



NATIONAL ASSEMBLY

FIRST SESSION

FORTY-FIRST LEGISLATURE

Bill 92

**An Act to extend the powers of the Régie
de l'assurance maladie du Québec and to
amend various legislative provisions**

Introduction

**Introduced by
Mr. Gaétan Barrette
Minister of Health and Social Services**

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EXPLANATORY NOTES

This bill amends the Health Insurance Act to, among other things, allow the Régie de l'assurance maladie du Québec (the Board) to recover from a health professional or third person an amount unlawfully obtained from an insured person, without an application for reimbursement being filed beforehand. The monetary administrative penalties that may be imposed on health professionals and third persons who have claimed or obtained a payment contrary to the law are set out and the applicable fines are increased. The period granted a health professional or third person for contesting a decision of the Board concerning non-authorized payments before the Superior Court or the Court of Québec is reduced from six months to 60 days. In addition, the Board may claim the cost of the insured services borne by the Board from anyone who assisted a person in obtaining or using a health insurance card without entitlement. The applicable fines are also increased in such a case.

The Act is further amended to include, for dispensers who provide insured orthoses and prostheses as well as other insured devices, provisions that are similar to those applicable to health professionals, in particular as regards the recovery by the Board of non-authorized payments claimed or obtained by such dispensers. The Board may communicate information obtained for the carrying out of the Act to a police force and to certain government departments and to certain bodies if such information is necessary to prevent, detect or repress an offence under an Act applicable in Québec. The terms and conditions and time limits applicable to a change in the status of participating professionals, professionals who have withdrawn and non-participating professionals must be determined by government regulation. The obligation to prescribe by regulation the content of the forms used by the Board is abolished. Moreover, the Board may require that a health professional's statement of fees or claim for payment be transmitted to the Board by electronic means only.

The Act respecting prescription drug insurance is amended as well to allow the Board to recover from a drug manufacturer or wholesaler an amount corresponding to non-authorized rebates, gratuities or other benefits extended by the manufacturer or wholesaler. Monetary administrative penalties and penal offences are prescribed for cases where a manufacturer or wholesaler extends such benefits or cases where a pharmacist receives such benefits. Furthermore, the

Minister may, by regulation, prescribe the monetary administrative penalties applicable by the Board for any other failure by a manufacturer or wholesaler to comply with a condition or commitment prescribed by regulation of the Minister.

The prescriptive period applicable to penal proceedings brought under the Health Insurance Act or the Act respecting prescription drug insurance is set at one year from the date on which the prosecutor became aware of the commission of the offence.

Lastly, the Act respecting the Régie de l'assurance maladie du Québec is amended to grant the Board inspection powers. Also, the Board may apply to the Superior Court to obtain an injunction in respect of any matter relating to an Act under the Board's administration.

LEGISLATION AMENDED BY THIS BILL:

- Hospital Insurance Act (chapter A-28);
- Health Insurance Act (chapter A-29);
- Act respecting prescription drug insurance (chapter A-29.01);
- Act respecting administrative justice (chapter J-3);
- Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);
- Act respecting health services and social services (chapter S-4.2).

Bill 92

AN ACT TO EXTEND THE POWERS OF THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC AND TO AMEND VARIOUS LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

HEALTH INSURANCE ACT

1. Section 1 of the Health Insurance Act (chapter A-29) is amended by inserting the following subparagraph after subparagraph *p* of the first paragraph:

“(p.1) “dispenser”: any person who provides an insured service referred to in the fifth, sixth, seventh or eighth paragraph of section 3 and may exact from an insured person or from the Board, as the case may be, the cost determined by regulation for such a service;”.

2. Section 7 of the Act is amended by replacing “in the form prescribed by the Board” in the second paragraph by “using the form provided by the Board”.

3. Section 9.1.1 of the Act is amended by replacing “\$200 to \$1,000” in the second paragraph by “\$500 to \$5,000”.

4. Sections 9.2 to 9.4 of the Act are amended by replacing “not less than \$200 nor more than \$1,000” by “not less than \$500 nor more than \$5,000”.

5. Section 9.5 of the Act is amended by replacing “\$50 to \$500” and “\$100 to \$1,000” in the second paragraph by “\$250 to \$2,500” and “\$500 to \$5,000”, respectively.

6. Section 9.7 of the Act is amended

(1) by adding the following subparagraph at the end of the first paragraph:

“(4) received insured services as a result of the use of a health insurance card or eligibility card that was entrusted, lent, given, sold or otherwise alienated contrary to the first paragraph of section 9.1 or that does not correspond to the person’s, spouse’s or child’s true identity.”;

(2) by inserting the following paragraph after the first paragraph:

“A person must also reimburse the Board, solidarily with the person who received insured services without being entitled to them,

(1) if the person, contrary to the first paragraph of section 9.1, entrusted, lent, gave, sold or otherwise alienated the person's card;

(2) if the person, contrary to section 9.2, assisted or encouraged the person who received insured services to register with the Board although that person was not entitled to do so.”;

(3) by inserting “or any other person referred to in the second paragraph” after “the person” in the third paragraph.

7. Section 18 of the Act is amended by inserting the following subsections after subsection 1:

“(1.1) A health professional or dispenser must, at the Board's request, communicate to the Board any information or document contained in the insured person's record that is necessary to exercise a right of recovery under subsection 1, after informing the insured person of the nature of the information or documents to be communicated to the Board.

“(1.2) If a judicial application is instituted to obtain compensation for the injury caused by the third person's fault, the insured person must notify it to the Board within five days after it is instituted.

“(1.3) The Board may intervene in any judicial application brought against the third person to obtain compensation for the injury caused to the insured person. If it wishes to intervene, it shall send a notice to that effect to each of the parties and to the court; it is then considered to be a party to the proceeding.”

8. Section 18.1 of the Act is amended by inserting “, as may a person who must reimburse an amount under section 9.7” at the end.

9. Section 22 of the Act is amended by replacing the fourteenth paragraph by the following paragraphs:

“A health professional who contravenes the fourth, seventh, eighth or thirteenth paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, in the case of a subsequent offence, to a fine of \$10,000 to \$100,000.

Every person who contravenes the ninth or eleventh paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.”

10. Section 22.0.0.2 of the Act is amended by replacing “\$1,000 to \$2,000” and “\$2,000 to \$5,000” in the third paragraph by “\$5,000 to \$50,000” and “\$10,000 to \$100,000”, respectively.

11. Section 22.0.0.1 of the Act is amended

(1) by replacing “the first paragraph of section 22.0.1” in the fourth paragraph by “subparagraph 1 of the second paragraph of section 22.0.1”;

(2) by replacing “\$500 to \$1,000” and “\$1,000 to \$2,000” in the sixth paragraph by “\$2,500 to \$25,000” and “\$5,000 to \$50,000”, respectively;

(3) by replacing the seventh paragraph by the following paragraph:

“Every person who contravenes the second paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.”

12. Section 22.0.1 of the Act is replaced by the following section:

“22.0.1. Where the Board believes that a health professional or third person received payment from an insured person contrary to this Act, including if the health professional or third person exacted more than the amount that would have been paid by the Board to a professional subject to the application of an agreement for the services provided to an insured person who did not present his health insurance card, claim booklet or eligibility card, it shall notify the health professional or third person in writing. The notice must also indicate the reimbursement mechanisms that the Board may apply under this section and, if applicable, the monetary administrative penalty that may be imposed, and allow the health professional or third person 30 days to present observations.

At the expiry of the 30-day period, the Board shall notify its decision to the health professional or third person in writing, with reasons. If the Board maintains that an amount has been so paid, it may

(1) reimburse the amount so paid to the insured person who has applied for a reimbursement in writing, provided the application is filed within three years of the date of payment;

(2) inform the insured persons concerned by any means it considers appropriate, such as by publishing a notice to that effect on its website or in a newspaper in the locality where the health professional practises, that they may file an application for reimbursement with the Board within three years of the date of payment;

(3) recover from the health professional or third person, by compensation or otherwise, any amount received contrary to this Act, whether or not the Board has received an application for reimbursement, such an amount then being deemed to be a debt toward the Board;

(4) impose on the health professional or third person a monetary administrative penalty equal to 15% of the payment received contrary to this Act, which it may collect by compensation or otherwise, when it recovers the amount of that payment.

If the three-year period referred to in subparagraph 1 of the second paragraph has expired, the Board may not take any recovery measure under subparagraph 3 of the second paragraph in respect of an amount for which it has not received an application for reimbursement.

If the third person having received the prohibited payment is the operator of a private health facility or specialized medical centre where the health professional concerned by the application for reimbursement or the recovery measure practises, or if the third person manages the business of the health professional, compensation may be applied to that health professional, except as regards the monetary administrative penalty, provided the health professional has been notified in accordance with the first paragraph.

The health professional or third person may, within 60 days of notification of the decision, contest the decision before the Superior Court or the Court of Québec, according to their respective jurisdictions. The burden of proving that the decision of the Board is ill-founded is on the health professional or third person, as the case may be.

If the health professional or third person does not contest such a decision and the Board cannot recover the amount owed by compensation, the Board may, at the expiry of the 60-day period for contesting the decision, issue a certificate stating the name and address of the health professional or third person and attesting the amount owed and the health professional's or third person's failure to contest the decision. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, the decision becomes enforceable as if it were a final judgment of that court not subject to appeal and has all the effects of such a judgment.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to the amount owed by the health professional or third person.”

13. Section 22.2 of the Act is amended

(1) by inserting “in accordance with the terms and conditions and time limits provided for in the agreement” at the end of the first paragraph;

(2) by replacing the third paragraph by the following paragraphs:

“In addition, the Board may impose on the health professional a monetary administrative penalty equal to 10% of the payment the health professional claimed or obtained for services referred to in the first paragraph or 15% of the payment the health professional claimed or obtained for services referred

to in the second paragraph. It may collect the amount of the penalty by compensation or otherwise.

Before rendering its decision, the Board shall give the health professional at least 30 days' notice, stating the acts alleged against him and, if applicable, the monetary administrative penalty that may be imposed, and allowing him an opportunity to present observations. At the expiry of the time limit, the Board shall notify its decision to the health professional in writing, with reasons.”;

(3) by replacing “six months” in the fifth paragraph by “60 days”;

(4) by inserting the following paragraphs after the fifth paragraph:

“The amount of the payments that a health professional obtained for services referred to in the first or second paragraph may be established by statistical inference on the sole basis of information obtained by a sampling of those services, according to a method consistent with generally accepted practices.

Notification of a notice of investigation to the health professional by the Board suspends the 36-month prescription referred to in the first and second paragraphs until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.”;

(5) by replacing “second, third, fourth and fifth” in the sixth paragraph by “second, fourth, fifth and sixth”.

14. Section 22.3 of the Act is amended by replacing the first paragraph by the following paragraph:

“If a health professional does not contest the decision rendered by the Board under section 22.2 and the Board can neither refuse payment for the services concerned by its decision nor have the amount owed reimbursed by compensation, it may, at the expiry of the applicable period for contesting the decision, issue a certificate stating the name and address of the health professional and attesting the amount owed and the health professional’s failure to contest the decision of the Board. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, the decision becomes enforceable as if it were a final judgment of that court not subject to appeal and has all the effects of such a judgment.”

15. Section 22.4 of the Act is amended by replacing the first and second paragraphs by the following paragraphs:

“Any amount, except a monetary administrative penalty, owed by a health professional or third person, as the case may be, following a decision of the Board made under section 22.0.1, 22.2 or 50 carries a recovery charge equal to 10% calculated on the outstanding balance of the debt on the date on which the Board, in order to collect the debt, resorts to a recovery measure, such as

compensation or the issue of a certificate. The charge cannot be less than \$50 nor more than \$10,000.

When several measures are exercised to recover a debt, the charge provided for in the first paragraph is applied only once.”

16. Section 26 of the Act is amended by replacing “the provisions of the agreement” and “which is provided for in the agreement and” by “what is prescribed by regulation” and “so prescribed”, respectively.

17. Section 27 of the Act is repealed.

18. Section 28 of the Act is amended

(1) by striking out “in the agreement or, failing an agreement, in accordance with the regulations” in the first paragraph;

(2) by inserting the following paragraph after the second paragraph:

“However, the Minister may authorize the re-engagement of a professional who has withdrawn or a non-participating professional within a shorter period than the prescribed period.”

19. Section 31 of the Act is amended by replacing “\$1,000 to \$2,000” and “\$2,000 to \$5,000” in the second paragraph by “\$5,000 to \$50,000” and “\$10,000 to \$100,000”, respectively.

20. The Act is amended by inserting the following division after section 38:

“DIVISION III.1

“DISPENSERS

“**38.1.** A dispenser may not exact or receive payment from the Board or from an insured person, as the case may be, for an insured service that was not provided, that the dispenser did not provide in accordance with the tariffs or conditions prescribed by regulation or that the dispenser falsely described.

The dispenser may not exact or receive payment from the Board for a non-insured service.

A dispenser who contravenes the first or second paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, in the case of a subsequent offence, to a fine of \$10,000 to \$100,000.

“**38.2.** Section 22.0.1, except the fourth paragraph, applies where the Board believes that a dispenser received a payment from an insured person contrary to section 38.1, with the necessary modifications. However, a dispenser

who wishes to contest the Board's decision must do so before the Administrative Tribunal of Québec within 60 days of notification of the decision.

“38.3. Where the Board believes that services for which payment is claimed by a dispenser or for which he obtained payment in the preceding 36 months were services not provided in accordance with the tariffs or conditions prescribed by regulation, it may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

Where, after an investigation, the Board believes that services for which payment is claimed by a dispenser or for which he obtained payment in the preceding 36 months were services that were not provided or that the dispenser falsely described or were non-insured services, it may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

In addition, the Board may impose on the dispenser a monetary administrative penalty equal to 10% of the payment the dispenser claimed or obtained for services referred to in the first paragraph or 15% of the payment the dispenser claimed or obtained for services referred to in the second paragraph. It may collect the amount of the penalty by compensation or otherwise.

Before rendering its decision, the Board shall give the dispenser at least 30 days' notice, stating the acts alleged against him and, if applicable, the monetary administrative penalty that may be imposed, and allowing him an opportunity to present observations. At the expiry of the time limit, it shall notify its decision to the dispenser in writing, with reasons.

The dispenser may, within 60 days of notification of the decision, contest it before the Administrative Tribunal of Québec. The burden of proving that the decision of the Board is ill-founded is on the dispenser.

Notification of a notice of investigation to the dispenser by the Board suspends the 36-month prescription referred to in the first and second paragraphs until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.

“38.4. If a dispenser does not contest the Board's decision before the Administrative Tribunal of Québec and the Board can neither refuse payment for the services concerned nor have them reimbursed by compensation, it may, at the expiry of the 60-day period for contesting the decision, issue a certificate stating the name and address of the dispenser and attesting the amount owed and the dispenser's failure to contest the decision before the Administrative Tribunal of Québec. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, the decision becomes enforceable as if it were a final judgment of that court not subject to appeal and has all the effects of such a judgment.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to the amount owed by the dispenser.

“38.5. Any amount, except a monetary administrative penalty, owed by a dispenser following a decision of the Board made under section 38.2 or 38.3 carries a recovery charge equal to 10% calculated on the outstanding balance of the debt on the date on which the Board, in order to collect the debt, resorts to a recovery measure, such as compensation or the issue of a certificate. The charge cannot be less than \$50 nor more than \$10,000.

The second and third paragraphs of section 22.4 apply, with the necessary modifications.

“38.6. Sections 38.1 to 38.5 do not apply to an institution.”

21. Section 47 of the Act is amended by adding the following paragraph at the end:

“Notification of a notice of investigation to the health professional by the Board suspends the 36-month prescription referred to in the first paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.”

22. Section 50 of the Act is amended

(1) by inserting the following paragraph after the first paragraph:

“The Board may impose on the health professional a monetary administrative penalty equal to 15% of the payment the professional claimed or obtained for services referred to in the first paragraph of section 47, which it may collect by compensation, except if its decision is not in conformity with the recommendation of the revisory committee. When such a penalty is imposed, the notice transmitted to the professional must mention as much.”;

(2) by replacing “the preceding paragraph” in the second paragraph by “the first or second paragraph”.

23. Section 51 of the Act is amended by replacing “second paragraph” in the first paragraph by “third paragraph”.

24. Section 65 of the Act is amended

(1) by inserting “or the board of directors of any professional order to which a dispenser belongs or to which a person who provides an insured service for a dispenser belongs” after “Ordre professionnel des pharmaciens du Québec” in the first paragraph;

(2) by inserting the following paragraph after the first paragraph:

“Neither does it prohibit the communication of information obtained for the carrying out of this Act

(1) to a body responsible by law for the prevention, detection or repression of crime or statutory offences, if the information is necessary to prosecute an offence under an Act applicable in Québec; or

(2) to a body referred to in the seventh paragraph if the information is necessary to prevent, detect or repress an offence under an Act applicable in Québec.”;

(3) by replacing “fifth” in the seventh paragraph by “sixth”.

25. Section 72 of the Act is amended, in the first paragraph,

(1) by striking out subparagraph *a*;

(2) by replacing subparagraph *d.2* by the following subparagraph:

“(d.2) prescribing, with respect to any class of health professionals with which the Minister has entered into an agreement under section 19, according to the method of remuneration, that a health professional’s statement of fees or claim for payment be transmitted to the Board by electronic means only;”;

(3) by striking out subparagraph *e*.

26. Section 74 of the Act is amended by replacing “of not more than \$500” and “of \$100 to \$1,000” in the third paragraph by “of \$1,000 to \$10,000” and “of \$2,000 to \$20,000”, respectively.

27. Section 76 of the Act is amended by replacing “of not more than \$1,000” by “of \$250 to \$2,500”.

28. Section 76.1 of the Act is replaced by the following section:

“**76.1.** Penal proceedings for an offence under this Act or the regulations must be brought within one year from the date on which the prosecutor became aware of the commission of the offence. However, no proceedings may be instituted if more than five years have elapsed since the date of the commission of the offence.”

29. The Act is amended by striking out “the content of which is in conformity with the regulations,” in the first paragraphs of sections 12, 13.1 and 22.1, “and the content of which is in conformity with the regulations” in the first paragraphs of sections 13 and 13.2 and in the first and third paragraphs of section 13.2.1, and “, the content of which is in conformity with the regulations,” in section 13.3.

HOSPITAL INSURANCE ACT

30. Section 10 of the Hospital Insurance Act (chapter A-28) is amended by adding the following subsection at the end:

“(7) An institution must, on the Minister’s request, communicate to the Minister any information or document contained in the insured person’s record that is necessary to exercise a right of recovery under subsection 1, after informing the insured person of the nature of the information or documents to be communicated to the Minister.”

ACT RESPECTING PRESCRIPTION DRUG INSURANCE

31. Section 22 of the Act respecting prescription drug insurance (chapter A-29.01) is amended

(1) by adding the following sentence at the end of the third paragraph: “In addition, the Board may impose on a pharmacist a monetary administrative penalty equal to 15% of the amount of the benefits, which it may collect by compensation or otherwise.”;

(2) by adding the following paragraph at the end:

“Notification of a notice of investigation to the pharmacist by the Board suspends the 36-month prescription referred to in the third paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.”

32. The Act is amended by inserting the following sections after section 70:

“70.0.1. If, after an investigation, the Board believes that rebates, gratuities or other benefits were granted in the preceding 36 months by a manufacturer or wholesaler contrary to the conditions or commitments prescribed by regulation of the Minister, it may require that the manufacturer or wholesaler pay the amount of those benefits and the administrative costs determined in the commitment that the manufacturer or wholesaler must sign to be granted accreditation. In addition, the Board may impose on the manufacturer or wholesaler a monetary administrative penalty equal to 15% of the amount of those benefits.

Notification of a notice of investigation to the manufacturer or wholesaler by the Board suspends the 36-month prescription referred to in the first paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.

“70.0.2. The Minister may, by regulation, prescribe the monetary administrative penalties that may be imposed by the Board in the case of a failure by a manufacturer or wholesaler to comply with a condition or commitment prescribed by regulation of the Minister, other than a failure under

section 70.0.1. The regulation determines the amount of the penalty by taking into account the nature and seriousness of the failure to comply; however, the amount may not exceed \$2,500.

The imposition of such an administrative penalty is prescribed two years after the date of the failure to comply.

“70.0.3. Sections 22.2 and 22.3 of the Health Insurance Act (chapter A-29) govern the procedure applicable to a decision made by the Board under section 70.0.1 or 70.0.2 as if the decision had been made under the second paragraph of section 22.2 of that Act, with the necessary modifications.”

33. The Act is amended by inserting the following section after section 84.5:

“84.6. A pharmacist who receives rebates, gratuities or other benefits not authorized by regulation is guilty of an offence and is liable to a fine of \$10,000 to \$100,000. In the case of a subsequent offence, the minimum and maximum fines are doubled.

The same applies to a manufacturer or wholesaler who extends rebates, gratuities or other benefits contrary to the conditions or commitments prescribed by regulation of the Minister.

In addition, a manufacturer or wholesaler who does not comply with any other condition or commitment prescribed by regulation of the Minister is guilty of an offence and is liable to a fine of \$2,500 to \$12,500. In the case of a subsequent offence, the minimum and maximum fines are doubled.”

34. Section 85 of the Act is amended by replacing “Every person” by “Subject to the third paragraph of section 84.6, every person”.

35. The Act is amended by inserting the following section after section 85:

“85.0.1. Penal proceedings for an offence under this Act or the regulations must be brought within one year from the date on which the prosecutor became aware of the commission of the offence. However, no proceedings may be instituted if more than five years have elapsed since the date of the commission of the offence.”

36. Section 85.1 of the Act is repealed.

ACT RESPECTING ADMINISTRATIVE JUSTICE

37. Section 3 of Schedule I to the Act respecting administrative justice (chapter J-3) is amended by inserting “, 38.2, 38.3” after “18.4” in paragraph 2.

ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU
QUÉBEC

38. The Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is amended by inserting the following section after section 2.0.12:

“**2.0.13.** The Board may require, from every person filing an application under this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01), the regulations or any other program entrusted to it by law or by the Government under the first paragraph of section 2,

(1) that the person use the appropriate form provided by the Board; and

(2) that the person provide the information and documents necessary to the processing of the application.

Likewise, the Board may require that declarations, notices, authorizations or mandates given to a third party be submitted to the Board on the appropriate form it provides.”

39. The Act is amended by inserting the following sections after section 19:

“**19.1.** The Board may authorize any person to act as an inspector for the purpose of verifying compliance with this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01) and the regulations.

To that end, the person acting as an inspector may

(1) enter, at any reasonable time, any place where a health professional, a dispenser or a drug manufacturer or wholesaler accredited by the Minister exercises functions or carries on activities; and

(2) require the persons present to provide any information relating to the functions exercised or activities carried on by the persons referred to in subparagraph 1 and to produce any related document for examination or for the purpose of making copies.

Any person who has custody, possession or control of the documents referred to in this section must, on request, make them available to the person conducting the inspection and facilitate their examination.

An inspector authorized to act by the Board cannot be prosecuted for acts performed in good faith in the exercise of the functions of office.

“**19.2.** An inspector may, by a request sent by registered mail or personal service, require from any person, within a reasonable time specified by the inspector, that the person send by registered mail or personal service any

information or document relating to the application of this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01) and the regulations.”

40. The Act is amended by inserting the following section after section 20:

“**20.1.** Within the scope of an inspection or investigation, no person may refuse to communicate to the Board any information or document contained in the record of an insured person within the meaning of the Health Insurance Act (chapter A-29) or any financial information or document concerning the activities carried on by a health professional, a dispenser or a drug manufacturer or wholesaler accredited by the Minister.”

41. Section 21 of the Act is amended

(1) by inserting “to communicate any information or document he may require or” after “refuse” in the first paragraph;

(2) by adding the following paragraph at the end:

“Anyone who contravenes the first paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000. In the case of a subsequent offence, the minimum and maximum fines are doubled.”

42. The Act is amended by inserting the following section after section 21:

“**21.1.** The Board may apply to a judge of the Superior Court to obtain an injunction in respect of any matter covered by this Act, the Health Insurance Act (chapter A-29), the Act respecting prescription drug insurance (chapter A-29.01) or the regulations.

The application for an injunction is a proceeding in itself.

The procedure prescribed in the Code of Civil Procedure (chapter C-25.01) applies, except that the Board cannot be required to give security.”

43. Section 39 of the Act is amended

(1) by inserting the following paragraph after the first paragraph:

“The sums collected by the Board as monetary administrative penalties under sections 22.0.1, 22.2 and 38.3 of the Health Insurance Act (chapter A-29) are credited to the Health Services Fund.”;

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

“The Ministère des Finances shall distribute the sums credited to the Health Services Fund equally between the Board and the Ministère de la Santé et des

Services sociaux, except the sums referred to in the second paragraph, which are assigned in their entirety to the Board.”;

(3) by replacing “second” in the third paragraph by “third”.

44. Section 40.1 of the Act is amended

(1) by inserting the following paragraph after paragraph *d.2*:

“(d.3) the sums collected by the Board as monetary administrative penalties under section 22, 70.0.1 or 70.0.2 of the Act respecting prescription drug insurance;”;

(2) by replacing “d.2” in paragraph *e* by “d.3”.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

45. Section 19 of the Act respecting health services and social services (chapter S-4.2) is amended

(1) by inserting “in the seventh paragraph of section 78,” after “27.1,” in paragraph 7;

(2) by adding the following paragraphs at the end:

“(14) in the cases and for the purposes set out in subsection 7 of section 10 of the Hospital Insurance Act (chapter A-28);

“(15) to a person authorized to conduct an inspection or investigation under section 19.1 or 20 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5); or

“(16) in the cases and for the purposes set out in subsection 1.1 of section 18 of the Health Insurance Act (chapter A-29).”

46. Section 78 of the Act is amended by adding the following paragraph at the end:

“An institution must, at the Minister’s request, communicate to the Minister any information contained in that user’s record that is necessary to exercise a right of recovery under the first paragraph, after informing the insured person of the nature of the information or documents to be communicated to the Minister.”

TRANSITIONAL AND FINAL PROVISIONS

47. In the case of a question as to the interpretation or application of an agreement, a health professional may contest a decision of the Board made under section 22.0.1 of the Health Insurance Act (chapter A-29), as replaced

by section 12 of this Act, before a council of arbitration established under section 54 of the Health Insurance Act, until the coming into force of the first regulation made under the twelfth paragraph of section 22 of that Act.

48. The sixth paragraph of section 22.2 of the Health Insurance Act, as amended by section 13 of this Act, has effect from *(insert the date that is three years before the date of assent to this Act)*.

49. A regulation made under subparagraph *d.2* of the first paragraph of section 72 of the Health Insurance Act, as it read before *(insert the date of assent to this Act)*, continues to apply with respect to any class of health professionals with which the Minister entered into an agreement under section 19 of that Act until such a class is governed by a regulation made under subparagraph *d.2* of the first paragraph of section 72 of that Act, as amended by section 25 of this Act.

50. The first regulation made under subparagraph *d.2* of the first paragraph of section 72 of the Health Insurance Act, as amended by section 25 of this Act, is not subject to the publication requirement or the date of coming into force set out in sections 8 and 17 of the Regulations Act (chapter R-18.1).

51. This Act comes into force on *(insert the date of assent to this Act)*.

