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# NATIONAL ASSEMBLY

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FIRST SESSION

THIRTY-SIXTH LEGISLATURE

Bill 83

**An Act to amend the Health Insurance  
Act and other legislative provisions**

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**Introduction**

**Introduced by  
Madam Pauline Marois  
Minister of Health and Social Services**

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**Québec Official Publisher  
1999**

## **EXPLANATORY NOTES**

*This bill amends the Health Insurance Act in order to clarify the rules governing eligibility for the health insurance plan.*

*The bill introduces new rules concerning the possession and use of health insurance cards and eligibility cards. Amendments are made to facilitate the administrative operations of the Board in recovering sums owed to it, and to allow the Board to communicate personal information to Héma-Québec, the Ministère des Relations avec les citoyens et de l'Immigration, and its mandataries. In addition, an amendment will allow required information to be transmitted by the Board to collectors appointed under the Code of Penal Procedure pursuant to an agreement.*

*The bill empowers the Board to charge administration fees, in certain cases, to insured persons or health professionals.*

*The bill also amends the Act respecting the Régie de l'assurance-maladie du Québec to modify the powers of the Board and the composition of its board of directors.*

*Lastly, the bill includes technical and consequential amendments, as well as transitional provisions.*

### **LEGISLATION AMENDED BY THIS BILL :**

- Act respecting industrial accidents and occupational diseases (R.S.Q., chapter A-3.001);
- Health Insurance Act (R.S.Q., chapter A-29);
- Act respecting the Régie de l'assurance-maladie du Québec (R.S.Q., chapter R-5).

# Bill 83

## AN ACT TO AMEND THE HEALTH INSURANCE ACT AND OTHER LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS :

### HEALTH INSURANCE ACT

1. Section 1 of the Health Insurance Act (R.S.Q., chapter A-29) is amended

(1) by replacing “prostheses, orthopedic devices, locomotor or posture assists, medical supplies or other equipment” in the first and second lines of subparagraph *a* of the first paragraph by “devices or other equipment that compensate for a physical deficiency”;

(2) by striking out subparagraph *g* of the first paragraph;

(3) by replacing “beneficiary” and “deemed” in the first line of subparagraph *g.1* of the first paragraph by “insured person” and “temporary”;

(4) by striking out subparagraphs *s* and *t* of the first paragraph;

(5) by replacing “and the Northwest Territories” in the second paragraph by “, the Northwest Territories and Nunavut”.

2. Section 3 of the said Act, amended by section 14 of chapter 24 of the statutes of 1999, is again amended

(1) by replacing the fifth, sixth, seventh and eighth paragraphs by the following paragraphs:

“The Board assumes, on behalf of every insured person whose age is that fixed for such purpose by regulation, the cost of the services determined by regulation and of the devices or other equipment, determined by regulation, that compensate for a physical deficiency.

The Board reimburses to an institution recognized for that purpose by the Minister the cost of the services determined by regulation provided by the institution and of the visual aids, determined by regulation, lent by the institution to an insured person who has a visual deficiency and whose age is that fixed for such purpose by regulation.

The Board assumes, on behalf of every insured person whose age is that fixed for such purpose by regulation the cost of the services determined by regulation and of the hearing aids, determined by regulation, that compensate for a hearing deficiency.

The Board reimburses to an institution recognized for that purpose by the Minister the cost of the services determined by regulation provided by the institution and of the communication devices, determined by regulation, lent by the institution to an insured person with a communication-related physical deficiency and whose age is that fixed for such purpose by regulation.

The cases and conditions in and on which the Board assumes or reimburses the cost of the insured services referred to in the fifth, sixth, seventh and eighth paragraphs and in and on which the services are furnished are determined by government regulation, as are the physical, hearing, visual and communication-related deficiencies. The sets or subsets of devices, equipment or aids that compensate for such deficiencies are enumerated in the regulation.

Insured devices, equipment and aids are determined in a regulation made by the Board pursuant to section 72.1 on the basis of the enumeration provided for in the ninth paragraph.”;

(2) by replacing “prostheses and orthopedic devices, locomotor or posture assists, medical supplies or other equipment” in the first and second lines of the tenth paragraph by “devices or other equipment that compensate for a physical deficiency”.

### 3. Section 3.1 of the said Act is amended

(1) by replacing “prostheses, orthopedic devices, locomotor or posture assists, medical supplies or other equipment” in the first and second lines of the first paragraph by “devices or other equipment that compensate for a physical deficiency”;

(2) by replacing “in the fifth, sixth, seventh and eighth paragraphs of” in the third and fourth lines of the first paragraph by “in”.

### 4. Section 5 of the said Act is replaced by the following sections :

“5. For the purposes of this Act, a resident of Québec means a person domiciled in Québec who meets the conditions prescribed by regulation and who is

(1) a Canadian citizen;

(2) a permanent resident within the meaning of the Immigration Act (Revised Statutes of Canada, 1985, chapter I-2);

(3) an Indian who is registered as an Indian pursuant to the Indian Act (Revised Statutes of Canada, 1985, chapter I-5);

(4) a person having been granted refugee status, within the meaning of the Geneva Convention, in Canada, by a competent authority; or

(5) a person belonging to any other class of persons determined by regulation.

However, an unemancipated minor who is not already domiciled in Québec for the purposes of article 80 of the Civil Code is considered to be domiciled in Québec, if the minor has settled in Québec.

A person becomes a resident of Québec at the time and subject to the conditions determined by regulation, and ceases to be a resident of Québec at the time and subject to the conditions determined by regulation.

“5.0.1. For the purposes of this Act, a temporary resident of Québec means any person who meets the conditions determined by regulation, in the cases and at the time determined by regulation.

“5.0.2. A person loses the status of resident of Québec or temporary resident of Québec at the time and subject to the conditions determined by regulation.”

5. Section 5.1 of the said Act is amended

(1) by inserting “or temporary resident” after “resident” in the first line;

(2) by replacing “resident” in the second line by “resident or temporary resident”;

(3) by adding “for the period fixed in the regulation” at the end.

6. Section 7 of the said Act is amended by adding the following paragraph at the end:

“A person who possesses the legal status of permanent resident of a country other than Canada is presumed not to be domiciled in Québec unless the person shows to the Board that he is domiciled in Québec and files a sworn statement to that effect with the Board in the form prescribed by the Board.”

7. Section 9 of the said Act is amended

(1) by replacing “or is deemed to be a” in the first line of the first paragraph by “a resident or temporary”;

(2) by replacing “of Québec or deemed to be a” in the third line of the fourth paragraph by “or temporary”;

(3) by replacing “resident or deemed to be a resident” in the second line of the fifth paragraph by “resident or temporary resident”.

8. The said Act is amended by inserting the following section after section 9.1 :

“9.1.1. No person may, for the purpose of obtaining or receiving a service under this Act, the regulations or a plan or program administered by the Board, have in his possession a health insurance card or eligibility card that does not correspond to his true identity.

Every person who contravenes a provision of this section is liable to a fine of \$200 to \$1,000.”

9. Section 9.4 of the said Act is amended by replacing “deemed to be a resident” in the third line of paragraph *a* by “temporary resident”.

10. The said Act is amended by inserting the following sections after section 9.5 :

“9.6. The Board may, directly or through a person it designates, recover any health insurance card or eligibility card that a person not entitled thereto has in his possession and has failed or refused to return.

A health insurance card or eligibility card may be recovered for the following reasons :

- (1) the person is not a resident or temporary resident of Québec ;
- (2) the person is not a person referred to in subparagraph *a* of subparagraph 2 of the first paragraph of section 10 or section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux.

A card may not be recovered before the time allowed for applying for a review of the decision under section 18.1 or, as the case may be, for contesting the Board’s decision before the Administrative Tribunal of Québec, has expired.

“9.7. A person having received insured services without being entitled thereto must reimburse the Board for any amount paid or reimbursed on his behalf by the Board pursuant to this Act where the person

- (1) was registered with the Board without entitlement ;
- (2) had ceased to be a resident or temporary resident of Québec ;
- (3) had ceased to be an eligible person under a program administered by the Board pursuant to section 2 of the Act respecting the Régie de l’assurance-

maladie du Québec or a person referred to in subparagraph *a* of subparagraph 2 of the first paragraph of section 10 or section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux.

In such cases, the Board's right of action is prescribed three years after the date on which the Board becomes aware of the person's ineligibility.

However, prescription is suspended where the person applies for a review of the Board's decision under section 18.1 or contests the Board's decision before the Administrative Tribunal of Québec under section 18.4, until a final decision is rendered."

11. Section 10 of the said Act is amended

(1) by inserting “, on request,” after “Board” in the fifth line of the first paragraph;

(2) by inserting “in the case of services received outside Québec but within Canada,” after “However,” in the first line of the fourth paragraph;

(3) by adding “In the case of services received outside Canada, the person shall only be entitled to claim the lesser of the amount actually paid and the amount established by the Board for such services paid in Québec.” at the end of the fourth paragraph.

12. Section 13 of the said Act is amended

(1) by replacing “amount fixed by regulation for the services and prostheses, orthopedic devices, locomotor or posture assists, medical supplies or other equipment” in the second and third lines of the first paragraph by “cost determined by regulation for services and for devices or other equipment that compensate for a physical deficiency”;

(2) by replacing “fifth paragraph” in the fourth line of the first paragraph by “fifth, ninth and tenth paragraphs”;

(3) by replacing “price fixed” in the first line of the second paragraph by “cost determined”;

(4) by replacing “fifth paragraph” in the second line of the second paragraph by “fifth, ninth and tenth paragraphs”;

(5) by replacing “maximum amounts fixed” in the second line of the third paragraph by “costs determined”;

(6) by replacing “fifth paragraph” in the third line of the fourth paragraph by “fifth, ninth and tenth paragraphs”;

(7) by replacing “maximum prices fixed” in the fourth line of the fourth paragraph by “costs determined”.

13. Section 13.1 of the said Act is amended by replacing “or claim booklet” in the first and second lines of the first paragraph by “, claim booklet or eligibility card”.

14. Section 13.2 of the said Act, amended by section 29 of chapter 40 of the statutes of 1999, is again amended

(1) by replacing “maximum amounts fixed by regulation, the reimbursement of the cost of purchase, replacement or repair of the visual aids contemplated in the sixth paragraph of section 3 that have been lent to a visually handicapped person” in the second, third, fourth and fifth lines of the first paragraph by “costs determined by regulation, the reimbursement, pursuant to the sixth, ninth and tenth paragraphs of section 3, of the cost of services provided and visual aids lent by the institution to an insured person having a visual deficiency”;

(2) by replacing “and recovered from a visually handicapped person” in the second line of the third paragraph by “and recovered”.

15. The said Act is amended by inserting the following section after section 13.2:

“13.2.1. An insured person having a hearing deficiency is entitled to claim from the Board the payment of the cost determined by regulation for the services and hearing aids referred to in the seventh paragraph of section 3 that have been provided to him in accordance with the conditions prescribed by regulation, on presentation of an application for reimbursement the form of which is accepted by the Board and the content of which is in conformity with the regulation, provided that the Board has obtained from the insured person the information it needs to justify the payment claimed.

The insured person is not entitled to claim payment in excess of the cost determined by regulation for such a service, or in excess of the amount already paid by the insured person.

The Board may assume, on behalf of such an insured person up to the amount determined by regulation, the payment of the cost of an insured service referred to in the first paragraph. It shall only do so if the insured person presents an application for payment the form of which is accepted by the Board and the content of which is in conformity with the regulation and furnishes the Board with the appropriate information.

The provider of such a service may be paid only for the service actually performed and only up to the amount determined by regulation.”

16. Section 13.4 of the said Act is replaced by the following section:

“13.4. Every device or other equipment that compensates for a physical deficiency, and every visual aid, hearing aid and communication device

referred to in section 3 and furnished to an insured person, shall be untransferable and unseizable.

Every such device or piece of equipment that compensates for a physical deficiency and every such hearing aid no longer used by an insured person shall become the property of the Board and may or shall be recovered in accordance with the standards prescribed by regulation.”

17. Section 14 of the said Act is amended

(1) by replacing “payment of the cost of purchase, replacement or repair of any visual aid contemplated” in the second and third lines of the third paragraph by “reimbursement of the cost of any insured service referred to”;

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

“An insured person with a hearing deficiency is not entitled to claim from the Board the payment of the cost of an insured service referred to in the seventh paragraph of section 3, except in accordance with section 13.2.1.”

18. Section 14.1 of the said Act, amended by section 29 of chapter 40 of the statutes of 1999, is again amended by replacing “deemed to be a resident” in the first line of the first paragraph by “temporary resident”.

19. Section 14.2 of the said Act is amended by replacing “within two years” in the third line of the first paragraph by “within one year”.

20. The said Act is amended by inserting the following sections after section 14.2:

“14.2.1. In the cases determined by regulation, a person must, at the request of the Board and at the latter’s expense, undergo an examination by a health professional or an assessment by an audiologist, speech therapist, hearing-aid acoustician, occupational therapist or physiotherapist chosen by the person or, where the Board considers it necessary, designated by the Board.

The examination or assessment must be conducted according to the standards determined in a regulation made by the Board.

“14.2.2. A person who undergoes an examination or assessment pursuant to section 14.2.1 is entitled, on the conditions determined in a regulation made by the Board, to be reimbursed by the Board for the travel and lodging expenses incurred by the person in undergoing the examination or assessment.

Where the physical or mental state or the age of the person undergoing the examination or assessment requires the person to be accompanied, the person accompanying the person is entitled, on the conditions prescribed by regulation,

to receive an availability allowance and to be reimbursed by the Board for the travel and lodging expenses incurred by the person.

“14.2.3. A health professional, audiologist, speech therapist, hearing-aid acoustician, occupational therapist or physiotherapist who examines or assesses a person at the request of the Board must report to the Board concerning any matter regarding which the examination or assessment was required.

On receiving the report, the Board must transmit a copy to the person who underwent the examination or assessment or to any person designated by the person.”

21. Section 15 of the said Act is amended by replacing “a deemed resident” in the fourth line of the first paragraph by “temporary resident”.

22. Section 18 of the said Act, amended by section 29 of chapter 40 of the statutes of 1999, is again amended

(1) by adding “The person must furnish to the Board any information required to establish the liability of the third person or the claim of the Board.” at the end of subsection 1 ;

(2) by replacing “by three years” in the last line of subsection 5 by “three years from the date on which the Board became aware of the facts giving rise thereto”.

23. The said Act is amended by inserting the following section after section 18.3 :

“18.3.1. Where an insured person fails to reimburse or pay an amount owed to the Board following a decision made by the Board under section 18.3, the Board’s decision may be homologated, upon its request, by the Superior Court or the Court of Québec according to their respective jurisdictions, at the expiry of the time limit for contesting the decision pursuant to section 18.4 before the Administrative Tribunal of Québec, and the decision becomes executory under the authority of the court which homologated it.”

24. Section 22 of the said Act, amended by section 29 of chapter 40 of the statutes of 1999, is again amended

(1) by replacing “a service” in the third line of the seventh paragraph by “an insured service” ;

(2) by replacing “service” in the first line of the eighth paragraph by “non-insured service, or a service” ;

(3) by inserting the following paragraph after the tenth paragraph :

“No health professional who is subject to the application of an agreement may allow or accept that the remuneration for insured services furnished by that health professional be claimed in the name of another health professional. Similarly, no health professional who is subject to the application of an agreement may allow or accept that the remuneration for insured services furnished by another health professional be claimed from the Board in his name.”;

(4) by replacing “or eighth” in the second line of the eleventh paragraph by “, eighth or eleventh”.

25. Section 22.0.1 of the said Act is amended

(1) by inserting “, or has claimed an amount exceeding the amount that would have been paid by the Board to a health professional subject to the application of an agreement for insured services furnished to an insured person who failed to present his health insurance card, claim booklet or eligibility card,” after “permits,” in the fourth line of the first paragraph;

(2) by replacing “six months” in the seventh line of the first paragraph by “one year”;

(3) by replacing “a court of civil jurisdiction” in the second line of the third paragraph by “the Superior Court or the Court of Québec according to their respective jurisdictions”;

(4) by adding “The burden of proving that the decision of the Board is ill-founded is on the health professional.” at the end of the third paragraph.

26. Section 22.1 of the said Act is amended

(1) by inserting “, laboratory or person referred to in subparagraph *h.3* of the first paragraph of section 69, in connection with devices or other equipment that compensate for a physical deficiency, every institution, in connection with visual or communication aids, and every hearing-aid acoustician or distributor, in connection with hearing aids,” after “institution” in the third line of the second paragraph, and by replacing “its” in the fourth line of that paragraph by “a”;

(2) by striking out “The Board may extend such period if a health professional or an institution demonstrates that it was in fact impossible to act sooner, or in the case of death of a professional.” in the fifth, sixth and seventh lines of the second paragraph;

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

“The Board may extend such period if a health professional, institution, laboratory, person referred to in subparagraph *h.3* of the first paragraph of section 69, hearing-aid acoustician or distributor demonstrates that it was in

fact impossible to act sooner, or in the event of the death of one of the persons referred to in the second paragraph.”

27. Section 22.2 of the said Act is amended

(1) by inserting “services that were non-insured services,” after “falsely described, or” in the fourth line of the second paragraph;

(2) by replacing “the second paragraph” in the first line of the fourth paragraph by “this section”, and by striking out “, before the competent court,” in the first and second lines of the fourth paragraph;

(3) by replacing “competent court” in the second line of the fifth paragraph by “Superior Court or the Court of Québec according to their respective jurisdictions,”.

28. The said Act is amended by inserting the following sections after section 22.2:

“22.3. Where a decision of the Board is not contested by the health professional before the Superior Court or the Court of Québec according to their respective jurisdictions, pursuant to the fifth paragraph of section 22.2 and the Board finds itself in a situation such that it can neither refuse payment for the services concerned by its decision nor have them reimbursed by compensation or otherwise, the Board’s decision may be homologated, upon its request, by the Superior Court or the Court of Québec according to their respective jurisdictions, at the expiry of the time limit for filing an appeal under the fifth paragraph of section 22.2, and the decision becomes executory under the authority of the court which homologated it.

“22.4. Every amount owed under this Act by a health professional shall give rise to a recovery charge of 10% of the outstanding amount owed on the date on which the Board, in order to collect the amount, either resorts to a recovery measure under section 22.2 or section 50 or exercises a recourse before the Superior Court or the Court of Québec according to their respective jurisdictions. The charge shall not be less than \$50 nor more than \$10,000.

Where several recourses or measures are exercised by the Board to recover an amount owing, the charge provided for in the first paragraph shall be applied only once.

The Board may cancel or reduce the charge where it considers that it would not be payable had it not been for an error or omission attributable to the Board or where the amount of the debt that gave rise to the charge is reduced or cancelled.”

29. Section 29 of the said Act is amended by replacing “deemed” in the first line by “temporary”.

30. Section 37 of the said Act is amended by replacing “and 13.2,” in the second line by “, 13.2 and 13.2.1,”.

31. Section 64 of the said Act is amended by replacing “make periodic sampling surveys” in the first line of the fourth paragraph by “verify periodically, using sampling techniques,” and by striking out “for the purposes of verifying” in the first and second lines of the fourth paragraph.

32. Section 65 of the said Act, amended by section 180 of chapter 39 of the statutes of 1998, is again amended by inserting “, Héma-Québec” after “Commission” in the fourth line of the fifth paragraph.

33. The said Act is amended by inserting the following section after section 65.0.1 :

“65.0.2. The Board shall transmit to a collector appointed in accordance with article 322 of the Code of Penal Procedure (chapter C-25.1), pursuant to an agreement entered into with the Minister of Justice, the address and, where applicable, the date of death of a person who has failed, within the prescribed time, to pay a sum due within the meaning of that Code.

The agreement shall be submitted to the Commission d'accès à l'information for its opinion according to the procedure under section 70 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1).

For the duration of such an agreement, article 323 of the Code of Penal Procedure shall cease to apply to the competent authority of the Board and to the persons mentioned in section 63 of this Act.”

34. The said Act is amended by inserting the following section after section 65.1 :

“65.2. The Board may, for the purpose of determining a person's eligibility under a reciprocity agreement entered into under section 10 of the Act respecting the Ministère de la Santé et des Services sociaux, inform the Ministère des Relations avec les citoyens et de l'Immigration, following an application for a certificate of eligibility under the reciprocity agreement filed by a person, as to whether or not that person is eligible for services under the health insurance plan.

The Board may also, for the purpose of obtaining a reimbursement of the cost assumed by it for services provided to a person pursuant to a reciprocity agreement entered into under section 10 of the Act respecting the Ministère de la Santé et des Services sociaux, transmit to the person or body to which the claim has been submitted the date on which a service was furnished, the nature of the service, the name, address and profession of the person who provided the service and the amount incurred by the Board for the service.”

35. Section 67 of the said Act, amended by section 168 of chapter 36 of the statutes of 1998, section 45 of chapter 44 of the statutes of 1998 and section 40 of chapter 22 of the statutes of 1999, is again amended

(1) by replacing “prostheses, orthopedic devices, locomotor or posture assists, medical supplies or other equipment,” in the second and third lines of the fourth paragraph by “devices and other equipment that compensate for a physical deficiency,”;

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

“It does not prohibit the disclosure of information obtained for the carrying out of this Act to a person, department or body entrusted by the Board with a mandate pursuant to section 67.2 of the Act respecting Access to documents held by public bodies and the Protection of personal information.”

36. Section 68 of the said Act is amended by replacing “sections 2.1, 24.1 and 24.2” in the fifth line of the first paragraph by “section 2.1”.

37. Section 69 of the said Act, amended by section 182 of chapter 39 of the statutes of 1998, is again amended

(1) by replacing subparagraphs *h* to *h.2.1* of the first paragraph by the following subparagraphs:

“(h) determine the physical deficiencies, the services and the sets or subsets of devices that compensate for a physical deficiency that must be considered to be insured services for the purposes of the fifth paragraph of section 3, fix the age of the insured persons referred to therein and determine classes of insured persons, determine the cost that may be assumed by the Board on behalf of an insured person with a physical deficiency and the cases and conditions in and on which the Board assumes the cost of those insured services and in and on which the services are furnished, and prescribe the cases and conditions in and on which such property may or must be recovered;

“(h.1) determine the visual deficiencies, the services and the sets or subsets of visual aids that must be considered to be insured services for the purposes of the sixth paragraph of section 3, fix the age of the insured persons referred to therein and determine classes of insured persons, determine the cost reimbursed by the Board to an institution recognized by the Minister in respect of an insured person with a visual deficiency and the cases and conditions in and on which the Board reimburses the cost of the insured services and in and on which the services are furnished, and prescribe the cases and conditions in and on which such visual aids may or must be recovered;

“(h.2) determine the hearing deficiencies, the services and the sets or subsets of hearing aids that must be considered to be insured services for the purposes of the seventh paragraph of section 3, fix the age of the insured

persons referred to therein and determine the classes of insured persons, determine the cost that the Board may assume on behalf of an insured person with a hearing deficiency, determine the cases and conditions in and on which the Board assumes the cost of such insured services and in and on which the services are furnished, prescribe the terms and conditions for claims and payments, and prescribe the cases and conditions in and on which such hearing aids may or must be recovered ;

“(h.2.1) determine the communication-related physical deficiencies, the services and the sets or subsets of communication devices that must be considered to be insured services for the purposes of the eighth paragraph of section 3, fix the age of the insured persons referred to therein and determine the classes of insured persons, determine the cost reimbursed by the Board to an institution recognized by the Minister in respect of an insured person with a communication-related physical deficiency and the cases and conditions in and on which the Board assumes the cost of such insured services and in and on which the services are furnished, and prescribe the cases and conditions in and on which such communication devices may or must be recovered;”;

(2) by replacing “fixed cost may be exacted from the Board by the beneficiary, the classes of services the cost of which may be so exacted and fix the maximum price” in the fourth, fifth and sixth lines of subparagraph h.3 of the first paragraph by “determined cost may be claimed from the Board by the insured person, the categories of services the cost of which may be so claimed, and fix the maximum cost”;

(3) by replacing subparagraphs *j* to *j.2* of the first paragraph by the following subparagraphs :

“(j) determine, for the purposes of section 5, the conditions to be met by a person referred to therein and the time at which and the conditions subject to which a person becomes a resident of Québec and the time at which and the conditions subject to which a person ceases to be a resident of Québec, and determine the classes of persons referred to in paragraph 5;

“(j.1) determine the cases and conditions in and subject to which and the time at which a person referred to in section 5.01 becomes a temporary resident of Québec;

“(j.2) determine the cases and conditions in and subject to which a person who is a resident of Québec retains the status of resident despite being absent from Québec and determine the period during which the status of resident may be retained;

“(j.2.1) determine the time at which a person loses the status of resident of Québec or temporary resident of Québec and the conditions applicable to a loss of status;”.

38. Section 72 of the said Act is amended

(1) by replacing “deemed resident” in the third line of subparagraph *a* of the first paragraph by “temporary resident”;

(2) by replacing “person deemed to be resident in” in the second and third lines of subparagraph *c.1* of the first paragraph by “temporary resident of”;

(3) by inserting the following subparagraph after subparagraph *c.1* of the first paragraph:

“(c.2) fixing the amount of the costs payable for an application to re-register in the case of an insured person who fails to send the Board a registration renewal notice within the time fixed by regulation and determining the cases in which a person may be exempted therefrom;”;

(4) by replacing “an electronic data processing or” in the third and fourth lines of subparagraph *d.2* of the first paragraph by “a”;

(5) by replacing “prostheses, orthopedic devices, locomotor or posture assists, medical supplies or other equipment,” in the second and third lines of subparagraph *f* of the first paragraph by “devices or other equipment that compensate for a physical deficiency,”;

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

“(i) prescribing the cases and conditions in and on which a person must, at the request and expense of the Board, undergo an examination or assessment under section 14.2.1, the standards according to which the examination or assessment must be conducted, and the conditions governing the reimbursement of the travel and lodging expenses of the person undergoing the examination or assessment and of the person who, where such is the case, accompanies the person, and determining, for the latter person, an availability allowance.”

39. The said Act is amended by inserting the following section after section 72:

“72.1. The Board may, with respect to property or services referred to in the fifth, sixth, seventh or eighth paragraph of section 3 and on the basis of a regulation made by the Government under the ninth paragraph of that section, make a regulation

(1) naming and describing such property and services and, where applicable, giving the make, model, manufacturer or distributor, price and specification for that price, maximum price or method of establishing the purchase or replacement price, and guarantee period of each such property or service;

(2) determining any other necessary standard for the purposes of the fifth, sixth, seventh or eighth paragraph of section 3.

A regulation made under the first paragraph is not subject to the publication requirements and date of coming into force set out in sections 8 and 17 of the Regulations Act (chapter R-18.1). The regulation shall come into force on the date of its publication in the *Gazette officielle du Québec* or on any later date fixed in the regulation.”

40. Section 77.1 of the said Act is amended by striking out “in accordance with section 72” in the third line.

41. Section 91 of the said Act is amended by replacing “before the next 31 December” in the second line of the third paragraph by “within six months”.

42. The said Act is amended

(1) by removing the hyphen from the expression “health-insurance” wherever it occurs in subparagraph *c* of the first paragraph of section 1 and in sections 9, 9.0.0.1, 9.0.2 to 9.1, 9.4, 9.5, 13.1, 22, 68.2, 69 and 72, and by removing the hyphen from the expression “assurance-maladie” wherever it occurs in subparagraph *i* of the first paragraph of section 1 and in sections 3, 18.1, 22.1.0.1 and 68;

(2) unless the context indicates otherwise, by replacing the words “a beneficiary”, “beneficiary”, “beneficiary’s” and “beneficiaries”, wherever they occur in subparagraph *c* of the first paragraph of section 1 and in sections 1.1 and 3, the heading of Division II, sections 9.0.3 to 9.1, 10 to 13.1, 13.3 to 15, 18.1, 22, 22.0.1, 22.1.0.1, 22.1.1, 30 to 34, 36, 37, 64 to 65.1, 68, 69, 72 and 77.2, by “an insured person”, “insured person”, “insured person’s” and “insured persons”, respectively, with the necessary modifications.

The same changes are to be made in the regulations under the Act.

#### ACT RESPECTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES

43. Section 196 of the Act respecting industrial accidents and occupational diseases (R.S.Q., chapter A-3.001) is amended by replacing “tenth” in the second line by “twelfth”.

44. Section 586 of the said Act is amended by replacing “tenth” in the first line of the first paragraph by “twelfth”.

#### ACT RESPECTING THE RÉGIE DE L’ASSURANCE-MALADIE DU QUÉBEC

45. Section 2 of the Act respecting the Régie de l’assurance-maladie du Québec (R.S.Q., chapter R-5), amended by section 41 of chapter 22 and by section 1 of chapter 48 of the statutes of 1999, is again amended

(1) by inserting “laboratories,” after “institutions,” in the third line of subparagraph *b* of the second paragraph ;

(2) by replacing “sections 63 to 68” in the first line of subparagraph *e* of the second paragraph by “Division VII”.

46. Section 2.1 of the said Act is amended by replacing “tenth” in the fifth line of the second paragraph by “twelfth”.

47. Section 7 of the said Act, amended by section 187 of chapter 39 of the statutes of 1998, is again amended

(1) by replacing “twelve” in the first line of the first paragraph by “fifteen” ;

(2) by replacing “one” in the first line of the fourth paragraph by “two” and by replacing “ ; three other” in the fourth line of the same paragraph by “ , and three” ;

(3) by adding the following sentence at the end of the fourth paragraph :  
“Two other members shall be appointed after consultation with the professional orders in the field of health.”

48. The said Act is amended by inserting the following section after section 14 :

“14.1. The Board may delegate to the president and director general, to a member of the personnel or to the holder of a designated position, the exercise of the powers assigned to the Board by this Act, by the Health Insurance Act and by the Act respecting prescription drug insurance.

The Board may also authorize the subdelegation of listed functions. Where applicable, the Board shall identify the member of the personnel or the holder of a position to whom a function may be subdelegated.”

49. Section 23 of the said Act, amended by section 244 of chapter 40 of the statutes of 1999, is again amended by replacing “or of the Health Insurance Act” in the fourth and fifth lines by “ , the Health Insurance Act or another Act of Québec”.

50. The said Act is amended by inserting the following section after section 23 :

“23.1. The Government may also authorize the Board to make, as provided by law, agreements with any government or body and with any person, association or partnership to enable the Board to provide consulting services related to the development or implementation of a health insurance plan or the management of health and social services data.

The Board may, within the framework of those agreements, sell the expertise and products it develops or helps to develop in the performance of its functions.

The Board may collect and include in its revenues any sum generated by such activities, and incur expenditures for such purposes.”

51. Section 24.2 of the said Act is amended by striking out the second paragraph.

52. The said Act is amended

(1) by removing the hyphen from the expression “assurance-maladie” wherever it occurs in the title of the Act and in sections 1 and 39, and by removing the hyphen from the expression “assurance-maladie” wherever it occurs in the French text of sections 2, 2.1, 7, 22.2, 23, 30, 33, 34.0.2, 37.1, 37.7, 38 and 41 ;

(2) unless the context indicates otherwise, by replacing the word “beneficiaries” wherever it occurs in sections 22.2 and 32 by the words “insured persons”, and by replacing the words “a beneficiary” wherever they occur in sections 37.6 and 37.7 by the words “an insured person”.

The same changes are to be made in the regulations under the Act.

#### TRANSITIONAL AND FINAL PROVISIONS

53. Unless otherwise indicated by the context, in every Act and regulation, contract and other document,

(1) the hyphen in the expressions “health-insurance” and “assurance-maladie” is to be removed ;

(2) the word “beneficiary”, where it designates a beneficiary within the meaning of the Health Insurance Act (R.S.Q., chapter A-29), is to be replaced, with the necessary modifications, by the expression “insured person”.

54. The provisions of section 10 of the Health Insurance Act, enacted by paragraph 3 of section 11 of this Act, do not apply to claims received by the Board before (*insert here the date of coming into force of section 11*).

55. The time limit under section 14.2 of the Health Insurance Act, as amended by section 19, does not apply to claims for the payment or reimbursement of insured services received by the Board before (*insert here the date of coming into force of section 19*).

56. The provisions of Chapter V of the Regulation respecting devices which compensate for a physical deficiency and are insured under the Health Insurance Act, enacted by O.C. 612-94 (1994, G.O. 2, 1589), of the Regulation respecting visual aids insured under the Health Insurance Act, enacted by

O.C. 1403-96 (1996, G.O. 2, 4725) and of the Regulation respecting hearing devices insured under the Health Insurance Act, enacted by O.C. 869-93 (1993, G.O. 2, 3497), made pursuant to subparagraphs *h*, *h.1* and *h.2* of the first paragraph of section 69 of the Health Insurance Act, continue to apply until amended or replaced by a regulation made by the Board under section 72.1 of the Health Insurance Act as enacted by section 39 of this Act.

57. The provisions of this Act come into force on the date or dates to be fixed by the Government.