



NATIONAL ASSEMBLY OF QUÉBEC

SECOND SESSION

FORTY-SECOND LEGISLATURE

Bill 11

**An Act to increase the supply of
primary care services by general
practitioners and to improve the
management of that supply**

Introduction

**Introduced by
Mr. Christian Dubé
Minister of Health and Social Services**

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EXPLANATORY NOTES

This bill amends the Act to promote access to family medicine and specialized medicine services to provide that general practitioners who participate in the Québec Health Insurance Plan are required to add to their caseload of patients only those persons registered for the Québec Family Doctor Finder (GAMF). It also provides that those physicians are required to make themselves available to insured persons through the appointment booking system put in place by the Régie de l'assurance maladie du Québec (the Board) or through an appointment booking system offered by another supplier.

The bill allows the Minister of Health and Social Services to enter into agreements with suppliers of appointment booking systems so that appointments with a same physician may be made by means of more than one such system. It provides that, as soon as a first agreement is entered into, the Minister sees to the management of appointment booking and that every general practitioner must send their hours of availability to the Minister. The Minister is authorized to use the information collected in the course of that management where it is necessary for the exercise of the Minister's functions.

Moreover, the bill amends the Health Insurance Act to authorize the Board to communicate, to a health and social services institution and to a regional department of general medicine, certain information necessary for medical staff planning and for the application of the Act to promote access to family medicine and specialized medicine services. It also prescribes the conditions under which the Board may communicate to the Minister the information necessary for the exercise of the Minister's functions.

Lastly, the bill contains consequential provisions.

LEGISLATION AMENDED BY THIS BILL:

- Act to promote access to family medicine and specialized medicine services (chapter A-2.2);
- Health Insurance Act (chapter A-29);

– Act to amend certain provisions regarding the clinical organization and management of health and social services institutions (2017, chapter 21).

Bill 11

AN ACT TO INCREASE THE SUPPLY OF PRIMARY CARE SERVICES BY GENERAL PRACTITIONERS AND TO IMPROVE THE MANAGEMENT OF THAT SUPPLY

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

I. Section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is replaced by the following sections:

“II. Every general practitioner subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) must

(1) add to the caseload of patients they provide medical care to only those persons registered in the information system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5), which is designed to allow them to find a physician who agrees to provide medical care to them, except to take over for another physician in the cases referred to in section 10; and

(2) make themselves available to insured persons, within the meaning of the Health Insurance Act, by means of the appointment booking system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec or another system whose supplier has entered into an agreement referred to in section 11.1 with the Minister.

The Government may, by regulation, prescribe the cases in which and conditions under which physicians may add to their caseload of patients a person other than a person registered in the system referred to in subparagraph 1 of the first paragraph. The Government may, likewise, determine to what extent physicians must make themselves available under subparagraph 2 of that paragraph. The Government may also determine, in such a regulation, the percentage of a physician's hours of availability that must be offered from Monday to Friday, before 8:00 a.m. and after 7:00 p.m., as well as on Saturdays and Sundays and prescribe the requirements relating to the use of the information system or an appointment booking system and the information that must be entered into those systems.

“11.1. To allow for the booking of appointments with the same physician using more than one appointment booking system, the Minister may enter into an agreement with a supplier of an appointment booking system other than the one referred to in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5).

As soon as a first agreement is entered into, the Minister must see to the management of appointment booking through those systems, in particular by taking the means necessary to prevent there being more than one appointment booked for a single period of availability.

As soon as such an agreement is entered into, every physician to whom section 11 applies must send the Minister their hours of availability referred to in that section, in accordance with the form and content, and at the intervals, determined by government regulation.

The Minister may use the information collected under the second and third paragraphs for any other purpose in addition to the purpose provided for therein, where such use is necessary for the exercise of the Minister’s functions, in particular for developing policies, medical staff planning, monitoring the implementation of those policies and that planning, and assessing applications for an approval, authorization or other decision that the Minister is empowered to make under the law in respect of the medical staff or any member of such staff.”

2. Section 21 of the Act is amended

(1) by replacing “or under section 10 or 11, the regional department of general medicine is responsible for verifying fulfillment of an obligation under section 6 or” and “or 15” in the first paragraph by “, section 10, subparagraph 1 of the first paragraph of section 11 or section 13.1, the regional department of general medicine is responsible for verifying fulfillment of an obligation under section 6, subparagraph 2 of the first paragraph of section 11 or section” and “, 15 or 15.1”, respectively;

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

“Lastly, the Minister is responsible for verifying fulfillment of an obligation under the third paragraph of section 11.1.”

3. Section 23 of the Act, amended by section 70 of chapter 21 of the Statutes of 2017, is again amended, in the first paragraph,

(1) by inserting “, the Minister” after “professional services”;

(2) by replacing “section 6, 7,” by “section 6 or 7, subparagraph 2 of the first paragraph of section 11, the third paragraph of section 11.1 or section”.

4. Section 24 of the Act is amended by replacing “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 “physician has failed to fulfill an obligation under subparagraph 1 of the first paragraph of section 4, section 10, subparagraph 1 of the first paragraph of section 11 or section 13.1”.

5. Section 72 of the Act is amended by replacing “the medical appointment system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5)” in subparagraph 5 of the first paragraph by “an appointment booking system referred to in subparagraph 2 of the first paragraph of section 11”.

HEALTH INSURANCE ACT

6. Section 65 of the Health Insurance Act (chapter A-29) is amended

(1) in the fifth paragraph,

(a) by striking out “concerning the remuneration of a physician”;

(b) by inserting “or required for medical staff planning” after “services (chapter A-2.2)”;

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

“The Board may also, in accordance with the conditions and formalities provided for in the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), forward to the Minister the information necessary for the exercise of the Minister’s functions, in particular for developing policies, medical staff planning, monitoring the implementation of those policies and that planning, and assessing applications for an approval, authorization or other decision that the Minister is empowered to make under the law in respect of the medical staff or any member of such staff. Such information must not allow an insured person to be identified.”

7. Section 67 of the Act is amended by striking out the tenth paragraph.

ACT TO AMEND CERTAIN PROVISIONS REGARDING THE CLINICAL ORGANIZATION AND MANAGEMENT OF HEALTH AND SOCIAL SERVICES INSTITUTIONS

8. Sections 69 and 71 of the Act to amend certain provisions regarding the clinical organization and management of health and social services institutions (2017, chapter 21) are repealed.

FINAL PROVISION

9. The provisions of this Act come into force on the date or dates to be determined by the Government, except sections 6 and 7, which come into force on *(insert the date of assent to this Act)*.