

Bill 130

**An Act to amend certain provisions  
regarding the clinical organization and  
management of health and social  
services institutions**

Section 11.1

**AMENDMENT:**

Insert after section 11:

**11.1. Section 31 of the Act is amended**

(1) by replacing “and the assistant local service quality and complaints commissioner” in the first paragraph by “, the assistant local commissioner and the personnel members acting under their authority”;

(2) by inserting “and that the personnel members acting under their authority do not exercise any other function within the institution” at the end of the second paragraph.

*Adopté  
HSE*

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Section 15

**AMENDMENT:**

1. Replace "the start and end dates of the confinement" in subparagraph 1 of the second paragraph of proposed section 118.2 by "the duration, including the start and end dates, of the confinement".
2. Insert "Such data must be presented for each of the institution's missions" after "presented to the court." in the third paragraph of proposed section 118.2.

*Adopte  
msc*

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Section 16

**AMENDMENT:**

Insert "throughout the territory under its responsibility" after "services".

*Adopté  
14/10*

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Section 19

**AMENDMENT:**

1. Strike out subparagraph 2 of the first paragraph of proposed section 185.
2. Insert "clinical department of laboratory medicine, a clinical department of dentistry or a clinical" after "must include a".
3. Replace the third paragraph of proposed section 185 by:

"The clinical department of medical imaging must group the radiology and nuclear medicine services, and the clinical department of laboratory medicine must group the hematology, biochemistry, pathology, microbiology and genetics laboratory services. The clinical department of specialized medicine must include the radiation oncology service, the medical oncology service and the clinical activities in hematology and in microbiology and infectious diseases."

*Adopte  
MSE.*

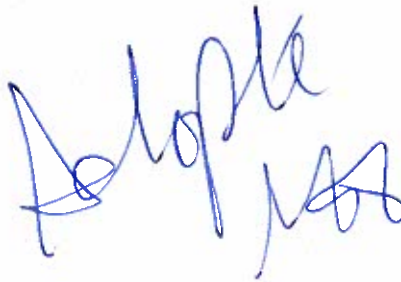
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Section 20

**AMENDMENT:**

Replace "biochemistry" and "medical biology" by "clinical biochemistry department" and "clinical department of laboratory medicine", respectively.

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Section 21

**AMENDMENT:**

Replace subparagraph *b* of paragraph 1 by:

(*b*) by replacing, in subparagraph 4,

i. “radiology, the head of the clinical department of medical biology laboratories” by “medical imaging, the head of the clinical department of laboratory medicine”;

ii. “radiology, of a clinical department of medical biology laboratories” by “medical imaging, of a clinical department of laboratory medicine”;



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Section 21

**AMENDMENT:**

Insert after paragraph 1:

(1.1) by inserting the following subparagraph at the end of the first paragraph:

“(8) informing the board of directors of the nature of and grounds for any administrative sanction imposed.”;

*Adopt  
1/20/00*

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Section 7

**SUBAMENDMENT:**

Add the following paragraph at the end of proposed section 60.1, introduced by amendment:

“The Government prescribes, by regulation, the guidelines the Minister must follow in exercising the power provided for in the first paragraph. Bodies representative of physicians must be consulted when such a regulation is being drafted.”



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Section 23

**AMENDMENT:**

1. Add the following sentence at the end of the first paragraph of proposed section 191: "However, a minimum percentage of beds, determined by the Minister, must be reserved in the clinical departments able to take in charge the users from the clinical department of emergency medicine who must be hospitalized."
2. Insert "clinical" before "department" in the second paragraph of proposed section 191.



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Section 24

**AMENDMENT:**

1. Replace the second sentence of the first paragraph of proposed section 192.0.1 by: "If a public health director exercises his or her functions in that centre, he or she shall exercise the responsibilities assigned to the director of professional services. In addition, the rules governing medical and dental care and the rules governing the use of medicines that must be drawn up in accordance with subparagraph 2 of the first paragraph of section 190 must first be approved by the public health director."
2. Replace all occurrences of "public health department" by "clinical department of public health".

*Bohate  
MSO*

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Section 25

**AMENDMENT:**

1. Replace “hospital centre,” by “hospital centre and a public health director exercises his or her functions in that centre, he or she shall exercise”.
2. Strike out “are to be exercised by the public health director appointed in accordance with section 372”.
3. Replace both occurrences of “public health department” by “clinical department of public health”, and “that department” by “that clinical department”.

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Section 27

**AMENDMENT:**

Add at the end of the fourth paragraph of proposed section 237: "Such obligations must be established clearly and be aimed at ensuring the physician's or dentist's participation in fulfilling the institution's responsibilities, in particular with respect to access to services and the quality and pertinence of such services. The physician or dentist concerned shall then be invited to submit observations on those obligations. The executive director shall forward the observations to the board of directors on receiving the application for appointment or renewal."

*Adopted  
MSE*

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Section 27.1

**AMENDMENT:**

Insert after section 27:

**27.1.** Section 240 of the Act is amended by inserting “, with the institution’s organization plan and with ministerial orientations on medical workforce management” at the end.

*Adopté  
MSE*

AM 13  
s. 28 (242)

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Section 28

**AMENDMENT:**

Amendment 13 has been withdrawn and renamed Am u.

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Section.29.1

**AMENDMENT:**

Insert after section 29:

**29.1.** Section 251 of the Act is amended

- (1) by replacing “48 hours” in the third paragraph by “the following four days”;
- (2) by replacing “10 days” in the fourth paragraph by “20 days”.

*Adopte  
MSE*

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Section 30

**AMENDMENT:**

Replace "an emergency medicine department" in paragraph 2 by "a clinical department of emergency medicine".

*Philippe  
MSE*



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Section 31

**AMENDMENT:**

Replace by:

**31.** Section 361 of the Act is amended by replacing “in the emergency departments of institutions designated under paragraph 1.1. of section 359” at the end of subparagraph 1 of the second paragraph by “in the clinical department of emergency medicine of the institutions for which such a department is set up”.

*Adopté  
MSS*

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Section 32

**AMENDMENT:**

Insert “, exceptionally,” before “having five years of experience in the practice of community health care” in subparagraph *b* of paragraph 3.

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Section 37

**AMENDMENT:**

In proposed section 435.4:

1. Add “, such as institution pharmacists in the case of procurement of medicines” at the end of paragraph 5.
2. Add the following paragraph at the end:

In exercising its functions, the joint procurement group must help improve the quality of care, promote innovation and preserve the value of procurements, for instance by making sure, if necessary, that information assets are compatible.

*Adopte  
MSO*

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Section 39

**AMENDMENT:**

Replace by:

**39.** Section 436.3 of the Act is amended by replacing “and the dean of the faculty of medicine of the university associated with the network are to be designated by the Minister to act as president or vice-president of the network” by “shall act as president of the network. A first vice-president is to be appointed by and from among the deans of the faculties of social sciences of the university associated with the network. A second vice-president is to be appointed by and from among the deans of the faculties of health sciences of the university associated with the network”.



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Section 41

**AMENDMENT:**

Replace “require that the permit holder comply with what is indicated in” by  
“order the permit holder to comply with what is entered on”.

*Adopt  
MSE*

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Section 43

**AMENDMENT:**

Replace by:

43. Section 505 of the Act is amended by replacing “designated by the agency pursuant to paragraph 1.1 of section 359” and “in emergency services” in paragraph 1 by “for which a clinical department of emergency medicine is set up” and “in a clinical department of emergency medicine”, respectively.

*Adopté  
MSE*

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Section 53

**AMENDMENT:**

Strike out paragraph 2.

*Polite  
Mso*

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Section 55

**AMENDMENT:**

1. Insert “and “that body”” after “institutions””.
2. Add “and “that group”, respectively” at the end.

*Adopte*  
*MAE*



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Section 59.1

**AMENDMENT:**

Insert after section 59:

**59.1.** The Act is amended by inserting the following section after section 31:

**“31.1.** In addition to the radiology examination results produced by an institution or laboratory referred to in section 31, the Government determines, by regulation, the types of medical imaging examinations for which health information must be released to the operations manager of a health information bank in the medical imaging domain, and the date from which the information must be released.”

*Adopted  
MSO*

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Section 59.5

**AMENDMENT:**

Insert after section 59.4, introduced by amendment:

**PUBLIC HEALTH ACT**

**59.5.** Section 82 of the Public Health Act (chapter S-2.2) is amended by replacing “laboratory or of a medical biology department” in paragraph 2 by “medical biology laboratory or laboratory medicine department”.

*pelopste  
MSE*

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Section 59.6

**AMENDMENT:**

Insert after section 59.5, introduced by amendment:

**59.6.** Section 100 of the Act is amended by replacing “laboratory or of a private or public medical biology department” in paragraph 7 by “private or public medical biology laboratory or laboratory medicine department”.



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Section 59.7

**AMENDMENT:**

Insert after section 59.6, introduced by amendment:

**59.7.** Section 136 of the Act is amended by replacing “laboratory or medical biology department” in paragraph 6 by “medical biology laboratory or laboratory medicine department”.

*Adopted*

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Section 59.8

**AMENDMENT:**

Insert after section 59.7, introduced by amendment:

**59.8.** Section 138 of the Act is amended by replacing “laboratory or medical biology department” in paragraph 2 by “medical biology laboratory or laboratory medicine department”.

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MKO*

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Section 58.1

**AMENDMENT:**

Insert before section 59:

**58.1.** Section 4 of the Act respecting the sharing of certain health information (chapter P-9.0001) is amended by adding the following paragraphs at the end:

“(18) the Collège des médecins du Québec;

“(19) the Ordre des pharmaciens du Québec; and

“(20) any other persons or partnerships determined by regulation of the Government.”

*Adopté  
MSE*

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Section 59.2

**AMENDMENT:**

Insert after section 59.1, introduced by amendment:

**59.2.** The Act is amended by inserting the following section after section 105:

**“105.1.** The Minister may, by written agreement, release health information held in the health information banks in the clinical domains or in the electronic prescription management system for medication to the Collège des médecins du Québec and the Ordre des pharmaciens du Québec when necessary for the exercise of the functions entrusted to them by the Professional Code (chapter C-26), the Medical Act (chapter M-9) or the Pharmacy Act (chapter P-10).

The Minister may also, at the request of the president of the Collège des médecins du Québec or of the Ordre des pharmaciens du Québec, assign access authorizations for a health information bank in a clinical domain or for the electronic prescription management system for medication to an inspector, investigator or syndic referred to in section 192 of the Professional Code (chapter C-26) acting on behalf of the Collège des médecins du Québec or the Ordre des pharmaciens du Québec. The provisions of this Act that apply to the access authorization manager apply, with the necessary modifications, to the president of the Collège des médecins du Québec and to the president of the Ordre des pharmaciens du Québec, and the provisions applicable to an authorized provider apply to an inspector, investigator or syndic referred to in this section.

This section applies despite section 103.”

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Section 59.3

*Adopted  
MEO*

**AMENDMENT:**

Insert after section 59.2, introduced by amendment:

**59.3.** Section 107 of the Act is amended by inserting “the first paragraph of section 105.1 and” after “In the cases provided for in” in the first paragraph.



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Section 59.4



**AMENDMENT:**

Insert after section 59.3, introduced by amendment:

**59.4.** Section 108 of the Act is amended by replacing “section 106” in the first paragraph by “sections 105 and 106”.

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Section 63.1



**AMENDMENT:**

Insert after section 63:

**ORGANIZATION AND MANAGEMENT OF INSTITUTIONS REGULATION**

**63.1.** Section 27 of the Organization and Management of Institutions Regulation (chapter S-5, r. 5) is amended by replacing the second paragraph by the following paragraph:

“A hospital centre shall limit to 24 hours the time for which a beneficiary remains in the emergency department, except in cases where the beneficiary’s medical condition requires him to be isolated for reasons of public health or mental health and no isolation room is available outside the department or in cases where the average duration of stay in the department is less than 12 hours. In such cases, a written approval from the director of professional services is required.”

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Section 2.1

**AMENDMENT:**

Insert after section 2:

- 2.1.** Section 22 of the Act is amended, in the first paragraph,
- (1) by striking out “Every two years,”;
  - (2) by inserting “for a period not exceeding three years” at the end.

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management of health and social  
services institutions**

*Adopte  
MAE*

Section 2.2

**AMENDMENT:**

Insert after section 2.1:

- 2.2.** Section 23 of the Act is amended, in the first paragraph,
- (1) by striking out “Every two years,”;
  - (2) by inserting “for a period not exceeding three years” at the end.

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Section 5.1

**AMENDMENT:**

Insert after section 5:

**5.1.** The Act is amended by inserting the following section after section 36:

**“36.1.** The Minister may, after consultation with the board members referred to in paragraphs 1 to 8 of section 9 or 10, as applicable, recommend to the Government that the term of office of the president and executive director be renewed.

The assistant president and executive director’s term of office may be renewed by the Government on the recommendation of the Minister, after consultation with the board members.”

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Section 7

*Adopté  
1300*

**AMENDMENT:**

Replace by:

7. The Act is amended by inserting the following section after section 60:

“60.1. To meet family medicine or specialized medicine needs, the Minister may, when giving the approval required under section 240 of the Act, require certain obligations to be added to the privileges the board of directors intends to grant to the physician.”

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Section 7

**AMENDMENT:**

Insert after section 60.1, introduced by amendment:

**“60.2.** Despite section 240 of the Act, the Minister may, in exceptional circumstances, in particular to ensure sufficient access to services, authorize, on the conditions the Minister determines, an institution to grant a physician’s or dentist’s application for privileges even if the number of physicians and dentists authorized in the institution’s medical and dental staffing plan has been reached.

Section 239 of the Act does not apply in the case of such an authorization.”

*people  
MSO*

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Section 8

**AMENDMENT:**

Replace by:

8. Section 61 of the Act is replaced by the following section:

“61. In addition to the requirements set out in section 242 of the Act, the resolution of the board of directors of an integrated health and social services centre or unamalgamated institution must provide that privileges are granted to a physician or dentist for all of the institution’s facilities and specify the facilities in which the physician or dentist is to primarily practise. It must also specify any obligations determined under section 60.1 and indicate that the physician is responsible, collectively with the other physicians practising in the institution, to ensure that access to the institution’s services is not disrupted. The resolution by which the board appoints a pharmacist under section 247 of the Act must also specify the facilities with regard to which the appointment applies.

The distribution of the institution’s medical and dental staff must take into account requirements related to maintaining physicians’ and dentists’ qualifications and, if applicable, comply with ministerial orientations relating to medical workforce management referred to in section 240 of the Act.”



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*Adopté  
MSE*

Section 19.1

**AMENDMENT:**

Insert after section 19:

**19.1.** Section 185.1 of the Act is amended by inserting “provide that a physician must enter a user on the access list for the specialized or superspecialized services of the centre’s clinical departments as soon as the physician determines that such services are required. The mechanism must also” after “The mechanism must” in the first paragraph.

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Section 25.1

**AMENDMENT:**

Insert after section 25:

**25.1.** Section 213 of the Act is amended

(1) by striking out “who have the status required by regulation made under paragraph 3 of section 506” in the second paragraph;

(2) by striking out “and who have the status required by regulation referred to in the second paragraph” in the fourth paragraph.

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Section 28

*Adopte  
MSO*

**AMENDMENT:**

Replace paragraph 2 by:

(2) by replacing “a maximum period of three years. They are renewed for a minimum period of two years, unless the application for renewal is for a period of less than two years” in the third paragraph by “18 to 24 months. They are renewed for a minimum period of one year and a maximum period of three years”.

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Section 29.0.1

*Adopté  
1/10/00*

**AMENDMENT:**

Insert after section 29:

**29.0.1.** Section 248 of the Act is amended by replacing “it is not renewable” in the first paragraph by “is renewable only with the authorization of the Minister and on the conditions he determines”.

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services institutions**

*pclypte  
NDE*

Section 29.2

**AMENDMENT:**

Insert after section 29.1, introduced by amendment:

**29.2.** Section 265 of the Act is amended by adding the following paragraph at the end:

“Despite subparagraph 4 of the first paragraph, an institution may, with the authorization of the Minister, provide supplies and medications gratuitously to a private health facility. An agreement between the institution and the operator of the private health facility must determine the cases in which and conditions on which the supplies and medications are to be provided, as well as the applicable control measures.”

SAM 1  
AM 45  
s. 63.2 (92.1)

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Section 63.2

**AMENDMENT:**

Insert "or may hold" after "holds" in proposed section 63.2, introduced by amendment.

*Adopte  
MSO*

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Section 63.2

**AMENDMENT:**

Insert after section 63.1, introduced by amendment:

**63.2.** The Regulation is amended by inserting the following section after section 92:

“**92.1.** The status of associate member or advisory member shall not be granted or renewed where the institution’s needs can be met by a member who holds the status of active member.”

*Adopte  
MSE*

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*Adopté  
MSE*

Section 27.0.1

**AMENDMENT:**

Insert after section 27:

**27.0.1.** Section 238 of the Act is amended by adding the following sentence at the end of the fourth paragraph: “However, such an application may also be refused if the conditions prescribed by a regulation made under paragraph 3 of section 506 for granting a status cannot be met.”



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Section 35.1

**AMENDMENT:**

Add the following paragraph after the second paragraph of proposed section 431.1.1, introduced by amendment:

“The Minister shall determine by regulation the operating framework for the temporary support system for access to specialized services. To that end, the Minister shall consult the competent medical associations concerned.”

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Section 35.1

**AMENDMENT:**

Insert after section 35:

**35.1.** The Act is amended by inserting the following section after section 431.1:

**“431.1.1.** The Minister shall establish a temporary support system for access to specialized services in which all public institutions operating a general and specialized hospital centre must participate. Such a system will make it possible to draw up, for a specialty referred to in the regulation made under section 15.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), a duty roster of medical specialists who may be called upon to provide services in an institution that is experiencing significant problems with regard to access to services.

Such medical specialists are deemed to hold the privileges required to practise within such an institution.

The Minister may entrust the management of the system to any institution he determines.”

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*Adopte  
MRO*

Section 43.1

**AMENDMENT:**

Insert after section 43:

**43.1.** Section 506 of the Act is amended by inserting “or renewed” after “granted” in paragraph 3.

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Section 50.1

**AMENDMENT:**

Insert after the heading "OTHER AMENDING PROVISIONS":

**ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED  
MEDICINE SERVICES**

**50.1.** The Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is amended by inserting the following section after section 13:

**"13.1.** All medical specialists subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) must, to the extent prescribed by government regulation, make themselves available to insured persons within the meaning of that Act by using the medical appointment system described in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5)."

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Section 59.4.1

**AMENDMENT:**

Insert after section 59.4, introduced by amendment:

**ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU  
QUÉBEC**

**59.4.1.** Section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is amended, in the sixth paragraph,

- (1) by inserting “or medical specialist” after “general practitioner”;
- (2) by inserting “The Board may also, at the Minister’s request, allow such a system to be used to make an appointment with a health care or social services professional who practises within a family medicine group and belongs to a class of professionals identified by the Minister.” after “agreement entered into under section 19 of that Act.”

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*pelopie  
MSE*

Section 50.2

**AMENDMENT:**

Insert after section 50.1, introduced by amendment:

**50.2.** The Act is amended by inserting the following section after section 15:

**“15.1.** Every medical specialist whose specialty is specified by government regulation and who practises in a general and specialized hospital centre operated by a public institution must, to the extent prescribed in the regulation, participate in the temporary support system provided for in section 431.1.1 of the Act respecting health services and social services (chapter S-4.2).”

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Section 50.3



**AMENDMENT:**

Insert after section 50.2, introduced by amendment:

**50.3.** Section 16 of the Act is amended by replacing “section 13 or 14” in the second paragraph by “any of sections 13, 13.1, 14 and 15.1”.

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Section 50.4



**AMENDMENT:**

Insert after section 50.3, introduced by amendment:

**50.4.** Section 19 of the Act is amended by adding the following sentence at the end of the second paragraph: "The president and executive director also informs the Board of any decision affecting a medical specialist's obligation under section 13.1."



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*Adopte  
MSE*

Section 50.5

**AMENDMENT:**

Insert after section 50.4, introduced by amendment:

**50.5.** Section 21 of the Act is amended, in the first paragraph,

- (1) by replacing “section 10 or 11” by “any of sections 10, 11 and 13.1”;
- (2) by replacing “section 14 or 15” by “any of sections 14, 15 and 15.1”.

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*Adopte  
1/20*

Section 50.6

**AMENDMENT:**

Insert after section 50.5, introduced by amendment:

**50.6.** Section 23 of the Act is amended by replacing “or 15” in the first paragraph by “, 15 or 15.1”.

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Section 50.7



**AMENDMENT:**

Insert after section 50.6, introduced by amendment:

**50.7.** Section 24 of the Act is amended by replacing “a general practitioner has failed to fulfill an obligation under subparagraph 1 of the first paragraph of section 4 or under section 10 or 11” by “a physician has failed to fulfill an obligation under subparagraph 1 of the first paragraph of section 4 or under any of sections 10, 11 and 13.1”.

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Section 50.8

**AMENDMENT:**

Insert after section 50.7, introduced by amendment:

**50.8.** Section 74 of the Act is replaced by the following section:

“74. The Entente particulière ayant pour objet les activités médicales particulières, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec under section 19 of the Health Insurance Act (chapter A-29), ceases to have effect on the date of coming into force of subparagraph 2 of the first paragraph of section 4 of this Act.”

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Section 50.9

**AMENDMENT:**

Insert after section 50.8, introduced by amendment:

**50.9.** Section 75 of the Act is replaced by the following section:

**“75.** The provisions of the Entente particulière relative aux services de médecine de famille, de prise en charge et de suivi de la clientèle, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec under section 19 of the Health Insurance Act (chapter A-29), that relate to the supplement for the volume of patients registered cease to have effect on the date of coming into force of subparagraph 1 of the first paragraph of section 4 of this Act.”

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Section 50.10

**AMENDMENT:**

Insert after section 50.9, introduced by amendment:

**50.10.** Section 77 of the Act is replaced by the following section:

“77. Any undertaking by a general practitioner under section 363 of the Act respecting health services and social services (chapter S-4.2) that is in effect on the date of coming into force of subparagraph 2 of the first paragraph of section 4 of this Act, ceases to have effect on that date.

However, a general practitioner who, on that date, has been performing an activity listed in any of subparagraphs 1 to 5 of the second paragraph of section 361 of the Act respecting health services and social services, as it read before the date of coming into force of section 61 of this Act, for at least one year has priority with respect to obtaining authorization for medical activity hours in accordance with the first paragraph of section 7 of this Act for the same activity, if applicable. If, because of the implementation of the Minister’s directives referred to in the first paragraph of section 5 of this Act, more than one physician has priority to perform the same medical activity, the hours are authorized for the general practitioner whose initial date of billing to the Board is the earliest.”

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Section 50.11

**AMENDMENT:**

Insert after section 50.10, introduced by amendment:

**50.11.** Section 79 of the Act is replaced by the following section:

“79. Every general practitioner who, on the date of coming into force of section 12 of this Act, holds a notice of compliance issued by the regional department of general medicine in the region where he or she practises, under the Entente particulière relative au respect des plans régionaux d’effectifs médicaux (PREM) entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec under section 19 of the Health Insurance Act (chapter A-29), is deemed to have obtained a notice of compliance with the regional medical staffing plan from that regional department under section 12 of this Act.”

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Section 65.1

**AMENDMENT:**

Insert before section 66:

**65.1.** Every institution must, not later than (*insert the date that is one year after the date of coming into force of section 15*), adopt the first procedure to regulate the confinement of persons in its facilities, in accordance with section 118.2 of the Act respecting health services and social services (chapter S-4.2), enacted by section 15.



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services institutions**

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Section 67

**AMENDMENT:**

Replace by:

**67.** The board of directors of every institution must, not later than (*insert the date that is six months after the date of coming into force of sections 8 and 28*), amend any resolution by which the board accepted an application for appointment or renewal of appointment from a physician or dentist to make it consistent with section 242 of the Act respecting health services and social services, amended by section 28, and with section 61 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, amended by section 8.

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Section 5.2

**AMENDMENT:**

Insert after section 5.1, introduced by amendment:

**5.2.** The Act is amended by inserting the following section after section 38:

**“38.1.** The clinical and organizational project developed by an integrated health and social services centre operating a centre designated as a university hospital centre, university institute or affiliated university centre must provide that the specialized and superspecialized services related to such a designation and required by the population in the territorial health and social services network are to be provided by that integrated centre in cases where they are included in that integrated centre’s organization plan which was approved in accordance with section 184 of the Act respecting health services and social services.

The clinical and organizational project developed by such an integrated centre must also be consistent with the teaching and research mission attached to the designation of a centre it operates.”

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management of health and social  
services institutions**

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Section 72

**AMENDMENT:**

Replace by:

**72.** This Act comes into force on *(insert the date that is 15 days after the date of assent to this Act)*, except

(1) section 15, which comes into force on *(insert the date that is six months after the date of assent to this Act)*; and

(2) sections 35.1 and 50.1 to 50.11 and paragraph 1 of section 59.4.1, which come into force on the date or dates to be set by the Government.