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# NATIONAL ASSEMBLY OF QUÉBEC

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THIRD SESSION

FORTY-THIRD LEGISLATURE

Bill 191

**An Act to put in place measures  
concerning complementary  
and integrative approaches to health**

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**Introduction**

**Introduced by  
Madam Isabelle Poulet  
Member for Laporte**

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## **EXPLANATORY NOTES**

*The purpose of this bill is to contribute to human health by putting in place measures for scientific evaluation, coordination, training and dissemination of information regarding complementary and integrative approaches to health. It also sets out the manner in which services related to these approaches can be considered insured services for the purposes of the Health Insurance Act.*

*In the pursuit of those objects, the bill establishes, within the Institut national d'excellence en santé et en services sociaux, the Comité sur les approches complémentaires et intégratives en santé. The committee's functions with regard to such approaches are to propose annual priorities in the pursuit of the institute's mission, to identify knowledge gaps that may warrant research and to coordinate the notices, recommendations and practice guides of the institute as well as public health activities and research programming.*

*In addition, the bill expands the mission of the Fonds de recherche du Québec so that the "health" research sector also covers complementary and integrative approaches to health, risk and protective factors as well as health determinants.*

*Lastly, the bill provides that the Minister of Higher Education shall grant financial assistance to any university-level educational institution for the development or continuation of programs that foster the development of experts and research in complementary and integrative approaches to health.*

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

- Health Insurance Act (chapter A-29);
- Act respecting the Institut national d'excellence en santé et en services sociaux (chapter I-13.03);
- Act respecting the Ministère de l'Économie, de l'Innovation et de l'Énergie (chapter M-14.1);
- Act respecting the Ministère de l'Enseignement supérieur, de la Recherche, de la Science et de la Technologie (chapter M-15.1.0.1).

# Bill 191

## AN ACT TO PUT IN PLACE MEASURES CONCERNING COMPLEMENTARY AND INTEGRATIVE APPROACHES TO HEALTH

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

### CHAPTER I

#### PRELIMINARY PROVISION

**1.** The purpose of this Act is to contribute to human health by putting in place measures for scientific evaluation, coordination, training and dissemination of information regarding complementary and integrative approaches to health.

The purpose of this Act is also to provide the manner in which services under these approaches may be considered insured services for the purposes of the Health Insurance Act (chapter A-29).

“Complementary and integrative approaches to health” means a set of preventive or treatment practices that have the potential to be associated or combined with a conventional therapeutic practice, without replacing it, and whose objective is to ensure the person’s overall well-being, while taking into account, in a cross-disciplinary manner, particularly biological, behavioural, social and environmental dimensions of health.

### CHAPTER II

#### AMENDING PROVISIONS

#### ACT RESPECTING THE INSTITUT NATIONAL D’EXCELLENCE EN SANTÉ ET EN SERVICES SOCIAUX

**2.** The Act respecting the Institut national d’excellence en santé et en services sociaux (chapter I-13.03) is amended by inserting the following section after section 7:

**“7.1.** In exercising the functions described in paragraphs 1 to 7 of section 5 and in order for the general public to be adequately protected and have reliable information on complementary and integrative approaches to health, the institute must, with respect to the annual priorities proposed under subparagraph 1 of the first paragraph of section 40.2,

(1) use a proportionate scientific evaluation process in such a way as to identify and validate those approaches;

(2) assess the effectiveness and safety of such approaches as well as the direct or indirect health risks inherent to them, including the risk that the use of a complementary and integrative approach may result in the delay, interruption or replacement of recognized care where it might cause serious injury;

(3) evaluate the state of knowledge pertaining to such approaches, in particular by indicating, in its publications, the level of available evidence, the methodological limitations and the unknowns.”

**3.** The Act is amended by inserting the following chapter after Chapter IV:

**“CHAPTER IV.1**

**“COMMITTEE ON COMPLEMENTARY AND INTEGRATIVE APPROACHES TO HEALTH**

**“40.1.** A committee on complementary and integrative approaches to health is established within the institute, under the name “Comité sur les approches complémentaires et intégratives en santé” (the committee).

**“40.2.** The functions of the committee, with respect to complementary and integrative approaches to health, are

- (1) to propose annual priorities in the pursuit of the institute’s mission;
- (2) to identify knowledge gaps that may warrant research;
- (3) to coordinate the notices, recommendations and practice guides of the institute as well as public health activities and research programming; and
- (4) to make recommendations to the Government in accordance with section 3.0.0.1 of the Health Insurance Act (chapter A-29) based on the effectiveness, the safety, and the costs and benefits of such approaches.

Further functions of the committee are

- (1) to adopt the code of ethics and professional conduct for the committee members; and
- (2) to adopt the code of ethics and professional conduct applicable to outside experts.

**“40.3.** The committee may retain the services of any person whose expertise is considered relevant to support it in the exercise of its functions.

**“40.4.** The committee is composed of the following persons, appointed by the Minister:

(1) one member representing the Institut national d’excellence en santé et en services sociaux;

(2) one member representing the Institut national de santé publique du Québec;

(3) one member representing the Fonds de recherche du Québec and who is from the “health” research sector within the meaning of subparagraph 2 of the first paragraph of section 22.8 of the Act respecting the Ministère de l’Économie, de l’Innovation et de l’Énergie (chapter M-14.1);

(4) one member representing the Office des professions du Québec;

(5) one member representing the Health and Social Services Ombudsman; and

(6) two members with expertise in integrative health in the fields of medicine, of psychosocial disciplines or of physical intervention disciplines, such as physiotherapy, chiropractic, occupational therapy, acupuncture and respiratory therapy.

**“40.5.** Committee members must avoid placing themselves in a position where their personal interest is in conflict with that of the committee.

In addition, members must disclose any appearance of conflict of interest to the committee.

The committee determines, in accordance with paragraph 1 of the second paragraph of section 40.2, the cases in which offices or posts are deemed incompatible as well as the circumstances requiring disclosure.

The committee members mentioned in paragraphs 1 to 4 of section 40.4 are not in conflict of interest for the sole reason that they are required to carry out the duties of their employment.

**“40.6.** The committee members designate a chair and a secretary from among their members.

**“40.7.** The members’ term of office is four years and may be renewed twice.

Appointees remain in office until they are reappointed or replaced, unless they lose the status required for their appointment.

**“40.8.** A vacancy on the committee is filled in accordance with the rules of appointment to the committee.

Loss of the status required or an unexplained absence from the number of consecutive meetings stipulated in the committee's by-laws, in the cases and circumstances set out in the by-laws, constitutes a vacancy.”

#### HEALTH INSURANCE ACT

**4.** Section 1 of the Health Insurance Act (chapter A-29) is amended by replacing “section 3” in subparagraph *a* of the first paragraph by “sections 3 and 3.0.0.1”.

**5.** The Act is amended by inserting the following section after section 3:

**“3.0.0.1.** The cost of services related to a complementary and integrative approach to health are assumed by the Board, on the conditions fixed by government regulation made on the recommendation of the Comité sur les approches complémentaires et intégratives en santé.”

**6.** Section 3.0.1 of the Act is amended by replacing “section 3” by “sections 3 and 3.0.0.1”.

#### ACT RESPECTING THE MINISTÈRE DE L'ÉCONOMIE, DE L'INNOVATION ET DE L'ÉNERGIE

**7.** Section 22.8 of the Act respecting the Ministère de l'Économie, de l'Innovation et de l'Énergie (chapter M-14.1) is amended by inserting “, complementary and integrative approaches to health, risk and protective factors, health determinants” after “health services” in subparagraph 2 of the first paragraph.

#### ACT RESPECTING THE MINISTÈRE DE L'ENSEIGNEMENT SUPÉRIEUR, DE LA RECHERCHE, DE LA SCIENCE ET DE LA TECHNOLOGIE

**8.** The Act respecting the Ministère de l'Enseignement supérieur, de la Recherche, de la Science et de la Technologie (chapter M-15.1.0.1) is amended by inserting the following section after section 5:

**“5.1.** The Minister must grant, on the conditions determined by regulation of the Government, financial assistance to any university-level educational institution for the development or continuation of programs fostering the development of experts and research in complementary and integrative approaches to health.”

### **CHAPTER III**

#### **TRANSITIONAL PROVISION**

**9.** Despite section 40.7 of the Act respecting the Institut national d'excellence en santé et en services sociaux (chapter I-13.03), for the first appointment of the members of the Comité sur les approches complémentaires et intégratives en santé after the coming into force of this Act, the Minister may appoint half of the members mentioned in section 40.4 of that Act for a term of six years, renewable twice for four years per additional mandate.

### **CHAPTER IV**

#### **FINAL PROVISION**

**10.** This Act comes into force on *(insert the date of assent to this Act)*.

