NATIONAL ASSEMBLY OF QUÉBEC

FIRST SESSION FORTY-THIRD LEGISLATURE

Bill 106

An Act mainly to establish the collective responsibility and the accountability of physicians with respect to improvement of access to medical services

Introduction

Introduced by
Mr. Christian Dubé
Minister of Health

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EXPLANATORY NOTES

The main purpose of this bill is to improve access to medical services by ensuring the taking in charge of any insured person in a primary care practice environment as well as by promoting the achievement of objectives by physicians.

For those purposes, the bill amends the Act respecting the governance of the health and social services system to give every territorial department of family medicine the mission to affiliate all eligible persons in its territory with a practice environment in which at least one physician offers insured services within the meaning of the Health Insurance Act. The bill gives general practitioners who provide insured services in a practice environment collective responsibility for taking in charge the persons affiliated with that environment.

The bill amends the Health Insurance Act in order to give the Minister the power to establish, by regulation, the remuneration methods for health professionals and the terms governing the management of that remuneration. The Minister is also given the power to establish by regulation, for the purposes of the remuneration of those professionals, the terms governing the taking in charge of an insured person and the related obligations, as well as the different vulnerability levels that may be associated with insured persons and the criteria to be used to assign one of those levels to each such person.

The bill provides that the taking in charge of an insured person affiliated with a practice environment is an insured service within the meaning of the Health Insurance Act. It provides that the service is to be remunerated by capitation, according to the tariff specified in an agreement entered into under that Act, on the basis of the vulnerability level of the persons taken in charge. The bill also provides that physicians who provide insured services in a practice environment are collectively entitled to that capitation remuneration.

The bill establishes the rules relating to the payment of the capitation remuneration by the Régie de l'assurance maladie du Québec. It allows physicians in the same practice environment to establish rules to determine how that remuneration is to be allocated among them.

The bill enacts the Regulation respecting the blended remuneration method applicable to general practitioners, which provides that physicians who practice in certain practice environments are paid according to a blended remuneration method that comprises capitation remuneration, hourly rate remuneration and additional remuneration for certain acts. The Regulation also establishes the standards relating to the taking in charge of insured persons by general practitioners in those practice environments as well as the vulnerability levels to be taken into account in determining the capitation remuneration.

The bill amends the Act to promote access to family medicine and specialized medicine services to add provisions concerning a collective supplement that is to be added to the remuneration of general practitioners and medical specialists and that is to foster the achievement of objectives.

The bill provides that those objectives, which may be national, territorial or local depending on the groups of physicians or the practice environments to which they apply, are determined by government regulation. It also provides that it is up to the national, territorial or local medical collectivities composed of those physicians to implement the means to achieve those objectives.

The bill establishes the rules relating to the calculation of the collective supplement, which is to take into account the achievement of the objectives, as well as the rules relating to its payment by the Régie de l'assurance maladie du Québec. As is the case for the capitation remuneration, the physicians forming a medical collectivity may establish rules to determine how the collective supplement to which they are collectively entitled is to be allocated among them.

The bill introduces various other measures, including the establishment of family medicine and specialized medicine coverage plans as well as the establishment, by the Minister, of programs to promote the practice of family medicine in groups.

Lastly, the bill also includes consequential, transitional and final 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 respecting the governance of the health and social services system (chapter G-1.021);

– Act respecting administrative justice (chapter J-3);

– Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2);

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

– 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 (2015, chapter 25);

– Act mainly to reduce the administrative burden of physicians (2024, chapter 29).

REGULATION ENACTED BY THIS BILL:

– Regulation respecting the blended remuneration method applicable to general practitioners (*insert the year and chapter number of this Act and the number of the section of this Act that enacts the Regulation respecting the blended remuneration method applicable to general practitioners*).

Bill 106

AN ACT MAINLY TO ESTABLISH THE COLLECTIVE RESPONSIBILITY AND THE ACCOUNTABILITY OF PHYSICIANS WITH RESPECT TO IMPROVEMENT OF ACCESS TO MEDICAL SERVICES

AS health services and social services play an essential role in improving the population's quality of life, in safeguarding the right to life, personal security and integrity of persons, in maintaining social cohesion and in Québec's economic prosperity;

AS medical services are an important part of the response to the population's needs with respect to health services and social services;

AS population growth and aging and the growing number of socially vulnerable persons will cause increased needs with respect to health services and social services, including medical services;

AS it is therefore imperative to improve access to those services in order to achieve a balance with the population's needs;

AS the medical profession must be engaged in and take responsibility for meeting that objective;

AS it is expedient to put in place appropriate tools to enable the medical profession to work collectively towards meeting that objective;

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

CHAPTER I

TAKING IN CHARGE OF THE POPULATION

ACT RESPECTING THE GOVERNANCE OF THE HEALTH AND SOCIAL SERVICES SYSTEM

1. Section 76 of the Act respecting the governance of the health and social services system (chapter G-1.021) is amended by replacing subparagraph 7 of the second paragraph by the following subparagraph:

"(7) the putting in place, by Santé Québec, of a mechanism designed to enable

(*a*) any eligible person, within the meaning of the sixth paragraph of section 447, to be affiliated with a practice environment referred to in that section with a view to being taken in charge in accordance with the provisions of a regulation made under section 21.1 of the Health Insurance Act (chapter A-29); and

(*b*) any insured person within the meaning of the Health Insurance Act to find a health or social services professional who

i. belongs to a class of professionals that is identified by the Minister,

ii. practises in premises that belong to a class identified by the Minister and are located in a territory to which the Act respecting health services and social services for the Inuit and Naskapi or the Act respecting health services and social services for Cree Native persons (chapter S-5) applies, and

iii. agrees to provide medical care to the person in collaboration, if applicable, with other professionals;".

2. Section 447 of the Act is amended

(1) by replacing "The territorial department of family medicine" in the first paragraph by "The main mission of the territorial department of family medicine is the affiliation with a practice environment of all the eligible persons of its territory. For that purpose, it";

(2) in the second paragraph,

(*a*) by replacing "place of practice" by "practice environment";

(*b*) by striking out "and of management of the various clienteles";

(3) by inserting the following paragraphs after the second paragraph:

"Every three months, the department must distribute the eligible persons of its territory who are registered under the mechanism referred to in subparagraph *a* of subparagraph 7 of the first paragraph of section 76. The persons are distributed among each of the following practice environments provided at least one physician belonging to the department offers insured services there:

(1) a private health facility;

(2) a local community service centre; and

(3) another practice environment, in the case where the physicians providing insured services there benefit from a program established under section 10.4 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) to promote the practice of family medicine in groups in a multidisciplinary practice environment.

Each of the persons distributed under the third paragraph to a practice environment is consequently affiliated with that environment.";

(4) by replacing "It" in the third paragraph by "The department";

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

"For the purposes of this chapter,

(1) "eligible person" means a person who holds a health insurance card or eligibility card issued in accordance with the Health Insurance Act (chapter A-29) that is valid, provided that the person is not a user who is lodged in a facility maintained by an institution and in respect of whom a contribution may be required under section 765;

(2) "insured service" means an insured service within the meaning of subparagraph *a* of the first paragraph of section 1 the Health Insurance Act."

3. The Act is amended by inserting the following sections after section 447:

"**447.1.** The distribution of eligible persons among practice environments that is carried out by the territorial department of family medicine must be proportional to the capacity of those environments to take them in charge, in accordance with the provisions of a regulation made under section 21.1 of the Health Insurance Act (chapter A-29).

The distribution of eligible persons must favour their affiliation with a practice environment that is near their place of residence.

The Minister may issue directives to the department concerning that distribution. Such directives are binding on the department.

"**447.2.** The territorial department of family medicine informs the Régie de l'assurance maladie du Québec of the identity of the persons it affiliates with each practice environment.

"**447.3.** The Régie de l'assurance maladie du Québec keeps up to date a repertory indicating, for each of the practice environments referred to in section 447, the persons affiliated with that environment and their vulnerability level determined under section 38.0.2 of the Health Insurance Act (chapter A-29).

Each of the territorial departments of family medicine may have access to the information indicated in the repertory concerning the practice environments in its territory as well as the persons affiliated with those environments and their vulnerability level. The representative of a practice environment referred to in section 38.0.4 of that Act may have access to the information indicated in the repertory concerning the persons affiliated with that practice environment and their vulnerability level.

"**447.4.** A person is disaffiliated from a practice environment in the following cases:

(1) where the person applies to the Régie de l'assurance maladie du Québec for disaffiliation;

(2) where the Régie becomes aware of one of the following situations:

(*a*) the person has moved outside the territory of the territorial department of family medicine; or

(*b*) the person is no longer an eligible person within the meaning of the sixth paragraph of section 447;

(3) on the instructions of the territorial department sent to the Régie,

(*a*) where the practice environment is no longer capable of taking in charge all the persons affiliated with it; or

(*b*) where no physician in the practice environment is able to establish and maintain a relationship of mutual trust with the person; and

(4) in any other case determined by government regulation.

A government regulation may prescribe conditions and terms applicable to a disaffiliation under the first paragraph and, if applicable, the terms according to which a person disaffiliated from a practice environment is affiliated with a new practice environment by a department.

"**447.5.** A family physician who provides insured services in a practice environment is responsible for the taking in charge of the persons affiliated with that environment under the fourth paragraph of section 447, in accordance with the provisions of a regulation made under section 21.1 of the Health Insurance Act (chapter A-29)."

SPECIAL TRANSITIONAL PROVISIONS

4. An insured person within the meaning of the Health Insurance Act (chapter A-29) who, on the date of coming into force of section 2 of this Act, is registered with a family physician under Entente particulière relative aux services de médecine de famille, de prise en charge et de suivi de la clientèle entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec is deemed, as of that date,

(1) to be affiliated, in accordance with section 447 of the Act respecting the governance of the health and social services system (chapter G-1.021), amended by section 2 of this Act, with the practice environment corresponding to the usual follow-up location indicated in the person's registration; and

(2) to be associated with the physician with whom the person was registered, that physician being primarily responsible, in that practice environment, for ensuring the longitudinal follow-up of that person's state of health and of the care the person receives.

If an insured person's domicile was indicated as the usual follow-up location in the person's registration, that person is instead deemed to be so affiliated with the practice environment within which the physician with whom the person is registered provides insured services. If the physician provides such services in more than one practice environment, the insured person is deemed to be so affiliated with the practice environment nearest the person's domicile.

In addition, an insured person within the meaning of the Health Insurance Act who, on the date of coming into force of section 2 of this Act, is registered with a facility ("cabinet") under Lettre d'entente n° 393 concernant la clientèle en attente au guichet d'accès à un médecin de famille entered into by the Minister of Health and Social Services and the Fédération des médecins omnipraticiens du Québec is deemed, as of that date, to be affiliated, in accordance with section 447 of the Act respecting the governance of the health and social services system, amended by section 2 of this Act, with the practice environment corresponding to that facility.

5. Section 447 of the Act respecting the governance of the health and social services system (chapter G-1.021), amended by section 2 of this Act, is to be read, from the date of coming into force of that last section and until the date of coming into force of section 1 of this Act, as if "in subparagraph *a* of subparagraph 7 of the first paragraph of section 76" in the third paragraph were replaced by "in subparagraph *a* of the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5)".

6. Section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is to be read, as of the date of coming into force of section 2 of this Act and until the date of coming into force of section 1 of this Act,

(1) as if the following paragraph were inserted after the fifth paragraph:

"The Board shall set up a system designed to enable

(*a*) any eligible person, within the meaning of the sixth paragraph of section 447 of the Act respecting the governance of the health and social services system (chapter G-1.021), to be affiliated with a practice environment referred to in that section with a view to being taken in charge in accordance with the provisions of a regulation made under section 21.1 of the Health Insurance Act; and

(*b*) any insured person, within the meaning of the Health Insurance Act, to find a health or social services professional who

i. belongs to a class of professionals that is identified by the Minister,

ii. practises in premises that belong to a class identified by the Minister and are located in a territory to which the Act respecting health services and social services for the Inuit and Naskapi or the Act respecting health services and social services for Cree Native persons applies, and

iii. agrees to provide medical care to the person in collaboration, if applicable, with other professionals.";

(2) as if the first sentence of the sixth paragraph were struck out.

CHAPTER II

REMUNERATION METHODS FOR HEALTH PROFESSIONALS

DIVISION I

REMUNERATION METHODS

HEALTH INSURANCE ACT

7. Section 19 of the Health Insurance Act (chapter A-29), amended by section 909 of chapter 34 of the statutes of 2023, is again amended by striking out the second sentence of the second paragraph.

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

"**21.1.** With the approval of the Conseil du trésor, the Minister may, by regulation,

(1) establish the remuneration methods for professionals in the field of health and the terms for the management of that remuneration; and

(2) for the purposes of the remuneration of professionals in the field of health,

(*a*) define terms for the taking in charge of an insured person by such a professional and, if applicable, the obligations that such taking in charge imposes on that professional; and

(*b*) establish different vulnerability levels for insured persons and prescribe the criteria to be used to determine the vulnerability level for each of them.

A regulation made under the first paragraph may allow an agreement to depart, to the extent determined by the regulation, from its provisions concerning a remuneration method.

In addition, if the regulation provides for the application of standards or methodologies established by another government or a body, it may provide that references to those standards or methodologies include any later amendments made to them.

The Minister must, before making a regulation under the first paragraph, consult the representative organizations concerned from among those with which the Minister has entered into an agreement."

9. Section 22.2 of the Act, amended by section 917 of chapter 34 of the statutes of 2023, is again amended

(1) in the first paragraph,

(*a*) by inserting ", with a regulation made under section 21.1" after "non-conformity with the agreement";

(*b*) by striking out the last sentence;

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

"A professional in the field of health who believes he has been wronged by a decision rendered under the first paragraph may, within 60 days of notification of the decision, contest it before the Administrative Tribunal of Québec. A person who wishes to appeal a decision rendered under the second paragraph must do so within the same time before the Superior Court or the Court of Québec, according to their respective jurisdictions.";

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

"For the purposes of this section, the cost of the taking in charge that is assumed by the Board under subparagraph *f* of the first paragraph of section 3 may also be recovered by compensation out of the total amount of the capitation remuneration fees determined by the Board under section 38.0.11 to which the group of general practitioners who provide insured services in the practice environment concerned is entitled."

10. Section 54 of the Act, amended by section 921 of chapter 34 of the statutes of 2023, is again amended by replacing the first paragraph by the following paragraph:

"Disputes resulting from the interpretation or application of an agreement for which no specific contestation proceeding is provided for by this Act are submitted to a council of arbitration, to the exclusion of any court of civil jurisdiction."

ACT RESPECTING ADMINISTRATIVE JUSTICE

11. Section 3 of Schedule I to the Act respecting administrative justice (chapter J-3), amended by section 1085 of chapter 34 of the statutes of 2023, is again amended by inserting "22.2," after "18.4," in paragraph 2.

DIVISION II

BLENDED REMUNERATION APPLICABLE TO GENERAL PRACTITIONERS

HEALTH INSURANCE ACT

12. Section 3 of the Health Insurance Act (chapter A-29), amended by section 903 of chapter 34 of the statutes of 2023, is again amended

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

"(*f*) the taking in charge, by the general practitioners subject to the application of an agreement who provide insured services in a practice environment referred to in section 447 of the Act respecting the governance of the health and social services system (chapter G-1.021), of the insured persons affiliated with that environment according to the repertory kept under section 447.3 of that Act.";

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

"Subparagraph *f* of the first paragraph does not apply to the territories referred to in sections 530.1 and 530.89 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or to the territory of the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons (chapter S-5)."

13. Section 22 of the Act is amended

(1) by inserting "and with the provisions of a regulation made under section 21.1" at the end of the first paragraph;

(2) by inserting "and of a regulation made under section 21.1" after "the agreement" in the introductory clause of the second paragraph;

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

"A professional in the field of health who is subject to the application of an agreement is entitled, in the following cases, to be remunerated in accordance with the first or second paragraph, even if the professional did not provide the insured service personally:

(*a*) in the case of a pharmacist, where the service was legally provided by one of the pharmacist's employees; and

(*b*) in the case of a physician, with regard to the capitation remuneration paid to him under the provisions of Division III.0.1 for the taking in charge of an insured person referred to in subparagraph *f* of the first paragraph of section 3.";

(4) by replacing the last sentence of the fourth paragraph by the following sentence: “This paragraph does not prevent a pharmacist from exacting the difference between the price of the medication indicated on the list and the amount whose payment is assumed by the Board, and does not prevent a physician from receiving a collective supplement amount in accordance with Chapter III.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2).”;

(5) by inserting “or with a regulation made under section 21.1” after “in conformity with an agreement” in the seventh paragraph;

(6) by replacing “No health professional” in the thirteenth paragraph by “Subject to the provisions of Division III.0.1, no health professional”.

14. Section 22.1 of the Act is amended by adding the following paragraph at the end:

“This section does not apply to a service referred to in subparagraph *f* of the first paragraph of section 3.”

15. Section 22.3 of the Act is amended by inserting “or section 38.0.15” after “22.2” in the first paragraph.

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

“**DIVISION III.0.1**

“TAKING IN CHARGE OF INSURED PERSONS
BY GENERAL PRACTITIONERS

“§1. — *Capitation remuneration*

“**38.0.1.** General practitioners who provide insured services in a practice environment are remunerated for the taking in charge referred to in subparagraph *f* of the first paragraph of section 3 according to the capitation tariff specified in the agreement for the vulnerability level of the insured person taken in charge.

Where two or more general practitioners provide insured services in the same practice environment, they are collectively entitled to the remuneration referred to in the first paragraph. The amount of fees paid to each of them is determined in accordance with the provisions of subdivision 3.

For the purposes of this division, “practice environment” means a practice environment referred to in section 447 of the Act respecting the governance of the health and social services system (chapter G-1.021).

"**38.0.2.** Every year, the Board determines an insured person's vulnerability level on the basis of the diagnoses entered in the statements of fees submitted to the Board for the insured services provided to that person, and of the diagnoses communicated to the Board under the second paragraph, in accordance with the criteria prescribed by the regulation made under section 21.1. That level applies for the following calendar year.

Any professional empowered by law or by a regulation made under subparagraph *h* of the first paragraph of section 94 of the Professional Code (chapter C-26) to establish a diagnosis may, if the professional's client holds a health insurance card or eligibility card and gives his consent, communicate to the Board the diagnosis established for that client so that the diagnosis is taken into account in determining the client's vulnerability level.

"**38.0.3.** Despite the first paragraph of section 22, no general practitioner may, in any case, exact or receive payment from an insured person for taking the person in charge within the meaning of subparagraph *f* of the first paragraph of section 3.

"§2. — *Capitation remuneration management terms*

"**38.0.4.** Where two or more general practitioners provide insured services in the same practice environment, they must designate a representative of the practice environment.

They may also establish operating rules for the practice environment.

"**38.0.5.** Unless the operating rules of a practice environment provide otherwise, they come into force and are amended, replaced or revoked where a majority of the general practitioners who provide insured services in that environment give their consent.

The operating rules of a practice environment are binding on the general practitioners providing insured services in that environment and, if the rules so provide, on the environment's representative.

"**38.0.6.** Unless the operating rules of a practice environment provide otherwise, the appointment and the removal from office of its representative as well as the modification of the latter's mandate come into force where a majority of the general practitioners who provide insured services in that environment give their consent.

No person who, in the preceding five years, was found guilty of an offence under section 29.54 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) may act as the representative of a practice environment, be an administrator or officer of a group acting in that capacity or be the holder of control of such a group within the meaning of sections 6 and 8 to 10 of the Trust Companies and Savings Companies Act (chapter S-29.02).

"**38.0.7.** The representative of a practice environment is the mandatary of the general practitioners providing insured services in that environment in their relations with the Board regarding the capitation remuneration to which they are collectively entitled.

"**38.0.8.** The representative of a practice environment must register with the Board. Section 2.0.13 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) applies to that registration as if it were an application referred to in that section.

Where the representative of a practice environment is registered with the Board, the latter communicates to the representative the identification number it assigns to the practice environment.

The representative of a practice environment must keep the registration up to date.

"**38.0.9.** General practitioners who provide insured services in the same practice environment may establish rules for the allocation among them of the capitation remuneration for the taking in charge, from the date of coming into force of those rules, of an insured person within the meaning of subparagraph *f* of the first paragraph of section 3.

Unless the operating rules of the practice environment provide otherwise, the establishment, amendment and revocation of the allocation rules require the consent of a majority of the general practitioners who provide insured services in that environment.

The allocation rules come into force on the date set by those general practitioners. The same applies for their amendment and revocation. However, the allocation rules established for a practice environment with regard to which no allocation rules exist come into force on the first day of the calendar quarter following that in which the Board was notified of it in accordance with section 38.0.10. The same applies to the revocation of a practice environment's allocation rules where, following that revocation, there are no longer any allocation rules in force in that environment.

The allocation rules may be designed to encourage access to primary care services, in particular by taking into account the contribution of each physician with regard to the insured services offered to the persons affiliated with the practice environment.

The allocation rules are binding on the general practitioners who provide insured services in that environment and on the environment's representative.

"**38.0.10.** The representative of the practice environment must notify the Board of the establishment of allocation rules by the general practitioners who provide services in that practice environment where, at the time the rules are

established, no such rules exist for that environment and, if applicable, of the revocation of that environment's allocation rules where, following that revocation, there are no longer any allocation rules in force in that environment.

"§3. — *Capitation remuneration payment terms*

"**38.0.11.** On the expiry of a 90-day period after the end of each calendar quarter, the Board shall determine, for each practice environment, the total amount of capitation remuneration fees to which the group of general practitioners who provide insured services in that environment is entitled for that quarter. That amount is fixed on the basis of the number of insured persons who, on the last day of the quarter, were affiliated with that environment according to the repertory kept under section 447.3 of the Act respecting the governance of the health and social services system (chapter G-1.021) as well as on the basis of their vulnerability level determined under section 38.0.2.

"**38.0.12.** Where allocation rules are in force in a practice environment, the Board shall communicate to the representative of that environment, within 30 days after the expiry of the period specified in section 38.0.11, the amount of the fees that is determined under that section.

"**38.0.13.** Within 30 days after communication of the amount of the fees to the representative of the practice environment, the representative shall break down the amount to be allocated among the general practitioners having provided insured services in that environment during the quarter for which the amount was determined under section 38.0.11. The representative shall then communicate the result of that breakdown to the Board.

For the purposes of the breakdown of the amount to be allocated, the representative of a practice environment may request that the Board communicate to him any information from among the information provided for by a regulation that the Board may make, in addition to the information the representative may obtain under the Health Insurance Act (chapter A-29). Such a request must be made at least 30 days before the end of the calendar quarter concerned. The Board shall attach the information so requested to the amount of fees it communicates to the representative under section 38.0.11.

The information communicated under the second paragraph must not allow an insured person to be identified.

"**38.0.14.** The Board shall pay the amount of fees determined under section 38.0.11 in accordance with the breakdown communicated to it by the representative of that practice environment.

Where the breakdown of the amount to be allocated is not sent to the Board within the prescribed time limit or where no allocation rules are in force in a practice environment, the Board pays the capitation remuneration fees to the physicians of the practice environment concerned in proportion to the cost of the insured services provided by each of them in that environment during the quarter for which the amount of fees is determined.

"§4.—*Administrative measures*

"**38.0.15.** The Board may impose a monetary administrative penalty on a professional in the field of health who, in a statement of fees the professional submits to the Board, indicates a diagnosis not corresponding to the diagnosis documented by the professional in the insured person's record. The Board may also impose such a penalty on a professional who, under the second paragraph of section 38.0.2, communicates such a diagnosis to the Board.

The amount of the monetary administrative penalty corresponds to 115% of the difference in the capitation remuneration paid by the Board for the taking in charge of the insured person concerned that is caused by the discrepancy referred to in the first paragraph; the amount cannot however be less than $100 per diagnosis referred to in the first paragraph. The amount of the monetary administrative penalty may be established by statistical inference on the sole basis of information obtained by sampling, in accordance with a method consistent with generally recognized practices.

The imposition of a monetary administrative penalty under the first paragraph is prescribed by 60 months from the date on which the statement of fees was submitted to the Board or, as applicable, from the date on which the diagnosis was communicated to it under the second paragraph of section 38.0.2.

The fourth, fifth, sixth and ninth paragraphs of section 22.2 apply, with the necessary modifications, to a decision made under the first paragraph as if it were a decision rendered under the first paragraph of that section."

ENACTMENT OF THE REGULATION RESPECTING THE BLENDED REMUNERATINON METHOD APPLICABLE TO GENERAL PRACTITIONERS

17. The Regulation respecting the blended remuneration method applicable to general practitioners, the text of which appears in this section, is enacted.

"REGULATION RESPECTING THE BLENDED REMUNERATION METHOD APPLICABLE TO GENERAL PRACTITIONERS

"**DIVISION I**

"BLENDED REMUNERATION METHOD

"**1.** Every general practitioner subject to the application of an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) is remunerated exclusively according to the blended remuneration method where the practitioner practises in a private health facility, a local community service centre, a specialized medical centre or another practice environment, but, in the last case, only if the practitioner benefits from a program established under section 10.4 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) to promote the practice of family medicine in groups in a multidisciplinary practice environment.

The blended remuneration method includes the following components: capitation remuneration, hourly rate remuneration, and additional remuneration for certain acts.

"**2.** A general practitioner referred to in section 1 is, despite that section, remunerated exclusively according to the fee-for-service remuneration method for any service for which an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) specifically provides that that remuneration method applies to that service where it is provided in a practice environment referred to in section 1.

"**3.** For the purposes of this Regulation,

"local community service centre" means a local community service centre governed by the Act respecting the governance of the health and social services system (chapter G-1.021);

"private health facility" means a private health facility within the meaning of the second paragraph of section 481 of that Act; and

"specialized medical centre" means a participating specialized medical centre within the meaning of the second paragraph of section 575 of that Act.

"**4.** Section 1 does not apply to the territories referred to in sections 530.1 and 530.89 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or to the territory of the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons (chapter S-5).

"**DIVISION II**

"TAKING IN CHARGE OF INSURED PERSONS

"**5.** For the purposes of remunerating the taking in charge referred to in subparagraph *f* of the first paragraph of section 3 of the Health Insurance Act (chapter A-29), an insured person affiliated with a practice environment according to the repertory kept under section 447.3 of the Act respecting the governance of the health and social services system (chapter G-1.021) is taken in charge where a general practitioner who provides insured services in that environment discharges the following obligations with respect to that person:

(1) provide the primary care services in the field of health and social services required by the person's condition or, where those services are not available in that practice environment, ensure that the services can be obtained by the person and contribute to them to the extent necessary; and

(2) provide the medical follow-up required by the person's condition in a manner that contributes to the continuity of the care the person receives.

A general practitioner may discharge the obligations set out in the first paragraph through other health or social services professionals practising in the same practice environment.

A general practitioner is not considered to have failed to take a person in charge solely because the physician is unable to provide, personally or through other health or social services professionals, a service responding to an emergency.

"**DIVISION III**

"VULNERABILITY LEVELS

"**6.** An insured person's vulnerability level is one of the four levels set out in the following subparagraphs, according to the health profile group to which the person concerned belongs:

(1) healthy, in the case of the following health profile groups:

(*a*) non-user;

(*b*) user with no health condition;

(*c*) healthy newborn;

(*d*) minor acute health condition; or

(*e*) obstetrics;

(2) minor chronic health condition, in the case of the following health profile group: minor chronic health condition;

(3) moderate health condition, in the case of the following health profile groups:

(*a*) other mental health disorder;

(*b*) other cancer;

(*c*) moderate chronic health condition;

(*d*) moderate acute health condition; or

(4) major health condition, in the case of the following health profile groups:

(*a*) major cancer;

(*b*) major mental health disorder;

(*c*) major health condition in a newborn;

(*d*) major chronic health condition;

(*e*) major acute health condition; or

(*f*) palliative state.

The Régie determines the health profile group to which a person belongs by applying the Population Grouping Methodology of the Canadian Institute for Health Information, as it may be amended from time to time, on the basis of the diagnoses referred to in section 38.0.2 of the Health Insurance Act.

"**DIVISION IV**

"TRANSITIONAL PROVISION

"**7.** Section 1 does not apply to a general practitioner who, on 30 March 2026, adheres to the fixed-fee remuneration method, unless the practitioner notifies the Régie de l'assurance maladie du Québec of their intention to adhere to the blended remuneration method from the following calendar quarter."

DIVISION III

SPECIAL TRANSITIONAL PROVISIONS

18. The provisions regarding the remuneration methods for health professionals that are contained in an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) remain applicable, insofar as they are compatible with the provisions of that Act and its regulations, until they are replaced by a regulation made under section 21.1 of that Act, enacted by section 8 of this Act.

19. The disputes submitted to the council of arbitration under the first paragraph of section 22.2 of the Health Insurance Act (chapter A-29), as it read on 31 March 2026, are continued before the council of arbitration already seized with them.

20. Division III.0.1 of the Health Insurance Act (chapter A-29) does not apply to a general practitioner who, on 31 March 2026, adheres to the fixed-fee remuneration method, until the general practitioner ceases to take advantage of that remuneration method.

21. The allocation rules established under section 38.0.9 of the Health Insurance Act (chapter A-29), enacted by section 16 of this Act, of which the Régie de l'assurance maladie du Québec is notified before 1 June 2026 may come into force on 1 April 2026.

CHAPTER III

COLLECTIVE SUPPLEMENT

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

22. The Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is amended by inserting the following after section 1:

"**CHAPTER II**

"ACCESS TO SERVICES

"**DIVISION 0.1**

"GENERAL PROVISIONS".

23. Section 2 of the Act, amended by section 839 of chapter 34 of the statutes of 2023, is again amended by replacing "of this Act" in the introductory clause by "of this chapter".

24. Section 3 of the Act is amended by replacing "to this Act" by "to this chapter".

25. The Act is amended by striking out the following after section 3:

"**CHAPTER II**

"ACCESS TO SERVICES".

26. The Act is amended by inserting the following chapter after section 29.18, enacted by section 4 of chapter 29 of the statutes of 2024:

"**CHAPTER III.1**

"COLLECTIVE SUPPLEMENT

"**DIVISION I**

"INTRODUCTORY PROVISIONS

"**29.19.** This chapter establishes a collective supplement to be added to the remuneration of physicians and to foster the achievement, by medical collectivities whose composition is provided for in this chapter, of objectives for improving access to the medical services insured under the Health Insurance Act (chapter A-29).

"**29.20.** The collective supplement amount must not exceed an amount corresponding to 25% of the remuneration provided for in an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) for the insured services provided by the physicians. It is calculated and paid in accordance with the provisions of subdivision 3 of Division III.

"**29.21.** For the purposes of this chapter, "physician" means a physician who is subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29).

"**29.22.** This chapter does not apply to the territories referred to in sections 530.1 and 530.89 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or to the territory of the Cree Board of Health and Social Services of James Bay established by the Act respecting health services and social services for Cree Native persons (chapter S-5).

Nor does it apply with regard to a physician adhering to the fixed-fee remuneration method or the salary method.

"**DIVISION II**

"DETERMINATION OF OBJECTIVES TO IMPROVE ACCESS TO MEDICAL SERVICES

"**29.23.** The Government determines, by regulation, the objectives to improve access to the medical services insured under the Health Insurance Act (chapter A-29) as well as the intervals at which the achievement of each of those objectives is evaluated.

An objective must be national, territorial or local. Its achievement is evaluated at intervals corresponding to a calendar year or a calendar quarter.

"**29.24.** An objective is national if it applies to one of the following groups of physicians:

(1) the group formed of all physicians;

(2) the group formed of all general practitioners;

(3) the group formed of all medical specialists;

(4) the group formed of all physicians belonging to one or more of the specialties indicated in the regulation made under section 29.23 from among the specialties defined by the board of directors of the Collège des médecins du Québec under subparagraph *e* of the first paragraph of section 94 of the Professional Code (chapter C-26); or

(5) the group formed of all physicians who provide insured services within the meaning of the Health Insurance Act (chapter A-29) within practice environments belonging to one or more of the categories indicated in the regulation made under section 29.23 from among the categories provided for in section 29.27.

The achievement of a national objective is evaluated globally according to the performance of the group concerned.

"**29.25.** An objective is territorial if it applies to a group formed, in each territorial department identified in the regulation made under section 29.23, of the members of those departments who are referred to in one of the following subparagraphs:

(1) all physicians;

(2) all general practitioners;

(3) all medical specialists;

(4) all physicians belonging to one or more specialties indicated in the regulation made under section 29.23 from among the specialties defined by the board of directors of the Collège des médecins du Québec under subparagraph *e* of the first paragraph of section 94 of the Professional Code (chapter C-26); or

(5) all physicians who provide insured services within the meaning of the Health Insurance Act (chapter A-29) within practice environments belonging to one or more of the categories indicated in the regulation made under section 29.23 from among the categories provided for in section 29.27.

Where a territorial objective applies to more than one territorial department, its achievement is evaluated separately according to the performance of the group formed in each of those departments.

In this chapter, "territorial department" means a department formed under section 439 of the Act respecting the governance of the health and social services system (chapter G-1.021).

"**29.26.** An objective is local if it applies to one or more of the practice environments belonging to a category provided for in section 29.27.

Where a local objective applies to more than one such practice environment belonging to the same category, its achievement is evaluated separately according to the performance of each of the practice environments concerned.

"**29.27.** The categories of practice environments are as follows:

(1) private health facilities within the meaning of the second paragraph of section 481 of the Act respecting the governance of the health and social services system (chapter G-1.021);

(2) participating specialized medical centres within the meaning of the second paragraph of section 575 of that Act;

(3) institutions governed by that Act;

(4) clinical departments and services formed within an institution referred to in paragraph 3;

(5) facilities of the institutions referred to in paragraph 3; and

(6) any other category of practice environments that the regulation made under section 29.23 may indicate.

"**29.28.** The Government must, in the regulation made under section 29.23 and for each objective determined by the Minister,

(1) specify the indicator to be used to measure achievement of the objective; and

(2) assign to that objective its number of shares in the collective supplement.

The number of shares assigned to an objective is determined on the basis of the priority given by the Government to the achievement of the objective. That number must not be less than 1 or greater than 5, the number 1 being attributed to the objectives whose achievement is the lowest priority and the number 5 being attributed to those whose achievement is the highest priority.

"**29.29.** If the regulation made under section 29.23 provides for the application of standards or methodologies established by another government or a body, it may provide that references to those standards or methodologies include any later amendments made to them.

"**29.30.** The Minister must, before a regulation is made under section 29.23, consult the following bodies and groups:

(1) the organizations representative of physicians that are referred to in section 19 of the Health Insurance Act (chapter A-29);

(2) groups representative of persons insured under the Health Insurance Act who receive services in the practice environments to which that regulation may apply; and

(3) Santé Québec and, where objectives the Government intends to determine in the regulation are applicable to them, private institutions.

“**DIVISION III**

“IMPLEMENTATION OF MEANS TO ACHIEVE OBJECTIVES

“§1.—*Medical collectivities*

“**29.31.** It is up to all the physicians of a group to which a national objective applies to implement means to achieve that objective. Those physicians compose a national medical collectivity.

Where such an objective applies to a group composed of both general practitioners and medical specialists, the implementation of the means to achieve the objective is common to two national medical collectivities, one composed of all the general practitioners in the group and the other composed of all the medical specialists in the group.

“**29.32.** It is up to all the physicians who, in a territorial department, compose the group to which a territorial objective applies to implement means to achieve that objective. Those physicians compose a territorial medical collectivity.

“**29.33.** It is up to all the physicians who provide insured services within a single practice environment to which a local objective applies to implement means to achieve that objective. Those physicians compose a local medical collectivity.

However, where such an objective applies to a private health facility in which only one physician practises, that physician is, with regard to that objective, part of the medical collectivity composed of all the physicians of the territorial department who practise alone in a private health facility.

“**29.34.** Depending on the nature of the objectives determined under section 29.23, a physician may be part of more than one medical collectivity.

“**29.35.** Subject to the special provisions of sections 29.36 to 29.38, the terms governing the management of the capitation remuneration that are set out in sections 38.0.4 to 38.0.7, the first and third paragraphs of section 38.0.8 and sections 38.0.9 and 38.0.10 of the Health Insurance Act (chapter A-29) apply to management of the collective supplement within a medical collectivity, with the following modifications and any other necessary modifications:

(1) a reference to a practice environment is a reference to a medical collectivity within the meaning of this chapter;

(2) a reference to general practitioners who provide insured services in the same practice environment is a reference to the physicians composing a medical collectivity within the meaning of this chapter;

(3) a reference to capitation remuneration is a reference to the collective supplement within the meaning of this chapter;

(4) a reference to a calendar quarter is a reference to an evaluation period within the meaning of this chapter; and

(5) the allocation rules that a medical collectivity may establish under section 38.0.9 of the Health Insurance Act pertain to the allocation of the collective supplement associated with the services provided on or after the coming into force of those rules and they may, in particular, be designed to encourage achievement of the objectives determined under section 29.23.

"**29.36.** In the case of a medical collectivity referred to in the second paragraph of section 29.33 or of a territorial medical collectivity, the operating rules of the medical collectivity are made by the supervisory committee of the territorial department.

"**29.37.** In the case of a national medical collectivity, its representative is

(1) in the case of a collectivity composed of general practitioners, the organization representative of general practitioners that is referred to in section 19 of the Health Insurance Act (chapter A-29);

(2) in the case of a collectivity composed of medical specialists,

(*a*) if the collectivity is composed exclusively of physicians belonging to the same specialty, the professional association which is affiliated with the organization representative of medical specialists that is referred to in section 19 of the Health Insurance Act and which groups the physicians belonging to that specialty; and

(*b*) in the other cases, the organization representative of medical specialists that is referred to in section 19 of the Health Insurance Act.

"**29.38.** In the case of a territorial medical collectivity, its representative is the territorial department of which the physicians composing the collectivity are members.

"**29.39.** The Minister must, from the coming into force of an objective determined by a regulation made under section 29.23,

(1) in the case of a national or territorial objective, publish on a website the indicator used to measure achievement of that objective and its level of achievement; and

(2) in the case of a local objective, give, to the representatives of the local medical collectivities that are to implement the means to achieve the objective, access, by means of a digital platform, to the indicator used to measure achievement of that objective and to its level of achievement.

The Minister must update at least once a month the information published or to which access is given under the first paragraph.

"§2. — *Exemptions*

"**29.40.** The representative of a territorial medical collectivity or a local medical collectivity, acting on its behalf, may, in the cases and on the conditions that a regulation made under section 29.23 may prescribe, apply to the Minister for the collectivity to be exempted, in whole or in part, from the application of an objective determined by that regulation.

The exemption granted by the Minister applies from the evaluation period that begins after the date the exemption was granted. However, it may be retroactive to the date of coming into force of a regulation made under section 29.23 where the application for exemption was made within 60 days of that coming into force.

Where an exemption is granted, the Minister must mention the reason for doing so in the decision the Minister sends to the representative of the medical collectivity.

"**29.41.** The representative of a medical collectivity to which an exemption was granted under section 29.40 must notify the Minister without delay of any change in the situation of the collectivity that could call into question its entitlement to the exemption.

"**29.42.** The Minister may modify or revoke an exemption granted under section 29.40 where the Minister finds that the reason for which the exemption was granted no longer exists.

Before modifying or revoking an exemption, the Minister must give the representative of the medical collectivity concerned prior notice in writing of that intention and give the representative at least 30 days to submit observations.

The modification or revocation of an exemption applies from the evaluation period that begins after the date on which it was decided by the Minister.

"**29.43.** The Minister notifies the Board without delay of the exemptions granted, modified or revoked under sections 29.40 and 29.42.

"**29.44.** The representative of a medical collectivity, acting on its behalf, may apply in writing to the Minister for a review of a decision referred to in section 29.40 or 29.42 within 60 days of notification of the decision.

Within 90 days of receiving the application for review, the Minister reviews the case and renders a decision with reasons. The Minister notifies the applicant in writing of the decision, of the applicant's right to contest it before the Administrative Tribunal of Québec and of the time limit for bringing such a proceeding.

"**29.45.** The review decision may, within 60 days of its notification, be contested before the Administrative Tribunal of Québec by the representative of the medical collectivity concerned by the decision, acting on behalf of the collectivity.

Moreover, the representative of a medical collectivity may contest before the Tribunal the decision whose review the representative applied for if the Minister does not dispose of the application within 90 days of receiving it. However, that time limit runs from the date on which the representative submitted observations or produced documents if the representative requested more time for any of those purposes.

In the cases provided for in this section, the burden of proof that the Minister's decision is ill-founded is on the representative of the medical collectivity.

The Tribunal may only confirm or quash the contested decision. At any time during the proceedings, the Tribunal may, with the parties' consent, render judgment on the face of the record.

"§3. — *Calculation and terms of payment of the collective supplement*

"**29.46.** A physician must, in the statement of fees submitted to the Board under the Health Insurance Act (chapter A-29), indicate the identification number of the practice environment in which the physician provided the service for which payment is claimed.

The Government may, in a regulation made under section 29.23, prescribe standards relating to the practice environment that must be indicated in the statement of fees submitted to the Board by a physician. The Minister may also prescribe in the regulation the obligation, for physicians practising in a practice environment for which a national or territorial objective is determined, to register the environment with the Board for it to be assigned an identification number. If applicable, section 2.0.13 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) applies to such a registration as if it were an application referred to in that section.

"**29.47.** On the expiry of 90 days following the end of each evaluation period referred to in the second paragraph of section 29.23, the Board establishes the collective supplement amount that, for that period, may be broken down by a medical collectivity for allocation among the physicians composing the collectivity.

To that end, the Board totals the collective supplement amount that is to be allotted to that collectivity for each of the services for which payment is claimed and that was provided during the evaluation period by the physicians composing the collectivity.

"**29.48.** The Board calculates, for each of the services for which payment is claimed and which was provided by a physician during the evaluation period referred to in the second paragraph of section 29.23, the collective supplement amount that is to be allotted to each of the medical collectivities concerned by the service.

A medical collectivity is concerned by a service where it is up to the collectivity to implement the means to achieve at least one of the following objectives:

(1) a national objective applicable to a group of physicians of which the physician having provided the service is part;

(2) a territorial objective applicable to a group of physicians of which the physician having provided the service is part from among the groups formed within the territorial department responsible for the territory in which the service was provided;

(3) a local objective applicable to the practice environment within which the physician provided the service; or

(4) a local objective applicable to a practice environment incorporating the practice environment within which the physician provided the service.

The amount of the collective supplement to be allotted corresponds, for each of the medical collectivities concerned by the service, to the result of the following equation:

$$C_G = \frac{(0.25R \times \sum P_{Ga}) + (0.1R \times \sum P_{Gn})}{\sum P}$$

In that equation,

C_G is the collective supplement amount, associated with a service, that is attributable to the medical collectivity concerned;

R is the remuneration amount that the Board has paid or intends to pay for the service under the Health Insurance Act (chapter A-29);

$\sum P$ is the sum of the shares in the collective supplement that are assigned to the objectives where the means to achieve the objectives are to be implemented by the medical collectivities concerned by the service;

$\sum P_{Ga}$ is the sum of the shares in the collective supplement, from among those included in $\sum P$, that are assigned to objectives where the means to achieve the objectives are to be implemented by the medical collectivity concerned and where the objectives were achieved during the evaluation period in which the service was provided;

$\sum P_{Gn}$ is the sum of the shares in the collective supplement, from among those included in $\sum P$, that are assigned to objectives where the means to achieve the objectives are to be implemented by the medical collectivity concerned and where the objectives were not achieved during the evaluation period in which the service was provided.

However, sum $\sum P$ referred to in the third paragraph must be replaced by 10 if that sum is less than 10.

"**29.49.** The terms of payment of the capitation remuneration provided for in sections 38.0.12 to 38.0.14 of the Health Insurance Act (chapter A-29) apply to payment of the collective supplement amount established under section 29.47 of this Act, with the following modifications and any other necessary modifications:

(1) a reference to a practice environment is a reference to a medical collectivity within the meaning of this chapter;

(2) a reference to general practitioners who provide insured services in the same practice environment is a reference to the physicians composing a medical collectivity within the meaning of this chapter;

(3) references to the amount of fees determined under section 38.0.11 of the Health Insurance Act and the expiry of the period provided for in that section are, respectively, references to the collective supplement amount established under section 29.47 of this Act and the expiry of the period provided for in that section;

(4) a reference to a calendar quarter is a reference to an evaluation period within the meaning of this chapter; and

(5) in the cases referred to in the second paragraph of section 38.0.14 of the Health Insurance Act, the collective supplement that could have been broken down by the representative of a medical collectivity is paid by the Board directly to each of the physicians who provided the services with which the supplement is associated.

"**DIVISION IV**

"ADMINISTRATIVE MEASURES

"**29.50.** Where the Board is of the opinion that a medical collectivity was allotted a collective supplement amount in excess of the amount to which it is entitled, it may recover the overpayment from the collectivity by compensation out of the sums subsequently allotted to the collectivity.

The right to recover an overpayment is prescribed by 60 months from the time the sums were paid. Section 22.4 of the Health Insurance Act (chapter A-29) applies, with the necessary modifications, to the amount owed following a decision rendered under the first paragraph.

The first paragraph does not apply where the service with which the collective supplement is associated is the subject of a decision rendered under section 22.2 or 50 of the Health Insurance Act. The reimbursement of the collective supplement is then obtained by the Board from the physician who is the subject of such a decision in the same manner as the reimbursement for the service itself is obtained.

"**29.51.** Where the Board cannot recover, by compensation out of the sums allotted to a medical collectivity, the amount owed following a decision referred to in section 29.50, it may, on the expiry of the time for contesting the decision before the Administrative Tribunal of Québec and, if applicable, on the expiry of 30 days after a decision of the Tribunal confirming all or part of that decision, recover that amount, by compensation or otherwise, from the physicians composing the medical collectivity. The physicians are then required to pay the amount owed in proportion to the collective supplement amount that was paid to them by the Board during the period concerned in connection with objectives where the means to achieve those objectives are to be implemented by the collectivity concerned.

To that end, the Board may issue a certificate stating the name and address of the debtor and attesting the amount owed as well as the fact that the representative of the medical collectivity did not contest the Board's decision before the Tribunal. On the filing of the certificate with the office of the Superior Court or of the Court of Québec, according to their respective jurisdictions, the decision becomes enforceable as if it were a final judgment of that court not subject to appeal and has all the effects of such a judgment.

The second paragraph of section 18.3.2 of the Health Insurance Act (chapter A-29) applies, with the necessary modifications, to the amount owed by the debtor.

"**29.52.** The Board may impose on the physician a monetary administrative penalty equal to 10% of the payment the physician claimed or obtained in the 60 preceding months for services that, in contravention of section 29.46 or the regulation referred to in that section, were erroneously attributed to a practice environment in the statement of fees submitted to the Board under the Health Insurance Act (chapter A-29).

The Board may collect the amount of the penalty by compensation out of the physician's fees or otherwise.

Sections 22.3 and 22.5 of the Health Insurance Act apply, with the necessary modifications, to a decision rendered under the first paragraph.

"**29.53.** The amount of the collective supplement overpayment referred to in the first paragraph of section 29.50 and the amount of the payment claimed or obtained for services erroneously attributed to a practice environment that is referred to in the first paragraph of section 29.52 may be established by statistical inference on the sole basis of information obtained by a sampling, according to a method consistent with generally accepted practices.

The fourth, fifth, sixth and ninth paragraphs of section 22.2 of the Health Insurance Act (chapter A-29) apply, with the necessary modifications, to a decision rendered under section 29.50 or 29.52 of this Act, as if it were a decision rendered under the first paragraph of that section 22.2.

Section 52.1 of the Health Insurance Act applies, with the necessary modifications, to an amount owed following a decision rendered under section 29.50 or 29.52 of this Act.

"**DIVISION V**

"PENAL PROVISIONS

"**29.54.** Anyone who, so as to increase the amount of the collective supplement allotted to a medical collectivity, makes an incomplete statement or a statement containing false or misleading information or sends an incomplete document or a document containing false or misleading information is liable to a fine of $5,000 to $50,000 in the case of a natural person and $15,000 to $150,000 in any other case.

The minimum and maximum fines prescribed by the first paragraph are doubled for a subsequent offence."

27. The Act is amended by inserting the following section after section 79:

"**79.1.** This Act is of public order."

HEALTH INSURANCE ACT

28. Section 68 of the Health Insurance Act (chapter A-29) is amended, in the first paragraph,

(1) by replacing "or for purposes of" by ", for the exercise of the functions and powers conferred on it by Chapter III.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) or for the purposes of";

(2) by replacing "sections 18 and" by "section 18, Division III.0.1 and section".

ACT RESPECTING ADMINISTRATIVE JUSTICE

29. Section 25 of the Act respecting administrative justice (chapter J-3), amended by section 213 of chapter 5 of the statutes of 2023, is again amended by inserting "0.01," after "paragraphs" in the second paragraph.

30. Section 3 of Schedule I to the Act, amended by section 1085 of chapter 34 of the statutes of 2023, is again amended by adding the following paragraph before paragraph 0.1:

"(0.01) proceedings under sections 27 and 29.45 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2);".

ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

31. Section 2.0.13 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is amended by replacing "this Act" in the introductory clause of the first paragraph by "a provision of this Act, the Act to promote access to family medicine and specialized medicine services (chapter A-2.2)".

32. Section 14.1 of the Act is amended by replacing "by the Health Insurance Act and" in the first paragraph by "by the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), by the Health Insurance Act or".

33. Section 19.1 of the Act is amended by replacing "this Act" in the first paragraph by "the provisions of this Act, subdivision 3 of Division III and Divisions IV and V of Chapter III.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2)".

34. Section 19.2 of the Act is amended by inserting "subdivision 3 of Division III and Divisions IV and V of Chapter III.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2)," after "this Act,".

35. Section 21.1 of the Act is amended by inserting "subdivision 3 of Division III and Divisions IV and V of Chapter III.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2)," after "this Act," in the first paragraph.

36. Section 38 of the Act is amended by inserting "Chapter III.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2)," after "application of" in paragraph *a*.

37. Section 39 of the Act is amended, in the second paragraph,

(1) by inserting "section 29.52 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) or" after "under";

(2) by inserting ", 38.0.15" after "22.2".

ACT MAINLY TO REDUCE THE ADMINISTRATIVE BURDEN OF PHYSICIANS

38. Section 1 of the Act mainly to reduce the administrative burden of physicians (2024, chapter 29) is repealed.

39. Section 11 of the Act is amended by inserting the following paragraph after paragraph 1:

"(1.1) the provisions of section 2, which come into force on (*insert the date of assent to this Act*);".

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

40. Sections 41 and 42 of the 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 (2015, chapter 25) are repealed.

SPECIAL TRANSITIONAL PROVISIONS

41. The first regulation made by the Government before (*insert the date that is one year after the date of assent to this Act*) for the purposes of Chapter III.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), enacted by section 26 of this Act, may, despite section 11 of the Regulations Act (chapter R-18.1), be enacted on the expiry of a period of 15 days after the draft regulation is published in the *Gazette officielle du Québec*. Despite section 17 of that Act, the regulation comes into force on the date of its publication in the *Gazette officielle du Québec* or on any later date indicated in the regulation.

42. The allocation rules for the collective supplement that are established under sections 29.35 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) and 38.0.9 of the Health Insurance Act (chapter A-29), enacted respectively by sections 26 and 16 of this Act, of which the Régie de l'assurance maladie du Québec is notified before 1 December 2025 may come into force on 1 October 2025.

43. Section 29.53 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), enacted by section 26 of this Act, is, until the coming into force of paragraph 2 of section 9 of this Act, to be read as if the second paragraph were replaced by the following paragraph:

"The first paragraph of section 18.4 of the Health Insurance Act (chapter A-29) applies, with the necessary modifications, to a decision made under section 29.50 or section 29.52 of this Act, as if it were a decision rendered under section 18.3

of the Health Insurance Act. The fourth, fifth and eighth paragraphs of section 22.2 of that Act also apply, with the necessary modifications, to a decision made under section 29.50 or section 29.52 of this Act, as if it were a decision rendered under the first paragraph of that section 22.2."

CHAPTER IV

MEASURES CONCERNING TERRITORIAL DEPARTMENTS

ACT RESPECTING THE GOVERNANCE OF THE HEALTH AND SOCIAL SERVICES SYSTEM

44. The Act respecting the governance of the health and social services system (chapter G-1.021) is amended by inserting the following section after section 445:

"**445.1.** The president and executive director of the institution to which a territorial department is attached may, where the department's supervisory committee repeatedly or continuously fails to exercise the department's functions in full, properly and without delay and where access to or the quality of services depends on it, entrust the exercise of those functions to any person the president and executive director designates.

Where a territorial department is attached to more than one institution, the power under the first paragraph is exercised by the president and executive director of the institution designated by Santé Québec."

45. Section 449 of the Act is amended by adding the following paragraphs before paragraph 1:

"(0.1) establishing, in coherence with ministerial orientations, a territorial coverage plan for priority sectors and sectors with limited staff that specifies the family medicine services likely to best meet the needs of the population;

"(0.2) ensuring the coordination of medical services offered at home and in residential and long-term care centres;".

46. Section 453 of the Act is amended by replacing the second paragraph by the following paragraph:

"For each specialty, the department must

(1) assess, in coherence with ministerial orientations, specialized medical service needs for priority sectors and sectors with limited staff; and

(2) ensure the implementation and application of Santé Québec's decision relating to the organization referred to in the first paragraph."

47. The Act is amended by inserting the following section after section 454:

"**454.1.** The territorial department of specialized medicine must report to Santé Québec on the assessment of medical service needs made under subparagraph 1 of the second paragraph of section 453."

48. The Act is amended by inserting the following sections after section 483:

"**483.1.** Santé Québec must establish a national coverage plan for each medical specialty that specifies, for each local health and social services network territory, the specialized medical services likely to best meet the needs of the population.

In establishing a national coverage plan for a specialty, Santé Québec must take into account the assessments of the specialized medical service needs for priority sectors and sectors with limited staff that are sent to it under section 454.1 and, at its request, by the Cree Board of Health and Social Services of James Bay and the Nunavik Regional Board of Health and Social Services.

Santé Québec must also consult the professional association which is affiliated with the organization representative of medical specialists that is referred to in section 19 of the Health Insurance Act (chapter A-29) and which groups together the medical specialists concerned by a national coverage plan for a specialty. Such an association may make the recommendations it considers appropriate with regard to the plan.

"**483.2.** A national coverage plan for a specialty established by Santé Québec under section 483.1 is submitted to the Minister, who approves it with or without amendment; the recommendations made by the professional association consulted under that section are submitted with the plan, if applicable.

The national coverage plan for a specialty so approved must, in accordance with section 483.1, be established again every two years and whenever the Minister so requests. The approved plan continues to have effect as long as the new plan has not been approved by the Minister.

The Minister may establish a national coverage plan for a specialty if Santé Québec fails to do so within the time specified by the Minister.

"**483.3.** The Minister may send directives to Santé Québec concerning the establishment of a national coverage plan for a specialty.

Such directives are binding on Santé Québec."

SPECIAL TRANSITIONAL PROVISION

49. The first national coverage plans for each of the medical specialties that are provided for in section 483.1 of the Act respecting the governance of the health and social services system (chapter G-1.021), enacted by section 48 of this Act, must be sent to the Minister not later than (*insert the date that is six months after the date of assent to this Act*).

CHAPTER V

PRACTICE OF MEDICINE IN GROUPS

ACT RESPECTING THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

50. Section 10.4 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) is amended by replacing the first paragraph by the following paragraph:

"The Minister may establish programs to promote the practice of family medicine in groups in a multidisciplinary practice environment and the practice of specialized medicine in private health facilities within the meaning of the second paragraph of section 481 of the Act respecting the governance of the health and social services system (chapter G-1.021), the second paragraph of section 95 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or subparagraph *l* of the first paragraph of section 1 of the Act respecting health services and social services for Cree Native persons (chapter S-5). The Minister may prescribe by regulation the standards the Minister considers necessary for the application of such programs, in particular terms governing the follow-up of patients by the physicians who benefit from the program, including the hours during which the physicians must be available. Before coming into force, such a program or such a regulation must be approved by the Conseil du trésor."

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

51. Section 4 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is amended by replacing "family medicine group" in subparagraph 1 of the first paragraph by "practice environment referred to in section 447 of the Act respecting the governance of the health and social services system (chapter G-1.021)".

CHAPTER VI

FINAL PROVISION

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

(1) the provisions of paragraph 4 of section 13, section 16, insofar as it enacts sections 38.0.4 to 38.0.10 and 38.0.12 to 38.0.14 to the extent that sections 29.35 and 29.49 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), enacted by section 26 of this Act, refer to them, sections 22 to 25, section 26, except insofar as it enacts sections 29.23 to 29.30, section 29.40 as regards the possibility for the Government to prescribe, by regulation, the cases in which a territorial medical collectivity or local medical collectivity may apply to be exempted from the application of an objective as well as the conditions on which it may be so exempted, and sections 29.41 to 29.45 and the second paragraph of section 29.46, and those of paragraph 1 of section 28, sections 31 to 36 and paragraph 1 of section 37, which come into force on 1 October 2025;

(2) the provisions of section 9, except those of subparagraph *a* of paragraph 1, sections 10 to 12, paragraphs 3 and 6 of section 13, sections 14 to 16, section 17, except insofar as it enacts section 5 of the Regulation respecting the blended remuneration method applicable to general practitioners (*insert the year and chapter number of this Act and the number of the section of this Act that enacts the Regulation respecting the blended remuneration method applicable to general practitioners*), to the extent that section 447.5 of the Act respecting the governance of the health and social services system (chapter G-1.021), enacted by section 3 of this Act, and section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5), as it is to be read under section 6 of this Act, refer to it, sections 19 and 20, paragraph 2 of section 28 and paragraph 2 of section 37, which come into force on 1 April 2026;

(3) the provisions of section 1, which come into force on the date of coming into force of subparagraph 7 of the second paragraph of section 76 of the Act respecting the governance of the health and social services system;

(4) the provisions of section 51, which come into force on the date of coming into force of section 4 of the Act to promote access to family medicine and specialized medicine services;

(5) the provisions of section 26, insofar as it enacts sections 29.40, except as regards the possibility for the Government to prescribe, by regulation, the cases in which a territorial medical collectivity or local medical collectivity may apply to be exempted from the application of an objective as well as the conditions on which it may be so exempted, and 29.41 to 29.45, and those of section 30, as regards the proceedings provided for in section 29.45 of the Act to promote access to family medicine and specialized medicine services, enacted by section 26 of this Act, which come into force on the date of coming into

force of the first regulation made under section 29.23 of the Act to promote access to family medicine and specialized medicine services;

(6) the provisions of section 29, which come into force on the earlier of the date of coming into force of the first regulation made under section 29.23 of the Act to promote access to family medicine and specialized medicine services, enacted by section 26 of this Act, and the date of coming into force of section 27 of the Act to promote access to family medicine and specialized medicine services; and

(7) the provisions of section 30, as regards the proceedings provided for in section 27 of the Act to promote access to family medicine and specialized medicine services, which come into force on the date of coming into force of that section 27.