



NATIONAL ASSEMBLY

FIRST SESSION

THIRTY-NINTH LEGISLATURE

Bill 194

**An Act to amend the Health
Insurance Act**

Introduction

**Introduced by
Mr. Éric Caire
Member for La Peltrie**

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EXPLANATORY NOTES

This bill provides that the Minister of Health and Social Services may, after consultation with the representative organizations of physicians, determine the conditions on which a physician practising in the public sector may also practise in the private sector or, in other words, engage in “mixed practice”.

To that end, the bill specifies the conditions to be met by physicians wishing to engage in mixed practice as well as the minimum public practice they must maintain. It also sets out private practice rules that physicians authorized to engage in mixed practice must comply with.

Finally, the bill makes the Régie de l'assurance maladie du Québec responsible for managing authorization applications from physicians wishing to engage in mixed practice, and prescribes a sanction to be imposed on physicians for non-compliance with the conditions and rules determined by the Minister.

LEGISLATION AMENDED BY THIS BILL:

– Health Insurance Act (R.S.Q., chapter A-29).

Bill 194

AN ACT TO AMEND THE HEALTH INSURANCE ACT

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

1. The Health Insurance Act (R.S.Q., chapter A-29) is amended by inserting the following sections after section 21:

“21.1. After consulting the representative organizations of physicians, the Minister shall determine the conditions on which a physician practising under the health insurance plan established by this Act may also engage in private practice, that is, provide medical services outside the plan equivalent to those insured under the plan and be remunerated directly by patients, without fees being paid by the Board or reimbursed to patients by the Board.

The practice of medicine both under the health insurance plan and in private practice is referred to as mixed practice.

“21.2. The minimum conditions prescribed by the Minister for authorization to engage in mixed practice are the following:

(a) the physician must have practised under the health insurance plan for at least three years;

(b) the physician must have claimed from the Board yearly total fees for insured services that are at least equal to the average yearly total fees claimed for insured services by physicians in the same specialty or discipline;

(c) the physician must have obtained the authorization of the head of the clinical department where the physician practises, if applicable; if the physician is a general practitioner, the physician must also have obtained the authorization of the head of the regional department of general medicine; and

(d) the physician must undertake to maintain the physician’s provision of insured services under the health insurance plan at an annual level equal to the highest annual level achieved by the physician in the past three years.

“21.3. In addition, the Minister shall set private practice rules that a physician authorized to engage in mixed practice must comply with. The Minister shall establish, among other things, that

(a) the private practice authorized must correspond to the physician's degree and specialty or discipline;

(b) the private practice may be carried on at the physician's office, provided specific time slots are reserved solely for that purpose, or in an institution, provided a formal agreement is entered into with the institution; and

(c) the physician must post in public view, on the premises of the private practice, the time slots reserved for private practice and the physician's tariff of fees.

“21.4. The Board shall issue annual authorizations to physicians who apply to engage in mixed practice if they meet the conditions determined by the Minister. The Board shall draw up a list of duly authorized physicians and keep it up to date.

A physician authorized to engage in mixed practice who does not comply with the conditions and rules determined by the Minister loses the authorization. The physician may reapply to the Board for authorization to engage in mixed practice only after practising exclusively under the health insurance plan for three years.”

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