



## CHAPTER 1

An Act to amend the Health Insurance Act  
and other legislation

[Assented to 15 February 1979]

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*<sup>1</sup> of the first paragraph by the following subparagraph:

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

“(b<sup>1</sup>) “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

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*<sup>3</sup> of the first paragraph by the following subparagraph:

“non-participating professional”; “(b<sup>3</sup>) “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;”;

(e) 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”; “(d<sup>1</sup>) “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. 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

(a) whose age is that fixed by regulation, or,

(b) in the case of a beneficiary not contemplated in subparagraph *a*, who holds a valid claim booklet issued pursuant to section 56*c*.

Pharmacy. 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 3*a*, 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 56*a*.

Pharmacy. 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 3*a*, to every beneficiary who holds a valid claim booklet issued under section 56*b*.

Prostheses. 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.

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.

Insured  
services.

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. 3a, am.

**3.** Section 3a 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.

**"3a.** 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. 8a-8c,  
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:

Registration.  
“**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.

Registration without entitlement.  
“**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 \$1 000.

False information.  
“**8c.** Any person who, knowingly, 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 \$1 000.”

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

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

Services 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. However, he shall only be entitled to exact the lesser of the amount he actually paid for such services and 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:

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

With-  
drawn or  
non-parti-  
cipating  
profes-  
sional. “**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. 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:

Prostheses,  
other  
equipment. “**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<sup>o</sup> 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<sup>o</sup> 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.

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.

Statement. 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.

Sale,  
repair,  
replace-  
ment,  
adjust-  
ment.

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:

Non-use  
of card.

**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 or the payment 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.

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.

Visual  
aids.

**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.

Amount.

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

Repairs.

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. 11a,  
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:

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 other equipment contemplated in the fifth paragraph of section 3, except in accordance with section 10b.

Visual  
aids.

An establishment contemplated in the sixth paragraph of section 3 is not 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.

Hearing  
aid.

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.

Non-regis-  
tered  
recipient.

**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.

Benefi-  
ciary.

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. 13a,  
repealed.

**13.** Section 13a of the said act, enacted by section 9 of chapter 47 of the statutes of 1971, is repealed.

1970, c. 37,  
s. 15, am.

**14.** 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.

**15.** 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, with or without card.

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

Exceptions, without card.

Nevertheless, provided that he has complied with the provisions of the agreement, 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 an insured service he has furnished in person to a beneficiary even if the latter did not present his health-insurance card or claim booklet, in the following circumstances and cases:

(a) where the beneficiary is under one year of age;

(b) where the beneficiary at the time he received insured services was in a condition requiring emergency care;

(c) where the beneficiary is over 14 years of age and under 18 years of age and he receives insured services, without parental authorization, in accordance with section 36 of the Public Health Protection Act;

(d) where the beneficiary is sheltered in a reception centre or an extended care hospital centre;

(e) in the other circumstances and cases prescribed.

Pharmacist.

A pharmacist subject to the application of an agreement is entitled to be remunerated in accordance with the first and second paragraphs, even if the insured service has been legally furnished by one of his employees.

No other remuneration.

A professional in the field of health subject to the application of an agreement shall not exact or receive for an insured service any other remuneration than that provided for by the agreement and to which he is entitled under the preceding paragraphs; any covenant to the contrary is null *ipso facto*.

Service not furnished. He shall not exact or receive payment from the Board or a beneficiary, as the case may be, for a service that has not been furnished, that he has not furnished in person or that he has falsely described.

Uninsured services. He shall not exact or receive payment from the Board for a service not considered insured by regulation or not established as an insured service by regulation.

Payment by beneficiary. No person may exact or receive any payment from any beneficiary for a service accessory to an insured service furnished by a professional subject to the application of an agreement or by a professional who has withdrawn, except in the cases prescribed or provided for in an agreement.

Offences and penalties. A professional in the field of health who contravenes the fourth, fifth or sixth paragraph, and every person who contravenes the seventh 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. **16.** 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 by the Board unless he has personally signed the statement of fees prescribed under section 57, subject to the prescribed cases and conditions.

Non-conformity. **"18b.** Where the Board believes that services for which payment is claimed by a professional in the field of health or for which he has obtained payment in the thirty-six preceding months were services furnished in non-conformity with the agreement, the Board may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be. Grievances resulting from this paragraph are settled by the council of arbitration when provided for in the agreement.

False or unfounded claim. Where, after an investigation, the Board believes that services for which payment is claimed by a professional in the field of health or for which he has obtained payment in the thirty-six preceding months were services that have not been furnished, that he has not furnished in person or that he has falsely described, or services not considered insured by regulation or services not established as insured services by regulation, the Board may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

Notice of decision.

Where the Board decides to refuse payment for services or to make compensation, it must inform the professional in the field of health of the reasons for its decision.

Burden of proof.

In the cases provided for in the second paragraph, the burden of proof, before the competent court, that the decision of the Board is ill-founded, is on the professional in the field of health.”

1970, c. 37, s. 19a, am.

**17.** Section 19a of the said act, enacted by section 5 of chapter 38 of the statutes of 1970, is amended by adding at the end of the second paragraph the following words: “However, the Board is not prevented from invoking the frequency of an act for which a professional presents a statement of fees to it as an objection to the payment of it before a revisory committee in accordance with section 34.”

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

**18.** 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.

**19.** 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 professionals 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.

Remuneration in conformity with agreement.

From the eighth day after the publication of the notice, the Lieutenant-Governor in Council may order, by regulation, that the professionals in the field of health contemplated in the notice shall not exact or receive, from the date of the coming into force of the regulation, for insured services they have furnished to

beneficiaries, any remuneration other than that provided for in an agreement in force. The Board shall reimburse to the beneficiaries the cost of the insured services they have received from such professionals.

Duration of order. The decree provided for in the second paragraph shall be for a period of not more than 90 days from the coming into force of the regulation.

Professionals contemplated. The professionals in the field of health contemplated in the second paragraph are the professionals who have become non-participating professionals from the date fixed in the regulation, which may be earlier than the date of the coming into force of the regulation.

Reimbursed costs. The insured services the cost of which is reimbursed by the Board are those that have been rendered by the professionals in the field of health from the date fixed in the regulation.

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

1970, c. 37, s. 24a, am. **20.** 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. **21.** 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. **22.** 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 intends not to pay provided that he gives notice thereof to his patient in writing.”

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

**23.** Section 24d 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.

**“24d.** A professional in the field of health who has not received from the Board a copy of a notice contemplated in section 24b or 24c 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.

**24.** 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 24a to 24e 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 24a to 24e 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.

**25.** 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, 10a, 10b, 10c and 10d, 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. **26.** Section 27 of the said act is replaced by the following section:

Prescription  
of  
recourse.

**“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, is prescribed by six months from the date when each insured service is furnished, except in the case of the death of a professional in the field of health and in the cases submitted to a council of arbitration, in which cases the recourse is prescribed by two years, and in the other 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. **27.** 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. **28.** 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. **29.** 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. **30.** 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:

Composition. **“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 practitioners. 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.

Optometrists. 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.

Pharmacists.

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.

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.

**31.** 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.

**32.** 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.

**33.** 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.

**34.** 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:

Referral  
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 justified by medicine, optometry, dentistry or pharmacy and therefore were furnished more frequently than necessary or were dispensed in an excessive manner, it shall refer the matter to the appropriate revisory committee and must then inform the professional concerned.

Hearing.

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

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

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

Document  
or informa-  
tion.

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

Inspection  
committee  
of a corpo-  
ration.

Upon request or of its own initiative, the professional inspection committee of a professional corporation may communicate to a revisory committee information it considers useful for the performance of the duties of the latter. In like manner, a revisory committee may, upon request or of its own initiative, communicate to a professional inspection committee information it considers useful for the performance of the duties of the latter. In this latter case, the revisory committee must inform the professional concerned.”

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

**36.** 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.

“**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.

Discrepancy in records.

The revisory committee may base its recommendation on the fact that, in the dispensation of an insured service for a given period, an appreciable discrepancy is apparent between the record of practice of a professional and the records of practice of the professionals in the same discipline or carrying on the same activities under similar conditions or in similar social health regions.

Recommendation substantiated.

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.

Recommendation transmitted 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.

**37.** 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, except where the decision of the Board is not in conformity with the recommendation of the revisory committee. It must forthwith, by registered mail, inform the professional contemplated in the decision, the professional corporation and the professional federation or association concerned.

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, except where the decision of the Board is not in conformity with the recommendation of the revisory committee, in which case the burden of proof is on the Board."

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

**38.** 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.

Inter-pretation of recom-mendations. No recommendation of a revisory committee may be interpreted as approving or disapproving the competence of a professional contemplated in it or the quality of the acts in question.”

1970, c. 37, s. 39, replaced. **39.** 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 prescrip-tion 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 or until the Commission des affaires sociales has disposed of the appeal, as the case may be.”

1970, c. 37, s. 51, am. **40.** 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:

Circum-stances. **“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:

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. **41.** 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 to 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, or to the committee on discipline or the professional inspection committee of each of such corporations.

Information on professionals.

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 the insured services thus remunerated and the date when they 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, except the name and given names of the professional in the field of health.

Information on beneficiaries.

The Board may also, with the authorization of the Lieutenant-Governor in Council, on such conditions as he may determine, transmit to an establishment which uses the health insurance number for its administrative purposes, the name, given names, date of birth, sex and address of each beneficiary of that establishment and his health insurance number.

Departments or agencies that may receive information.

It may also, with the authorization of the Lieutenant-Governor in Council, on such conditions as he may determine, transmit the same information to the following departments or agencies of the Gouvernement du Québec: the Ministère des affaires sociales, Ministère des transports, Ministère du tourisme, de la chasse et de la pêche, Ministère de l'éducation, Ministère de l'immigration, Ministère du revenu, Régie des rentes, Régie de l'assurance-automobile, Commission des accidents du travail du Québec and the Commission du salaire minimum.

Confidential information.

No such establishment, department or agency may disclose the information so obtained to any other person."

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

**42.** 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.

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

Information to be furnished by professionals. **“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 and documents 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. **44.** 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*<sup>1</sup> of the first paragraph by the following subparagraph:

“(c<sup>1</sup>) determine which services rendered by dentists are to be considered insured services for the purposes of the second paragraph of section 3 in respect of each class of beneficiaries contemplated therein;”;

(b) by replacing subparagraph *c*<sup>5</sup> of the first paragraph by the following subparagraph:

“(c<sup>5</sup>) 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*<sup>5</sup> of the first paragraph, the following subparagraphs:

“(c<sup>6</sup>) 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;

“(c<sup>7</sup>) 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;

“(c<sup>\*</sup>) 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 and determine the number and the amount of incentive premiums

and the composition and mode of operation of a jury contemplated in section 65;

“(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  
regula-  
tions.

“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.

**45.** 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.

**46.** 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.

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

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.

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

Regula-  
tions.

**“57.** The Board may make regulations

(a) prescribing the form and tenor of the statement of fees or of any other form of the Board 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 pertaining to the claim that the professional must file with the Board and preserve, together with the time for 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.

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

Profes-  
sional  
guilty.

**“62.** Where a professional in the field of health prosecuted under the Criminal Code pleads guilty to an infraction or an indictable offence in connection with a claim made to the Board or paid by it, or is found guilty of such an infraction or such an indictable offence, 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 three months in the case of a first offence and six months in the case of a subsequent offence.

Considered  
non-parti-  
cipating.

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*.

Presump-  
tion.       **“62a.** In proceedings instituted under this act, a statement of fees or a demand for payment signed by a mandatory authorized by a professional in the field of health in accordance with section 57 is presumed to have been signed by that professional in the field of health.”

1970, c. 37,  
Div. IX,  
ss. 63-68,  
added.       **50.** The said act is amended by inserting, after section 62a, the following division:

“DIVISION IX

“INCENTIVE PREMIUMS

Insuf-  
ficiently  
served  
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.

Conditions  
and terms.       An agreement may provide the conditions and terms for the granting of incentive premiums.

Restric-  
tion.       **“64.** No person is entitled to an incentive premium unless, in the opinion of a jury,  
       (a) he is domiciled in Québec;  
       (b) he holds a permit to practise 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 examination of professionals in the field of health who apply for incentive premiums is effected by a jury, whose composition and mode of operation are determined by regulation.

Exami-  
nation.       The examination is intended to determine the applicant’s ability to fulfil his engagement.

Report and  
list of  
applicants.       **“66.** Every jury shall submit a written report of its examination to the Minister, together with a list of the eligible applicants, by order of priority.

Separate  
report.       **“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.       **“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. **51.** 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:

“(e) he is not pursuing, in an establishment affiliated with a university or in a university body, research in connection with one of the health sciences;”.

1970, c. 37,  
s. 88,  
replaced. **52.** Section 88 of the said act, amended by section 17 of chapter 42 of the statutes of 1972, is replaced by the following section:

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

1970, c. 37,  
s. 89,  
repealed. **53.** Section 89 of the said act is repealed.

R.S.,  
c. 163, s. 1,  
am. **54.** 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. **55.** Section 4 of the said act is repealed.

1969, c. 53,  
s. 2, am. **56.** 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 costs. **“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 56a or 56c 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. **57.** 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:

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.

Appointment. 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 of the professionals in the field of health having entered into an agreement.”

1969, c. 53,  
s. 28a,  
added. **58.** The said act is amended by inserting, after section 28, the following section:

Contribution of employer. “**28a.** Where an employer has undertaken in a collective agreement entered into under the Labour Code to pay, for the benefit of his employees, the contribution that they had to pay under Division II of the Act to provide for the financing of health programmes (1976, chapter 27) as it read before being replaced by Division I of Chapter V of this act, he must remit to them an amount equivalent to that contribution at each maturity until the end of his undertaking. The employer must in addition indicate to the association certified under the Labour Code, not later than sixty days after the coming into force of this section, the amount so returned to each of his employees and the manner in which that amount was established.

Equivalent benefits. The employer is discharged from the obligation to remit to his employees the amount owing to them under the first paragraph, if the association certified under the Labour Code accepts that the employer grant equivalent benefits to his employees.

Delay of payment. Payment of the amounts owed by an employer to his employees under the first and second paragraphs shall not be

exacted by them before the expiry of the sixty days contemplated in the first paragraph.

Grievance. Any difficulty resulting from the application of this section constitutes a grievance within the meaning of the Labour Code as in the case of the interpretation or application of the collective agreement binding the employer and that association.”

1974, c. 39,  
s. 20, am. **59.** 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 7 and by section 32 of chapter 16 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);”.

Applicability. **60.** Sections 29 to 38 and 59 apply to the matters submitted to a revisory committee which were not the subject of a recommendation to the Board before 4 April 1979.

Reimbursement for period of non-participation. **61.** The Board shall reimburse, upon presentation of a statement of fees, to a resident of Québec who received from 29 October 1978 until 6 December 1978 insured services from a dental surgeon who was a non-participating dental surgeon during that period, the cost of such services in accordance with the tariffs and the rules of application provided for in the agreement entered into under the Health Insurance Act, on 14 March 1974, between the Ministre des affaires sociales and the Québec Dental Surgeons Association.

Statement of fees. For that purpose, the dental surgeon contemplated in that agreement must, at the request of such a person, fill out, sign and remit to him a statement of fees prescribed in accordance with section 57 of the Health Insurance Act.

Effective date. **62.** Section 28*a* of the Québec Health Insurance Board Act (1969, chapter 53) enacted by section 58 has effect from 1 January 1978.

Coming into force. **63.** 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. (\*)

(\*) Paragraphs a, b and d to g of section 1, sections 2 to 10, sections 10d and 10e except “and 10c” enacted by section 11, section 11 except “and 10c” enacted by section 12, sections

*13, 14, 16 to 24, section 26 except "10c" enacted by section 25, sections 27 to 39, paragraph c of section 40, sections 41 to 43, paragraphs a to f, paragraphs l, m and n replaced by paragraph g and paragraph h of section 44 and sections 45 to 63 of this act came into force on 4 April 1979 (Gazette officielle du Québec, 1979, page 3001).*

*Paragraph c of section 1, section 10c and 10e including "and 10c" enacted by section 11, section 11 including "and 10c" and 11a enacted by section 12, section 15, section 26 including "10c" enacted by section 25, section 26 and paragraph o replaced by paragraph g of section 56 enacted by section 44 came into force on 1 November 1979 (Gazette officielle du Québec, 1979, page 7319).*