NATIONAL ASSEMBLY OF QUÉBEC

SECOND SESSION FORTY-THIRD LEGISLATURE

Bill 19

An Act to, in particular, improve access to medical services and provide for the medical taking in charge of the population

Introduction

Introduced by
Madam Sonia Bélanger
Minister of Health

Québec Official Publisher
2026

EXPLANATORY NOTES

The main purpose of this bill is to amend the Act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services.

The bill therefore repeals several provisions of that Act, including those granting the Government the power to establish, by regulation, the remuneration methods for health professionals within the meaning of the Health Insurance Act. The bill also makes amendments to that Act to, in particular, specify, in the Health Insurance Act, that the agreements entered into with the representative organizations of the health professionals may provide for remuneration methods that include capitation remuneration. The bill also introduces, in the latter Act, principles that must be taken into account for the purpose of entering into such agreements which encourage, among other things, the putting in place of terms that foster the taking in charge of all insured persons.

The bill provides that a certain number of insured persons identified as vulnerable by the Minister of Health are deemed to be registered in accordance with the Act to promote access to family medicine and specialized medicine services when they are added to the caseload of patients a general practitioner provides medical care to, as of the introduction of the bill.

The bill also contains provisions providing for the coming into force of the subsisting provisions of the Act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services.

LEGISLATION AMENDED BY THIS BILL:

– Act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services (2025, chapter 25).

Bill 19

AN ACT TO, IN PARTICULAR, IMPROVE ACCESS TO MEDICAL SERVICES AND PROVIDE FOR THE MEDICAL TAKING IN CHARGE OF THE POPULATION

AS it is important to ensure that the entire population of Québec, including the most vulnerable persons, has better access to health care;

AS capitation remuneration is a means of fostering the continuity of medical services offered to the population as well as the affiliation and taking in charge of the most vulnerable patients through, in particular, interprofessional collaboration;

AS the remuneration paid under the Health Insurance Act for the medical services rendered by general practitioners can be a means of fostering the achievement of a target to increase the total number of individual and collective registrations by 500,000 persons by 30 June 2026, including 180,000 vulnerable patients;

AS legislative amendments are required for reaching an agreement on those means;

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

1. Sections 1 to 16 of the Act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services (2025, chapter 25) are repealed.

2. Section 17 of the Act is replaced by the following section:

"**17.** Section 19 of the Health Insurance Act (chapter A-29) is amended by replacing "different methods of remuneration which include fee-for-service remuneration, flat-rate fees and salary" in the second paragraph by "for different methods of remuneration which may include, among others, fee-for-service remuneration, flat-rate fees, salary or capitation remuneration and, where the method of remuneration includes collective capitation remuneration, provide for the terms for allocating that remuneration among each of the health professionals who are entitled to it"."

3. Section 18 of the Act is amended by replacing section 19.0.1 of the Health Insurance Act (chapter A-29) that it enacts by the following section:

"**19.0.1.** The following principles must be taken into account for the purpose of entering into an agreement:

(1) the putting in place of terms that foster the taking in charge of all insured persons;

(2) the putting in place of methods of remuneration that contribute to improving access to insured services by those persons; and

(3) the establishment of measures to monitor access to insured services or the quality of those services."

4. Sections 19 to 26 and 29 of the Act are repealed.

5. Section 31 of the Act is amended

(1) by replacing subparagraph *b* of the third paragraph of section 22 of the Health Insurance Act (chapter A-29) that it replaces by the following subparagraph:

"(*b*) in the case of a general practitioner, where the following conditions are met:

i. the service provided is the taking in charge of an insured person who is registered with that practitioner or with the practice environment where the practitioner provides insured services and in respect of whom the practitioner professionally commits to ensuring the follow-up of the care required by the person's state of health,

ii. the service is legally provided by other health or social services professionals practising in that practice environment, and

iii. an agreement provides that the service is remunerated by capitation and expressly stipulates that the remuneration is collective and that the practitioner may be so remunerated even if the practitioner did not provide the service personally.";

(2) by striking out paragraph 2.

6. Sections 32 to 34 of the Act are repealed.

7. Section 41 of the Act is replaced by the following section:

"**41.** Section 69 of the Act is amended by inserting the following subparagraph after subparagraph *m*.1 of the first paragraph:

"(*m*.2) determine the information that must be mentioned on the itemized invoice that must be given to an insured person from whom payment is exacted;"."

8. Sections 42 to 57 of the Act are repealed.

9. Section 58 of the Act, amended by section 2 of chapter 39 of the statutes of 2025, is again amended by replacing "27 February 2026" in the second paragraph by "the date preceding the date of coming into force of this section".

10. Sections 59 to 66, 68 to 93, 99 and 101 of the Act are repealed.

11. The heading of Chapter VII of the Act is amended by replacing "ORGANIZATIONS REPRESENTATIVE OF PHYSICIANS" by "THE ORGANIZATION REPRESENTATIVE OF MEDICAL SPECIALISTS".

12. Section 106 of the Act is amended

(1) by striking out "the organization representative of general practitioners or" in the definition of "agreement";

(2) by replacing ""physician", "practitioner" and "specialist" mean a physician who is" in the definition of ""physician", "practitioner" and "specialist"" by ""medical specialist" means a medical specialist".

13. Section 107 of the Act is amended by replacing "24 October 2025" by "(*insert the date preceding the date of assent to this Act*)".

14. Sections 108 to 122 of the Act are repealed.

15. Section 124 of the Act is amended, in the second paragraph,

(1) by replacing "$5,049,500,000" in subparagraph 1 by "$5,218,200,000";

(2) by replacing "$4,652,000,000" in subparagraph 2 by "$5,343,100,000";

(3) by replacing "$4,578,600,000" in subparagraph 3 by "$5,258,600,000".

16. Sections 126 to 128 of the Act are repealed.

17. Section 129 of the Act is amended by striking out subparagraphs 1 and 2 of the first paragraph.

18. Section 209 of the Act is amended by replacing "I to III of Chapter VII of this Act, except the provisions of sections 112 and 117 that allow the Minister to make a regulation. However, such an agreement may, in the same manner, amend or replace any provision of such a regulation" in the second paragraph by "I and III of Chapter VII of this Act".

19. Section 210 of the Act is amended

(1) by replacing "Sections 112 and 117, Divisions II to IV of Chapter VIII and" in the first paragraph by "The provisions of";

(2) in the second paragraph,

(*a*) by striking out "provisions of a regulation made under section 112 or section 117 and the";

(*b*) by replacing "those sections cease" by "that section ceases".

20. Section 211 of the Act is repealed.

21. Section 212 of the Act is replaced by the following section:

"**212.** For the purposes of this chapter, "agreement" means an agreement within the meaning of section 106."

22. Section 214 of the Act, amended by section 1 of chapter 39 of the statutes of 2025, is replaced by the following section:

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

(1) the provisions of sections 37 to 41, which come into force on the date of coming into force of the first regulation made under the second paragraph of section 22.0.0.0.2 of the Health Insurance Act (chapter A-29), amended by section 38 of this Act; and

(2) the provisions of sections 27, 28, 30, 31, 35, 36, 58 and 105, which come into force on the date or dates set by the Government."

23. The Minister of Health and Social Services designates up to 180,000 insured persons within the meaning of the Health Insurance Act (chapter A-29) who, in the Minister's opinion, are vulnerable.

Where a general practitioner adds a person so designated to the caseload of patients the practitioner provides medical care to, that person is deemed to have been registered in accordance with subparagraph 1 of the first paragraph of section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2).

This section has effect from (*insert the date of introduction of this bill*).

24. The provisions of sections 102 to 104 of the Act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services (2025, chapter 25) have effect from 25 October 2025.

25. The provisions referred to in any of the following subparagraphs have effect to the extent provided for therein:

(1) the provisions of section 178 of the Act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services (2025, chapter 25), with respect to a person who, before 12 December 2025, made a disclosure or cooperated in an inspection or investigation under that Act;

(2) the provisions of sections 179 and 180 of that Act, with respect to the information disclosed under section 177 of that Act before 12 December 2025 as well as with respect to the identity of the person who made such a disclosure or who cooperated in an inspection or investigation under that Act before that date; and

(3) the provisions of sections 135 to 140 and of paragraph 3 of section 183 of that Act, with respect to a contravention of section 178 of that Act, to the extent that it has effect under subparagraph 1 and that the contravention is committed after (*insert the date preceding the date of assent to this Act*).

Subparagraph 1 of the first paragraph has effect from 25 October 2025.

26. The provisions of this Act come into force on (*insert the date of assent to this Act*), except those of sections 5, 7 and 9, which come into force on the date of coming into force of section 31 of the Act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services (2025, chapter 25) and sections 41 and 58 of that Act, respectively.