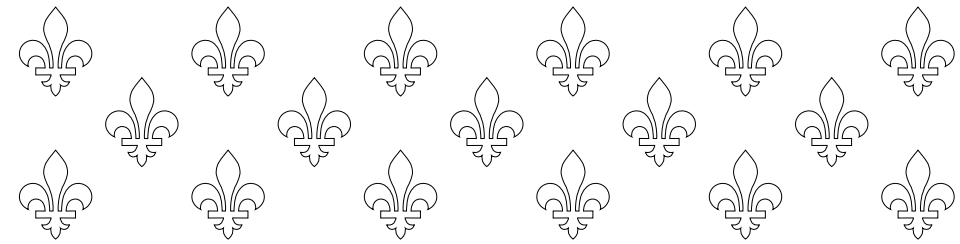

NATIONAL ASSEMBLY

FIRST SESSION FORTY-FIRST LEGISLATURE

Bill 20

An Act to enact the Act to promote access to family medicine and specialized medicine services and to amend various legislative provisions relating to assisted procreation

Introduction

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

Québec Official Publisher
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EXPLANATORY NOTES

This bill first enacts the Act to promote access to family medicine and specialized medicine services.

The purpose of that Act is to optimize the utilization of the medical and financial resources of the health system with a view to improving access to family medicine and specialized medicine services.

To that end, it introduces certain obligations applicable to the practice of physicians who participate in the Québec Health Insurance Plan, including an obligation for general practitioners to provide medical care to a minimum caseload of patients and for medical specialists to offer medical consultations, elsewhere than in the emergency department of an institution, to a minimum number of patients. If a physician fails to fulfil these obligations, the physician's remuneration will be reduced by the Régie de l'assurance maladie du Québec. Requirements are also introduced in order to ensure continuity of care for patients.

Lastly, the Minister of Health and Social Services is given, for a limited period, the authority to determine, in certain circumstances, new terms and conditions of remuneration applicable to physicians.

This bill also amends the Act respecting clinical and research activities relating to assisted procreation to add various provisions applicable to assisted procreation activities. Research projects concerning such procreation activities must be approved and monitored by the research ethics committee established by the Minister of Health and Social Services, in vitro *fertilization activities are prohibited for women under 18 or over 42 years of age, and assisted procreation activities must, in some cases, be preceded by a positive psychosocial assessment of the party or parties to the parental project.*

In addition, the bill increases the amounts of the fines already prescribed in the Act, introduces new penal provisions and lists aggravating factors that the judge must take into account when determining the penalty.

The Health Insurance Act is also amended to provide that assisted procreation activities, with the exception of artificial insemination services, will no longer be covered under the public health insurance plan, but that fertility preservation services will be added to that coverage.

LEGISLATION AMENDED BY THIS BILL:

– Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01);

– Health Insurance Act (chapter A-29);

– Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);

– Act respecting health services and social services (chapter S-4.2).

LEGISLATION ENACTED BY THIS BILL:

– Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*).

REGULATIONS AMENDED BY THIS BILL:

– Regulation respecting clinical activities related to assisted procreation (chapter A-5.01, r. 1);

– Regulation respecting the application of the Health Insurance Act (chapter A-29, r. 5).

Bill 20

AN ACT TO ENACT THE ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES AND TO AMEND VARIOUS LEGISLATIVE PROVISIONS RELATING TO ASSISTED PROCREATION

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

PART I

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

1. The Act to promote access to family medicine and specialized medicine services, the text of which appears in this Part, is enacted.

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

"**CHAPTER I**

"PURPOSE AND DEFINITIONS

"**1.** The purpose of this Act is to optimize the utilization of the medical and financial resources of the health system with a view to improving access to family medicine and specialized medicine services.

"**2.** For the purposes of this Act, the expressions "agency", "regional department of general medicine", "institution", "family-type resource" and "intermediate resource" have the meanings assigned by the Act respecting health services and social services (chapter S-4.2).

"**CHAPTER II**

"ACCESS TO SERVICES

"**DIVISION I**

"OBLIGATIONS

"§1. — *Family medicine*

"**3.** Every general practitioner subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) must, to the extent provided for by government regulation,

(1) provide medical care to a minimum caseload of patients; and

(2) perform a minimum number of hours of medical activities authorized by an agency from among the medical activities on the list drawn up in accordance with section 4.

The government regulation may, in particular, prescribe:

(1) the terms governing the medical care provided to patients;

(2) the minimum patient caseload;

(3) the minimum number of hours of medical activities that must be performed;

(4) the special rules that apply when a physician wishes to engage in medical activities in more than one region; and

(5) any other condition a physician must comply with to fulfil those obligations.

"**4.** Every agency must draw up, on the basis of recommendations made by the regional department of general medicine, a list of the medical activities available in its region. The list specifies, among other criteria, the number of hours available for each medical activity.

The medical activities on the list concern

(1) medical services provided in the emergency department of an institution;

(2) medical services provided to users admitted to a centre operated by an institution;

(3) medical care provided to users admitted to a residential and long-term care centre or a rehabilitation centre operated by an institution, users who live in a place in which the services of an intermediate resource or of a family-type resource are provided, or users who receive services in connection with a palliative care program or home care support program administered by an institution, and on-call duty with respect to such users;

(4) obstetrical medical services provided in a centre operated by an institution; and

(5) any other medical service determined by the Minister.

The agency makes available to physicians, in particular on its website, an up-to-date list of the medical activities available.

The Minister informs the agencies, by directive, of the rules they must follow to determine the medical activities available and the number of hours that may be authorized.

"**5.** All general practitioners must send the agency of the region where they exercise the majority of their medical practice an application in which they indicate which medical activities they want to engage in from among those on the list drawn up under section 4. Each application indicates, for each medical activity, the number of hours the physician wishes to perform.

"**6.** The agency authorizes the physician to perform the number of hours of medical activities required under subparagraph 2 of the first paragraph of section 3, taking into account the choice indicated by the physician, subject to the number of physicians authorized in the medical staffing plan referred to in section 377 of the Act respecting health services and social services.

Subject to section 8, the authorization issued by the agency is valid for two years and is renewed automatically on the same conditions.

"**7.** The director of professional services of an institution is responsible for ensuring that every general practitioner complies with the authorization issued to the general practitioner under section 6.

"**8.** The agency may, on its own initiative and for the purpose of responding adequately to needs in its region, review the authorization issued or renewed under section 6 and notify the physician at least 90 days before the authorization's expiry date. The agency may also review an authorization at any time at the request of the physician.

"**9.** All general practitioners must, before ceasing to provide medical care to a patient, take the necessary steps to ensure that another physician takes over.

If no other physician has taken over by the time a physician ceases to provide medical care to a patient, the physician must, after obtaining the patient's consent, notify the agency of the region where the patient resides. The agency must then refer the patient to another physician having expressed a desire to take on new patients.

If a physician is unable to fulfil the obligations set out in the first and second paragraphs, the agency must refer all of the physician's patients who so request to another physician who has expressed a desire to take on new patients.

"§2. — *Specialized medicine*

"**10.** Every medical specialist subject to an agreement entered into under section 19 of the Health Insurance Act and whose specialty is specified by government regulation must provide medical consultations, elsewhere than in the emergency department of an institution, to a minimum number of patients,

determined in the regulation, who are not users admitted to a centre operated by an institution and who are referred to the specialist by a general practitioner or by another health professional governed by the regulation.

"**11.** Every medical specialist whose appointment allows him or her to practise in a hospital centre operated by an institution and whose specialty is specified by government regulation must, to the extent provided for in the regulation, ensure, as attending physician, the management and medical care of users admitted to the centre.

All or part of a physician's obligation under the first paragraph may be assumed by one or more other physicians who so consent and who practise in the same clinical department or service if, in the opinion of the institution's director of professional services, the distribution of the clinical, research and teaching tasks among the physicians warrants it.

A physician who is relieved of all or part of an obligation is deemed to benefit from an equivalent exemption, and the obligation under the first paragraph of any physician who accepts all or part of another physician's obligation is increased to the same extent.

Any consent given by a physician under the second paragraph must be evidenced in writing and signed. It may be withdrawn in the same manner with the approval of the director of professional services. Consent or withdrawal of consent takes effect in the quarter following that in which it was given.

The director of professional services of an institution keeps the documents evidencing a physician's consent or withdrawal of consent.

"**12.** Every medical specialist whose appointment allows him or her to practise in a hospital centre operated by an institution must

(1) follow up, at the centre's emergency department, on consultation requests the specialist receives between 7 a.m. and 5 p.m. within the time determined by government regulation;

(2) provide specialized or superspecialized services to users that have been registered under the specialist's name for over six months on the access list for specialized or superspecialized services referred to in section 185.1 of the Act respecting health services and social services, in the proportion and subject to any other condition prescribed by government regulation.

"**DIVISION II**

"EXEMPTIONS

"**13.** Physicians may, in the cases and on the conditions prescribed by government regulation, apply to the agency of the region where they exercise the majority of their medical practice to be exempted from all or some of their obligations under the first paragraph of section 3 or under section 10.

Medical specialists may, in the cases and on the conditions prescribed by government regulation, ask the executive director of the institution where their appointment allows them to practise their profession to be exempted from all or some of their obligations under the first paragraph of section 11 or under section 12.

Exceptionally and for a serious reason, the agency or the executive director may, in a case that is not covered by regulation, temporarily exempt a physician who has applied for an exemption from all or some of those obligations.

The agency or the executive director must respond to every application within 15 days of receiving it.

The agency or the executive director sends any decision rendered under this section to the physician as soon as possible and notifies the Régie de l'assurance maladie du Québec (the Board).

"**DIVISION III**

"REDUCTION OF REMUNERATION

"**14.** For the purposes of this division, verification of a physician's fulfillment of his or her obligations under the first paragraph of section 3 or under section 10, 11 or 12 is carried out quarterly in accordance with the rules prescribed by government regulation. The regulation determines, among other things, the dates on which each quarter begins and ends.

"**15.** If the executive director of an institution is informed that a general practitioner has failed to comply with the authorization issued to the general practitioner in accordance with section 6, the executive director notifies the agency.

If, after having obtained the information required under the fourth paragraph of section 65 of the Health Insurance Act and having considered the physician's observations, the agency concludes that he or she has failed to comply with the authorization issued, it declares the physician to be in default and informs the executive director of the institution.

If the agency declares a physician to be in default for two consecutive quarters, it withdraws, at the request of the executive director of the institution, the authorization issued to the physician.

The agency sends any decision rendered under this section to the physician as soon as possible. It also notifies the Board.

"**16.** The agency declares in default any general practitioner who has failed to submit an application for authorization in accordance with section 5 and who has not received an exemption. It notifies the Board of such as soon as possible.

"**17.** If the executive director of an institution concludes that a medical specialist has failed to fulfil an obligation under section 11 or 12, the executive director declares the specialist to be in default. Before rendering a decision, the executive director must give the physician an opportunity to submit observations.

The executive director sends the decision to the physician as soon as possible and informs the Board.

"**18.** If the Board concludes, based on information obtained for the purposes of the Health Insurance Act, that a physician has failed to fulfil an obligation under subparagraph 1 of the first paragraph of section 3 or under section 10, it declares the physician to be in default and sends him or her its decision as soon as possible. Before rendering its decision, the Board must give the physician an opportunity to submit observations.

"**19.** The remuneration to be paid to a physician during a quarter in which the physician has been declared to be in default is reduced in accordance with the government regulation. The Board recovers from the physician, by compensation or otherwise, an amount equivalent to the reduction.

In a case referred to in the third paragraph of section 15 or in section 16, the remuneration of the physician is reduced until the end of the quarter during which the physician sends the Board a copy of the authorization issued to the physician in accordance with section 6.

"**DIVISION IV**

"REVIEW OF DECISIONS

"**20.** The agency or the executive director of an institution may, on an application by a physician, review any decision rendered under the second paragraph of section 15 or under section 16 or 17. The application for a review must be made in writing within 15 days after receiving the decision.

On receiving an application for a review, the agency or the executive director forwards a copy to the Board.

The agency or the executive director renders a decision on the basis of the record within 15 days after receiving the application. The agency or the executive director sends the decision to the physician as soon as possible and notifies the Board.

"**21.** The Board may, on an application by a physician, review any decision made under section 18. It renders a decision on the basis of the record and sends its decision to the physician as soon as possible. The time limits prescribed in the first and third paragraphs of section 20 apply.

“**CHAPTER III**

“REPORTING

“**22.** Every agency or institution must, at the request of and in the manner and within the time determined by the Minister, provide any information the Minister requires on the functions exercised by the agency or institution under this Act. The information provided must not allow a physician or a patient to be identified.

“**CHAPTER IV**

“AMENDING PROVISIONS

“HEALTH INSURANCE ACT

“**23.** Section 19 of the Health Insurance Act (chapter A-29) is amended

(1) by striking out the fifth and eighth paragraphs;

(2) by replacing “sixth” in the ninth paragraph by “fifth”.

“**24.** Section 19.1 of the Act is amended by replacing “twelfth” in the second paragraph by “tenth”.

“**25.** Section 65 of the Act is amended by replacing the fourth paragraph by the following paragraph:

“The Board is bound to disclose to an agency governed by the Act respecting health services and social services (chapter S-4.2) and to the institution governed by Part IV.2 of that Act information concerning the remuneration of a physician for the performance of the medical activities referred to in section 4 of the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*).”

“**26.** Section 69.0.1.1 of the Act is amended by replacing “seventh and eighth paragraphs” by “sixth paragraph”.

“ACT RESPECTING THE RÉGIE DE L’ASSURANCE MALADIE DU QUÉBEC

“**27.** Section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5) is amended by adding “and the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*)” at the end of the fourth paragraph.

“ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

“**28.** Section 195 of the Act respecting health services and social services (chapter S-4.2) is amended by adding the following paragraph at the end:

“The executive director must also, when a director of professional services has not been appointed by the institution, or in his or her absence, exercise the responsibilities referred to in paragraph 4.1 of section 204.”

“**29.** Section 204 of the Act is amended by inserting the following paragraph after paragraph 4:

“(4.1) exercise the responsibilities conferred on him or her by the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*);”.

“**30.** Section 340 of the Act is amended, in the second paragraph,

(1) by striking out “the special medical activities of physicians who are under agreement pursuant to section 360 or section 361.1 and” in subparagraph 5;

(2) by inserting “the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*) and” after “by” in subparagraph 7.1.

“**31.** Section 352 of the Act is amended by replacing “special medical activities of physicians who are under agreement pursuant to section 360” by “medical activities performed by general practitioners in accordance with the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*)”.

“**32.** Sections 360 to 366.1 of the Act are repealed.

“**33.** Section 377 of the Act is amended by replacing “specific activities listed in section 361” in the first paragraph by “medical activities referred to in section 4 of the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*)”.

“**34.** Section 377.1 of the Act is amended by replacing “sixth” by “fifth”.

“**35.** Section 417.2 of the Act is amended by replacing subparagraph 5 of the first paragraph by the following subparagraph:

“(5) exercising the responsibilities conferred on it by the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*);”.

"**36.** Section 417.5 of the Act is replaced by the following section:

"**417.5.** The agency appoints, from among the members referred to in subparagraphs 1 and 2 of the first paragraph of section 417.3 and after consulting with the supervisory committee, the department head of the regional department of general medicine who is responsible for its management.

No department head of the regional department of general medicine may hold employment or a position or an office within the Fédération des médecins omnipraticiens du Québec or an association connected with it or act on their behalf. Moreover, a department head may not receive from them, directly or indirectly, any remuneration or benefit of any kind."

"**37.** Section 530.53 of the Act is replaced by the following section:

"**530.53.** The institution shall exercise the coordination functions assigned to an agency by section 352 with respect to the activities of community organizations and the medical activities engaged in by general practitioners, as well as the activities referred to in section 353.

It shall also exercise the functions assigned to an agency by the Act to promote access to family medicine and specialized medicine services (*insert the year and chapter number of this Act*). For that purpose, the functions of the regional department of general medicine are exercised by the council of physicians, dentists and pharmacists of the institution."

"**38.** Section 530.57 of the Act is repealed.

"**CHAPTER V**

"MISCELLANEOUS AND TRANSITIONAL PROVISIONS

"**39.** Despite section 19 of the Health Insurance Act (chapter A-29) and any stipulation of an agreement under that section, if the Minister is of the opinion that certain amendments to the terms and conditions of remuneration applicable to physicians would improve access to insured services within the meaning of that Act and that an agreement may not be reached on the amendments with the representative organization concerned within a time the Minister considers reasonable, the Minister may make the amendments, with the approval of the Conseil du trésor.

The amendments bind the parties and apply from the date of their publication on the website of the Régie de l'assurance maladie du Québec. They are not subject to the Regulations Act (chapter R-18.1).

"**40.** Section 39 ceases to have effect on the date set by the Government or not later than 31 March 2020.

The amendments made by the Minister under section 39, in force on the date that section ceases to have effect, remain in force until amended or replaced in accordance with an agreement entered into under section 19 of the Health Insurance Act.

"**41.** The provisions of this Act and any regulation or directive prevail over any conflicting provisions of any agreement entered into under section 19 of the Health Insurance Act.

"**42.** The Lettre d'entente n° 245 concernant la prise en charge et le suivi de tout patient sans médecin de famille sur référence ou non du guichet d'accès du CSSS and the Lettre d'entente n° 246 concernant le suivi et le financement de la mesure relative à la prise en charge du patient sans médecin de famille sur référence ou non du guichet d'accès du CSSS, entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec and approved by the Conseil du trésor decision C.T. 213628 dated 11 February 2014, cease to have effect on (*insert the date of introduction of this bill*).

"**43.** 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 and approved by the Conseil du trésor decision C.T. 210874 dated 6 December 2011, ceases to have effect on (*insert the date of assent to this Act*), except section 5.1 of that agreement, which ceases to have effect on 31 December 2015 with regard to the undertakings referred to in section 44.

"**44.** Any undertaking by a physician under section 363 of the Act respecting health services and social services (chapter S-4.2), in force on (*insert the date of assent to this Act*), ceases to have effect on the earlier of the following dates:

(1) the expiry date of the undertaking;

(2) 31 December 2015.

"**45.** The Minister of Health and Social Services is responsible for the administration of this Act."

PART II

AMENDMENTS RELATING TO ASSISTED PROCREATION

ACT RESPECTING CLINICAL AND RESEARCH ACTIVITIES RELATING TO ASSISTED PROCREATION

2. Section 8 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01) is replaced by the following section:

"**8.** A research project concerning assisted procreation activities or using embryos that resulted from such activities but were not used for that purpose must be approved and monitored by the research ethics committee established by the Minister under article 21 of the Civil Code.

The Government may, by regulation, determine the conditions to be respected by a research project using embryos that resulted from assisted procreation activities but were not used for that purpose."

3. Section 10 of the Act is replaced by the following sections:

"**10.** In order to raise the quality, safety and ethical standards of assisted procreation activities, the Minister may ask a competent body, such as the Collège des médecins du Québec, to draw up guidelines on assisted procreation. The Minister sees to the dissemination of the guidelines.

The Minister's request may concern, among other things, the manner in which success rates are to be considered at the time a treatment is chosen, the least invasive techniques that are to be favoured based on medical indication, and the risk factors assisted procreation activities represent for the health of the mother and the child.

"**10.1.** No *in vitro* fertilization activities may be carried out on women under 18 or over 42 years of age.

"**10.2.** If a parental project involves the contribution of genetic material by a person who is not a party to the project, no assisted procreation activities may begin before a positive psychosocial assessment of the party or parties to the parental project has been sent to the physician.

In addition, at any time, if a physician has reasonable grounds to believe that the party or parties to the parental project are likely to endanger the security or development of any eventual child born of the assisted procreation but wishes to pursue his or her professional relationship with the party or parties, the physician must obtain a positive psychosocial assessment of the party or parties.

The assessment is performed by a member of the Ordre des psychologues du Québec or the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec, selected by the party or parties to the parental project from a list provided by the order concerned and sent to the Minister.

The assessment is carried out, at the expense of the party or parties to the parental project, on the basis of criteria agreed on by the two professional orders and the Minister. The Minister sees to the dissemination of the assessment criteria.

The Government may, by regulation, set out the conditions applicable to the psychosocial assessment procedure.

"**10.3.** Except in cases determined by government regulation, the physician must make sure that an *in vitro* fertilization activity has been preceded, as applicable, by a period of sexual relations or a number of artificial inseminations determined by government regulation.

"**10.4.** In the course of an *in vitro* fertilization activity, only one embryo may be transferred into a woman.

However, taking into account the quality of embryos, a physician may decide to transfer two embryos if the woman is 37 years of age or over. The reasons for the decision must be entered in the woman's medical record.

"**10.5.** A preimplantation genetic diagnosis of embryos may be performed only for the purpose of identifying serious monogenic diseases and chromosomal abnormalities.

"**10.6.** No person operating in the health and social services sector may direct a person to an assisted procreation clinic outside Québec to receive assisted procreation services that are not in conformity with the standards set out in or provided for by this Act or the regulations."

4. Section 26 of the Act is repealed.

5. Section 30 of the Act is amended by inserting the following paragraphs after paragraph 2:

"(2.1) prescribe the conditions relating to the psychosocial assessment procedure;

"(2.2) determine the cases, the period of sexual relations and the number of artificial inseminations referred to in section 10.3;".

6. Section 34 of the Act is amended

(1) by replacing "or before suspending or revoking a licence" in the first paragraph by "suspending or revoking a licence, or subjecting a licence to any condition, restriction or prohibition";

(2) by replacing "to renew the licence" in the second paragraph by "to issue, modify or renew the licence, or subject the licence to a condition, restriction or prohibition".

7. Section 35 of the Act is amended by replacing "or revoked" in the first paragraph by "or revoked, or is subject to a condition, restriction or prohibition".

8. Section 36 of the Act is replaced by the following sections:

"**36.** A person who contravenes section 6, 8, 10.6 or 15 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 all other cases.

"**36.1.** A physician who contravenes section 10.1, the first, second or third paragraph of section 10.2 or section 10.4 or 10.5 is guilty of an offence and is liable to a fine of $5,000 to $50,000.

"**36.2.** The director of a centre who contravenes the second paragraph of section 11 is guilty of an offence and is liable to a fine of $5,000 to $50,000.

"**36.3.** A centre for assisted procreation that

(1) contravenes the first or third paragraph of section 11 or section 16 or 24 is guilty of an offence and is liable to a fine of $2,500 to $25,000 in the case of a natural person and $7,500 to $75,000 in all other cases;

(2) contravenes section 13 or 14 is guilty of an offence and is liable to a fine of $1,000 to $10,000 in the case of a natural person and $3,000 to $30,000 in all other cases;

(3) contravenes section 21 or 23 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 all other cases."

9. Section 37 of the Act is amended by replacing "is liable to a fine of $1,000 to $10,000" by "is guilty of an offence and is liable to a fine of $2,500 to $25,000 in the case of a natural person and $7,500 to $75,000 in all other cases".

10. Section 38 of the Act is repealed.

11. Section 39 of the Act is replaced by the following section:

"**39.** Any person who hinders in any way an inspector carrying out the functions of office, misleads the inspector by concealment or false declarations, or refuses to hand over a document or information the inspector may demand under this Act or the regulations 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 all other cases."

12. The Act is amended by inserting the following after section 41:

"**41.1.** In determining the penalty, the judge takes into account, among other things, the following aggravating factors:

(1) the seriousness of the harm, or the risk of serious harm, to the health of a person who resorted to assisted procreation activities, or any child born of such activities;

(2) the intentional, negligent or reckless nature of the offence;

(3) the foreseeable character of the offence or the failure to follow recommendations or warnings to prevent it;

(4) the cost to society of making reparation for the injury or damage caused;

(5) the increase in revenues or decrease in expenses that the offender obtained, or intended to obtain, by committing the offence or by omitting to take measures to prevent it.

A judge who, despite the presence of an aggravating factor listed in the first paragraph, decides to impose the minimum fine must give reasons for the decision.

"**CHAPTER VII.1**

"RECOVERY MEASURES

"**41.2.** The Government may claim from a center for assisted procreation operated by a person or partnership referred to in section 4 the cost of health services that

(1) were provided to a person by a public institution or a private institution under agreement within the meaning of the Act respecting health services and social services (chapter S-4.2); and

(2) resulted directly from an assisted procreation activity that was carried out by the center for assisted procreation and that does not comply with this Act or the regulations.

An institution may, on its own initiative or at the Minister's request and after having informed the user or the user's representative, communicate to the Minister any information contained in the user's file that is necessary for the recourse referred to in the first paragraph."

HEALTH INSURANCE ACT

13. Section 3 of the Health Insurance Act (chapter A-29) is amended by replacing subparagraph *e* of the first paragraph by the following subparagraphs:

"(*e*) artificial insemination services rendered by a physician; and

"(*f*) fertility preservation services determined by regulation and rendered by a physician."

14. Section 69 of the Act is amended by replacing subparagraph *c*.2 of the first paragraph by the following subparagraph:

"(*c*.2) determine the fertility preservation services that must be considered insured services for the purposes of subparagraph *f* of the first paragraph of section 3 and, if applicable, in which cases and on which conditions they must be considered as such;".

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

15. Section 19 of the Act respecting health services and social services (chapter S-4.2), amended by section 71 of chapter 2 of the statutes of 2014, is again amended by adding the following paragraph after paragraph 14:

"(15) in the cases and for the purposes set out in the second paragraph of section 41.2 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01)."

REGULATION RESPECTING CLINICAL ACTIVITIES RELATED TO ASSISTED PROCREATION

16. Sections 17 and 18 of the Regulation respecting clinical activities related to assisted procreation (chapter A-5.01, r. 1) are repealed.

REGULATION RESPECTING THE APPLICATION OF THE HEALTH INSURANCE ACT

17. Section 22 of the Regulation respecting the application of the Health Insurance Act (chapter A-29, r. 5) is amended by striking out ", or is required for the purposes of medically assisted procreation in accordance with section 34.4, 34.5 or 34.6" in paragraph *q*.

18. Division XII.2 of the Regulation is replaced by the following division:

"**DIVISION XII.2**

"FERTILITY PRESERVATION SERVICES

"**34.3.** If rendered to a fertile insured person before any oncological chemotherapy treatment or radiotherapy treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility, or before the complete removal of a person's testicles or ovaries for oncotherapy purposes, the fertility preservation services listed below must be considered insured services for the purposes of subparagraph *f* of the first paragraph of section 3 of the Act:

(*a*) the services required for ovarian stimulation or ovulation induction;

(*b*) the services required to retrieve eggs or ovarian tissue;

(*c*) the services required to retrieve sperm or testicular tissue by medical intervention, including percutaneous epididymal sperm aspiration; and

(*d*) the services required to freeze and store sperm, eggs, ovarian or testicular tissue or embryos for a three-year period."

PART III

TRANSITIONAL AND FINAL PROVISIONS

19. Section 8 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01), enacted by section 2, does not apply to research projects in progress on (*insert the date of coming into force of section 2 of this Act*) that relate to assisted procreation activities or use embryos that resulted from such activities but were not used for that purpose.

20. Sections 10.1 and 10.3 of the Act respecting clinical and research activities relating to assisted procreation, enacted by section 3, do not apply to a person who began an *in vitro* fertilization activity before or on the date of their coming into force, for a six-month period beginning on that date.

For the purposes of the first paragraph, a person has begun an *in vitro* fertilization activity if

(1) the person herself has received services required to retrieve eggs or ovarian tissue; or

(2) the person participating with her in the assisted procreation activity has received, as applicable, services required to retrieve sperm by medical intervention or services required to retrieve eggs or ovarian tissue.

21. The first paragraph of section 10.2 of the Act respecting clinical and research activities relating to assisted procreation, enacted by section 3, does not apply to a person who began an assisted procreation activity on or before (*insert the date of coming into force of section 10.2, enacted by section 3 of this Act*), for a six-month period beginning on that date. Nor does it apply to the person participating with him or her in assisted procreation activities during that period.

For the purposes of the first paragraph, a person has begun an assisted procreation activity if he or she is in either of the situations described in the second paragraph of section 20, or if he or she, in the six months before (*insert the date of coming into force of section 10.2, enacted by section 3 of this Act*), received services required for artificial insemination which did not result in a live birth.

22. Subparagraph *e* of the first paragraph of section 3 of the Health Insurance Act (chapter A-29), subparagraph *c*.2 of the first paragraph of section 69 of the Act, paragraph *q* of section 22 and sections 34.3 to 34.6 of the Regulation respecting the application of the Health Insurance Act (chapter A-29, r. 5), as they read on (*insert the date that precedes the date of assent to this Act*), continue to have effect with regard to an insured person, within the meaning of that Act, who

(1) began receiving *in vitro* fertilization services before (*insert the date that follows the date of assent to this Act*), until the end of the ovulatory cycle in which the *in vitro* fertilization services are provided;

(2) began receiving services required for artificial insemination before (*insert the date that follows the date of assent to this Act*), until the artificial insemination has occurred; or

(3) participates with the person referred to in subparagraph 1 or 2 in assisted procreation activities for the duration provided for in those subparagraphs.

For the purposes of subparagraph 1 of the first paragraph, an insured person has begun receiving *in vitro* fertilization services if he or she is in either of the situations described in the second paragraph of section 20.

For the purposes of subparagraph 2 of the first paragraph, a person has begun receiving services required for artificial insemination if he or she has received services required for ovarian stimulation or ovulation induction.

23. Embryo cryopreservation services and services required to freeze and store sperm, as part of the services required for assisted procreation, continue to be insured services within the meaning of the Health Insurance Act until (*insert the date that is three years after the date of assent to this Act*), provided they began before (*insert the date that follows the date of assent to this Act*).

24. The provisions of this Act come into force on (*insert the date of assent to this Act*), except:

(1) section 39 of the Act to promote access to family medicine and specialized medicine services, enacted by section 1 of this Act, which comes into force on 1 April 2015;

(2) Division III of Chapter II of the Act to promote access to family medicine and specialized medicine services, enacted by section 1 of this Act, which comes into force on 1 January 2016;

(3) section 2, and section 3 to the extent that it enacts sections 10.2 and 10.3 of the Act respecting clinical and research activities relating to assisted procreation, which come into force on the date or dates to be set by the Government;

(4) section 3 to the extent that it enacts section 10.4 of the Act respecting clinical and research activities relating to assisted procreation, and section 16 to the extent that it repeals section 17 of the Regulation respecting clinical activities related to assisted procreation (chapter A-5.01, r. 1), which come into force on (*insert the date that follows the date of assent to this Act*).