unless, in the opinion of the Board,

(a) he is domiciled in Québec;

(b) he holds a permit to practice issued by the Bureau of the professional corporation governing his profession and is a member in good standing of that corporation;

(c) he has signed the prescribed engagement.

Juries.

"65. The Board shall see to the establishment and operation of juries, each composed of not less than three members, who shall examine the professionals in the field of health who apply for incentive premiums.

Examination.

The examination is intended to determine the applicant's ability to fulfil his engagement.

Appointment.

The members of each jury are appointed by the Minister.

Report and list of applicants.

"66. Every jury shall submit a written report of its examination to the Board, which shall furnish the Minister with a list of the eligible applicants, by order of priority.

Report of Board on application of this division.

"67. The Board shall, in its annual report, give a separate detailed report of its activities in relation to the application of this division.

Payment of premiums.

"68. Incentive premiums granted by the Minister for each fiscal year are paid by the Board during that year. The Board shall, in its annual report, make a separate statement of account of the sums paid for such purposes."

1970, c. 37, s. 76i, am.

49. Section 76i of the said act, enacted by section 18 of chapter 40 of the statutes of 1974, is amended by replacing paragraph *c* by the following paragraph:

"(c) he is not pursuing, in a body recognized by the Minister and the Ministre de l'éducation, research in connection with one of the health sciences;"

Sec. 50. *Section 88 of the act presently reads as follows:*

“88. The Minister of Social Affairs shall be entrusted with carrying out the provisions of this act except for those of Division IX, the carrying out of which shall appertain to the Minister of Revenue.”

Sec. 51. *The proposed amendment is for concordance with section 14 of the Act to provide for the financing of health programmes (1976, chapter 27).*

Sec. 52. *The proposed amendment is for concordance with section 1 of the Act respecting health services and social services (1971, chapter 48).*

Sec. 53. *The proposed amendment is for concordance with section 52 of this bill.*

Sec. 54. *The proposed amendments aim at entitling the Board to assume the cost of any programme determined by law or by the Lieutenant-Governor in Council, and are for concordance with section 2 of this bill.*

Sec. 55. *Section 7 of the act presently reads as follows:*

“7. The Board shall consist of fourteen members, including a president and a vice-president, all appointed by the Lieutenant-Governor in Council who

1970, c. 37,
s. 88,
replaced.

50. Section 88 of the said act, amended by section 17 of chapter 42 of the statutes of 1972, is replaced by the following section:

Carrying
out of act.

“88. The Ministre des affaires sociales is entrusted with the application of this act.”

1970, c. 37,
s. 89,
repealed.

51. Section 89 of the said act is repealed.

R.S.,
c. 163, s. 1,
am.

52. Section 1 of the Hospital Insurance Act (Revised Statutes, 1964, chapter 163) is amended by adding, after paragraph *c*, the following paragraph:

“hospital”.

“(d) “hospital” means a hospital centre within the meaning of the Act respecting health services and social services (1971, chapter 48).”

R.S.,
c. 163, s. 4,
repealed.

53. Section 4 of the said act is repealed.

1969, c. 53,
s. 2, am.

54. Section 2 of the Health Insurance Board Act (1969, chapter 53), amended by section 81 of chapter 37 of the statutes of 1970, section 17 of chapter 47 of the statutes of 1971, section 15 of chapter 30 of the statutes of 1973 and section 20 of chapter 40 of the statutes of 1974, is again amended:

(a) by replacing subparagraph *b* of the first paragraph by the following subparagraph:

“(b) to administer, and assume the cost of any other plan or programme entrusted to it by law or by the Lieutenant-Governor in Council;”;

(b) by replacing the fifth paragraph by the following paragraph:

Recovery
of certain
cost by
Board.

“The Board shall also recover from the Ministère des affaires sociales the cost of the services, prostheses, orthopedic devices, apparatus or other equipment it has assumed under subparagraph *c* of the first paragraph and the second and fifth paragraphs of section 3 of the Health Insurance Act (1970, chapter 37) for each person entitled to social aid under the Social Aid Act (1969, chapter 63), holding a valid claim booklet issued under section 56*a* or 56*c* of the Health Insurance Act, and the corresponding administrative costs, after deducting the amounts recovered under section 14 of the said act.”

1969, c. 53,
s. 7, am.

55. Section 7 of the said act, replaced by section 82 of chapter 37 of the statutes of 1970, is amended by replacing the second and third paragraphs by the following paragraphs:

shall fix the salary or, if necessary, the additional salary, fees and allowances of each of them.

The president shall be appointed for ten years and the other members for three years.

Two of such members shall be appointed after consultation with the most representative bodies in the business field, two after consultation with the most representative bodies in the labour field, two after consultation with the most representative bodies in the professions related to health, other than the medical profession, one after consultation with the most representative bodies in the hospital field and one after consultation with the most representative bodies of consumers; three other such members, who must be physicians authorized by law to practise their profession in the province of Québec, shall be appointed, one upon the recommendation of the association representing the medical specialists of the province of Québec, another upon the recommendation of the association representing the general practitioners of the province of Québec and the other upon the joint recommendation of both such associations.

Two other members shall be appointed from among the officers of the government or of its bodies."

Sec. 56. The proposed amendment aims at entitling the Board to be acquainted with the medical record of a patient in an establishment with the authorization of the patient or, failing which, of a judge of the Superior Court.

Sec. 57. The proposed amendment is for concordance with section 35 of this bill.

Sec. 58. This section is a transitional provision and for concordance with sections 27 to 36 and 57 of this bill.

Term of
office.

“The president shall be appointed for a term not exceeding ten years and the other members for a term not exceeding three years.

Appoint-
ment after
consulta-
tion.

Two of such members shall be appointed after consultation with the most representative bodies in the business field, two after consultation with the most representative bodies in the labour field, one after consultation with the most representative bodies in the hospital field and one after consultation with the most representative bodies of consumers; five other such members, who must be professionals in the field of health authorized by law to practise their profession in Québec, including a general practitioner, a medical specialist, a dentist, an optometrist and a pharmacist shall be appointed after consultation with the most representative bodies in the health sector.”

1969, c. 53,
s. 18*b*, am.

56. Section 18*b* of the said act, enacted by section 84 of chapter 37 of the statutes of 1970, amended by section 18 of chapter 47 of the statutes of 1971, is amended by adding, at the end, the following paragraph:

Author-
ization to
examine
medical
record.

“The Board may, with the authorization of a beneficiary within the meaning of the Health Insurance Act, examine his medical record in an establishment within the meaning of the Act respecting health services and social services (1971, chapter 48) and obtain from such establishment a copy of every document in that record. Failing such an authorization, the Board may, by summary motion, apply to a judge of the Superior Court to obtain such authorization.”

1974, c. 39,
s. 20, am.

57. Section 20 of the Social Affairs Commission Act (1974, chapter 39), amended by section 44 of chapter 48, section 4 of chapter 49, section 17 of chapter 42, section 53 of chapter 22 and section 228 of chapter 68 of the statutes of 1977, section 106 of chapter (*insert here the chapter number of Bill 9*) and by section 32 of chapter (*insert here the chapter number of Bill 60*) of the statutes of 1978, is again amended by replacing paragraph *l* by the following paragraph:

“(*l*) the appeals respecting the decisions of the Régie de l’assurance-maladie du Québec brought under section 37 of the Health Insurance Act (1970, chapter 37);”.

Application
of certain
provisions.

58. Sections 27 to 36 and 57 apply to the matters submitted to a revisory committee which were not the subject of a recommendation to the Board before (*insert here the date of the coming into force of sections 27 to 36 and 57*).

Coming
into force.

59. This act will come into force on the date to be fixed by proclamation of the Government except the provisions or parts of provisions that are excluded by that proclamation, which will come into force on any other date to be fixed by proclamation of the Government.