



NATIONAL ASSEMBLY OF QUÉBEC

FIRST SESSION

FORTY-THIRD LEGISLATURE

Bill 15

**An Act to make the health and social
services system more effective**

Introduction

**Introduced by
Mr. Christian Dubé
Minister of Health**

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EXPLANATORY NOTES

This bill proposes to renew the framework for the health and social services system. Its purpose is to put in place an effective system, particularly by facilitating the access of persons to safe, quality health services and social services, enhancing coordination of the different components of the system and bringing communities closer to decisions related to the organization and provision of services.

Various measures are proposed to achieve this objective, including

(1) recognizing every person's entitlement to receive health services and social services that are adequate, continuous, personalized and safe;

(2) entrusting the Minister of Health with functions as regards priorities, objectives and orientations, and with certain powers relating to supervising the health and social services system;

(3) establishing Santé Québec, whose mission is primarily to offer health services and social services through public institutions and to coordinate and support the activities of private institutions and of certain other providers of services;

(4) conferring on Santé Québec the power to establish, within itself, public institutions that are directed by president and executive directors and that each have an institution council;

(5) subjecting Santé Québec to the Act respecting the governance of state-owned enterprises and to rules of organization and operation specific to Santé Québec, in particular concerning the sharing of responsibilities between Santé Québec's board of directors, its president and chief executive officer, and the president and executive directors of the institutions that make up Santé Québec;

(6) establishing the clinical governance of Santé Québec institutions and introducing rules concerning the grouping of professionals on councils, the appointment of physicians, dentists and pharmacists, the granting of status and privileges, and discipline;

(7) regulating the provision of health services and social services by public and private institutions and introducing rules relating to the organization and operation of private institutions;

(8) entrusting Santé Québec with responsibility for putting in place mechanisms for access to services;

(9) allowing Santé Québec to grant subsidies to certain organizations and to enter into agreements for funding private institutions;

(10) subjecting the carrying on of certain activities and the operation of specialized medical centres, private seniors' residences, private institutions and certain resources offering lodging to an authorization regime, under the responsibility of Santé Québec; and

(11) establishing a complaint examination regime with regard to the services that fall under the jurisdiction of a public institution, an authorization holder, including a private institution, or another service provider to which Santé Québec pays sums of money, and providing for the appointment of the national service quality and complaints commissioner.

In addition, the Act respecting pre-hospital emergency services is amended, primarily to update the governance of health communication centres, transfer to Santé Québec certain functions currently exercised by the Minister of Health and improve the organization of pre-hospital emergency services. More specifically, the bill proposes that the Corporation d'urgences-santé be renamed Urgences-santé, and that the latter exercise its functions under the responsibility of Santé Québec rather than of the Minister of Health.

Various other Acts are also amended to, among other things, entrust Santé Québec with the Minister of Health's functions that concern the issue of permits and licenses as well as inspections and investigations. The Act respecting health services and social services continues to apply in certain territories not covered by the bill and is renamed the Act respecting health services and social services for the Inuit and Naskapi.

Lastly, the bill makes consequential amendments, and contains miscellaneous, transitional and final provisions with regard to, among other things, the appointment of Santé Québec's first board members, human resources, and the amalgamation of public institutions within Santé Québec.

LEGISLATION AMENDED BY THIS BILL:

- Civil Code of Québec;
- Act to promote access to family medicine and specialized medicine services (chapter A-2.2);
- Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01);
- Funeral Operations Act (chapter A-5.02);
- Financial Administration Act (chapter A-6.001);
- Hospital Insurance Act (chapter A-28);
- Health Insurance Act (chapter A-29);
- Act respecting prescription drug insurance (chapter A-29.01);
- Act to prevent skin cancer caused by artificial tanning (chapter C-5.2);
- Cannabis Regulation Act (chapter C-5.3);
- Act respecting the Health and Welfare Commissioner (chapter C-32.1.1);
- Act respecting contracting by public bodies (chapter C-65.1);
- Act to provide for balanced budgets in the public health and social services network (chapter E-12.0001);
- Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration (chapter E-20.1);
- Act respecting the governance of state-owned enterprises (chapter G-1.02);
- Act respecting Héma-Québec and the biovigilance committee (chapter H-1.1);
- Act respecting the Institut national d'excellence en santé et en services sociaux (chapter I-13.03);

- Act respecting Institut national de santé publique du Québec (chapter I-13.1.1);
- Act respecting administrative justice (chapter J-3);
- Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2);
- Tobacco Control Act (chapter L-6.2);
- Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3);
- Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2);
- Act respecting the sharing of certain health information (chapter P-9.0001);
- Youth Protection Act (chapter P-34.1);
- Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001);
- Act to recognize and support caregivers (chapter R-1.1);
- Tobacco-related Damages and Health Care Costs Recovery Act (chapter R-2.2.0.0.1);
- Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);
- Act respecting the process of negotiation of the collective agreements in the public and parapublic sectors (chapter R-8.2);
- Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements (chapter R-24.0.2);
- Public Health Act (chapter S-2.2);
- Act respecting health services and social services (chapter S-4.2);
- Act respecting pre-hospital emergency services (chapter S-6.2);
- Act respecting end-of-life care (chapter S-32.0001);

- Act respecting bargaining units in the social affairs sector (chapter U-0.1);
- 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).

LEGISLATION REPEALED BY THIS BILL:

- Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2).

Bill 15

AN ACT TO MAKE THE HEALTH AND SOCIAL SERVICES SYSTEM MORE EFFECTIVE

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

PART I

INTRODUCTORY PROVISIONS, RIGHTS RELATING TO SERVICES, AND MINISTER'S FUNCTIONS

TITLE I

INTRODUCTORY PROVISIONS

1. The purpose of this Act is to put in place an effective health and social services system, particularly by facilitating access to safe, quality health services and social services, enhancing coordination of the different components of the system and bringing communities closer to decisions related to the organization and provision of services.

To that end, the Act establishes Santé Québec and entrusts it with, among other things, offering health services and social services through public institutions, and regulating and coordinating the activities of private institutions and of certain providers of services in the field of health and social services.

The Act also establishes rules relating to the organization and governance of institutions that enable proximity management and foster enhanced flow of services.

2. Health services and social services are provided by institutions.

The institutions may be either public or private.

A person who receives such services from an institution is a user.

3. Health services and social services are comprised in the following groups:

(1) “local community services”: a group of basic health and social services offered at the primary level of care and, where offered to the population of a territory served, health and social services of a preventive or curative nature, rehabilitation or reintegration services, and public health activities carried out in accordance with the provisions of the Public Health Act (chapter S-2.2);

(2) “hospital services”: a group of diagnostic services and general and specialized medical care;

(3) “residential and long-term care services”: the provision of an alternative living environment, of a group of lodging, assistance, support and supervision services and of rehabilitation, psychosocial, nursing care, pharmaceutical and medical services to adults who, because of loss of functional or psychosocial autonomy, can no longer live in their natural living environment, despite the support of their families and friends;

(4) “youth protection services”: a group of psychosocial services, including social emergency services, required by the situation of a young person under the Youth Protection Act (chapter P-34.1) or the Youth Criminal Justice Act (Statutes of Canada, 2002, chapter 1), and of services related to child placement, family mediation, expertise at the Superior Court on child custody, adoption, research into family and medical antecedents, and reunions;

(5) “rehabilitation services”: a group of adaptation or rehabilitation and social integration services intended for persons who, because of physical or mental impairment, behavioral disorders or psychosocial or family difficulties, or because of an alcohol, gambling or drug addiction or any other addiction, require such services, as well as assistance and support services intended for their families and friends.

4. This Act 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).

TITLE II

RIGHTS RELATING TO SERVICES

5. Every person is entitled to be informed of the existence of the health and social services and resources available in their community and of the terms governing access to such services and resources.

6. Every person is entitled to receive, with continuity and in a personalized and safe manner, health services and social services which are scientifically, humanly and socially adequate.

7. Every person is entitled to choose the professional or the institution from whom or which they wish to receive health services or social services. They are also entitled to receive such services in person.

Nothing in this Act restricts the freedom of a professional to accept or refuse to treat a person.

8. Every person whose life or bodily integrity is endangered is entitled to receive the care required by their condition. Every institution must, where requested, ensure that such care is provided.

9. Every user of health services and social services is entitled to be informed of their state of health and welfare, so as to know, as far as possible, the various options open to them and the risks and consequences generally associated with each option before consenting to care concerning them.

They are also entitled to be informed, as soon as possible, of any accident that occurred during the provision of services they received and that has actual or potential consequences for their state of health or welfare and of the corrective measures taken, if any, with regard to such consequences, or to prevent such an accident from recurring.

For the purposes of this Act, “accident” means an action or situation where a risk materializes and which has or could have consequences for a user’s state of health or welfare.

10. No person may be made to undergo care of any nature, whether for examination, specimen taking, treatments or any other intervention, except with their consent.

Consent to care or authorization to provide care is to be given or refused by the user or, where applicable, their representative or the court, in the circumstances and manner provided for in articles 10 and following of the Civil Code.

11. Every user is entitled to participate in any decision affecting their state of health or well-being.

They are entitled, in particular, to participate in the development of their intervention plan or individualized service plan where such plans are required under sections 328 and 329.

The same applies to any modification made to such plans.

12. Every user is entitled to be accompanied and assisted by the person of their choice when they wish to obtain information or take steps in relation to any service provided by an institution or on its behalf or by any professional practising within the institution.

13. The rights of any person which are recognized under this Act may be exercised by a representative.

The following persons are presumed to be representatives, according to the circumstances and subject to the priorities provided for in the Civil Code:

(1) the person having parental authority over or the tutor of a user who is a minor;

(2) the tutor, spouse or close relative of an incapable user of full age;

(3) the person authorized by a protection mandate given by the user prior to becoming incapable; and

(4) a person who proves that they have a special interest in the incapable user of full age.

14. The rights provided for in section 6 and the first paragraph of section 7 are to be exercised within the framework of the legislative and regulatory provisions relating to the organizational and operational structure of the institution and within the limits of the human, material and financial resources at its disposal.

15. No institution may cease to lodge a user who has been discharged unless the user's condition allows their return to or integration into their home, or unless the user's admission to another institution, an intermediate resource or a family-type resource is ensured and the services required by the user's condition will be provided to them by that institution or resource.

Subject to the first paragraph, a user must leave the institution providing them lodging services immediately upon being discharged.

16. English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by the access program referred to in section 348.

17. Nothing in this Act restricts the right of a person or their successors to pursue a remedy against Santé Québec, a grouped institution, a private institution, an intermediate resource, their directors, employees or attendants or a professional for a professional or other fault. In no case may the pursuit of such a remedy be waived.

The same applies to the right to pursue a remedy against a family-type resource.

18. Each institution disseminates information to increase understanding of the rights and obligations of users.

The institutions also promote the user complaint examination regime and publishes the procedure referred to in section 606.

TITLE III

MINISTER'S FUNCTIONS

19. With a view to improving the health and well-being of the population, the Minister determines priorities, objectives and orientations in the field of health and social services and sees to their implementation.

More specifically, the Minister

(1) establishes health and social services policies, and sees to their implementation and assessment;

(2) promotes teaching, research, evaluation of technologies and methods of intervention, innovations and leading-edge practices as well as transfer of knowledge, and sees to their promotion;

(3) determines orientations relating to standards of access, integration, quality, effectiveness and efficiency as concerns services as well as orientations relating to respect for users' rights and to partnership with users, and disseminates the orientations among Santé Québec and its institutions;

(4) determines orientations, targets and standards for the user complaint examination regime;

(5) ensures accountability regarding management of the health and social services network on the basis of the Minister's orientations, and assesses and evaluates the results with respect to health and social services.

PART II

SANTÉ QUÉBEC

TITLE I

ESTABLISHMENT AND MISSION

20. "Santé Québec" is established.

21. Santé Québec is a legal person and a mandatary of the State.

Its property forms part of the domain of the State, but the execution of its obligations may be levied against its property.

Santé Québec binds none but itself when it acts in its own name.

22. The head office of Santé Québec is located in the territory of Ville de Québec, at the place it determines.

Notice of the address of the head office, and of any relocation of the head office, is published in the *Gazette officielle du Québec*.

23. The mission of Santé Québec is to offer, through public institutions, health services and social services in the various health regions of Québec. In those regions, it coordinates and supports, in particular by way of subsidies, the supply of such services by private institutions as well as the supply of services in the field of health and social services by certain other private providers.

Santé Québec's mission is also to apply the regulations made under this Act governing certain activities related to the field of health and social services.

In addition, its mission is to provide the Minister with the support necessary for the implementation of the orientations, targets and standards the Minister determines, in particular with regard to the organization and provision of health services and social services.

Lastly, Santé Québec's mission is to exercise any function incumbent on it under another Act or that the Minister confers on it.

24. Santé Québec exercises the functions listed below as well as any other auxiliary function it considers necessary for the provision of health services and social services:

- (1) putting in place mechanisms for access to services in the field of health and social services;
- (2) developing a national program on the quality of services;
- (3) keeping the users' records of public institutions, except in the cases it determines by regulation;
- (4) forming a national users' committee and seeing to its proper functioning;
- (5) preventing incidents and accidents in the provision of health services and social services from recurring; and
- (6) forming public health departments.

For the purposes of this Act, an incident means an action or situation that does not have consequences for the state of health or well-being of a user, but the outcome of which is unusual and could have consequences under different circumstances.

25. The Minister may determine orientations regarding the principles or practices that Santé Québec must favour with respect to health and social services. The Minister may also determine objectives that Santé Québec must pursue in the carrying out of its mission or in the exercise of its functions.

26. The Minister may, in addition to the powers conferred on the Minister by this Act, issue a directive to Santé Québec on its administration, organization, operation or actions, including on the management of its human, material and financial resources.

Santé Québec is required to comply with a directive from the date determined in the directive.

27. For the purposes of this Act, the Minister divides the territory of Québec into contiguous health regions after consulting Santé Québec.

The territories referred to in section 4 are excluded from the health regions.

28. Each health region referred to in the first paragraph of section 27 may be subdivided into contiguous local health and social services network territories whose boundaries are determined by the Minister after consulting Santé Québec.

29. Santé Québec must follow sound management practices showing due regard for the principle of subsidiarity.

The following objectives must guide anyone exercising management responsibilities within Santé Québec:

(1) the adequacy of services, in keeping with the organization of Santé Québec and the resources allocated;

(2) the fluidity and continuity of the services provided to users;

(3) the assurance of continuous access to a broad range of general, specialized and superspecialized services in the field of health and social services aimed at satisfying the social and health needs of the region served, in keeping with its distinctive characteristics; and

(4) cooperation with the actors in the field of health and social services, with a view to acting on health and social determinants and to improving the offer of services to the population.

For the purposes of the first paragraph, “principle of subsidiarity” means the principle whereby powers and responsibilities must be delegated to the appropriate level of authority so that decision-making centres are adequately distributed and brought as close as possible to the users.

TITLE II

ORGANIZATION AND OPERATION

CHAPTER I

BOARD OF DIRECTORS

DIVISION I

COMPOSITION AND OPERATION

30. Santé Québec is administered by a board of directors composed of 13 members, including the chair, the president and chief executive officer and the Deputy Minister of Health and Social Services, who is a member of the board by virtue of office.

The president and chief executive officer is considered to be the president and chief executive officer of Santé Québec for the purposes of the Act respecting the governance of state-owned enterprises (chapter G-1.02).

31. One of the members of Santé Québec's board of directors, other than its chair and the president and chief executive officer, must be appointed after consultation with bodies that are representative of the members on users' committees.

32. A vacancy on Santé Québec's board of directors is filled in accordance with the rules of appointment to the board.

Among other things, non-attendance at a number of board meetings determined by Santé Québec's by-laws, in the cases and circumstances specified, constitutes a vacancy.

33. The quorum at meetings of Santé Québec's board of directors is the majority of its members, including the chair of the board or the president and chief executive officer.

Decisions of the board are made by a majority vote of the members present.

34. The board of directors of Santé Québec may sit anywhere in Québec.

35. Unless Santé Québec's by-laws provide otherwise, the members of the board of directors may, if they all consent, participate in a meeting of the board by means enabling all participants to communicate directly with one another.

In such a case, the members are deemed to be present at the meeting.

36. The minutes of a meeting of Santé Québec’s board of directors, approved by the board and certified true by the chair of the board, the president and chief executive officer or any other person so authorized by Santé Québec’s by-laws, are authentic, as are the documents and reproductions emanating from Santé Québec or forming part of its records if signed or certified true by one of those persons.

DIVISION II

FUNCTIONS AND POWERS

§1.—Establishment of institutions

37. Santé Québec’s board of directors may establish, within Santé Québec, administrative units that are Santé Québec institutions.

A Santé Québec institution is a public institution; it is territorial or other than territorial.

At least one territorial institution must be established in each health region.

38. Territorial institutions carry on, as a minimum, the activities necessary for the provision of the following services:

- (1) local community services;
- (2) hospital services; and
- (3) residential and long-term care services.

39. Institutions that are other than territorial carry on, as a minimum, the activities necessary for the provision of hospital services. They may not offer local community services or youth protection services.

40. For the purposes of this Act, any premises on which the activities of a Santé Québec institution that are necessary for the provision of the group of services referred to in each of the following subparagraphs are concentrated is a centre whose name is the name provided for in that subparagraph:

- (1) local community services: “local community service centre”;
- (2) hospital services: “hospital centre”;
- (3) residential and long-term care services: “residential and long-term care centre”;
- (4) youth protection services: “child and youth protection centre”; and
- (5) rehabilitation services: “rehabilitation centre”.

An activity necessary for the provision of any one of those services, where carried on outside the premises on which the other activities necessary for the provision of the same services are concentrated, is considered carried on on those premises.

41. In order to specify the nature of the health services or social services provided in each centre referred to in the first paragraph of section 40 or to specify the users for whom they are intended, Santé Québec’s by-laws may establish classes to which such a centre belongs. The by-laws may further specify those classes by types.

42. The resolution of Santé Québec’s board of directors establishing a Santé Québec institution must include the following:

- (1) the name of the institution;
- (2) an indication as to whether the institution is territorial or other than territorial;
- (3) a list of the centres it operates and, where applicable, the class and type to which each of them belongs; and
- (4) the contact information for the facilities that the institution is required to maintain in a sustainable manner.

For the purposes of this Act, such a resolution is called a “deed of establishment”.

§2.—*Delegation of powers and of signature*

43. Santé Québec’s board of directors may delegate its powers to the president and chief executive officer, to another member of Santé Québec’s personnel, to one or more of its committees or to an institution council.

However, a power may be delegated to an institution council or to a personnel member assigned to performing tasks within an institution only if the exercise of the delegated power

- (1) is restricted to the institution, as applicable, in which the institution council is established or in which the personnel member performs the tasks assigned to them; and
- (2) is not subject to authorization or approval by the Government, the Conseil du trésor or a minister.

44. No deed or document is binding on Santé Québec or may be attributed to Santé Québec unless it is signed by the chair of its board of directors, by the president and chief executive officer or, to the extent determined in its by-laws, by another member of its personnel.

Santé Québec's by-laws may provide for subdelegation and how it is to be exercised.

The delegation of a power of Santé Québec's board of directors gives the delegatee the power to sign the deeds or the documents resulting from the exercise of that power, except where the delegatee is a committee of the board or an institution council. In such a case, the committee or the institution council may designate a member of Santé Québec's personnel for the signing of the deed or the document, unless the board of directors decides otherwise.

Unless the board of directors decides otherwise, a signature may be affixed to a deed or document by any means.

45. Santé Québec's board of directors makes Santé Québec's by-laws. The by-laws may provide, in addition to the provisions prescribed by this Act, the provisions that may be prescribed by the by-laws of a Santé Québec institution.

Santé Québec's by-laws come into force after being approved by the Minister.

In case of conflict, the provisions of Santé Québec's by-laws prevail over those of the by-laws of a Santé Québec institution.

46. Santé Québec's board of directors may not delegate the following powers:

- (1) committing Santé Québec's funds;
- (2) establishing an institution, whether territorial or other than territorial, amending the institution's deed of establishment or terminating its existence;
- (3) making or amending Santé Québec's by-laws; and
- (4) appointing persons who exercise management responsibilities under the immediate authority of the president and chief executive officer.

DIVISION III

NATIONAL WATCHDOG COMMITTEE

47. Santé Québec's board of directors must, in addition to the committees it is required to establish under the Act respecting the governance of state-owned enterprises, establish a national watchdog committee.

48. The national watchdog committee sees to it that Santé Québec's board of directors exercises its functions and powers in such a manner as to promote the quality of health services and social services and respect for users' rights.

To that end, the committee must, in particular,

(1) analyze the reports and recommendations sent to Santé Québec by the national service quality and complaints commissioner or by the Health and Social Services Ombudsman;

(2) establish systemic links between those reports and recommendations and draw from them the conclusions necessary to make recommendations under subparagraph 3;

(3) make recommendations to Santé Québec's board of directors on the actions to be taken following those reports or recommendations in order to improve the quality of services;

(4) ensure follow-up, with Santé Québec's board of directors, of the board's implementation of the recommendations made under subparagraph 3;

(5) see to the monitoring of the exercise of the functions and responsibilities of the watchdog committees established by institution councils and by private institutions' boards of directors; and

(6) exercise any other function that Santé Québec's board of directors considers useful in fulfilling the mandate entrusted to the committee under the first paragraph.

CHAPTER II

PERSONNEL

49. Santé Québec's secretary and other personnel members are appointed in accordance with the staffing plan approved by Santé Québec's board of directors.

50. If the president and chief executive officer is absent or unable to act, Santé Québec's board of directors may designate a member of Santé Québec's personnel to exercise the functions of that position.

51. The Minister may, by regulation, determine the standards and scales to be used by Santé Québec for the selection, appointment and hiring of, and the remuneration and other conditions of employment applicable to, personnel members, subject to the provisions of a collective agreement.

The Minister may also, by regulation, establish for the persons referred to in the first paragraph who are not governed by a collective agreement a procedure of appeal for cases of dismissal, termination of employment or non-renewal of employment, except when arising from forfeiture of office, and for cases of suspension without pay or of demotion. The regulation may also prescribe a procedure for the settlement of disagreements over the interpretation and application of the conditions of employment the Minister establishes.

Lastly, the regulation may prescribe a method for the designation of an arbitrator, to whom sections 100.1, 139 and 140 of the Labour Code (chapter C-27) apply, and the measures the arbitrator may take after having heard the parties.

52. The Minister may, with the approval of the Conseil du trésor, enter into an agreement with a body representing pharmacists, clinical biochemists or medical physicists working for institutions concerning the conditions of employment of such pharmacists, clinical biochemists or medical physicists. The agreement is binding on all the institutions.

53. Santé Québec assumes the defence of any member of its personnel against whom judicial proceedings are brought by a third person for an act carried out in the exercise of the personnel member's functions and pays reparation, where applicable, for the injury resulting from that act, unless a gross fault or a personal fault separable from the exercise of the personnel member's functions has been committed.

However, in penal or criminal proceedings, Santé Québec pays the defence costs only if the person against whom judicial proceedings are brought is acquitted or if Santé Québec considers that the person acted in good faith.

54. Santé Québec assumes the obligations referred to in section 53 of this Act and in sections 10 and 11 of the Act respecting the governance of state-owned enterprises in respect of any person who, at its request, has acted as provisional administrator.

CHAPTER III

ETHICS AND PROFESSIONAL CONDUCT

55. The code of ethics applicable to Santé Québec's officers and employees that its board of directors must approve under paragraph 4 of section 15 of the Act respecting the governance of state-owned enterprises must contain the following provisions, in addition to those required under that Act:

- (1) the rights of users;
- (2) the practices and conduct expected of persons who, within a Santé Québec institution, engage in activities in respect of users; and
- (3) the rules governing the use of the information referred to in section 119.

The code of ethics applies to members of an institution council.

56. Each Santé Québec institution disseminates information about the code of ethics referred to in section 55, in particular by giving a reproduction of the code to every user it lodges or who requests it.

57. A member of Santé Québec's personnel who has a direct or indirect interest in an enterprise which causes their personal interest to conflict with that of Santé Québec must, on pain of forfeiture of office or of dismissal, disclose the interest in writing to the president and chief executive officer and, where applicable, abstain from participating in any decision relating to that enterprise.

58. The board of directors of Santé Québec determines the standards applicable to a senior management officer or middle management officer as regards conflicts of interest as well as the standards applicable to a senior management officer as regards exclusivity of office.

Officers must not, on pain of sanctions which may include dismissal, contravene any of the standards applicable to them, determined under the first paragraph.

59. Santé Québec's board of directors must establish measures to prevent or put an end to the conflicts of interest that may arise from contracts entered into between Santé Québec and a member of its personnel or a person practising a profession within a Santé Québec institution, or between Santé Québec and an enterprise in which such a person has a direct or indirect interest.

60. Santé Québec's executive officers and management officers are, on pain of sanctions which may include dismissal, prohibited from accepting any sum of money or any direct or indirect benefit from a foundation or legal person that solicits funds or gifts from the public in relation to the field of health and social services.

61. No one may pay to the president and chief executive officer or to a person who exercises management responsibilities under the immediate authority of the president and chief executive officer or that of the president and executive director of a Santé Québec institution a remuneration or grant them a benefit other than those provided for by this Act or the Act respecting the governance of state-owned enterprises.

Despite the first paragraph, a remuneration that does not constitute a sum of money or a benefit referred to in section 60 may be paid to the president and executive director of a Santé Québec institution or to the person who exercises management responsibilities under the president and executive director's immediate authority if it is paid as consideration for the practice of a professional activity to which the president and chief executive officer has agreed.

TITLE III

FUNCTIONS AUXILIARY TO THE PROVISION OF HEALTH SERVICES AND SOCIAL SERVICES

CHAPTER I

ACCESS MECHANISMS

62. Where Santé Québec implements a mechanism for access to services in the field of health and social services, it determines, in particular, the terms governing the priority of access to all or part of those services. It may also put in place systems for the distribution and referral of users among health professionals or social services professionals.

Santé Québec must ensure that its mechanism for access to services takes into account users' sociocultural and linguistic characteristics and that it makes it possible to coordinate the activities of public institutions and private providers of services in the field of health and social services.

63. A regulation of Santé Québec may

(1) identify the private providers that are subject to an access mechanism referred to in the first paragraph of section 62; and

(2) set out the obligation, for any health or social services professional belonging to a category it determines, to use any system put in place under that paragraph, and more specifically,

(a) determine to what extent professionals must make themselves available by means of such a system;

(b) prescribe which information necessary for the operation of such a system must be communicated to Santé Québec; and

(c) prescribe any other requirement regarding the use of such a system.

64. Santé Québec sees to the development and implementation of a regional and interregional information system to monitor, on a daily basis, the situation in the institutions for which a clinical department of emergency medicine is put in place as regards the number and nature of user registrations, admissions, transfers and transports by ambulance.

CHAPTER II

NATIONAL PROGRAM ON THE QUALITY OF SERVICES

65. Santé Québec develops a national program on the quality of services, in accordance with the overall orientations and expectations regarding quality, safety, pertinence and effectiveness determined by the Minister.

The purpose of the program is to ensure that the public institutions and the holders of an authorization comply with their obligation to follow recognized practices pertaining to the quality of services, in particular with regard to their safety, pertinence and effectiveness.

The program provides, in particular, the measures that, in the opinion of Santé Québec, may be established by a public institution or a holder of an authorization in order to comply with such practices, as well as the means by which the institution or authorization holder that is compliant with those practices may be officially recognized.

For the purposes of this Act, the authorization referred to in reference to its holder is an authorization granted under Title I of Part VI.

66. Santé Québec may, by regulation, prescribe standards applicable to the practices to be followed by a public institution or a holder of an authorization.

Such a regulation may make the application of standards fixed by a certification or standardization body mandatory and provide that the references made to those standards are to include any subsequent changes made to them.

CHAPTER III

NATIONAL USERS' COMMITTEE

67. The members of the national users' committee that Santé Québec is required to form are appointed by Santé Québec's board of directors. The members' term is of four years.

Santé Québec's by-laws prescribe the number of members on the committee and its operating rules.

68. The national users' committee is composed of members from users' committees of public and private institutions, of representatives of the groups of users or from users' committees and of one person exercising management responsibilities under the immediate authority of the president and chief executive officer.

The members from users' committees are to be, alternately, from various health regions.

69. The national users' committee's functions are to

(1) promote the harmonization of the practices developed by users' committees in the exercise of the functions entrusted to them by this Act;

(2) see to the monitoring of the exercise of the functions of those committees;

(3) make recommendations to Santé Québec's board of directors to improve the quality of users' living conditions or their level of satisfaction with respect to the services obtained;

(4) give the Minister its opinion, at the Minister's request, on possible solutions to the problems faced by users; and

(5) perform any other function entrusted to it by Santé Québec's board of directors.

CHAPTER IV

NATIONAL REGISTER OF INCIDENTS AND ACCIDENTS

70. To prevent the recurrence of incidents and accidents in the provision of health services and social services, Santé Québec establishes and maintains, from the content of the local registers referred to in paragraph 3 of section 140, a national register of incidents and accidents.

Santé Québec monitors and analyzes the causes of those incidents and accidents. In addition, Santé Québec takes measures to prevent them from recurring and, if applicable, control measures. Santé Québec also follows up on the application of such measures.

71. Each year, Santé Québec sends to the Minister, according to the form and content and at the intervals determined by the Minister, an annual report on the incidents and accidents that occurred in the course of the provision of health services and social services.

In the report, Santé Québec states its main findings drawn from its analysis of the causes of the incidents and accidents and the prevention and control measures it intends to take as a priority.

72. Santé Québec's by-laws must provide rules concerning the disclosure to a user, to a representative of a user who is a minor or an incapable person of full age or, in the event of a user's death, to a person linked to the user of any necessary information when an accident occurs.

CHAPTER V

PUBLIC HEALTH DEPARTMENTS AND DIRECTORS

73. A public health department must be formed for each health region.

Santé Québec must, with regard to each of those departments,

(1) ensure the security and confidentiality of the personal or confidential information obtained in the exercise of the public health department's functions; and

(2) organize services and allocate resources for the purposes of the regional public health action plan provided for in the Public Health Act.

74. The Minister, on the recommendation of Santé Québec, appoints a public health director for each health region. The same person may be public health director for more than one health region.

A public health director must be a physician who holds a specialist's certificate in public health and preventive medicine or who, exceptionally, has five years of experience in the practice of public health. The director is appointed for a term not exceeding four years, at the expiry of which the director remains in office until replaced or reappointed.

The Minister appoints a person to represent the Minister in the public health director selection process.

75. The Minister may, if a public health director is unable to act, commits a serious fault or tolerates a situation which could pose a threat to the health of the population, entrust, for the time and on the conditions the Minister considers appropriate, the functions and powers vested in that director to another public health director, the national public health director appointed under the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) or a physician the Minister designates.

The Minister immediately notifies the president and chief executive officer and the board of directors of Santé Québec of the decision.

76. Public health directors are responsible, in respect of their region,

(1) for managing the regional public health plan provided for by the Public Health Act;

(2) for informing the population of the general state of health of the individuals that make up that population, the major health problems, the groups most at risk, the principal risk factors and the interventions the public health director considers the most effective, for monitoring the evolution of those elements and, if applicable, conducting the studies or research required for that purpose;

(3) for identifying situations which could pose a threat to the population's health and seeing to it that the measures necessary for its protection are put in place;

(4) for ensuring expertise in public health and advising Santé Québec on prevention services conducive to reducing mortality and avoidable morbidity; and

(5) for identifying the situations in which intersectorial action is necessary to prevent diseases, traumas or social problems that have an impact on the health of the population and, where the public health director considers it appropriate, for taking the measures considered necessary to foster such action.

Public health directors are also responsible for entrusting any mandate to the head of a clinical department of public health.

In addition, such directors exercise any other function entrusted to them by the Public Health Act.

77. Public health directors carry out any other mandate entrusted to them by Santé Québec within the scope of their functions.

78. Public health directors must, without delay, inform the national public health director of any emergency situation or of any situation posing a threat to the health of the population.

79. The national public health director may request a public health director to report on decisions they made or opinions they gave on public health matters in the exercise of their functions.

80. Physicians and dentists practising their profession within the public health department formed for a health region are members of the clinical department of public health established within a Santé Québec institution designated by Santé Québec's board of directors under the second paragraph of section 176.

81. Public health directors exercise the functions and responsibilities of a medical director set out in section 179, the first paragraph of section 180 and sections 181 to 183 with regard to the clinical department of public health referred to in section 80 and its head, with the necessary modifications. Moreover, that department's rules for medical and dental care and rules for the use of medications must be approved beforehand by the public health director.

In addition to the responsibilities entrusted by this Act to the head of that clinical department, the latter carries out any mandate entrusted to them by the public health director.

TITLE IV

SPECIAL POWERS OF SANTÉ QUÉBEC, RESTRICTIONS TO CERTAIN OTHER POWERS, FINANCING, CONTRIBUTIONS AND FOUNDATIONS

CHAPTER I

SPECIAL POWERS OF SANTÉ QUÉBEC AND RESTRICTIONS TO CERTAIN OTHER POWERS

82. Santé Québec may acquire, by expropriation, any immovable required for its purposes.

83. Despite section 4, Santé Québec may require private institutions and institutions governed by the Act respecting health services and social services for the Inuit and Naskapi to use an information asset it determines.

In such a case, Santé Québec must take into account the orientations, standards, strategies, directives, rules and application instructions made under the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03).

84. Santé Québec may not, without the authorization of the Government,

(1) contract a loan that causes the total of its current outstanding loans to exceed the amount determined by the Government; or

(2) in excess of the limits or in contravention of the terms and conditions determined by the Government,

(a) make financial commitments;

(b) acquire, hold, transfer or otherwise dispose of securities or other movable or immovable property;

(c) accept a gift, a legacy or another contribution to which a charge or condition is attached or that has the immediate or foreseeable effect of increasing Santé Québec's expenditures; or

(d) renounce the exercise of a right.

The order that determines the limits and terms and conditions referred to in subparagraph 2 of the first paragraph is made on the recommendation of the Minister of Finance and the Chair of the Conseil du trésor.

The Government may, on the conditions and to the extent it determines, delegate to the Conseil du trésor or to the Minister the power to grant an authorization necessary under subparagraph 2 of the first paragraph, except as regards the acquisition, holding or transfer of securities and the financial commitments determined by a regulation made under the first paragraph of section 77.3 of the Financial Administration Act (chapter A-6.001).

85. The Government may, subject to the terms and conditions it determines,

(1) guarantee the payment of the principal of and interest on any loan contracted by Santé Québec and the performance of Santé Québec's obligations; and

(2) authorize the Minister of Finance to advance to Santé Québec any amount considered necessary for the pursuit of Santé Québec's purposes.

[[The sums required for the purposes of this section are taken out of the Consolidated Revenue Fund.]]

86. Santé Québec may, on the conditions determined for that purpose by the Minister and in accordance with the law, enter into an agreement with a government other than that of Québec, a department of such a government, an international organization or an agency of such a government or organization for the carrying out of its functions.

CHAPTER II

FINANCING, CONTRIBUTIONS AND FOUNDATIONS

DIVISION I

FINANCING

87. Santé Québec finances its activities out of the revenue derived from the subsidies it receives, the duties, fees, dues and other types of remuneration it charges and the other sums to which it is entitled.

88. Each year, after consulting Santé Québec, the Minister establishes budgetary rules to determine the amount of expenditures that are eligible for subsidies to be allocated to Santé Québec for the financing of the health and social services system.

The budgetary rules must be submitted to the Conseil du trésor for approval and, once approved, are public.

89. Each year, the Minister establishes special budgetary rules applicable to Santé Québec with respect to its management, which rules must provide for separate accounting records to be kept for each service program.

In addition, each year, the Minister establishes special budgetary rules for the granting of subsidies by Santé Québec to community organizations, and to any person or body that is eligible or that fulfills a special obligation arising from this Act or an agreement entered into in accordance with this Act.

The budgetary rules referred to in the second paragraph must be submitted to the Conseil du trésor for approval and, once approved, are public.

In this Act, “community organization” means a legal person constituted under an Act of Québec for non-profit purposes whose affairs are administered by a board of directors composed in the majority of users of the services offered by the organization or of members of the community served by the organization and whose activities are related to the field of health and social services.

90. The special budgetary rules referred to in the second paragraph of section 89 may provide that the granting of a subsidy may be

(1) made on the basis of general standards applicable to all those eligible or on the basis of special standards applicable to only some of them;

(2) subject to general conditions applicable to all those eligible or to special conditions applicable to only one or some of them;

(3) subject to authorization by the Minister; or

(4) made to only one or some of those eligible.

91. The budgetary rules referred to in sections 88 to 90 may also deal with

(1) the use of the revenue that may be collected and of the financial contributions that must be demanded under this Act, and their effects on the calculation or payment of subsidies; and

(2) the frequency of instalments and other terms and conditions of payment of a subsidy.

92. For the purposes of granting subsidies to community organizations, Santé Québec develops a financial assistance program, in keeping with the budgetary rules applicable. Santé Québec must also develop such a program for the granting of subsidies to any person or other group that the Conseil du trésor may designate from among those referred to in the second paragraph of section 89.

A financial assistance program sets out the eligibility criteria for subsidies, the scales and limits of the subsidies, and the terms governing their allocation.

Any financial assistance program developed under this section is to be submitted to the Conseil du trésor and to the Minister for approval.

93. Santé Québec sees to it that the resources necessary for financing the health and social services system are allocated among the regions, according to the populations to be served and their social and health characteristics.

Santé Québec establishes resource allocation mechanisms in order to allow the institutions to manage the resource envelopes allocated to them.

DIVISION II

CONTRIBUTIONS AND FOUNDATIONS

94. Santé Québec must allocate to one of its institutions the gifts, legacies and other contributions it receives and that the contributors intended for that institution.

To that end, Santé Québec keeps separate accounting records for contributions of a financial nature.

95. Where Santé Québec receives a contribution allocated by its contributor for special purposes or to provide a Santé Québec institution with capital that must be preserved and of which only the income may be used, it must deposit or invest the contribution in accordance with the provisions of the Civil Code respecting investments presumed sound, until it disposes of the contribution in accordance with its allocation.

96. Santé Québec may entrust the administration of the contributions it receives and that are intended for one of its institutions to the foundation of that institution.

The foundation acts as an administrator of the property of others charged with full administration, unless Santé Québec charges the foundation with simple administration only.

97. For the purposes of this Act, a non-profit legal person that meets the following conditions is considered to be the foundation of an institution:

(1) its object is, essentially, to collect contributions made for the benefit of a Santé Québec institution designated by name in its constituting act or for the benefit of another institution substituted for it by Santé Québec's board of directors; and

(2) its principal object is to collect contributions for the benefit of all or part of the mission pursued by such an institution, to be used for any of the following purposes:

(a) the purchase, construction, renovation, improvement, enlargement or development of immovable property put at the disposal of the institution;

(b) the purchase, installation, improvement or replacement of furnishings, equipment or tools put at the disposal of the institution;

(c) the research activities of the institution;

(d) the improvement of the quality of life of the users of the institution; or

(e) the training and development of the human resources carrying on their activities within the institution for specific needs.

98. Except for the first paragraph of section 94, the provisions of this division do not apply to a subsidy paid to Santé Québec under Division I.

TITLE V

STRATEGIC PLAN, ACCOUNTS AND REPORTS

99. The strategic plan of Santé Québec is established according to the form and content and at the intervals determined by the Government. It must indicate, in particular,

- (1) the context in which Santé Québec acts and the main challenges it faces;
- (2) the objectives and strategic orientations of Santé Québec;
- (3) the results targeted over the period covered by the plan;
- (4) the performance indicators to be used in measuring the achievement of results; and
- (5) any other element determined by the Minister.

100. Santé Québec's fiscal year ends on 31 March.

101. Not later than 30 June each year, Santé Québec must file its financial statements and an annual management report for the preceding fiscal year with the Minister.

In addition to the information required under the Act respecting the governance of state-owned enterprises, the annual management report must include

- (1) Santé Québec's staffing numbers;
- (2) the average remuneration, including variable remuneration and other benefits, paid to its employees and the standard deviation; and
- (3) a summary of the report submitted to Santé Québec's board of directors by the national watchdog committee.

The annual management report must also account for the monitoring of the indicators referred to in paragraph 4 of section 99.

Moreover, the financial statements and the annual management report must contain any information required by the Minister.

102. Santé Québec sends the Minister, in the form determined by the Minister, a monthly financial report and a monthly estimate of expenditures regarding the operation of Santé Québec, not later than the 30th day after the end of the month concerned. It sends the Minister a preliminary version of the monthly financial report not later than the 10th working day after the end of the month concerned.

The Minister provides, within the same time, a reproduction of each of those versions to the Minister of Finance and to the Chair of the Conseil du trésor.

The reports referred to in the first paragraph must contain any information required by the Minister.

In addition, Santé Québec sends the Minister any other report on the matters referred to in the first paragraph according to the form and content and at the intervals determined by the Minister.

103. Santé Québec must communicate to the Minister, in the form and at the intervals determined by the Minister, any information the Minister requires concerning Santé Québec's activities.

104. The Minister tables the financial statements and the annual management report of Santé Québec referred to in section 101 in the National Assembly within 30 days of receiving them or, if the Assembly is not sitting, within 30 days of resumption.

105. Santé Québec's books and accounts are audited every year by the Auditor General jointly with an external auditor appointed by the Government. The remuneration of the external auditor is paid out of Santé Québec's revenues. The joint report of the Auditor General and the external auditor must be attached to Santé Québec's annual management report.

PART III

INSTITUTIONS, PROVISION OF HEALTH SERVICES AND SOCIAL SERVICES AND UNIVERSITY AFFAIRS

TITLE I

ORGANIZATION AND GOVERNANCE OF INSTITUTIONS

CHAPTER I

SANTÉ QUÉBEC INSTITUTIONS

DIVISION I

INSTITUTION COUNCIL AND COMMITTEES FORMED BY THE INSTITUTION COUNCIL

§1. — Establishment, composition and operation of institution councils

106. An institution council is established in each Santé Québec institution.

107. The institution council is composed of the president and executive director and of the following persons appointed for a four-year term by Santé Québec's board of directors:

- (1) five users of the institution; and
- (2) one person from each of the following sectors:
 - (a) the community sector;
 - (b) the teaching and research sector;
 - (c) the business sector; and
 - (d) the municipal sector.

In addition, the institution council includes the chair of the institution's foundation or, if there is more than one foundation, the person designated under section 109 or, if there is no foundation, an additional user.

108. When appointing a member to the institution council, Santé Québec's board of directors must take into account the sociocultural, ethnocultural, linguistic or demographic composition of the user population the institution serves. It must also ensure adequate representation of the population of the various parts of the territory served by the institution.

More specifically, before appointing a person under subparagraph 2 of the first paragraph of section 107, Santé Québec's board of directors must consult the bodies it considers representative of the sector concerned.

109. Where there is more than one foundation for a Santé Québec institution or where Santé Québec's board of directors exercises its functions in respect of one or more grouped institutions for which there is one foundation or more, all the foundations concerned designate one of their chairs to act as a member of the institution council. That person's term may not exceed four years.

110. The following cannot be members of the institution council:

- (1) persons disqualified for office as directors under the Civil Code;
- (2) persons not residing in Québec;
- (3) persons found guilty, in the last five years, of a crime punishable by three years of imprisonment or more, unless they obtained a pardon; or
- (4) persons who, in the last three years, were
 - (a) forfeited of office as a member of the board of directors of a private institution; or

(b) found guilty of an offence against this Act or the regulations, unless they obtained a pardon.

111. At the expiry of their term, the members of the institution council remain in office until they are replaced or reappointed.

112. In accordance with the parameters defined by the Minister, Santé Québec remunerates the members of each institution council, other than the president and executive director, to the extent and on the conditions it determines.

The members of an institution council are also entitled to the reimbursement of expenses incurred in the exercise of their functions, to the extent and on the conditions determined by Santé Québec.

113. Members of an institution council may not, unless duly authorized, disclose or communicate to anyone confidential information obtained in or in connection with the carrying out of the functions of office. They may not use information thus obtained for their profit or the profit of third persons.

114. Members of the institution council designate from among their number a chair and a vice-chair; their term of office as such may not exceed four years and may be renewed.

115. The chair of the institution council presides over the meetings, sees to its proper functioning and assumes all other functions assigned to the chair by the council.

The vice-chair replaces the chair when the chair is absent or unable to act.

116. The by-laws of a Santé Québec institution set out the institution council's operating rules.

§2. — *Functions of institution councils*

117. The institution council, in addition to the functions conferred on it by this Act, gives its opinion to the president and executive director on

(1) the provision of services within the institution, particularly with regard to

(a) users' experience with regard to the health services and social services offered by the institution;

(b) complaint management; and

(c) the social and health needs and the distinctive characteristics of the communities forming the population served by the institution;

(2) the recommendations made by the advisory committee referred to in section 125; and

(3) any other subject submitted by the president and executive director.

The institution council may require the president and executive director to follow up on an opinion given on a subject referred to in subparagraph 1 or 2 of the first paragraph. The president and executive director must communicate to the institution council the reasons for any refusal to follow up on such an opinion.

118. The institution council maintains relations with the communities forming the population served by the institution. As needed, it holds consultations, asks for opinions and receives and hears the requests and suggestions from persons, bodies or associations. It may also create subcommittees.

119. The institution council must make an annual assessment of users' experience with regard to the health services and social services offered by the institution and of the health and social needs of the communities forming the population served by the institution.

An institution may use the name, address and telephone number contained in a user's record to make surveys to ascertain user expectations and satisfaction with regard to the quality of the services offered by the institution.

A user may, at any time, request the institution to no longer use the information concerning them for such a purpose.

§3. — *Committees formed by the institution council*

I. — *Watchdog committee*

120. The institution council must create a watchdog committee.

121. The watchdog committee is mainly responsible for ensuring the follow-up, with the institution council, of the following recommendations:

(1) the recommendations made by the service quality and complaints commissioner regarding

(a) complaints or interventions made in accordance with the provisions of this Act; and

(b) reports of maltreatment made within the scope of the anti-maltreatment policy adopted under the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3); and

(2) the recommendations of the Health and Social Services Ombudsman regarding

(a) complaints made in accordance with the provisions of the Act respecting the Health and Social Services Ombudsman (chapter P-31.1); and

(b) interventions made in accordance with the provisions of that Act.

The committee is also responsible for coordinating all the activities of the other entities established within the institution to exercise responsibilities relating to accessibility to services, the pertinence, quality, safety or effectiveness of the services provided, respect for users' rights or the handling of user complaints, and for ensuring follow-up of the recommendations of those other entities.

122. The watchdog committee is composed of five persons, including the president and executive director and the service quality and complaints commissioner.

The other three persons are chosen by the institution council from among its members who do not work for Santé Québec or who do not practise their profession within a Santé Québec institution. One of those persons is to be a person appointed under subparagraph 1 of the first paragraph of section 107.

123. The watchdog committee sees to it that the institution council carries out in an effective manner the functions conferred on it by subparagraph 1 of the first paragraph of section 117 and any other function it exercises, where applicable, in relation to service quality.

To that end, the watchdog committee must, in particular,

(1) analyze the reports and the recommendations sent to the institution council concerning accessibility to services, the pertinence, quality, safety or effectiveness of the services provided, respect for users' rights or the handling of user complaints;

(2) establish systemic links between those reports and those recommendations and draw from them the conclusions necessary to make recommendations under subparagraph 3;

(3) make recommendations to the institution council on the action to be taken following those reports or those recommendations in order to improve access to services and the quality of user services;

(4) ensure the follow-up, with the institution council, of the council's implementation of the recommendations made under subparagraph 3;

(5) promote joint action and cooperation among the actors concerned by subparagraph 1; and

(6) exercise any other function that the institution council considers useful in fulfilling the mandate entrusted to the committee under the first paragraph.

124. The watchdog committee reports to the national watchdog committee, at the intervals determined by the latter, on the action taken following its recommendations and on its activities.

II. — *Advisory committee*

125. The council of a territorial institution must, at the request of one or more groups formed of employees or professionals working within a facility of the institution, or of persons belonging to a community it serves, establish one advisory committee per group of facilities.

126. The advisory committee is charged with making recommendations to the institution council on the measures to be implemented to preserve the cultural, historic, linguistic or local character of the institution with regard to the facilities designated in the request made under section 125 and, if applicable, with establishing the necessary ties with the institutions' foundations as well as the persons in charge of research activities.

The committee must establish its operating rules.

127. The advisory committee is composed of seven members who are qualified to carry out its mandate and are appointed by the institution council. For that purpose, the council must invite interested groups to provide it with lists of names from which it selects the committee members.

III. — *Other committees*

128. In addition to the watchdog committee and the advisory committee, the institution council may establish any other committee to advise it in the exercise of its functions. It determines the composition, functions, duties and powers of the committee, and the rules governing the administration of its affairs and its internal management.

DIVISION II

PRESIDENT AND EXECUTIVE DIRECTOR AND ASSISTANT PRESIDENT AND EXECUTIVE DIRECTOR

§1. — *President and executive director*

129. Santé Québec's board of directors appoints the president and executive director of a Santé Québec institution.

130. Under the immediate authority of the president and chief executive officer, the president and executive director appointed under section 129 is the most senior officer of the institution. The president and executive director is responsible for the administration and operation of that institution within the scope of Santé Québec's by-laws. In particular, the president and executive director sees to it that the obligations incumbent on the institution under this Act are carried out in full, properly and without delay.

The president and executive director exercises the functions of office on a full-time basis, sees to it that the decisions of Santé Québec's board of directors are carried out, and ensures that all the information the board requires, or needs in order to assume its responsibilities, is transmitted to it.

The president and executive director must also ensure that the clinical activity within the institution is coordinated and supervised.

The provisions of the Act respecting the governance of state-owned enterprises that concern the president and chief executive officer of a state-owned enterprise do not apply to the president and executive director of the institution.

131. The president and executive director determines the administrative, professional and scientific organization of the Santé Québec institution to the extent necessary for complementing the provisions of this Act and Santé Québec's by-laws; to that end, the president and executive director may provide for administrative structures, departments, services and clinical programs.

The provisions taken by the president and executive director concerning the administrative, professional and scientific organization of the Santé Québec institution in accordance with the first paragraph are submitted to the president and chief executive officer, who may approve them, with or without amendment.

Subject to Santé Québec's by-laws, the president and executive director appoints the members of Santé Québec's personnel under the president and executive director's authority.

132. In determining the institution's administrative, professional and scientific organization, the president and executive director must favour proximity management.

To that end, the president and executive director must ensure that, for each facility maintained by the institution, at least one person is put in charge of ensuring the proper conduct of the institution's activities and of detecting abnormal situations in a timely manner. That person must have the authority necessary to diligently remedy such a situation or have free access to the person having such authority.

133. The president and executive director makes the institution's by-laws. The by-laws come into force after being approved, with or without amendment, by the president and chief executive officer of Santé Québec.

134. Santé Québec sees to ensuring the succession of the president and executive directors.

§2. — *Assistant president and executive director*

135. The president and executive director may be assisted by the number of assistant president and executive directors determined by Santé Québec's board of directors. They are appointed by the board of directors.

An assistant president and executive director exercises the functions and powers of the president and executive director if the latter is absent or unable to act. If the position of president and executive director is vacant, an assistant president and executive director acts in the interim until a new president and executive director is appointed.

Where more than one assistant president and executive director has been appointed, Santé Québec's board of directors designates which one of them is to assume the functions referred to in the second paragraph.

The person who holds the position of assistant president and executive director must exercise the functions of office on a full-time basis within the institution.

§3. — *Common provisions*

136. The president and executive director and any person exercising management responsibilities under the immediate authority of the president and executive director must devote themselves exclusively to the work of the institution and the duties of their functions.

However, with the consent of the president and chief executive officer, they may engage in other professional activities, whether remunerated or not. They may also carry out any mandate the president and chief executive officer entrusts to them.

In the case of a contravention of this section, sanctions, including dismissal, may be imposed on the offender.

137. Santé Québec must ensure that a continuing training program is offered to the president and executive directors and, if applicable, to the assistant president and executive directors.

DIVISION III

RISK MANAGEMENT COMMITTEE, USERS' COMMITTEE AND RESIDENTS' COMMITTEE

§1. — *Risk management committee*

138. A risk management committee is established for each Santé Québec institution. The institution's president and executive director appoints its members.

Santé Québec's by-laws provide the number of members on the committee and set out its operating rules.

139. The composition of the risk management committee must ensure a balanced representation of the following categories of persons:

- (1) Santé Québec personnel assigned to performing tasks within the institution;
- (2) users;
- (3) persons who practise their profession within the institution; and
- (4) if applicable, persons who, under a contract for services, provide services to users in the institution on its behalf.

The president and executive director or the person designated by the latter is a committee member by virtue of office.

140. The functions of the risk management committee include seeking, developing and promoting ways to

- (1) identify and analyze the risks of incidents or accidents in order to ensure the safety of users and, in particular in the case of nosocomial infections, prevent their occurrence and control their recurrence;
- (2) make sure that support is provided to the victim and the victim's close relations; and
- (3) ensure that a monitoring system is put in place including the establishment of a local register of incidents and accidents for the purpose of analyzing their causes and recommend to the institution council measures to prevent them from recurring and any appropriate control measures.

141. The answers given by a person in the course of risk management activities, including any information or document provided in good faith by the person in response to a request of a risk manager or a risk management committee, may not be used or be admitted as evidence against the person or against any other person in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions.

Despite any inconsistent provision, a risk manager or a member of a risk management committee may not be compelled to testify in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions concerning any confidential information obtained in the exercise of their functions, or to produce a document containing such information, except to confirm its confidential nature.

Nothing contained in a risk management record, including the conclusions with reasons and, if applicable, any recommendations accompanying them, may be construed as a declaration, recognition or extrajudicial admission of professional, administrative or other misconduct that could give rise to the civil liability of a party in a judicial proceeding.

142. Despite the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), the records and minutes of a risk management committee are confidential.

No one may examine the minutes of a risk management committee, except the members of the committee, the persons responsible for assessing compliance with the national program on the quality of services referred to in section 65 or the representatives of a professional order in the exercise of their functions provided for by law.

§2. — *Users' committee and residents' committee*

143. A users' committee is established for each Santé Québec institution.

144. Where a Santé Québec institution offers services to users lodged in its facilities, a residents' committee is established in each facility where such users are lodged.

However, in the case of a facility that provides lodging to fewer than 10 users or in which the majority of the users are expected to be lodged for a period of less than six months, the president and executive director may, after consulting the facility's users' committee, as applicable,

(1) entrust the exercise of the functions of the residents' committee to the users' committee, without a residents' committee being established in that facility; or

(2) form a residents' committee common to a number of facilities grouped by the president and executive director.

Each year, the president and executive director must assess the effectiveness of the measure chosen under the second paragraph and, if need be, modify it in accordance with this section.

145. Subject to section 146, Santé Québec's by-laws determine the composition of the users' committees and residents' committees. The by-laws may provide for the formation of subcommittees within those committees.

146. An institution's users' committee is composed of at least five members elected by all the institution's users and of one representative designated by and from among each of the residents' committees.

Every residents' committee is composed of at least three members elected by the residents.

147. A majority of the members of a users' committee must be users, and a majority of the members of a residents' committee must be residents.

If such a majority is impossible to achieve, the users or the residents may elect any other person of their choice, provided that person does not work for Santé Québec or practise their profession within the institution.

148. The term of office of the members of the users' committee and of the members of any residents' committee may not exceed three years.

149. The functions of a users' committee or a residents' committee are

(1) in respect of users or, as applicable, residents:

(a) to inform them of their rights and obligations;

(b) to foster the improvement of the quality of the living conditions of users and residents and to participate in the assessment of their degree of satisfaction with regard to the services obtained from the institution; and

(c) to defend their common rights and interests; and

(2) at the request of a person, defend the person's rights and interests as a user or a resident before any competent authority.

In addition, a users' committee's functions include

(1) to accompany and assist a user, on request, in any action the user undertakes, including when the user wishes to file a complaint in accordance with the provisions of Part VII of this Act or the Act respecting the Health and Social Services Ombudsman;

(2) to ensure the proper functioning of each of the residents' committees, if applicable, and see that they have the resources necessary to exercise their functions; and

(3) to assess, if applicable, the effectiveness of any measure implemented under the second paragraph of section 144.

Furthermore, the committees establish their operating rules.

150. The users' committee of an institution submits an annual report of its activities to the national users' committee. Any residents' committee submits such a report to the users' committee to which it is answerable.

151. The president and executive director must foster the proper functioning of the users' committee and of any residents' committee and see to it that every user is informed in writing of the existence of those committees.

Where the institution receives sums of money intended for one of those committees, the president and executive director must put them at the committee's disposal without delay. The president and executive director must also allow those committees to use a room for their activities and give the members the opportunity to keep their committee's records in such a manner as to ensure their confidentiality.

152. The Minister may determine orientations and budgetary parameters that promote the harmonization of the practices of users' committees and residents' committees, the optimal use of the financing intended for them and their proper functioning.

Santé Québec reports to the Minister on the implementation of those guidelines and parameters, according to the form and content and at the intervals determined by the Minister.

DIVISION IV

CLINICAL GOVERNANCE

§1. — *Interdisciplinary council for the evaluation of trajectories and clinical organization*

I. — Functions and composition

153. Santé Québec institutions each have an interdisciplinary council for the evaluation of trajectories and clinical organization.

The council exercises the following functions:

(1) monitoring and assessing the quality, including the pertinence, of clinical services trajectories within the institution and ensuring their follow-up;

(2) making any recommendation concerning the trajectories to the president and executive director;

(3) giving its opinion and making recommendations to the institution's president and executive director regarding

(a) the professional aspects of the institution's technical, scientific and clinical organization;

(b) the distribution of clinical services; and

(c) innovative approaches in services and their impacts on the health and well-being of the population; and

(4) carrying out any other function entrusted to it by the president and executive director.

154. The interdisciplinary council is composed of an equal number of persons belonging to each of the following categories:

(1) physicians who practise their profession within the institution;

(2) nurses who practise their profession within the institution;

(3) persons, other than those referred to in subparagraphs 1 and 2, holding a college or university diploma who exercise functions for the institution which are specific to the field of activity in which the diploma was granted and which are directly related to health services; and

(4) persons, other than those referred to in subparagraphs 1, 2 and 3, holding a college or university diploma who exercise functions for the institution which are specific to the field of activity in which the diploma was granted and which are directly related to social services.

The institution's by-laws determine the number of persons per category referred to in the first paragraph and set out the terms governing their election by persons belonging to the same category.

II.—*Internal management, records, minutes and annual report*

155. The functions of the interdisciplinary council are exercised by an executive committee composed of at least five members designated by the council, the institution's president and executive director and the medical director appointed under section 158.

The executive committee has the powers of the council necessary for the exercise of its functions. It supervises and coordinates the work of the other committees of the council, if applicable.

156. The interdisciplinary council may adopt by-laws concerning its internal management, the establishment and operation of committees in addition to the executive committee and the pursuit of its purposes. The by-laws come into force after being approved by the president and executive director.

157. An interdisciplinary council must report annually to the president and executive director on the exercise of its functions and the opinions resulting from it.

§2.—*Rules specific to physicians, dentists, pharmacists and midwives*

I.—*Medical director*

158. The president and executive director of a Santé Québec institution appoints a medical director.

Such a medical director must be a physician.

159. Under the immediate authority of the president and executive director, the medical director exercises the following functions:

(1) coordinating the professional and scientific activity of the institution with the other directors;

(2) where a territorial department of family medicine or specialized medicine is attached to the institution, coordinating the external professional activity of the physicians working for that department with the director of the department;

(3) taking all necessary measures to ensure that any examination, autopsy or expertise required under the Coroners Act (chapter C-68.01) is carried out;

(4) fulfilling the obligations imposed by the Civil Code and the Public Curator Act (chapter C-81) regarding tutorships to a person of full age and protection mandates;

(5) seeing to the development, by clinical department heads, of the modalities of a duty roster system ensuring, on a permanent basis, the availability of physicians, dentists and, where applicable, pharmacists and midwives, according to the needs of the institution;

(6) developing rules governing the use of the resources allocated to clinical departments; and

(7) carrying out any other function provided by law or entrusted to the medical director by the president and executive director.

160. The rules for the use of resources developed by the medical director must provide for the imposition of administrative penalties, by the medical director, for any failure to comply on the part of a professional working for a department. Such penalties may have the effect of restricting or suspending the professional's right to use the institution's resources.

Those rules come into force after being approved by the president and executive director.

161. The rules for the use of resources may not allow for the reservation of beds for the users treated by a physician, a dentist or a midwife.

In cases of necessity, the medical director or, if absent, the physician designated for that purpose by the president and executive director may designate a clinical department or service in which a bed must be made available to a user.

162. Where an administrative penalty is imposed under the rules for the use of resources, the medical director must inform the author of the failure to comply of the grounds on which the decision is based. The author of the failure may, if in disagreement with the decision, contest it before the Administrative Tribunal of Québec within 60 days of the date on which the decision was notified to them.

The medical director must inform the president and executive director of the nature of the penalty imposed.

No such penalty may be considered as a breach of the privileges granted to the physician or dentist, as applicable.

163. In a case of imminent or recent death of a potential organ or tissue donor, the medical director of an institution, or the person designated by the director, must diligently notify one of the organizations that coordinate organ or tissue donations and are designated by the Minister in accordance with section 2.0.11 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5).

The medical director verifies the following elements with the organization and may, for that purpose, send the organization any necessary information concerning the potential donor:

- (1) the person's eligibility for organ or tissue donation; and
- (2) whether the potential donor's consent for the post-mortem removal of organs or tissues is recorded in the consent registries established by the Ordre des notaires du Québec and the Régie de l'assurance maladie du Québec.

Where consent has been given for organ or tissue donation, the medical director also sends such an organization any information concerning the potential donor and that is necessary for coordinating such a donation.

The medical director, or the person the medical director designates, is informed of the imminent or recent death of a potential organ or tissue donor in accordance with the procedure established by the institution.

164. The president and executive director may appoint any person to assist the medical director.

The person assisting the medical director exercises, under the medical director's authority, all the functions and all the powers of the medical director, unless the deed of appointment restricts or withdraws them.

If that person is not a physician, they may not

- (1) exercise the functions provided for in paragraph 2 of section 159;
- (2) sit as a member on a committee of the council of physicians, dentists, pharmacists and midwives;
- (3) designate a clinical department or a service under the second paragraph of section 161;
- (4) determine a condition under subparagraph 4 of the first paragraph of section 199;
- (5) give the opinion and make the recommendations provided for in the first paragraph of section 202;
- (6) grant an authorization under section 210; nor
- (7) make a determination regarding the effects of a departure under the third paragraph of section 217.

165. Despite any restrictions or withdrawals provided for by the person's deed of appointment, the person assisting the medical director, if a physician, exercises all the functions and all the powers of the medical director if the medical director is absent or unable to act. Likewise, if the position of medical director is vacant, that person acts as interim medical director until a new one is appointed.

If more than one person assisting the medical director is a physician, the person referred to in the first paragraph is the physician designated by the president and executive director.

II.—*Council of physicians, dentists, pharmacists and midwives*

166. Santé Québec institutions each have a council of physicians, dentists, pharmacists and midwives.

The council is composed of all the physicians, dentists, pharmacists and midwives who practise their profession within the institution.

167. In accordance with the by-laws of the institution, the council of physicians, dentists, pharmacists and midwives is responsible, with respect to the interdisciplinary council for the evaluation of trajectories and clinical organization, for giving its opinion on the following matters:

- (1) considering them from the viewpoint of the physicians, dentists, pharmacists and midwives,
 - (a) the trajectories of clinical services within the institution, in particular as concerns their pertinence and their efficiency;

- (b) the institution's technical, scientific and clinical organization; and
 - (c) the distribution of clinical services; and
- (2) any other matter brought to its attention by the interdisciplinary council.

168. In accordance with the by-laws of the institution, the council of physicians, dentists, pharmacists and midwives is responsible, with respect to the medical director, for

(1) monitoring and assessing the quality, including the pertinence, of the medical, dental, pharmaceutical and midwifery acts performed within the institution;

(2) examining, prior to taking disciplinary measures, a complaint made against a physician, dentist or midwife to determine whether that professional has acted without having the qualifications required or has shown scientific incompetence or negligence;

(3) approving the rules applicable to medical and dental care and to the use of medications as well as the rules of care applicable to midwives, developed by each clinical department or service head;

(4) giving its opinion on the means to be taken to assess and maintain the competency of physicians, dentists, pharmacists and midwives; and

(5) assuming any other responsibility entrusted to it by the medical director.

In exercising its responsibilities, the council of physicians, dentists, pharmacists and midwives takes into account the need to provide adequate and efficient services to users, the institution's organizational structure and the resources available to the institution.

169. In exercising the responsibilities described in subparagraphs 1 and 2 of the first paragraph of section 168, the council of physicians, dentists, pharmacists and midwives may, with the authorization of the medical director, call on an expert from outside the institution. That expert, like the council, has access to a user's record where the information contained in it is necessary for the exercise of the expert's functions.

Before beginning to exercise those functions, the expert must take the oath provided for in Schedule I.

No judicial proceedings may be brought against the expert for an act or omission made in good faith in the exercise of the expert's functions.

170. The council of physicians, dentists, pharmacists and midwives must create a pharmacology committee, act evaluation committees and discipline committees.

The pharmacology committee exercises the responsibilities entrusted to the council regarding the rules applicable to the use of medications provided for in subparagraph 3 of the first paragraph of section 168. Act evaluation committees or discipline committees exercise the responsibilities entrusted to the council by subparagraphs 1 and 2 of that paragraph, respectively.

An act evaluation committee or a discipline committee is composed of three council members, including at least one who is a peer of the professional whose record is being examined by the committee.

171. The responsibilities of the council of physicians, dentists, pharmacists and midwives are exercised by an executive committee comprising at least four physicians and one pharmacist designated by the council, and at least one dentist and one midwife designated by the council where such professionals are members of the council. The medical director is a member of the council by virtue of office.

The executive committee has the powers of the council of physicians, dentists, pharmacists and midwives necessary for the exercise of its responsibilities. It supervises and coordinates the work of the other committees of the council.

The medical director supervises the operation of the committees of the council and ensures that the council adequately monitors and assesses the medical, dental, pharmaceutical and midwifery acts performed in the institution.

172. The council of physicians, dentists, pharmacists and midwives may adopt by-laws concerning its internal management, the establishment and operation of committees in addition to the executive committee and the committees provided in section 170 and the pursuit of its purposes. The by-laws come into force after being approved by the institution's medical director.

173. Despite the Act respecting Access to documents held by public bodies and the Protection of personal information and section 578 of this Act, the records and minutes of the council of physicians, dentists, pharmacists and midwives and those of each of its committees are confidential.

However, a medical examiner and the members of a review committee referred to in section 614 may examine the professional record of a council member if the information it contains is necessary for the exercise of their responsibilities. The same applies to any person having the authority to take a disciplinary measure or an administrative penalty against a physician, dentist or midwife.

No one may examine the minutes of a committee of the council, except the committee members, the members of the council's executive committee, the Administrative Tribunal of Québec or the representatives of a professional order in the exercise of functions assigned to them by law.

No one may examine the minutes of the council, except the council members, the members of the council's executive committee, the Administrative Tribunal of Québec or the representatives of a professional order in the exercise of functions assigned to them by law.

174. The council of physicians, dentists, pharmacists and midwives must report annually to the medical director on the carrying out of its responsibilities and the opinions resulting from it.

175. Santé Québec's president and chief executive officer may, in exceptional circumstances and when the quality of services depends on it, entrust the responsibilities of an institution's council of physicians, dentists, pharmacists and midwives to one or more persons the president and chief executive officer designates and who are members of one of the following professional orders: the Collège des médecins du Québec, the Ordre des dentistes du Québec, the Ordre des pharmaciens du Québec or the Ordre des sages-femmes du Québec.

Such a decision may be made only after obtaining the opinion of the professional orders mentioned in the first paragraph.

III. — *Clinical departments and services*

1. — *Formation*

176. The clinical department provided for in each of the following subparagraphs is formed within a Santé Québec institution; that department includes, where applicable, the services or activities referred to in that subparagraph:

- (1) anaesthesia;
- (2) surgery;
- (3) gynecology-obstetrics;
- (4) medical imaging:
 - (a) radiology services; and
 - (b) nuclear medicine services;
- (5) general medicine;
- (6) specialized medicine:
 - (a) radio-oncology services;
 - (b) medical oncology services;

- (c) clinical activities in hematology; and
- (d) clinical activities in microbiology and infectious diseases;
- (7) emergency medicine;
- (8) pediatrics;
- (9) pharmacy; and
- (10) psychiatry.

In addition, any department that Santé Québec's board of directors determines from among the following is to be formed within any Santé Québec institution the board designates:

- (1) dentistry;
- (2) public health;
- (3) laboratory medicine, which comprises laboratory services in the following fields:
 - (a) hematology;
 - (b) biochemistry;
 - (c) pathology;
 - (d) microbiology;
 - (e) genetics; and
 - (f) transfusion medicine; and
- (4) midwifery.

An institution may, to the extent allowed by Santé Québec's board of directors, depart from the first paragraph to merge departments mentioned in that paragraph or to create services within them.

177. The president and executive director determines, after consulting the council of physicians, dentists, pharmacists and midwives, which department or service is responsible for the medical or dental acts performed in the course of the institution's activities.

Physicians or dentists having privileges allowing them to perform acts that are under the responsibility of a department or service are members of that department or service.

The professionals referred to in one of the following subparagraphs who practise their profession within the institution are members of the department mentioned in the subparagraph:

- (1) midwives, midwifery department; and
- (2) pharmacists, pharmacy department.

2.—*Clinical department heads and heads of a service*

178. Each clinical department is directed by a clinical department head.

179. The president and executive director, after consulting the council of physicians, dentists, pharmacists and midwives, the medical director and the professionals who are members of a clinical department, appoints the head of that department from among those professionals.

180. The medical director directs, coordinates and supervises the activities of the clinical department heads.

The director must, in particular, obtain the opinion of the clinical department heads on the administrative and financial consequences of the activities of the professionals who are members of the clinical departments.

181. In addition to the other functions conferred on them by this Act, clinical department heads exercise the following functions, under the immediate authority of the medical director:

- (1) with regard to the professionals who are members of the department:
 - (a) coordinating the activities they carry on within the department, and assessing and maintaining their competence; and
 - (b) ensuring the appropriate distribution of the services they provide;
- (2) developing the modalities of a duty roster system ensuring, on a permanent basis, the availability of the professionals who are members of the department; and
- (3) drawing up operating rules for the department.

If the position of department head is vacant, the medical director exercises the functions provided for in the first paragraph.

182. Where the clinical department head refuses to draw up operating rules for the department or is slow to act, the medical director must draw up such rules.

The operating rules for a department come into force after being approved or, as applicable, drawn up by the medical director.

183. Clinical department heads are responsible to the council of physicians, dentists, pharmacists and midwives for

(1) supervising the exercise of professional activities within the department by the professionals who are members of it;

(2) cooperating, if applicable, with the director of nursing care for the supervision and monitoring of the quality of the activities referred to in section 36.1 of the Nurses Act (chapter I-8); and

(3) drawing up, for their department, rules applicable to medical and dental care and to the use of medications, and rules applicable to midwives.

If the position of department head is vacant, the medical director exercises the functions provided for in the first paragraph.

184. The rules applicable to medical and dental care and the use of medications, and the rules of care applicable to midwives must provide that the professional practice of physicians, dentists, pharmacists and midwives of clinical departments is to adhere to a single set of rules.

Where the clinical department head refuses to draw up such rules or is slow to act, the medical director or, in the latter's absence, the president and executive director must draw them up.

The rules come into force after being approved or, as applicable, drawn up by the president and executive director.

185. Despite the Act respecting Access to documents held by public bodies and the Protection of personal information and section 578 of this Act, the records concerning the responsibilities described in subparagraphs 1 and 2 of the first paragraph of section 183 are confidential. No one may have access to them, except the council of physicians, dentists, pharmacists and midwives, the Administrative Tribunal of Québec or the representatives of a professional order in the exercise of the functions assigned to them by law.

186. Each service is directed by a head of the service.

187. Under the immediate authority of the clinical department head, heads of a service exercise the same functions and powers with regard to a service that a clinical department head exercises with regard to a department. Heads of a service may not, however, draw up rules contrary to those drawn up by the clinical department head.

The provisions applicable to clinical department heads provided for in sections 179 to 185 are, in all other respects, applicable to heads of a service, with the necessary modifications.

3.—*Centralized management of access to the specialized and superspecialized services of clinical departments*

188. The president and executive director of an institution must see to the centralized management of access to the specialized and superspecialized services of the clinical departments of that institution.

To that end, the president and executive director must establish rules to be followed to enter a user on the access list for the specialized and superspecialized services of a clinical department, the manner in which the foreseeable date for receiving such services will be determined and communicated to the user and, where those services cannot be provided on that date, the alternative arrangements to be offered to the user, such as setting a new date to be agreed to by the user, calling on the services of another physician in the clinical department concerned or having recourse to another institution.

Before establishing those rules, the president and executive director must consult the head of each clinical department offering specialized or superspecialized services.

189. In accordance with the rules established under the second paragraph of section 188, a physician must enter a user on the access list for the specialized and superspecialized services of the institution's clinical departments as soon as the physician determines that the services are required.

190. The head of a clinical department in which specialized or superspecialized services are offered must, in addition to the functions conferred under section 181, ensure that the rules established under the second paragraph of section 188 are complied with and properly implemented.

191. The president and executive director must designate a person in charge of compliance with the rules the president and executive director establishes under the second paragraph of section 188.

Under the immediate authority of the medical director, the person in charge of compliance with the rules exercises the following functions:

(1) seeing to it that each clinical department head referred to in section 178 ensures, in their department, that those rules are complied with and properly implemented;

(2) offering to users unable to receive the services they require on the date communicated to them the alternative arrangements specified in those rules; and

(3) making, if applicable, any adjustments required to direct the user to a special access mechanism put in place under section 194.

192. The president and executive director reports to the president and chief executive officer, at least once every three months, on the effectiveness of the rules established under the second paragraph of section 188, in particular as regards waiting times calculated from the time users are entered on the access list to the time they receive the specialized and superspecialized services they require.

193. To ensure uniform management of access lists under the second paragraph of section 188, the Minister may determine the information to be collected and used by the institutions for the day-to-day management of their access lists.

194. Where, in light of the generally recognized access standards and after holding the appropriate consultations, Santé Québec's president and chief executive officer considers that the waiting time for receiving a specialized or superspecialized service throughout Québec or in a particular region of Québec is unreasonable or about to become so, the president and chief executive officer may, after obtaining the Government's authorization, see to the implementation of special access mechanisms so that the service concerned may be made otherwise accessible within a time the president and chief executive officer considers reasonable.

The president and chief executive officer may require that the institutions concerned or, if applicable, the provider chosen to keep and manage the information collected to ensure service access management provide, in the manner and within the time the president and chief executive officer specifies, the information necessary for the latter to assess whether the waiting time for a specialized or superspecialized service is unreasonable or about to become so. To that end, the president and chief executive officer may also require that the provider produce statistics per institution or region or for all of Québec, based on that information, and provide them to the president and chief executive officer. In no case may the information provided allow a user of an institution to be identified.

The president and chief executive officer may require that an institution involved in the provision of the specialized or superspecialized service concerned adjust its operating methods for access to that service accordingly.

The person responsible for managing access to specialized or superspecialized services must notify the medical director when of the opinion, after consulting the head of the clinical department concerned, that a user will not be able to receive a specialized or superspecialized service from the institution within a time the president and chief executive officer considers reasonable.

The medical director makes, without delay, an alternative service proposal to the user that takes into account, in particular, the territorial department of specialized medicine so that the user may receive, if the user wants, the specialized or superspecialized service the user requires within a time the president and chief executive officer considers reasonable. Despite any inconsistent provision, the Minister may assume the cost of any service received, in accordance with the directives of the president and chief executive officer, in a non-participating specialized medical centre within the meaning of the second paragraph of section 500 or outside Québec.

IV.—*Physicians, dentists and pharmacists*

1.—*Medical and dental staffing plan*

195. The president and executive director of an institution draws up and submits to Santé Québec's president and chief executive officer a medical and dental staffing plan, which specifies

(1) the number of family physicians, specialists in each specialty, dentists and dental specialists who may practise in the institution, indicating the clinical department or service to which each of them belongs; and

(2) the distribution of the number of those professionals for each of the facilities where the institution carries on activities or by group of facilities determined by the president and chief executive officer.

In drawing up the plan, the medical director must consult the head of each of the clinical departments where specialized or superspecialized services are offered. The medical director must also take into account the objectives provided for in the second paragraph of section 29, the institution's deed of establishment and the expansion and reduction objectives referred to in section 407.

196. Santé Québec's president and chief executive officer may approve, with or without amendment, the medical and dental staffing plan submitted under section 195.

The plan thus approved must be drawn up again, in accordance with section 195, at least once every three years and each time the president and chief executive officer so requests. An approved plan continues to have effect until the president and chief executive officer approves a new plan.

The president and chief executive officer may draw up the medical and dental staffing plan for an institution if the president and executive director fails to do so within the time indicated.

2.—*Appointment, status, privileges and authorization in case of emergency*

197. The power to appoint a physician, a dentist or a pharmacist so they may practise within an institution is exercised by the president and executive director of the institution.

198. To be appointed, a physician, a dentist or a pharmacist must submit an application to the medical director of the institution concerned.

Santé Québec's board of directors determines the form and content of the application for appointment, which are to be the same for all Santé Québec institutions.

199. An application for appointment is inadmissible in the following cases:

(1) its form or content does not comply with that established by Santé Québec's board of directors;

(2) it does not comply with the administrative, professional and scientific organization of the institution;

(3) it has the effect of increasing the number of physicians or dentists who have privileges within the institution beyond the number provided for by the medical and dental staffing plan approved or drawn up under section 196; or

(4) it does not meet any other condition determined beforehand by the medical director or by the clinical department head concerned.

Subparagraphs 2 and 3 of the first paragraph do not apply to an application if the appointment contemplated is only intended to replace a physician or dentist who already has duly granted status and privileges, but who is absent or temporarily unable to practise.

200. The medical director must send the applicant a notice acknowledging receipt of the application for appointment.

The notice contains

(1) an indication as to whether the application is admissible or not; and

(2) if the application is admissible,

(a) a presentation of the administrative, professional and scientific organization of the institution;

(b) a presentation of the medical and dental staffing plan approved or drawn up under section 196; and

(c) if the applicant is a physician or dentist, the obligations that could be attached to the enjoyment of the privileges that could be granted to the applicant.

The applicant may submit observations on those contemplated obligations to the medical director within 15 days after receiving the notice.

201. Before sending the notice acknowledging receipt of an admissible application for appointment made by a physician or dentist, the medical director consults the head of the clinical department concerned and the medical director of family medicine or, as applicable, the medical director of specialized medicine on the obligations that could be attached to the enjoyment of the privileges that could be granted to the applicant.

The obligations attached to the enjoyment of privileges are intended to ensure the physician's or dentist's participation in the responsibilities of the institution, in particular with regard to access to services and the quality and pertinence of services. In particular, the obligations must pertain to

- (1) the periods of time the physician or dentist must devote every year to the practice of their profession within the institution;
- (2) the practice of medicine or dentistry with a multi-discipline approach;
- (3) the additional offer of services to be provided to fulfill temporary extra needs;
- (4) the provision of services to users whose medical follow-up is not ensured by any physician; and
- (5) participation in the committees formed within the council of physicians, dentists, pharmacists and midwives.

202. The medical director must, before the president and executive director rules on an admissible application for appointment, send the latter their opinion on the qualifications and competence of the applicant and their recommendation on the status that should be granted to the applicant. In the case of a physician or dentist, the recommendation also addresses the privileges that should be granted to the applicant and the obligations that should be attached to the enjoyment of those privileges.

Santé Québec determines, by regulation, the status that may be granted by the president and executive director to a physician, dentist or pharmacist, the conditions on which such a status may be granted or renewed and the prerogatives attached to such status.

203. Where the president and executive director has received an application for appointment from a physician or dentist, the president and executive director may refuse it for reasons based on the administrative, professional and scientific organization of the institution, the medical and dental staffing plan approved or drawn up under section 196, the available resources and the requirements specific to the institution.

The president and executive director may also refuse an application on the basis of any of the following reasons:

(1) the omission by the applicant, in the preceding three years, to give the prior notice of at least 60 days required under the first paragraph of section 215 before ceasing to practise in the institution; or

(2) failure by the applicant to fulfill the criteria relating to qualifications, scientific competence or conduct, in view of the requirements specific to the institution.

204. The deed by which the president and executive director appoints a physician or dentist must contain provisions concerning

(1) the status and privileges granted to the physician or dentist;

(2) the period for which the status and privileges are granted;

(3) the nature and scope of the medical or dental activities that the physician or dentist will be allowed to engage in within the institution;

(4) the obligations attached to the enjoyment of the privileges, including those provided for in the second paragraph of section 201; and

(5) the physician's or dentist's undertaking to fulfill those obligations.

The status and privileges are granted for a period from 12 to 48 months. However, where the appointment is intended solely to provide for the temporary replacement of a physician or dentist who already has duly granted status and privileges, the appointment is valid only for the duration of the absence or inability to practise of the physician or dentist being replaced.

205. Within 90 days of receiving the application for appointment, the president and executive director must send a decision in writing to the physician or dentist. In addition, any refusal must include reasons given in writing.

206. No physician or dentist may practise within the Santé Québec institution and enjoy the privileges granted to them on the terms set out in their deed of appointment unless they provide the president and executive director with a written document in which they acknowledge having read the deed.

The status and privileges are granted from the moment the president and executive director receives that written document. The physician or dentist is, from that moment on, bound to comply with the obligations attached to the enjoyment of those privileges.

207. The deed of appointment of a physician or dentist is absolutely null if it

(1) has the effect of increasing the number of physicians or dentists who have privileges within the institution beyond the number provided for by the medical and dental staffing plan approved or drawn up under section 196; or

(2) does not comply with section 204.

208. Despite paragraph 1 of section 207, a deed of appointment is not null solely because it increases the number of physicians or dentists enjoying privileges within the institution beyond the number provided for by the medical and dental staffing plan,

(1) where the appointment is intended solely to provide for the temporary replacement of a physician or dentist who already has duly granted status and privileges; or

(2) where the president and chief executive officer, in exceptional circumstances, in particular to ensure sufficient access to services, authorizes a president and executive director to make an appointment departing from the medical and dental staffing plan.

Santé Québec's president and chief executive officer may make the authorization subject to the conditions the president and chief executive officer determines.

209. A pharmacist may practise within the institution on being appointed by the president and executive director.

The president and executive director assigns a status to the pharmacist at that time.

210. In the case of an emergency, the medical director, a clinical department head or a head of a service may temporarily grant a physician, dentist or pharmacist authorization to practise within the institution. In such a case, the person who granted the authorization must immediately notify the president and executive director and the president and chief executive officer. The authorization is valid for a maximum period of three months and is renewable only with the authorization of the president and chief executive officer and on the conditions the latter determines.

Sections 197 to 209 do not apply to the granting of such an authorization or to its renewal. Moreover, where the time required for granting the authorization may be prejudicial to a user, any physician, dentist or pharmacist may, without that authorization, give the services required by the state of health of the user.

3.—*Conditions for the practise of the profession of physician or dentist and cessation of practise*

211. Any physician or dentist practising within a Santé Québec institution must hold a valid professional liability insurance contract accepted by the president and executive director and must, each year, establish that the insurance contract is in force.

However, a physician may discharge the obligation referred to in the first paragraph by annually providing the president and executive director with proof that they are a member of the Canadian Medical Protective Association.

212. The Government may, by regulation, determine the procedure to be followed, and the content of the form to be used, by a physician or dentist practising within an institution in order to receive remuneration from the Régie de l'assurance maladie du Québec.

213. Santé Québec may not pay any remuneration or grant any other direct or indirect benefit to a physician practising under the plan established by the Health Insurance Act (chapter A-29) as consideration for services insured under that plan and provided within an institution, nor may it pay any remuneration or grant any such benefit to that physician as consideration for the performance of any other activity within an institution, except to the extent prescribed by a government regulation.

214. The physicians and dentists who, within an institution, render services for the carrying out of managerial functions determined by a regulation of Santé Québec are paid under a program of which the administration is entrusted to the Régie de l'assurance maladie du Québec by the Government. Such services are remunerated in accordance with an agreement entered into within the framework of section 19 of the Health Insurance Act.

The Government determines the resource envelope to be used for the remuneration of the managerial functions referred to in the first paragraph taking into account that agreement.

215. A physician or dentist who decides to cease to practise within an institution must give prior notice of at least 60 days to the president and executive director.

The decision of the physician or dentist becomes irrevocable on receipt of the notice by the president and executive director, and takes effect at the expiry of the period indicated in the notice.

216. Despite section 215, the president and executive director may authorize a physician or dentist to cease to practise within an institution without prior notice or with a prior notice of less than 60 days if the medical director considers that the physician's or dentist's leaving does not affect the quality or adequate supply of the medical and dental services offered to the population served by that institution.

217. A physician or dentist who ceases to practise within an institution without the authorization of the president and executive director and without giving prior notice of at least 60 days or before the expiry of a shorter period authorized under section 216 becomes, from the date fixed by the Régie de l'assurance maladie du Québec, a non-participating professional for the purposes of the Health Insurance Act, for a period equal to twice the number of days remaining before the expiry of the applicable notice period.

The president and executive director promptly informs the Régie of the departure of the physician or dentist and indicates the period for which that professional becomes a non-participating professional.

Where the medical director believes that the departure may affect the quality or adequate supply of the medical and dental services offered to the population served by the institution, the medical director notifies in writing the Collège des médecins du Québec or the Ordre des dentistes du Québec, as applicable.

4.—*Discipline*

218. The power to take disciplinary measures against a physician, dentist or pharmacist may be exercised by the president and executive director and, unless otherwise provided by this Act, by the medical director or a head of a clinical department.

Those persons in charge of discipline must be informed of any complaint made under section 572 against a professional referred to in the first paragraph, unless the complaint has been dismissed under section 574 or 585.

219. Before taking a disciplinary measure, a person in charge of discipline must notify the physician or dentist concerned of their intent, and allow the physician or dentist to make observations within 15 days.

220. The institution must communicate to the professional order concerned a reproduction of any decision that imposes a disciplinary measure.

221. Every disciplinary measure against a physician or dentist must give reasons and be based solely on one of the following grounds:

- (1) misconduct;
- (2) non-compliance with the institution's by-laws, in view of the specific requirements of the institution;
- (3) failure to perform in full, properly and without delay the obligations attached to the enjoyment of privileges or any other non-compliance with the terms set out in the deed of appointment; or
- (4) a notice rendered under the second paragraph of section 222.

222. A person in charge of discipline may submit a complaint made against a physician or a dentist to the council of physicians, dentists, pharmacists and midwives.

If the council or committee rules, after examining the complaint, that the physician or dentist has acted without having the qualifications required or has shown scientific incompetence or negligence, it must so notify the person in charge of discipline.

The institution's by-laws establish the complaint examination procedure.

223. To make the ruling referred to in the second paragraph of section 222, the council of physicians, dentists, pharmacists and midwives may, with the authorization of the president and executive director, call on an expert from outside the institution.

That expert, like the council, has access to a user's record where the information contained in it is necessary for the exercise of the expert's functions.

224. The disciplinary measures that may be taken against a physician or dentist are

- (1) a reprimand;
- (2) the imposition of an administrative penalty provided in the institution's by-laws;
- (3) a change in status;
- (4) the withdrawal of privileges;
- (5) the suspension of status and privileges for a determined time; and
- (6) the revocation of status and privileges.

The disciplinary measures may also include a recommendation that the professional concerned serve a period of refresher training, take a refresher course, or both, and may, if necessary, restrict or suspend some or all of the physician's or dentist's privileges for the duration of the refresher period.

Only the president and executive director may order the revocation of status and privileges. A clinical department head may not impose disciplinary measures other than a reprimand.

225. The disciplinary measures that may be taken against a pharmacist range from a reprimand to dismissal.

They may also include a recommendation that the pharmacist serve a period of refresher training, take a refresher course, or both, and may, if necessary, restrict or suspend the pharmacist's activities for the duration of the refresher period.

226. In the case of an emergency, the president and executive director, the medical director or the head of a clinical department concerned may temporarily suspend, as applicable, a physician's or dentist's status and privileges, or the status of a pharmacist practising within the institution.

The temporary suspension is valid until a disciplinary measure is taken against the professional concerned, in accordance with sections 218 to 225, or until it is decided that no such measure will be taken, but must not exceed 20 days.

5.—Renewal of status and privileges granted to a physician or dentist

227. The status and privileges granted to a physician or dentist may be renewed on application by the physician or dentist.

However, status and privileges may not be renewed if they result from an appointment made solely to temporarily replace a physician or dentist who already has duly granted status and privileges.

228. The medical director must, before the president and executive director rules on the application for renewal, inform the latter of any reasons for refusing renewal and specify the nature of the reasons, if any.

229. An application for renewal may be refused by the president and executive director solely on one of the following grounds:

(1) failure by the physician or dentist to meet the criteria relating to qualification, scientific competence or conduct, in view of the specific requirements of the institution;

(2) failure to perform in full, properly and without delay the obligations attached to the enjoyment of privileges or any other non-compliance with the terms set out in the deed of appointment; or

(3) the renewal would contravene the conditions for granting a status prescribed by the regulation made under the second paragraph of section 202.

230. Status and privileges are renewed for a minimum period of 12 months, without exceeding 48 months.

231. The status and privileges of a physician or dentist may be modified at the time of their renewal. The same applies to the obligations attached to the enjoyment of privileges.

The provisions regarding the appointment of a physician or dentist provided for in sections 197 to 207 are, in all other respects, applicable, with the necessary modifications, to a renewal made with changes in status and privileges and changes to the obligations attached to their enjoyment.

6. — *Recourse*

232. A physician or dentist who is not satisfied with a decision that was rendered in their regard on the basis of criteria relating to qualifications, scientific competence or conduct, or that concerns disciplinary measures may, within 60 days of the date on which the decision was notified to them, contest the decision before the Administrative Tribunal of Québec.

The physician or dentist may also apply to the Tribunal within 60 days of the expiry of the time prescribed in section 205, as if the decision were unfavourable, if no decision on the physician's or dentist's application for appointment has been sent to the physician or dentist within the time prescribed in that section.

233. A pharmacist who is not satisfied with a decision that was rendered in their regard and that concerns disciplinary measures may, within 60 days after the date on which the decision was notified to them, contest the decision before the Administrative Tribunal of Québec.

7. — *Communication of information*

234. The institution communicates to Santé Québec's president and chief executive officer or to the person designated by the latter, in the form and at the intervals determined by Santé Québec's board of directors, the information that the board determines concerning applications for appointment or for renewal accepted by the president and executive director and concerning the physicians and dentists who cease to practise within the institution.

V. — *Midwives*

235. The power to enter into service contracts with midwives so that they may practise for a Santé Québec institution is exercised by the president and executive director.

236. To enter into a service contract referred to in section 235, a midwife must submit an application to the president and executive director.

237. Before deciding on a midwife's application, the president and executive director must obtain recommendations regarding the midwife's qualifications and competence from the head of the clinical department of midwifery.

238. The president and executive director accepts or refuses a midwife's application for reasons based on the administrative, professional and scientific organization of the institution and the available resources.

The president and executive director may also refuse an application on the basis of failure by the midwife to fulfill the criteria relating to qualifications, competence or conduct.

239. The service contract entered into with a midwife must specify the rights and obligations of the midwife that are attached to the practice of midwifery for the institution.

It must, among other things, provide for the midwife's participation in the committees formed within the council of physicians, dentists, pharmacists and midwives.

The contract must be entered into for a term not exceeding three years and is renewable on its expiry. Mechanisms for the termination of the contract before its expiry and the circumstances allowing such termination must also be provided in the contract.

240. Within 90 days of receiving the midwife's application, the president and executive director must send the midwife a decision in writing. In addition, any refusal must include reasons given in writing.

241. Any midwife practising under a service contract referred to in section 235 must hold a valid liability insurance contract accepted by the president and executive director and must, each year, establish that the insurance contract is in force.

However, a midwife may discharge the obligation referred to in the first paragraph by annually providing the president and executive director with proof that the midwife is covered by an equivalent liability insurance contract.

242. The power to take disciplinary measures against a midwife is to be exercised by the president and executive director, after consulting the head of the clinical department of midwifery.

Every disciplinary measure taken against a midwife must give reasons and be based solely on lack of qualifications, incompetence, neglect, misconduct, non-compliance with the by-laws of the institution or non-compliance with the obligations set out in the midwife's service contract.

243. The disciplinary measures that may be taken against a midwife range from a reprimand up to the resiliation of the midwife's service contract and include the modification of such contract and withdrawal of one or more rights the contract provides.

244. The procedure for taking a disciplinary measure against a midwife is provided for in the institution's by-laws.

The institution must send a reproduction of the decision to the Ordre des sages-femmes du Québec.

245. In the case of an emergency, the head of the clinical department of midwifery may suspend a midwife's right to practise under the latter's service contract.

The head of the clinical department must immediately notify the president and executive director and send the latter a report within 48 hours.

The suspension is valid until the president and executive director has made a decision in that regard, but without exceeding 10 days.

246. A midwife who is not satisfied with a decision that was rendered in their regard on the basis of criteria relating to qualifications, competence or conduct or with a decision concerning disciplinary measures may, within 60 days of the date on which the decision was notified to them, contest the decision before the Administrative Tribunal of Québec.

The midwife may also apply to the Tribunal within 60 days after the expiry of the time prescribed in section 240, as if the decision were unfavourable, if no decision on the midwife's application for a service contract has been sent to the midwife within the time prescribed in that section.

247. The Minister may, with the approval of the Conseil du trésor, enter into an agreement with a body representing midwives for the purposes of sections 235 to 246. The agreement is binding on all institutions.

Such an agreement may in particular provide for different methods of remuneration or the payment, as compensation or reimbursement, of various amounts such as premiums, expenses or allowances.

If no agreement has been entered into, the Conseil du trésor may fix the remuneration or the methods of remuneration by a regulation which stands in lieu of an agreement.

The provisions of the Labour Code and the Act respecting labour standards (chapter N-1.1) do not apply to a midwife governed by an agreement entered into under this section and who provides services for an institution under a service contract entered into under section 235.

248. The provisions of an agreement entered into under section 247 continue to have effect, despite the expiry of the agreement, until the coming into force of a new agreement, which may be retroactive to the expiry of the previous agreement.

249. An agreement under section 247 is binding on all the midwives who practise under a service contract referred to in section 235, whether or not they are members of the body with which the agreement was entered into.

§3.—*Rules specific to nurses*

I.—*Director of nursing care*

250. The president and executive director of a Santé Québec institution appoints a director of nursing care.

An institution's director of nursing care must be a nurse.

251. Under the immediate authority of the president and executive director, the director of nursing care, in addition to the other functions conferred by this Act, exercises the following functions:

(1) supervising and monitoring the quality of nursing care within the institution;

(2) ensuring that rules governing nursing care which take into account the necessity of providing adequate and efficient services to the users as well as the organization and resources available to the institution are drawn up;

(3) where applicable, cooperating in drawing up the rules governing medical care and the rules governing the use of medications to be followed by nurses authorized to engage in activities referred to in section 36.1 of the Nurses Act; and

(4) where applicable, keeping and updating a register of the nurses authorized to engage in one or more of the activities referred to in that section.

252. The director of nursing care may, for disciplinary reasons or on grounds of incompetence, restrict or suspend a nurse's authorization to engage in the activities referred to in section 36.1 of the Nurses Act within the institution.

The Ordre des infirmières et infirmiers du Québec must be informed of any measure taken under this section.

253. Subject to the institution's by-laws and under the immediate authority of the president and executive director, the director of nursing care must

(1) ensure appropriate distribution of nursing care within the institution;

(2) plan, coordinate and evaluate nursing care in relation to the needs of the institution;

(3) manage the human, material and financial resources under their direction; and

(4) carry out any other function entrusted by the president and executive director.

II.—*Council of nurses*

254. Santé Québec institutions each have a council of nurses.

The council is composed of all the nurses practising within the institution.

255. In accordance with the by-laws of the institution, the council of nurses is responsible to the interdisciplinary council for the evaluation of trajectories and clinical organization for giving its opinion on the following matters:

- (1) considering them from the viewpoint of the nurses,
 - (a) the trajectories of clinical services within the institution, in particular as concerns their pertinence and their efficiency;
 - (b) the institution's technical, scientific and clinical organization; and
 - (c) the distribution of clinical services; and
- (2) any other matter brought to its attention by the interdisciplinary council.

256. In accordance with the by-laws of the institution, the council of nurses is responsible to the medical director for

- (1) generally assessing the quality of the nursing acts performed within the institution and of the activities referred to in section 36.1 of the Nurses Act carried on in the institution;
- (2) making recommendations on the following matters:
 - (a) the nursing rules applicable to their members within the institution;
 - (b) the rules relating to medical care and the use of medications which apply to their members; and
 - (c) the appropriate distribution of the care provided by its members within the institution;
- (3) giving its opinion on the means to be taken to assess and maintain the competence of nurses; and
- (4) assuming any other function assigned to it by the director of nursing care.

257. The council of nurses may, with the authorization of the president and executive director, call on any expert or any other person to assist it in the exercise of its functions and powers. That expert, like the council, has access to a user's record where the information contained in it is necessary for the exercise of the expert's functions.

Before beginning to exercise those functions, the expert must take the oath provided for in Schedule I.

No judicial proceedings may be brought against the expert for an act or omission made in good faith in the exercise of the expert's functions.

258. In addition to the functions provided for in sections 255 and 256, the council of nurses exercises, with regard to the persons who perform nursing assistant activities for the institution, the following functions:

- (1) assessing the quality of the nursing care they provide;
- (2) giving its opinion on the means to be used to assess and maintain their competence; and
- (3) making recommendations on the proper distribution of the care they provide.

259. The council of nurses must form a nursing assistants committee responsible for exercising the functions provided for in section 258. The committee is composed of at least three persons selected by and from among the persons engaged in activities within its jurisdiction.

The committee may adopt by-laws concerning its internal management, its operation and the pursuit of its purposes. The by-laws come into force after being approved by the executive committee of the council of nurses.

260. The functions of the council of nurses are exercised by an executive committee composed of at least four nurses designated by the council, the chair and another member from the nursing assistants committee, the director of nursing care and the institution's president and executive director.

The executive committee has the powers of the council of nurses necessary for the exercise of its functions. It supervises and coordinates the work of the council's other committees, if applicable.

The director of nursing care sees to the proper operation of the committees of the council of nurses and ensures that the nursing acts performed within the institution are properly assessed by the council.

261. The council of nurses may adopt by-laws concerning its internal management, the creation and operation of committees, in addition to the executive committee and the nursing assistants committee, and the pursuit of its purposes. The by-laws come into force after being approved by the institution's director of nursing care.

262. Every recommendation of the nursing assistants committee that is not accepted by the executive committee of the council of nurses must be forwarded to the president and executive director of the institution accompanied with the reasons for the decision.

263. The council of nurses must submit an annual report to the director of nursing care concerning the carrying out of its functions and its resulting opinions.

The nursing assistants committee reports to the executive committee of the council of nurses according to the form and content and at the intervals determined by the executive committee.

§4.— *Rules specific to multidisciplinary health services personnel*

I.— *Director of multidisciplinary health services personnel*

264. The president and executive director of a Santé Québec institution appoints a director of multidisciplinary health services personnel.

265. Subject to the institution's by-laws and under the immediate authority of the president and executive director, the director of multidisciplinary health services personnel must

(1) supervise and monitor the quality of the acts performed by the personnel referred to in subparagraph 3 of the first paragraph of section 154;

(2) plan, coordinate and assess the activities carried on by that personnel in relation to the institution's needs;

(3) manage the human, material and financial resources under the director's direction;

(4) contribute to the development and support of the multidisciplinary health services personnel within the institution; and

(5) carry out any other function entrusted to the director by the president and executive director.

II.— *Council of multidisciplinary health services*

266. Santé Québec institutions each have a council of multidisciplinary health services.

That council is composed of all the persons referred to in subparagraph 3 of the first paragraph of section 154.

267. In accordance with the by-laws of the institution, the council of multidisciplinary health services is responsible to the interdisciplinary council for the evaluation of trajectories and clinical organization for giving its opinion on the following matters:

- (1) considering them from the viewpoint of its members,
 - (a) the trajectories of clinical services within the institution, in particular as concerns their pertinence and their efficiency;
 - (b) the institution's technical, scientific and clinical organization; and
 - (c) the distribution of clinical services; and
- (2) any other matter brought to its attention by the interdisciplinary council.

268. In accordance with the institution's by-laws, the council of multidisciplinary health services is responsible to the director of multidisciplinary health services personnel for

- (1) forming, whenever required, the peer committees needed to assess and improve the quality of the professional practice of all their members within the institution;
- (2) making recommendations on the appropriate distribution of services provided by its members, in view of the local conditions of practice required to ensure the provision of services within the institution;
- (3) giving its opinion on the means to be used to assess and maintain the competence of its members; and
- (4) carrying out any other function entrusted to it by the director of multidisciplinary health services personnel.

269. The council of multidisciplinary health services may, with the authorization of the president and executive director, call on any expert or any other person to assist it in the exercise of its functions and powers. That expert, like the council, has access to a user's record where the information contained in it is necessary for the exercise of the expert's functions.

Before beginning to exercise those functions, the expert must take the oath provided for in Schedule I.

No judicial proceedings may be brought against the expert for an act or omission made in good faith in the exercise of the expert's functions.

270. The functions of the council of multidisciplinary health services are exercised by an executive committee composed of at least three persons who hold different job titles and, if applicable, who are members of different professional orders, elected by and from among the members of the council, the director of multidisciplinary health services personnel and the institution's president and executive director.

The executive committee has the powers of the council of multidisciplinary health services necessary for the exercise of its functions. It supervises and coordinates the work of the council's other committees, if applicable.

The director of multidisciplinary health services personnel sees to the proper operation of the council's committees and ensures that its members' practice within the institution is properly assessed by the council.

271. The council of multidisciplinary health services may adopt by-laws concerning its internal management, the creation and operation of committees, in addition to the executive committee, and the pursuit of its purposes. The by-laws come into force after being approved by the director of multidisciplinary health services personnel.

272. The council of multidisciplinary health services must submit an annual report to the director of multidisciplinary health services personnel concerning the carrying out of its functions and its resulting opinions.

§5. — *Rules specific to multidisciplinary social services personnel*

I. — *Director of multidisciplinary social services personnel*

273. The president and executive director of a Santé Québec institution appoints a director of multidisciplinary social services personnel for the institution.

274. Subject to the institution's by-laws and under the immediate authority of the president and executive director, the director of multidisciplinary social services personnel must

(1) supervise and monitor the quality of the interventions performed by the personnel referred to in subparagraph 4 of the first paragraph of section 154;

(2) plan, coordinate and assess the activities carried on by that personnel in relation to the institution's needs;

(3) manage the human, material and financial resources under the director's direction;

(4) contribute to the development and support of the social services personnel within the institution; and

(5) carry out any other function entrusted to the director by the president and executive director.

II. — *Council of multidisciplinary social services*

275. Santé Québec institutions each have a multidisciplinary social services council.

That council is composed of all the persons referred to in subparagraph 4 of the first paragraph of section 154.

276. In accordance with the by-laws of the institution, the council of multidisciplinary social services is responsible to the interdisciplinary council for the evaluation of trajectories and clinical organization for giving its opinion on the following matters:

- (1) considering them from the viewpoint of its members,
 - (a) the trajectories of clinical services within the institution, in particular as concerns their pertinence and their efficiency;
 - (b) the institution's technical, scientific and clinical organization; and
 - (c) the distribution of social services; and
- (2) any other matter brought to its attention by the interdisciplinary council.

277. In accordance with the institution's by-laws, the council of multidisciplinary social services is responsible to the director of multidisciplinary social services personnel for

- (1) forming, whenever required, the peer committees needed to assess and improve the quality of the professional practice of all their members within the institution;
- (2) making recommendations on the appropriate distribution of the services provided by their members, in view of the local conditions of practice required to ensure the provision of services within the institution;
- (3) giving its opinion on the means to be used to assess and maintain the competence of its members; and
- (4) carrying out any other function entrusted to it by the director of multidisciplinary social services personnel.

278. The council of multidisciplinary social services may, with the authorization of the president and executive director, call on any expert or any other person to assist it in the exercise of its functions and powers. That expert, like the council, has access to a user's record where the information contained in it is necessary for the exercise of the expert's functions.

Before beginning to exercise those functions, the expert must take the oath provided for in Schedule I.

No judicial proceedings may be brought against the expert for an act or omission made in good faith in the exercise of the expert's functions.

279. The functions of the council of multidisciplinary social services are exercised by an executive committee composed of at least three persons who hold different job titles and, if applicable, who are members of different professional orders, elected by and from among the members of the council, the director of multidisciplinary social services personnel and the institution's president and executive director.

The executive committee has the powers of the council of multidisciplinary social services necessary for the exercise of its functions. It supervises and coordinates the work of the council's other committees, if applicable.

The director of multidisciplinary social services personnel sees to the proper operation of the council's committees and ensures that its members' practice within the institution is properly assessed by the council.

280. The council of multidisciplinary social services may adopt by-laws concerning its internal management, the creation and operation of committees, in addition to the executive committee, and the pursuit of its purposes. The by-laws come into force after being approved by the institution's director of multidisciplinary social services personnel.

281. The council of multidisciplinary social services must submit an annual report to the director of multidisciplinary social services personnel concerning the carrying out of its functions and its resulting opinions.

CHAPTER II

GROUPED INSTITUTIONS

282. Grouped institutions are the institutions described in Schedule II. They are public institutions even if they are not established under section 37.

Each grouped institution provides any group of services determined by the board of directors of Santé Québec from among those described in section 3.

283. The board of directors of Santé Québec administers the affairs of the grouped institutions and exercises with respect to them, with the necessary modifications, all the powers that Santé Québec has with respect to its institutions, subject to the special provisions of this chapter.

284. The organizational structure of each grouped institution is that of the territorial institution responsible for the local health and social services network territory in which it is located. The president and executive director and the senior officers of the territorial institution also exercise their functions and responsibilities with respect to the grouped institution. In addition, all the boards, councils, entities and committees of the territorial institution, except the users' committee referred to in section 143 and, as applicable, the advisory committee referred to in section 125, exercise their functions and responsibilities with respect to the grouped institution.

285. The board of directors of Santé Québec must see to it that the members of a grouped institution adopt a by-law to determine the conditions to be admitted as a member of the institution, members' rights and obligations and the criteria or conditions relating to their resignation, suspension or exclusion.

If the members of the institution fail to do so, the board of directors must act in their stead.

Any amendment to the by-law from the members of the institution must, to come into force, be submitted to the board of directors for approval.

286. The members of a grouped institution may, by by-law, form a board of governors or a board of delegates to represent them, and determine the composition, the rules of internal management and the functions and duties of such a board, as well as the method of appointment, the term of office, and the method of dismissal of a governor or delegate. Notices which must be sent to members of the institution are validly sent if addressed to the board of governors or delegates.

The by-law from the members of the institution may provide that the exercise of the powers assigned by this chapter to the members may be entrusted to the board of governors or delegates.

287. A territorial institution responsible for the local health and social services network territory in which a grouped institution is located records in a register the name, address and occupation of each member of the grouped institution and, where applicable, those of its governors or delegates. Similarly, it records in its books the by-laws adopted by the members and the minutes of their meetings as well as, where applicable, the by-laws adopted by the governors or delegates and the minutes of their meetings.

288. The board of directors of Santé Québec must obtain consent by at least two thirds of the votes cast by the members of a grouped institution with regard to any decision relating to access to services of a cultural or linguistic nature provided in the facilities of that institution.

289. No constituting act of a grouped institution may be amended, revoked or abandoned without the written authorization of the Minister. However, the Minister may, with the same effects, give such authorization in cases where the constituting act of the institution has been amended, revoked or abandoned without that authorization.

For the purposes of this chapter, “constituting act” means the special Act constituting the institution, the letters patent, supplementary letters patent, the articles of constitution or continuance and any other document or charter granted for its constitution.

290. Where a grouped institution has been constituted by a special Act, the enterprise registrar may, despite any inconsistent legislative provision, issue supplementary letters patent to amend the constituting act of the institution on an application by Santé Québec authorized by the Minister in accordance with section 289.

The enterprise registrar publishes the supplementary letters patent in the *Gazette officielle du Québec*, with a notice indicating the date on which they come into effect. The Québec Official Publisher must include in the annual compilation of the statutes of Québec printed after the issuance of the supplementary letters patent a table indicating both the date of effect of the supplementary letters patent and the legislative provisions they amend.

The application referred to in the first paragraph must be signed by the president and chief executive officer of Santé Québec and by the chair of its board of directors. It must also be supported by a resolution adopted by the board of directors, which must be approved by at least two thirds of the votes cast by the members of the institution.

291. The board of directors of Santé Québec must notify the members of a grouped institution of any measure that may entail a reduction in the value or a change in the destination of the immovables of the institution.

The board of directors of Santé Québec may not alienate an immovable of such an institution or change its destination except with the approval of at least two thirds of the votes cast by its members.

292. Where the acquisition of an immovable surplus to requirements of a grouped institution or its construction or the work carried out on it has been financed with funds other than funds provided, in whole or in part, by government subsidy or other than funds provided entirely by public subscription, provided that such investment has not been the subject of a reimbursement or compensation, the proceeds from the alienation of the immovable and the income arising from the proceeds may be transferred to a foundation of the institution or paid into a special fund the administration of which is entrusted to the members of the institution to be used for one of the following purposes:

- (1) the purchase, construction, renovation, improvement, enlargement or development of immovable property of the institution;
- (2) the purchase, installation, improvement or replacement of furnishings, equipment or machinery of the institution;
- (3) the research activities of the institution;
- (4) the improvement of the quality of life of the users of the institution; or
- (5) the training and development of the human resources of the institution for specific needs.

The proceeds from the alienation of the immovable and the income arising from the proceeds may also be transferred to another non-profit legal person whose activities are related to the field of health and social services if the authorization required under subparagraph *b* of subparagraph 2 of the first paragraph of section 84, where applicable, so provides.

The rules set out in the first and second paragraphs also apply to funds constituted by the members of the institution before 23 June 1992 and which have traditionally been administered by those members.

Any immovable surplus to requirements may also be transferred to a foundation of the institution or, if the authorization required under subparagraph *b* of subparagraph 2 of the first paragraph of section 84, where applicable, so provides, to another non-profit legal person whose activities are related to the field of health and social services.

For the purposes of this section, “immovable surplus to requirements” means an immovable which the institution, Santé Québec and the Minister foresee will not be used for the purposes of another institution for whatever purpose for the five ensuing years.

293. At the request of one or more groups composed of employees or professionals who work at a facility of a grouped institution or of persons from a sector of the population served by the grouped institution, Santé Québec must set up for the institution a single advisory committee charged with making recommendations to the board of directors of Santé Québec on the means to be implemented to preserve the cultural, historic, linguistic or local character of the institution and, if applicable, with establishing the necessary ties with the foundations of the institution as well as with the persons in charge of research activities.

The committee is composed of seven members who are qualified to carry out its mandate and appointed by Santé Québec’s board of directors. For that purpose, the board must invite interested groups to provide it with lists of names from which it selects the committee members.

The committee must establish its operating rules.

CHAPTER III

PRIVATE INSTITUTIONS

DIVISION I

ORGANIZATION AND OPERATION

294. A private institution must determine its administrative, professional and scientific organization.

295. A private institution must fulfill the following obligations:

(1) create a watchdog committee to which sections 120, 121, 123 and 124 apply;

(2) establish a risk management committee to which sections 138 and 140 to 142 apply;

(3) establish a users' committee and, where applicable, a residents' committee to which sections 143 to 151 apply; and

(4) adopt rules regarding disclosure to a user, to the representative of a user who is a minor or an incapable person of full age or, in the event of a user's death, to the user's heirs, legatees by particular title or the liquidator of the succession of any necessary information when an accident occurs.

The provisions to which the first paragraph refers apply with the following modifications and any other necessary modifications:

(1) a reference to the board of directors of the private institution or, if the institution is not a legal person, to the authorization holder is substituted for any reference to the institutional council of an institution of Santé Québec and for any reference to the board of directors of Santé Québec;

(2) a reference to the private institution's by-laws is substituted for any reference to Santé Québec's by-laws; and

(3) a reference to the most senior officer of the private institution is substituted for any reference to the president and executive director of an institution of Santé Québec.

Santé Québec may, by regulation, determine which powers, from among those conferred on a private institution's most senior officer by the provisions referred to in the first paragraph, may be withdrawn or restricted by the institution's board of directors in order for the board to exercise them itself.

296. The watchdog committee created for a private institution under subparagraph 1 of the first paragraph of section 295 is composed of at least five persons including the most senior officer of the institution, a service quality and complaints commissioner and another person designated by Santé Québec and any other person that the institution's board of directors designates or, if the institution is not a legal person, that the holder of the authorization designates.

297. The composition of the risk management committee established for a private institution under subparagraph 2 of the first paragraph of section 295 must ensure a balanced representation of employees and users of the institution, of persons practising within the institution and, if applicable, of persons who, under a service contract, provide services to the institution's users on behalf of the institution.

In addition, the institution's most senior officer or the person designated by the officer is ex officio a member of the committee.

298. Despite subparagraph 3 of the first paragraph of section 295, a private institution providing long-term lodging in facilities in more than one health region may choose to set up one users' committee for each region or a single users' committee for two or more regions.

299. Every private institution must adopt a code of ethics which sets out

- (1) the rights of users;
- (2) the practices and conduct expected of persons who, within the institution, engage in activities in respect of users; and
- (3) the rules governing the use of the information referred to in section 321.

The institution must give a reproduction of the code of ethics to every user it lodges or who requests it.

300. A private institution must appoint a person responsible for the quality of clinical services.

The person responsible must, in particular, supervise and monitor the quality of clinical services offered to users and see that abnormal situations are detected in a timely manner. The person responsible must have the authority to diligently remedy such a situation or have free access to the person having such authority.

301. A private institution operating a hospital centre, a residential and long-term care centre or a rehabilitation centre must appoint a director of nursing care, who must be a nurse.

Santé Québec may exempt a private institution from the obligation to appoint a director of nursing care if the number of beds that institution has in its facilities to lodge users does not warrant the appointment of such a director.

Santé Québec may also exempt a private institution operating a rehabilitation centre from that obligation if the nature of the services it provides does not warrant the appointment of such a director.

302. Under the immediate authority of the private institution's most senior officer, the director of nursing care exercises the following functions:

(1) supervising and monitoring the quality of nursing care provided in the institution;

(2) ensuring that rules governing nursing care which take into account the necessity of providing adequate and efficient services to the users as well as the organization and resources available to the institution are drawn up;

(3) ensuring appropriate distribution of nursing care in the institution;

(4) planning, coordinating and evaluating nursing care in relation to the needs of the institution;

(5) managing the human, material and financial resources under the director's direction;

(6) where applicable, keeping and updating a register of the nurses authorized to engage in the activities referred to in section 36.1 of the Nurses Act; and

(7) exercising any other function conferred by the institution's most senior officer.

303. The director of nursing care may, for disciplinary reasons or on grounds of incompetence, limit or suspend a nurse's right to engage in the activities referred to in section 36.1 of the Nurses Act in the centre.

The Ordre des infirmières et infirmiers du Québec must be informed of any measure taken under this section.

304. If a private institution avails itself of the exemption to appoint a director of nursing care provided for in the second paragraph of section 301, it must appoint a person responsible for nursing care, who must be a nurse.

305. If a director of nursing care or a person responsible for nursing care is appointed for a private institution, they may also exercise the functions of the person responsible for the quality of clinical services provided for in section 300.

DIVISION II

SUPPLY OF SERVICES

306. A private institution determines its range of health services or social services in accordance with the authorization granted by Santé Québec for the operation of the institution.

The institution also determines parameters for the health services or social services it provides and subjects such parameters to the approval of Santé Québec.

307. Santé Québec may, if it considers that it is in the public interest, require that a private institution carry on the activities necessary for the provision of any services it determines, that it cease carrying on certain activities or that it amend its supply of services in any other manner. Before making such a decision, it must give the holder of the authorization the opportunity to submit observations.

The authorization holder must, within six months after the date of issue of the document attesting the authorization modified by Santé Québec and despite any inconsistent provision, take the necessary measures to carry out the modifications required as a consequence of Santé Québec's decision.

DIVISION III

VERIFICATION OF THE JUDICIAL RECORDS OF HUMAN RESOURCES

308. A private institution must ensure that any person, including a professional, trainee or volunteer, who engages in an activity determined by regulation of Santé Québec in one of the institution's facilities holds a certificate of no judicial record issued in accordance with subparagraph 1 of the first paragraph of section 309, or a certificate of no judicial record related to the aptitudes required and appropriate conduct for engaging in a determined activity within an institution, issued under the second paragraph of section 313.

A judicial record entry related to the aptitudes required and appropriate conduct for engaging in a determined activity within an institution is

(1) a finding of guilt, pronounced within a number of years that is less than the number of years prescribed by the regulation made under the first paragraph, for an offence under the regulation, unless a pardon has been obtained, or a proceeding still pending for such an offence; or

(2) a finding of guilt for a criminal offence other than an offence referred to in subparagraph 1 which, in Santé Québec's opinion, is related to those aptitudes and that conduct, unless a pardon has been obtained, or a proceeding still pending for such an offence.

The regulation provided for in the first paragraph may prescribe the intervals at which an institution must require that a person referred to in the first paragraph submit to it again either of the two certificates referred to in that paragraph.

309. Police forces in Québec are required to issue one of the following documents to a person requesting it, as applicable:

(1) a document certifying that databases available to them do not contain information that establishes that the person has a judicial record, including any proceedings still pending; this document is called a “certificate of no judicial record”; or

(2) a list of all of the entries on the person’s judicial record, including any proceedings still pending; the list is called a “judicial record list”.

The Government prescribes, by regulation, the form of those documents and the fees payable for their issue.

310. A person to whom a police force has issued a judicial record list that does not include any judicial record entry referred to in subparagraph 1 of the second paragraph of section 308 may apply, in writing, to Santé Québec for the issue of a certificate of no judicial record related to the aptitudes required and appropriate conduct for engaging in a determined activity within an institution.

311. Applicants must submit the following information in their application filed under section 310:

(1) their name and contact information;

(2) the reasons why they consider that their judicial record entries are unrelated to the aptitudes required and appropriate conduct for engaging in an activity within an institution; and

(3) any other information that may be prescribed by regulation of Santé Québec.

The judicial record list and the fees prescribed by the regulation must be filed together with the application.

312. Applications that do not contain the information referred to in section 311 or that are not filed together with the judicial record list and fees referred to in that section are inadmissible.

313. Santé Québec must refuse to grant an application if it considers that the applicant’s judicial record entries are related to the aptitudes required and appropriate conduct for engaging in an activity within an institution.

Otherwise, it issues to the applicant a certificate of no judicial record related to the aptitudes required and appropriate conduct for engaging in an activity within an institution.

Before refusing to grant the application, Santé Québec must notify the prior notice as prescribed by section 5 of the Act respecting administrative justice (chapter J-3) to the applicant in writing and grant the applicant at least 15 days to submit observations.

314. Any person referred to in section 308 must inform the private institution in which that person engages in an activity of any change in their judicial record.

DIVISION IV

CONTRIBUTIONS, FOUNDATIONS AND INSURANCE

315. Any private institution may receive gifts, legacies, subsidies or other voluntary contributions from any person or any public or private body wishing to assist in the carrying out of the institution's mission.

Where the institution receives a contribution allocated by its contributor for special purposes, or to provide the institution with capital that must be preserved and of which only the income may be used, it must deposit or invest the contribution in accordance with the provisions of the Civil Code respecting investments presumed sound, until it disposes of the contribution in accordance with its allocation.

316. A private institution may, with the prior authorization of Santé Québec, entrust the administration of the contributions it receives to a foundation of the institution provided that the foundation meets the conditions set out in section 97, with the necessary modifications, that it is established in accordance with the statutes of Québec and that nothing in its constituting act prevents it from administering such funds.

The foundation acts as an administrator of the property of others entrusted with full administration, unless the institution entrusts the foundation with simple administration only.

In cases of dissolution of the foundation of the institution, the funds which have not yet been used for the special purposes stipulated, together with the accrued income and interest derived from the investment of the funds, shall be returned to the institution and administered in the manner prescribed in the second paragraph of section 315.

317. A private institution that is not represented by the health and social services network insurance manager referred to in the first paragraph of section 675 for its damage insurance needs must enter into a damage insurance contract with regard to acts for which it may be held liable.

DIVISION V

USERS' RECORDS

318. A private institution must set up and keep a record for each user who receives health services and social services from it, except in the cases determined by regulation of Santé Québec.

DIVISION VI

ASSESSMENT AND REPORTING

319. A private institution must send a report on its activities to Santé Québec, according to the form and content and at the intervals determined by regulation of Santé Québec.

320. Every two years, a private institution must, using the form prescribed by Santé Québec, provide a statement to Santé Québec attesting that the institution's facilities and their capacity are the same as those specified in the authorization.

321. Every private institution must, at the request of Santé Québec, take part in the assessment of the overall performance of the health and social services system; it must comply with the directives Santé Québec gives it for that purpose.

An institution may use the name, address and telephone number contained in a user's record to carry out surveys to ascertain user expectations and satisfaction with respect to the quality of the services offered by the institution.

A user may at any time request that the institution no longer use the information concerning the user for such a purpose.

TITLE II

PROVISION OF HEALTH SERVICES AND SOCIAL SERVICES

CHAPTER I

PROVISIONS APPLICABLE TO PUBLIC AND PRIVATE INSTITUTIONS

322. The function of an institution is to ensure the provision of safe, continuous and accessible quality health or social services which respect the rights and spiritual needs of individuals and which aim at reducing or solving health and well-being problems and responding to the needs of the various population groups.

323. An institution must follow recognized practices for quality of clinical services, in particular as concerns their safety, pertinence and efficiency.

324. An institution must

(1) receive and assess the needs of any person requiring health services or social services;

(2) provide the required health services or social services directly or, in accordance with this Act, have them provided on its behalf by a person or group with which it has entered into an agreement under section 445 or 454;

(3) see that its services are provided in continuity and complementarity with those provided by the other persons and groups, and that such services are organized in a way that reflects the needs of the population it serves; and

(4) direct persons to whom it is unable to provide certain services to a person or group that provides them.

325. Santé Québec determines, by regulation, the conditions and procedure of registration, enrolment, admission, transfer, discharge or absence for the users of an institution.

326. The most senior officer of an institution which has set up a clinical department of emergency medicine must see that the following standards are drawn up and submitted for approval to the board of directors of Santé Québec:

(1) adequate operating standards for its emergency service; and

(2) standards which are consistent with an adequate distribution of emergency cases for the use and allocation of beds.

After consultation with the territorial departments concerned, the board of directors of Santé Québec approves the standards drawn up under the first paragraph where it considers them appropriate for distributing emergency cases and ensuring a prompt and adequate response to the needs of the users.

The board of directors of Santé Québec may establish the standards described in the first paragraph where the institution fails to draw them up or submit them to the board.

327. An institution must comply with the standards approved or established under section 326.

328. An institution must develop for users of a class determined by regulation of Santé Québec, to the extent prescribed therein, an intervention plan in order to identify the users' needs, the objectives pursued, the means to be used and the estimated period during which services are to be provided to them. The intervention plan must ensure coordination of the services provided to the user by the various resource persons of the institution that are involved.

329. Where a user of a class determined by regulation of Santé Québec is to receive over an extended period health services or social services which require, in addition to the participation of an institution, that of other resource persons, the institution which provides the greater part of the services involved or the resource person designated jointly by the resource persons concerned must, as soon as possible, develop an individualized service plan for the user.

330. Each of the plans referred to in sections 328 and 329, respectively, must be developed with the participation of the user, as provided in section 11.

The plans must contain a timetable for assessment and review. They may, however, be modified at any time to take account of new circumstances.

Furthermore, the plans must, where applicable, mention the objectives and means aimed at fostering the cultural continuity of an Indigenous child who is entrusted to an alternative living environment under the Youth Protection Act.

331. Any personnel member assigned to performing tasks within an institution, any person practising in a centre operated by an institution, any person undergoing training or any person who, under a service contract, provides services to users of an institution on behalf of the institution must, as soon as possible after becoming aware of any incident or accident, report it to the most senior officer of the institution or to a person the officer designates.

Such incidents or accidents must be reported using the form provided for such purposes. The form must be filed in the user's record when an accident has actual or potential consequences for the user's state of health or well-being.

332. Force, isolation, mechanical means or chemicals may be used as a measure to control a person in a facility maintained by an institution only to prevent the person from inflicting harm upon themselves or others. The use of such a measure must be minimal, resorted to only exceptionally and must be adapted to the person's physical and mental state.

Any measure referred to in the first paragraph applied in respect of a person must be noted in detail in the person's record. In particular, a description of the means used, the time during which they were used and a description of the behaviour which gave rise to the application or continued application of the measure must be recorded.

Every institution must adopt a procedure for the application of such measures in keeping with the orientations determined by the Minister, make the procedure known to the users of the institution and evaluate the application of such measures annually.

333. Any institution referred to in section 6 or 9 of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001) must adopt a procedure to regulate the confinement of persons in its facilities. The procedure must be in keeping with the orientations determined by the Minister and be made known to personnel assigned to performing tasks within the institution and the persons practising in a centre it operates as well as the users concerned and their significant family members.

The procedure must, among other things, provide that the following be entered or filed in the confined user's record:

(1) the duration, including the start and end dates, of the confinement, as well as the time in the case of preventive or temporary confinement;

(2) a description of the danger that warrants placing and keeping the user under confinement;

(3) a reproduction of the psychiatric examination reports, of the confinement applications in the facilities of the institution presented to the court by Santé Québec, if it is a public institution, or by a private institution and of any judgment ordering confinement;

(4) if a psychiatric assessment was carried out without a temporary confinement order, a note attesting that the user's consent to the assessment was obtained; and

(5) the date on which the information required under section 15 of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others was transmitted to the user.

The most senior officer of the institution must report at least once every three months on the implementation of the procedure, indicating, for the period concerned, the number of preventive or temporary confinements, the number of confinements authorized under article 30 of the Civil Code and the number of applications for confinement in the facilities of the institution presented to the court by Santé Québec, if it is a public institution, or by the private institution. If it is a public institution, the report must be sent to the board of directors of Santé Québec. A summary of the reports submitted must be included in a separate section of Santé Québec's annual management report referred to in section 101. If it is a private institution, the report must be sent to its board of directors or, if the institution is not a legal person, to the holder of the authorization and the institution must include a summary of such reports obtained in the activity report it sends Santé Québec under section 319.

334. Subject to sections 335 to 337, an institution may provide only medications in respect of which a notice of compliance has been issued by the federal government for the therapeutic indications recognized by the Institut national d'excellence en santé et en services sociaux that appear on the list drawn up by the Minister for that purpose.

335. For purposes of a specific medical necessity, an institution may provide medications not appearing on the list referred to in section 334 and medications appearing on the list but for therapeutic indications not set out in the list, provided that the intended therapeutic indication for a particular user appears in the notice of compliance issued by the federal government.

Similarly, the institution may provide, for exceptional treatment purposes, medications other than those appearing on the list and which have obtained the notice of compliance issued by the federal government for a therapeutic indication other than the intended therapeutic indication for the user or in respect of which no notice of compliance has been issued by the federal government.

For the purposes of the first paragraph, a specific medical necessity means a demonstrated need which, given the user's specific condition, cannot be fulfilled by any of the therapeutic indications of the medications recorded on the list referred to in section 334.

For the purposes of the second paragraph, exceptional treatment means a medication that is required because of an exceptional demonstrated need that, given the seriousness of the user's particular condition, cannot be fulfilled by any of the therapeutic indications of the medications for which a notice of compliance has been issued by the federal government.

336. A professional authorized to prescribe medications must, to use a medication which may be provided subject to the conditions set out in section 335, obtain a written authorization from the institution's committee of pharmacology. The committee may not grant its authorization if the Institut national d'excellence en santé et en services sociaux has, in a notice to the Minister, refused to recognize the therapeutic value of the medication for the therapeutic indication for which the application for authorization was made.

The professional must set out in writing the reasons for the application and submit the scientific data in support of it, showing that the medication the professional wishes to use will effectively meet the user's particular needs.

The committee of pharmacology renders a decision in writing, with reasons.

337. In case of emergency, a professional authorized to prescribe medications may use a medication which may be provided subject to the conditions set out in section 335 before obtaining the written authorization provided for in section 336.

In such a case, the professional must, as soon as possible, inform the committee of pharmacology and justify, before the committee, both the urgency of using the medication and the decision to use it, based, among other things, on the scientific data referred to by the professional.

The committee may then order that the use of the medication be continued or stopped, or it may set conditions for such use.

338. The list referred to in section 334 is updated periodically by the Minister after consideration of the recommendations of the Institut national d'excellence en santé et en services sociaux.

The Régie de l'assurance maladie du Québec must publish the list and each of its updated versions.

Any corrections made by the Régie de l'assurance maladie du Québec under section 60.2 of the Act respecting prescription drug insurance (chapter A-29.01) apply, where applicable, under the same conditions and in the same manner, to the list referred to in section 334 of this Act.

339. The list referred to in section 334 and its updated versions come into force on the date of their publication on the website of the Régie de l'assurance maladie du Québec or on any later date specified in the accompanying notice from the Minister.

The publication imparts authentic value to the list or its updated versions and to the Minister's notice.

340. The Minister may, before entering a medication on the list referred to in section 334, make a listing agreement with the manufacturer of the medication, provided the contract for the supply of that medication is not subject, under the Act respecting contracting by public bodies (chapter C-65.1), to a public call for tenders.

The purpose of such an agreement is to provide for the payment of sums by the manufacturer to the Minister in particular by means of a rebate or discount which may vary according to the volume of sales of the medication.

The price of the medication specified in the supply contract does not take into account the sums paid under the listing agreement.

341. For the purpose of making a listing agreement, the Minister may temporarily exclude a medication from the application of section 335.

The exclusion does not apply to a person to whom the medication was provided before the date of publication of the notice of exclusion or in the cases prescribed by the regulation made under the sixth paragraph of section 60 of the Act respecting prescription drug insurance.

The notice of a medication's exclusion is published on the website of the Régie de l'assurance maladie du Québec and comes into force on the date of its publication or on any later date specified in the notice. A notice of the end date of the exclusion is also published on the website. Publication on the Régie's website imparts authentic value to such notices.

342. Despite section 9 of the Act respecting Access to documents held by public bodies and the Protection of personal information, no one has a right of access to a listing agreement.

Only the following information is to be published in the annual report on the activities of the department required under section 12 of the Act respecting the Ministère de la Santé et des Services sociaux:

(1) the name of the manufacturer of medications;

(2) the name of the medication; and

(3) the annual total sum received under listing agreements, but only in the cases where at least three agreements made with different manufacturers of medications are in force in the fiscal year.

343. The Minister designates from among the institutions recognized under section 29.1 of the Charter of the French language (chapter C-11) those which are required to make health services and social services accessible in the English language to English-speaking persons.

If an institution is deemed to have obtained such recognition with respect to some of its facilities, the Minister may designate from among the facilities those which are required to make health services and social services accessible in the English language to English-speaking persons.

CHAPTER II

PROVISIONS APPLICABLE TO PUBLIC INSTITUTIONS

DIVISION I

GENERAL PROVISION

344. Santé Québec may not offer new services which would require professional resources or highly specialized equipment determined by the Minister, or acquire highly specialized equipment determined by the Minister, before obtaining the Minister's authorization in writing.

DIVISION II

RESPONSIBILITIES OF TERRITORIAL INSTITUTIONS

345. A territorial institution established in a health region is responsible for the local health and social services networks territories in that region.

Where the board of directors of Santé Québec establishes more than one territorial institution in a single health region, the board determines the local health and social services networks for which each institution is responsible.

346. The president and executive director of a territorial institution must, for each territory for which the territorial institution is responsible, network the other public institutions and the other persons or groups in a position to provide services to the population of that territory to ensure, collectively, continuous access to a broad range of general, specialized and superspecialized health services and social services aimed at satisfying the social and health needs and distinctive characteristics of that population.

The persons and groups forming such a network comprise

- (1) private institutions;
- (2) various groups of professionals;
- (3) community organizations;
- (4) social economy enterprises;
- (5) private providers; and

(6) service providers in the other sectors of activity that have an impact on health services and social services.

347. The president and executive director of a territorial institution must ensure the supply of services required given the social and health needs and the distinctive characteristics of the population of each territory for which the territorial institution is responsible. To that end, the president and executive director

(1) defines and establishes mechanisms for the reception, referral and follow-up of users;

(2) introduces mechanisms or enters into agreements with the service providers forming the network;

(3) takes in charge, accompanies and supports persons, especially those with particular and more complex needs, in order to provide, within the network, the continuity of service required by their state of health; and

(4) together with the territorial departments of family medicine and specialized medicine, creates conditions that foster accessibility to general and specialized medical services and their continuity and networking, focusing in particular on accessibility

(a) to technical diagnostic facilities for all physicians;

(b) to clinical information, including the results of diagnostic tests such as laboratory tests and medical imaging, drug profiles and record summaries; and

(c) to specialists by family physicians with a view to the hierarchization of services.

CHAPTER III

ENGLISH LANGUAGE AND CULTURAL COMMUNITIES

348. Santé Québec develops a program of access to English-language health services and social services for the English-speaking population it serves.

The program must identify the services offered by institutions that are accessible in the English language for those persons.

Santé Québec may, with the consent of a private institution, specify in the access program the services that may be provided in the English language to its users by the institution under an agreement.

The program must be approved by the Government and revised at least once every five years.

349. A national committee, whose formation is provided for by regulation of the Government, is responsible for giving its opinion to the Government on

(1) the provision of health services and social services in the English language; and

(2) the approval, evaluation and modification by the Government of the access program developed by Santé Québec in accordance with section 348.

The regulation must provide for the composition of the committee, its rules of operation and internal management, the rules governing the administration of its affairs and its functions, duties and powers.

350. Regional committees, whose formation is provided for by regulation of Santé Québec, are established within Santé Québec and responsible for

(1) giving their opinion to Santé Québec concerning the access program developed by Santé Québec in accordance with section 348; and

(2) evaluating the access program and suggesting modifications to it where expedient.

Santé Québec determines, by regulation, the composition of the regional committees, their process for an invitation for applications, their rules of operation and internal management, the rules governing the administration of their affairs and their functions, duties and powers.

351. A public institution must, jointly with the bodies representing the ethnocultural communities and the other institutions of its region, facilitate accessibility to health and social services in a manner which is respectful of the characteristics of those ethnocultural communities.

352. A national committee, whose composition is provided for by regulation of the Minister, is responsible for giving an opinion to the Minister on the provision of health services and social services to persons from ethnocultural communities.

The regulation must provide for the composition of the committee, its rules of operation and internal management, the rules governing the administration of its affairs and its functions, duties and powers.

TITLE III

UNIVERSITY AFFAIRS

CHAPTER I

CONTRACTS OF AFFILIATION AND OTHER CONTRACTS RELATED TO EDUCATION, PROBATIONARY PERIODS OR TRAINING

353. The president and executive director of an institution of Santé Québec may, if authorized by the board of directors of Santé Québec and by the Minister, on behalf of Santé Québec enter into a contract of affiliation with a university for the purpose of offering teaching or research services within a centre operated by the institution.

The president and executive director of such an institution may also, on behalf of Santé Québec, enter into a contract for the purpose of participating in university training or research programs. Such a contract must be submitted to the president and chief executive officer and to the Minister or the persons they may respectively designate.

The president and executive director of such an institution may also enter into a contract with any educational institution, other than a university, recognized by the Minister of Education, Recreation and Sports or the Minister of Higher Education, Research, Science and Technology for the purpose of securing facilities to which students in the field of health and social services

may go for probationary periods or professional training. The contract must be transmitted to the president and chief executive officer or to the person the latter designates.

The president and executive director of such an institution may amend or terminate a contract of affiliation with the authorizations specified in the first paragraph.

354. Section 353 applies to the entering into of a contract covered by that section by a grouped or private institution, with the necessary modifications.

The institution enters into the contract in its own name. A private institution is not required to be authorized to enter into the contract by the board of directors of Santé Québec or to submit or transmit the contract to the president and chief executive officer or to the person the latter designates.

355. The terms and conditions of the contracts set out in section 353 must be consistent with the principles and general rules established by the Minister in cooperation with the Minister of Education, Recreation and Sports or the Minister of Higher Education, Research, Science and Technology, as applicable.

356. The most senior officer of an institution affiliated with a university may assign the status of medical resident to a person holding a doctoral degree in medicine who is undergoing a post-doctoral training program at a centre operated by the institution.

CHAPTER II

DESIGNATION OF INSTITUTIONS

357. The Minister may, after consulting the Minister of Higher Education, Research, Science and Technology, designate as a “university hospital centre” an institution operating a hospital centre and which meets the following conditions:

(1) in the centres it operates:

(a) it offers, in addition to hospital services, specialized or highly specialized services in several medical disciplines as part of an integrated vision of health and social services;

(b) it participates in the education provided to students, professionals and other resource persons in the field of health and social services;

(c) it evaluates technologies and methods of intervention in health; and

(d) it contributes to the development of innovations and of advanced practices;

(2) it manages a research centre or structure recognized by the Québec Research Fund–Health established by 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); and

(3) it contributes to the transfer and valorization of knowledge.

358. The Minister may, after consulting the Minister of Economy and Innovation and the Minister of Higher Education, Research, Science and Technology, designate as a “university institute” any institution which meets the following conditions:

(1) it provides, in addition to the other activities it is empowered to carry on, advanced services in a field of intervention within the health or social sector or in a multidisciplinary field of intervention related to health and social services;

(2) it participates in the education provided to students, professionals and other resource persons in the field of health and social services;

(3) it manages a research centre or structure recognized, as applicable,

(a) by the Québec Research Fund–Health for a designation in a field of intervention within the health sector;

(b) by the Québec Research Fund–Society and Culture for a designation in a field of intervention within the social sector; and

(c) by the Québec Research Fund–Health in collaboration with the Québec Research Fund–Society and Culture or the Québec Research Fund–Nature and Technology for a designation in an interdisciplinary field of intervention related to health and social services;

(4) it evaluates technologies and methods of intervention related to its advanced sector;

(5) it contributes to the development of innovations and of advanced practices; and

(6) it contributes to the transfer and valorization of knowledge.

An institution may have more than one designation as a university institute.

CHAPTER III

SPECIAL RULES FOR DESIGNATED INSTITUTIONS

359. The premises where the specialized, highly specialized or advanced services for which an institution obtained a designation under section 357 or 358 are offered must remain in the same centre where the services were offered when the designation was made. Those premises may be moved to another centre only if the Minister authorizes the move.

The same applies to the premises where, in a centre, teaching activities for which the centre was designated are carried on.

360. The institutional council of an institution designated as a university institute or a university hospital centre includes, in addition to the persons referred to in section 107, a person appointed by the board of directors of Santé Québec from a list of names provided by the universities with which the institution is affiliated.

361. The president and executive director of an institution of Santé Québec designated as a university institute or a university hospital centre must, when it establishes the medical and dental staffing plan of the institution under section 195, in addition determine the distribution of the clinical, research and teaching tasks among the physicians.

362. The president and executive director of an institution of Santé Québec designated as a university institute or a university hospital centre must, before proceeding with a physician or dentist's application for appointment or renewal under section 204, take into account the distribution of the clinical, research and teaching tasks among the physicians or dentists, as applicable, having regard to the specific requirements of the institution.

The act by which the president and executive director proceeds with the appointment of the physician or dentist must specify, in addition to the provisions mentioned in the first paragraph of section 204, the distribution, if applicable, of the clinical, research and teaching tasks assigned to the physician or dentist.

363. An institution designated as a university institute or a university hospital centre or which manages a research centre recognized by the Québec Research Fund–Health and which, under the terms of its contract of affiliation, takes part in clinical and basic research activities may provide medications, on the conditions and in the circumstances prescribed by this Act and by government regulation.

CHAPTER IV

INTEGRATED UNIVERSITY HEALTH AND SOCIAL SERVICES NETWORKS

364. For the purposes of this chapter, the territory of Québec is divided in as many territories of integrated university health and social services networks as there are universities with a faculty of medicine.

Each of these network territories corresponds to a group of local health and social services network territories delimited by the Minister in collaboration with the Minister of Higher Education, Research, Science and Technology. The Ministers associate a university with each of those territories.

The delimitation of each territory must be made in such a way as to promote the coordination, complementarity and integration of the patient care, teaching and research missions of the institutions that, being located in a territory, are affiliated with the university associated with that territory and that are either designated as a university institute or a university hospital centre.

365. Santé Québec must, for each territory of an integrated university health and social services network, establish a network comprising the institutions referred to in the third paragraph of section 364 and the university associated with that territory. The institutions and the university in the network are its members.

366. The activities of an integrated university health and social services network are directed by a management committee comprising the following members:

- (1) the president and chief executive officer of Santé Québec or the person designated by the officer;
- (2) the most senior officers of the institutions forming part of the network; and
- (3) the dean of the faculty of medicine of the university forming part of the network.

The committee may also invite any person whose participation in its proceedings it considers relevant.

367. The president and executive director of the institution of Santé Québec forming part of the integrated health and social services network designated as a university hospital centre, except such an institution serving children exclusively, acts as president of the network. A first vice-president is appointed by and from among the deans of the faculties of social sciences of the university forming part of the network. A second vice-president is appointed by and from among the deans of the faculties of health sciences of the university forming part of the network. Their term of office is two years and may be renewed.

368. The president calls the meetings of the management committee, chairs them and ensures that they are conducted properly. The president also sees that the decisions made by the committee are carried out.

369. The management committee of an integrated university health and social services network may adopt by-laws governing its meetings and the conduct of its affairs.

370. Each integrated university health and social services network makes proposals on the following subjects to Santé Québec or to the Minister, as applicable:

(1) the supply of services in the recognized areas of expertise of institutions designated as university institutes or university hospital centres in response to the requests of institutions located in the territory of the network;

(2) the assistance offered to the faculty of medicine of the university forming part of the network to extend access to medical training to the regions;

(3) the transfer of knowledge between the faculty of medicine and the institutions located in the territory of the network;

(4) access to programs fostering the maintenance of professional qualifications for partners from various professions related to health and social services;

(5) the coordination of applications for subsidies made to the Canadian investment fund by institutions forming part of the network;

(6) the establishment of regional research teams;

(7) collaboration with the other integrated university health and social services networks in order to determine priority spheres of activity, decide on the distribution of activities, and ensure the dissemination of results, all under the direction of the Institut national d'excellence en santé et en services sociaux;

(8) the prevention of short, medium or long-term interruptions of services in institutions in the network's territory that have difficulty providing general and specialized services to their users;

(9) coordination, with the institutions forming part of the network, of the activities of the Institut national d'excellence en santé et en services sociaux in order to ensure the activities' productivity and efficiency;

(10) the establishment of a culture of collaboration between the institutions forming part of the network; and

(11) the grouping of specialized medical staff to avoid duplication.

In addition, each network makes proposals to the Minister on

(1) medical training and the distribution, among the institutions of the network, of students from the faculty of medicine of the university forming part of the network; and

(2) the coordination, with the Québec Research Fund–Health, of the research activities of institutions located in the territory of the network, with a view to achieving a critical mass of researchers in given sectors and sharing technical facilities in order to avoid duplication.

371. Each institution forming part of an integrated university health and social services network must

(1) contribute to the supply of services proposed by the network in the institution's recognized areas of expertise;

(2) ensure general, specialized and superspecialized services to users in its local area and, at the request of Santé Québec's board of directors, make its contribution to the other institutions in the network's territory to prevent any interruption of services; and

(3) offer, in accordance with the terms and conditions Santé Québec's board of directors may determine, general and specialized services to the territorial institutions in the territory of its health region.

The local area referred to in subparagraph 2 of the first paragraph is determined by Santé Québec's board of directors.

PART IV

TERRITORIAL DEPARTMENTS AND OTHER MEASURES FOR ACCESS TO MEDICAL SERVICES

TITLE I

TERRITORIAL DEPARTMENTS OF FAMILY MEDICINE AND SPECIALIZED MEDICINE

CHAPTER I

GENERAL PROVISIONS

372. Santé Québec forms, for each health region, a territorial department of family medicine and a territorial department of specialized medicine.

If there is more than one public institution in such a region, Santé Québec may form more than one of the departments; it then attaches each of those departments to a public institution of the region.

A territorial department formed in a region in which there is only one public institution is attached to that institution.

373. The territory of the territorial department of family medicine is the territory of the health region. However, if more than one department is formed in a region, Santé Québec divides all of the territory of the region between the departments so that each department has its own territory.

The same applies to the territory of a territorial department of specialized medicine.

374. A territorial department is directed by a physician who is a member of the department; the physician is appointed for a term of up to four years by the president and executive director of the public institution to which the department is attached.

The physician so appointed is called “medical director of family medicine” or “medical director of specialized medicine” depending on whether the physician directs the territorial department of family medicine or the territorial department of specialized medicine.

375. The medical director of the institution to which a territorial department is attached coordinates and supervises the activities of the physician who directs the department.

The medical director must, in particular, obtain the opinion of the physician on the administrative and financial consequences of the activities of the department’s physicians for the institution and, where applicable, for the other public institutions in the territory.

376. Under the authority of the medical director, the physician who directs a territorial department is responsible for seeing that the functions entrusted to the department are exercised in full, properly and without delay, within the framework of the powers conferred on Santé Québec and in keeping with the responsibilities of the institutions in the territory.

377. The functions of a territorial department are exercised by a supervisory committee.

378. The supervisory committee of a territorial department may adopt by-laws concerning its internal management, the creation and mode of operation of committees or sub-territorial units, and the pursuit of the department’s objectives.

Such by-laws may also prescribe the manner in which all or some of the functions assigned to the supervisory committee may be entrusted to the physician who directs the department. The by-laws come into force after being approved by the president and executive director of the institution to which the territorial department is attached.

379. Despite any provision to the contrary, physicians may receive remuneration from the Régie de l'assurance maladie du Québec only if they are members of a territorial department, unless the remuneration is paid to them under section 36 of the Health Insurance Act.

CHAPTER II

SPECIAL PROVISIONS FOR TERRITORIAL DEPARTMENTS OF FAMILY MEDICINE

380. Family physicians may be members of the territorial department of family medicine if they meet the following conditions:

- (1) they practise in the department's territory; and
- (2) they hold a status and privileges allowing them to practise their profession within the institution to which the department is attached.

A physician who is a professional who has withdrawn or a non-participating professional within the meaning of the Health Insurance Act may not be a member of the department.

381. The territorial department of family medicine develops the organization of family medicine services and submits it to the president and executive director of the institution to which the department is attached.

The department must specify, for each local health and social services network territory, the services provided in each place of practice and the nature of the existing and expected services in terms of accessibility and of management of the various clientele; it must also ensure the implementation and application of Santé Québec's decision concerning the organization of such services.

It makes any recommendation it considers appropriate for achieving the purpose set out in section 346.

382. The department must set objectives for measuring the implementation of the organization of family medicine services it develops. It measures the achievement of the objectives.

383. The territorial department of family medicine, in addition to the other functions conferred on it by this Act, exercises the following functions:

- (1) making recommendations on the nature of the family medicine services arising from priority programs and ensuring the implementation of Santé Québec's decision relating to such matters;
- (2) making recommendations on the list of specific medical activities referred to in section 395 and ensuring the implementation of Santé Québec's decision relating to the list;

(3) giving its opinion on any project concerning the provision of family medicine services;

(4) giving its opinion on certain projects relating to the use of medications; and

(5) performing any other function relating to family medicine services that is assigned to it by the president and chief executive officer of Santé Québec or by the president and executive director or the medical director of the institution to which the department is attached.

384. The supervisory committee of the territorial department of family medicine is composed of the following members:

(1) the medical director of family medicine;

(2) two physicians elected by and from among the physicians who are members of the department;

(3) two to nine physicians who are members of the department, depending on the number set in accordance with section 385, appointed by the two physicians referred to in subparagraph 2; and

(4) the president and executive director and the medical director of the institution to which the department is attached.

If there is a faculty of medicine in the department's territory, the supervisory committee must also include a member appointed by the dean of the faculty as well as a family medicine resident acting as an observer.

The majority of the members of the supervisory committee must be physicians practising in primary health care.

385. The rules in addition to those of section 384 relating to the composition of the supervisory committee of the territorial department of family medicine, the procedure governing the election or appointment of the members referred to in subparagraphs 2 and 3 of the first paragraph of that section and their terms of office are determined by a by-law adopted by the physicians who are members of the department, at a general meeting called for that purpose.

The rules relating to the composition of the supervisory committee prescribed by the by-law must ensure equitable representation of the parts of the department's territory and of the various environments of medical practice. The by-law comes into force after being approved by the president and executive director of the institution to which the department is attached.

CHAPTER III

SPECIAL PROVISIONS FOR TERRITORIAL DEPARTMENTS OF SPECIALIZED MEDICINE

386. Medical specialists may be members of a territorial department of specialized medicine if they meet the following conditions:

- (1) they practise in the department's territory; and
- (2) they hold a status and privileges allowing them to practise their profession in the institution to which the department is attached.

A physician who is a professional who has withdrawn or a non-participating professional within the meaning of the Health Insurance Act may not be a member of the department.

387. The territorial department of specialized medicine develops the organization of specialized medical services in the department's territory and submits it to the president and executive director of the institution to which the department is attached.

For each speciality, the department must specify, for each local health and social services network territory, the services likely to best meet the needs of the population; it must also ensure the implementation and application of Santé Québec's decision concerning the organization of such services.

It makes any recommendation it considers appropriate for achieving the purpose set out in section 346.

388. The territorial department of specialized medicine must set objectives for measuring the implementation of the organization of specialized medical services it develops. It measures the achievement of the objectives.

389. The territorial department of specialized medicine, in addition to the other functions conferred on it by this Act, exercises the following functions:

- (1) giving its opinion on any project concerning the provision of specialized medical services and the renewal, distribution and development of specialized medical equipment, in compliance with the territorial organization of specialized medical services;
- (2) making recommendations on the list of specific medical activities referred to in section 403 and ensuring the implementation of Santé Québec's decision relating to the list;
- (3) giving its opinion on certain projects relating to the use of medications; and

(4) performing any other function relating to specialized medicine that is assigned to it by the president and chief executive officer of Santé Québec or by the president and executive director or the medical director of the institution to which the department is attached.

390. The supervisory committee of the territorial department of specialized medicine is composed of the following members:

- (1) the medical director of specialized medicine;
- (2) two physicians elected by and from among the physicians who are members of the department;
- (3) two to nine physicians who are members of the department, depending on the number set in accordance with section 391, appointed by the two physicians referred to in subparagraph 2; and
- (4) the president and executive director and the medical director of the institution to which the department is attached.

If there is a faculty of medicine in the department's territory, the supervisory committee must also include a member appointed by the dean of the faculty as well as a medical resident acting as an observer.

391. The rules in addition to those of section 390 relating to the composition of the supervisory committee of the territorial department of specialized medicine, the procedure governing the election or appointment of the members referred to in subparagraphs 2 and 3 of the first paragraph of that section and their terms of office are determined by a by-law adopted by the physicians who are members of the department, at a general meeting called for that purpose.

The rules relating to the composition of the supervisory committee prescribed by the by-law must ensure equitable representation of the clinical fields in which the medical specialists who are members of the department practise as well as of the parts of the department's territory.

TITLE II

OTHER MEASURES FOR ACCESS TO MEDICAL SERVICES

392. The Government determines each year the number of medical resident positions available in the post-doctoral medical training programs. This number includes

- (1) the family medicine training positions; and
- (2) the other training positions required for one or another of the specialties recognized by a regulation made under the Medical Act (chapter M-9).

In order to foster a rational distribution of medical resources among the regions, the Government may each year authorize certain of the positions provided for in subparagraph 2 of the first paragraph, on the condition that the trainees agree to sign an undertaking, which may contain a penal clause, to practise for a period not exceeding four years in the region or for the institution determined by the Minister. These positions cannot exceed 25% of the number of positions intended for new trainees among the total number of positions provided for in subparagraph 2 of the first paragraph.

Where a position referred to in the second paragraph has not been filled, it automatically becomes a family medicine training position to which no undertaking to practise in a particular region or for a particular institution is attached.

The Government may also, if it considers it appropriate, authorize certain additional training positions in post-doctoral medical training programs intended for graduate students of a university or school situated outside Canada and the United States on the condition that the trainees agree to sign an undertaking, which may contain a penal clause, to practise for a period of four years in the region or for the institution determined by the Minister.

The number of positions referred to in the second paragraph is determined after the Minister has consulted the Collège des médecins du Québec, Québec universities having a faculty of medicine and Santé Québec.

393. The Government may determine each year a number of positions in the doctoral medical training programs for students from outside Québec, on the condition that they agree to sign, before the beginning of their training program, an undertaking, which may contain a penal clause, to practise for a period not exceeding four years in the region or for the institution determined by the Minister in the event that they practise medicine in Québec after obtaining their licence to practise.

394. Family physicians wishing to participate in an agreement entered into under the fifth paragraph of section 19 of the Health Insurance Act must, after being authorized by Santé Québec, undertake to devote part of their practice to specific medical activities referred to in section 395.

Such an agreement may provide for adjustments as regards the nature of the activities and the level of participation of the physicians according to the number of years of practice.

395. For the purposes of the first paragraph of section 394, Santé Québec establishes for the territory of each territorial department of family medicine referred to in section 372, on the basis of such recommendations as may be made by the department, a list of specific medical activities. The list specifies the conditions of exercise of each activity offered, in accordance with the terms of the agreement referred to in that paragraph.

The list is submitted to the Minister for approval.

396. Physicians submit their application for authorization to Santé Québec which transmits to them a list of specific medical activities from which they must choose.

397. Santé Québec authorizes physicians to participate in the agreement referred to in section 394 if they undertake in writing to exercise one of the specific medical activities provided for in the list referred to in section 395.

Before authorizing a physician to participate in the agreement referred to in section 394, Santé Québec must take into account the authorized number of physicians according to the medical staffing plans of its institutions.

398. For as long as physicians respect the undertaking they made in accordance with section 397, and until they are discharged from the undertaking in accordance with the terms of the agreement referred to in section 394, they remain subject to that agreement.

399. Santé Québec may, in accordance with the terms of the agreement, periodically review the undertaking made by a physician in accordance with section 397.

400. Where, in Santé Québec's opinion, a physician ceases to respect the undertaking made in accordance with section 397, Santé Québec terminates the physician's participation in the agreement and informs the physician, the territorial department of family medicine and the Régie de l'assurance maladie du Québec. Santé Québec must give the physician an opportunity to present observations.

401. Physicians who are not satisfied with a decision refusing or terminating their participation may submit the decision to the arbitration procedure provided for in the agreement referred to in section 394.

402. Medical specialists in a specialty covered by an agreement entered into under the fifth paragraph of section 19 of the Health Insurance Act who have no privileges in an institution operating a hospital centre and who wish to participate in such an agreement must devote part of their practice to specific medical activities referred to in section 403.

The agreement may provide for adjustments as regards the nature of the activities and the level of participation of the medical specialists according to the number of years of practice.

403. For the purposes of the first paragraph of section 402, Santé Québec establishes, for the territory of each territorial department of specialized medicine referred to in section 372 and on the basis of such recommendations as may be made by the department, a list of specific medical activities. The list specifies the conditions of exercise of each activity offered, in accordance with the terms of the agreement referred to in that paragraph.

The list is submitted to the Minister for approval.

404. Sections 396 to 401 apply, with the necessary modifications, to medical specialists to whom section 402 applies.

405. Santé Québec must establish a territorial medical staffing plan for each territory of a department referred to in section 373 on the basis of the medical and dental staffing plans that were submitted to the president and chief executive officer in accordance with section 195, the number of physicians required to perform the specific medical activities referred to in sections 395 and 402 and the number of family physicians and medical specialists, listed by speciality, who are remunerated by the Régie de l'assurance maladie du Québec and practise in the territory, even outside an institution.

In establishing a territorial medical staffing plan, Santé Québec must take into account the medical activities of the physicians and medical specialists who practise in the territory and receive remuneration from the Régie de l'assurance maladie du Québec. Santé Québec must also consult

(1) the territorial department of family medicine on the part of the plan relating to family physicians; and

(2) the territorial department of specialized medicine on the part of the plan relating to medical specialists.

A territorial department may make recommendations it considers appropriate with regard to the part of the plan for which it was consulted.

406. The territorial medical staffing plan established by Santé Québec is submitted to the Minister who approves it with or without amendment; the medical and dental staffing plans established by the institutions of the region are submitted with that plan.

The whole territorial medical staffing plan so approved must, in accordance with section 405, be established again at least every three 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 the territorial medical staffing plan if Santé Québec fails to do so within the time specified by the Minister.

407. The Minister may send directives to Santé Québec concerning the establishment of any territorial medical staffing plan. The directives may, in particular, prescribe expansion or reduction objectives and the number of positions that must be reserved for physicians having practised in other regions.

Such directives are binding on Santé Québec.

408. In order to ensure compliance with the territorial medical staffing plans,

(1) every physician in the region who is remunerated by the Régie de l'assurance maladie du Québec and practises in a private health facility is bound by an agreement entered into under the seventh paragraph of section 19 of the Health Insurance Act; and

(2) the territorial departments of family medicine and specialized medicine ensure their implementation and application and assess the achievement of the objectives relating to them.

For the purposes of this Act, “private health facility” means an enterprise in which one or more physicians, dentists or other professionals, individually or as a group, regularly practise their profession, privately and solely on their own account, without directly or indirectly providing their patients with lodging and without offering them specialized medical treatments.

409. Once a territorial medical staffing plan concerning a health region has been approved by the Minister, the president and chief executive officer of Santé Québec approves the medical and dental staffing plans submitted by the institutions of the region in accordance with section 195.

Santé Québec transmits to the Minister, on request, each medical and dental staffing plan approved by the president and chief executive officer.

410. An authorization to appoint a physician in departure from the medical and dental staffing plan granted by the president and chief executive officer under subparagraph 2 of the first paragraph of section 208 entails authorization to depart from the applicable territorial medical staffing plan.

411. Santé Québec annually prepares a primary care family physician distribution plan for each health region. The plan identifies the various territories of a region where it is a priority to meet primary care family medicine needs and the level of those needs.

Santé Québec may amend the plan in the course of the year.

The Minister may, for the purposes of the plan, authorize Santé Québec to modify a territorial medical staffing plan that the Minister has approved or to modify a medical and dental staffing plan approved by an institution. The Minister may also, if the Minister considers it warranted by exceptional circumstances, and on the conditions the Minister sets, authorize an institution to depart from the latter plan.

PART V

AGREEMENTS AND ACCREDITATIONS FOR FUNDING PURPOSES AND AGREEMENTS FOR THE PROVISION OF CERTAIN SERVICES

TITLE I

AGREEMENTS AND ACCREDITATIONS FOR FUNDING PURPOSES

CHAPTER I

PRIVATE INSTITUTIONS UNDER AGREEMENT

412. Santé Québec may, if it considers that the needs of a health region justify it, enter into an agreement with a private institution for either of the following purposes:

(1) compensation for the health services or social services the institution provides under the agreement, at a flat rate set by the Government for the group of services referred to in section 3 to which the services provided correspond; or

(2) full or partial reimbursement for expenditures incurred by the institution that are eligible for subsidies under the special budgetary rules referred to in the second paragraph of section 89.

The terms and conditions of funding set out in an agreement entered into under the first paragraph are subject to compliance with the provisions of section 413. The same applies in the case of the renewal of such an agreement.

In a case of disagreement between Santé Québec and a private institution as regards the determination of the terms and conditions of funding applicable under the agreement or upon the renewal of an agreement, Santé Québec may, six months after the beginning of discussions, request the Minister to determine the terms and conditions.

413. The Minister determines, with the approval of the Conseil du trésor, the general terms that relate to the funding of the activities of private institutions and that are applicable, subject to exceptions provided for by the Minister, to all funding agreements entered into under subparagraph 2 of the first paragraph of section 412.

The Minister determines in the same manner the minimum content, the duration and, where necessary, the form of the agreements entered into under section 412. The content of the agreements may vary according to the region concerned, the nature or scope of the services provided by institutions having a similar mission, or the users served by such institutions.

414. Section 51 applies, with the necessary modifications, to a private institution under agreement.

415. A private institution under agreement may not, without having obtained prior authorization from Santé Québec,

- (1) acquire, alienate or hypothecate an immovable;
- (2) build, enlarge, develop, convert, demolish, rebuild or make major repairs to its immovables, except where the estimated total cost of the project is less than the amounts determined by government regulation and where no borrowing for the financing is required;
- (3) grant a dismemberment of the right of ownership;
- (4) lease an immovable;
- (5) lease or lend its immovables to a third person, or otherwise allow a third person to use them, for a period exceeding one year; or
- (6) lease its facilities to a non-participating professional within the meaning of the Health Insurance Act or otherwise allow such a professional to use its facilities to provide medical services.

The institution must also have obtained prior authorization from the Conseil du trésor in the cases provided for in subparagraphs 1 and 2 of the first paragraph.

416. The Conseil du trésor may, on the conditions and to the extent it determines, delegate to Santé Québec all or some of the powers granted to it under section 415.

The instrument of delegation is published in the *Gazette officielle du Québec* and comes into force on the 15th day following the date of publication.

417. Section 415 does not apply to asset maintenance work, whatever the estimated cost of the work and the source of its financing.

“Asset maintenance work” means all the work required to ensure the security of persons and property, stop the deterioration of immovables and ensure their conservation.

418. Any contract made by a private institution under agreement without the prior authorization of the Conseil du trésor or Santé Québec is absolutely null in all cases where such authorization is required by this Act.

Furthermore, every contract must, on pain of nullity, be made in accordance with the standards, terms and procedure prescribed by regulation of Santé Québec.

An application for the annulment of a contract made by the institution contrary to this section may be instituted by Santé Québec or any interested person.

419. Despite section 315, no private institution under agreement may, without having obtained Santé Québec's prior authorization, accept gifts, legacies, subsidies or other contributions that are paid on the condition that a project be carried out in one of the following situations:

(1) where the assistance is intended to finance a project for which the prior authorization of the Conseil du trésor, the Minister or Santé Québec is required; or

(2) where the immediate or foreseeable effect of the intended project is to increase the amount of the institution's annual operating or capital expenditures.

Santé Québec's prior authorization under the first paragraph is not necessary if the contribution paid is from the Gouvernement du Québec, a government department or a government body whose operating expenses are borne by the Consolidated Revenue Fund. In such a case, the Government or the department or body concerned must notify Santé Québec.

In the situation referred to in subparagraph 2 of the first paragraph, Santé Québec grants the prior authorization only if the private institution under agreement shows that the extra cost can be borne without requiring a budgetary adjustment or a special subsidy from Santé Québec.

420. In order to ensure uniform administrative and financial management of private institutions under agreement, Santé Québec publishes and keeps up to date a financial management manual.

421. Before 1 April each year, Santé Québec sends each private institution under agreement its operating budget for the following fiscal year. The budget is established on the basis of the funding agreement entered into between the institution and Santé Québec under the first paragraph of section 412, according to the terms and conditions, if any, set out in the agreement.

If, on 1 April in a year, the operating budget of an institution has not been sent to it, one quarter of the budget for the preceding fiscal year is renewed at the beginning of each quarter of the fiscal year until it is replaced by the budget for the fiscal year concerned.

422. The fiscal year of a private institution under agreement ends on 31 March.

423. A private institution under agreement sends Santé Québec, in the form and at the intervals Santé Québec determines,

(1) the reports on budget use and on the operation of the institution that are necessary for the application of the provisions of the funding agreement entered into with Santé Québec; and

(2) an annual statistical report on the resources and services of the institution for the last fiscal year.

The reports must contain any information required by Santé Québec.

424. The books and accounts of a private institution under agreement are audited every year by an auditor.

425. Before 30 September each year, the board of directors of a private institution under agreement or, if the institution is not a legal person, the authorization holder, appoints an auditor for the institution's current fiscal year.

The institution must issue a call for tenders, at least once every four years and whenever it intends to retain the services of a new auditing firm, to ensure that the services it receives are as cost-effective as possible.

426. If an auditor leaves office before the end of their term, the board of directors of the private institution under agreement or, if the institution is not a legal person, the authorization holder, must fill the vacancy at its next sitting.

427. In the exercise of their functions, auditors have access to all the books, registers, accounts and other accounting records and vouchers of the private institution under agreement. Every person having custody of such documents must facilitate the auditor's examination of them.

Auditors may also require from the members of the board of directors of the institution, or from the institution's officers, employees and other representatives, the information, explanations and other documents necessary for the carrying out of their mandate.

428. Auditors must, for the fiscal year for which they have been appointed, audit the financial statements of the private institution under agreement and perform the other duties included in their mandate, in particular those the Government may determine by regulation and, where applicable, those determined by the institution or Santé Québec.

429. Auditors submit their audit report to the board of directors of the institution or, if the institution is not a legal person, to the authorization holder.

430. The institution must, on or before 30 June each year, submit to Santé Québec its annual financial report for the previous fiscal year. The financial report must be prepared in the form determined by Santé Québec and include the institution's financial statements, the audit report referred to in section 429 and any other information required by Santé Québec.

CHAPTER II

COMMUNITY ORGANIZATIONS

431. Santé Québec may, in accordance with a financial assistance program developed and approved under section 92, grant, out of the sums allocated to it for that purpose by the Minister, a subsidy to one of the following organizations or groups:

(1) a community organization committed to the defence of the rights or promotion of the interests of users of community organizations' services or of users of health or social services;

(2) a community organization committed to the promotion of social development, improvement of living conditions, prevention, or promotion of health;

(3) a community organization offering prevention, assistance and support services, including temporary lodging services;

(4) a community organization engaging in activities which respond to new needs, take new approaches or are directed at specific groups of persons;

(5) a community organization that has been entrusted with the functions provided for in the first paragraph of section 624; or

(6) a provincial group of community organizations.

432. Every community organization that receives a subsidy under this chapter is free to define its orientations, policies and approaches.

433. Every community organization or provincial group that receives a subsidy in one of the cases referred to in section 431 must, within four months after the end of its fiscal year, send its activity report and its financial report to Santé Québec.

434. Sections 432 and 433 apply to any subsidy granted by the Minister to an organization or group referred to in section 431.

The reports referred to in section 433 are then sent to the Minister.

CHAPTER III

ACCREDITATIONS FOR FUNDING PURPOSES

435. Santé Québec may grant a financial allowance to a community organization to allow it to obtain from an institution, by an agreement entered into under section 446, all or some of the health services or social services required by the organization's clientele, or to offer some of those services.

436. Only a person holding an accreditation issued under this chapter may receive a financial allowance under section 435.

437. Any person who satisfies the requirements determined by the Minister is eligible for accreditation.

438. A person applying for accreditation must send an application to Santé Québec, which may issue the accreditation if the Minister's requirements are met.

Santé Québec may issue the accreditation on the conditions and for the clientele determined by Santé Québec.

439. An accreditation issued by Santé Québec remains in force as long as the holder complies with this Act and meets the requirements determined by the Minister and the conditions determined by Santé Québec.

Santé Québec may, however, issue an accreditation for a determined period or a temporary accreditation whenever it considers it necessary.

440. An accreditation holder must inform Santé Québec beforehand in writing of any change of address, of any alienation of assets or of any transaction that entails ineligibility for the accreditation.

441. Santé Québec may cancel an accreditation at the request of its holder or suspend or revoke it where the holder no longer meets the conditions prescribed by this Act, the requirements determined by the Minister or the conditions determined by Santé Québec.

Before deciding to suspend or revoke an accreditation, Santé Québec must notify the prior notice prescribed by section 5 of the Act respecting administrative justice to the community organization concerned in writing and grant it at least 10 days to submit observations.

442. Santé Québec must notify its decision in writing, with reasons, to a holder whose accreditation is suspended or revoked.

443. A community organization referred to in section 435 must account for its management to Santé Québec in the manner and at the intervals determined by Santé Québec.

444. No one may use the title "accredited organization" or associate an accreditation with an organization unless they hold an accreditation issued under this chapter.

TITLE II

AGREEMENTS FOR CERTAIN SERVICES

CHAPTER I

AGREEMENTS FOR THE SUPPLY, PROVISION OR EXCHANGE OF CERTAIN SERVICES

445. Santé Québec may enter into an agreement with a person or group for any of the following purposes:

(1) the supply, on behalf of a Santé Québec institution, of certain health services or social services required by a user of the institution; or

(2) the provision or exchange of professional services with respect to health services or social services.

It may also enter into an agreement with a private institution concerning the acquisition and the automated preparation and distribution of medications.

446. Santé Québec may enter into an agreement with a community organization that has received a financial allowance under section 435, to ensure that all or some of the health services or social services required by the organization's clientele are provided.

447. The Minister's prior authorization is required in order for Santé Québec to enter into an agreement with the holder of an authorization for the operation of a non-participating specialized medical centre within the meaning of the second paragraph of section 500, or with a non-participating professional within the meaning of the Health Insurance Act. Such authorization is also required where the agreement covers an insured service that is considered non-insured under that Act.

448. No physician or dentist is bound by an agreement referred to in section 445 or 446 unless the agreement is effective at the time the physician or dentist applies for appointment or renewal of status or privileges and the agreement is brought to their attention by the medical director in the notice acknowledging receipt of the application.

In addition, such an agreement must be consistent with an agreement made under section 19 of the Health Insurance Act.

Within 30 days from the date of coming into force of an agreement referred to in the first paragraph and binding a physician or dentist, Santé Québec sends a reproduction of the agreement to the representative organization concerned.

449. An agreement entered into under section 445 must not have the effect of significantly modifying the organization of the specialized medical services provided in a hospital centre operated by an institution. Only an agreement entered into with an associated medical clinic in accordance with section 454 may have such an effect.

In addition, an agreement referred to in subparagraph 2 of the first paragraph of section 445 must not have the effect of granting the exclusive right to provide professional services or preventing the recruitment of professionals in accordance with the needs set out in the medical and dental staffing plan approved or established by the president and chief executive officer of Santé Québec.

450. Where the person or group with whom or which Santé Québec has entered into an agreement referred to in section 445 is a community organization, the agreement must be consistent with the orientations, policies and approaches of the community organization.

451. The provisions of this chapter, except section 449, apply, with the necessary modifications, to a private institution, and an agreement referred to in section 445 may also be entered into with Santé Québec.

CHAPTER II

ASSOCIATED MEDICAL CLINICS

452. With a view to improving the accessibility of specialized medical services, Santé Québec may propose to the Minister that a Santé Québec institution that carries on hospital activities become associated with the operator of one of the following enterprises in order to entrust the operator with providing certain specialized medical services to users of the institution:

- (1) a private health facility;
- (2) a laboratory governed by the Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2); or
- (3) a participating specialized medical centre within the meaning of the second paragraph of section 500.

For the purposes of this chapter, an enterprise mentioned in the first paragraph is an “associated medical clinic”.

453. Before accepting Santé Québec’s proposal, the Minister must be of the opinion that it could improve the accessibility of the specialized medical services concerned and would not affect the capacity of the public health and social services network, in particular as regards staffing requirements for the operation of that network. The Minister must also consider the increase in efficiency and effectiveness that could result from the proposal’s implementation.

The Minister's decision to accept Santé Québec's proposal must specify the procedure to be followed by Santé Québec to determine which associated medical clinic offers the most cost-effective specialized medical services.

The second paragraph applies despite the Act respecting contracting by public bodies.

454. On completion of the procedure referred to in the second paragraph of section 453 and after obtaining the authorization of the Minister, Santé Québec must enter into an agreement with the operator of the medical clinic with which Santé Québec is associated. The agreement must specify

(1) the nature of the specialized medical services to be provided under the agreement;

(2) the minimum and maximum number of specialized medical services that may be provided each year by the clinic, and how those services are to be distributed on a quarterly basis to ensure their continued availability;

(3) the unit amount to be paid by Santé Québec to cover the costs related to each specialized medical service provided by the clinic, according to the nature of the service, and the terms of payment;

(4) the monitoring mechanisms allowing the institution, or one of its boards or committees determined in the agreement, to ensure the quality and safety of the medical services provided by the clinic;

(5) the fees, determined in accordance with section 456, that may be charged to a user who receives a specialized medical service in the clinic, and the manner in which the user is to be informed regarding payment of the fees;

(6) the bookkeeping and information system requirements with which the clinic operator is to comply, and the nature, form, content and frequency of the reports and information the operator is required to send to Santé Québec and to the Minister; and

(7) a mechanism to resolve disputes regarding the interpretation or application of the agreement.

The services covered by the agreement are subject to Santé Québec's complaint examination procedure and to the Act respecting the Health and Social Services Ombudsman.

The agreement has a maximum five-year term. The parties may not terminate the agreement before its expiry, or amend or renew it, without the Minister's authorization. To renew the agreement, a draft renewal agreement must be sent to the Minister at least six months before the agreement expires.

455. All physicians practising in an associated medical clinic must be subject to the application of an agreement entered into under section 19 of the Health Insurance Act.

456. Despite section 22.0.0.1 of the Health Insurance Act, no amount may be charged to a user who receives a specialized medical service from an associated medical clinic providing services under an agreement other than the fees the institution associated with the clinic would normally have charged for the provision of those services, provided the fees are specified by the agreement.

457. To provide specialized medical services specified by an agreement in an associated medical clinic, a physician must first hold a status and privileges allowing the physician to practise in a hospital centre operated by the institution with which the clinic is associated, fully meet the needs of the hospital centre according to the assessment of the medical director, and fulfill at all times the obligations attached to the privileges granted to the physician.

The operator of an associated medical clinic must not allow a physician who fails to comply with this section to provide specialized medical services specified by the agreement in the clinic.

458. On signing an agreement, the operator of a medical clinic must give the institution with which the clinic is associated a list of the physicians practising in the institution who are to provide specialized medical services in the clinic. The operator of the clinic must keep the list updated and inform the president and executive director of the institution without delay of any change to it.

459. Despite the third paragraph of section 454, Santé Québec may terminate an agreement if it has reasonable grounds to believe that the quality or safety of the specialized medical services provided in the associated medical clinic is not satisfactory, or that the operator of such a clinic or a physician who practises there is failing to comply with a provision of sections 456 to 458.

The Minister may request Santé Québec to terminate an agreement if the Minister has reasonable grounds to believe that a situation referred to in the first paragraph is occurring.

Before terminating an agreement, Santé Québec must give the institution and the operator of the associated medical clinic an opportunity to submit observations in writing.

460. Despite the provisions of the Health Insurance Act, an agreement under section 454 of this Act may cover insured services that are not considered insured services when provided outside a facility maintained by an institution if Santé Québec considers that difficulties exist with respect to access to those services in the institutions within a health region.

Furthermore, services provided by a physician under an agreement referred to in section 454 are deemed, for the sole purposes of the physician's remuneration, to be provided within the institution that referred the user to the associated medical clinic.

CHAPTER III

INTERMEDIATE RESOURCES AND FAMILY-TYPE RESOURCES

DIVISION I

GENERAL PROVISIONS

461. A Santé Québec institution may use the services of an intermediate resource or a family-type resource.

Subject to the third paragraph of section 478, the institution itself recruits such resources on the basis of its users' needs.

The institution also sees to the evaluation of those resources in compliance with the general criteria determined by the Minister.

462. With Santé Québec's authorization, two or more of its institutions may call upon the services of the same intermediate resource or family-type resource.

Santé Québec sees to it, however, that the institutions concerned consult one another with respect to the professional follow-up of the users.

DIVISION II

INTERMEDIATE RESOURCES

463. An intermediate resource is a resource operated by a natural person as a self-employed worker, by a legal person or by a partnership having entered into an agreement with Santé Québec for the purpose of participating in keeping in or integrating into the community users who are otherwise registered for the services of one of its institutions, by providing them with a living environment suited to their needs, together with the support or assistance services required by their condition.

464. The immovable or dwelling premises in which the services of an intermediate resource are provided is not deemed to be a facility maintained by the Santé Québec institution using the resource's services, except for the purposes of the Youth Protection Act, in which case it is considered to be a place where foster care is provided by the institution.

465. The Minister establishes, by regulation, a classification of the services offered by intermediate resources based on the degree of support or assistance required by users.

The remuneration for each type of services listed in the classification established under the first paragraph is determined

(1) in accordance with the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements (chapter R-24.0.2), in the case of intermediate resources represented by an association recognized under that Act;

(2) by the Minister, with the authorization of the Conseil du trésor and on the conditions it determines, in the case of intermediate resources to which that Act applies but which are not represented by an association recognized under that Act; or

(3) in accordance with section 466 of this Act, in the case of intermediate resources to which the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements does not apply.

466. The Minister may, with the authorization of the Conseil du trésor and on the conditions it determines, enter into an agreement with one or more bodies representing intermediate resources, other than those to which the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements applies, on the following matters:

(1) minimum and specific conditions for the provision of services by those intermediate resources;

(2) the modes and scale of remuneration for those services, taking into account the classification established by the Minister under section 465, as well as various measures, terms and conditions applicable to the payment of the remuneration;

(3) the funding, implementation and maintenance of programs and services that meet the needs of all resources the body represents, particularly with regard to training and professional development; and

(4) the setting up of any joint committee either to ensure the administrative follow-up of the agreement, the provision of adequate training and professional development to maintain existing resources and renew them, or for any other purpose considered useful or necessary by the parties.

Such an agreement is binding on Santé Québec and on all intermediate resources covered by the agreement, whether or not they are members of the body that entered into the agreement.

If no agreement is entered into under this section, the mode and scale of remuneration for the services, as well as the various measures, terms and conditions applicable to the payment of the remuneration are determined by the Minister, with the authorization of the Conseil du trésor and subject to the conditions it determines.

467. A body is considered representative of the intermediate resources referred to in section 466 if the body groups together, on a Québec-wide scale, resources for children or resources for adults and if its membership represents either at least 20% of the total number of such resources throughout Québec or the number of resources required to serve at least 30% of the total number of users of such resources throughout Québec.

The same applies to a group of bodies representing such intermediate resources that intervene only on a local or regional scale, provided that the bodies as a group ensure the same representation as that required under the first paragraph.

A representative body must, on request, provide the Minister with up-to-date documents evidencing its establishment, and the name and address of each of its members.

A group must also provide up-to-date documents evidencing its constitution, the names and addresses of the bodies it represents and, for each of those bodies, the names and addresses of the members.

Where a representative body is a group of bodies, the group alone is authorized to represent each of the member bodies.

For the purposes of section 466, an intermediate resource may not be a member of more than one representative body other than a group.

468. No municipal permit or certificate may be refused nor proceedings under a by-law instituted for the sole reason that a building or dwelling premises are to be occupied in whole or in part by an intermediate resource.

This section takes precedence over any general or special Act and over any municipal by-law adopted under any such Act.

469. The person responsible for, or the employees of, an intermediate resource, as applicable, are subject, with the necessary modifications, to the practices and conduct expected of persons who engage in activities with respect to users as set out in Santé Québec's code of ethics, in accordance with subparagraph 2 of the first paragraph of section 55.

470. The restrictions imposed by articles 761 and 1817 of the Civil Code apply, with the necessary modifications, to a legacy or gift made to a person responsible for an intermediate resource or to any of their employees, where the gift or legacy was made while the donor or testator was receiving services from the intermediate resource.

471. Santé Québec may designate a person to assume, for a period not exceeding 180 days, the provisional administration of an intermediate resource, other than a resource governed by the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements,

(1) where the agreement has been cancelled;

(2) where the intermediate resource engages in practices or tolerates a situation that could pose a threat to the health or safety of the persons to whom it provides services; or

(3) where the intermediate resource is experiencing difficulties that seriously compromise either the quality of the services it provides or its administration, organization or operation.

The period provided for in the first paragraph may be extended by Santé Québec, provided that the extension period does not exceed 180 days.

472. The provisional administrator of an intermediate resource must, as soon as possible, make a preliminary report of their findings to Santé Québec, together with recommendations.

473. Before submitting the preliminary report to Santé Québec, the provisional administrator must give the operator of the intermediate resource the opportunity to submit observations. The provisional administrator must attach to the report a summary of the observations submitted, where applicable.

474. Where Santé Québec designates a provisional administrator in accordance with section 471, it indicates whether all or certain powers of the operator of the intermediate resource are suspended. The suspended powers are then exercised by the provisional administrator.

If deprived of certain powers, the resource's operator continues to exercise the powers that have not been suspended.

At all times, the resource's operator continues to exercise the operator's powers with regard to activities other than activities related to the operation of the resource, where applicable.

475. No judicial proceedings may be brought against the provisional administrator of an intermediate resource for an act performed or omitted in good faith in the exercise of the administrator's functions.

476. Santé Québec may, where the preliminary report made by the provisional administrator under section 472 confirms the existence of one of the situations described in section 471,

(1) order the resource to take the necessary corrective measures within the period Santé Québec determines; and

(2) order the provisional administrator to continue their administration, or to relinquish it and to resume it only if the intermediate resource fails to take the corrective measures ordered by Santé Québec in accordance with subparagraph 1.

Where Santé Québec orders the continuation of the provisional administration, the administrator must send a final report to Santé Québec on ascertaining that the situation that gave rise to that administration is remedied or that it will not be possible to remedy it.

477. After receiving the final report of the provisional administrator under the second paragraph of section 476, Santé Québec may take either of the following measures:

(1) terminate the provisional administration on the date it determines; or

(2) exercise any power conferred on it by section 476.

DIVISION III

FAMILY-TYPE RESOURCES

478. Family-type resources are persons recruited as foster families or foster homes.

A foster family is one or two persons receiving in their principal place of residence a maximum of nine children in difficulty entrusted to them by a Santé Québec institution in order to respond to their needs and afford them living conditions fostering a parent-child relationship in a family-like environment.

A kinship foster family is one or two persons who have been assessed under the third paragraph of section 461 and have entered into an agreement with a Santé Québec institution, after having been entrusted, under the Youth Protection Act and for a specified time, with a child designated by name. In making its assessment, the institution must, in particular, take into consideration the significant ties the child has with the person or persons.

A foster home is one or two persons receiving in their principal place of residence a maximum of nine adults, including elderly persons, entrusted to them by a Santé Québec institution in order to respond to their needs and afford them living conditions as close to a natural environment as possible.

479. Activities and services provided by a family-type resource are deemed not to constitute a commercial enterprise or a means to make profit.

480. The provisions of sections 465 and 468 apply, with the necessary modifications, to family-type resources.

PART VI

REGULATION OF CERTAIN ACTIVITIES

TITLE I

AUTHORIZATION REGIME

CHAPTER I

ACTIVITIES SUBJECT TO AUTHORIZATION

481. A Santé Québec authorization for the operation of a specialized medical centre is required to operate an enterprise that offers to a clientele the medical services necessary for a hip or knee replacement, a cataract extraction and intraocular lens implantation or any other specialized medical treatment determined by regulation of Santé Québec.

482. The factors Santé Québec must take into account for the purpose of determining a specialized medical treatment include the risks generally associated with the treatment, the personnel and equipment necessary to provide it and, if applicable, the type of anaesthesia normally used during, and the length of stay usually required after, the treatment.

Before making a regulation under section 481, Santé Québec must consult the Collège des médecins du Québec.

483. A Santé Québec authorization for the operation of a private seniors' residence is required to operate an enterprise offering, in all or part of a congregate residential facility, rooms or dwellings for lease to a clientele composed mainly by persons 65 years of age or over, in addition to offering lessees various services, whose cost is included in the rent or is otherwise charged to them, in at least two of the following categories of services:

- (1) meal services;
- (2) personal assistance services;
- (3) nursing care services;
- (4) domestic help services;
- (5) security services; and

(6) recreation services.

A regulation of Santé Québec defines each of the categories of services set out in the first paragraph. Such a regulation also provides for categories of private seniors' residences based on the services offered by the authorization holder, including at least one category of residences offering services for independent elderly persons and one category of residences offering services for semi-independent elderly persons.

For the purposes of the first paragraph, services offered indirectly by the authorization holder, in particular through a legal person or a partnership controlled by or that controls the holder or through another group with which the holder has entered into an agreement for that purpose, are considered to be offered by the holder.

484. Santé Québec may, by regulation, specify the cases in which its authorization is required to operate an enterprise offering lodging services and any other service it may determine by regulation to vulnerable persons.

For the purposes of this Act, an enterprise whose operation is so authorized is designated a “resource offering lodging”.

485. A Santé Québec authorization for the operation of a private institution is required to operate an enterprise offering to a clientele a group of services comparable to a group of services that may be offered by a public institution, where all or part of those services must be provided by a physician, a specialized nurse practitioner, or any other health or social services professional determined by regulation of Santé Québec.

A regulation of Santé Québec determines and classifies the groups of services that are comparable to those offered by public institutions. For that purpose, Santé Québec considers, in addition to the nature of the services, their volume in relation to the scope of services that would normally be provided by a public institution to users having the same characteristics as the clientele for whom the services offered by the enterprise are intended.

This section does not apply to the operation of an enterprise referred to in any of sections 481 to 484 or in section 486. In addition, it does not apply to the operation of

- (1) an intermediate resource or family-type resource;
- (2) a community organization that receives a financial allowance under section 435;
- (3) a private health facility;
- (4) a laboratory governed by the Act respecting medical laboratories and organ and tissue conservation;

(5) a centre for assisted procreation governed by the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01);

(6) a religious institution or teaching institution that operates an infirmary where it receives members of its personnel or its students;

(7) a religious institution that maintains a residential and long-term care facility to receive its members or followers, provided that the number of followers does not exceed 20; or

(8) any other enterprise having characteristics determined by regulation of Santé Québec.

486. Any community organization offering voluntary termination of pregnancy services on its premises must be authorized for that purpose by Santé Québec.

CHAPTER II

GRANTING OF AUTHORIZATION AND REGULATION OF AUTHORIZED ACTIVITIES

DIVISION I

PROVISIONS OF GENERAL APPLICATION

487. Any person or group intending to carry on activities subject to the obligation to hold an authorization must file an application to that effect with Santé Québec.

Such an application must be sent in the form determined by Santé Québec.

488. It is up to Santé Québec to determine whether an authorization provided for in this Title should be granted or, where applicable, renewed or modified. In exercising its discretion, Santé Québec takes into account the orientations established by the Minister, and any other factor it considers relevant. It also assesses

(1) the need in the region for the services proposed by the applicant;

(2) the impact on the availability of the workforce to ensure continuity of the services offered in the region;

(3) the applicant's ability to comply with the obligations arising from any condition Santé Québec intends to impose on them under section 490; and

(4) in the case of a decision relating to an authorization to operate a specialized medical centre within which non-participating physicians within the meaning of Health Insurance Act practise, the impact on the accessibility of insured medical services in the region.

489. Santé Québec must refuse to grant an authorization to an applicant that does not meet the following conditions:

- (1) the applicant and, in the case of a limited partnership, the general partner:
 - (a) is solvent;
 - (b) was not the holder of an authorization that was revoked or, if applicable, not renewed under Chapter III in the three years preceding the application; and
 - (c) has no judicial record related to the aptitudes required and appropriate conduct for participating in the operation of a provider of services in the field of health and social services;
- (2) if the applicant is a limited partnership and the general partner is a legal person, its officers and directors have no such judicial record;
- (3) if the applicant is a group other than the one referred to in subparagraph 2, its directors and its officers or any other person exercising functions of the same type have no such judicial record; and
- (4) any other condition that may be prescribed by regulation of Santé Québec.

The following are judicial record entries related to the aptitudes required and appropriate conduct for participating in the operation of a provider of services in the field of health and social services:

- (1) a finding of guilt, within the three years preceding the application, for an offence under this Act, unless a pardon has been obtained, or a proceeding still pending for such an offence; and
- (2) a finding of guilt, within the five years preceding the application, for a criminal offence which, in Santé Québec's opinion, is related to those aptitudes and that conduct, unless a pardon has been obtained, or a proceeding still pending for such an offence.

Santé Québec must also refuse any request for a transfer of the rights conferred by an authorization where the proposed transferee does not meet the conditions set out in this section.

490. Santé Québec may, at the time it grants, modifies or, where applicable, renews an authorization, attach to it any condition it considers necessary to ensure supply management that meets the population's needs.

The purpose of such conditions may include the obligation for the authorization holder

- (1) to remain open a minimum number of hours;
- (2) to offer a minimum provision of certain services; or

(3) to supply a minimum volume of certain services.

In the case of an authorization for the operation of a specialized medical centre or a private institution within which physicians subject to the application of an agreement under section 19 of the Health Insurance Act practise, such a condition may also consist in the obligation for the authorization holder to require some or all of the physicians to undertake to carry on certain activities in a public institution. A regulation of Santé Québec determines the requirements applicable to such undertakings, including the terms on which such undertakings must be made and brought to the attention of the public institution concerned.

491. Santé Québec may at any time, on its own initiative or at the request of the holder of an authorization to which a condition imposed under section 490 is attached, review the scope of the condition or the relevance of maintaining it.

The application for a review of a condition must describe the condition the applicant wishes to have reviewed and set out the reasons given for the review. It must also include any other information prescribed by regulation of Santé Québec and be filed with the fees determined by the regulation. However, no fees may be required from an applicant that is a community organization.

Before refusing, in whole or in part, a review application made by an authorization holder, Santé Québec must notify the prior notice prescribed by section 5 of the Act respecting administrative justice to the holder in writing and grant them at least 10 days to submit observations. The same obligations apply to Santé Québec when, on completion of a review undertaken on its own initiative, it intends to render a decision having the effect of modifying the scope of a condition.

492. Where Santé Québec grants or renews an authorization under the provisions of this Title, it issues a document to the authorization holder attesting the decision, for each authorized place of operation.

The document sets out the elements covered by the authorization as well as the date on which the authorization was granted and, where applicable, the date on which it ends. The document includes any other information Santé Québec considers useful.

A new document must be issued to the holder each time an authorization is modified.

493. The authorization holder must ensure that the document attesting the authorization is posted in public view in any authorized place of operation.

494. A person or group that no longer holds an authorization but holds a document attesting to such an authorization is required to return the document to Santé Québec without delay.

495. A transfer of the rights conferred by an authorization is without effect if the transfer is prohibited by the provisions of this Title or, if not, if the transfer was not carried out in compliance with the conditions set out in those provisions.

For the purposes of this Act, a change in the holder of control of the legal person that holds an authorization is considered a transfer of the rights conferred by the authorization. To determine whether there is a change in the holder of control, sections 6 and 9 to 12 of the Trust Companies and Savings Companies Act (chapter S-29.02) apply, with the necessary modifications.

496. Where Santé Québec allows, under the provisions of this Title, a transfer of the rights conferred by an authorization, it issues a document attesting the authorization to the transferee.

497. The authorization holder must ensure that the activities covered by the authorization are carried on in accordance with the authorization and in compliance with any conditions set out in or prescribed under this Act.

498. The authorization granted by Santé Québec entails the obligation for the holder to maintain their existence until the full and final revocation of the authorization.

DIVISION II

PROVISIONS RELATING TO SPECIALIZED MEDICAL CENTRES

§1.—Authorization

499. Only a person or partnership that meets the conditions set out in section 503 may be authorized by Santé Québec to operate a specialized medical centre. However, Santé Québec must refuse to grant an authorization to such a person or partnership that is in any of the following situations:

(1) in the case of a physician, they have had their right to practise limited or suspended or have been temporarily struck off the roll in the three years preceding the application; or

(2) in the case of a legal person or a partnership, one of the physicians sitting on its board of directors or its internal management board, as applicable, has had their right to practise limited or suspended or has been temporarily struck off the roll.

500. An authorization to operate a specialized medical centre must specify

(1) the centre's place of operation;

(2) the participation status with regard to the health insurance plan of physicians who can practise in the centre;

- (3) the specialized medical treatments that can be provided in the centre;
- (4) the number of operating rooms that can be provided in the centre's premises; and
- (5) if applicable, the number of beds it can make available to lodge the clientele.

The status referred to in subparagraph 2 of the first paragraph is either that of physicians subject to the application of an agreement entered into under section 19 of the Health Insurance Act, or that of non-participating physicians within the meaning of that Act. A specialized medical centre within which the former practise is, for the purposes of this Act, designated a "participating specialized medical centre", and one within which the latter practise is designated a "non-participating specialized medical centre".

In order to establish the scope of its authorization, Santé Québec takes into account, in addition to the restrictions determined, where applicable, under the second paragraph of section 506, the following restrictions:

- (1) a specialized medical centre's place of operation may not be situated in a facility maintained by an institution;
- (2) a participating specialized medical centre's place of operation may not be the same as that of a non-participating specialized medical centre, and vice versa; and
- (3) the number of beds authorized for lodging its clientele may not be greater than 10, or greater than a number that would increase the total number of beds within a single building to more than 10.

501. An authorization to operate a specialized medical centre is valid for a period of five years, and may be renewed at the holder's request.

The authorization may also be modified at the holder's request.

502. The rights conferred by a Santé Québec authorization may not be transferred to another person or partnership.

§2. — Operating conditions for specialized medical centres

503. A physician who is a member of the Collège des médecins du Québec is the only natural person who may operate a specialized medical centre. If the authorization holder is a legal person or a partnership, more than 50% of the voting rights attached to the shares of the legal person or the interests in the partnership must be held

- (1) by physicians who are members of that professional order;

(2) by a legal person or a partnership all of whose voting rights attached to the shares or interests are held either

(a) by physicians described in subparagraph 1; or

(b) by another legal person or partnership all of whose voting rights attached to the shares or interests are all held by such physicians; or

(3) both by physicians referred to in subparagraph 1 and by a legal person or a partnership described in subparagraph 2.

The affairs of the legal person or the partnership must be administered by a board of directors or an internal management board, as applicable, the majority of whose members are physicians practising within the centre; such physicians must at all times form the majority of the quorum of such a board.

The shareholders of the legal person or the partnership may not enter into an agreement that restricts the power of the directors of the legal person or the partnership.

A producer or distributor of a good or service related to health and social services, other than a physician who is a member of the Collège des médecins du Québec, may not hold, directly or indirectly, any shares of the legal person or any interest in the partnership if such a good or such a service may be required by the centre's clientele before, while or after a medical service is provided.

504. Only physicians whose participation status with regard to the health insurance plan corresponds to that authorized for a specialized medical centre may practise within that centre.

Despite the preceding paragraph, a physician who has become a non-participating professional under the first paragraph of section 217 may not practise within a non-participating specialized medical centre during the period determined under that paragraph.

505. The holder of the authorization for the operation of a non-participating specialized medical centre may not allow a physician or dentist who has become a non-practising professional under the first paragraph of section 217 to practise within the centre during the period determined under that paragraph.

506. Only the following services may be provided within a specialized medical centre:

(1) subject to a restriction determined under the second paragraph of this section, the medical services necessary for a surgery or any other specialized medical treatment referred to in section 481 and covered by the authorization granted by Santé Québec for the operation of the specialized medical centre;

(2) the services referred to in section 508 that are associated with such a surgery or specialized medical treatment; and

(3) the services corresponding to activities that may be carried on in a private health facility.

A regulation of Santé Québec may specify that a surgery or other specialized medical treatment referred to in sections 481 and 507 may be provided only within a non-participating specialized medical centre or a participating specialized medical centre and, in the latter case, only under an agreement entered into under section 454.

507. Despite the first paragraph of section 506, the holder of the authorization for the operation of a specialized medical centre may, by agreement, allow one or more dentists who are members of the Ordre des dentistes du Québec to provide to their clientele, in the centre's facilities, the services necessary for maxillo-facial or oral surgeries or for any other specialized medical treatment provided by a dentist and requiring general anaesthesia determined by regulation of Santé Québec.

508. The holder of the authorization for the operation of a non-participating specialized medical centre must offer to persons who receive a surgery or other specialized medical treatment through the centre, either directly or from a person or a group other than an institution with which the authorization holder has entered into an agreement and to which the holder refers those persons, all the preoperative and postoperative services normally associated with the surgery or other specialized medical treatment, excluding any services associated with complications requiring hospitalization, and all the rehabilitation services and home care support services needed for complete recovery.

The authorization holder must inform any person wishing to receive a surgery or other specialized medical treatment through the centre that they must obtain those preoperative, postoperative, rehabilitation and home care support services through the centre or through a person or group other than an institution. The authorization holder must also inform them of the total foreseeable cost of the services they must obtain.

The obligations under the first and second paragraphs also apply to the holder of the authorization for the operation of a participating specialized medical centre with respect to specialized medical treatments provided within the centre that are non-insured or considered non-insured under the Health Insurance Act.

The cost of medical services obtained from a person or group under the first or third paragraph may not be assumed by the Régie de l'assurance maladie du Québec.

However, where a surgery or other specialized medical treatment is provided under an agreement referred to in section 447 or through a mechanism for accessing specialized services put in place under section 194, Santé Québec may allow the authorization holder to disregard the obligations under this section.

509. The holder of the authorization for the operation of a specialized medical centre is required to ensure that recognized practices pertaining to the quality of clinical services, in particular with regard to their safety, pertinence and effectiveness, are followed in the centre.

Practices considered to be recognized practices include those that meet the standards prescribed by Santé Québec under section 66, where applicable.

510. The holder of the authorization for the operation of a specialized medical centre must appoint a medical director. The medical director must be chosen from among the physicians practising in the centre.

The medical director, under the authority of the authorization holder, is responsible for

(1) organizing the medical services and the dental services, where applicable, provided within the centre;

(2) ensuring the quality and safety of those services;

(3) seeing that standard medical procedures for all surgeries or other specialized medical treatments provided within the centre are established and complied with; and

(4) taking any other measure necessary for the proper operation of the centre.

511. Not later than 31 March each year, the holder of the authorization for the operation of a specialized medical centre must send Santé Québec a report on the centre's activities for the preceding calendar year. The report must include the name of the medical director, the name of the family physicians and of the specialists, by speciality, who practised within the centre, the number of specialized medical treatments provided within the centre, for each type of treatment entered on the authorization, and any other information required by Santé Québec.

The information provided in the report must not allow a client of the centre to be identified.

512. The holder of the authorization for the operation of a specialized medical centre that intends to cease activities must inform Santé Québec in writing at least 60 days before the projected date of cessation. The authorization holder must also notify in writing the persons using the centre's services and meet any conditions imposed by Santé Québec.

DIVISION III

PROVISIONS RELATING TO PRIVATE SENIORS' RESIDENCES

§1. — *Authorization*

513. Only a person or group that meets the health and social criteria prescribed by regulation of Santé Québec and applicable to the category of private seniors' residences for which the person or group seeks an authorization may be authorized by Santé Québec to operate a residence of that category.

Despite the first paragraph, a temporary authorization may be granted to a person or group that does not meet all the criteria referred to in the first paragraph, in order to give them an opportunity to remedy that failure within the authorization's period of validity if they nevertheless meet the conditions determined by regulation of Santé Québec.

Where Santé Québec grants a temporary authorization referred to in the second paragraph, it must begin the process to regularize the authorization holder's situation.

514. The authorization granted for the operation of a private seniors' residence must specify the residence's place of operation and the category or categories to which it belongs.

515. If the authorization granted for the operation of a private seniors' residence is temporary, it is valid for up to one year and may not be renewed.

Despite the first paragraph, Santé Québec may extend a temporary authorization's period of validity for up to one year due to exceptional circumstances, in particular if failure to meet a health and social criterion is attributable to a cause beyond the authorization holder's control. Santé Québec may attach conditions to the extension. If it does so, such conditions constitute, for the purposes of this Act, operating conditions for the residence.

Santé Québec must, before the period of validity of such an authorization expires, decide whether to grant a regular authorization. For that purpose, it may consider, among other things, the reasons set out in Division I of Chapter III for revoking an authorization to operate a private seniors' residence.

516. If the authorization granted for the operation of a private seniors' residence is a regular authorization, it is valid for a period of four years, and may be renewed.

Six months before the authorization's expiry date, Santé Québec begins the authorization renewal process with the authorization holder.

517. Before refusing to grant a temporary or regular authorization to operate a private seniors' residence, Santé Québec must notify the prior notice prescribed by section 5 of the Act respecting administrative justice to the applicant in writing and grant them at least 10 days to submit observations.

Santé Québec must notify to the applicant, in writing, its decision to refuse to grant a temporary or regular authorization, as applicable. The applicant may, within 60 days after notification of the decision, contest it before the Administrative Tribunal of Québec.

If Santé Québec's decision concerns the refusal to issue a regular authorization to the holder of a temporary authorization, section 539 and the provisions of Division II of Chapter III apply as if it were a decision to revoke the authorization to operate such a residence.

518. The authorization referred to in sections 515 and 516 may be modified at the holder's request.

The rights conferred by such an authorization may be transferred to another person or group only with Santé Québec's written permission.

A regulation of Santé Québec determines the conditions to be met by the proposed transferee in order for a transfer to be authorized.

§2. — *Operating conditions for private seniors' residences*

519. In addition to the operating conditions set out in this subdivision and those prescribed under the second paragraph, the conditions for operating a private seniors' residence are, for each category of residences, determined by a regulation of Santé Québec, which must specify, among others, the following elements:

(1) the health and social criteria with which the authorization holder must comply, including the minimum number of persons required to be present at all times in a residence to ensure proper supervision there;

(2) the conditions that the staff members and volunteers of such a residence and any other person working within the residence must meet, depending on their duties, in particular with respect to training required and to security conditions, except as regards judicial records, in addition to the information and documents those persons must provide to the authorization holder to enable the holder to verify whether those conditions have been met;

(3) the tools and procedures to be used to assess the autonomy of the elderly persons who reside or wish to reside in a private seniors' residence;

(4) the obligation, for an authorization holder offering for lease a determined number of rooms and dwellings within a private seniors' residence, to establish a residence life committee, and the functions and composition of such a committee;

(5) the authorization holder's obligation to enter into an agreement with Santé Québec concerning the provision of certain services to residents of the region concerned and setting out the obligations of the parties in that respect, as well as the minimum content of such an agreement; and

(6) the authorization holder's obligation to communicate information to Santé Québec.

A government regulation determines the entries that must be absent from the judicial record of the persons referred to in subparagraph 2 of the first paragraph who work within a private seniors' residence, and the information and documents the persons must provide to the authorization holder to enable the holder to verify whether those conditions have been met.

A regulation made under this section may specify the cases where one of its provisions does not apply to the authorization holder. A regulation made under the first paragraph may also prescribe the cases where one of the provisions of this subdivision does not apply to such a holder. Where applicable, the regulation may determine the conditions applicable to such cases.

520. Santé Québec may require the holder of the authorization for the operation of a private seniors' residence to ensure the presence at all times in the residence of a minimum number of persons that is greater than the number prescribed by a regulation made under subparagraph 1 of the first paragraph of section 519, where it considers that the number prescribed by regulation does not ensure proper supervision due to the physical layout of the premises or the type of clientele of the residence.

521. The holder of the authorization for the operation of a private seniors' residence is required to ensure that recognized practices pertaining to the quality of care and of services, in particular with regard to their safety, pertinence and effectiveness, are followed within the residence.

Practices considered to be recognized practices include those that meet the standards prescribed by Santé Québec under section 66, where applicable.

522. A holder of the authorization for the operation of a private seniors' residence that wishes to cease activities, even with respect to only a part of the residence, must send a cessation-of-activities plan to Santé Québec at least nine months before the projected date of cessation.

The main purpose of the plan is to ensure that the cessation of activities does not compromise the health and safety of the residents. The plan must set out the steps and actions that will be taken by the authorization holder over a period of at least six months preceding the cessation. The plan must include

- (1) the projected date of the cessation of activities;
- (2) the contact information of the persons concerned by the cessation of activities and, where applicable, of their representatives;
- (3) the measures that will be taken by the authorization holder;
 - (a) to assist in the relocation of the persons concerned who require it; and
 - (b) to properly inform the persons concerned and, where applicable, their representatives of the relocation assistance available to them and of any developments in the situation until the cessation of activities; and
- (4) any other element determined by regulation of Santé Québec.

If Santé Québec considers that the plan does not meet the requirements of the second paragraph, it must, in writing and within 30 days after receiving the plan, notify the authorization holder and provide the latter with the reasons in support of its conclusion in order for the holder to revise the plan as soon as possible.

Santé Québec must approve the authorization holder's cessation-of-activities plan, with or without amendment, within three months after receiving it. Before approving a plan with amendment, Santé Québec must grant the holder a period of at least 10 days to submit observations. The holder must comply with the plan approved by Santé Québec.

All notices that, under the rules set out in the Civil Code respecting the lease of a dwelling, must be given to the lessees prior to the cessation of activities are without effect if they are sent before the cessation-of-activities plan is approved by Santé Québec.

This section does not apply where the rights conferred by an authorization to operate a residence are transferred, with Santé Québec's permission, to a third person.

523. In the case of the alienation of a congregate residential facility in which a private seniors' residence is operated or in the case of the extinction of the title of the lessor of that facility, section 522 applies, with the necessary modifications, to the new lessor, who, with respect to the lessees of that residence, has the rights and obligations arising from their leases if the former operator of the residence did not send the required cessation-of-activities plan to Santé Québec for approval in accordance with that section before the alienation of the facility or the extinction of the lessor's title.

524. On 31 March each year, the holder of the authorization for the operation of a private seniors' residence must file a return with Santé Québec, in the form determined by Santé Québec, updating the information that Santé Québec prescribes by regulation.

DIVISION IV

PROVISIONS RELATING TO RESOURCES OFFERING LODGING

525. The provisions of Division III apply, with the necessary modifications, to the authorization and operating conditions for resources offering lodging.

DIVISION V

PROVISIONS RELATING TO PRIVATE INSTITUTIONS

§1.—Authorization

526. An authorization to operate a private institution must specify

- (1) the name of the institution;
- (2) the group of services comparable to one of the groups of services that may be offered by a public institution and provided within it, and the class or classes from among those established under the second paragraph of section 485 to which those services belong;
- (3) the location of the facility or facilities in which the services will be provided;
- (4) the number of beds that can be made available in each of the facilities to lodge users of the institution, if applicable; and
- (5) the name under which each facility will be operated, which may differ from the name of the institution itself.

527. An authorization to operate a private institution is valid as long as it is not revoked.

The authorization may be modified at the holder's request. It must be modified by Santé Québec when a decision rendered under section 307 requires that its scope be modified.

The rights conferred by such an authorization may be transferred to a third person only with Santé Québec's written permission.

§2. — *Operating conditions for private institutions*

528. The holder of the authorization for the operation of a private institution must comply with all the provisions of this Act that are applicable to private institutions.

In addition, the holder may offer residential and long-term care services only if the institution is under agreement.

529. The provisions of section 522 apply, with the necessary modifications, where the holder of the authorization for the operation of a private institution that offers users lodging services, other than lodging services required by users admitted for short-term care, intends to cease offering those services.

DIVISION VI

PROVISIONS APPLICABLE TO COMMUNITY ORGANIZATIONS OFFERING VOLUNTARY TERMINATION OF PREGNANCY SERVICES

§1. — *Authorization*

530. The authorization granted to a community organization to allow it to provide voluntary termination of pregnancy services must specify the location of the premises where the services may be provided.

The authorization is valid as long as it is not revoked. It may also be modified at the holder's request.

The rights conferred by such an authorization may be transferred to another community organization only with Santé Québec's written permission.

§2. — *Conditions for provision of services*

531. The community organization offering voluntary termination of pregnancy services must ensure that recognized practices pertaining to the quality of clinical services, in particular with regard to their safety, pertinence and effectiveness, are followed in the provision of such services.

Practices considered to be recognized practices include those that meet the standards prescribed by Santé Québec under section 66, where applicable.

532. The community organization offering voluntary termination of pregnancy services must appoint a medical director. The medical director must be chosen from among the physicians practising within the organization.

The medical director, under the authority of the community organization, is responsible for

- (1) organizing the medical services provided by the organization;
- (2) ensuring the quality and safety of those services;
- (3) seeing that standard medical procedures for all interventions carried out by the organization are established and complied with; and
- (4) taking any other measure necessary for the proper operation of the organization.

CHAPTER III

SUSPENSION OR REVOCATION OF, OR REFUSAL TO RENEW, AN AUTHORIZATION

DIVISION I

REASONS FOR SUSPENSION, REVOCATION AND REFUSAL TO RENEW, AND SANTÉ QUÉBEC DECISIONS

533. Santé Québec may revoke any authorization granted under the provisions of this Title for one of the following reasons:

- (1) the authorization holder no longer meets the conditions set out in or prescribed under those provisions for obtaining such an authorization;
- (2) the activities covered by the authorization are not carried on in accordance with the authorization or in compliance with the conditions set out in or prescribed under those provisions;
- (3) the authorization holder fails to fulfill the obligations imposed upon them, in their capacity as an authorization holder, by or under those provisions;
- (4) Santé Québec is of the opinion that the services in the field of health and social services offered or provided by the authorization holder are inadequate;
- (5) Santé Québec is of the opinion that the authorization holder is engaging in practices or tolerating a situation that could pose a threat to the health or well-being of persons who receive or could receive its services;
- (6) the authorization holder is about to become insolvent; or
- (7) the authorization holder ceased carrying on the authorized activities three or more years ago.

Santé Québec may, for the same reasons, refuse to renew the authorization granted for the operation of a specialized medical centre, or a regular authorization granted for the operation of a private seniors' residence or of a resource offering lodging. It may also, for the same reasons, suspend the authorization granted for the operation of a specialized medical centre or private institution or to a community organization offering voluntary termination of pregnancy services.

534. In addition to the reasons set out in section 533, Santé Québec may suspend, revoke or refuse to renew the authorization granted for the operation of a specialized medical centre for one of the following reasons:

(1) in the opinion of the board of directors of a professional order, the quality or safety of the professional services provided within the centre by members of the order is not adequate;

(2) the authorization holder or any of the physicians practising within the specialized medical centre has been found guilty of an offence under the fourth or ninth paragraph of section 22 or under section 22.0.0.1 of the Health Insurance Act, as applicable, for an act or omission that concerns the centre; or

(3) the authorization holder fails to maintain control over the operation of the centre, in particular if Santé Québec finds that the authorization holder is not the owner or lessee of the centre's facilities, is not the employer of the personnel required for the operation of the centre or does not have the authority required to allow physicians who apply to practise in the centre to do so.

Santé Québec may also suspend or revoke the authorization granted for the operation of a private institution or the authorization granted to a community organization offering voluntary termination of pregnancy services where an opinion similar to the one referred to in subparagraph 1 of the first paragraph is issued with regard to the professional services provided within the institution or on behalf of the community organization.

535. In addition to the reasons set out in section 533 and, where applicable, the second paragraph of section 534, Santé Québec may revoke or suspend the authorization granted for the operation of a private institution, revoke the authorization granted for the operation of a private seniors' residence or of a resource offering lodging, or refuse to renew the regular authorization granted for the operation of such a residence or such a resource where the authorization holder fails to take the necessary means to put an end to any case of maltreatment, within the meaning of the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, that is brought to the holder's attention.

536. In addition to the reasons set out in section 533, the second paragraph of section 534 and section 535, Santé Québec may revoke or suspend the authorization granted for the operation of a private institution if its holder is engaging in practices or tolerating a situation that are inconsistent with the pursuit of the institution's mission.

537. If Santé Québec finds, with regard to an authorization holder, that there are grounds for suspension or revocation of, or refusal to renew, the holder's authorization, it may, instead of suspending, revoking or refusing to renew the authorization, order the holder to take, within the period determined by Santé Québec, the corrective measures required to put an end to the situation that led to the suspension, revocation or refusal. If such corrective measures cannot be applied in the case of the grounds noted, Santé Québec may accept a voluntary undertaking from the authorization holder to comply with the requirements of this Act or the regulations.

If the authorization holder fails either to take the corrective measures within the period determined by and to the satisfaction of Santé Québec or to comply with the holder's undertaking, Santé Québec may suspend, revoke or refuse to renew the authorization.

538. Before suspending, revoking or refusing to renew an authorization, Santé Québec must notify the prior notice prescribed by section 5 of the Act respecting administrative justice to the holder in writing and grant them at least 10 days to submit observations.

If the suspension, revocation or non-renewal process concerns the holder of an authorization for the operation of a specialized medical centre, the notice must mention that the prohibition against remuneration set out in the first paragraph of section 22.0.0.0.1 of the Health Insurance Act applies. The notice may be sent to the physicians and the dentists, where applicable, practising within the centre concerned.

539. Any decision made by Santé Québec concerning the suspension or revocation of, or the refusal to renew, an authorization must specify the time limit within which the holder must cease activities, whether the cessation is temporary or permanent. In the case of a specialized medical centre, the decision must also mention the information referred to in the second paragraph of section 538.

Such a decision may also be subject to conditions for the cessation of activities. Those conditions may include

(1) despite any provision to the contrary, the obligation to allow any person designated by Santé Québec to have access, at any time, to any premises where activities that were authorized are carried on, including any rooms or dwellings situated in a private seniors' residence;

(2) the obligation to inform Santé Québec in advance of the relocation of any person who is lodged by a private institution or by a resource offering lodging or who resides in a private seniors' residence, providing their name, the name of their representative, where applicable, and the address of the new place where they are lodged or of their residence; and

(3) any other measure required to ensure the well-being of those persons or residents.

Santé Québec's decision must be notified in writing to the holder. In the case of a specialized medical centre, a reproduction of the decision is sent without delay to the Régie de l'assurance maladie du Québec, which, upon receiving it, informs the physicians and the dentists, where applicable, practising within the centre concerned that the prohibition against remuneration set out in the first paragraph of section 22.0.0.0.1 of the Health Insurance Act applies.

540. An operator whose authorization is suspended, revoked or not renewed may contest Santé Québec's decision before the Administrative Tribunal of Québec within 60 days after the date on which the decision was notified to the holder.

DIVISION II

CONSEQUENCES OF SUSPENSION OR REVOCATION OF, OR REFUSAL TO RENEW, AN AUTHORIZATION

541. An operator that holds an authorization that is suspended or revoked or for which renewal has been refused must immediately inform its clientele. In addition, it must cease activities within the period and, where applicable, in accordance with the conditions prescribed by Santé Québec under section 539.

542. The costs, fees and expenses incurred by Santé Québec to apply the conditions for the cessation of activities may be claimed from the operator.

543. Any person bound by a lease of a dwelling to the operator of a private seniors' residence whose authorization Santé Québec has revoked or refused to renew may, after giving the operator at least 15 days' prior notice, resiliate the lease. The notice must include the date on which the person will leave the room or dwelling. The lease is resiliated by operation of law as of that date. The notice must be sent not later than 60 days after the activities of the residence cease.

A person who resides in a private seniors' residence referred to in the first paragraph may also pursue the remedies provided for in article 1863 of the Civil Code against the operator.

No operator of a private seniors' residence may claim compensation from a person on the grounds of the resiliation of a lease under this section.

544. Santé Québec must take the necessary means to ensure that any person lodged by a private institution or by a resource offering lodging or who resides in a private seniors' residence is informed of the cessation of the activities of the institution, resource or residence.

To that end, Santé Québec may require the operator to provide the contact information of those persons and, if applicable, of their representatives.

CHAPTER IV

INFORMATION TO BE PUBLISHED

545. Santé Québec publishes on a website the following information concerning any authorization it grants under this Title:

- (1) the name of the authorization holder;
- (2) the information contained in the document attesting the holder's authorization;
- (3) the conditions imposed under section 490, where applicable; and
- (4) any other information Santé Québec considers of public interest.

CHAPTER V

MISCELLANEOUS PROVISIONS

546. In addition to the other regulatory powers provided for in the provisions of this Title and subject to those conferred on other regulatory authorities, Santé Québec may prescribe, by regulation,

- (1) any condition that must be met in order for an application for authorization or an application for the renewal or modification of an authorization to be considered by Santé Québec, such as the qualifications required of the applicant, as well as the fees, information and documents that must be submitted with the application, including, in the latter two cases, those necessary for Santé Québec's verification of the judicial record entries referred to in section 489;
- (2) any condition relating to the carrying on of authorized activities, such as the obligation to maintain general or professional civil liability insurance coverage for a determined amount;
- (3) any obligation incumbent on the authorization holder such as the periodic transmission to Santé Québec of information, activity reports, statements and statistical data;
- (4) the names under which only activities subject to Santé Québec authorization under this Title may be carried on; and
- (5) the provisions of a regulation made by Santé Québec under this Title whose violation constitutes an offence and renders the offender liable to the fine provided for in section 706.

No regulation made under this section may, however, require, from an authorization applicant or holder that is a community organization, any fees for the issue or renewal of the authorization.

547. Santé Québec may require any holder of an authorization to send it, in the form and at the intervals it determines, the activity reports, statements, statistical data and other information it considers appropriate for the exercise of its functions.

The Minister may require Santé Québec to send the information or a reproduction of the documents to the Minister.

The information referred to in the first paragraph is public, subject to the protection of any personal information it contains. The same applies to any information required to be sent to Santé Québec under subparagraph 3 of the first paragraph of section 546. However, despite section 9 of the Act respecting Access to documents held by public bodies and the Protection of personal information, no one may have access to the information before it is sent to Santé Québec.

548. Santé Québec must enter into a framework agreement with the Minister of Public Security to establish the procedures that Québec police forces will be called on to follow in order to verify, for Santé Québec or the holder of an authorization for the operation of a private seniors' residence or of a resource offering lodging, compliance with subparagraph *c* of subparagraph 1 of the first paragraph of section 489 and the security conditions prescribed by regulation of Santé Québec.

549. No information required to be sent to Santé Québec under section 547 or a regulation made under subparagraph 3 of the first paragraph of section 546 may allow a user or a client to be identified.

TITLE II

ASSISTANCE, MONITORING AND CONTROL MEASURES

CHAPTER I

ASSISTANCE AND SUPPORT

550. If the holder of an authorization for the operation of a private institution, private seniors' residence or resource offering lodging is experiencing difficulties with respect to the quality of the services the authorization holder provides or with respect to the administration, organization or operation of the institution, residence or resource, Santé Québec may provide assistance and support to the authorization holder.

Such assistance and support must be the subject of an agreement between Santé Québec and the authorization holder, which must stipulate, among other things, the nature, duration and expected results of the assistance and support.

An authorization holder that has received assistance and support must report to Santé Québec on any developments in the situation.

551. If the holder of an authorization for the operation of a private institution is experiencing difficulties that seriously compromise either the quality of the health services or social services the authorization holder provides or the holder's administration, organization or operation, Santé Québec may appoint up to two observers for a period it determines.

The observers may attend all meetings of the authorization holder's board of directors and of any committee of the holder, where applicable.

The observers submit their observations to Santé Québec, which determines the recommendations to be made to the authorization holder. Santé Québec may also require the holder to provide it with an action plan for implementing the recommendations.

552. If the holder of an authorization for the operation of a private institution offering lodging services, a resource offering lodging or a private seniors' residence ceases activities, whether owing to a decision made by the holder or to the temporary or permanent loss of the holder's authorization, Santé Québec must ensure that a person who is lodged by the institution or the resource, or who resides in the residence, receives relocation assistance if the person requires it.

CHAPTER II

VERIFICATION OF THE QUALITY AND SAFETY OF CERTAIN SERVICES

553. Santé Québec may request an opinion from the board of directors of a professional order on the quality and safety of the professional services provided by the members of the order in a specialized medical centre, in a private institution or on behalf of a community organization offering voluntary termination of pregnancy services on its premises.

Santé Québec may also require an opinion from the board of directors of a professional order on the standards to be followed to improve the quality and safety of the professional services provided by the members of the order in such a centre or establishment or on behalf of such an organization.

CHAPTER III

PROVISIONAL ADMINISTRATION

554. Santé Québec may designate a person to assume, for a period not exceeding 180 days, the provisional administration of a private institution, a private seniors' residence or a resource offering lodging, where

(1) the operator no longer holds an authorization or no longer satisfies the conditions required for obtaining an authorization, or if the operator's authorization has been revoked or has not been renewed in accordance with this Act;

(2) the operator's authorization was suspended because the operator failed to take the corrective measures ordered by Santé Québec under section 537 within the period determined by Santé Québec or to its satisfaction, or failed to comply with the undertaking made under that section;

(3) the operator fails to take the necessary means to put an end to any case of maltreatment, within the meaning of the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations, having been brought to the operator's attention;

(4) the operator engages in practices or tolerates a situation that, in Santé Québec's opinion, could pose a threat to the health or well-being of persons who are receiving or could receive services from the operator, or that are inconsistent with the pursuit of the operator's mission; or

(5) the operator is experiencing difficulties that, in Santé Québec's opinion, seriously compromise either the quality of the services in the field of health and social services that it provides or its administration, organization or operation.

Santé Québec may extend the duration of the provisional administration for a period not exceeding 180 days.

555. Where Santé Québec designates a person to assume the provisional administration of a private institution, all of the operator's powers are suspended.

556. Where Santé Québec designates a person to assume the provisional administration of a private seniors' residence or of a resource offering lodging, it indicates whether all or certain of the operator's powers are suspended.

If deprived of certain powers, the operator continues to exercise those powers that were not suspended.

At all times, the operator continues to exercise the operator's powers with regard to activities other than activities related to the operation of the residence or resource, where applicable.

557. The provisional administrator must, as soon as possible, send a preliminary report of their findings to Santé Québec, together with recommendations.

Santé Québec sends a copy of the preliminary report to the operator and grants the operator at least 15 days to submit observations.

558. Santé Québec may, on the basis of the preliminary report sent by the provisional administrator and of the recommendations made by the latter and after taking into consideration the operator's observations, take any of the following measures:

(1) require that conditions it considers appropriate be met in order for the authorization to be maintained, or prescribe a time limit for remedying the situation;

(2) order the provisional administrator to continue to administer the private institution or private seniors' residence or the resource offering lodging; or

(3) order the provisional administrator to relinquish their administration.

Where Santé Québec orders the continuation of the provisional administration, the administrator must send a final report to Santé Québec on ascertaining that the situation that gave rise to that administration is remedied or that it will not be possible to remedy it.

559. After receiving the provisional administrator's final report, Santé Québec may take any of the following measures:

(1) terminate the provisional administration on the date it determines;

(2) exercise any power conferred on it by section 558;

(3) in the case of a private institution under agreement, declare the members of its board of directors forfeited of office, where applicable, and provide for the appointment of their replacements; or

(4) revoke the authorization in accordance with the provisions of Chapter III of Title I.

560. The costs, fees and expenses of the provisional administration are borne by the operator concerned.

561. No judicial proceedings may be brought against a provisional administrator for any act performed or omitted in good faith in the exercise of their functions.

CHAPTER IV

EVACUATION

562. Santé Québec may evacuate and relocate the persons lodged by a specialized medical centre, a private institution or a resource offering lodging, or who reside in a private seniors' residence, where Santé Québec has reasonable grounds to believe that the holder of the authorization for the operation of the centre, institution, resource or residence is engaging in practices or tolerating a situation, including acts of negligence or violence, that constitute a danger to the health or safety of those persons.

Before proceeding, Santé Québec must notify an evacuation order setting out the reasons for the evacuation to the authorization holder in writing and allow the holder to submit observations within a period determined by Santé Québec. It must also take the necessary means to inform the persons concerned and, to that end, it may require the operator to provide the contact information of those persons and, if applicable, of their representatives. If a danger is imminent, the reasons for the evacuation may first be transmitted verbally, and then be notified in writing once the evacuation has been completed.

Once the evacuation order has been notified, any person designated by Santé Québec may, at any time and until the evacuation has been completed, have access to any place of operation covered by the order, including any rooms or dwellings.

If the situation calls for the evacuation of all persons lodged in a place of operation or of all persons who reside in that place, the holder's authorization ceases to have effect on the issue of the evacuation order and until the holder demonstrates to Santé Québec's satisfaction that the practices or situations referred to in the first paragraph have been remedied, unless Santé Québec revokes the authorization in accordance with the provisions of Chapter III of Title I.

The costs, fees and expenses incurred by Santé Québec as a result of the evacuation and relocation procedure may be claimed from the authorization holder.

563. A person evacuated from a private seniors' residence under section 562 is exempted from paying rent for the evacuation period. Unless Santé Québec revokes the authorization of the holder of the authorization for the operation of the residence in accordance with the provisions of Chapter III of Title I, as soon as the situation making the evacuation and relocation necessary is remedied to Santé Québec's satisfaction, the authorization holder is required to notify the evacuated person, if the person has informed the holder of their new address. The person is then required to notify the holder within 10 days as to whether or not they intend to move back into the room or dwelling. If the person refuses to move back into the room or dwelling or did not inform the holder of their new address or their intention to move back into the room or dwelling, the lease is resiliated by operation of law. The person retains all other remedies under the lease against the holder, including the right to claim damages.

The authorization holder may not claim any compensation from a person on the grounds of the resiliation of a lease under this section.

564. Santé Québec may evacuate and relocate the persons lodged in a specialized medical centre, private institution or resource offering lodging, or who reside in a private seniors' residence, where the centre, institution, resource or residence, as applicable, is operated without authorization. In such a case, the second, third and fifth paragraphs of section 562 and section 563 apply, with the necessary modifications.

565. A person to whom a Santé Québec decision rendered under section 562 or 564 is notified may contest it before the Administrative Tribunal of Québec.

Santé Québec may, if no proceeding was brought within 10 days after notification of the decision and after obtaining the authorization of the Tribunal, evacuate and relocate the persons referred to in section 562 or 564.

However, if Santé Québec's decision is contested before the Tribunal, Santé Québec cannot act before a decision is rendered by the Tribunal.

The second and third paragraphs do not apply when Santé Québec carries out an evacuation due to an imminent danger.

TITLE III

PROHIBITED PRACTICES

566. No one may administer to a patient deep or moderate sedation/analgesia, general anaesthesia or regional anaesthesia, whether nerve block or block anaesthesia at the root of a limb, excluding digital block, unless they hold an authorization allowing them to provide specialized medical treatment requiring such sedation/analgesia or anaesthesia in the course of operating a specialized medical centre or a private institution.

The first paragraph does not prevent the provision of the care referred to in that paragraph within a public institution.

567. A physician or dentist who has become a non-practising professional under the first paragraph of section 217 may not, during the period determined under that paragraph, practise within a specialized medical centre.

568. No one may operate an enterprise or carry on activities for which Santé Québec's authorization is required, or lead others to believe, in any way, that they are authorized to do so, unless they hold such an authorization.

569. No one may carry on an activity under a name containing the words "private seniors' residence" or "specialized medical centre", unless they hold an authorization for the operation of, as applicable, a private seniors' residence or a specialized medical centre.

570. No one may operate a facility or engage in an activity under a name containing the words “youth centre”, “local community service centre”, “hospital centre”, “hospital”, “child and youth protection centre”, “social service centre”, “residential and long-term care centre”, “rehabilitation centre”, “health and social services centre”, “seniors home”, “alternative home” or “reception centre” unless they hold an authorization for the operation of a private institution.

The first paragraph does not prevent the use, in the name of a foundation of an institution within the meaning of section 97, of the institution’s name, or the use of the words “veterinary hospital” in a name. Nor does the first paragraph prevent the use of the words listed in it in the name of a person or group whose activities are not likely to be confused with the activities inherent in those carried on within an institution, provided that Santé Québec’s authorization has been obtained.

The prohibition set out in the first paragraph does not apply to Santé Québec or to grouped institutions.

571. No one may carry on activities under a name containing a word whose use is, under a regulation of Santé Québec, reserved for the carrying on of activities for which a Santé Québec authorization is required unless they hold such an authorization.

PART VII

COMPLAINTS AND SERVICE QUALITY

TITLE I

COMPLAINT EXAMINATION REGIME

CHAPTER I

FILING OF COMPLAINTS AND THEIR HANDLING BY A SERVICE QUALITY AND COMPLAINTS COMMISSIONER

572. Any person may file a complaint with Santé Québec with regard to the health services or social services that fall under the jurisdiction of a public institution.

Any person may also file a complaint with Santé Québec with regard to services in the field of health and social services that an authorization holder or another provider to which Santé Québec pays sums of money is responsible for providing.

A complaint may also be filed with Santé Québec with regard to the research activities of an institution.

573. A complaint filed verbally or in writing under section 572 is received by a service quality and complaints commissioner.

The commissioner notifies the person who made the complaint of the date on which it was received.

574. The commissioner dismisses, upon summary examination, any complaint if, in the commissioner's opinion, it is frivolous, vexatious or made in bad faith.

The commissioner also dismisses any complaint that

(1) involves the supervision or assessment of the quality of medical, dental or pharmaceutical acts or midwifery services performed elsewhere than within an institution, or otherwise concerns a physician, dentist, pharmacist or midwife practising elsewhere than within an institution;

(2) concerns a specialized medical centre to which Santé Québec does not pay any sums of money, unless it concerns a failure to comply with this Act; or

(3) is filed on behalf of a third person by a member of Santé Québec's personnel, of an authorization holder or of the provider concerned by the complaint, or by a professional practising within Santé Québec or for the authorization holder or the provider, unless the personnel member or professional is acting as the representative of a spouse or close relative, as the heir or as the liquidator of the succession of a deceased third person.

The commissioner informs the complainant of the dismissal of the complaint.

575. If a complaint is not dismissed upon summary examination, the commissioner informs the public institution, authorization holder or provider concerned that a complaint has been received or, if the commissioner is of the opinion that no prejudice will be caused to the complainant, forwards a reproduction of the complaint to them.

576. If the examination of a complaint involves the supervision or assessment of the quality of the medical, dental or pharmaceutical acts or midwifery services performed within an institution, or otherwise concerns a physician, dentist, pharmacist or midwife practising within the institution, the commissioner refers the complaint as soon as possible to the medical examiner having jurisdiction to examine it.

The commissioner notifies the complainant of the referral and the date on which it took place.

577. The commissioner must examine any complaint not referred to the medical examiner under section 576.

Before drawing any conclusions from the examination, the commissioner must allow the complainant to submit observations. The commissioner must do likewise with respect to the person having the authority to submit observations on behalf of the public institution, authorization holder or provider concerned by the complaint.

578. When examining a complaint, the commissioner may require any person to provide any information or document the commissioner considers necessary for the examination, including access to and communication of information contained in a user's record. On such an occasion, the commissioner may consult any person whose expertise the commissioner considers necessary, including, with the authorization of the president and executive director of the institution for which the commissioner was appointed, an outside expert.

Any person must also, unless they have a valid excuse, attend any meeting called by the commissioner.

579. After examining a complaint, the commissioner must send the following information to the complainant:

(1) the conclusions the commissioner draws from the complaint and the reasons justifying them;

(2) if applicable, the recommendations the commissioner considers appropriate to prevent a reoccurrence of the facts that gave rise to the complaint; and

(3) the procedure whereby the complainant may, in accordance with the Act respecting the Health and Social Services Ombudsman, file a complaint if in disagreement with the conclusions or dissatisfied with the follow-up on the recommendations.

The commissioner is not required to send the notice mentioned in the second paragraph of section 573 if the commissioner communicates the information to the complainant within 72 hours of receiving the complaint.

580. A complainant whose complaint was accepted by the commissioner but regarding which no conclusion referred to in subparagraph 1 of the first paragraph of section 579 was sent within 45 days after receipt of the complaint may file a complaint about that in accordance with the Act respecting the Health and Social Services Ombudsman as if it were a case of disagreement with conclusions transmitted to the complainant.

581. The commissioner sends the conclusions drawn after examining the complaint, the reasons justifying them and any recommendations the commissioner makes to the institution council and the president and executive director of the public institution concerned or to the entity or person having the authority to ensure follow-up on the conclusions and recommendations for the authorization holder or provider concerned by the complaint.

582. The commissioner must be informed of any measures taken to follow up on a recommendation sent by the commissioner under section 581.

The commissioner in turn informs the complainant.

583. If, during the examination of a complaint, the commissioner becomes aware of a practice or conduct of a personnel member that raises questions of a disciplinary nature, the commissioner notifies the person having the authority to take the appropriate disciplinary measures within the public institution or for the authorization holder or provider concerned by the complaint. In such a case, the recommendations made under subparagraph 2 of the first paragraph of section 579 may also concern those questions.

The person with that authority must investigate the practice or conduct involved and take any measures they consider appropriate. The person must report periodically to the commissioner on the investigation and on any measures taken.

The commissioner in turn reports on the above to the complainant and, if applicable, informs the complainant of the fact that the professional order concerned has been informed of the situation.

CHAPTER II

COMPLAINTS CONCERNING A PHYSICIAN, DENTIST, PHARMACIST OR MIDWIFE

DIVISION I

HANDLING OF A COMPLAINT BY A MEDICAL EXAMINER

584. A medical examiner receives the complaints referred by a commissioner under section 576.

585. The medical examiner dismisses, upon summary examination, a complaint if, in the examiner's opinion, it is frivolous, vexatious or made in bad faith.

The medical examiner informs the complainant of the dismissal of the complaint.

586. If a complaint is not dismissed upon summary examination, the medical examiner examines the complaint. The examiner, for that purpose, has the same powers as those conferred on the commissioner under section 578.

587. If, during the examination of a complaint, the medical examiner is of the opinion that the facts justifying the complaint may constitute grounds for a disciplinary measure, the medical examiner terminates the examination and refers the complaint, for a disciplinary investigation, to the president and

executive director or the medical director of the public institution concerned or, as applicable, to the entity or person having the authority to take disciplinary measures within the private institution. The medical examiner notifies the commissioner and the complainant.

During the investigation, the complainant must be allowed to submit observations. In addition, the medical examiner must be kept informed of the progress of the investigation on a regular basis or at least of each of the key stages of the investigation. The medical examiner must periodically inform the complainant of the progress. As long as the investigation has not been completed, the medical examiner must, every 60 days from the date on which the complainant was informed of the referral of the complaint, inform the complainant of the progress of the investigation.

The medical examiner must inform the complainant of the conclusion of the disciplinary investigation and of any disciplinary measures taken by the institution or of the fact that the professional order concerned has been informed of the situation.

588. Before drawing any conclusion from the examination of a complaint the medical examiner does not terminate under section 587, the examiner must allow the complainant and the professional concerned to submit observations and must attempt to reconcile the interests involved.

The medical examiner sends a reproduction of the complaint to the professional concerned, who has access to the complaint record.

589. Unless the medical examiner terminates the examination of a complaint under the first paragraph of section 587, the examiner must communicate the following information to the complainant and the professional concerned:

- (1) the conclusions drawn by the examiner with regard to the complaint and the reasons justifying them;
- (2) if applicable, the recommendations the examiner considers appropriate to prevent a reoccurrence of the facts that gave rise to the complaint; and
- (3) the terms and conditions according to which the complainant or the professional may apply for a review of the handling of a complaint by the medical examiner in accordance with section 591.

A reproduction of the conclusions, reasons and any recommendations is sent to the commissioner.

590. In the case of a complaint regarding which no conclusion referred to in subparagraph 1 of the first paragraph of section 589 was communicated within 45 days after referral of the complaint, the complainant may apply for a review of the handling of the complaint by the medical examiner in accordance

with section 591 as if it were a case of disagreement with conclusions communicated to the complainant. The same applies to the professional concerned by the complaint.

The first paragraph does not apply if the medical examiner terminates the examination of a complaint and refers the complaint for a disciplinary investigation under the first paragraph of section 587.

DIVISION II

REVIEW OF THE HANDLING OF A COMPLAINT BY THE MEDICAL EXAMINER

591. The complainant or the professional concerned by the complaint may, if they disagree with the conclusions communicated to them, apply to a review committee for a review of the handling of a complaint by the medical examiner.

The review application is filed verbally or in writing and addressed to the chair of the competent review committee.

The review application is inadmissible if it is not received by the review committee within 60 days

(1) after receipt of the medical examiner's conclusions by the complainant or by the professional concerned; or

(2) after the end of the time limit prescribed in the first paragraph of section 590 where the conclusions were not communicated within that time limit.

The review committee may extend the 60-day time limit prescribed in the third paragraph only if it is satisfied that it was impossible for the applicant to act earlier.

592. When the chair receives a review application under section 591, the chair notifies the applicant of the date of receipt. The chair also notifies the medical examiner and the complainant or, as applicable, the professional concerned of the date of receipt of the review application.

593. The medical examiner must, within five days after being notified of the review application, forward to the review committee any conclusions made under section 589.

594. The review committee, for each admissible review application, reviews the handling of the complaint by the medical examiner and, for that purpose, has the same powers as those conferred on the commissioner under section 578.

The committee must either

(1) confirm the conclusions of the medical examiner;

(2) require that the medical examiner carry out a supplementary examination within the time specified by the committee and send the new conclusions to the complainant and the professional concerned, together with a reproduction to the review committee and to the service quality and complaints commissioner;

(3) refer the complaint to the president and executive director or the medical director of the public institution for a disciplinary investigation or to the entity or person having the authority to take disciplinary measures within the private institution; or

(4) recommend to the medical examiner or, where applicable, to the complainant and the professional concerned any measure to reconcile them.

595. Before drawing any conclusions, the review committee must allow the complainant, professional and medical examiner concerned to submit observations and must attempt to reconcile the interests involved.

The review committee must also acquaint itself with the entire complaint record and ascertain that the complaint was examined properly, diligently and equitably and that the reasons for the medical examiner's conclusions, if any, are based on respect for rights and compliance with professional standards.

596. Within 60 days after receiving a review application, the review committee must communicate, in writing, its conclusion and the reasons justifying it to the complainant, professional, medical examiner and commissioner concerned.

Subject to the information that must, in accordance with the third paragraph of section 587, be given to a complainant whose complaint has been referred for a disciplinary investigation, the conclusion of the review committee is final.

TITLE II

INTERVENTIONS AND OTHER FUNCTIONS OF THE SERVICE QUALITY AND COMPLAINTS COMMISSIONERS

597. A service quality and complaints commissioner intervenes on the commissioner's own initiative when facts brought to the commissioner's attention provide reasonable grounds to believe that the rights conferred by this Act on a person or group of persons are not being respected. In such a case, the commissioner has the same powers as those conferred under section 578. However, the commissioner may intervene only if the facts brought to the commissioner's attention could have given rise to a complaint within the commissioner's jurisdiction.

The commissioner reports on the intervention to the institution council and to the president and executive director of the institution concerned or to the entity or person having the authority to ensure follow-up on the report and recommendations within the authorization holder or provider concerned. If

applicable, the commissioner files with the report any recommendations the commissioner makes regarding the satisfaction of users and of other persons who could make a complaint or regarding respect for their rights.

598. A service quality and complaints commissioner who, in exercising the functions of office, has reasonable grounds to believe there exists a situation that could pose a threat to the health or well-being of a person or a group of persons, including such a situation arising from the application of practices or procedures, must send their conclusions, including reasons, to the president and chief executive officer and to the national service quality and complaints commissioner, together with their recommendations, if any.

Where the situation referred to in the first paragraph concerns an authorization holder or a provider, the commissioner also sends the conclusions with reasons and any recommendations to the entity or person having the authority to ensure follow-up on the conclusions and recommendations for the holder or the provider.

599. A service quality and complaints commissioner gives an opinion on any matter within the commissioner's jurisdiction that is submitted by Santé Québec's board of directors, the national service quality and complaints commissioner, the institution council of the institution for which the commissioner was appointed, any council or committee created by that council under subdivision 3 of Division I of Chapter I of Title I of Part III and any other council or committee of the institution, including the users' committee.

The board of directors of a private institution or, if the institution is not a legal person, the authorization holder may also request the opinion of a commissioner on any matter within the commissioner's jurisdiction.

TITLE III

COMMISSIONERS, MEDICAL EXAMINERS AND REVIEW COMMITTEES

CHAPTER I

NATIONAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER AND SERVICE QUALITY AND COMPLAINTS COMMISSIONERS

DIVISION I

APPOINTMENT AND INDEPENDENCE OF COMMISSIONERS

600. The Minister appoints a national service quality and complaints commissioner.

Santé Québec's board of directors appoints at least one service quality and complaints commissioner for each of Santé Québec's institutions.

601. The national service quality and complaints commissioner must, in the Minister's opinion, qualify as an independent person.

Every service quality and complaints commissioner must, in the opinion of Santé Québec's board of directors, qualify as an independent person.

A person qualifies as independent if they have no direct or indirect relations or interests, in particular of a financial, commercial, professional or philanthropic nature, that could interfere with the exercise of their functions as regards the interests of users and other persons who could make a complaint under section 572.

602. A person is deemed not to be independent to exercise national service quality and complaints commissioner functions if the person

(1) has an immediate family member who is the president and executive director of or exercises other management functions within a public institution or for an authorization holder or a provider; or

(2) provides goods or services for valuable consideration to such an institution, authorization holder or provider.

A person is deemed not to be independent to exercise service quality and complaints commissioner functions in the cases referred to in the first paragraph to the extent that the person could, as a commissioner, be responsible for examining complaints concerning the persons, holders of an authorization or providers referred to in that paragraph.

For the purposes of this section, "immediate family member" means a person's spouse or child, the spouse's child, the person's mother or father or parent, the spouse of the person's mother or father or parent, and the spouse of the person's child or of the child of the person's spouse.

603. Santé Québec's board of directors may assign any person it appoints to assist a service quality and complaints commissioner provided that the person qualifies as independent to exercise the commissioner's functions.

The person so assigned to the commissioner exercises, under the commissioner's authority, all the latter's functions and powers, unless the instrument of appointment restricts or withdraws those powers.

604. Santé Québec's board of directors must take the measures necessary to preserve at all times the independence of the commissioners and of the personnel members acting under their authority.

To that end, the board must, in particular, ensure that the commissioners exercise exclusively the functions provided for in this Part and that the personnel members acting under their authority do not exercise any other function within Santé Québec or a grouped institution or for an authorization holder or a provider.

The board must also ensure that each commissioner has a workspace situated elsewhere than in a facility where an institution carries on its activities.

DIVISION II

FUNCTIONS OF THE NATIONAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER

605. The national service quality and complaints commissioner sees to the adequate and optimal application of the provisions of this Part and to the processing of reports of maltreatment made within the scope of the anti-maltreatment policy adopted under the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations.

To that end, the national commissioner fosters concerted action between service quality and complaints commissioners and medical examiners as well as the sharing of good practices applicable in the exercise of their functions. The national commissioner also sees to it that commissioners and medical examiners receive training relevant to the exercise of their functions.

In addition, the national commissioner provides support to any service quality and complaints commissioner or medical examiner who requires it, with due regard to the confidentiality of the records. The national commissioner may thus give them an opinion on the means to be favoured and the solutions to be considered in dealing with a problem related to the exercise of their functions.

The national commissioner may recommend to Santé Québec any measure that could improve the application of the provisions referred to in the first paragraph and enhance the exercise of the functions of the service quality and complaints commissioners and the medical examiners.

606. The national service quality and complaints commissioner establishes a procedure for examining complaints received by service quality and complaints commissioners. The procedure may set out any provision supplementing those applicable within Santé Québec for the handling of such complaints.

The procedure is submitted to Santé Québec's board of directors for approval and, on being approved, becomes part of Santé Québec's by-laws.

607. The national service quality and complaints commissioner consults with any service quality and complaints commissioner concerned by a measure that could improve the handling of complaints.

DIVISION III

FUNCTIONS AND JURISDICTION OF SERVICE QUALITY AND COMPLAINTS COMMISSIONERS

608. All service quality and complaints commissioners are answerable to the national service quality and complaints commissioner for the exercise of the functions incumbent on them under this Part.

A commissioner appointed for an institution receives the complaints filed under section 572 with respect to that institution and, if applicable, those relating to a grouped institution, authorization holder or provider.

The commissioner is also responsible for processing reports of maltreatment made within the scope of the anti-maltreatment policy adopted under the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations and, if the report of maltreatment must be processed by another authority, for directing the persons making the report to that authority.

609. Santé Québec's board of directors establishes the jurisdiction of the service quality and complaints commissioners in such a way that every complaint relating to a grouped institution, authorization holder or provider falls within the jurisdiction of a commissioner and that only one commissioner has jurisdiction with regard to each complaint.

CHAPTER II

MEDICAL EXAMINERS

610. Santé Québec's board of directors designates at least one medical examiner for each of Santé Québec's institutions, who may or may not practise within the institution concerned.

The medical examiner appointed for an institution receives the complaints referred by a commissioner under section 576 with respect to that institution and, if applicable, those relating to a grouped institution or to a private institution within the latter's jurisdiction.

611. Santé Québec's board of directors establishes the jurisdiction of the medical examiners in such a way that every complaint involving the supervision or assessment of the quality of the medical, dental or pharmaceutical acts or midwifery services performed within an institution, or otherwise concerning a physician, dentist, pharmacist or midwife practising within the institution, falls within the jurisdiction of a medical examiner and that only one medical examiner has jurisdiction with regard to each complaint.

612. All medical examiners are answerable to the national service quality and complaints commissioner for the exercise of the functions incumbent on them under the provisions of this Part.

613. Santé Québec's board of directors must take the measures necessary to preserve at all times the independence of medical examiners in the exercise of their functions.

To that end, the board of directors must ensure, among other things, that medical examiners are not in a conflict of interest situation in the exercise of their functions, taking into account, where applicable, the other functions they may exercise within the institution for which they were appointed.

CHAPTER III

REVIEW COMMITTEE

614. Santé Québec's board of directors establishes at least one review committee. Such a committee is composed of three members appointed by the board of directors.

The chair of the review committee is appointed from among the independent members of the board of directors. The other two members are appointed from among the physicians, dentists, pharmacists and midwives who practise within a public institution.

The board of directors sets the term of office of the members of the review committee and determines its operating rules.

615. A review committee is answerable to the national service quality and complaints commissioner for the exercise of the functions incumbent on it under the provisions of this Part.

616. Santé Québec's board of directors must, where it establishes more than one review committee, determine the jurisdiction of each one in such a way that every review application filed under section 591 falls within the jurisdiction of a committee and that only one committee has jurisdiction with regard to each review application.

TITLE IV

REPORTS

617. At least once a year and whenever of the opinion that it is necessary, a service quality and complaints commissioner submits to the institution council of the institution for which the commissioner is appointed a report on the commissioner's activities together with, where applicable, a statement of the measures the commissioner recommends to improve the satisfaction of users and other persons who could make a complaint and to foster respect for their rights.

A reproduction of the report is sent to the national service quality and complaints commissioner.

618. At least once a year and whenever of the opinion that it is necessary, a medical examiner must submit to the institution council and to the council of physicians, dentists, pharmacists and midwives of the institution for which the medical examiner is appointed a report describing the reasons for the complaints examined since the last report, and the examiner's recommendations, in particular for the improvement of the quality of the medical, dental and pharmaceutical services or midwifery services provided within the institution.

A reproduction of the report is sent to the national service quality and complaints commissioner.

619. At least once a year and whenever of the opinion that it is necessary, a review committee must submit to Santé Québec's board of directors and the national service quality and complaints commissioner a report describing the reasons for the complaints having given rise to an application for review since the last report and sets out its conclusions and the review application processing times. The committee may also make recommendations, in particular for the improvement of the quality of medical, dental and pharmaceutical services or midwifery services within the institution.

A reproduction of the report is sent to the institution council and the service quality and complaints commissioner of the institution concerned.

620. The national service quality and complaints commissioner may require an institution council, a service quality and complaints commissioner, a medical examiner and a review committee to provide any information necessary for the exercise of the national commissioner's functions, in the form and at the intervals determined by the national commissioner.

621. Once a year, the national service quality and complaints commissioner must submit a report to the Minister on the implementation of this Part and on the satisfaction of users and other persons who could make a complaint as well as respect for their rights.

The report must also contain any information required by the Minister.

A reproduction of the report must be sent at the same time to the Health and Social Services Ombudsman.

622. The Minister tables the national service quality and complaints commissioner's report referred to in section 621 in the National Assembly within 30 days after receiving it or, if the Assembly is not sitting, within 30 days after resumption.

623. Whenever so required by the Minister, the national service quality and complaints commissioner must submit a report to the Minister on any matter likely to be the subject of the report provided for in section 621 and on any matter relating to the application of the complaint examination procedure, including the provisions applicable to any complaint concerning a physician, dentist, pharmacist or midwife.

A reproduction of the report must be sent at the same time to the Health and Social Services Ombudsman.

TITLE V

ASSISTANCE AND COMPLAINT RECORD

624. Santé Québec must, for each health region, entrust at least one community organization with the following functions with regard to any person who so requests:

(1) provide the person with information on how the complaints regime works;

(2) help the person define the subject of the complaint and, if need be, help draft it;

(3) provide assistance and support to the person at each stage of the complaints process; and

(4) facilitate conciliation with any authority concerned.

An organization is not required to process the request of a person who is not resident in the region it serves or whose complaint does not fall within the jurisdiction of the service quality and complaints commissioner appointed for a Santé Québec institution in that region or the jurisdiction of the Health and Social Services Ombudsman. When two or more organizations are involved in processing the request, they must collaborate.

625. Every service quality and complaints commissioner sees to it that assistance is given to a person who requires it for filing a complaint or for any step related to the complaint, including before the review committee established under section 614.

The commissioner informs the person of the possibility of being assisted and supported by the community organization in the region that has been entrusted with the functions provided for in the first paragraph of section 624.

The commissioner also informs the person of the legal protection afforded under section 632 to any person who cooperates in the examination of a complaint.

626. The content of a complaint record is determined by regulation of Santé Québec.

Despite any contrary provision of this Act, no document contained in a complaint record may be filed in the record of a personnel member or of a physician, dentist or midwife practising within the institution.

However, the conclusions, including reasons, and any recommendations made by a medical examiner under section 589, or the conclusion drawn by a review committee under section 594, must be filed in the record of the professional concerned by the complaint.

Anyone holding a complaint record must send it to the person responsible for handling the complaint in accordance with this Part.

627. A user's complaint record is confidential and, subject to the special provisions of this Act, only the following may have access to it:

(1) the person concerned and, where applicable, their representative, heir or successor, the liquidator of their succession, the person they designated as a beneficiary of life insurance or of a death benefit, and the person having parental authority; and

(2) the service quality and complaints commissioner, medical examiner or review committee concerned, as well as the president and executive director, medical director or council of physicians, dentists, pharmacists and midwives of the institution for which the commissioner or medical examiner is appointed or the committee is formed or an expert from outside the institution that the council calls on under the first paragraph of section 160 or 223, as applicable, in the exercise of the expert's functions.

This section applies despite the Act respecting Access to documents held by public bodies and the Protection of personal information.

This section does not prevent the communication of a reproduction of a user's complaint record to the Health and Social Services Ombudsman under the Act respecting the Health and Social Services Ombudsman.

TITLE VI

MISCELLANEOUS PROVISIONS

628. Unless otherwise provided in this Part, notices and other communications intended for the complainant may be made verbally if the complaint was filed verbally.

629. A private institution must inform every user that they are entitled to file a complaint with Santé Québec. In all of its facilities, the institution must also post in public view a document explaining who is entitled to file a complaint and describing the terms governing the exercise of that right. The contact information of the competent service quality and complaints commissioner must be mentioned in the document.

630. No one may take reprisals or attempt to take reprisals in any manner whatsoever against any person who files or intends to file a complaint under section 572 or a review application under section 591.

The person responsible for examining the complaint must intervene without delay upon being informed of reprisals or of an attempt to take reprisals.

631. No civil action may be instituted for or as a consequence of a complaint made in good faith under this Part, whatever the conclusions drawn with regard to the complaint.

Nothing in this provision restricts the right of a person or their successors to pursue a remedy based on the same facts as those set out in a complaint.

632. Answers given or statements made by a person in the context of the examination of a complaint or the conduct of an intervention, including any information or document provided by them in good faith in response to a request of a service quality and complaints commissioner, a person acting under such a commissioner's authority, a person consulted under or outside expert referred to in section 578, a medical examiner, a review committee or a member of such a committee are confidential and may not be used or be admitted as evidence against the person in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions.

633. No judicial proceedings may be brought against the following persons or entities for an act performed or omitted in good faith in the exercise of their functions under this Part:

- (1) the national service quality and complaints commissioner;
- (2) a service quality and complaints commissioner or a person acting under the commissioner's authority;
- (3) a medical examiner;
- (4) a person consulted or an outside expert referred to in section 578;
- (5) a review committee or a member of such a committee; and
- (6) Santé Québec's board of directors or a member of that board.

634. Except on a question of jurisdiction, no application for judicial review under the Code of Civil Procedure (chapter C-25.01) may be exercised nor any injunction granted against any of the persons referred to in section 633 acting in their official capacity.

635. A judge of the Court of Appeal may, on an application, summarily annul any decision, order or injunction made or granted contrary to section 633 or 634.

636. The national service quality and complaints commissioner, a service quality and complaints commissioner, a person acting under such a commissioner's authority, a person consulted under or outside expert referred to in section 578, a medical examiner, a member of a review committee and a member of the institution council must, before beginning to exercise their functions in accordance with this Part, take the oath provided in Schedule I.

637. Despite any inconsistent legislative provision, the national service quality and complaints commissioner, a service quality and complaints commissioner, a person acting under such a commissioner's authority, a person consulted under or outside expert referred to in section 578, a medical examiner, a review committee or a member of a such a committee may not be compelled to make a deposition in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions concerning any confidential information obtained in the exercise of their functions or to produce a document containing such information, except to confirm its confidential nature.

638. Nothing contained in a person's complaint record or in an intervention record, including the conclusions with reasons and any related recommendations, may be construed as a declaration, recognition or extrajudicial admission of professional, administrative or other misconduct capable of establishing the civil liability of a party in a judicial proceeding.

PART VIII

APPLICATION MEASURES AND MISCELLANEOUS PROVISIONS

TITLE I

APPLICATION MEASURES

CHAPTER I

INSPECTIONS AND INVESTIGATIONS

639. Santé Québec may authorize, in writing, a person to act as an inspector for the purposes of this Act or the regulations.

Inspectors must, on request, identify themselves and produce a certificate of authority.

640. Inspectors may

(1) enter at any reasonable time any premises in which they have reason to believe that activities governed by this Act are carried on;

(2) enter at any reasonable time any premises in which activities governed by this Act are carried on, in order to verify compliance with this Act and the regulations;

(3) require any information relating to the application of this Act or the regulations, and the communication of any related document for examination or reproduction;

(4) examine any premises or equipment to which this Act applies, and take photographs or make recordings; and

(5) order any person on the premises to provide reasonable assistance to and accompany them.

Despite the first paragraph, inspectors may not, without the consent of the occupant or lessee, enter a room or dwelling of a private seniors' residence, of a resource offering lodging or of a place where they have reason to believe that activities are carried on for which an authorization to operate a private seniors' residence or a resource offering lodging is required under this Act. Nor may they enter a room of a user entrusted to an intermediate resource or a family-type resource without the user's consent.

641. Inspectors may, by a request delivered by any means that allows proof of receipt at a specific time, require any person to communicate, within the time and according to the conditions they specify, any information or documents relating to the application of this Act or the regulations.

642. Santé Québec may designate a person to investigate any matter relating to the application of this Act or the regulations.

643. Santé Québec may, on its own initiative or at the Minister's request, authorize a person to conduct an investigation on any matter relating to the provision of services in the field of health and social services that is relevant to the application of this Act other than for the purpose of establishing a contravention referred to in a provision of Title II of Part X.

In the context of such an investigation, Santé Québec or any person it designates has the powers and immunity of commissioners appointed under the Act respecting public inquiry commissions (chapter C-37), except the power to order imprisonment.

After an investigation conducted at the Minister's request, Santé Québec must provide the Minister with a report on its findings and, where applicable, its recommendations.

644. No judicial proceedings may be brought against inspectors or investigators for an omission or act made in good faith in the exercise of their functions.

645. If, following an inspection or investigation, Santé Québec is informed that a specialized medical centre is being operated without an authorization, it must immediately notify the Régie de l'assurance maladie du Québec in writing for the purposes of the prohibition against remuneration set out in the first paragraph of section 22.0.0.0.1 of the Health Insurance Act. On receiving the notice, the Régie informs the physicians practising within the specialized medical centre concerned that the prohibition against remuneration applies.

646. Santé Québec may, upon completion of an inspection or investigation concerning an authorization holder, intermediate resource or family-type resource, require the authorization holder or the resource to submit to it an action plan to follow up on the recommendations made by Santé Québec.

CHAPTER II

POWERS OF THE MINISTER

DIVISION I

POWERS RELATING TO SUPERVISING THE HEALTH AND SOCIAL SERVICES SYSTEM

647. The Minister monitors the market of services in the field of health and social services, in particular to know the supply and demand of such services and the circumstances in which persons have access to the services offered.

648. The Minister may verify the application, by Santé Québec, of the provisions of this Act and the regulations as well as of any other legislative provision that confers responsibilities on Santé Québec. The Minister may designate any person in writing to conduct the verification. Section 644 applies to such a person, with the necessary modifications.

649. Santé Québec must, at the request of the Minister or of the person designated to conduct the verification, send or otherwise make available to the Minister or the designated person all documents and information the Minister or, as applicable, the designated person considers necessary to conduct the verification.

The first paragraph does not apply to information contained in a user's record.

650. The Minister may designate a person to investigate any matter relating to access to health services and social services offered by Santé Québec, the quality and safety of services rendered, the fulfillment of its mission and functions, and its administration, organization and operation.

The person designated by the Minister is vested, for the purposes of an investigation, with the powers and immunity of a commissioner appointed under the Act respecting public inquiry commissions, except the power to order imprisonment.

651. The Minister may, during or after a verification or investigation, order Santé Québec to apply corrective measures, conduct any appropriate follow-up and comply with any other measure the Minister determines, including oversight or support measures.

Among other measures, the Minister may designate a person to, in particular, monitor or assist Santé Québec’s directors or any other member of its personnel in managing a public institution.

652. The Government may, for a period of not more than 180 days, appoint one or more persons to exercise all or part of the functions or powers of Santé Québec’s board of directors or of the president and chief executive officer if the Government considers that the board of directors or the president and chief executive officer

(1) has committed a serious fault, such as misconduct, embezzlement or breach of trust, or is otherwise seriously remiss in the performance of their obligations under the law; or

(2) has, by an act or omission, seriously compromised access to services offered by a public institution, or the quality or safety of such services.

The Minister has the powers conferred on the Government by the first paragraph with regard to the functions and powers of a senior officer of Santé Québec where the Minister considers that the officer is in one of the situations described in that paragraph.

The period prescribed in the first paragraph may be extended by the Government or the Minister, provided that the duration of each extension does not exceed 180 days.

For the purposes of this section, “senior officer” means a person who exercises management functions under the immediate authority of the president and chief executive officer or under the immediate authority of a person who exercises such management functions.

No judicial proceedings may be brought against a person appointed by the Government or by the Minister in accordance with this section for an act omitted or performed in good faith in the exercise of their functions.

653. The Minister may request that Santé Québec intervene with an institution so that the latter remedies a situation that is contrary to users’ rights, to standards of access, integration, quality, effectiveness or efficiency as concerns services, to its constituting act or, as applicable, to the authorization granted under the provisions of Title I of Part VI.

DIVISION II

OTHER POWERS

654. The Minister takes measures suitable for ensuring the protection of public health, and ensures national and inter-regional coordination with regard to public health.

655. The Minister may require anyone to provide the information that is necessary for exercising any function conferred on the Minister by this Act, provided such information does not allow the Minister to identify a user or a client of a provider of services in the field of health and social services.

In addition, the Minister may utilize, in exercising such a function, any information held by the Minister and obtained in the exercise of any other such function.

656. The Minister may, despite any inconsistent provision, implement, to the extent and on the conditions determined by the Government, any experimental project concerning the organization of the human or material resources of Santé Québec or of any of its institutions for the purpose of fostering integrated organization and provision of health services and social services.

The Minister may, for that purpose, enter into agreements with professionals, except health professionals governed by the Health Insurance Act as regards the matters referred to in section 19 of that Act.

Before the implementation of such a project, the Minister must have a notice published in the *Gazette officielle du Québec* of the Minister's intention to propose to the Government, 45 days after publication of the notice, the implementation of the project. During that period, the Minister must allow any interested person to submit observations to the Minister in relation to the project.

CHAPTER III

REGULATORY PROVISIONS

657. The Minister may, by regulation, determine, for a medication, the cases, conditions and circumstances of its use, after consulting the Collège des médecins du Québec, the Ordre des pharmaciens du Québec and the Institut national d'excellence en santé et en services sociaux.

658. The Government determines, by regulation, the contribution that is required of users lodged in a facility maintained by a public institution or a private institution under agreement, or taken in charge by an intermediate resource of a public institution or by a family-type resource.

The regulation also determines the amount of personal expense allowance that must be left at the disposal of the user each month.

659. The amount of the contribution may vary according to the circumstances or needs identified by government regulation.

The contribution is required by the Minister, Santé Québec or the private institution under agreement. Users are required to pay it themselves; however, in the case of a user who is a minor, the contribution may be required from the user's father or mother or parent, from all of them jointly or from any other person determined by the regulation; in the case of a user who is married or in a civil union, the contribution may be required from the user's spouse and, in the case of a member of a religious community, the contribution may be required from that community.

660. Santé Québec or the Minister may, at the request of a person from whom payment of a contribution is required, exempt them from paying the contribution, in accordance with the terms and conditions and in the circumstances determined by regulation.

661. Any person may contest before the Administrative Tribunal of Québec a decision respecting an exemption from payment that they applied for under section 660 within 60 days of the date on which the decision was notified to them.

662. A user or any person from whom payment of a financial contribution may be required must not, in the two years preceding the moment when the user was provided with lodging or taken in charge, have renounced their rights, or alienated property or liquid assets without due consideration, or have squandered such property or assets with the intention of making themselves eligible for an exemption from payment or in such a way that they would be required to pay a lower contribution than what they would otherwise have been required to pay.

663. Where provisions of section 662 are violated, Santé Québec or the Minister may institute proceedings for the recovery of the value of the rights, property or liquid assets by which a third person has benefited as a result of the renunciation, alienation or squandering, after subtracting the just consideration paid by the third person. Santé Québec or the Minister may also take any other measure provided for by government regulation.

664. The Government may, in a regulation made under sections 658 to 660,

(1) prescribe the automatic indexing of all or part of the amounts fixed in the regulation, according to the index provided for in the regulation;

(2) prescribe a financial contribution which varies according to whether the user or person from whom payment of the financial contribution may be required is or is not resident in Québec, and define, for that purpose, the expression "resident in Québec"; and

(3) render liable for payment of the contribution any user lodged in an institution elsewhere in Canada who has retained their status as resident in Québec, and enable the Minister or the person designated by the Minister to collect such contribution.

665. The contribution of a user is payable each month in a single payment.

It bears interest at the rate determined under the first paragraph of section 28 of the Tax Administration Act (chapter A-6.002), from the date it becomes payable.

Santé Québec may not waive payment of a user's contribution or of the interest.

666. Santé Québec may, by regulation, for the activities or classes of activities it determines, require a person to provide a financial guarantee for the due performance of the obligations incumbent on the person under this Act.

667. Any regulation made by Santé Québec is to be approved by the Government with or without amendment.

The Government may make such a regulation if Santé Québec fails to do so within the time specified by the Minister.

TITLE II

MISCELLANEOUS PROVISIONS

668. Nothing in this Act may be construed as limiting the powers of the revisory committees established by section 41 of the Health Insurance Act or of the professional orders governed by the Professional Code (chapter C-26).

The representatives of the professional orders governed by the Professional Code have access to any facility maintained by an institution for the performance of the functions the professional orders must fulfill to ensure protection of the public.

669. The Government is subrogated by operation of law to any user with respect to any right of action against a third person up to the cost of the services it has assumed following injury caused through the fault of that third person. Any claim by the Government must be notified to the third person by way of a notice stating the amount of the debt and the reasons for which the debt is due.

In the case of a common fault, the amount of such subrogation is subject to reduction in the same proportion as the user's remedy.

The Minister has the power to transact on any claim arising from this section and may delegate that power.

The rights acquired by the effect of the subrogation provided for in this section are part of the domain of the State from the time they arose and are subject to the rules applicable to rights which form part of the domain of the State; however, the resulting right of action is prescribed by three years.

670. The insurer of a third person's liability may not discharge the obligation to repair the injury referred to in the first paragraph of section 669 otherwise than by payment in money of the amount of the insurance.

671. An undertaking by a person to discharge a third person or an insurer of their obligation to repair the injury referred to in the first paragraph of section 669 or to indemnify the person or insurer for the performance of that obligation is deemed unwritten in any agreement, transaction or acquittance.

672. For the purposes of sections 670 and 671, "insurer" also means a person or group that provides, with respect to a risk, coverage which could otherwise be obtained under a liability insurance contract.

673. Santé Québec or any institution must, on a request by the Minister specifying the nature of the information or documents sought, communicate to the Minister any information or document contained in the insured person's record that is necessary to exercise a right of action under section 669, provided Santé Québec has informed the insured person of the nature of the information or documents to be communicated to the Minister, within a reasonable time before they are sent.

674. The Government may claim from the holder of an authorization for the operation of a non-participating specialized medical centre referred to in section 508 the cost of a preoperative, postoperative, rehabilitation or home care support service that must, under that section, be obtained within the centre or from a person or group other than an institution if the service is provided by a public institution or a private institution under agreement prior to or following surgery or another specialized medical treatment provided within the centre.

At the Minister's request and after informing the user, Santé Québec or any institution must communicate to the Minister any information contained in the user's record that is necessary for the purposes of proceedings instituted under the first paragraph.

PART IX

HEALTH AND SOCIAL SERVICES NETWORK INSURANCE MANAGER

675. In this Act, "health and social services network insurance manager" means a non-profit legal person constituted under an Act of Québec and designated by the Minister, and whose purpose is to offer institutions damage insurance services adapted to their needs in accordance with the orientations determined by Santé Québec.

The health and social services network insurance manager may also, with the Minister's authorization, pursue complementary or accessory purposes.

676. Santé Québec and, if applicable, all the private institutions served by the health and social services network insurance manager are members of the health and social services network insurance manager.

The composition of the board of directors of the health and social services network insurance manager is determined in its constituting act. The board must be composed in the majority of members from Santé Québec and the private institutions served by the insurance manager. The insurance manager's most senior officer is appointed by the president and chief executive officer of Santé Québec following a selection process initiated by the president and chief executive officer, which includes an invitation for applications held as determined by the president and chief executive officer.

Sections 51, 84, 100, 103, 289, 424 to 427, 429 and 648 to 652 apply, with the necessary modifications, to the health and social services network insurance manager.

677. The health and social services network insurance manager must enter into an agreement with Santé Québec that covers, in particular, the following subjects:

(1) the insurance manager's strategic and operational orientations and objectives; and

(2) the manner in which periodic reports are to be filed with Santé Québec, including an annual financial report that includes the financial statements, the audit report and any other information required by Santé Québec.

678. Santé Québec determines the general terms governing the financing of the health and social services network insurance manager.

679. The Minister may, on the conditions determined by the Government, guarantee the performance of any obligation by which the health and social services network insurance manager is bound in relation to the management of a deductible on an insurance contract negotiated and concluded in favour of the institutions it represents. The Minister may also, on the conditions determined by the Government, advance to the insurance manager any sum considered necessary in connection with such management.

[[The sums necessary for such purpose are taken out of the Consolidated Revenue Fund.]]

PART X

MONETARY ADMINISTRATIVE PENALTIES AND PENAL PROVISIONS

TITLE I

MONETARY ADMINISTRATIVE PENALTIES

CHAPTER I

FAILURES TO COMPLY

680. A monetary administrative penalty of \$500 in the case of a natural person or \$1,500 in any other case may be imposed by Santé Québec on

(1) a private institution that fails

(a) to send Santé Québec a report on its activities, send it a complete report or send it such a report within the specified time limit in accordance with section 319;

(b) to provide a statement to Santé Québec, send it a complete statement or send such a statement within the specified time limit in accordance with section 320;

(c) to send Santé Québec a report or an annual statistical report, send it a complete report or send it such a report within the specified time limit in accordance with section 423; or

(d) post in public view the document attesting its authorization in accordance with section 493;

(2) a specialized medical centre that fails

(a) to post in public view the document attesting its authorization in accordance with section 493;

(b) to send Santé Québec a report on its activities, send it a complete report or send it such a report within the specified time limit in accordance with section 511; or

(c) to inform any person using its services or Santé Québec that it intends to cease activities within the specified time limit in accordance with section 512; and

(3) a private seniors' residence that fails

(a) to post in public view the document attesting its authorization in accordance with section 493; or

(b) to file with Santé Québec a return updating information in accordance with section 524.

681. A monetary administrative penalty of \$1,250 in the case of a natural person or \$3,750 in any other case may be imposed by Santé Québec on

(1) a private institution that fails

(a) to create a watchdog committee in accordance with section 120 and subparagraph 1 of the first paragraph of section 295;

(b) to establish a risk management committee in accordance with the first paragraph of section 138 and subparagraph 2 of the first paragraph of section 295;

(c) to establish a users' committee in accordance with section 143 and subparagraph 3 of the first paragraph of section 295;

(d) to adopt a code of ethics in accordance with the first paragraph of section 299;

(e) to develop an intervention plan or an individualized service plan for a user under section 328 or 329;

(f) to adopt a procedure for the application of control measures in accordance with section 332;

(g) to comply with the conditions attached to its authorization under section 490; or

(h) to send Santé Québec a cessation-of-activities plan, send it a complete plan or send it such a plan within the specified time limit in accordance with sections 522 and 529;

(2) a specialized medical centre

(a) that fails to comply with the conditions attached to its authorization under section 490;

(b) that provides a specialized medical treatment not provided for in its authorization contrary to section 500;

(c) whose board of directors or internal management board, contrary to the second paragraph of section 503, is not composed in the majority of physicians practising within the centre;

(d) regarding which the shareholders of the legal person or the partners of the partnership, contrary to the third paragraph of section 503, have restricted the powers of the directors;

(e) within which, contrary to section 504, the physicians practising are not exclusively physicians whose participation status with regard to the health insurance plan corresponds to that authorized for the specialized medical centre; or

(f) that fails to appoint a medical director in accordance with section 510 or whose medical director does not practise within the centre contrary to that section; and

(3) a private seniors' residence that fails

(a) to send Santé Québec a cessation-of-activities plan, send it a complete plan or send it such a plan within the specified time limit in accordance with section 522; or

(b) to comply with the conditions attached to its authorization under section 490.

682. Santé Québec may, by regulation, specify that an objectively observable failure to comply with a provision of Part VI or with another provision of this Act referred to in a provision of that Part may give rise to a monetary administrative penalty. Likewise, a regulation made under those provisions may specify that an objectively observable failure to comply with one of its provisions may also give rise to such a penalty.

A regulation referred to in the first paragraph may prescribe conditions for applying the penalty and set out the amounts or the methods for determining them. The amounts may vary according to the seriousness of the failure to comply, without exceeding \$25,000.

683. If a failure to comply for which a monetary administrative penalty may be imposed continues for more than one day, it constitutes a new failure for each day it continues.

CHAPTER II

NOTICE OF NON-COMPLIANCE AND IMPOSITION

684. In the event of a failure to comply referred to in Chapter I, a notice of non-compliance may be notified to the party responsible for the failure urging that the necessary measures be taken immediately to remedy it.

The notice must mention that the failure could, among other things, give rise to a monetary administrative penalty.

685. The imposition of a monetary administrative penalty is prescribed by two years from the date of the failure to comply.

686. The monetary administrative penalty for a failure to comply with a provision of this Act or a regulation under it may not be imposed on the party responsible for the failure to comply if a statement of offence has already been served for a failure to comply with the same provision on the same day, based on the same facts.

For the purposes of this Title, the party responsible for a failure to comply is the person or group on whom or which a monetary administrative penalty is imposed or could be imposed, as applicable, for a failure to comply referred to under Chapter I.

687. A monetary administrative penalty is imposed on the party responsible for a failure to comply by the notification of a notice of claim.

The notice must state

- (1) the amount of the claim;
- (2) the reasons for it;
- (3) the time from which it bears interest;
- (4) the right, under section 688, to obtain a review of the decision to impose the penalty and the time limit for exercising that right; and
- (5) the right to contest the review decision before the Administrative Tribunal of Québec and the time limit for bringing such a proceeding.

The notice of claim must also include information on the procedure for recovery of the amount claimed. The party responsible for the failure to comply must also be informed that failure to pay the amount owing could give rise to the amendment, suspension or revocation of any authorization granted under this Act or to a refusal to grant such an authorization and, if applicable, that the facts on which the claim is founded may result in penal proceedings.

Unless otherwise provided, the amount owing bears interest at the rate determined under the first paragraph of section 28 of the Tax Administration Act, from the 31st day after notification of the notice.

CHAPTER III

REVIEW

688. The party responsible for a failure to comply may apply in writing to Santé Québec for a review of the decision to impose a monetary administrative penalty within 30 days after notification of the notice of claim.

The persons responsible for the review are designated by Santé Québec; they must not belong to the same administrative division as the persons responsible for imposing such penalties.

689. The application for review must be dealt with promptly. After giving the applicant an opportunity to submit observations and produce any documents to complete the record, the person responsible for the review renders a decision on the basis of the record, unless the person considers it necessary to proceed in some other manner.

690. The review decision must be written in clear and concise terms, with reasons given, must be notified to the applicant and must state the applicant's right to contest the decision before the Administrative Tribunal of Québec and the time limit for bringing such a proceeding.

If the review decision is not rendered within 30 days after receipt of the application or, if applicable, after the time granted to the applicant to submit observations or produce documents, the interest provided for in the fourth paragraph of section 687 on the amount owing ceases to accrue until the decision is rendered.

691. A review decision that confirms the imposition of a monetary administrative penalty may be contested before the Administrative Tribunal of Québec by the party responsible for the failure to comply to which the decision pertains, within 60 days after notification of the review decision.

The Tribunal may only confirm or quash the contested decision.

When rendering its decision, the Tribunal may make a ruling with respect to interest accrued on the penalty while the matter was pending before it.

CHAPTER IV

RECOVERY

692. If the party responsible for a failure to comply has defaulted on payment of a monetary administrative penalty, its directors and officers are solidarily liable with that party for the payment of the penalty, unless they establish that they exercised due care and diligence to prevent the failure.

693. The payment of a monetary administrative penalty is secured by a legal hypothec on the debtor's movable and immovable property.

For the purposes of this chapter, the debtor is the party responsible for a failure to comply that is required to pay a monetary administrative penalty and, if applicable, each of its directors and officers who are solidarily liable with that party for the payment of the penalty.

694. The debtor and Santé Québec may enter into a payment agreement with regard to an amount owing. Such an agreement, or the payment of such an amount, does not constitute, for the purposes of any other administrative penalty under this Act, an acknowledgement of the facts giving rise to it.

695. If the amount owing is not paid in its entirety or the payment agreement is not complied with, Santé Québec may issue a recovery certificate on the expiry

(1) of the time for applying for a review of the decision to impose the penalty;

(2) of the time for contesting the review decision before the Administrative Tribunal of Québec; or

(3) of 30 days after the final decision of the Tribunal confirming the decision to impose the penalty or the review decision, as applicable.

However, a recovery certificate may be issued before the expiry of a time referred to in the first paragraph if Santé Québec is of the opinion that the debtor is attempting to evade payment.

A recovery certificate must state the debtor's name and address and the amount of the debt.

696. Once a recovery certificate has been issued, any refund owed to a debtor by the Minister of Revenue may, in accordance with section 31 of the Tax Administration Act, be withheld for payment of the amount referred to in the certificate.

Such withholding interrupts the prescription provided for in the Civil Code with regard to the recovery of an amount owing.

697. On the filing of the recovery certificate at the office of the competent court, together with a reproduction of the final decision stating the amount of the debt, 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.

698. The debtor is required to pay a recovery charge in the cases, under the conditions and in the amount determined by a regulation of Santé Québec.

CHAPTER V

REGISTER

699. Santé Québec keeps a register relating to monetary administrative penalties.

The register must contain at least the following information:

- (1) the date the penalty was imposed;
- (2) the date and nature of the failure, and the legislative or regulatory provisions under which the penalty was imposed;
- (3) if the penalty is imposed on a legal person or a general, limited or undeclared partnership, its name, the address of its principal establishment in Québec and, if it is registered, its Québec business number;
- (4) if the penalty is imposed on a natural person operating a sole proprietorship, their name, the name of the enterprise, the address of its principal establishment in Québec and, if it is registered, its Québec business number;
- (5) the amount of the penalty imposed;
- (6) the date of receipt of an application for review and the date and conclusions of the decision;
- (7) the date a proceeding is brought before the Administrative Tribunal of Québec and the date and conclusions of the decision rendered by the Tribunal, as soon as Santé Québec is made aware of the information;
- (8) the date a proceeding is brought against the decision rendered by the Administrative Tribunal of Québec, the nature of the proceeding and the date and conclusions of the decision rendered by the court concerned, as soon as Santé Québec is made aware of the information; and
- (9) any other information Santé Québec considers of public interest.

The information contained in the register is public information as of the time the decision imposing the penalty becomes final. The information is withdrawn three years after being entered in the register.

TITLE II

PENAL PROVISIONS

700. Anyone who contravenes the first paragraph of section 61 is liable to a fine of \$5,000 to \$50,000 in the case of a natural person or \$15,000 to \$150,000 in any other case.

If the president and chief executive officer or a person who exercises executive functions under the immediate authority of the president and chief executive officer or that of the president and executive director of a Santé Québec institution accepts from anyone a remuneration or benefit referred to in the first paragraph of section 61, the president and chief executive officer or the person, as applicable, is liable to a fine of \$15,000 to \$150,000.

701. The holder of an authorization for the operation of a specialized medical centre operated in contravention of the first or second paragraph of section 503, the first paragraph of section 504 or the first paragraph of section 506 is liable to a fine of \$2,500 to \$25,000 in the case of a natural person or \$7,500 to \$75,000 in any other case.

In the case of a contravention of the third paragraph of section 503, each shareholder or partner that is a party to the agreement is liable to the penalty prescribed in the first paragraph.

In the case of a contravention of the fourth paragraph of section 503, a producer or distributor of a good or service related to health and social services is liable to the penalty prescribed in the first paragraph.

The holder of an authorization for the operation of a specialized medical centre who contravenes the first or second paragraph of section 508 is liable to the penalty prescribed in the first paragraph.

702. The holder of an authorization for the operation of a specialized medical centre who contravenes section 505 is liable to a fine of \$5,000 to \$50,000 in the case of a natural person or \$15,000 to \$150,000 in any other case.

703. Anyone who contravenes section 566 is liable to a fine of \$2,500 to \$25,000 in the case of a natural person or \$7,500 to \$75,000 in any other case.

704. A physician or dentist who contravenes section 567 is liable to a fine of \$5,000 to \$50,000.

705. Anyone who contravenes a provision of sections 568 to 571 is liable to a fine of \$5,000 to \$50,000 in the case of a natural person or \$15,000 to \$150,000 in any other case.

706. Anyone who contravenes a provision of a regulation whose violation constitutes an offence under subparagraph 5 of the first paragraph of section 546 is liable to a fine of \$1,000 to \$10,000 in the case of a natural person or \$3,000 to \$30,000 in any other case.

707. The holder of an authorization for the operation of a private seniors' residence or a new lessor referred to in section 523 who contravenes section 522 is liable to a fine of \$2,500 to \$62,500 in the case of a natural person or \$7,500 to \$187,500 in any other case.

708. An authorization holder who fails to fulfill a condition prescribed by Santé Québec under section 490 is liable to a fine of \$5,000 to \$50,000 in the case of a natural person or \$15,000 to \$150,000 in any other case.

709. Anyone who in any way hinders or attempts to hinder a person's access to a place to which the person has a right of access and where services in the field of health and social services are provided is liable to a fine of \$250 to \$1,250 in the case of a natural person or \$500 to \$2,500 in any other case.

710. Anyone who, within a distance of 50 metres from the grounds on which a facility or premises where voluntary termination of pregnancy services are offered are situated, demonstrates in any manner or intervenes in any other way to

(1) attempt to dissuade a woman from obtaining such a service, or contest or condemn the woman's choice of obtaining or having obtained the service, or

(2) attempt to dissuade a person from providing, or from participating in the provision of, such a service, or contest or condemn the person's choice of providing, or participating in the provision of, such a service or from working in such a place,

is liable to a fine of \$250 to \$1,250 in the case of a natural person or \$500 to \$2,500 in any other case.

711. Anyone who threatens or intimidates a person who is accessing, trying to access or leaving a facility or premises where voluntary termination of pregnancy services are offered is liable to a fine of \$500 to \$2,500 in the case of a natural person or \$1,000 to \$5,000 in any other case.

712. Anyone who in any way hinders or attempts to hinder an inspector or investigator in the performance of inspection or investigation functions, in particular by concealment or misrepresentation or, in the case of an inspector, by refusing to provide a document or a file that the inspector is entitled to require under this Act is liable to a fine of \$5,000 to \$50,000 in the case of a natural person or \$15,000 to \$150,000 in any other case.

713. The minimum and maximum fines prescribed by this Act are doubled for a second offence and tripled for a third or subsequent offence.

In addition, if an offender commits an offence under a provision of this Act after having previously been found guilty of an offence under such a provision and if, without regard to the amounts prescribed for a subsequent offence, the minimum fine to which the offender was liable for the first offence was equal to or greater than the minimum fine prescribed for the second offence, the minimum and maximum fines become, if the prosecutor so requests, those prescribed in the case of a second offence or, if applicable, a third or subsequent offence.

This section applies where the prior finding of guilty was pronounced in the two-year period preceding the subsequent offence or, if the minimum fine to which the offender was liable for the prior offence was that prescribed in

section 702, 705, 707, 708 or 712, in the five-year period preceding the subsequent offence. Fines for a third or subsequent offence apply if the penalty imposed for the prior offence was the penalty for a second or subsequent offence.

714. If an offence under this Act is committed by a director or officer of a legal person or of another group, regardless of its juridical form, the minimum and maximum fines are double those applicable to a natural person for such an offence.

715. If an offence under this Act continues for more than one day, it constitutes a separate offence for each day it continues.

716. Anyone who, by an act or omission, helps or, by encouragement, advice or consent or by an authorization or order, induces a person to commit an offence under this Act is considered to have committed the same offence.

717. In any penal proceedings relating to an offence under this Act, proof that the offence was committed by a director, officer, agent, mandatary or employee of any party is sufficient to establish that it was committed by that party, unless the party establishes that it exercised due diligence, taking all necessary precautions to prevent the commission of the offence.

718. If a legal person or an agent, mandatary or employee of a legal person, of a partnership or of an association without legal personality commits an offence under this Act, the directors or officers of the legal person, partnership or association are presumed to have committed the offence unless they establish that they exercised due diligence, taking all necessary precautions to prevent the commission of the offence.

For the purposes of this section, in the case of a partnership, all partners, except special partners, are presumed to be directors of the partnership unless there is evidence to the contrary appointing one or more of them, or a third person, to manage the affairs of the partnership.

719. In any penal proceedings relating to an offence under this Act, a reproduction of a document is sufficient, in the absence of any evidence to the contrary, to establish proof of the facts contained in the reproduction if it is accompanied by an affidavit of the inspector attesting that it is an exact reproduction of the information to which the inspector had access under section 640.

720. In determining the penalty, the judge takes into account, in particular, the offender's commercial objective or the increase in revenues the offender obtained, or intended to obtain, by committing the offence or by omitting to take measures to prevent it.

A judge who, despite the presence of the aggravating factor referred to in the first paragraph, decides to impose the minimum fine must give reasons for the decision.

721. On an application made by the prosecutor, the judge may impose on the offender, in addition to any other penalty, a further fine not exceeding any excess amount obtained by the offender because of the commission of the offence, even if the maximum fine has been imposed. A judge who decides not to impose that additional fine must give reasons for the decision.

722. Penal proceedings for an offence under a provision of this Act are prescribed five years after the commission of the offence.

PART XI

AMENDING PROVISIONS

CIVIL CODE OF QUÉBEC

723. Article 761 of the Civil Code of Québec is amended by inserting “, or a person who carries on remunerated activities in the establishment,” after “social services establishment” in the first paragraph.

724. Article 1817 of the Code is amended by inserting “, or a person who carries on remunerated activities in the establishment,” after “social services establishment” in the first paragraph.

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

725. Section 2 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is amended

(1) by replacing “Act respecting health services and social services (chapter S-4.2)” in paragraph 1 by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*)”;

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

“(3) the territorial department of family medicine is the one formed under section 372 of the Act to make the health and social services system more effective and it exercises the responsibilities conferred on it under the authority of the president and executive director of the institution to which it is attached.”

726. Section 5 of the Act is amended

(1) by replacing “director of professional services” and “regional department of general medicine” in the first paragraph by “medical director” and “territorial department of family medicine”, respectively;

(2) by replacing “regional” and “integrated health and social services centre” in the second paragraph by “territorial” and “Santé Québec institution”, respectively.

727. Section 7 of the Act is amended

(1) in the first paragraph,

(a) by replacing “regional department of general medicine” by “territorial department of family medicine”;

(b) by replacing “242 of the Act respecting health services and social services (chapter S-4.2)” by “204 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*)”;

(2) by replacing all occurrences of “regional” in the second paragraph by “territorial”.

728. Section 8 of the Act is amended by replacing all occurrences of “regional” by “territorial”.

729. Section 12 of the Act is amended by replacing the first paragraph by the following paragraph:

“Every general practitioner subject to an agreement entered into under section 19 of the Health Insurance Act (chapter A-29) must, before practising in a region, obtain from the region’s territorial department of family medicine a notice of compliance with the territorial medical staffing plan referred to in paragraph 1 of section 391 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*). The general practitioner may then practise in the region in compliance with the obligations set out in the notice.”

730. Section 13 of the Act is amended by replacing “the Minister” in the first paragraph by “Santé Québec”.

731. Section 15 of the Act is amended by replacing “185.1 of the Act respecting health services and social services (chapter S-4.2)” in paragraph 2 by “189 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*)”.

732. Section 16 of the Act is amended by replacing all occurrences of “regional” and “general medicine” by “territorial” and “family medicine”, respectively.

733. Sections 18 and 19 of the Act are amended by replacing all occurrences of “regional” by “territorial”.

734. Section 21 of the Act is amended

(1) by replacing “regional department of general medicine” and “director of professional services” in the first paragraph by “territorial department of family medicine” and “medical director”, respectively;

(2) by replacing “integrated health and social services centre” and “the centre” in the second paragraph by “institution” and “the institution”, respectively.

735. Section 23 of the Act is amended by replacing “director of professional services or the regional department of general medicine” in the first paragraph by “medical director or the territorial department of family medicine”.

736. Section 25 of the Act is amended by replacing all occurrences of “regional” and “general medicine” by “territorial” and “family medicine”, respectively.

737. Section 29 of the Act is amended by replacing “director of professional services or regional department of general medicine” in the second paragraph by “medical director or territorial department of family medicine”.

738. Section 72 of the Act is amended by replacing “the territory of each integrated health and social services centre” in the introductory clause of the first paragraph by “each territory of a Santé Québec institution”.

739. The Act is amended by replacing “regional department of general medicine” by “territorial department of family medicine” in the following provisions:

- (1) subparagraph 2 of the first paragraph of section 4;
- (2) sections 6, 17 and 20.

ACT RESPECTING CLINICAL AND RESEARCH ACTIVITIES RELATING TO ASSISTED PROCREATION

740. Section 2 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in paragraph 2 by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

741. Section 3 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the first paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or within the meaning of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

742. Section 4 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the last paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

743. Section 41.2 of the Act is amended

(1) in the first paragraph,

(a) by replacing “The Government” in the introductory clause by “Santé Québec”;

(b) by replacing “Act respecting health services and social services (chapter S-4.2)” in subparagraph 1 by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or within the meaning of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(2) by replacing “at the Minister’s” and “the Minister” in the last paragraph by “at Santé Québec’s” and “Santé Québec”, respectively.

744. Section 42 of the Act is amended by inserting “or Santé Québec” after all occurrences of “Minister”.

745. The Act is amended by replacing all occurrences of “The Minister” and “the Minister” by “Santé Québec” or “it”, depending on the context, and all occurrences of “the Minister’s” by “Santé Québec’s”, with the necessary modifications, in the following provisions:

- (1) section 6;
- (2) the last paragraph of section 11;
- (3) sections 13, 15 and 16;
- (4) the first paragraph of section 17;
- (5) section 18;
- (6) section 19;
- (7) the last paragraph of sections 20 and 21;
- (8) sections 23 and 24;
- (9) the first paragraph of section 25;
- (10) sections 26.1 and 28;
- (11) sections 29 and 32 to 35.

FUNERAL OPERATIONS ACT

746. Section 2 of the Funeral Operations Act (chapter A-5.02) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in subparagraph 2 of the first paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

747. The Act is amended by inserting the following section after section 78:

“**78.1.** An institution must, if it is responsible for a body donated to an educational institution, take the necessary measures to deliver the body to that institution.”

748. Section 99 of the Act is amended by replacing “the Minister may, when issuing a funeral services business licence for the year 2020 and, later” by “Santé Québec may”.

749. The Act is amended by replacing all occurrences of “The Minister” and “the Minister” by “Santé Québec” or “it”, depending on the context, and all occurrences of “the Minister’s” by “Santé Québec’s”, with the necessary modifications, in the following provisions:

- (1) section 7;
- (2) section 8;
- (3) section 10;
- (4) sections 11 and 14;
- (5) the first paragraph of section 15;
- (6) the second paragraph of section 17;
- (7) section 19;
- (8) the heading of Division II of Chapter II;
- (9) sections 23 to 25;
- (10) section 26;
- (11) sections 27 to 29;
- (12) sections 30 and 31;
- (13) sections 39 and 42;

- (14) section 43;
- (15) sections 47 and 49;
- (16) section 50;
- (17) sections 51, 53 and 54;
- (18) section 55;
- (19) the second paragraph of section 65;
- (20) sections 68 and 73;
- (21) section 76;
- (22) the first paragraph of section 77;
- (23) section 78;
- (24) the first paragraph of section 80;
- (25) sections 81 to 83, 85 and 91;
- (26) sections 92 and 98;
- (27) section 105.

FINANCIAL ADMINISTRATION ACT

750. Section 83.1 of the Financial Administration Act (chapter A-6.001) is amended by replacing subparagraph *b* of subparagraph 2 of the first paragraph by the following subparagraph:

“(b) a public institution governed by the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) as well as the Nunavik Regional Board of Health and Social Services;”.

751. Schedule 2 to the Act is amended

- (1) by striking out “Corporation d’urgences-santé”;
- (2) by inserting “Santé Québec” and “Urgences-santé” in alphabetical order.

HOSPITAL INSURANCE ACT

752. Section 1 of the Hospital Insurance Act (chapter A-28) is amended

(1) by replacing “Act respecting health services and social services (chapter S-4.2)” in paragraph *d* by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), within the meaning of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(2) by replacing “Act respecting health services and social services” in paragraph *e* by “Act to make the health and social services system more effective or the Act respecting health services and social services for the Inuit and Naskapi”;

(3) by replacing “Act respecting health services and social services or a public or private institution under agreement governed” in paragraph *f* by “Act to make the health and social services system more effective, by the Act respecting health services and social services for the Inuit and Naskapi or”;

(4) by replacing paragraph *h* by the following paragraph:

“(h) “regional entity” means the Nunavik Regional Board of Health and Social Services or the Cree Board of Health and Social Services of James Bay.”

753. Section 2 of the Act is amended

(1) by replacing “Act respecting health services and social services (chapter S-4.2)” and “agency” in the first paragraph by “Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)” and “regional entity”, respectively;

(2) by replacing the second paragraph by the following paragraphs:

“The Minister ensures that Santé Québec allocates to the public institutions within the meaning of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) that operate a hospital centre the amounts necessary for financing the cost of the insured services they furnish.

The insured services furnished by the institutions referred to in the first and second paragraphs are financed in accordance with the provisions of the Act to make the health and social services system more effective, the Act respecting health services and social services for Cree Native persons or the Act respecting health services and social services for the Inuit and Naskapi, as applicable.”

754. The Act is amended by inserting the following section after section 2.1:

“2.2. The fees payable by a resident of Québec who does not hold a health insurance card or eligibility card issued in accordance with the Health Insurance Act (chapter A-29) to obtain health services and social services, whether or not they are insured services, are prescribed by regulation of the Minister.

The fees payable by a person who is not such a resident to obtain health services and social services correspond to the fees determined under the first paragraph plus a surcharge equivalent to twice those fees.

However, the surcharge is not payable by a beneficiary under the Act respecting industrial accidents and occupational diseases (chapter A-3.001).”

755. Section 10 of the Act is amended, in subsection 7,

(1) by inserting “or Santé Québec, as applicable,” after both occurrences of “institution”;

(2) by replacing “Minister” by “Board”.

HEALTH INSURANCE ACT

756. Section 1 of the Health Insurance Act (chapter A-29) is amended, in the first paragraph,

(1) by replacing “Act respecting health services and social services (chapter S-4.2)” in subparagraph *n* by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), within the meaning of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(2) by replacing “Act respecting health services and social services” in subparagraph *o* by “Act to make the health and social services system more effective, by the Act respecting health services and social services for the Inuit and Naskapi”.

757. Section 3 of the Act is amended

(1) by replacing subparagraph *b* of the first paragraph by the following subparagraph:

“(b) the services of maxillofacial or oral surgery determined by regulation and required by dentistry and rendered by a dentist in a Santé Québec university hospital centre or university institute or in a facility maintained by an institution operating a hospital centre, provided, however, that if rendered in Québec they are rendered in a Santé Québec university hospital centre or university institute determined by regulation or in a facility maintained by an institution operating a hospital centre by a dentist authorized to practise in that centre;”;

(2) by replacing “an institution recognized for that purpose by the Minister” in the sixth and eighth paragraphs by “Santé Québec, for its institution recognized for that purpose by the Minister,”;

(3) by replacing “Act respecting health services and social services (chapter S-4.2)” in the thirteenth paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

758. Section 13 of the Act is amended, in the fourth paragraph,

(1) by replacing “An institution” by “Santé Québec, an institution”;

(2) by replacing “it has” by “it or, in the case of Santé Québec, its institution has”.

759. Section 13.2 of the Act is amended

(1) in the first paragraph,

(a) by replacing “Only an institution contemplated in the sixth paragraph of section 3 is entitled to exact from the Board” by “Only Santé Québec is entitled to exact from the Board, for its institutions referred to in the sixth paragraph of section 3”;

(b) by replacing “the institution” by “the institutions”;

(c) by replacing “that institution” by “Santé Québec”;

(2) by replacing all occurrences of “il” in the French text by “elle”.

760. Section 14 of the Act is amended by replacing “An institution contemplated in the sixth paragraph of section 3 is not entitled” in the third paragraph by “Santé Québec is not entitled, for its institutions referred to in the sixth paragraph of section 3,”.

761. Section 15 of the Act is amended, in the first paragraph,

(1) by replacing “333.6 of the Act respecting health services and social services (chapter S-4.2)” in subparagraph 1 by “508 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or in section 333.6 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(2) by replacing “subparagraph 2 of the first paragraph of section 333.3 of the Act respecting health services and social services” in subparagraph 3 by “section 504 of the Act to make the health and social services system more effective or in subparagraph 2 of the first paragraph of section 333.3 of the Act respecting health services and social services for the Inuit and Naskapi”.

762. Section 15.1 of the Act is amended by replacing “333.1 of the Act respecting health services and social services” in the first paragraph by “481 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the first paragraph of section 333.1 of the Act respecting health services and social services for the Inuit and Naskapi”.

763. Section 19 of the Act is amended

(1) by inserting “Santé Québec and” after “consulting” in the third paragraph;

(2) by replacing “sections 360 and the following sections of the Act respecting health services and social services (chapter S-4.2)” in the fifth paragraph by “sections 394 and following of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or sections 360 and following of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(3) by replacing “regional medical staffing plans referred to in section 377 of the Act respecting health services and social services” in the seventh paragraph by “territorial medical staffing plans referred to in section 405 of the Act to make the health and social services system more effective or the regional medical staffing plans referred to in section 377 of the Act respecting health services and social services for the Inuit and Naskapi”;

(4) by replacing “of the board of directors of the institution” in the eleventh paragraph by “of Santé Québec, in the case of a Santé Québec institution, or of the board of directors of the institution, in any other case,”;

(5) by replacing “the agencies and the institutions” in the thirteenth paragraph by “the Nunavik Regional Board of Health and Social Services, the Cree Board of Health and Social Services of James Bay, Santé Québec, in the case of a Santé Québec institution, or the institution, in any other case”;

(6) in the fourteenth paragraph,

(a) by replacing “or the agency” by “, the Nunavik Regional Board of Health and Social Services, the Cree Board of Health and Social Services of James Bay”;

(b) by adding the following sentence at the end: “If an agreement concerns a Santé Québec institution, the Minister must consult Santé Québec.”

764. Section 19.1 of the Act is amended by inserting “in institutions referred to in a contract entered into in accordance with section 353 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*),” after “period of training” in the first paragraph.

765. Section 22 of the Act is amended

(1) by replacing “Act respecting health services and social services (chapter S-4.2)” in subparagraph *d* of the second paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(2) by inserting “or Santé Québec, as applicable,” after “institution” in the fifth paragraph;

(3) by replacing “Act respecting health services and social services” in subparagraph 1 of the ninth paragraph by “Act to make the health and social services system more effective or the Act respecting health services and social services for the Inuit and Naskapi”.

766. Section 22.0.0.0.1 of the Act is amended

(1) by replacing “or whose specialized medical centre permit” and “subparagraph 3 of the first paragraph of section 333.7 of the Act respecting health services and social services (chapter S-4.2)” in the first paragraph by “or authorization or whose permit or authorization” and “subparagraph 3 of the first paragraph of section 506 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or in subparagraph 3 of the first paragraph of section 333.7 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”, respectively;

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

“The prohibition against remuneration set out in the first and second paragraphs applies upon receipt by the Board of

(1) a copy of the decision of the Minister or Santé Québec, as applicable, to suspend, cancel or revoke, or refuse to renew, the permit or authorization; or

(2) the notice of the Minister or Santé Québec, as applicable, informing it that the specialized medical centre, laboratory or centre for assisted procreation is being operated without a permit or authorization.”

767. Sections 22.0.0.0.2 and 22.0.0.1 of the Act are amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the first paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

768. Section 22.1 of the Act is amended

(1) by replacing “Every institution, laboratory or” and “every institution,” in the second paragraph by “Santé Québec or every institution, as applicable, every laboratory or every” and “Santé Québec or every institution, as applicable,” respectively;

(2) by replacing “institution, laboratory, person referred to in subparagraph *h.3* of the first paragraph of section 69, hearing-aid acoustician or distributor” in the third paragraph by “Santé Québec or an institution, as applicable, a laboratory, a person referred to in subparagraph *h.3* of the first paragraph of section 69, a hearing-aid acoustician or a distributor”.

769. Section 22.1.0.1 of the Act is amended

(1) by replacing “an institution” in the first paragraph by “Santé Québec or an institution, as applicable,”;

(2) by replacing “the pharmacist or institution” in the second paragraph by “a pharmacist or, where applicable, Santé Québec or an institution, as applicable,”;

(3) by replacing “a pharmacist or institution” in the third paragraph by “a pharmacist or, where applicable, Santé Québec or an institution, as applicable,”.

770. Section 22.2 of the Act is amended by replacing “to an institution” in the last paragraph by “to Santé Québec or to an institution, as applicable”.

771. Sections 30 and 30.1 of the Act are amended by inserting “, after consulting Santé Québec,” after “considers” in the first paragraph.

772. Section 38.7 of the Act is amended by replacing “an institution” by “Santé Québec or an institution, as applicable”.

773. Section 48 of the Act is amended by replacing “and every institution” in the first paragraph by “, Santé Québec and every institution”.

774. Section 65 of the Act is amended

(1) by inserting “or to the council of physicians, dentists, pharmacists and midwives, as applicable,” after “and pharmacists” in the first paragraph;

(2) in the fifth paragraph,

(a) by inserting “, territorial department of family medicine referred to in the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*)” after “institution”;

(b) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)”;

(c) by replacing “the second paragraph of section 91 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2)” and “to the Minister of Health and Social Services” by “section 411 of the Act to make the health and social services system more effective” and “to Santé Québec”, respectively;

(3) in the sixth paragraph,

(a) by inserting “or to Santé Québec, as applicable,” after “to the Minister”;

(b) by replacing “the Minister’s functions” and “that the Minister” by “their functions” and “that either of them”, respectively;

(4) by inserting “Santé Québec,” after “Justice,” in the eighth paragraph.

775. Section 66.1 of the Act is amended

(1) by replacing “or to the council of physicians, dentists and pharmacists of an institution” in the first paragraph by “, to Santé Québec or to the council of physicians, dentists and pharmacists or the council of physicians, dentists, pharmacists and midwives of an institution, as applicable”;

(2) in the third paragraph,

(a) by replacing “to an agency referred to in the Act respecting health services and social services (chapter S-4.2)” by “to a Santé Québec institution or to the Nunavik Regional Board of Health and Social Services”;

(b) by striking out “, and to the group formed by the health and social services agencies”.

776. Section 67 of the Act is amended

(1) by inserting “or to Santé Québec” after “Minister” in the third paragraph;

(2) by inserting “, to Santé Québec” after “du Québec” in the sixth paragraph;

(3) by replacing “a public health director” in the eighth paragraph by “Santé Québec, a public health director”;

(4) in the tenth paragraph,

(a) by inserting “or to Santé Québec” after “Social Services”;

(b) by replacing “advise the Minister”, “the Minister refers”, “inform the Minister” and “by the Minister” by “advise them”, “they refer”, “inform them” and “by either of them”, respectively.

777. Section 68 of the Act is amended by replacing “An institution” in the second paragraph by “Santé Québec or an institution, as applicable,”.

778. Section 68.2 of the Act is amended by inserting “or Santé Québec, as applicable,” after “sociaux”.

779. Section 69 of the Act is amended by replacing “an institution” in subparagraphs *h.1* and *h.2.1* of the first paragraph by “a Santé Québec institution”.

780. Section 77.1.1 of the Act is amended, in the first paragraph,

(1) by inserting “from Santé Québec under section 217 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or” after “a notice”;

(2) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)”.

ACT RESPECTING PRESCRIPTION DRUG INSURANCE

781. Sections 8 and 78 of the Act respecting prescription drug insurance (chapter A-29.01) are amended by replacing “Act respecting health services and social services (chapter S-4.2)” by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

782. Section 80.3 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the first paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

ACT TO PREVENT SKIN CANCER CAUSED BY ARTIFICIAL TANNING

783. Section 2 of the Act to prevent skin cancer caused by artificial tanning (chapter C-5.2) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

784. Section 8 of the Act is amended by replacing “by the Minister” in the first paragraph by “by Santé Québec”.

785. Section 10 of the Act is amended by replacing subparagraphs 1 and 2 of the first paragraph by the following subparagraph:

“(1) Santé Québec; and”.

786. Section 11 of the Act is amended by replacing “the Minister, the president and executive director of the agency” in the first paragraph by “the president and chief executive officer of Santé Québec, the president and executive director of the regional board”.

CANNABIS REGULATION ACT

787. Section 9 of the Cannabis Regulation Act (chapter C-5.3) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the second paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

788. Section 12 of the Act is amended, in the first paragraph,

(1) by replacing subparagraph 1 by the following subparagraph:

“(1) facilities maintained by a health or social services institution governed by the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5) and premises where the services of an intermediate resource governed by the Act to make the health and social services system more effective and the Act respecting health services and social services for the Inuit and Naskapi are offered, except if the premises are situated in a private residence;”;

(2) by replacing “the second paragraph of section 346.0.1 of the Act respecting health services and social services” in subparagraph 9 by “section 483 of the Act to make the health and social services system more effective and the second paragraph of section 346.0.1 of the Act respecting health services and social services for the Inuit and Naskapi”.

789. Section 64 of the Act is amended by inserting “Santé Québec,” after “require” in the second paragraph.

790. The Act is amended by replacing all occurrences of “The Minister” and “the Minister” by “Santé Québec” in the following provisions, with the necessary modifications:

(1) section 69;

(2) section 74;

- (3) section 83;
- (4) the first paragraph of section 84.

ACT RESPECTING THE HEALTH AND WELFARE
COMMISSIONER

791. Section 4 of the Act respecting the Health and Welfare Commissioner (chapter C-32.1.1) is amended, in paragraph 2,

- (1) by replacing subparagraphs *d* and *e* by the following subparagraphs:

“(d) a president and executive director of a Santé Québec institution appointed after consultation with its board of directors;

“(e) a member of Santé Québec’s board of directors appointed after consultation with bodies that are representative of the members on users’ committees;”;

- (2) by replacing subparagraph *g* by the following subparagraph:

“(g) a person with ethics expertise, appointed after consultation with at least two universities offering philosophy or ethics programs and with institution councils that have a research ethics committee or a clinical ethics committee.”

792. Section 16 of the Act is repealed.

793. Section 18 of the Act is amended by replacing “the Minister or” in subparagraph 3 of the second paragraph by “Santé Québec and the Minister, as well as of”.

794. Section 25 of the Act is amended

- (1) by replacing paragraph 1 by the following paragraph:

“(1) the person is an employee of the Ministère de la Santé et des Services sociaux, Santé Québec, the Cree Board of Health and Social Services of James Bay, the Nunavik Regional Board of Health and Social Services, a private health and social services institution or any other organization providing services in the field of health and social services and receiving subsidies from the Minister, Santé Québec or a professional order in the field of health and social services;”;

- (2) by replacing “section 259.2 of the Act respecting health services and social services (chapter S-4.2)” in paragraph 2 by “section 235 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or section 259.2 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

ACT RESPECTING CONTRACTING BY PUBLIC BODIES

795. Section 4 of the Act respecting contracting by public bodies (chapter C-65.1) is amended by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)” in subparagraph 6 of the first paragraph.

796. Section 8 of the Act is amended by adding the following paragraph at the end:

“The president and chief executive officer of Santé Québec may delegate all or part of the functions conferred on the body’s chief executive officer to the president and executive director of a public institution governed by the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or to another person with management responsibilities who reports directly to the president and chief executive officer.”

ACT TO PROVIDE FOR BALANCED BUDGETS IN THE PUBLIC HEALTH AND SOCIAL SERVICES NETWORK

797. The title of the Act to provide for balanced budgets in the public health and social services network (chapter E-12.0001) is replaced by the following title:

“An Act to provide for balanced budgets at Santé Québec and in public health and social services institutions”.

798. Section 1 of the Act is amended by replacing “public institutions of the health and social services network” by “Santé Québec and public health and social services institutions”.

799. Sections 3 and 4 of the Act are replaced by the following sections:

“3. Santé Québec must, during a fiscal year, maintain a balance between its expenditures and its revenues.

The same applies to each public institution.

“4. Santé Québec may not have a deficit at the end of a fiscal year.

The same applies to every public institution.”

800. Section 5 of the Act is amended

(1) by replacing the first paragraph by the following paragraph:

“At the beginning of a fiscal year, the Minister shall inform Santé Québec of the resource envelope allotted to it in accordance with the Financial Administration Act (chapter A-6.001) for the carrying out of its mission. The Minister also informs the regional entities, namely the Nunavik Regional Board of Health and Social Services and the Cree Board of Health and Social Services

of James Bay, of the resource envelope allotted to each in accordance with the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) for the purpose of financing the expenditures relating to the services to be provided by public institutions.”;

(2) by replacing “the agency” in the second paragraph by “Santé Québec and each regional entity”;

(3) by replacing “an agency” and “in its region. The agency” in the last paragraph by “Santé Québec and to a regional entity” and “for which it is responsible. Santé Québec or the regional entity, as applicable,” respectively.

801. Section 6 of the Act is amended

(1) in the first paragraph,

(a) by replacing “the agency shall” by “the regional entity shall”;

(b) by inserting the following sentence after the first sentence: “Within the same time, Santé Québec informs the president and executive director of each of its institutions of the amounts it allocates to the operating budgets of the institutions.”;

(c) by replacing “to the agency” by “to the regional entity or to Santé Québec, as applicable,”;

(2) in the second paragraph,

(a) by replacing both occurrences of “agency” by “regional entity”;

(b) by adding the following sentence at the end: “Santé Québec does the same in respect of the president and executive director of each of its institutions.”

802. Section 7 of the Act is amended by replacing both occurrences of “agency” by “regional entity”.

803. The Act is amended by inserting the following section after section 7:

“7.1. Within three weeks after the date on which Santé Québec informs the president and executive director of a Santé Québec institution of the particulars specified in section 6, the latter shall adopt the annual operating budget of the institution.

The budget must maintain a balance between the expenditures and the financial resources allocated to that institution by Santé Québec in accordance with section 6.”

804. Section 8 of the Act is amended by replacing “an agency” and “the agency” by “a regional entity” and “the regional entity”, respectively.

805. Section 10 of the Act is amended

(1) by inserting “that serves the territory of a regional entity” after “public institution” in the first paragraph;

(2) by replacing “the agency” in the second paragraph by “the regional entity”.

806. Section 14 of the Act is amended

(1) by replacing “is not complying with the requirements of section 7, that the expenditures of a public institution exceed its revenues or that an agency” by “that serves the territory of a regional entity is not complying with the requirements of section 7, that the expenditures of such public institution exceed its revenues or that a regional entity”;

(2) by replacing “the agency” by “the regional entity”;

(3) by inserting “for the Inuit and Naskapi” after “social services”.

807. The following provisions of the Act are amended in the following manner:

(1) by inserting “that serves the territory of a regional entity” after “public institution” in the first paragraph of section 9;

(2) by inserting “that serves the territory of a regional entity” after both occurrences of “public institution” in section 11;

(3) by replacing “any of a public institution’s projects involving a capital expenditure or the purchase of equipment” in section 12 by “any project involving a capital expenditure or the purchase of equipment of a public institution that serves the territory of a regional entity”;

(4) by inserting “that serves the territory of a regional entity” after “public institution” in section 13.

ACT TO SECURE HANDICAPPED PERSONS IN THE EXERCISE
OF THEIR RIGHTS WITH A VIEW TO ACHIEVING SOCIAL,
SCHOOL AND WORKPLACE INTEGRATION

808. Section 1 of the Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration (chapter E-20.1) is amended by replacing “Act respecting health services and social services (chapter S-4.2) or within the meaning of” in paragraph *c* by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or”.

ACT RESPECTING THE GOVERNANCE OF STATE-OWNED ENTERPRISES

809. Section 15 of the Act respecting the governance of state-owned enterprises (chapter G-1.02) is amended by inserting “Santé Québec,” after “Retraite Québec,” in paragraph 15.

810. Schedule 1 to the Act is amended

- (1) by striking out “Corporation d’urgences-santé”;
- (2) by inserting “Santé Québec” and “Urgences-santé” in alphabetical order.

ACT RESPECTING HÉMA-QUÉBEC AND THE BIOVIGILANCE COMMITTEE

811. Section 3 of the Act respecting Héma-Québec and the biovigilance committee (chapter H-1.1) is amended, in the second paragraph,

- (1) by inserting “, Santé Québec” after “Social Services” in subparagraph 8;
- (2) by inserting “or Santé Québec” after “Social Services” in subparagraph 12.

812. Section 13 of the Act is amended by adding the following paragraph at the end:

“The Government may also designate an officer or employee of Santé Québec to attend the meetings of the board of directors.”

813. The heading of Division V of Chapter I of the Act is amended by adding “AND OF SANTÉ QUÉBEC” at the end.

814. Section 31.1 of the Act is amended

- (1) by replacing “The Minister” and “the Minister” in the first paragraph by “Santé Québec” and “it”, respectively;
- (2) by striking out “signed by the Minister” in the fourth paragraph.

815. Sections 33 and 34 of the Act are replaced by the following sections:

“33. Where Santé Québec assumes the provisional administration of Héma-Québec, it must, as soon as possible, send the Minister a preliminary report of its findings and recommendations.

Before filing the report with the Minister, Santé Québec must give Héma-Québec an opportunity to present observations. It must append a summary of the observations to its report.

“34. After receiving Santé Québec’s preliminary report, the Minister may request that Santé Québec continue the provisional administration of Héma-Québec for a period not exceeding three months or that it terminate the provisional administration within the time the Minister indicates.

Where the Minister requests that Santé Québec continue the provisional administration, the Minister indicates whether all or some of the powers of the board of directors will be suspended and exercised by Santé Québec.”

816. Section 35 of the Act is amended

(1) by replacing “The Minister shall file a report with the Government as soon as the Minister” in the first paragraph by “Santé Québec must file a report with the Minister as soon as it”;

(2) by replacing “After receiving a report from the Minister, the Government” in the second paragraph by “After receiving a report from Santé Québec, the Minister”.

817. Section 36 of the Act is amended by replacing “the Minister” by “Santé Québec”.

818. Section 46 of the Act is amended by replacing subparagraph 2 of the first paragraph by the following subparagraph:

“(2) one person working for the public health department of the Nunavik Regional Board of Health and Social Services, the Cree Board of Health and Social Services of James Bay or a health region within the meaning of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*);”.

819. The Act is amended

(1) by replacing all occurrences of “The Minister” and “the Minister” by “Santé Québec” or “it”, depending on the context, in the following provisions:

(a) the first paragraph of section 31.2;

(b) section 31.4;

(c) section 32;

(2) by replacing “the Deputy Minister of Health and Social Services” by “Santé Québec” in the following provisions:

(a) section 47;

(b) the second paragraph of section 49.

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

820. Section 5 of the Act respecting the Institut national d'excellence en santé et en services sociaux (chapter I-13.03) is amended by replacing "116 of the Act respecting health services and social services (chapter S-4.2)" in paragraph 9 by "334 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), section 116 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)".

821. Section 42 of the Act is amended by replacing "regional medical staffing plans prepared under the Act respecting health services and social services (chapter S-4.2)" by "territorial medical staffing plans provided for in the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and the regional plans provided for in the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)".

ACT RESPECTING INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC

822. Section 3 of the Act respecting Institut national de santé publique du Québec (chapter I-13.1.1) is amended by replacing "the agencies referred to in the Act respecting health services and social services (chapter S-4.2)" in the first paragraph by "the regional board established under the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)".

823. Section 20 of the Act is amended by replacing the second paragraph by the following paragraph:

"In such a case, Santé Québec and the institutions to which the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) applies, the regional board and the institutions to which Parts IV.1 and IV.3 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) apply as well as the institutions and the regional council to which the Act respecting health services and social services for Cree Native persons (chapter S-5) applies must, unless otherwise provided, make available to the institute all the information it requires. They must also, so far as possible, provide the institute with all the assistance it needs to perform the tasks expressly assigned by the Minister."

824. Section 22 of the Act is amended by replacing "regional medical staffing plans prepared under the Act respecting health services and social services (chapter S-4.2)" by "territorial medical staffing plans provided for in the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and the regional plans provided for in the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)".

825. Section 33 of the Act is amended

- (1) by striking out the second paragraph;
- (2) by replacing “policies” in the third paragraph by “policy”.

ACT RESPECTING ADMINISTRATIVE JUSTICE

826. Section 24 of the Act respecting administrative justice (chapter J-3) is amended

- (1) by inserting “or a user” after “beneficiary”;
- (2) by replacing “or an adapted enterprise certificate” by “, adapted enterprise certificates and authorizations to carry on certain activities”.

827. Section 119 of the Act is amended

(1) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)” in paragraph 5.2;

(2) by replacing paragraph 6 by the following paragraphs:

“(5.3) a proceeding under section 517 or 540 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), which pertains to the refusal to grant a temporary authorization, to the refusal to grant or renew a regular authorization, or to the revocation of any such authorizations;

“(6) a proceeding under section 565 of the Act to make the health and social services system more effective, under section 453 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or under section 182.1 of the Act respecting health services and social services for Cree Native persons (chapter S-5), which pertains to the decision to evacuate and relocate persons lodged in any place where activities requiring an authorization or a permit are carried on without such authorization or permit;”.

828. Section 1 of Schedule I to the Act is amended by replacing “section 517 of the Act respecting health services and social services (chapter S-4.2)” in paragraph 5 by “section 661 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or section 517 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

829. Section 3 of Schedule I to the Act is amended

(1) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)” in paragraph 9;

(2) by inserting “for the Inuit and Naskapi” before “or under” in paragraph 11;

(3) by replacing paragraph 12 by the following paragraphs:

“(12) proceedings by physicians, dentists, pharmacists or midwives under any of sections 162, 232, 233 and 246 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and proceedings by such persons under any of sections 205, 252, 253 and 259.8 of the Act respecting health services and social services for the Inuit and Naskapi;

“(12.0.1) proceedings by persons applying for or holding an authorization under section 517 or 540 of the Act to make the health and social services system more effective;”;

(4) by inserting “for the Inuit and Naskapi” after “social services” in paragraph 12.1;

(5) by inserting “for the Inuit and Naskapi” before “or under” in paragraph 13;

(6) by replacing “453 of the Act respecting health services and social services” in paragraph 14 by “565 of the Act to make the health and social services system more effective, under section 453 of the Act respecting health services and social services for the Inuit and Naskapi”;

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

“(15) proceedings against review decisions confirming the imposition of a monetary administrative penalty, under section 691 of the Act to make the health and social services system more effective.”

ACT RESPECTING MEDICAL LABORATORIES AND ORGAN AND TISSUE CONSERVATION

830. Section 1 of the Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2) is amended

(1) in the first paragraph,

(a) by replacing “Act respecting health services and social services (chapter S-4.2)” in subparagraph *a* by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(b) by replacing “Act respecting health services and social services” in subparagraph *a.3* by “Act to make the health and social services system more effective, by the Act respecting health services and social services for the Inuit and Naskapi”;

(c) by striking out subparagraph g.1;

(2) by replacing “within the meaning of the Act respecting health services and social services” in the second paragraph by “within the meaning of the Act to make the health and social services system more effective and the Act respecting health services and social services for the Inuit and Naskapi”.

831. Section 2 of the Act is amended by striking out paragraph g.

832. Section 65 of the Act is amended by replacing “the Minister may, by himself or” and both occurrences of “him” by “Santé Québec may,” and “it”, respectively.

833. The Act is amended by replacing all occurrences of “The Minister” and “the Minister” by “Santé Québec” in the following provisions, with the necessary modifications:

- (1) section 31;
- (2) the first paragraph of section 34;
- (3) section 36;
- (4) section 40;
- (5) sections 40.3.4, 41 and 67.1.

TOBACCO CONTROL ACT

834. Section 2 of the Tobacco Control Act (chapter L-6.2) is amended

(1) by replacing paragraph 1 by the following paragraphs:

“(1) facilities maintained by a health and social services institution governed by the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or by the Act respecting health services and social services for Cree Native persons (chapter S-5);

“(1.1) premises where services are provided by an intermediate resource to which the Act to make the health and social services system more effective and the Act respecting health services and social services for the Inuit and Naskapi apply, except if the premises are situated in a dwelling;”;

(2) by replacing “the second paragraph of section 346.0.1 of the Act respecting health services and social services” in paragraph 7.1 by “the Act to make the health and social services system more effective or the Act respecting health services and social services for the Inuit and Naskapi”.

835. Section 5.1 of the Act is amended

(1) by replacing “Health and social services institutions” in the first paragraph by “Santé Québec and any health and social services institution other than its own”;

(2) by replacing “an institution” and “The institution” in the second paragraph by “a college- or university-level educational institution” and “The college- or university-level educational institution”, respectively;

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

“The most senior officer of a health and social services institution must, every two years, report to Santé Québec’s board of directors on the application of the policy referred to in the first paragraph.”

836. The Act is amended by inserting the following section after section 5.1:

“5.2. Not later than 31 March of each year, Santé Québec must report to the Minister on the application of the tobacco control policies at the national level.”

837. Section 20.3.2 of the Act is amended by replacing both occurrences of “the Minister” in the third paragraph by “Santé Québec”.

838. Section 20.4 of the Act is amended by replacing both occurrences of “the Minister” in the first paragraph by “Santé Québec”.

839. Section 32 of the Act is amended

(1) by replacing “the Minister” in the first and second paragraphs by “Santé Québec”;

(2) by replacing “Minister” and “designated by the Minister” in the third paragraph by “president and chief executive officer of Santé Québec” and “the latter designates”, respectively.

840. Section 38.0.1 of the Act is amended

(1) by replacing “The Minister” in the first paragraph by “Santé Québec”;

(2) by replacing “the Minister” in the second paragraph by “the president and chief executive officer of Santé Québec or by a person the latter designates”.

841. The Act is amended by replacing “the Minister” and “The Minister” by “Santé Québec” in the following provisions, with the necessary modifications:

(1) the fourth paragraph of section 4.1;

- (2) section 20.3.1;
- (3) the first paragraph of section 34.1;
- (4) the second paragraph of section 35;
- (5) section 58;
- (6) the first paragraph of section 60.

ACT TO COMBAT MALTREATMENT OF SENIORS AND OTHER PERSONS OF FULL AGE IN VULNERABLE SITUATIONS

842. Section 2 of the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) is amended

(1) by replacing “a local service quality and complaints commissioner appointed under section 30 of the Act respecting health services and social services (chapter S-4.2)” in the definition of “local service quality and complaints commissioner” by “a local service quality and complaints commissioner appointed under section 600 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), a local service quality and complaints commissioner appointed under section 30 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(2) by replacing “Act respecting health services and social services” in the definition of “institution” by “Act to make the health and social services system more effective or the Act respecting health services and social services for the Inuit and Naskapi”;

(3) by replacing “346.0.1 of the Act respecting health services and social services” in the definition of “private seniors’ residence” by “483 of the Act to make the health and social services system more effective or section 346.0.1 of the Act respecting health services and social services for the Inuit and Naskapi”.

843. Section 3 of the Act is amended

(1) by replacing “Every institution” in the first paragraph by “Santé Québec, for each of its institutions, or the institution’s board of directors, as applicable,”;

(2) in the fourth paragraph,

(a) by replacing “the local service quality and complaints commissioner” in subparagraph 3 by “Santé Québec or the local service quality and complaints commissioner, as applicable”;

(b) by replacing “the local service quality and complaints commissioner” in subparagraph 4 by “Santé Québec or the local service quality and complaints commissioner, as applicable,”;

(c) by replacing “the local service quality and complaints commissioner” in subparagraph 6 by “Santé Québec or the local service quality and complaints commissioner, as applicable,”;

(3) by replacing “the competent local service quality and complaints commissioner of the integrated health and social services centre, in accordance with section 50.1 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2)” in the last paragraph by “Santé Québec”.

844. Section 4 of the Act is amended by replacing paragraph 1 by the following paragraph:

“(1) an intermediate resource, a family-type resource and any other body, partnership or person called on by Santé Québec or the institution’s board of directors, as applicable, for the provision of its services, in particular by an agreement under section 445 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), section 108 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or section 124 of the Act respecting health services and social services for Cree Native persons (chapter S-5); or”.

845. Section 4.2 of the Act is amended by replacing “The institution” by “Santé Québec, for each of its institutions, or the institution’s board of directors, as applicable,”.

846. Section 6 of the Act is amended

(1) by replacing “the local service quality and complaints commissioner” in the first paragraph by “Santé Québec or to the local service quality and complaints commissioner, as applicable”;

(2) in the second paragraph,

(a) by replacing “An integrated health and social services centre established by the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) and a local authority within the meaning of the Act respecting health services and social services (chapter S-4.2)” by “A Santé Québec institution and a local authority within the meaning of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(b) by inserting “for the Inuit and Naskapi” after “334 of the Act respecting health services and social services”.

847. Section 7 of the Act is amended by replacing “The institution” by “Santé Québec, for each of its institutions, or the institution’s board of directors, as applicable.”.

848. Section 9 of the Act is amended by replacing “of the integrated health and social services centre” in the first paragraph by “of the Santé Québec institution”.

849. Section 14 of the Act is amended

(1) by inserting “or in the report on the commissioner’s activities, as applicable” after “summary of the commissioner’s activities” in the first paragraph;

(2) by inserting “or the annual report on the local commissioner’s activities, as applicable,” after “local commissioner’s activities” in the introductory clause of the second paragraph;

(3) by replacing “to the board of directors of the institution concerned” in subparagraph 4 of the second paragraph by “to the president and executive director, in the case of a Santé Québec institution, or to the institution’s board of directors, in any other case,”;

(4) by replacing the last paragraph by the following paragraph:

“In the case of the local commissioner of a Santé Québec institution, the information included in the report on the commissioner’s activities must be presented in such a manner that the information concerning the Santé Québec institution may be distinguished from that concerning the private institution facilities located in its territory.”

850. Section 17 of the Act is amended by replacing “an integrated health and social services centre” in subparagraph 1 of the first paragraph by “a Santé Québec institution”.

851. Section 19 of the Act is amended by replacing “by the local service quality and complaints commissioner, where the commissioner” in the second paragraph by “by Santé Québec or by the local service quality and complaints commissioner, as applicable, where either of them”.

852. Section 20.5 of the Act is amended by replacing “An integrated health and social services centre” by “A Santé Québec institution”.

853. Section 22.4 of the Act is amended by replacing “The Minister” in the first paragraph by “Except in respect of its institutions and personnel members, Santé Québec”.

854. Section 22.6 of the Act is amended by replacing “The Minister” by “Except in respect of its institutions and personnel members, Santé Québec”.

ACT RESPECTING THE MINISTÈRE DE LA SANTÉ ET
DES SERVICES SOCIAUX

855. Section 5.1 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) is amended by replacing “who holds a specialist’s certificate in community health” in the second paragraph by “who holds a specialist’s certificate in public health and preventive medicine or has five years of experience relevant to the exercise of the functions”.

856. The Act is amended by inserting the following section after section 5.1.1:

“5.1.2. If necessary, the Minister may, taking into account the guidelines, standards, strategies, directives, rules and application instructions made under the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03) and after consulting the Minister of Cybersecurity and Digital Technology, define specific guidelines and standards regarding information assets used to support health and social services network management.

Santé Québec is responsible for implementing those guidelines and standards in the health and social services network.”

857. Sections 5.5 and 10.3 of the Act are repealed.

858. Section 11.7.1 of the Act is amended by replacing “a health and social services agency” by “Santé Québec, by the Nunavik Regional Board of Health and Social Services”.

859. Section 12.1 of the Act is amended

(1) by inserting “and social services” after “health” in the first paragraph;

(2) by replacing “health accounts” in the second paragraph by “accounts”.

860. Section 12.2 of the Act is amended by replacing “The health accounts must contain the information” and “The health accounts must contain, among other things” in the introductory clause by “The health and social services accounts must contain the information” and “The accounts must contain, among other things”, respectively.

ACT TO MODIFY THE ORGANIZATION AND GOVERNANCE OF
THE HEALTH AND SOCIAL SERVICES NETWORK, IN
PARTICULAR BY ABOLISHING THE REGIONAL AGENCIES

861. The Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) is repealed.

ACT RESPECTING THE SHARING OF CERTAIN HEALTH
INFORMATION

862. Section 3 of the Act respecting the sharing of certain health information (chapter P-9.0001) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in paragraph 3 by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

863. Section 4 of the Act is amended

(1) by replacing “apply to the following persons and partnerships in the performance of any act under this Act:” in the introductory clause by “apply, in the performance of any act under this Act, to”;

(2) by replacing paragraphs 12 and 13 by the following paragraphs:

“(12) institutions governed by the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2);

“(13) the Nunavik Regional Board of Health and Social Services established under the Act respecting health services and social services for the Inuit and Naskapi;”;

(3) by inserting the following paragraph after paragraph 14:

“(14.1) Santé Québec;”;

(4) by replacing “333.1 of the Act respecting health services and social services” in paragraph 17 by “481 of the Act to make the health and social services system more effective or section 333.1 of the Act respecting health services and social services for the Inuit and Naskapi”.

864. Section 10 of the Act is amended by replacing “or an institution” by “, an institution or Santé Québec”.

865. Section 13 of the Act is amended

(1) by replacing “a health and social services agency” by “the Minister or by any institution, any other body or any other person in the health and social services network delegated by the Minister”;

(2) by replacing “the agency” by “the Minister or the delegatee”;

(3) by striking out “an agreement entered into under”;

(4) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)”.

866. Section 14 of the Act is amended by inserting “, Santé Québec” after “du Québec”.

867. Section 17 of the Act is amended by inserting “Santé Québec or” after “entrust it to” in the second paragraph.

868. Section 44 of the Act is amended by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)” in paragraph 3.

869. Section 53 of the Act is amended by inserting “Santé Québec or” after “entrust it to” in the second paragraph.

870. Section 56 of the Act is amended by inserting “to Santé Québec or” after “entrust it” in the second paragraph.

871. Section 65 of the Act is amended by replacing “executive director” in paragraph 2 by “executive director or the president and executive director, as applicable.”.

872. Section 94 of the Act is amended by inserting “Santé Québec or” after “entrust it to” in the second paragraph.

873. Section 101 of the Act is amended by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)”.

874. Section 104 of the Act is amended by replacing “431 of the Act respecting health services and social services” in subparagraph 1 of the first paragraph by “19 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or section 431 of the Act respecting health services and social services for the Inuit and Naskapi”.

875. Section 120 of the Act is amended by inserting “or Santé Québec, as applicable,” after “an institution” in paragraph 2.

YOUTH PROTECTION ACT

876. Section 1 of the Youth Protection Act (chapter P-34.1) is amended

(1) by replacing “Act respecting health services and social services (chapter S-4.2)” in the second paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

(2) by replacing “Act respecting health services and social services” in the third paragraph by “Act to make the health and social services system more effective or the Act respecting health services and social services for the Inuit and Naskapi”.

877. Section 9 of the Act is amended

(1) in the second paragraph,

(a) by replacing “the executive director of that institution”, “the executive director authorizes” and “if the executive director” by “the president and executive director or the executive director of that institution, as applicable,”, “he authorizes” and “if he”, respectively;

(b) by replacing “of the executive director” by “of the president and executive director or of the executive director, as applicable,”;

(2) by replacing “of the executive director” in the third and fourth paragraphs by “of the president and executive director or of the executive director, as applicable”.

878. Section 10 of the Act is amended

(1) by replacing “the board of directors and posted in a conspicuous place in the facilities of the institution” in the first paragraph by “Santé Québec, in the case of a Santé Québec institution, or by the board of directors, in any other case. Those internal rules must be posted in a conspicuous place in the facilities of the institution”;

(2) by replacing “118.1 of the Act respecting health services and social services (chapter S-4.2)” in the third paragraph by “332 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or section 118.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

879. Section 11.1.1 of the Act is amended

(1) in the third paragraph,

(a) by replacing “by the executive director of the institution or the person the executive director authorizes” by “by the institution’s president and executive director or executive director, as applicable, or by the person he authorizes”;

(b) by replacing “the executive director’s decision” by “the decision of the president and executive director or of the executive director, as applicable,”;

(2) by replacing “the executive director or the person the executive director authorizes” in the fourth paragraph by “the president and executive director or the executive director, as applicable, or the person he authorizes”.

880. Section 11.1.2 of the Act is amended, in the third paragraph,

(1) by replacing “the executive director of the institution or the person the executive director authorizes” by “the institution’s president and executive director or executive director, as applicable, or the person he authorizes”;

(2) by replacing “the executive director’s decision” by “the decision of the president and executive director or of the executive director, as applicable,”.

881. Section 30.4 of the Act is amended by replacing the last sentence by the following sentence: “He shall immediately notify the decision to the president and executive director of the institution concerned and Santé Québec, in the case of a Santé Québec institution, or to the president and executive director and the board of directors of the institution concerned, in any other case.”

882. Section 31.0.1 of the Act is amended by replacing “the institution’s board of directors” in the first paragraph by “Santé Québec, in the case of a Santé Québec institution, or by the institution’s board of directors, in any other case,”.

883. Section 31.1 of the Act is amended by replacing “the board of directors who appointed him” by “Santé Québec, in the case of a Santé Québec institution, or by the institution’s board of directors who appointed him, in any other case,”.

884. Section 31.2 of the Act is amended by replacing “The board of directors of an institution operating a child and youth protection centre” by “Santé Québec, in the case of a Santé Québec institution, or the board of directors of an institution operating a child and youth protection centre, in any other case,”.

885. Section 31.3 of the Act is amended by replacing “The board of directors of an institution” in the second paragraph by “Santé Québec, in the case of a Santé Québec institution, or the institution’s board of directors, in any other case.”.

886. Section 32 of the Act is amended, in the second paragraph,

(1) by replacing “operating a child and youth protection centre” in subparagraph *a* by “, other than a Santé Québec institution, operating a child and youth protection centre or of a Santé Québec institution operating such a center”;

(2) by replacing “operating a rehabilitation centre for young persons with adjustment problems” in subparagraph *b* by “, other than a Santé Québec institution, operating a rehabilitation centre for young persons with adjustment problems or of a Santé Québec institution operating such a center”.

887. Section 35.4 of the Act is amended by inserting “for the Inuit and Naskapi” after “social services”.

888. Section 37.4.2 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

889. Section 48.1 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

890. Section 57.1 of the Act is amended by replacing “pursuant to the Act respecting health services and social services (chapter S-4.2) or the” in the first paragraph by “under the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), under the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or under the”.

891. Section 62 of the Act is amended by replacing “executive director of the designated institution” in the last paragraph by “president and executive director or the executive director, as applicable, of the designated institution”.

892. Section 63 of the Act is amended

(1) in the first paragraph,

(*a*) by replacing “the executive director of the institution” by “the president and executive director or the executive director, as applicable, of the institution”;

(b) by replacing “The executive director” by “The president and executive director or the executive director, as applicable,”;

(c) by replacing “the executive director’s decision” by “the decision of the president and executive director or of the executive director, as applicable,”;

(2) by replacing “the executive director” in the second paragraph by “the president and executive director or the executive director, as applicable”.

893. Section 64.1 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the second paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

894. Section 70 of the Act is amended by replacing the first paragraph by the following paragraph:

“Sections 554 to 561 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and sections 490 to 502 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) apply to any institution governed by either Act that does not adequately fulfill one or another of the tasks, functions and obligations conferred on it by this Act. Sections 639 to 644 of the Act to make the health and social services system more effective and section 489 of the Act respecting health services and social services for the Inuit and Naskapi also apply, with the necessary modifications, to any institution governed by either Act to ascertain whether this Act and the regulations made under it are complied with.”

895. Section 72.8 of the Act is amended by replacing “The executive director of an institution operating a child and youth protection centre” in the fifth paragraph by “Santé Québec or, as applicable, the executive director of an institution, other than a Santé Québec institution, operating a child and youth protection centre”.

896. Section 72.11 of the Act is amended by inserting “for the Inuit and Naskapi” after “social services” in the first paragraph.

897. Section 74.2 of the Act is amended by replacing “the executive director” in paragraph *e* by “the president and executive director or the executive director, as applicable”.

898. Section 96 of the Act is amended by replacing “the executive director of an institution” in subparagraph *h* of the first paragraph by “the president and executive director or the executive director, as applicable, of an institution”.

899. Section 131.20 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the fifth paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

ACT RESPECTING THE PROTECTION OF PERSONS WHOSE MENTAL STATE PRESENTS A DANGER TO THEMSELVES OR TO OTHERS

900. Section 4 of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001) is replaced by the following section:

“**4.** Where an institution has been required to administer a psychiatric examination, it is incumbent on the medical director, in the case of a public institution within the meaning of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), or on the director of professional services, in the other cases, to transmit the physician’s report to the court that ordered the examination. If there is no such director, that responsibility is incumbent, respectively, on the institution’s president and executive director or executive director.”

901. Section 5 of the Act is amended by replacing “contained in the legislation respecting health services and social services” by “provided for by the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) and by the Act respecting health services and social services for Cree Native persons (chapter S-5)”.

902. Section 7 of the Act is amended by replacing the second paragraph by the following paragraph:

“The physician or the specialized nurse practitioner who places the person under confinement must immediately inform the medical director, in the case of a Santé Québec institution or a grouped institution, or the director of professional services, in any other case. If there is no such director, the physician or nurse must inform, respectively, the institution’s president and executive director or executive director.”

ACT TO RECOGNIZE AND SUPPORT CAREGIVERS

903. Section 19 of the Act to recognize and support caregivers (chapter R-1.1) is amended by replacing “consultation with the integrated university health network coordination panel established under section 436.8 of the Act respecting health services and social services (chapter S-4.2)” in subparagraph 3 of the first paragraph by “an invitation for applications with the Santé Québec university hospital centres and university institutes”.

904. Section 29 of the Act is amended by replacing “consultation with the integrated university health network coordination panel” in subparagraph 4 of the first paragraph by “an invitation for applications with the Santé Québec university hospital centres and university institutes”.

905. Section 34 of the Act is amended by replacing “Act respecting health services and social services” by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*)”.

906. Section 46 of the Act is amended by replacing “438 of the Act respecting health services and social services (chapter S-4.2), as amended by section 41, does not prevent” by “570 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and section 438 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) do not prevent”.

TOBACCO-RELATED DAMAGES AND HEALTH CARE COSTS RECOVERY ACT

907. Section 11 of the Tobacco-related Damages and Health Care Costs Recovery Act (chapter R-2.2.0.0.1) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the first paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

ACT RESPECTING THE RÉGIE DE L’ASSURANCE MALADIE DU QUÉBEC

908. Section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5) is amended

(1) in the second paragraph,

(a) by inserting “Santé Québec” after “institutions” in subparagraph *b*;

(b) by replacing “on any matter he refers to it and inform him of any problem or any matter which, in its opinion, warrants examination or action by that Minister” in subparagraph *c* by “and Santé Québec on any matter submitted to it by either of them and inform them of any problem or any matter which, in its opinion, warrants examination or action by them”;

(c) by replacing “or his” in subparagraph *h* by “and Santé Québec or their”;

(2) by replacing “an agency referred to in the Act respecting health services and social services (chapter S-4.2), an institution within the meaning of that Act, a public health director” in the fourth paragraph by “Santé Québec, the Nunavik Regional Board of Health and Social Services, a public health director”;

(3) in the sixth paragraph,

(a) by replacing “must, at the Minister’s request” by “must, at the request of the Minister or Santé Québec”;

(b) by inserting “or to Santé Québec” after “to the Minister”.

909. Section 7 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in subparagraph 2 of the second paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or in the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

910. Section 24.4 of the Act is amended by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)”.

ACT RESPECTING THE PROCESS OF NEGOTIATION OF THE COLLECTIVE AGREEMENTS IN THE PUBLIC AND PARAPUBLIC SECTORS

911. Section 1 of the Act respecting the process of negotiation of the collective agreements in the public and parapublic sectors (chapter R-8.2) is amended by replacing the fourth and fifth paragraphs by the following paragraph:

“An institution within the meaning of this Act includes

(1) Santé Québec;

(2) the institutions and the regional board governed by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2);

(3) a body which provides, in accordance with the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi, services to Santé Québec or to an institution referred to in subparagraph 2 or to users and is declared by the Government to be classified, for the purposes of this Act, as an institution within the meaning of this Act;

(4) the regional board and a public institution within the meaning of the Act respecting health services and social services for Cree Native persons (chapter S-5); and

(5) a private institution under agreement within the meaning of the Act to make the health and social services system more effective, the Act respecting health services and social services for Cree Native persons and the Act respecting health services and social services for the Inuit and Naskapi, except an institution referred to in the second paragraph of section 551 of the latter Act.”

912. Section 28 of the Act is amended by adding the following paragraph at the end:

“Where an institution obtains the status of private institution under agreement within the meaning of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2), the clauses negotiated and agreed upon by a group of associations of employees are binding on every association affiliated to it from the date set in an order of the Minister of Health and Social Services. That date may not be later than one year after the change of status and, if no ministerial order is made, the last day of the time limit is the date on which the association becomes bound by those clauses.”

913. Schedule A.1 to the Act is amended

(1) by replacing paragraph 14 by the following paragraph:

“14- Activities carried on outside the facilities maintained by an institution referred to in the fourth paragraph of section 1 with users referred to in the Act to make the health and social services system more effective or with users referred to in the Act respecting health services and social services for the Inuit and Naskapi, or outside an institution governed by the Act respecting health services and social services for Cree Native persons with beneficiaries referred to in that Act”;

(2) by replacing paragraph 20 by the following paragraph:

“20- Special conditions applicable during transportation of users referred to in the Act to make the health and social services system more effective or users referred to in the Act respecting health services and social services for the Inuit and Naskapi or beneficiaries referred to in the Act respecting health services and social services for Cree Native persons”.

914. Schedule C to the Act is amended

(1) by striking out “—The Corporation d’urgences-santé de la région de Montréal Métropolitain”;

(2) by inserting “—Urgences-santé” in alphabetical order.

ACT RESPECTING THE REPRESENTATION OF FAMILY-TYPE
RESOURCES AND CERTAIN INTERMEDIATE RESOURCES AND
THE NEGOTIATION PROCESS FOR THEIR GROUP AGREEMENTS

915. Section 1 of the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements (chapter R-24.0.2) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” and

“that Act” in the introductory clause of the first paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)” and “either Act”, respectively.

916. The Act is amended by inserting the following section after section 1:

“1.1. A public institution within the meaning of this Act includes Santé Québec and public institutions within the meaning of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2).”

917. The Act is amended by inserting the following section after section 4:

“4.1. The Administrative Labour Tribunal may recognize only one resource association per health region for foster families and intermediate resources for children and only one resource association for foster homes and intermediate resources for adults.

For the purposes of this Act, the territory referred to in Part IV.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) is considered to be a health region. In addition, the territory referred to in Part IV.3 of that Act is considered to be part of the health region to which it is contiguous.”

918. Section 10 of the Act is amended by replacing the first sentence of the first paragraph by the following sentence: “An application for recognition of a resource association is made in the form of a written document, to which membership forms are attached, addressed to the Tribunal and identifying the group of resources of a public institution it wishes to represent and the health region in which they are situated.”

919. Section 11 of the Act is amended by replacing subparagraph 1 of the second paragraph by the following subparagraph:

“(1) be attached to the public institution and situated in the health region identified in the application;”.

920. Section 15 of the Act is amended

(1) by replacing “who are attached to the public institution named” in the first paragraph by “identified”;

(2) by striking out “attached to the institution” in the second paragraph.

921. Section 16 of the Act is amended by striking out “attached to a public institution” in the first paragraph.

922. Section 26 of the Act is amended by replacing “in the same group attached to a public institution” in the first paragraph by “of a representation unit”.

923. The Act is amended by inserting the following section after section 29:

“**29.1.** A resource whose new place of residence is situated in a health region that is different from that of the previous place, but that remains attached to the same public institution, becomes, without further formalities, represented by the resource association recognized in the health region of its new place of residence.”

924. The heading of Division II of Chapter II of the Act is amended by replacing “WITH RESPECT TO A PUBLIC INSTITUTION” by “OF HEALTH REGIONS”.

925. Section 30 of the Act is amended

(1) by replacing the first and second paragraphs by the following paragraphs:

“Where, in accordance with section 27 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Minister modifies the division of the territory of a health region in which a resource association is recognized or has filed an application for recognition, the Minister so notifies the association or associations concerned in writing.

The recognized association or associations continue to represent the resources they represented before the modification until the Tribunal rules on their representativeness with respect to the new division of the territory of the health regions concerned.”;

(2) by replacing both occurrences of “attached to the new public institution” by “in the modified health region”.

926. Section 33 of the Act is amended by replacing “303 of the Act respecting health services and social services (chapter S-4.2)” in paragraph 1 by “465 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and section 303 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

927. Section 36 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

928. Section 37 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in paragraph 1 by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

929. Section 38 of the Act is amended by inserting “in the same health region” after “new resource” in the second paragraph.

930. Section 41 of the Act is repealed.

931. Section 55 of the Act is amended by replacing the second and third paragraphs by the following paragraphs:

“A specific agreement may not be transferred. It does not come under section 445 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or section 108 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2). Moreover, the agreement is not subject to the Act respecting contracting by public bodies (chapter C-65.1).

A public institution other than Santé Québec may not amend a specific agreement, terminate it before its expiry or prevent its renewal without the authorization of the Nunavik Regional Board of Health and Social Services.”

932. Section 62 of the Act is replaced by the following section:

“**62.** No provision of this Act or of a group agreement may restrict or affect the powers and responsibilities conferred by the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) and their regulations on Santé Québec, a public institution, the Nunavik Regional Board of Health and Social Services or the Minister, nor restrict or affect the jurisdiction conferred on the Administrative Tribunal of Québec by either of those Acts.”

933. Section 63 of the Act is amended

(1) by replacing “of a health and social services agency” in subparagraph 1 of the first paragraph by “of Santé Québec or of the Nunavik Regional Board of Health and Social Services”;

(2) by replacing “the public institution or the health and social services agency” in the second paragraph by “Santé Québec, the public institution or the Nunavik Regional Board of Health and Social Services”.

934. Section 64 of the Act is amended by replacing “subparagraph 2 of the third paragraph of section 303 of the Act respecting health services and social services” in the second paragraph by “subparagraph 2 of the second paragraph of section 465 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or subparagraph 2 of the third paragraph of section 303 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

PUBLIC HEALTH ACT

935. Section 2 of the Public Health Act (chapter S-2.2) is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the third paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

936. Section 3 of the Act is amended by replacing “promote physical health and the mental and social” in the second paragraph by “enhance physical and mental health, well-being and the”;

937. Section 7 of the Act is amended by replacing the first paragraph by the following paragraph:

“The Minister shall develop a national public health program that provides a framework for national and regional public health activities and establish public health quality norms and standards.”

938. Section 8 of the Act is amended, in the third paragraph,

(1) by replacing “the components of the program that relate to prevention and promotion” by “all the components of the program”;

(2) by replacing “health and welfare inequalities” by “social inequalities in health and on welfare”.

939. Section 9 of the Act is amended by striking out “and local” in paragraph 3.

940. Section 10 of the Act is amended

(1) by replacing the second paragraph by the following paragraphs:

“The parameters must enable, as far as possible, a comparison of the health outcomes obtained throughout Québec and those obtained for each health region and, at the regional level, a comparison of the health outcomes obtained in the various territories served by institutions operating a local community service centre.

For the purposes of this Act, the following territories are each considered to be a health region:

(1) the territory referred to in section 1.1 of the Act respecting health services and social services for Cree Native persons (chapter S-5); and

(2) the territory referred to in Part IV.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2).

In addition, the territory referred to in Part IV.3 of the Act respecting health services and social services for the Inuit and Naskapi is considered to be part of the health region with which it is contiguous.”;

(2) by replacing “make it public and ensure its dissemination” in the third paragraph by “publish it on the Minister’s department’s website”.

941. Section 11 of the Act is amended

(1) by replacing “The agencies” and “in their territory” in the first paragraph by “The public health director” and “in their region”, respectively;

(2) by replacing “territory of the agency” in the second paragraph by “region”;

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

“For the purposes of this chapter, for the regional action plan concerning the territory defined in section 2 of the Act respecting Northern villages and the Kativik Regional Government (chapter V-6.1), the Nunavik Regional Board of Health and Social Services is substituted for the public health director.”

942. Section 12 of the Act is amended by replacing “in the territory concerned” by “in the region, which can be implemented”.

943. Section 13 of the Act is amended

(1) by replacing “in the regional board’s territory” in the first paragraph by “in the region”;

(2) by replacing “The agency” in the second paragraph by “The public health director”, with the necessary modifications.

944. Section 14 of the Act is repealed.

945. Section 15 of the Act is replaced by the following section:

“**15.** Before implementing a regional public health plan, the public health director must consult the various resources concerned by the plan.”

946. Section 16 of the Act is amended by striking out “and local”.

947. Section 17 of the Act is amended

(1) by replacing “agency must deposit its” by “public health director must deposit his or her”;

(2) by striking out “, and each institution operating a local community service centre must deposit its local public health action plan with the agency concerned before implementing it”.

948. Section 61.3 of the Act is amended by replacing “an agency” by “Santé Québec, the Nunavik Regional Board of Health and Social Services”.

949. Section 66 of the Act is amended by inserting “for the Inuit and Naskapi” after “social services”.

950. Section 97 of the Act is amended by adding the following paragraph at the end:

“The public health director shall notify the national public health director and, as applicable, the president and chief executive officer of Santé Québec or the executive director of the Nunavik Regional Board of Health and Social Services of the implementation of the mobilization plan.”

951. Section 99 of the Act is amended

(1) by replacing “director of professional services or, if there is no such director, the executive director” in the first paragraph by “medical director or director of professional services of that institution, as applicable, or if there is no such director, the executive director and, if the institution is a public institution or a private institution under agreement referred to in the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), the president and chief executive officer of Santé Québec”;

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

“If there is a council of physicians, dentists, pharmacists and midwives, a council of physicians, dentists and pharmacists or a council of nurses, as applicable, within the institution, the medical director or the director of professional services or, if there are no such directors, the president and executive director or the executive director, must immediately inform them of the situation reported by the public health director.”

952. Section 109 of the Act is amended by replacing “appropriate public health director” in the fourth paragraph by “public health director concerned”.

953. Section 111 of the Act is amended by inserting “concerned” after “by the public health director” in the first paragraph.

954. Section 115 of the Act is amended

(1) by replacing “le directeur de santé publique” in the second paragraph in the French text by “celui-ci”;

(2) by replacing both occurrences of “s’identifier” in the French text by “donner son identité”.

955. Section 131 of the Act is amended

(1) by replacing “The regional council and the agencies”, “public health directors” and “department” in the first paragraph by “The Cree Board of Health and Social Services of James Bay, the Nunavik Regional Board of Health and Social Services and Santé Québec”, “directors” and “departments”, respectively;

(2) by replacing “regional council and the agencies” in the third paragraph by “Cree Board, the Regional Board and Santé Québec”.

956. Section 132 of the Act is amended by inserting “for the Inuit and Naskapi” after “social services” in the last paragraph.

957. Section 136 of the Act is amended by replacing “d’un autre territoire” in paragraph 6 in the French text by “d’une autre région”.

958. The Act is amended by replacing all occurrences of “territory” by “region”, “territory’s” by “region’s” and “appropriate” by “region’s” in the following provisions, with the necessary modifications:

- (1) subparagraph 4 of the first paragraph of section 65;
- (2) the first paragraph of section 69;
- (3) section 79;
- (4) the first paragraph of sections 86 and 90;
- (5) sections 91 to 94 and 97.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

959. The title of the Act respecting health services and social services (chapter S-4.2) is amended by adding “for the Inuit and Naskapi” at the end.

960. Part I of the Act is amended by replacing the portion before section 1 by the following:

“PART I

“APPLICATION, PURPOSE OF THE ACT AND RIGHTS OF USERS

“TITLE I

“APPLICATION AND PURPOSE

“0.1. Despite any inconsistent provision of this Act, this Act applies to the extent that it refers to the territories referred to in Parts IV.1 and IV.3.

For its application to the territories referred to in the first paragraph, the Minister may entrust all or part of the functions incumbent on the Minister.

For its application to the territory referred to in Part IV.3, Santé Québec is substituted for an agency, unless the Minister decides to substitute for it.”

ACT RESPECTING PRE-HOSPITAL EMERGENCY SERVICES

961. Section 2 of the Act respecting pre-hospital emergency services (chapter S-6.2) is replaced by the following section:

“2. For the purposes of this Act,

“regional entity” means the Nunavik Regional Board of Health and Social Services or the Cree Board of Health and Social Services of James Bay;

“territorial institution” means a territorial establishment referred to in the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and that Santé Québec designates for each health region, except territorial institutions in the health regions of Laval and Montréal.

In addition, the territory referred to in Part IV.3 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) is considered to be part of the health region with which it is contiguous.”

962. Section 3 of the Act is replaced by the following section:

“3. The Minister of Health and Social Services shall determine the general policies underlying the organization of pre-hospital emergency services. The Minister shall propose and develop strategic plans and policies in that matter. For those purposes, the Minister’s responsibilities include

(1) approving the five-year pre-hospital emergency service organization plan of Santé Québec and that of the regional entities;

(2) ensuring interministerial coordination as regards pre-hospital emergency services;

(3) determining the rules for the financing of pre-hospital emergency services and allocating the available financial resources among Santé Québec, Urgences-santé and the regional entities;

(4) overseeing budgetary and financial follow-up with respect to Santé Québec and the regional entities;

(5) determining the performance indicators enabling Santé Québec to measure the results obtained by pre-hospital emergency services in the health regions;

(6) determining the policies for air ambulance transportation in cooperation with the partners;

(7) determining, after consulting Santé Québec, the minimal content of the agreement entered into under section 38 which must provide for, among other things, the operating methods of first responder services, the standards of quality that must be met, the terms and conditions of financing, if applicable, and the terms and conditions of repayment of expenses considered to be eligible, the accountability mechanisms and the cases, conditions and circumstances in which a party may terminate the agreement; and

(8) determining, in cooperation with Santé Québec, the regional entities and the associations representing holders of ambulance service permits, the minimal content of a contract under section 9 and applicable to all such holders, which must provide for, among other things, the costs of the pre-hospital services and other costs covered by the contract, the roles, obligations and responsibilities of each of the parties, the accountability mechanisms and the performance standards to be met by permit holders, the reports permit holders must furnish and the penalties applicable to permit holders for breach or non-fulfilment of the responsibilities under the contract; if the Minister is of the opinion that the minimal content of the contract cannot be so determined within a reasonable time, the Minister may determine it alone.

The Minister is also responsible for coordinating the implementation of pre-hospital emergency services in the territory of the regional entities. For that purpose

(1) the Minister shall ensure the inter-regional coordination of pre-hospital emergency services in the territory of the regional entities so that efficient and effective use is made of the available resources; and

(2) the Minister shall allocate the human, material and informational resources among the regional entities in an equitable manner and see to it that the resources are used efficiently and effectively.

For the purposes of the second paragraph and unless otherwise required by the context, the provisions of subparagraphs 1 to 3 of the second paragraph of section 4.1 apply to the Minister, with the necessary modifications.”

963. Section 4 of the Act is amended by adding the following paragraph at the end:

“Before making a regulation under the first paragraph, the Minister consults Santé Québec.”

964. The Act is amended by inserting the following division after section 4:

“DIVISION I.1

“SANTÉ QUÉBEC

“**4.1.** Santé Québec is responsible for coordinating the pre-hospital emergency services offered in the health regions, subject to the responsibilities entrusted to Urgences-santé for the Montréal and Laval health regions under the provisions of Title II. For that purpose, Santé Québec determines the operational objectives of the pre-hospital emergency services in the regions and monitors the quality and effectiveness of those services.

Santé Québec’s responsibilities include

(1) defining pre-hospital emergency services intervention methods and determining operational protocols in that matter;

(2) identifying operational objectives and determining standards of quality for pre-hospital emergency services;

(3) ensuring the inter-regional coordination of pre-hospital emergency services so that efficient and effective use is made of the available resources;

(4) allocating the financial, human, material and informational resources among the health regions in an equitable manner and seeing to it that the resources are used efficiently and effectively;

(5) overseeing budgetary and financial follow-up with respect to Urgences-santé;

(6) implementing accountability mechanisms enabling the results obtained by the health regions’ pre-hospital emergency services to be measured in accordance with the performance indicators determined by the Minister under subparagraph 5 of the first paragraph of section 3, and overseeing the application and assessment of the resulting measures;

(7) determining, where Santé Québec considers it necessary, the level of qualification required of players in the organization of pre-hospital emergency services;

(8) establishing and maintaining the national workforce registry in which ambulance technicians must be registered;

(9) establishing the national policies for the development and training of the workforce necessary to the organization of the pre-hospital emergency services in the health regions and evaluating them;

(10) determining the management standards for air ambulance transportation; Santé Québec may assign all or part of the responsibility for the operation of such transportation and determine its financing;

(11) fostering the involvement of the population as first responders within the framework of the organization of pre-hospital emergency services by promoting, in cooperation with the partners concerned, the role of first responder and its importance for persons in distress;

(12) promoting research and public awareness concerning pre-hospital emergency services; and

(13) approving the five-year priorities submitted by Urgences-santé.”

965. Section 5 of the Act is amended by replacing the first paragraph by the following paragraph:

“Santé Québec shall appoint a national medical director of pre-hospital emergency services. The director is to advise and assist Santé Québec or the Minister, as applicable, with respect to the medical aspect of pre-hospital emergency services.”

966. Section 6 of the Act is amended

(1) in the first paragraph,

(a) by replacing “the Minister” in subparagraph 2 by “Santé Québec”;

(b) by replacing subparagraph 3 by the following subparagraph:

“(3) to determine clinical protocols concerning pre-hospital services;”;

(c) by replacing “the Minister” in subparagraph 7 by “Santé Québec”;

(2) by inserting the following paragraph after the first paragraph:

“The national medical director must send the Minister the clinical protocols determined under subparagraph 3 of the first paragraph. In addition, if the clinical protocols include activities reserved under section 31 of the Medical Act (chapter M-9), the national medical director must consult the Collège des médecins du Québec as the protocols are being determined.”;

(3) by replacing “or an agency” in the second paragraph by “, a regional entity or Urgences-santé”;

(4) by replacing “3 and 6” and “of the agency” in the third paragraph by “3, 4.1 and 6” and “of the regional entity or Urgences-santé or to the president and executive director of the institution of Santé Québec or the president and executive director of the territorial institution, as applicable,”, respectively;

(5) by inserting “or to Santé Québec, as applicable,” after “the Minister” in the last paragraph.

967. The heading of Division I of Chapter III of the Act is replaced by the following heading:

“SANTÉ QUÉBEC OR A REGIONAL ENTITY”.

968. Section 7 of the Act is amended

(1) in the first paragraph,

(a) by replacing “of its territory” and “each agency” in the introductory clause by “of the territory concerned” and “Santé Québec, for each of its territorial institutions, or a regional entity, as applicable,”;

(b) by replacing “three-year” and “the agency” in subparagraph 1 by “five-year” and “Santé Québec or the regional entity, as applicable,”, respectively;

(c) by replacing “in its region” in subparagraphs 2 and 4 by “for the territory concerned”;

(d) by replacing “the agency’s three-year pre-hospital emergency service organization plan” in subparagraph 5 by “the five-year pre-hospital emergency service organization plan of Santé Québec’s territorial institution or of the regional entity, as applicable”;

(e) by replacing “established by the Minister” in subparagraph 7 by “related to development and training of the workforce”;

(f) by replacing “three-year” in subparagraph 8 by “five-year”;

(2) in the second paragraph,

(a) by replacing “Each agency” in the introductory clause by “Santé Québec or a regional entity, as applicable,”;

(b) by replacing “three-year” in subparagraph 1 by “five-year”;

(3) by replacing “The agency” and “three-year” in the last paragraph by “Santé Québec or the regional entity, as applicable,” and “five-year”, respectively.

969. Section 8 of the Act is repealed.

970. Section 9 of the Act is replaced by the following section:

“**9.** Santé Québec or the regional entity, as applicable, must, within the framework of the organization of pre-hospital emergency services, enter into a five-year service contract with any ambulance service permit holder under which the holder undertakes to provide the services as determined between them according to the schedules authorized by Santé Québec or the regional entity, as applicable.”

971. Section 10 of the Act is amended by replacing “the agency” in the first paragraph by “Santé Québec or the regional entity, as applicable,”.

972. Section 11 of the Act is amended

(1) by replacing “the agency” in the first paragraph by “Santé Québec or the regional entity, as applicable,”;

(2) by replacing the second and third paragraphs by the following paragraphs:

“In such a case, Santé Québec or the regional entity, as applicable, may reduce or increase the number of ambulances under the contract entered into with the permit holder. However, the regional entity must obtain the Minister’s authorization. The terms of the contract and permit must be adjusted to conform to the decision of Santé Québec or the regional entity, as applicable.

Santé Québec or the regional entity may also, with the authorization of the Minister, for the same reasons, withdraw the operating permit.”

973. Section 12 of the Act is amended by replacing the first paragraph by the following paragraph:

“Where Santé Québec reduces the number of ambulances or withdraws the permit or where the Minister authorizes the regional entity to reduce the number of ambulances or to withdraw a holder’s operating permit, Santé Québec or the Minister, as applicable, shall determine the indemnity payable as a result of the reduction or withdrawal and notify the permit holder.”

974. Section 13 of the Act is amended by replacing “by the Minister”, “the Minister’s notice”, “to the Minister” and “the Minister is to appoint his or her” by “by the Minister or Santé Québec, as applicable,”, “the notice of the Minister or of Santé Québec”, “to the Minister or Santé Québec” and “the Minister or Santé Québec is to appoint their”, respectively.

975. Section 15 of the Act is amended by replacing “The agency” by “Santé Québec or the regional entity, as applicable,”.

976. Section 16 of the Act is amended

(1) by replacing “the health and social services agency concerned,” in the first paragraph by “Santé Québec or the regional entity concerned, as applicable,”;

(2) in the second paragraph,

(a) by inserting “of Part VII of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or” after “provisions”;

(b) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)”.

977. Section 17 of the Act is amended

(1) in the first paragraph,

(a) by replacing “Each agency” in the introductory clause by “Santé Québec, for each of its territorial institutions, and each regional entity”;

(b) by replacing subparagraph 5 by the following subparagraph:

“(5) assume medical supervision of a communication centre;”;

(c) by replacing “the Minister or the agency” in subparagraph 7 by “Santé Québec or the regional entity, as applicable”;

(2) by striking out the second paragraph;

(3) by replacing “agency’s pre-hospital emergency service organizational structure” in the third paragraph by “pre-hospital emergency service organizational structure of Santé Québec’s territorial institution or of the regional entity, as applicable”;

(4) by replacing “or, notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), an institution” in the last paragraph by “, an institution within the meaning of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), Santé Québec, a regional entity or, notwithstanding section 19 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2), an institution within the meaning of that Act”.

978. Section 18 of the Act is amended

(1) by replacing the first paragraph by the following paragraph:

“Santé Québec shall determine, with respect to the health regions’ territories, the number of communication centres and the regions served by such centres. The Minister shall do the same with respect to the regional entities.”;

(2) in the second paragraph,

(a) by replacing “The Minister” by “Santé Québec or the Minister, as applicable,”;

(b) by striking out “by the Minister”;

(3) by replacing the last paragraph by the following paragraphs:

“To ensure its certification is maintained by Santé Québec or by the Minister, as applicable, a health communication centre must comply at all times with the conditions determined under the second paragraph and the performance criteria determined by Santé Québec or by the Minister, as applicable.

In the event of non-compliance with such conditions or performance criteria and following a request to that effect by Santé Québec, the health communication centre must take the corrective action requested by Santé Québec within such time as Santé Québec determines. If the health communication centre serves the territory of a regional entity, the request is forwarded by the Minister to the health communication centre.

If the health communication centre does not follow up on a request referred to in the fourth paragraph, Santé Québec or the Minister, as applicable, may apply the other measures provided for by this Act.”

979. Section 19 of the Act is amended

(1) by replacing “, the Minister, after consultation with the agencies concerned, may designate the agency” in the first paragraph by “Santé Québec designates which of its territorial institutions is”;

(2) by replacing “The agency so designated” in the second paragraph by “The territorial institution so designated”.

980. Section 20 of the Act is amended

(1) by replacing “the agency” in the first and second paragraphs by “the territorial institution”;

(2) by striking out the third paragraph.

981. Section 21 of the Act is amended

(1) in the second paragraph,

(a) by replacing “five” in subparagraph 1 by “two”;

(b) by replacing subparagraphs 3 to 5 by the following subparagraphs:

“(3) seven members appointed by Santé Québec, three of whom are independent;

“(4) the regional medical director of pre-hospital emergency services of the territorial institution or of the regional entity whose territory is served by the centre or, if the centre serves the territory of more than one territorial institution, the regional medical director of one of those institutions appointed by the regional medical directors of those institutions;”;

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

“In the case of the board of directors of a health communication centre serving the territory of a regional entity, the members referred to in subparagraph 3 of the second paragraph are appointed by the regional entity.

The term of office of a member of the board of directors other than the regional medical director of pre-hospital emergency services is three years. At the expiry of their terms, members remain in office until they are reappointed or replaced.”

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

“**21.1.** For the purposes of subparagraph 3 of the second paragraph of section 21, a member qualifies as independent if the member has no direct or indirect relation or interest, in particular of a financial, commercial, professional or philanthropic nature, likely to interfere with the quality of the member’s decisions as regards the interests of the centre. The following are considered not to be independent members:

(1) a member who is in the employ of the centre or of an ambulance service permit holder operating in the territory served by the centre, or who was in such employ in the three years preceding appointment to office;

(2) a member who is in the employ of the Government or a government agency within the meaning of section 4 of the Auditor General Act (chapter V-5.01); or

(3) a member whose immediate family member is a senior officer of the centre.”

983. Section 22 of the Act is amended

(1) in the first paragraph,

(a) by replacing “the Minister” in subparagraph 2 by “Santé Québec or the Minister, as applicable”;

(b) by replacing “the agency pursuant to paragraph 4 of section 359 of the Act respecting health services and social services (chapter S-4.2)” in subparagraph 4 by “Santé Québec or the regional entity, as applicable,”;

(c) by replacing “the agency” in subparagraph 7 by “Santé Québec or the regional entity, as applicable,”;

(2) by replacing “the Minister” in the second paragraph by “Santé Québec or the Minister, as applicable”;

(3) by replacing “the Minister” in the third paragraph by “Santé Québec or the Minister, as applicable,”.

984. Section 24 of the Act is amended by replacing “determined by the Minister” and “approved by the Minister” in the second paragraph by “determined by Santé Québec or the Minister, as applicable,” and “approved by Santé Québec or the Minister”, respectively.

985. Section 25 of the Act is amended by replacing “the Minister” by “Santé Québec or the Minister, as applicable”.

986. Section 25.1 of the Act is amended

(1) by replacing “agencies whose area of jurisdiction it serves” in the introductory clause of the first paragraph by “regional entities whose territory it serves or with Santé Québec, if the centre serves the territory of a territorial institution”;

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

“Santé Québec or the regional entity, as applicable, must ensure compliance with the agreement and the achievement of the centre’s objectives. The agreement is a public document that Santé Québec or the regional entity, as applicable, must send to the Minister.”

987. Section 26 of the Act is amended by replacing “the agency responsible for its implementation” by “Santé Québec or the regional entity, as applicable”.

988. Section 27 of the Act is amended by inserting “or Santé Québec, as applicable” after “the Minister”.

989. Section 29 of the Act is amended

(1) by replacing “April” and “the agency responsible” in the first paragraph by “July” and “Santé Québec or the regional entity, as applicable,”, respectively;

(2) by replacing “the agency” in the second paragraph by “Santé Québec or the regional entity, as applicable”.

990. Section 30 of the Act is replaced by the following section:

“30. A health communication centre, in order to enable Santé Québec, if it serves the territory of a territorial institution, or the regional entity whose territory it serves to conduct the verifications necessary for the exercise of their functions and to ensure the availability of resources and the accessibility of services, shall, on request, collect and provide Santé Québec or the regional entity, as applicable, with any information or reports relating to the pre-hospital operations carried out in that territory, including those carried out by the ambulance and first responder services.”

991. Section 31 of the Act is amended by replacing “with the agencies” and “and the agencies” by “with Santé Québec, if the centre serves the territory of a territorial institution or, as applicable, with the regional entity” and “and Santé Québec or the regional entity, as applicable”, respectively.

992. Section 32 of the Act is repealed.

993. Section 33 of the Act is amended

(1) by inserting “or by Santé Québec, as applicable,” after “the Minister” in the introductory clause of the first paragraph;

(2) by striking out “signed by the Minister” in the third paragraph.

994. Sections 34 and 35 of the Act are amended by replacing “The Government” in the first paragraph by “Santé Québec or the Minister, as applicable,”.

995. Section 36 of the Act is amended by replacing “the Government” and “The Government” by “Santé Québec or the Minister, as applicable,”.

996. Section 38 of the Act is amended

(1) by replacing “An agency”, “its three-year” and “its territory” in the first paragraph by “Santé Québec”, “a five-year” and “the territory of a territorial institution. The same applies to a regional entity with respect to its territory”, respectively;

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

“For that purpose, Santé Québec or the regional entity, as applicable, must enter into, with interested municipalities having jurisdiction in the territory of a territorial institution or the regional entity’s territory, as applicable, an agreement the content of which must be consistent with the content determined under subparagraph 7 of the first paragraph of section 3, under which the municipality shall designate one or more services able to offer first responder services. The services so designated must be certified by Santé Québec or by the regional entity, as applicable.”

997. Section 39 of the Act is amended

(1) by replacing “Minister and” and “recognized by the Minister” in the first paragraph by “national medical director and” and “recognized by the Minister or by Santé Québec, as applicable”, respectively;

(2) by replacing “agency concerned” and “three-year” in the last paragraph by “Santé Québec or the regional entity, as applicable,” and “five-year”, respectively.

998. Section 40 of the Act is amended

(1) by replacing paragraph 1 by the following paragraph:

“(1) have successfully completed training recognized by Santé Québec and given by a body recognized by Santé Québec, by a regional entity or by Urgences-santé;”;

(2) by replacing “the agency” in paragraph 2 by “Santé Québec or a regional entity, as applicable,”.

999. Section 42 of the Act is amended by replacing “Minister” in the first paragraph by “national medical director”.

1000. Section 44 of the Act is amended by replacing “the agency’s three-year pre-hospital emergency service organization plan” and “Minister” in the first paragraph by “the five-year pre-hospital emergency service organization plan of Santé Québec or of the regional entity, as applicable,” and “national medical director or by Santé Québec”, respectively.

1001. Section 46 of the Act is amended

(1) by replacing “the agency” in paragraph 1 by “Santé Québec or by a regional entity, as applicable”;

(2) by replacing “the agency” in paragraph 2 by “Santé Québec or with a regional entity, as applicable,”.

1002. Section 50 of the Act is amended by replacing “The agency” and “the agency” by “Santé Québec or a regional entity, as applicable,” and “Santé Québec or the regional entity”, respectively.

1003. Section 51 of the Act is amended by replacing both occurrences of “36” by “48”.

1004. Section 52 of the Act is amended

(1) by replacing “the agency” in the first paragraph by “Santé Québec or the regional entity, as applicable”;

(2) by replacing “the agency” in the second paragraph by “Santé Québec or the regional entity, as applicable,”;

(3) by replacing “the agency” in the third paragraph by “Santé Québec or the agency, as applicable,”.

1005. Section 53 of the Act is amended by replacing “the agency must obtain the authorization of the agency” by “Santé Québec or the regional entity, as applicable, must obtain Santé Québec’s or the regional entity’s authorization”.

1006. Section 54 of the Act is amended

(1) in the first paragraph,

(a) by replacing “The agency” in the introductory clause by “Santé Québec or the regional entity, as applicable,”;

(b) by replacing “the agency’s opinion” in subparagraph 2 by “the opinion of Santé Québec or of the regional entity, as applicable,”;

(c) by replacing “the agency” in subparagraph 3 by “Santé Québec or the regional entity, as applicable”;

(d) by replacing “the agency” in subparagraph 5 by “Santé Québec or the regional entity, as applicable”;

(2) by replacing “the agency” in the second paragraph by “Santé Québec or the regional entity, as applicable,”.

1007. Sections 55 and 56 of the Act are amended by replacing all occurrences of “the agency” and “The agency” by “Santé Québec or the regional entity, as applicable,”.

1008. Section 57 of the Act is amended by replacing “the agency” by “Santé Québec or the regional entity, as applicable,”.

1009. Section 58 of the Act is replaced by the following section:

“58. Section 114 of the Act respecting administrative justice (chapter J-3) applies, with the necessary modifications, to a decision of Santé Québec or of a regional entity, as applicable, that is contested under section 57.”

1010. Section 60 of the Act is amended, in the first paragraph,

(1) by replacing “the agency” in subparagraph 1 by “Santé Québec or the regional entity, as applicable,”;

(2) by replacing “the agency” in subparagraph 3 by “Santé Québec or the regional entity, as applicable,”;

(3) by replacing “the agency” in subparagraph 4 by “Santé Québec or the regional entity, as applicable,”.

1011. Section 61 of the Act is amended by replacing “file in accordance with section 9” and “with the agency” by “provide to Santé Québec or the regional entity, as applicable” and “in accordance with section 9”.

1012. Section 63 of the Act is amended by replacing “the Minister pursuant to paragraph 10 of section 3” in paragraph 2 by “Santé Québec in accordance with subparagraph 8 of the second paragraph of section 4.1”.

1013. Section 65 of the Act is amended by replacing “Minister” in the first paragraph by “national medical director”.

1014. Section 67 of the Act is amended by replacing “pursuant to paragraph 10 of section 3 by the Minister” in the introductory clause by “in accordance with subparagraph 8 of the second paragraph of section 4.1 by Santé Québec”.

1015. Section 69 of the Act is amended by replacing “the Minister” in the first paragraph by “Santé Québec”.

1016. Section 70 of the Act is amended

(1) by replacing subparagraph 3 of the first paragraph by the following subparagraph:

“(3) two persons, including a regional medical director, designated by Santé Québec from among the persons working within its institutions other than the territorial institution in whose territory the ambulance technician concerned acted, who are not attached to that institution or, if the ambulance technician acted in the territory of a regional entity, two persons designated by the Minister from among the persons working within a regional entity;”;

(2) by replacing “the Minister” in the second paragraph by “Santé Québec or the Minister, as applicable,”.

1017. The Act is amended by inserting the following chapter after section 80:

“CHAPTER VI.1

“PILOT PROJECT

“30.1. The Minister may develop and implement a pilot project whose object is to increase the contribution of the service providers of pre-hospital emergency services with regard to the provision of health services and social services and to the continuity of those services, in particular by providing a framework for the interventions of ambulance technicians in a para-hospital setting.

The Minister shall determine, by regulation, the standards and obligations applicable within the framework of a pilot project, which may differ from the standards and obligations provided for by this Act or the regulations or by the Regulation respecting the professional activities that may be engaged in within the framework of pre-hospital emergency services and care (chapter M-9, r. 2.1). The Government also determines the monitoring and reporting mechanisms applicable within the framework of a pilot project, and the information that is necessary for the purposes of those mechanisms and that must be sent to the Minister by any person or group.

A pilot project is established for a period of up to three years which the Minister may extend by up to two years.”

1018. Section 82 of the Act is amended by replacing “the agency” by “Santé Québec, the regional entity”.

1019. Section 86 of the Act is repealed.

1020. Section 87 of the Act is amended by replacing “as “Corporation d’urgences-santé”” and “Montréal-Centre and Laval regions” by “as “Urgences-santé”” and “Montréal-Centre and Laval health regions”, respectively.

1021. Section 90 of the Act is amended

(1) by replacing the first paragraph by the following paragraph:

“Under the responsibility of Santé Québec, Urgences-santé’s functions are to plan, organize and coordinate the organization of pre-hospital emergency services, including the establishment of a first responder service, for the Montréal and Laval health regions. To that end, Urgences-santé shall assume the functions and responsibilities conferred on

(1) a health communication centre by sections 22 and 24;

(2) a first responder service by section 39 and paragraph 2 of section 40; and

(3) an ambulance service by section 44, subparagraphs 1, 2 and 5 of the first paragraph of section 60 and section 62.”;

(2) by replacing “The Corporation” by “Urgences-santé” in the second paragraph;

(3) by replacing “the Corporation” and “the Minister” in the third paragraph by “Urgences-santé” and “Santé Québec”, respectively;

(4) by replacing “the Corporation” and “the agencies in its territory” in the last paragraph by “Urgences-santé” and “Santé Québec”, respectively.

1022. The Act is amended by inserting the following sections after section 90:

“90.1. The functions and responsibilities conferred on Santé Québec with respect to health regions by the provisions of Title I shall be assumed by Urgences-santé for the Montréal and Laval health regions, taking into account the following adaptations:

(1) the five-year pre-hospital emergency service organization plan adopted by Urgences-santé under subparagraph 1 of the first paragraph of section 7 is approved, in accordance with subparagraph 1 of the first paragraph of section 3, by Santé Québec;

(2) a reference to the five-year plan of a territorial institution of Santé Québec or of the regional entity is a reference to Urgences-santé’s five-year plan;

(3) Santé Québec shall determine the standards, specifications and quality criteria that Urgences-santé must comply with in exercising the functions provided for in subparagraph 1 of the first paragraph of section 90; and

(4) Urgences-santé shall submit to Santé Québec its annual planning as concerns the elements referred to in the first paragraph of section 25.1.

“90.2. The provisions of Title I, except subparagraphs 2, 4 to 10 and 13 of the second paragraph of section 4.1, subparagraph 1 of the second paragraph of section 7, sections 9 to 16, 18 to 21.1, 25.1 to 37 and 45 to 59, apply to Urgences-santé, with the necessary modifications.”

1023. Section 91 of the Act is amended

(1) by replacing “The Corporation” in the introductory clause by “Urgences-santé”;

(2) by replacing “local institutions” in paragraph 3 by “an institution of Santé Québec situated in its territory”;

(3) by replacing “Corporation’s employees” in paragraph 5 by “employees of Urgences-santé”;

(4) by replacing “Corporation’s services” in paragraph 6 by “services of Urgences-santé”.

1024. Section 102 of the Act is amended by replacing “The Corporation” and “the Minister” by “Urgences-santé” and “Santé Québec”, respectively, with the necessary modifications.

1025. Section 103 of the Act is amended

(1) by replacing “the Corporation” and “the Minister” in the first paragraph by “Urgences-santé” and “Santé Québec”, respectively;

(2) by replacing “the Minister” in the second paragraph by “Santé Québec”.

1026. The Act is amended by inserting the following section after section 103:

“103.1. For the purposes of the Financial Administration Act (chapter A-6.001), the Minister of Health and Social Services is the minister responsible for Urgences-santé.”

1027. Section 104 of the Act is amended

(1) by replacing all occurrences of “the Corporation” in the first paragraph by “Urgences-santé”;

(2) by replacing the second and third paragraphs by the following paragraph:

“Urgences-santé shall appoint a member of its personnel to exercise the functions of a service quality and complaints commissioner provided for in the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) and establish, by by-law, a complaint examination procedure. The provisions of Part VI of that Act apply, with the necessary modifications, to the processing of complaints by Urgences-santé.”

1028. Section 106 of the Act is amended

(1) in the first paragraph,

(a) by replacing “the Minister” and “the Corporation” in the introductory clause by “Santé Québec” and “Urgences-santé”, respectively;

(b) by replacing “the Corporation” in subparagraphs 1 and 2 by “Urgences-santé”;

(2) by striking out “signed by the Minister” in the last paragraph.

1029. Section 107 of the Act is amended

(1) by replacing “The Government” and both occurrences of “the Corporation” in the first paragraph by “Santé Québec” and “Urgences-santé”, respectively;

(2) by replacing “the Corporation” in the second and third paragraphs by “Urgences-santé”.

1030. Section 108 of the Act is amended by replacing “The Government” and “the Corporation” in the first paragraph by “Santé Québec” and “Urgences-santé”, respectively.

1031. Section 109 of the Act is amended

(1) by replacing “the Government” and “the Corporation” in the first paragraph by “Santé Québec” and “Urgences-santé”, respectively;

(2) by replacing “The Government” in the last paragraph by “Santé Québec”.

1032. Section 110 of the Act is amended

(1) in the first paragraph,

(a) by replacing “The Minister” and all occurrences of “the Corporation” in the introductory clause and subparagraphs 1 and 2 by “Santé Québec” and “Urgences-santé”, respectively;

(b) by replacing “where there are” in subparagraph 4 by “where Santé Québec has”;

(2) by replacing “the Government” in the second paragraph by “the Minister”.

1033. Section 111 of the Act is replaced by the following section:

“**111.** Where Santé Québec assumes provisional administration of Urgences-santé, the powers of Urgences-santé are suspended and are exercised by Santé Québec.”

1034. Section 112 of the Act is amended

(1) by replacing “The Minister”, “Government” and “the Minister’s” in the first paragraph by “Santé Québec”, “Minister” and “Santé Québec’s”, respectively;

(2) by replacing “the Government, the Minister shall give the Corporation”, “The Minister” and “to the Minister by the Corporation” in the second paragraph by “Minister, Santé Québec shall give Urgences-santé”, “Santé Québec” and “to it by Urgences-santé”, respectively.

1035. Section 113 of the Act is amended

(1) by replacing “the Minister” and “the Corporation” in paragraph 2 by “Santé Québec” and “Urgences-santé”, respectively;

(2) by replacing both occurrences of “Government” by “Minister”.

1036. Section 114 of the Act is amended by replacing “The Minister” and “Government” by “Santé Québec” and “Minister”, respectively.

1037. Section 115 of the Act is amended

(1) by replacing “Government” and “the Minister” in the introductory clause by “Minister” and “Santé Québec”, respectively;

(2) by replacing both occurrences of “the Corporation” by “Urgences-santé”.

1038. Section 116 of the Act is amended by replacing “the Minister” and “the Corporation” by “Santé Québec” and “Urgences-santé”, respectively.

1039. Section 117 of the Act is amended

(1) by replacing “the Minister” in the first paragraph by “Santé Québec or the Minister, as applicable,”;

(2) by replacing “health and social services agencies, Corporation d’urgences-santé or the Cree Board of Health and Social Services of James Bay” in the second paragraph by “Santé Québec, Urgences-santé or regional entities”.

1040. Section 118 of the Act is amended

(1) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)” in the first paragraph;

(2) by replacing “the Minister” in the last paragraph by “Santé Québec or the Minister, as applicable,”.

1041. The Act is amended by replacing “Corporation d’urgences-santé” and “Corporation” by “Urgences-santé” in the following provisions, with the necessary modifications:

(1) section 45;

(2) the heading of Title II;

(3) sections 88 and 89;

(4) section 98, wherever they appear;

(5) section 101.

ACT RESPECTING END-OF-LIFE CARE

1042. Section 3 of the Act respecting end-of-life care (chapter S-32.0001) is amended

(1) by replacing “Act respecting health services and social services (chapter S-4.2)” in paragraph 1 by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”;

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

“(2) “palliative care hospice” means a community organization that, as applicable,

(a) holds an accreditation granted by Santé Québec under the second paragraph of section 438 of the Act to make the health and social services system more effective and has entered into an agreement under section 446 of that Act in order to secure all or some of the care required by its users; or

(b) holds an accreditation granted by the Minister under the second paragraph of section 457 of the Act respecting health services and social services for the Inuit and Naskapi and has entered into an agreement with an institution under section 108.3 of that Act in order to secure all or some of the care required by its end-of-life users;”.

1043. Section 4 of the Act is amended by replacing “Act respecting health services and social services (chapter S-4.2)” in the third paragraph by “Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

1044. Section 7 of the Act is amended

(1) by replacing “Every institution” in the first paragraph by “Santé Québec, for its institutions and for the grouped institutions, or the institution’s board of directors, as applicable,”;

(2) by replacing “an institution” in the second paragraph by “Santé Québec or the institution’s board of directors, as applicable,”.

1045. Section 8 of the Act is amended

(1) by replacing “Every institution” in the first paragraph by “Santé Québec, for each of its institutions and for each of the grouped institutions, or the institution’s board of directors, as applicable,”;

(2) by replacing “The executive director of the institution” and “the board of directors” in the second paragraph by “The president and executive director or the executive director of the institution, as applicable,” and “Santé Québec or to the institution’s board of directors, as applicable,”, respectively;

(3) by replacing “The institution” in the last paragraph by “Santé Québec or the institution, as applicable.”.

1046. Section 9 of the Act is amended by replacing the first and second paragraphs by the following paragraphs:

“Santé Québec, for its institutions and for grouped institutions, and any other institution must establish a clinical program for end-of-life care. In the case of an institution that operates a local community service centre, Santé Québec or the institution, as applicable, must also provide for the provision of end-of-life care at the patient’s home.

The clinical program and the provision of end-of-life care at the patient’s home must be consistent with ministerial policy directions.”

1047. Section 10 of the Act is amended by replacing “an institution under section 233 of the Act respecting health services and social services (chapter S-4.2)” by “Santé Québec or by a private institution, respectively, under sections 55 and 299 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or under section 233 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

1048. Section 11 of the Act is amended by replacing “the institution” by “Santé Québec or the institution, as applicable.”.

1049. Section 12 of the Act is amended by replacing “An institution” by “Santé Québec or an institution, as applicable.”.

1050. Section 14 of the Act is amended

(1) by replacing the first paragraph by the following paragraph:

“The agreement entered into between a palliative care hospice and Santé Québec under section 446 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or the agreement entered into between a palliative care hospice and an institution under section 108.3 of the Act respecting health services and social services

for the Inuit and Naskapi (chapter S-4.2) must specify the nature of the services Santé Québec or the institution, as applicable, is to provide in the premises of the hospice and the monitoring mechanisms that will allow Santé Québec, the institution or one of its boards, councils or committees determined in the agreement to ensure that quality care is provided in the hospice.”;

(2) by replacing “the institution” in the second paragraph by “Santé Québec or of the institution, as applicable”.

1051. Section 16 of the Act is amended by replacing “section 95 of the Act respecting health services and social services (chapter S-4.2)” by “the second paragraph of section 408 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or of section 95 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

1052. The heading of Division II of Chapter III of Title II of the Act is amended by replacing “HEALTH AND SOCIAL SERVICES AGENCIES” by “SANTÉ QUÉBEC AND THE NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES”.

1053. Section 17 of the Act is amended by replacing “Every health and social services agency” and “in its territory” by “Santé Québec, for each health region,” and “concerned”, respectively.

1054. Section 18 of the Act is amended

(1) by replacing the first paragraph by the following paragraph:

“For each health region, Santé Québec must inform the population of the end-of-life care services available and the manner of accessing them, as well as of the rights and remedies of end-of-life patients.”;

(2) by replacing “the agencies” in the second paragraph by “Santé Québec”.

1055. The Act is amended by inserting the following sections after section 18:

“18.1. In order to ascertain compliance with this Title, a person authorized in writing by Santé Québec to carry out an inspection may, at any reasonable time, with due respect for the specific character of the premises and the needs of the persons receiving end-of-life care, enter any premises operated by a private institution or a palliative care hospice.

The person may, during an inspection,

(1) examine and make a copy of any document relating to the end-of-life care offered in those premises; and

(2) demand any information relating to the carrying out of this Title as well as the production of any related document.

Any person having custody, possession or control of such documents must make them available on request to the person conducting the inspection.

A person conducting an inspection must, if so required, produce a certificate of capacity.

Anyone who hinders a person in the conduct of an inspection, refuses to provide any information or document the latter is entitled to require or examine, or conceals or destroys any document or other object relevant to an inspection commits an offence and is liable to a fine of \$2,500 to \$25,000 in the case of a natural person or to a fine of \$7,500 to \$75,000 in any other case.

“18.2. No judicial proceedings may be brought against a person authorized in writing by Santé Québec to conduct an inspection for an act performed or omitted in good faith in the exercise of their functions.

“18.3. For the purposes of this division, the Nunavik Regional Board of Health and Social Services exercises the functions and powers of Santé Québec with respect to its institutions.

“18.4. For the purposes of this Act, the territory referred to in Part IV.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) is considered to be a health region. In addition, the territory referred to in Part IV.3 of that Act is considered to be part of the health region with which it is contiguous.”

1056. Section 19 of the Act is replaced by the following section:

“19. The Minister determines the policy directions that are to guide Santé Québec or institutions, as applicable, when organizing end-of-life care, including those which Santé Québec or institutions, as applicable, must take into account when formulating their end-of-life care policy.”

1057. Section 20 of the Act is amended by replacing “agencies” by “Santé Québec”.

1058. Sections 21 to 23 of the Act are repealed.

1059. Section 31 of the Act is amended

(1) by replacing “executive director of the institution or any other person designated by the executive director” and “to the executive director or designated person. The executive director of the institution or designated person” in the first paragraph by “president and executive director or the executive director of the institution, as applicable, or any other person

designated by them,” and “to that director or designated person. The president and executive director or the executive director of the institution, as applicable, or the designated person,”, respectively;

(2) by replacing “the executive director of the local authority referred to in section 99.4 of the Act respecting health services and social services (chapter S-4.2)”, “by the executive director” and “to the executive director” in the second paragraph by “the president and executive director of Santé Québec’s institution or the executive director of the institution operating a local community service centre, as applicable,”, “by them” and “to that director”, respectively;

(3) by striking out the last paragraph.

1060. Section 33 of the Act is amended by adding the following paragraph at the end:

“For the purposes of this division, the expression “council of physicians, dentists and pharmacists” also includes the council of physicians, dentists, pharmacists and midwives.”

1061. Section 35 of the Act is amended by inserting “the medical director,” after “for the institution,”.

1062. Section 37 of the Act is amended by replacing “health and social services agency territory” in the second paragraph by “health region”.

1063. Section 39 of the Act is amended by replacing “representing the users’ committees of institutions” in subparagraph 3 of the first paragraph by “that are representative of users’ committee members”.

1064. Section 45 of the Act is amended by replacing “of institutions, palliative care hospices, physicians practising in a private health facility and agencies” by “of Santé Québec, any institution, palliative care hospices or physicians practising in a private health facility”.

1065. Section 48 of the Act is amended

(1) by inserting “Santé Québec, in accordance with Part VII of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*), or to” after “person to”;

(2) by inserting “for the Inuit and Naskapi” before “(chapter S-4.2)”.

1066. The Act is amended by replacing “the Minister” by “Santé Québec” in the following provisions:

(1) the third paragraph of section 24;

- (2) the second paragraph of section 26;
- (3) the first paragraph of section 54.

ACT RESPECTING BARGAINING UNITS IN THE SOCIAL AFFAIRS SECTOR

1067. Section 9 of the Act respecting bargaining units in the social affairs sector (chapter U-0.1) is amended

(1) by replacing “and may” and “agency” in the first paragraph by “. In addition, a unit constituted in an institution, a regional board, a health and social services council or a private institution under agreement referred to in subparagraph 2, 4 or 5 of the fourth paragraph of section 1 of the Act respecting the process of negotiation of the collective agreements in the public and parapublic sectors (chapter R-8.2) may” and “health region”, respectively;

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

“For the purposes of this Act, the following territories are each considered to be a health region:

(1) the territory referred to in section 1.1 of the Act respecting health services and social services for Cree Native persons (chapter S-5); and

(2) the territory referred to in Parts IV.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2).

In addition, the territory referred to in Part IV.3 of the Act respecting health services and social services for the Inuit and Naskapi is considered to be part of the health region with which it is contiguous.”

1068. Section 13 of the Act is amended

(1) by inserting “for the Inuit and Naskapi” after “social services” in the first paragraph;

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

“The same applies if Santé Québec acquires the undertaking of a private institution and integrates the activities with its own activities or if private institutions under agreement amalgamate.”

1069. Section 94 of the Act is amended by replacing “or section 432 of the Act respecting health services and social services (chapter S-4.2)” by “, section 52 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) or section 432 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2)”.

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

1070. Section 1 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) is amended by inserting the following after section 67 of the Act it enacts:

“ACT TO MAKE THE HEALTH AND SOCIAL SERVICES SYSTEM
MORE EFFECTIVE

“**67.1.** Sections 383 and 389 of the Act to make the health and social services system more effective (*insert the year and chapter number of that Act*) are amended by striking out their paragraph 2.

“**67.2.** Sections 394 to 404 of the Act are repealed.

“**67.3.** Section 405 of the Act is amended by striking out “, the number of physicians required to perform the specific medical activities referred to in sections 395 and 402” in the first paragraph.”

PART XII

TRANSITIONAL, MISCELLANEOUS AND FINAL PROVISIONS

TITLE I

TRANSITIONAL PROVISIONS

CHAPTER I

ORGANIZATION OF SANTÉ QUÉBEC

1071. The provisions of section 3.1 of the Act respecting the governance of state-owned enterprises (chapter G-1.02) relating to the expertise and experience profiles of the members of the board of directors other than the board chair and the president and chief executive officer do not apply when the first members of Santé Québec’s board of directors are appointed.

However, when appointing those board members, the Government must ensure that they collectively have suitable expertise and experience in the following areas:

- (1) health and social services management;
- (2) property management;
- (3) information resources management;

- (4) finance management and accounting;
- (5) human resources management, labour relations and organizational development;
- (6) governance or ethics; and
- (7) auditing, performance, or quality or risk management.

1072. The provisions of section 3.3 of the Act respecting the governance of state-owned enterprises relating to the recommendation of the board of directors and the expertise and experience profile of the president and chief executive officer of an enterprise do not apply when the first president and chief executive officer is appointed.

1073. The president and chief executive officer exercises the powers of Santé Québec's board of directors until the board of directors is established.

1074. Subject to the conditions of employment applicable to them, the employees of the Ministère de la Santé et des Services sociaux identified by the Deputy Minister of Health and Social Services before 1 October 2024 become, as of the date or dates agreed on by the Deputy Minister and the president and chief executive officer, Santé Québec employees.

1075. The employees transferred to Santé Québec under section 1074 of this Act continue to be represented by the certified associations that represented them before their transfer and, subject to section 1076 of this Act, the conditions of employment they had before the transfer continue to apply, with the necessary modifications, until, following the amalgamation provided for in section 1087 of this Act, the process provided for in sections 12 and following of the Act respecting bargaining units in the social affairs sector (chapter U-0.1), applicable under section 1099 of this Act, has been completed and an association has been certified to represent them.

The conditions of employment of Santé Québec employees transferred under section 1074 who were not governed by a collective agreement and who were not members of the management personnel before their transfer continue to apply, subject to section 1076, until they are modified by a regulation of the Minister made under section 51.

The conditions of employment of a Santé Québec employee transferred under section 1074 who was part of the management personnel before the transfer continue to apply until they are amended by a regulation made by the Minister under section 51.

1076. The job titles and corresponding job descriptions set out in the collective agreements or the conditions of employment of the employees referred to in the first and second paragraphs of section 1075 before those employees were transferred to Santé Québec under section 1074 are replaced

by the equivalent job titles and job descriptions from among those set out in the list of job titles, descriptions, and salary rates and scales in the health and social services network. If there is no equivalent job title, other job titles may be created by the Minister in accordance with the mechanism for amending that list set out in the collective agreements applicable to employees of the health and social services network.

The transferred employees are integrated into the salary scale of their new job title, at the level whose hourly salary rate is equal to or immediately above their salary rate before the integration. Where applicable, the rules set out in those employees' conditions of employment relating to off-rate or off-scale employees apply.

1077. Despite the Act respecting bargaining units in the social affairs sector, there may be more than one certified association of employees representing a class of Santé Québec personnel between the date of coming into force of section 20 of this Act and the day of amalgamation.

For the purposes of this Part, the date of the amalgamation provided for in section 1087 is called the “day of amalgamation”.

1078. Any employee transferred to Santé Québec under section 1074 of this Act who, on the date of the transfer, was a public servant with permanent tenure may apply for a position in the public service offered as a transfer or take part in a promotion selection process in accordance with the Public Service Act (chapter F-3.1.1).

The same applies in the case of an employee transferred to Santé Québec who, on the date of the transfer, was a public servant who had not acquired permanent tenure, other than a casual employee.

1079. An employee referred to in section 1078 who applies for a position in the public service offered as a transfer or enters a promotion selection process may apply to the Chair of the Conseil du trésor for an opinion on the classification that would be assigned to them in the public service. The opinion must take into account the classification they held in the public service on the date of their departure and the experience and training acquired since being employed by Santé Québec.

However, before being entitled to apply for a position in the public service offered as a transfer, employees referred to in the second paragraph of section 1078 of this Act who had not completed the probationary period required under section 13 of the Public Service Act before being transferred to Santé Québec must successfully complete the remainder of the probationary period within Santé Québec.

If an employee is selected to hold the position in the public service offered as a transfer following the application of section 1078, the Deputy Minister or the chief executive officer of the body establishes the employee's classification in keeping with the opinion provided for in the first paragraph.

However, employees referred to in the second paragraph of section 1078 of this Act who, at the time of their transfer to Santé Québec, had not completed the period of continuous employment required for the purposes of section 14 of the Public Service Act to acquire permanent tenure and who, at the time a classification is established for them under the preceding paragraph, still have not completed the equivalent of that period by adding the time served in the public service before transferring to Santé Québec and that served as a Santé Québec employee must, before acquiring permanent tenure, complete the remainder of that period from the day a classification is established for them.

If an employee obtains a position in the public service after taking part in a promotion selection process under section 1078, their classification must take into account the criteria set out in the first paragraph.

1080. If some or all of Santé Québec's activities are discontinued, an employee referred to in section 1074 who had permanent tenure at the time of their transfer is entitled to be placed on reserve in the public service with the same classification the employee had on the date of the transfer.

An employee referred to in the second paragraph of section 1078 of this Act is entitled to be placed on reserve in the public service only if, at the time some or all of Santé Québec's activities are discontinued, the time accumulated in the public service before their transfer to Santé Québec and the time accumulated as a Santé Québec employee is equivalent to at least the period of continuous employment required under section 14 of the Public Service Act.

If some of Santé Québec's activities are discontinued, the employee continues to exercise their functions within Santé Québec until the Chair of the Conseil du trésor is able to assign the employee a position in accordance with section 100 of the Public Service Act.

When assigning a position to an employee referred to in this section, the Chair of the Conseil du trésor determines the employee's classification on the basis of the criteria set out in the first paragraph of section 1079.

1081. An employee with permanent tenure referred to in section 1074 of this Act who, in accordance with the conditions of employment applicable to them, refuses to be transferred to Santé Québec is temporarily assigned to Santé Québec until the Chair of the Conseil du trésor is able to assign the employee a position in accordance with section 100 of the Public Service Act.

1082. Subject to remedies available under a collective agreement or provisions standing in lieu of such remedies, an employee referred to in section 1074 of this Act who is dismissed may bring an appeal under section 33 of the Public Service Act if they were a public servant with permanent tenure on the date of their transfer to Santé Québec.

The same applies in the case of an employee referred to in the second paragraph of section 1078 of this Act. However, an employee referred to in that paragraph who had not completed the probationary period required under section 13 of the Public Service Act before being transferred to Santé Québec must successfully complete the remainder of the probationary period within Santé Québec before being entitled to bring such an appeal.

1083. Until the date of coming into force of the first regulation made under section 51 and subject to the third paragraph of section 1075, the standards and scales to be used by Santé Québec for the selection, appointment and hiring of, and the remuneration and other conditions of employment applicable to, the members of its personnel are those provided for, where applicable, by the provisions of the Regulation respecting certain terms of employment applicable to officers of agencies and health and social services institutions (chapter S-4.2, r. 5.1) or the Regulation respecting certain terms of employment applicable to senior administrators of agencies and of public health and social services institutions (chapter S-4.2, r. 5.2), as they read on the day before the day of amalgamation.

1084. The boundaries of the health regions referred to in section 27 and of the local health and social services network territories referred to in section 28 correspond to those that were determined the day before the day of amalgamation, until they are modified under those sections.

1085. The national register of incidents and accidents established by the Minister under subparagraph 6.2 of the second paragraph of section 431 of the Act respecting health services and social services becomes, on the day of amalgamation, the national register of incidents and accidents of Santé Québec for the purposes of section 70 of this Act.

1086. Until the coming into force of section 102,

(1) Santé Québec sends to the Minister, in the form the latter determines, a quarterly financial report and a quarterly expenditure forecast report on the operation of Santé Québec not later than the 30th day after the end of the quarter concerned as well as a preliminary version of the quarterly financial report not later than the 10th working day after the end of the quarter concerned;

(2) public institutions, until they are amalgamated with Santé Québec under section 1087 of this Act, continue to send to the Minister the financial reports provided for by the Act respecting health and social services, as it read on the day before the day of amalgamation.

Within the same time periods, the Minister provides a reproduction of each version of the above reports to the Minister of Finance and the Chair of the Conseil du trésor.

The reports referred to in the first paragraph must contain any information required by the Minister.

Santé Québec also sends to the Minister any other report on the matters referred to in the first paragraph according to the form and content and at the intervals determined by the Minister.

If the day of amalgamation does not fall on 1 April, the reports referred to in the first paragraph must, for the time comprised between the day of amalgamation and the following 1 April, present the information relating to the operation of Santé Québec and that of its institutions.

CHAPTER II

AMALGAMATION OF INSTITUTIONS WITH SANTÉ QUÉBEC

1087. The integrated health and social services centres and the unamalgamated institutions governed by the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) are amalgamated with Santé Québec on the date that is six months after the date set by the Government under the introductory clause of section 1180 of this Act. The same applies to the public institution whose head office is situated in the territory referred to in Part IV.2 of the Act respecting health services and social services.

As of that date, those integrated centres and unamalgamated institutions and that public institution

(1) are continued as Santé Québec and their patrimonies are joined together to form the patrimony of Santé Québec; and

(2) become

(a) territorial institutions referred to in section 38 in the case of the integrated centres and the public institution; and

(b) institutions other than territorial institutions referred to in section 39 in the case of the unamalgamated institutions.

1088. For the purposes of this Part,

“amalgamating institution” means an integrated health and social services centre, an unamalgamated institution or the public institution referred to in the first paragraph of section 1087; and

“amalgamated institution” means the Santé Québec institution which an amalgamating institution became on the day of amalgamation.

1089. The rights and obligations of the amalgamating institutions become rights and obligations of Santé Québec, and the latter becomes a party to any judicial or administrative proceeding to which the amalgamating institutions were parties.

1090. The permit held by an amalgamating institution the day before the day of amalgamation, issued under section 437 of the Act respecting health services and social services, is deemed, as of the day of amalgamation, to be the amalgamated institution's deed of establishment until it is replaced by a deed issued under section 42 of this Act.

1091. Until the coming into force of the first provisions of Santé Québec's by-laws made under section 41 of this Act, the classes and types to which a centre may belong are those provided for in sections 85 to 87 of the Act respecting health services and social services, as they read on the day before the day of amalgamation.

1092. The persons who, on the day before the day of amalgamation, were members of an amalgamating institution's board of directors exercise, as of the day of amalgamation, the functions of the members of the amalgamated institution's institution council until those members are appointed by Santé Québec's board of directors under section 107.

1093. The persons who, on the day before the day of amalgamation, formed the watchdog committee created for an amalgamating institution under the first paragraph of section 181.0.1 of the Act respecting health services and social services form, as of the day of amalgamation, the watchdog committee of the amalgamated institution referred to in section 120 of this Act until they are reappointed or replaced.

1094. The users' committees and in-patients' committees that, on the day before the day of amalgamation, were established for an amalgamating institution continue to exist after the amalgamation as if they had been established for an amalgamated institution under sections 143 and 144, respectively, and they exercise, with the necessary modifications, the responsibilities conferred on them by this Act until new committees are established.

The users' committees and in-patients' committees referred to in the first paragraph are those established under section 209 of the Act respecting health services and social services.

1095. An advisory committee set up under section 148 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies that existed on the day before the day of amalgamation becomes, as of the day of amalgamation, an advisory committee

(1) referred to in section 125 of this Act if it was established with respect to the facilities of an integrated health and social services centre; or

(2) referred to in section 293 of this Act if it was established with respect to the facilities of a grouped institution.

1096. A president and executive director or an assistant president and executive director who was appointed, as applicable, under section 10 or section 33 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies and who is in office on the day before the day of amalgamation continues in office as of the day of amalgamation until they are replaced or reappointed under this Act.

Subject to the second paragraph of section 1098 of this Act, such a president and executive director or assistant president and executive director preserves their remuneration, employee benefits and other conditions of employment set by a government order made under section 34 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, as it read on the day before the day of amalgamation, until they are replaced or reappointed under this Act.

1097. Despite sections 129 and 135, until the coming into force of the provisions of a regulation made under section 51 that determine the remuneration, employee benefits and other conditions of employment of persons appointed as president and executive directors or assistant president and executive directors of Santé Québec institutions, those persons are appointed by the Government.

In such cases, the Government determines by order their remuneration, employee benefits and other conditions of employment, subject to section 1098.

1098. A president and executive director or assistant president and executive director of a Santé Québec institution who is in office on the date of coming into force of the provisions of a regulation made under section 51 that determine the remuneration, employee benefits and other conditions of employment of persons appointed as president and executive directors or assistant president and executive directors of Santé Québec institutions is deemed to have been appointed under section 129 or section 135, as applicable.

Any order referred to in the second paragraph of section 1096 or made under the second paragraph of section 1097 is repealed on that date. The conditions of employment applicable to a president and executive director or assistant president and executive director in such a case are those set out in the regulation, without compensation or any severance or transition allowance.

1099. The amalgamation provided for in section 1087 of this Act is deemed, for the purposes of subdivision 2 of Division II of the Act respecting bargaining units in the social affairs sector, to be an integration of activities referred to in section 330 of the Act respecting health services and social services.

1100. Despite the second paragraph of section 35 of the Act respecting bargaining units in the social affairs sector, following the amalgamation provided for in section 1087 of this Act, the parties have 18 months from the date on which the new association of employees of Santé Québec is certified to negotiate the matters defined as being the subject of clauses negotiated and agreed at the local level.

1101. The amalgamation provided for in section 1087 of this Act is deemed, for the purposes of section 30 of the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements (chapter R-24.0.2), as it read on the day before the day of amalgamation, to be an amalgamation of institutions, but only between institutions in a single health region in which two or more resource associations have been recognized to represent any of the groups referred to in paragraph 2 of section 4 of that Act.

1102. As of the day of amalgamation, a resource that is governed by the Act respecting the representation of family-type resources and certain intermediate resources and the negotiation process for their group agreements and that is a member of a resource association recognized in a health region other than the one in which it is situated becomes, without formality, represented by the resource association recognized in the health region in which the resource is situated.

1103. Every director of professional services appointed under section 202 of the Act respecting health services and social services and in office within an amalgamating institution on the day before the day of amalgamation becomes the medical director within the amalgamated institution as of the day of amalgamation.

1104. The executive committee of an amalgamating institution's council of physicians, dentists and pharmacists that is referred to in section 217 of the Act respecting health services and social services becomes, as of the day of amalgamation, the executive committee of the amalgamated institution's council of physicians, dentists, pharmacists and midwives that is referred to in section 171 of this Act.

The executive committee has one year from the day of amalgamation to bring its composition into compliance with section 171. If the executive committee fails to do so, the institution's medical director may take any measure necessary for that purpose.

1105. An institution's medical staffing plan approved by the Minister under section 378 of the Act respecting health services and social services and section 46 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, as they read on the day before the day of amalgamation, remains in force until such a plan is drawn up and approved for the institution in accordance with sections 195 and 196 of this Act.

1106. The appointments, privileges or status granted, where applicable, by an amalgamating institution to a physician, dentist or pharmacist who, on the day before the day of amalgamation, was practising within that institution are deemed to have been granted to them by the president and executive director of the amalgamated institution on the same conditions and exclusively for the facilities in which the physician, dentist or pharmacist was practising on that date, until the appointments, privileges and status are renewed in accordance with this Act.

The provisions of the Act respecting health services and social services and the regulations necessary for their application, as they read on the day before the day of amalgamation, continue to apply for the processing of applications for appointment received before that date. The institution's president and executive director who succeeded the executive director who received the application exercises the functions and powers that those provisions confer on the institution's board of directors.

If the application for appointment is accepted, the status and, where applicable, privileges are granted in accordance with this Act.

1107. Any person in charge of midwifery services appointed under section 208.1 of the Act respecting health services and social services and who was in office on the day before the day of amalgamation becomes, as of the day of amalgamation, the head of the clinical department of midwifery within the amalgamated institution.

1108. The council of midwives established for an amalgamating institution under section 225.1 of the Act respecting health services and social services ceases to exist as of the day of amalgamation.

The records and other documents held by the council of midwives or one of its committees become records and documents of the council of physicians, dentists, pharmacists and midwives of the amalgamated institution.

1109. The functions of the executive committee of the council of multidisciplinary health services and of the executive committee of the council of multidisciplinary social services of an amalgamated institution, referred to in sections 270 and 279, respectively, of this Act, are, until those committees are formed, exercised by the persons who, on the day before the day of amalgamation, formed the executive committee of the amalgamating institution's multidisciplinary council provided for in section 230 of the Act respecting health services and social services.

Those persons must ensure that the executive committee of each of those councils is formed in accordance with section 270 or, as applicable, section 279 not later than one year after the day of amalgamation.

If those persons fail to form, within that time, those executive committees in accordance with those sections, the director of multidisciplinary health services personnel or, as applicable, the director of multidisciplinary social services personnel of the Santé Québec institution may take any measure necessary for that purpose.

III0. The programs of access to English-language health services and social services developed under section 76 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies that were in force on the day before the day of amalgamation continue to apply until the Government approves the program of access developed by Santé Québec in accordance with section 348 of this Act.

III1. Santé Québec is deemed to have obtained recognition under section 29.1 of the Charter of the French language (chapter C-11) with regard to the facilities that, on the day before the day of amalgamation, met one of the following conditions:

(1) they were maintained by an unamalgamated institution recognized under section 29.1 of the Charter of the French language or by an integrated health and social services centre deemed to have obtained such recognition under the first paragraph of section 207 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies; or

(2) they were maintained by an integrated health and social services centre that was deemed to have obtained such recognition in their respect under the second or third paragraph of that section 207.

III2. An institution that, on the day before the day of amalgamation, was designated by the Government under section 508 of the Act respecting health services and social services is deemed to be designated under section 343 of this Act as of the day of amalgamation.

III3. An institution that, on the day before the day of amalgamation, was operating a hospital centre designated as a university hospital centre in accordance with section 88 of the Act respecting health services and social services is deemed to be designated under section 357 of this Act until the date that is three years after the day of amalgamation, unless, before that date, that designation is withdrawn or the institution is designated under that section 357.

The contract of affiliation, referred to in section 110 of the Act respecting health services and social services, entered into by such an institution with a university before the day of amalgamation, if not in compliance with section 355 of this Act, ceases to have effect on the date prescribed in the first paragraph, unless the contract has already ended.

1114. An institution that, on the day before the day of amalgamation, was operating a university institute designated in accordance with section 89 or 90 of the Act respecting health services and social services is deemed to be designated under section 358 of this Act until the date that is three years after the day of amalgamation, unless, before that date, that designation is withdrawn or the institution is designated under that section 358.

The contract of affiliation, referred to in section 110 of the Act respecting health services and social services, entered into by such an institution with a university before the day of amalgamation, if not in compliance with section 355 of this Act, ceases to have effect on the date prescribed in the first paragraph, unless the contract has already ended.

1115. An institution that, on the day before the day of amalgamation, was operating a centre designated as an affiliated university centre in accordance with section 91 of the Act respecting health services and social services remains so designated until the date that is three years after the day of amalgamation, unless, before that date, its designation is withdrawn or it is designated as a university hospital centre under section 357 of this Act or as a university institute under section 358 of this Act.

1116. The powers conferred by this Act on the members of the grouped institutions may be exercised, with the necessary modifications, by natural persons who, on 31 March 2015, were members of one of the following institutions, with regard to the immovables owned by Santé Québec that were, on that date, owned by one of those institutions:

- (1) Hôpital du Sacré-Coeur de Montréal;
- (2) Hôpital Maisonneuve-Rosemont; or
- (3) Centre de santé et de services sociaux d'Argenteuil.

1117. The powers conferred by this Act on the members of the grouped institutions may be exercised, with the necessary modifications, by natural persons who, on the day before the day of amalgamation, were members of one of the following institutions, with regard to the immovables owned by Santé Québec that were, on that date, owned by one of those institutions:

- (1) Centre hospitalier universitaire Sainte-Justine; or
- (2) Centre universitaire de santé McGill.

1118. Santé Québec keeps and updates, for each institution designated in section 1116 or 1117 of this Act, a list of the persons referred to in those sections.

CHAPTER III

TERRITORIAL DEPARTMENTS OF FAMILY MEDICINE AND OTHER MEASURES FOR ACCESS TO MEDICAL SERVICES

III9. A regional department of general medicine referred to in section 417.1 of the Act respecting health services and social services becomes, as of the day of amalgamation, a territorial department of family medicine referred to in section 372 of this Act.

III20. The regional medical staffing plan developed for a region by the Minister under section 377 of the Act respecting health services and social services and section 91 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, as it had effect on the day before the day of amalgamation, remains in force until a territorial medical staffing plan is approved by the Minister for the corresponding territory in accordance with section 405 of this Act.

CHAPTER IV

PRIVATE INSTITUTIONS UNDER AGREEMENT

III21. The rights and obligations of the Minister that were provided for in the following agreements in force on the day before the day of amalgamation become the rights and obligations of Santé Québec:

(1) an agreement entered into between the Minister and a private institution under section 475 of the Act respecting health services and social services and the second paragraph of section 46 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies; and

(2) an agreement entered into by an agency under section 475 of the Act respecting health services and social services, deemed entered into with the Minister under section 216 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies.

III22. Until the date of coming into force of the first regulation made under section 414 of this Act, the standards and scales to be used by a private institution under agreement for the selection, appointment and hiring of, and the remuneration and other conditions of employment applicable to, its personnel members are those provided for, where applicable, by the provisions of the Regulation respecting certain terms of employment applicable to officers of agencies and health and social services institutions (chapter S-4.2, r. 5.1) or the Regulation respecting certain terms of employment applicable to senior administrators of agencies and of public health and social services institutions (chapter S-4.2, r. 5.2), as they read on the day before the day of amalgamation.

CHAPTER V

REGULATION OF CERTAIN ACTIVITIES

1123. A person holding a specialized medical centre permit or private institution permit issued under section 437 of the Act respecting health services and social services that was in force on the day before the day of amalgamation is deemed to be authorized to operate, as applicable, a specialized medical centre or a private institution under sections 481 and 485, respectively, of this Act.

A person holding a temporary certificate of compliance that was issued under the second paragraph of section 346.0.3 of the Act respecting health services and social services for the operation of a private seniors' residence or a resource offering lodging determined by government regulation under section 346.0.21 of that Act and that was in force on the day before the day of amalgamation is deemed to be authorized to begin operating, as applicable, a private seniors' residence or a resource offering lodging under sections 483 and 484, respectively, of this Act until the end of the certificate's period of validity.

A person holding a certificate of compliance that was issued under the second paragraph of section 346.0.4 of the Act respecting health services and social services for the operation of a private seniors' residence or a resource offering lodging determined by government regulation under section 346.0.21 of that Act and that was in force on the day before the day of amalgamation is deemed to be authorized to operate, as applicable, a private seniors' residence or a resource offering lodging under sections 483 and 484, respectively, of this Act.

A community organization holding an authorization to offer termination of pregnancy services issued under section 338.1 of the Act respecting health services and social services that was in force on the day before the day of amalgamation is deemed to be authorized for that purpose under section 486 of this Act.

Santé Québec issues a document attesting the authorization.

1124. A person holding an accreditation issued under section 457 of the Act respecting health services and social services that was in force on the day before the day of amalgamation is deemed to hold an accreditation issued under section 438 of this Act as of the day of amalgamation.

1125. The provisions of the Act respecting health services and social services and the regulations, as they read on the day before the day of amalgamation, continue to apply to the processing of applications received before that day for a permit, a temporary certificate of compliance, a certificate of compliance, an authorization or an accreditation. Santé Québec exercises the functions and powers conferred by those provisions on the Minister or the institution, depending on whether the application was received by the Minister or the institution.

The same applies to any application for the renewal or modification of such a document that is under examination on the day before the day of amalgamation.

1126. For the purposes of subparagraph *b* of subparagraph 1 of the first paragraph of section 489 of this Act, the following are considered to be an authorization that was revoked or not renewed:

(1) a permit that was revoked or whose renewal was refused under section 446 or 446.1 of the Act respecting health services and social services;

(2) a temporary certificate of compliance or a certificate of compliance that was revoked or whose renewal was refused under section 346.0.11 of that Act; and

(3) an authorization referred to in section 338.1 of that Act that was revoked under section 446.1 of that Act.

1127. For the purposes of subparagraph 1 of the second paragraph of section 489 of this Act, an offence under the Act respecting health services and social services or its regulations is considered to be an offence under this Act or its regulations, as they read on the day before the day of amalgamation.

1128. The provisional administration of an institution assumed by the Minister on the day before the day of amalgamation under section 490 of the Act respecting health services and social services is assumed by Santé Québec as of the day of amalgamation, in accordance with Chapter III of Title II of Part VI of this Act.

1129. Until the date of coming into force of the first provisions of the regulation made under the second paragraph of section 485 of this Act, the classes and types to which a centre operated by a private institution may belong are those provided for in sections 85 to 87 of the Act respecting health services and social services, as they read on the day before the day of amalgamation.

1130. Despite section 566, the operator of a private health facility may, without holding an authorization required under section 481, offer dental services to a patient under general anaesthesia, provided that,

(1) on (*insert the date of introduction of this bill*), the operator offered such services in accordance with an agreement entered into with a public institution; and

(2) as of (*insert the date of assent to this Act*), the operator offers such services only to the extent determined by an agreement entered into with that institution or with Santé Québec as of the day of amalgamation.

The agreement referred to in subparagraph 2 of the first paragraph must contain provisions ensuring that users receive services whose quality and safety correspond to those of the services they would have received in the institution.

Until the date of coming into force of section 566 of this Act, the operator of a private health facility within the meaning of the second paragraph of section 95 of the Act respecting health services and social services may, despite section 333.1.1 of that Act, offer dental services to a patient under general anaesthesia without holding the permit required under section 437 of that Act, where the conditions set out in the first paragraph are met.

1131. A private institution not under agreement that, on the day before the day of amalgamation, held a permit authorizing it to operate a residential and long-term care centre may, despite the second paragraph of section 528, continue to offer residential and long-term care services as long as the authorization referred to in section 1123 to operate the institution is not revoked by Santé Québec. The particulars appearing on the authorization that relate to the facilities and the capacity may not be modified.

1132. The framework agreement entered into between the Minister of Health and Social Services and the Minister of Public Security under section 346.0.20.5 of the Act respecting health services and social services is deemed, as of the day of amalgamation, to have been entered into between the Minister of Public Security and Santé Québec in accordance with section 548 of this Act.

CHAPTER VI

COMPLAINTS AND SERVICE QUALITY

1133. Every person appointed as a local service quality and complaints commissioner for the amalgamating institution in accordance with section 30 of the Act respecting health services and social services and in office on the day before the day of amalgamation is deemed to have been appointed, on the day of amalgamation, as a service quality and complaints commissioner under section 600 of this Act for the amalgamated institution.

1134. Every person appointed as an assistant local service quality and complaints commissioner for the amalgamating institution in accordance with section 30 of the Act respecting health services and social services and in office on the day before the day of amalgamation is deemed to have been appointed, on the day of amalgamation, as an assistant to the local service quality and complaints commissioner under section 603 of this Act for the amalgamated institution.

1135. Every medical examiner designated under section 42 of the Act respecting health services and social services by an amalgamating institution and in office on the day before the day of amalgamation is deemed to have been designated, on the day of amalgamation, as a medical examiner under section 610 of this Act for the amalgamated institution.

1136. Until Santé Québec's board of directors establishes the jurisdiction of each of the service quality and complaints commissioners, medical examiners and review committees in accordance with sections 609, 611 and 616 of this Act, they continue to have jurisdiction with regard to, as applicable, the complaints and the reports made within the scope of the anti-maltreatment policy adopted under the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) that they were in charge of processing under the Act respecting health services and social services, as it read on the day before the day of amalgamation.

1137. The review committees that were established under section 51 of the Act respecting health services and social services on the day before the day of amalgamation remain in operation to continue, in accordance with the provisions of this Act, processing the complaints received before the day of amalgamation.

1138. As of the day of amalgamation, a community organization that, on the day before the day of amalgamation, had been given a mandate to assist and support users in accordance with section 76.6 of the Act respecting health services and social services is deemed to have been entrusted with the functions provided for in the first paragraph of section 624 of this Act.

CHAPTER VII

INSPECTIONS, INVESTIGATIONS AND ANALYSES

1139. Every person who, on the day before the day of amalgamation, was authorized or designated by the Minister to act as an inspector or to conduct an investigation under section 489, 489.1, 489.3 or 489.4 of the Act respecting health services and social services is deemed to be so authorized or designated by Santé Québec as of the day of amalgamation.

1140. Every person who, on the day preceding the date of coming into force of paragraph 9 of section 745 of this Act, was authorized by the Minister to act as an inspector or designated by the Minister to investigate under section 25 or 26.1 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01) is deemed to be so authorized or designated by Santé Québec from the date of coming into force of paragraph 9 of section 745 of this Act.

1141. Every person who, on the day preceding the date of coming into force of paragraph 25 of section 749 of this Act, was authorized by the Minister to act as an inspector or designated by the Minister to conduct an investigation under section 83 or 85 of the Funeral Operations Act (chapter A-5.02) is deemed to be so authorized or designated by Santé Québec from the date of coming into force of paragraph 25 of section 749 of this Act.

II42. Every person who, on the day preceding the date of coming into force of section 785 of this Act, was authorized by the Minister to act as an inspector under section 10 of the Act to prevent skin cancer caused by artificial tanning (chapter C-5.2) is deemed to be so authorized by Santé Québec from the date of coming into force of section 785 of this Act.

II43. Every person who, on the day preceding the date of coming into force of section 790 of this Act, was authorized, designated or appointed by the Minister, or belonged to a category of persons identified by the Minister, to act as an inspector, to investigate or to perform the functions of analyst under section 69, 74 or 83 of the Cannabis Regulation Act (chapter C-5.3) is deemed, for the same purposes, to be authorized, designated or appointed, or to belong to a category of persons identified, by Santé Québec from the date of coming into force of section 790 of this Act.

II44. Every person who, on the day preceding the date of coming into force of section 814 of this Act, was authorized or designated by the Minister to conduct an inspection or an investigation under section 31.1 or 31.2 of the Act respecting Héma-Québec and the biovigilance committee (chapter H-1.1) is deemed to be so authorized or designated by Santé Québec from the date of coming into force of section 814 of this Act.

II45. Every person who, on the day preceding the date of coming into force of section 832 of this Act, was authorized by the Minister to carry out an inspection under section 65 of the Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2) is deemed to be so authorized by Santé Québec from the date of coming into force of section 832 of this Act.

II46. Every person who, on the day preceding the date of coming into force of section 839 of this Act, was appointed by the Minister, or belonged to a category of persons identified by the Minister, to perform the functions of inspector or analyst under section 32 of the Tobacco Control Act (chapter L-6.2), or any person designated by the Minister investigate under section 38.0.1 of that Act, is deemed, for the same purposes, to be appointed or designated, or to belong to a category of persons identified, by Santé Québec from the date of coming into force of section 839 of this Act.

II47. Every person who, on the day preceding the date of coming into force of section 853 of this Act, was authorized or designated by the Minister to act as an inspector or to conduct an investigation under section 22.4 or 22.6 of the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) is deemed to be so authorized or designated by Santé Québec from the date of coming into force of section 853 of this Act.

1148. Every person who, on the day preceding the date of coming into force of section 1058 of this Act, was authorized by the Minister to carry out an inspection under section 21 of the Act respecting end-of-life care (chapter S-32.0001) is deemed to have been so authorized by Santé Québec under section 18.1 of that Act, enacted by section 1055 of this Act, from the date of coming into force of that section.

CHAPTER VIII

OTHER TRANSITIONAL PROVISIONS

DIVISION I

TRANSFER OF THE RIGHTS AND OBLIGATIONS OF THE MINISTER OF HEALTH AND SOCIAL SERVICES WITH RESPECT TO SANTÉ QUÉBEC

1149. With regard to functions that were exercised by the Minister of Health and Social Services and that become, under this Act, functions of Santé Québec, the latter is substituted for the former, acquires the former's rights and assumes the former's obligations.

1150. Santé Québec becomes, without continuance of suit, a party to all proceedings to which the Minister was a party, with respect to the rights it acquires and the obligations it assumes under section 1149.

1151. Any prior notice of an unfavourable decision prescribed by section 5 of the Act respecting administrative justice (chapter J-3) and notified by the Minister is deemed to have been notified by Santé Québec, with respect to the rights it acquires and the obligations it assumes under section 1149 of this Act.

DIVISION II

PROVISIONS RELATING TO AMENDING PROVISIONS IN PART XI

§1. — *Pre-hospital emergency services*

1152. Any protocol, recognition, certification, approval, standard, level, system or registry made, issued or maintained by the Minister of Health and Social Services under the Act respecting pre-hospital emergency services (chapter S-6.2), as it read on the day before the day of amalgamation, is under the responsibility of Santé Québec and is deemed to have been established, issued or maintained by Santé Québec.

1153. The clinical protocols developed and approved by the Minister of health and social services under the first paragraph of section 3 of the Act respecting pre-hospital emergency services, as it read on the day before the day of amalgamation, are deemed to have been developed by the national medical director of pre-hospital emergency services under section 6 of that Act, as amended by section 966 of this Act.

1154. The holder of an ambulance service permit in force on the day before the day of amalgamation is authorized to operate an ambulance service under that permit until the end of the permit's period of validity.

Santé Québec issues a document attesting that authorization.

1155. Any service contract or agreement entered into by an integrated health and social services centre before the day of the amalgamation under section 9, 25.1 or 38 of the Act respecting pre-hospital emergency services is deemed to have been entered into with Santé Québec as of that day.

1156. An information system designed or certification granted before the day of amalgamation by an integrated health and social services centre under the Act respecting pre-hospital emergency services, as it read on the day before the day of amalgamation, and that, under this Act, is under the responsibility of Santé Québec, is deemed, as of that day, to have been designed or granted by Santé Québec.

1157. The terms of office of the members of a health communication centre's board of directors end on the day of amalgamation.

1158. Unless the context indicates otherwise, in any document, a reference to the Corporation d'urgences-santé is a reference to Urgences-santé.

§2. — *Documents and acts attributable to the Minister*

1159. A sign provided by the Minister under the first paragraph of section 8 of the Act to prevent skin cancer caused by artificial tanning (chapter C-5.2), as it read on the date preceding the date of coming into force of section 784, and a certification notice issued by the Minister under section 20.3.1 of the Tobacco Control Act (chapter L-6.2), as it read on that same date, remain valid until they are provided or issued by Santé Québec.

1160. The directive made, before the day of amalgamation, under the fifth paragraph of section 72.8 of the Youth Protection Act (chapter P-34.1) remains in force until Santé Québec makes a new one.

1161. The terms of office of the members of the Comité de partenaires concernés par le soutien aux personnes proches aidantes and of the members of the Observatoire québécois de la proche aide, referred to in the first paragraph of sections 19 and 29, respectively, of the Act to recognize and support caregivers (chapter R-1.1), as they read on the day before the day of amalgamation, are continued until the members are reappointed or replaced in accordance with those provisions, amended, respectively, by sections 903 and 904 of this Act.

1162. An institution that, on the date preceding the date of coming into force of section 749 of this Act, was designated by the Minister in accordance with section 73 of the Funeral Operations Act (chapter A-5.02) is deemed to be so designated by Santé Québec as of the date of coming into force of section 749 of this Act.

1163. Any permit or licence issued or renewed by the Minister, before the date of coming into force of paragraph 1 of section 745 of this Act, under the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01), the Funeral Operations Act and the Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2) is deemed to have been issued or renewed by Santé Québec.

Any other decision made by the Minister under those Acts with respect to such a permit is deemed to have been made by Santé Québec.

Any application for a permit or for its renewal or modification that was submitted to the Minister under one of those Acts and is under examination by the Minister on the day before the date of coming into force of paragraph 1 of section 745 is deemed to have been submitted to Santé Québec, which continues the examination process.

DIVISION III

NATIONAL PROGRAM ON THE QUALITY OF SERVICES, INFORMATION MANAGEMENT, TARIFFS AND CONTINUITY OF REGULATIONS

1164. Section 107.1 of the Act respecting health services and social services (chapter S-4.2), as it read on the day before the day of amalgamation, applies to an institution referred to in section 323 of this Act until a national program on the quality of services is developed under section 65 of this Act.

All references made by section 107.1 of the Act respecting health services and social services to the other provisions of that Act are references to the corresponding provisions of this Act.

The second paragraph of section 142 of this Act applies to the representative of an accreditation body referred to in the second paragraph of section 183.4 of the Act respecting health services and social services in the exercise of the functions also referred to in that paragraph, as if the representative was a person responsible for assessing compliance with the national program on the quality of services.

1165. Section 333.4 of the Act respecting health services and social services, as it read on the day before the day of amalgamation, applies to the operator of a specialized medical centre referred to in section 509 of this Act until a national program on the quality of services has been developed under section 65 of this Act.

The reference made by section 333.4 of the Act respecting health services and social services to section 437 of that Act is a reference to section 481 of this Act.

1166. Section 1165 applies, with the necessary modifications, to a community organization referred to in section 531.

1167. As of the day of amalgamation, a service provider whose services were retained by the Minister before that day under section 520.3.0.1 of the Act respecting health services and social services, in particular to retain and manage, for each of the institutions referred to in section 185.1 of that Act, the information they collect under that section, is deemed to have been selected as a service provider by Santé Québec to retain and manage the information collected for the purpose of managing access to services. To that end, the agreement entered into between the Minister and the service provider before the day of amalgamation is deemed, as of that day, to have been entered into between the service provider and Santé Québec.

1168. Any resident within the meaning of the regulation made under paragraph *b* of section 8 of the Hospital Insurance Act (chapter A-28) who does not hold a health insurance card or eligibility card issued in accordance with the Health Insurance Act (chapter A-29) or any person who is not a resident within the meaning of that regulation and who, between (*insert the date that is three years before the date of assent to this Act*) and the date of coming into force of the first regulation made under section 2.2 of the Hospital Insurance Act, enacted by section 754 of this Act, obtained any of the health services or social services referred to in the circular entitled “Tarifs pour les services rendus en externe, prix de journée pour la courte et la longue durée ainsi que prix de journée pour la réadaptation, les nouveau-nés et les services aux jeunes” (French only) volume 03, chapter 01, subject 42, document 19, bearing file number 2019-021 and dated 29 April 2019, replaced by the circular with the same title and the same volume, chapter, subject and document numbers bearing file number 2020-021 and dated 3 April 2020, by the circular bearing file number 2021-021 and dated 3 May 2021 and by the circular bearing file number 2022-009 and dated 9 June 2022, must pay the fees set out in the circular for that service for the year concerned.

The sums paid under a circular referred to in the first paragraph between (*insert the date that is three years before the date of assent to this Act*) and the date of coming into force of the first regulation made under section 2.2 of the Hospital Insurance Act, enacted by section 754 of this Act, are deemed to have been paid under the first paragraph and belong to the Government.

1169. The provisions of the Regulation respecting the application of the Act respecting health services and social services for Cree Native persons (chapter S-5, r. 1) and the Organization and Management of Institutions Regulation (chapter S-5, r. 5) are, to the extent that they are compatible with this Act, applicable to the persons and groups governed by this Act, until a regulation pertaining to similar subject matter is made under this Act.

The same applies to any ministerial order or order in council made under a provision of the Act respecting health services and social services for Cree Native persons, until they are terminated or until new ministerial orders or orders in council pertaining to similar subject matter are made under this Act.

1170. The provisions of a regulation made under the Act respecting health services and social services are, to the extent that they are compatible with this Act, applicable to the persons and groups governed by this Act, until a regulation pertaining to similar subject matter is made under this Act.

The same applies to any ministerial order or order in council made under a provision of the Act respecting health services and social services, until they are terminated or until new ministerial orders or orders in council pertaining to similar subject matter are made under this Act.

TITLE II

MISCELLANEOUS AND FINAL PROVISIONS

1171. Despite the provisions of section 293 relating to the establishment of the advisory committee and its composition, an advisory committee is established to advise Santé Québec's board of directors on the administration of the health and social services provided in the facilities of the grouped institution Saint Brigid's–Jeffery Hale Hospital.

The committee is composed of the following nine members:

- (1) the director of the institution appointed under section 1172;
- (2) one person designated by and from among the physicians, dentists and pharmacists who have status and, where applicable, privileges allowing them to practise in the institution;
- (3) one person designated by and from among the nurses who exercise their functions in the institution's facilities;

(4) one person designated by and from among the persons, excluding physicians, dentists, pharmacists, nurses and nursing assistants, who hold a college or university diploma and exercise functions in the institution's facilities that are characteristic of the field of activity covered by the diploma and that are directly related to health services, social services, research or teaching;

(5) one person designated by and from among the members of the institution's users' committee;

(6) one person designated by the board of directors of the institution's foundations;

(7) one person designated by the institution's members; and

(8) two persons co-opted by the members referred to in subparagraphs 1 to 7, to ensure the representation of the English-speaking community in the local health and social services network territory in which the institution is situated.

1172. A director of the grouped institution Saint Brigid's–Jeffery Hale Hospital is appointed by Santé Québec's board of directors after consulting the advisory committee members referred to in subparagraphs 2 to 8 of the second paragraph of section 1171.

That director is responsible for, among other things, the operation of that grouped institution's facilities, under the authority of the president and executive officer of the territorial institution responsible for the local health and social services network territory in which the grouped institution is situated.

1173. In addition to the functions assigned to it by section 293, the advisory committee referred to in section 1171 exercises, with regard to the facilities of the grouped institution Saint Brigid's–Jeffery Hale Hospital, the following functions:

(1) seeing to it that Santé Québec's board of directors is informed of the English-speaking community's particular needs with respect to health and social services and recommending measures to the board to ensure that the services provided in the institution's facilities meet those needs;

(2) making recommendations to Santé Québec's board of directors on the institution's organization and operation;

(3) acting as liaison between Santé Québec, the grouped institution, its members and its foundation and the English-speaking community of the local health and social services network territory in which the institution is situated;

(4) making recommendations to Santé Québec's board of directors to ensure the continuity of the services provided in the English language in the institution's facilities, improve the quality of those services and facilitate their development;

(5) giving its opinion on the administrative, professional and scientific organization of the territorial institution responsible for the local health and social services network territory in which the grouped institution is situated; and

(6) assuming any other function entrusted to it by Santé Québec's board of directors.

1174. The members of a grouped institution may support a foundation whose purpose, as defined in its constituting act, is essentially to collect contributions made for the benefit of that institution in planning fundraising events, collecting contributions and working with the foundation in allocating the contributions collected in accordance with this Act.

1175. The employees of a grouped institution become, without further formality, employees of Santé Québec.

The employees identified by Santé Québec exercise their functions in the centres operated by the grouped institution. Those employees are selected in particular on the basis of their knowledge of a language other than French that is spoken by the users of the grouped institution recognized under section 29.1 of the Charter of the French language (chapter C-11).

1176. Before the date that is 18 months after the day of amalgamation, the Government may, by regulation, take any measure necessary or useful for carrying out this Act or effectively achieving its purpose. The Government may also make any consequential amendment to any regulation.

Despite sections 11 and 17 of the Regulations Act (chapter R-18.1), a regulation under the first paragraph may be made at the expiry of 15 days from the publication of the draft regulation in the *Gazette officielle du Québec* and comes into force on the date of its publication in the *Gazette officielle du Québec* or on any later date indicated in the regulation. Once published and if it so provides, it may apply from any date not prior to (*insert the date of assent to this Act*).

1177. This Act may be cited as the Act respecting the governance of the health and social services system.

1178. This Act replaces the Act respecting health services and social services (chapter S-4.2), except to the extent that the latter applies to the territories referred to in sections 530.1 and 530.89.

1179. The Minister of Health and Social Services is responsible for the administration of this Act.

1180. The provisions of this Act come into force on the date that is six months after the date set by the Government, except

(1) sections 754, 1017, 1072, 1130, 1168 and 1176, which come into force on *(insert the date of assent to this Act)*;

(2) sections 20 to 22, 25, 26, 29, 30 to 36, 41, 43 to 61, 82, 83 except “for the Inuit and Naskapi”, 84 to 91, 99 to 105, 1071, 1073 to 1084 and 1086, which come into force on the date on which the first president and chief executive officer of Santé Québec is appointed under section 3.3 of the Act respecting the governance of state-owned enterprises (chapter G-1.02); and

(3) the provisions of sections 102, 308 to 314, 745, 748, 749, 784 to 786, 790, 814 to 817, 819, 831 to 833, 837 to 841, 853, 854 and 1070, which come into force on the date or dates to be set by the Government.

SCHEDULE I
(Sections 169, 257, 269, 278, 636)

OATH

I declare under oath that I will fulfill the duties of my office with honesty, impartiality and justice. I further declare under oath that I will not reveal or disclose, unless authorized by law, any confidential information that may come to my knowledge in the exercise of my functions.

SCHEDULE II
(Section 282)

- (1) HÔPITAL JEFFERY HALE – SAINT BRIGID’S;
- (2) CENTRE DE RÉADAPTATION EN DÉFICIENCE INTELLECTUELLE ET EN TROUBLES ENVAHISSANTS DU DÉVELOPPEMENT DE L’ESTRIE;
- (3) CENTRE DE SANTÉ ET DE SERVICES SOCIAUX – INSTITUT UNIVERSITAIRE DE GÉRIATRIE DE SHERBROOKE;
- (4) INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE DOUGLAS;
- (5) CENTRE DE SOINS PROLONGÉS GRACE DART;
- (6) CENTRE HOSPITALIER DE ST. MARY;
- (7) L’HÔPITAL GÉNÉRAL JUIF SIR MORTIMER B. DAVIS;
- (8) CENTRE MIRIAM;
- (9) CHSLD JUIF DE MONTRÉAL;
- (10) HÔPITAL MONT-SINAÏ;
- (11) LA CORPORATION DU CENTRE HOSPITALIER GÉRIATRIQUE MAIMONIDES;
- (12) CENTRE DE RÉADAPTATION LETHBRIDGE-LAYTON-MACKAY;
- (13) L’HÔPITAL CHINOIS DE MONTRÉAL (1963);
- (14) HÔPITAL SANTA CABRINI;
- (15) HÔPITAL JUIF DE RÉADAPTATION;
- (16) LA RÉSIDENCE DE LACHUTE;
- (17) CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DU HAUT-SAINT-LAURENT.

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