



NATIONAL ASSEMBLY OF QUÉBEC

SECOND SESSION

FORTY-THIRD LEGISLATURE

Order Paper and Notices

of the Assembly

Tuesday, 30 September 2025 — No. 1

Two p.m.

**President of the National Assembly:
Madam Nathalie Roy**

Opening Address delivered by Her Honour the Lieutenant-Governor

ORDERS OF THE DAY

BUSINESS HAVING PRECEDENCE

- (1) Opening Speech delivered by the Premier.

WRITTEN QUESTIONS

- (1) Mr. Leduc (Hochelaga-Maisonneuve) – **30 September 2025**
To the Minister of Labour

Despite the considerable progress made to prevent sexual harassment and violence in the workplace and to support victims, it appears that the Administrative Labour Tribunal does not yet have the tools necessary to adequately handle recourses in that field and to efficiently provide assistance to victims.

The Comité chargé d'analyser les recours en matière de harcèlement sexuel et d'agressions sexuelles au travail, chaired by Professor Rachel Cox, recommends that the *Act to establish the Administrative Labour Tribunal* establish a sexual violence division. Furthermore, the judges appointed to this division should be experts on sexual harassment and violence and receive ongoing training on these matters. This recommendation was endorsed by various stakeholders, including central unions and human rights groups.

It is essential that the Administrative Labour Tribunal include such a specialized division. The unique characteristics of sexual violence, including the nature of the acts and their impacts on victims, are different than those of other forms of harassment. Handling this type of recourse in a fair and informed manner also requires specific skills.

My question is the following: is the Minister of Labour willing to reconsider his position and create a specialized division on sexual violence within the Administrative Labour Tribunal, while also ensuring that the judges appointed to that division have specific expertise on sexual harassment and violence and that they receive ongoing training on these matters?

- (2) Mr. Marissal (Rosemont) – **30 September 2025**
To the Minister of Health

In Québec, food allergies affect up to three children per classroom and nearly 25% of all allergic reactions occur at school. As we know, without immediate intervention, a major allergic reaction can lead to death in a few short minutes.

Yet, currently, Québec is the only Canadian province without a framework to regulate the prevention and management of food allergies in schools. Without a standardized framework, certain schools have adopted their own intervention protocol for allergic reactions, while others have simply systematically banned allergens, which is not recommended by the public health department.

The Québec government's current approach appears to be to delegate responsibility for this matter to school service centres, which have neither the expertise in food allergy management nor the authority required to adopt adequate measures for school administrations in the absence of provincial regulations.

As a result, it is often the parents of children with allergies who have to make up for the lack of a food allergy framework in schools, for example by training school staff themselves, giving reminders and living with the constant fear that a preventable mistake will be made. However, developing a national regulation for the management of food allergies in schools, in collaboration with the public health department, would alleviate the burden placed on parents while also providing an easy solution that could be implemented swiftly.

The Association of Allergists and Immunologists of Québec, which brings together specialists and experts on food allergies, has repeatedly expressed its concern with the lack of provincial legislation ensuring the adequate management of allergies in Québec schools. According to the Association, the swift adoption of a clear, standardized regulation would adequately protect the more than 75,000 students with allergies and efficiently support school staff for this purpose.

My question to the Minister is the following:

Can the Ministère de la Santé et des Services sociaux commit to working as quickly as possible, in collaboration with the public health department and the Ministère de l'Éducation, to establish a Québec-wide regulation to oversee and standardize the management of food allergies in Québec schools?

- (3) Mr. Marissal (Rosemont) – **30 September 2025**
To the Minister of Education

In Québec, food allergies affect up to three children per classroom and nearly 25% of all allergic reactions occur at school. As we know, without immediate intervention, a major allergic reaction can lead to death in a few short minutes.

Yet, currently, Québec is the only Canadian province without a framework to regulate the prevention and management of food allergies in schools. Without a standardized framework, certain schools have adopted their own intervention protocol for allergic reactions, while others have simply systematically banned allergens, which is not recommended by the public health department.

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My question to the Minister is the following:

Can the Ministère de l'Éducation commit to working as quickly as possible, in collaboration with the public health department and the Ministère de la Santé et des Services sociaux, to establish a Québec-wide regulation to oversee and standardize the management of food allergies in Québec schools?

(4) Ms. Prass (D'Arcy-McGee) – **30 September 2025**

To the Minister Responsible for Social Services

In May 2022, the CIUSSS de la Capitale-Nationale announced that it would be converting the former Salvation Army shelter on Côte du Palais into a centre offering reception, convalescence, addiction support and intervention services to the homeless. The centre was scheduled to open in 2024. However, the newspaper *Le Soleil* reported on 3 April 2025 that the opening is now scheduled for the winter of 2026, “if construction progresses as planned”. In the context of a persistent homelessness crisis in the city of Québec, these delays raise significant concerns about access to services.

1. Can the Minister explain the reasons behind the delays that led to the center's opening being rescheduled from 2024 to 2026, and the steps to be taken to meet the new timetable?
2. What measures have been implemented to compensate for the center's unavailability in the offer of services to the homeless in the city of Québec while awaiting its opening?

(5) Mr. Tanguay (LaFontaine) – **30 September 2025**

To the Minister of Health

Currently, chiropractors play a limited role in the Québec health care system. However, these professionals have skills and expertise that represent a potential service offering.

To date, the expertise of chiropractors remains largely excluded from the health network, even though better collaboration with this profession could help improve the efficiency and accessibility of care and services. Such recognition would be consistent with the policies announced by the Minister of Health with regard to broadening professional practices and increasing participation of various health professionals.

Specifically, integrating chiropractors into care trajectories would allow them to be called on more quickly to treat users suffering from neuromusculoskeletal problems. Many users consulting public health services for problems such as neck or back pain could benefit from chiropractic services. Greater integration of these professionals would facilitate more efficient access to the right professional at the right time.

Chiropractors' areas of practice are the diagnosis, treatment and prevention of neuromusculoskeletal disorders and their effects on overall health. Their practice includes manual treatment, such as spinal and joint manipulations, and soft-tissue techniques. They can recommend exercises and give advice on ergonomics, posture and lifestyle. Chiropractors are governed by a professional order and hold a five-year Doctor of Chiropractic degree. They are authorized to make sector-specific diagnoses, provide treatment, order certain tests, perform and interpret X-rays and order other medical imaging tests, such as MRIs, ultrasound and scans.

These healthcare professionals are willing to play a greater role in the health network.

Given the above, my questions to the Minister of Health are the following:

1. Can he tell us if he plans to implement measures to further integrate chiropractors into care trajectories and improve access to their services?
2. Can he tell us if he is exploring the possibility of implementing measures to develop service corridors between chiropractors and medical specialists based on their field of expertise?

(6) Ms. Nichols (Vaudreuil) – **30 September 2025**

To the Minister of the French Language

As the Minister is aware, the new Île-aux-Tourtes bridge is under construction. The Minister must also be aware that citizens of the Vaudreuil-Soulanges region, many elected municipal officials, representatives of regional organizations and local merchants have repeatedly proposed, in particular through resolutions, that the new bridge bear the name of Paul Gérin-Lajoie.

Paul Gérin-Lajoie's reputation is beyond question. He was Member for Vaudreuil-Soulanges from 1960 to 1969 and was the first Minister of Education in Québec. He implemented major reforms to our education system. Named the father of Québec education, he actively participated in the creation of École secondaire de la Cité-des-Jeunes in Vaudreuil-Dorion.

A great builder of modern Québec, Paul Gérin-Lajoie not only contributed to the economic, social and cultural development of the Vaudreuil-Soulanges region, but also to Québec's development and international policy. In fact, he formulated the Gérin-Lajoie doctrine, which recognizes Québec's right to establish direct relations with other countries. This year also happens to be the 60th anniversary of the Gérin-Lajoie doctrine.

At the onset of the work in 2022, the Commission de la toponymie informed us that, in such cases, the decision falls within the political sphere. As such, we queried the Minister of Transport and Sustainable Mobility, who referred us to the office of the Minister of the French Language. In turn, the office of the Minister of the French Language referred us to the Commission de la toponymie, which publicly informed the Member for Vaudreuil, during the estimates of expenditure of 6 May 2025, that it was too early to look into the matter, given that the bridge will not be open until 2030!

However, according to documents available on the Conseil du Trésor's internal website, the Ministère des Transports' website and the special information documents of the estimates of expenditure, the bridge will be partially open in December 2026.

Since the information provided is not very clear, can the Minister provide us with the following information:

- The copy of the mandate given to the Commission de la toponymie;
- Details on the procedure and deadlines planned by the Commission and/or the office of the Minister for establishing the new name of the Île-aux-Tourtes bridge;
- The mandate given by the Minister of Transport and Sustainable Mobility;
- All other communications on the matter?

- (7) Ms. Nichols (Vaudreuil) – **30 September 2025**
To the Minister of Transport and Sustainable Mobility

As the Minister is aware, the new Île-aux-Tourtes bridge is under construction. The Minister must also be aware that citizens of the Vaudreuil-Soulanges region, many elected municipal officials, representatives of regional organizations and local merchants have repeatedly proposed, in particular through resolutions, that the new bridge bear the name of Paul Gérin-Lajoie.

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However, according to documents available on the Conseil du Trésor's internal website, the Ministère des Transports' website and the special information documents of the estimates of expenditure, the bridge will be partially open in December 2026.

Since the information provided is not very clear, can the Minister provide us with the following information:

- Written confirmation he gave the Ministère de la Langue française a mandate regarding the name of the new Île-aux-Tourtes bridge;
- Confirmation of the date for the partial opening of the new Île-aux-Tourtes bridge;
- Confirmation of the date for the full opening of the new Îles-aux-Tourtes bridge?

(8) Mr. Tanguay (LaFontaine) – **30 September 2025**
To the Minister of Health

In its 2023–2028 government action plan on the pre-hospital emergency system, the Government announced the long-awaited deployment of a helicopter emergency medical service (HEMS), backed by a five-year, \$125 million investment. The purpose of this service is to improve access to specialized care for patients living between 75 and 275 kilometres away from tertiary centres, in particular in the event of trauma, stroke or heart attack.

In February 2024, the Government also announced the construction of four heliports to support this service, including at Centre hospitalier régional de Lanaudière (Joliette), Hôpital de Roberval, Hôpital du Sacré-Cœur de Montréal and McGill University Health Centre. However, one year later, none of these heliports are operational, and the HEMS has still not been deployed, despite the 2021 recommendations of the INESSS, which deemed the model clinically relevant, efficient and safe.

Consequently, Québec remains the only Canadian province without a public helicopter emergency medical service, which puts the regions' population at risk of potentially life-threatening transport delays.

In light of the above, can the Minister of Health clarify the following:

Despite budget announcements and public commitments, why has his department still not launched the helicopter emergency medical service or delivered the construction and commissioning of the heliports announced in February 2024?

Does the Minister recognize that such delays deprive Quebecers living in the regions of fair and safe access to emergency care, despite the clear recommendations of the INESSS and his own Government's repeated commitments?

- (9) Ms. Nichols (Vaudreuil) – **30 September 2025**
To the Minister of Health

In Vaudreuil, like everywhere else in Québec, there is a shortage of doctors to serve our population. We were therefore delighted in the summer of 2024 to learn of the establishment of a family medicine group in partnership with McGill University, a clinic that trains doctors but, above all, cares for patients.

The establishment of the GMF-U is excellent news for citizens across the region, because with the construction of the new Vaudreuil-Soulanges hospital, our region urgently needs doctors.

The clinic is ready and equipped, and space has been set aside for McGill University medical residents. Everyone is in agreement, and all stakeholders have given their official approval, including the CISSS de la Montérégie-Ouest, Santé Québec, the Ministère de la Santé and the Ministère de l'Enseignement supérieur. However, the project remains blocked, and we are still not able to get all the facts.

For a mysterious and unknown reason, it took over six months to obtain authorization to display the “U”. Then, the official opening was announced by the CAQ and cancelled at the last minute without explanation. During the examination of the estimates of expenditure of the Ministère de la Santé et des Services sociaux, the Minister confirmed that he had signed where required.

Because the funds have not been confirmed, the citizens of Vaudreuil and Soulanges have been deprived of health care for almost a year, and our future hospital has been deprived of new doctors. The university students are just a few days away from the end of their semester. Our future family doctors must complete rotations in order to finish their training. For many McGill medical students, their rotation at the Vaudreuil GMF-U is important.

It is not normal to jeopardize the education of our future doctors over an administrative issue. Would the Minister of Health please consult his colleagues and finally get all of the following facts?

- Exactly what document is missing for the GMF-U to move forward and receive students?
- Which department is responsible for the missing approval?
- Which public office holder must sign the missing document?
- How quickly can the Minister obtain the missing signature?

(10) Mr. Tanguay (LaFontaine) – **30 September 2025**

To the Minister of Health

In Québec, pharmaceutical care is a key factor in patient safety and the effectiveness of drug treatments. This care includes all pharmacist interventions – in community pharmacies, FMGs and hospitals – related to optimizing drug therapy at every stage of the patient’s journey through the network.

However, a recent report published by an intra-professional committee comprising the principal pharmaceutical organizations highlights serious structural shortcomings that undermine continuity of care. The report denounces, in particular, the lack of coordination between different practice environments, inadequate IT tools that lack interoperability, and the lack of institutional support for the regional organization of pharmaceutical services.

The scientific data is alarming:

- More than 60 % of hospitalized patients have at least three of their medications modified.
- 20% of patients experience adverse drug events following a hospital stay.
- Up to 21% of readmissions are due to pharmacological problems, of which 69% are avoidable.

- Non-adherence to treatment increases the risk of re-hospitalization by almost 20% in patients 55 and over.

These findings raise major concerns about not only care safety, but also the performance of our system, in particular with regard to avoidable hospitalizations. The territorial committees on pharmaceutical services, created as part of the recent reform, should make it possible to correct these shortcomings. With a mandate to recommend a coherent organization of services at the regional level, these committees are struggling to fulfill their mission due to a lack of funding, supervision and operational support from the Ministère and from Santé Québec.

At the same time, as the digital shift in healthcare continues, community pharmacies are not being systematically integrated into clinical communication platforms. This situation compromises the flow of information between care environments, particularly during hospital discharges or complex transitions, and prevents pharmacists from playing their role in error prevention and therapeutic monitoring.

In a health network striving for coherence and efficiency, it is worrying to note that pharmaceutical care, despite being recognized as essential, remains so poorly supported by structural measures.

Can the Minister of Health explain why, despite the well-documented risks associated with drug transitions and clear recommendations from the intra-professional pharmacy committee, there are no plans for dedicated funding or concrete technological measures that would allow the territorial committees to effectively support pharmaceutical care and integrate community pharmacies into the network's clinical digital tools?

- (11) Mr. Tanguay (LaFontaine) – **30 September 2025**
To the Minister of Health

Breast cancer is the most common form of cancer among Québec women. Yet, despite major scientific advances in the field of screening, the Québec Breast Cancer Screening Program continues to rely solely on an age criterion (50 to 74), as if all women in this age bracket were equally at risk – an assumption that is contradicted in the scientific literature. Meanwhile, almost 16% of breast cancer cases are diagnosed in women under the age of 50, and this proportion is rising. A recent University of Ottawa study found that breast cancer incidence among women in their twenties has surged by 45.5% over three decades.

While Québec is turning a deaf ear to this development, other jurisdictions are already implementing personalized screening approaches based on patients' actual risk profiles. The PERSPECTIVE project, which combines saliva testing and questionnaires, enables effective and accessible risk stratification, paving the way for a genuine screening revolution. Maintaining a rigid age-based approach to screening is a denial of science, a missed opportunity to save lives, and continues to make Québec a jurisdiction lagging behind.

How can the Minister justify the continuation, in 2025, of a breast cancer screening program based solely on age, an outdated scientific approach, despite the fact that proven tools such as the PERSPECTIVE project now enable screening based on each woman's actual risk? Can the Minister explain why Québec is taking so long to modernize its approach, despite a worrying rise in breast cancer cases among women under 50, and whether and when he intends to remedy this delay?

- (12) Mr. Tanguay (LaFontaine) – **30 September 2025**
To the Minister of Health

Considering that the Ministère de la Santé et des Services sociaux enters into listing agreements with pharmaceutical manufacturers every year, which have generated more than \$1 billion as of 31 March 2024, including \$496.6 million for medications used in institutions, can the Minister explain why access to these treatments remains unequal from one region to another?

Worrying reports suggest that certain hospital institutions continue to make their decisions on the purchase of expensive medications – particularly in oncology – on the basis of list prices, without taking into account government-negotiated prices. This situation undermines projected savings, creates geographic disparities and forces some patients to travel to other institutions to obtain recommended treatments, even though they are on the list of medications provided by institutions.

Moreover, in spite of INESSS' scientific evaluation, the pCPA negotiation process and the Minister's official listing of these medications, many institutions carry out their own internal evaluation, resulting in unnecessary duplication of work for hospital pharmacists amid an existing labour shortage.

Consequently, my questions to the Minister are the following:

1. What concrete measures will be implemented to ensure uniform application of listing agreements in all healthcare network institutions?
2. What measures are being considered to harmonize budgetary rules to prevent institutions from hindering access to treatments that have already been authorized?
3. Will the Minister issue a directive to put an end to the practice of local re-evaluation of approved medications, in order to free pharmacists from redundant administrative tasks and allow them to concentrate on their clinical role?

(13) Mr. Tanguay (LaFontaine) – **30 September 2025**
To the Minister of Health

In 2016, Canada committed to eliminating hepatitis C as a public health threat by 2030, in line with the World Health Organization's strategy. However, according to an article published in the Canadian Liver Journal and as recently confirmed in an Action Hepatitis Canada report, Québec is lagging behind and is one of three provinces, along with Ontario and Manitoba, that are the furthest behind. Québec will not achieve the elimination goals until 2037, or seven years after the national target.

Several factors account for this delay, including fragmented care, unequal access to screening between regions, a lack of integration of rapid screening tests approved by Health Canada and, above all, the absence of a formal and funded provincial elimination strategy. As a result, thousands of Quebecers who carry the virus are unaware of their infection or fail to carry through with their care plan. To date, less than one-third of people diagnosed in Québec have completed their treatment successfully. This situation not only represents a public health failure, but also generates avoidable costs linked to advanced liver complications.

In contrast, provinces such as Prince Edward Island, Nova Scotia and Newfoundland and Labrador are on track to meet their targets as early as 2025, thanks to clear plans, the availability of rapid tests and increased support for community organizations.

Can the Minister of Health and Social Services explain why Québec is so far behind in reaching the hepatitis C elimination goals set by the WHO and endorsed by Canada, and can he tell us if he intends to:

1. Table a structured provincial plan with measurable targets and annual reporting;
2. Register without delay rapid HCV screening tests in the Quebec directory and measurement system for medical biological procedures;
3. Increase support, in a predictable manner, for community groups working with the most at-risk populations?

(14) Mr. Tanguay (LaFontaine) – **30 September 2025**

To the Minister of Health

Despite the fact that colorectal cancer is the second leading cause of cancer death in Québec, the screening participation rate remains well below target. In 2021, only 31.6% of those eligible took an iFOBT test, compared with 38.2% in 2019. This performance is below international targets (often set at 60% or more), as well as the Canadian average. The MSSS has committed to achieving a rate of 44% by 2027, without, however, providing details on the specific levers it will deploy to achieve this.

In addition, even after many years of implementation, the Québec Colorectal Cancer Screening Program (PQDCCR) is still mainly based on opportunistic screening, that is, screening initiated during contact with a health professional. However, for several years now, the Institut national d'excellence en santé et en services sociaux (INESSS) has been recommending the implementation of a structured program that systematically invites average-risk individuals to test, as is done in several other jurisdictions.

Can the Minister of Health tell us what specific measures his department plans to implement by 2027 to achieve the 44% participation target for colorectal cancer screening for people 50 to 74 years of age, and explain why Québec is still lagging significantly behind other Canadian provinces and international targets, despite repeated recommendations from the INESSS?

Can he also explain why, many years after implementation of the PQDCCR, the program is still mainly based on opportunistic screening rather than a structured program that systematically invites the target population?

(15) Mr. Tanguay (LaFontaine) – **30 September 2025**
To the Minister of Health

Radon is a naturally occurring radioactive gas recognized as the second leading cause of lung cancer in Québec, after tobacco. It is odourless, colourless and can accumulate in buildings, in particular basements, and is thus a major health risk for thousands of Quebecers. Yet efforts to monitor its presence in residential and public buildings remain limited, as do public awareness campaigns.

However, the 2024–2026 action plan of the Programme québécois de cancérologie identifies radon as a risk factor that must be addressed. The plan includes two specific targets in this regard: (1) revising the Québec.ca page on radon in light of the cancer page, and (2) developing joint awareness strategies for people with lung cancer and their families. Yet the Quebec Lung Association, which has been working hard to map radon and raise public awareness, has received no funding for 2024–2025. In addition, no budgetary estimates appear to have been made for 2025–2026, even though the plan’s actions are expected to continue until 2026.

Can the Minister of Health tell us the amounts allocated in 2024–2025, and those planned for 2025–2026, to support the implementation of actions related to radon under the 2024–2026 action plan of the Programme québécois de cancérologie? More precisely, can he answer the following questions:

1. What amounts are granted to partner organizations, including the Quebec Lung Association, for public awareness, training or mapping activities?
2. What initiatives are contemplated to promote radon detection in at-risk homes, in particular in regions with historically high radon concentrations?
3. What concrete measures are planned to support radon mitigation in affected buildings, in particular for low-income households or community settings?

- (16) Mr. Beauchemin (Marguerite-Bourgeoys) – **30 September 2025**
To the Minister of Economy, Innovation and Energy

The global trade environment is putting growing pressure on a number of critical resources. The tariffs imposed by President Donald Trump’s administration directly affect key sectors such as steel, aluminum and forestry, generating significant economic uncertainty.

In particular, the Canadian steel industry has to contend with competition from countries such as China, which frequently dump their steel and circumvent protectionist measures by shipping it to third countries, where it is processed before being exported to Canada.

In 2022, the government introduced Bill 12, which was passed by the National Assembly with a view to promoting local and responsible public procurement, in particular by providing public bodies with tools promoting Québec and Canadian companies during the tendering process;

In this context, could you tell us the total volume of steel used over the past five years in infrastructure projects funded by the Québec State, and the proportion of that steel that came from Canadian producers?

- (17) Ms. Maccarone (Westmount–Saint-Louis) – **30 September 2025**
To the Minister Responsible for Social Solidarity and Community Action

I noticed, through an access to information request, that the number of social assistance recipients seeking employment or another form of social participation decreased from 58,047 in 2018 to 48,728 in 2023.

Can the Minister explain the reasons for this decrease?

- (18) Ms. Maccarone (Westmount–Saint-Louis) – **30 September 2025**
To the Minister Responsible for Social Solidarity and Community Action

The goal of the 2017–2023 Government Action Plan to Foster Economic Inclusion and Social Participation was to significantly reduce poverty in Québec. To do so, one of the plan’s key measures was to lift 100,000 people out of poverty through various initiatives and resources meant to improve the living conditions of those who are most vulnerable.

As the period covered by this plan comes to an end, it is imperative that an overview of the concrete results achieved be provided to assess the efficiency of the measures taken.

In this regard, could the Minister tell us how many people have actually been lifted out of poverty in Québec since the start of this plan?

- (19) Ms. Maccarone (Westmount–Saint-Louis) – **30 September 2025**
To the Minister Responsible for Social Solidarity and Community Action

Considering that the 2024–2029 Government Action Plan to Foster Economic Inclusion and Social Participation provides for actions under the responsibility of the Ministère de l’Emploi et de la Solidarité sociale, and that some of those actions are said to be “self-financed”;

Considering that the department invokes sections 20 and 22 of the *Act respecting Access to documents held by public bodies and the Protection of personal information* to refuse to specify the origin of the self-financed estimates of those actions;

Can the Minister tell us why the information relating to the origin of the self-financed estimates of the 2024–2029 Action Plan is considered confidential, and how she intends to ensure transparency regarding the real financing of the measures under her department’s responsibility?

- (20) Ms. Dufour (Mille-Îles) – **30 September 2025**
To the Minister of the Environment, the Fight Against Climate Change, Wildlife and Parks

The Centre d’expertise en analyse environnementale du Québec (CEAEQ), an entity under the authority of the Ministère de l’Environnement, de la Lutte contre les changements climatiques, de la Faune et des Parcs, recently notified laboratories in the aeromicrobiology sector that it will no longer issue accreditations for fields of activities such as the count and identification of bacteria, mould and spores. These accreditation fields will be removed from the accreditation program for analytical laboratories on 30 June 2025.

Though laboratories may continue their operations, there will no longer be supervisors to ensure that laboratories comply with the highest standards of practice and that their results are reliable, traceable and in line with regulatory requirements. The CEAEQ's decision will complicate the tasks of citizens who want to make sure that the aeromicrobiologists they consult have the skills necessary to conduct analyses, and would also further complicate a potential defense in the event of a dispute.

Effectively, anyone can now claim to be an expert in aeromicrobiology. Bad practices are likely to result in the increased frequency of respiratory infections, allergies, and lung diseases caused by poor air quality. The CEAEQ's decision is liable to pose an unnecessary risk to the public's health and safety. The situation may undermine public trust in the rigour of the analyses and expert reports on the air quality inside buildings.

The CEAEQ wrote on its website that accreditation activities [regarding aeromicrobiology] fall within the improvement of the quality of analytical results, and that accreditations enable better management of aeromicrobiology contaminations by providing credible analytical information. However, this decision goes against the CEAEQ's objectives, as it will weaken the credibility of the analytical information produced by laboratories.

Given the above, my questions are the following:

1. What does the Minister intend to do to ensure that aeromicrobiology laboratories have the technical skills necessary to conduct reliable, traceable and regulatory compliant results?
2. What measures will be implemented to ensure the uniformity of practice methods in aeromicrobiology analyses, given the absence of a State-recognized accreditation centre?
3. Given the essential role of aeromicrobiology analyses in the prevention of public health risks (mould, pathogens, air quality, etc.), what is the Minister's justification for ceasing the issue of accreditations without any immediate alternatives?

NOTICES

- I. NOTICES PREVIOUSLY GIVEN**
- II. NOTICES APPEARING FOR THE FIRST TIME**