

**HEALTH INSURANCE ACT****DIVISION I****INTRODUCTION**

**1.** In this Act, unless the context indicates a different meaning, the following expressions and words mean or designate:

(a) “insured services” : the services, medications, devices or other equipment that compensate for a physical deficiency, visual or hearing aids and communication devices contemplated in section 3;

(b) “professional in the field of health” or “professional” : a physician, dentist, optometrist or pharmacist legally authorized to furnish insured services;

(c) “professional subject to the application of an agreement” : a professional who practises his profession within the scope of the plan established by this Act, is remunerated in accordance with the tariff provided in an agreement and the amount of whose fees, which include the price of medications in the case of a pharmacist, is paid to him directly by the Board where the insured person has presented his health insurance card or claim booklet, as the case may be, or directly by the insured person where he did not present his health insurance card or claim booklet, as the case may be;

(d) “professional who has withdrawn” : a professional, other than a pharmacist, who practises his profession outside the scope of the plan established by this Act but agrees to be remunerated in accordance with the tariff provided in an agreement, and the amount of whose fees is paid to his patients by the Board;

(e) “non-participating professional” : a professional who practises his profession outside the scope of the plan established by this Act but does not agree to be remunerated in accordance with the tariff provided in an agreement or who is the subject of an order issued pursuant to section 77, 77.0.1 or 77.1.1, and all of whose patients alone assume payment of the fees which include the price of medications in the case of a pharmacist;

(f) “agreement” : an agreement made under section 19;

(f.1) “basic remuneration” means the basic tariff provided for in an agreement referred to in section 19 in respect of the remuneration by the act of insured services before the carrying out of the rules governing the placing of a ceiling on activities;

(g) *(subparagraph repealed)*;

(g.1) “insured person” : a resident or temporary resident of Québec who is duly registered with the Board;

(h) “similar plan” : a medical care insurance plan in force during a year in any province of Canada and respecting which a contribution is payable for that year by the federal government under the Canada Health Act (Revised Statutes of Canada, 1985, chapter C-6);

(i) “Board” : the Régie de l'assurance maladie du Québec established by the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#));

(j) “prescribed” : prescribed by regulation;

(k) “regulation” : a regulation made in accordance with section 69, 69.2 or 72;

(l) “scholarship” : a scholarship contemplated in Division XI;

- (m) “research scholarship” : a scholarship contemplated in Division XII;
- (n) “hospital centre” : a hospital centre within the meaning of the Act respecting health services and social services ([chapter S-4.2](#)) or within the meaning of the Act respecting health services and social services for Cree Native persons ([chapter S-5](#));
- (o) “institution” : an institution governed by the Act respecting health services and social services or by the Act respecting health services and social services for Cree Native persons;
- (p) “laboratory” : a laboratory as defined by the Act respecting medical laboratories, organ and tissue conservation and the disposal of human bodies ([chapter L-0.2](#));
- (p.1) “dispenser” : any person who provides an insured service referred to in the fifth, sixth, seventh or eighth paragraph of section 3 and may exact from an insured person or from the Board, as the case may be, the cost determined by regulation for such a service;
- (q) “Minister” : the Minister of Health and Social Services;
- (r) “incentive premium” : an incentive premium contemplated in Division IX.1;
- (s) *(subparagraph repealed)*;
- (t) *(subparagraph repealed)*.

In this Act, the word “province” includes the Yukon Territory, the Northwest Territories and Nunavut.

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1970, c. 37, s. 1; 1970, c. 38, s. 1; 1971, c. 47, s. 1; 1973, c. 30, s. 1; 1973, c. 49, s. 45; 1974, c. 40, s. 1; 1977, c. 5, s. 14; 1977, c. 44, s. 1; 1979, c. 1, s. 1; 1985, c. 23, s. 24; 1986, c. 79, s. 1; 1989, c. 50, s. 1; 1991, c. 42, s. 556; 1992, c. 21, s. 100; 1994, c. 8, s. 1; 1994, c. 23, s. 23; 1996, c. 32, s. 88; 1999, c. 89, s. 1, s. 42; 2001, c. 60, s. 166; 2009, c. 30, s. 58; 2016, c. 28, s. 1.

**1.1.** For the purposes of sections 10, 11 and 64, the cost of insured services shall be the amount fixed by the Board according to the basic remuneration, within the meaning of subparagraph *f.1* of the first paragraph of section 1, for such services, as applicable at the time a health professional provides an insured service to an insured person without taking into account any amendment to the remuneration, subsequent to that time.

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1991, c. 42, s. 557; 1999, c. 89, s. 42.

**2.** Subject to any other applicable legislative provision, nothing in this Act shall restrict the freedom of a resident of Québec to choose the professional by whom he wishes to be treated, or that of such a professional to agree or refuse to treat such a person.

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1970, c. 37, s. 2.

**3.** The cost of the following services rendered by a professional in the field of health are assumed by the Board on behalf of every insured person, in accordance with this Act and the regulations:

- (a) all services rendered by physicians that are medically required;
- (b) the services of oral surgery determined by regulation and required by dentistry and rendered by a dentist in a centre operated by a university establishment or in a facility maintained by an institution operating a hospital centre, provided, however, that if rendered in Québec they are rendered in a centre operated by a university establishment determined by regulation or in a facility maintained by an institution operating a hospital centre by a dentist authorized to practise in that centre;
- (c) the services determined by regulation and required by optometry and rendered by optometrists in the practice of optometry within the meaning of the Optometry Act ([chapter O-](#)

[Z](#)); however, the cost of such services shall be assumed by the Board only on behalf of a insured person whose age is that fixed for that purpose by regulation or who holds a valid claim booklet issued pursuant to section 71 or 71.1;

- (d) family planning services determined by regulation and furnished by a physician;
- (e) artificial insemination services rendered by a physician; and
- (f) fertility preservation services determined by regulation and rendered by a physician.

The cost of services determined by regulation and required by dentistry and rendered by dentists are also assumed by the Board in accordance with this Act and the regulations on behalf of every insured person according to his age and according as to whether or not he holds a valid claim booklet issued pursuant to section 71.1.

The Board also assumes, in accordance with the provisions of this Act and the regulations and subject to the Act respecting prescription drug insurance ([chapter A-29.01](#)), the cost of the services determined by regulation that are required for pharmaceutical reasons and furnished by pharmacists, the cost of medications furnished by pharmacists on the prescription of a physician, a resident in medicine, a dentist, a midwife or another professional authorized by law or a regulation under subparagraph *b* of the first paragraph of section 19 of the Medical Act ([chapter M-9](#)) and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance, on behalf of every insured person who is an eligible person within the meaning of that Act and who

- (a) is 65 years of age or over and is not a member of a group insurance contract or employee benefit plan applicable to a group with private coverage within the meaning of section 15.1 of the Act respecting prescription drug insurance that includes basic plan coverage, and is not a beneficiary under such a plan, or
- (b) holds a valid claim booklet issued under section 70, or
- (c) is not required to become a member of a group insurance contract or employee benefit plan referred to in paragraph *a* and in whose respect no person is required, in accordance with section 18 of the said Act, to ensure coverage as a beneficiary under such a contract or plan.

The Board also assumes, in accordance with the provisions of this Act and the regulations and subject to the Act respecting prescription drug insurance, the cost of the services determined by regulation that are required by pharmacy and furnished by pharmacists, the cost of medications furnished by pharmacists on the prescription of a physician, a resident in medicine, a dentist, a midwife or another professional authorized by law or a regulation under subparagraph *b* of the first paragraph of section 19 of the Medical Act and, where applicable, the cost of medications provided as part of the services provided by an institution in accordance with the third paragraph of section 8 of the Act respecting prescription drug insurance, to every insured person who is an eligible person within the meaning of that Act and who holds a valid claim booklet issued under section 71.

The Board assumes, on behalf of every insured person whose age is that fixed for such purpose by regulation, the cost of the services determined by regulation and of the devices or other equipment, determined by regulation, that compensate for a physical deficiency.

The Board reimburses to an institution recognized for that purpose by the Minister the cost of the services determined by regulation provided by the institution and of the visual aids, determined by regulation, lent by the institution to an insured person who has a visual deficiency and whose age is that fixed for such purpose by regulation.

The Board assumes, on behalf of every insured person whose age is that fixed for such purpose by regulation the cost of the services determined by regulation and of the hearing aids, determined by regulation, that compensate for a hearing deficiency.

The Board reimburses to an institution recognized for that purpose by the Minister the cost of the services determined by regulation provided by the institution and of the communication devices, determined by regulation, lent by the institution to an insured person with a communication-related physical deficiency and whose age is that fixed for such purpose by regulation.

The cases and conditions in and on which the Board assumes or reimburses the cost of the insured services referred to in the fifth, sixth, seventh and eighth paragraphs and in and on which the services are furnished are determined by government regulation, as are the physical, hearing, visual and communication-related deficiencies. The sets or subsets of devices, equipment or aids that compensate for such deficiencies are enumerated in the regulation.

Insured devices, equipment and aids are determined in a regulation made by the Board pursuant to section 72.1 on the basis of the enumeration provided for in the ninth paragraph.

### ***Not in force***

The Board shall publish the list of institutions recognized by the Minister for the purposes of the sixth and eighth paragraphs and each update thereof in the *Gazette officielle du Québec*, which will come into force on the date they are published or on any date fixed therein.

However, such services, medications, devices or other equipment that compensate for a physical deficiency, visual or hearing aids or communication devices do not include those which a person may obtain and is entitled to under another statute of Québec, an Act of the Parliament of Canada other than the Canada Health Act (Revised Statutes of Canada, 1985, chapter C-6) or a statute of another province of Canada or another country.

However, the services contemplated in the first paragraph to which a person is entitled under the Act respecting health services and social services ([chapter S-4.2](#)), the Act respecting health services and social services for Cree Native persons ([chapter S-5](#)), the Hospital Insurance Act ([chapter A-28](#)) and the Act respecting prescription drug insurance or which are rendered pursuant to the Act respecting occupational health and safety ([chapter S-2.1](#)) remain insured services under this Act.

The Board also assumes the cost of the services rendered by a professional in the field of health pursuant to the Workers' Compensation Act ([chapter A-3](#)) or to the Act respecting industrial accidents and occupational diseases ([chapter A-3.001](#)), including those rendered by a member of the Bureau d'évaluation médicale or a member of an occupational lung diseases committee or a special committee acting under Chapter VI of the latter Act, except the services rendered by a professional in the field of health at the employer's request.

The Board also assumes, in accordance with the provisions of the Act and the regulations, the cost of services rendered by a health professional in the discharge of activities or administrative tasks determined by a regulation made under section 69.

The Board also assumes the cost of services and goods provided under the programs it administers by virtue of the first paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#)) according to the conditions and methods provided for under those programs.

A service provided by a physician who is in a period of training in family medicine or to obtain a specialist's certificate for the first time is not an insured service unless it is provided in a facility maintained by an institution other than the facility where the physician undergoes the



training or for the Corporation d'urgences-santé. Where he furnishes a service that is not an insured service within the meaning of this section to a person residing in Québec, he must inform that person, in the cases and form prescribed, that the service is not an insured service.

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1970, c. 37, s. 3; 1970, c. 38, s. 2; 1971, c. 47, s. 2; 1971, c. 48, s. 160, s. 161; 1973, c. 30, s. 2; 1973, c. 49, s. 45; 1973, c. 52, s. 31; 1974, c. 40, s. 2; 1975, c. 60, s. 1; 1977, c. 44, s. 2; 1979, c. 1, s. 2; 1979, c. 63, s. 273; 1981, c. 22, s. 1; 1985, c. 6, s. 488; 1986, c. 79, s. 2; 1989, c. 50, s. 2; 1991, c. 42, s. 558; 1992, c. 19, s. 1; 1992, c. 21, s. 101; 1985, c. 23, s. 1; 1992, c. 21, s. 101, s. 375; 1992, c. 11, s. 77; 1994, c. 8, s. 2; 1994, c. 23, s. 23; 1996, c. 32, s. 89; 1999, c. 24, s. 14; 1999, c. 89, s. 2, s. 42; 2002, c. 69, s. 122; 2002, c. 33, s. 8; 2005, c. 40, s. 32; 2009, c. 45, s. 1; 2009, c. 30, s. 46; 2011, c. 37, s. 4; 2015, c. 25, s. 15.

**3.1.** The Board may make, with a supplier of devices or other equipment that compensate for a physical deficiency, visual or hearing aids or communication devices, which are referred to in section 3, a contract in order to establish the terms and conditions of supply to dispensers of services the cost of which is to be assumed or reimbursed by the Board.

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1989, c. 50, s. 3; 1994, c. 8, s. 3; 1999, c. 89, s. 3; 2007, c. 21, s. 21.

**4.** *(Repealed).*

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1971, c. 47, s. 3; 1974, c. 40, s. 3; 1977, c. 5, s. 14; 1979, c. 1, s. 3; 1981, c. 22, s. 2; 1984, c. 27, s. 41; 1985, c. 23, s. 2; 1996, c. 32, s. 90.

**4.1.** *(Repealed).*

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1985, c. 23, s. 2; 1996, c. 32, s. 90.

**4.2.** *(Repealed).*

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1985, c. 23, s. 2; 1992, c. 21, s. 102; 1996, c. 32, s. 90.

**4.3.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**4.4.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**4.5.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**4.6.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**4.7.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**4.8.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**4.9.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**4.10.** *(Repealed).*

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1992, c. 21, s. 103; 1996, c. 32, s. 90.

**DIVISION II**  
**INSURED PERSONS**

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1999, c. 89, s. 42.

**5.** For the purposes of this Act, a resident of Québec means a person domiciled in Québec who meets the conditions prescribed by regulation and who is

- (1) a Canadian citizen;
- (2) a permanent resident within the meaning of the Immigration and Refugee Protection Act (Statutes of Canada, 2001, chapter 27);
- (3) an Indian who is registered as an Indian pursuant to the Indian Act (Revised Statutes of Canada, 1985, chapter I-5);
- (4) a person having been granted refugee status, within the meaning of the Geneva Convention, in Canada, by a competent authority; or
- (5) a person belonging to any other class of persons determined by regulation.

However, an unemancipated minor who is not already domiciled in Québec for the purposes of article 80 of the Civil Code is considered to be domiciled in Québec, if the minor has settled in Québec.

A person becomes a resident of Québec at the time and subject to the conditions determined by regulation, and ceases to be a resident of Québec at the time and subject to the conditions determined by regulation.

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1970, c. 37, s. 4; 1971, c. 47, s. 4; 1973, c. 30, s. 3; 1977, c. 44, s. 3; 1979, c. 1, s. 4; 1989, c. 50, s. 4; 1999, c. 89, s. 4.

**5.0.1.** For the purposes of this Act, a temporary resident of Québec means any person who meets the conditions determined by regulation, in the cases and at the time determined by regulation.

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1999, c. 89, s. 4.

**5.0.2.** A person loses the status of temporary resident of Québec at the time and subject to the conditions determined by regulation.

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1999, c. 89, s. 4.

**5.1.** A resident or temporary resident of Québec who is absent in cases, on conditions and in circumstances prescribed by regulation shall retain his status as a resident or temporary resident of Québec for the period fixed in the regulation.

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1989, c. 50, s. 5; 1999, c. 89, s. 5.

**6.** Every person who leaves Québec to settle in a province of Canada where there is a similar plan shall continue to be a resident of Québec for the period determined by regulation.

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1970, c. 37, s. 5; 1971, c. 47, s. 5; 1989, c. 50, s. 6.

**7.** A person who leaves Québec to settle in another country ceases, from his departure, to be a resident of Québec.

A person who possesses the legal status of permanent resident of a country other than Canada is presumed not to be domiciled in Québec unless the person shows to the Board that he is domiciled in Québec and files an affidavit to that effect with the Board using the form provided by the Board.

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1970, c. 37, s. 6; 1971, c. 47, s. 6; 1979, c. 1, s. 5; 1989, c. 50, s. 7; 1999, c. 89, s. 6; I.N. 2016-01-01 (NCCP); 2016, c. 28, s. 2.

**8.** A person who settles in Québec after having left a province where there is a similar plan shall become a resident of Québec when he ceases to be entitled to the benefits of such plan.

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1970, c. 37, s. 7; 1971, c. 47, s. 7.

**9.** Every person who is a resident or temporary resident of Québec must register with the Board in accordance with the regulations.

The information and documents prescribed by regulation shall accompany every application for registration.

The Board shall issue a health insurance card to every person so registered. The card is valid for the length of time provided for by regulation. To obtain a new card a person must again register with the Board.

Every health insurance card is the property of the Board and its holder must return it to the Board and cease to present it to obtain insured services if he is no longer a resident or temporary resident of Québec.

The Board may address a notice to a holder informing him whether or not he is a resident or temporary resident of Québec.

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1970, c. 37, s. 8; 1974, c. 40, s. 4; 1979, c. 1, s. 6; 1989, c. 50, s. 8; 1991, c. 42, s. 559; 1999, c. 89, s. 42; 1999, c. 89, s. 7; 2005, c. 32, s. 236; 2012, c. 23, s. 142.

**9.0.0.1.** No person may be required to produce a health insurance card or eligibility card except for purposes relating to the dispensing of services or the provision of goods or resources in the field of health or social services where all or part of the cost of those services, goods or resources is assumed, directly or indirectly, by the Government pursuant to an Act for the administration of which the Minister of Health and Social Services is responsible.

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1992, c. 21, s. 104; 1999, c. 89, s. 42.

**9.0.1.** Every person contemplated in subparagraph 2 of the first paragraph of section 10 or in section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux ([chapter M-19.2](#)) who benefits from all or part of the services provided for by this Act must register with the Board in accordance with the regulations.

The information and documents prescribed by regulation shall accompany every application for registration.

The Board shall issue an eligibility card to a person so registered, entitling him to all or part of the said services. The card is valid for the time provided for by regulation. To obtain a new card, a person must again register with the Board.

The eligibility card is the property of the Board and its holder must return it to the Board and cease to present it if he no longer comes under subparagraph 2 of the first paragraph of

section 10 or under section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux. He must do likewise if he no longer benefits from all or part of the services provided for.

The Board may send a notice to a holder indicating whether or not subparagraph 2 of the first paragraph of section 10 or section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux applies to him, or whether or not he benefits from all or part of the services provided for.

Section 22.0.1 applies, with the necessary modifications, to that holder.

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1989, c. 50, s. 9; 1991, c. 42, s. 560; 2005, c. 32, s. 237; 2012, c. 23, s. 143.

**9.0.1.1. (Repealed).**

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2005, c. 32, s. 238; 2012, c. 23, s. 144.

**9.0.1.2. (Repealed).**

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2005, c. 32, s. 238; 2012, c. 23, s. 144.

**9.0.1.3. (Repealed).**

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2008, c. 8, s. 17; 2012, c. 23, s. 175.

**9.0.2.** The Board may, in particular, refuse to issue a health insurance card or an eligibility card to a person applying for registration with the Board or applying for a renewal of registration where that person is already a debtor of the Board in respect of the cost of an insured service paid for him by the Board or in respect of costs exigible by the Board.

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1992, c. 21, s. 105; 1994, c. 8, s. 4; 1999, c. 89, s. 42.

**9.0.3.** The health insurance card and the eligibility card shall include a photograph of the insured person that complies with the standards prescribed by regulation, and his signature.

However, the Board may issue a health insurance card or eligibility card without the insured person's photograph or signature, in the cases and circumstances and on the conditions determined by regulation or where the insured person resides in any of the places mentioned on the list prepared by the Minister.

The Board shall publish the list and every update thereof in the *Gazette officielle du Québec*, which come into force on the date they are published in the *Gazette officielle du Québec* or on any date fixed therein.

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1992, c. 21, s. 105; 1994, c. 8, s. 5; 1999, c. 89, s. 42.

**9.0.4.** Every application for registration, for renewal of registration or for the replacement of a health insurance card or eligibility card must be authenticated in accordance with the regulations, with the exception of applications for which the Board issues a health insurance card or an eligibility card that does not include the insured person's photograph and signature.

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1992, c. 21, s. 105; 1999, c. 89, s. 42.

**9.0.5. (Replaced).**

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2006, c. 11, s. 1; 2010, c. 38, s. 9.

**9.1.** In no case may a insured person or a person contemplated in section 9.0.1 entrust, lend, give or sell his health insurance card or eligibility card to, or otherwise alienate it in

favour of, a third person, and no person may require or accept that an insured person or any such person entrust, lend, give or sell his card to him or that it be otherwise alienated in his favour.

However, every insured person or person contemplated in section 9.0.1 may entrust his health insurance card or eligibility card to an institution, and an institution may require or receive that card.

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1979, c. 1, s. 6; 1989, c. 50, s. 10; 1992, c. 21, s. 375; 1999, c. 89, s. 42.

**9.1.1.** No person may, for the purpose of obtaining or receiving a service under this Act, the regulations or a plan or program administered by the Board, have in his possession a health insurance card or eligibility card that does not correspond to his true identity.

Every person who contravenes a provision of this section is liable to a fine of \$500 to \$5,000.

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1999, c. 89, s. 8; 2016, c. 28, s. 3.

**9.2.** Every person who registers with the Board without being entitled thereto or knowingly assists or encourages another person to register with the Board whereas that person is not entitled thereto, or infringes section 9.1, is guilty of an offence and is liable to a fine of not less than \$500 nor more than \$5,000.

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1979, c. 1, s. 6; 1990, c. 4, s. 76; 2016, c. 28, s. 4.

**9.3.** Any person who, knowingly, gives false or misleading information in or in respect of an application for registration with the Board is guilty of an offence and is liable to a fine of not less than \$500 nor more than \$5,000.

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1979, c. 1, s. 6; 1990, c. 4, s. 76; 2016, c. 28, s. 4.

**9.4.** The following persons are guilty of an offence and are liable to a fine of not less than \$500 nor more than \$5,000:

(a) any person who neglects or refuses to return to the Board his health insurance card or who presents it to obtain insured services when he is no longer a resident or temporary resident of Québec;

(b) any person who neglects or refuses to return to the Board his eligibility card or who presents it to obtain insured services when he no longer comes under subparagraph 2 of the first paragraph of section 10 or under section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux ([chapter M-19.2](#)) or when he no longer benefits from all or part of the services provided for.

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1991, c. 42, s. 561; 1999, c. 89, s. 42; 1999, c. 89, s. 9; 2016, c. 28, s. 4.

**9.5.** No person may enter on a health insurance card information other than that determined by regulation, or affix to a health insurance card a substance or object not authorized by the Board.

Every person who contravenes this section is guilty of an offence and is liable to a fine of \$250 to \$2,500, and, for any subsequent offence, to a fine of \$500 to \$5,000.

Every person who performs or fails to perform an act with a view to assisting a person in the commission of an offence under this section or who advises, encourages or incites him to commit an offence is guilty of an offence and is liable to the same penalty as that person.

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1991, c. 42, s. 561; 1999, c. 89, s. 42; 2016, c. 28, s. 5.



**Not in force**

**9.6.** The Board may, directly or through a person it designates, recover any health insurance card or eligibility card that a person not entitled thereto has in his possession and has failed or refused to return.

A health insurance card or eligibility card may be recovered for the following reasons:

- (1) the person is not a resident or temporary resident of Québec;
- (2) the person is not a person referred to in subparagraph 2 of the first paragraph of section 10 or section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux ([chapter M-19.2](#)).

A card may not be recovered before the time allowed for applying for a review of the decision under section 18.1 or, as the case may be, for contesting the Board's decision before the Administrative Tribunal of Québec, has expired.

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1999, c. 89, s. 10.

**9.7.** A person must reimburse the Board for any amount paid or reimbursed by the Board under this Act on the person's behalf or on behalf of a spouse or child for whom the person is required by law to obtain insurance coverage, if the person, spouse or child received insured services without being entitled to them because the person, spouse or child

- (1) was registered with the Board without entitlement;
- (2) had ceased to be a resident or temporary resident of Québec;
- (3) had ceased to be an eligible person under a program administered by the Board pursuant to section 2 of the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#)) or a person referred to in subparagraph 2 of the first paragraph of section 10 or section 10.1 of the Act respecting the Ministère de la Santé et des Services sociaux ([chapter M-19.2](#));
- (4) received insured services as a result of the use of a health insurance card or eligibility card that was entrusted, lent, given, sold or otherwise alienated contrary to the first paragraph of section 9.1 or that does not correspond to the person's, spouse's or child's true identity.

A person must also reimburse the Board, solidarily with the person who received insured services without being entitled to them,

- (1) if the person, contrary to the first paragraph of section 9.1, entrusted, lent, gave, sold or otherwise alienated the person's card;
- (2) if the person, contrary to section 9.2, assisted or encouraged the person who received insured services to register with the Board although that person was not entitled to do so.

The recovery of amounts unduly paid is prescribed five years after the insured services are received. In the case of a false declaration, recovery is prescribed five years after the date on which the Board becomes aware of a person's ineligibility for such services, but not later than 10 years after the services are received.

However, prescription is suspended where the person or any other person referred to in the second paragraph applies for a review of the Board's decision under section 18.1 or contests the Board's decision before the Administrative Tribunal of Québec under section 18.4, until a final decision is rendered.

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1999, c. 89, s. 10; 2005, c. 40, s. 33; 2016, c. 28, s. 6.

**9.8.** The Board puts a debtor in default by giving the debtor notice of the decision stating the amount of the debt and the reasons for which the debt is due, and indicating that the debtor has the right to apply for a review under section 18.1.

The decision must also contain information on the recovery procedure and, in particular, on the issue of the certificate referred to in section 18.3.1 and its effects.

The decision interrupts prescription.

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2005, c. 40, s. 34.

**10.** An insured person is entitled to exact from the Board the reimbursement of the cost of the insured services furnished to him outside Québec by a professional in the field of health, except the pharmaceutical services and medications referred to in the third and fourth paragraphs of section 3, provided that he delivers to the Board, on request, the receipts for the fees paid by him, and furnishes it with the information the Board needs to justify the payment claimed.

Notwithstanding the first paragraph, the cost of filling or renewing a prescription and the cost of the medications provided to an eligible person, within the meaning of the Act respecting prescription drug insurance ([chapter A-29.01](#)), outside Québec by a person legally authorized to practise as a pharmacist in the place concerned and with whom the Board has entered into an individual agreement for that purpose, may be reimbursed if the services and medications are furnished in a pharmacy situated in a region bordering on Québec and if no pharmacy situated, in Québec, within a radius of 32 kilometres of that pharmacy provides services to the public.

### ***Not in force***

The same applies to the cost of medications provided, outside Québec, to an eligible person within the meaning of the Act respecting prescription drug insurance, as part of the services provided by an institution, in accordance with the third paragraph of section 8 of that Act.

However, the person shall only be entitled to claim the lesser of the amount actually paid for the services and the amount established by the Board for such services paid in Québec.

Notwithstanding the fourth paragraph, an insured person may exact the amount actually paid for medical services in the cases and on the conditions fixed by regulation.

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1970, c. 37, s. 9; 1979, c. 1, s. 7; 1989, c. 50, s. 11; 1996, c. 32, s. 91; 1999, c. 89, s. 11, s. 42.

**11.** The Board itself may also assume, on behalf of any insured person, payment of the cost of the services contemplated in section 10 upon presentation of a statement of fees and after having obtained the information it needs to justify the payment claimed.

Nevertheless, it shall not so pay an amount higher than that which it would have paid upon presentation of a receipt for fees under section 10.

Notwithstanding the second paragraph, it may assume payment of the amount claimed for medical services in the cases and on the conditions fixed by regulation.

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1970, c. 37, s. 10; 1979, c. 1, s. 8; 1989, c. 50, s. 12; 1999, c. 89, s. 42.

**12.** An insured person is also entitled to exact from the Board payment of the cost of the insured services furnished to him in Québec by a professional who has withdrawn or by a professional contemplated in section 30, upon presentation of a fee statement form provided for that purpose by the Board, provided that the Board has obtained from such insured

person or from the professional concerned the information it needs to justify the payment claimed.

He is not entitled to exact more than the amount which would have been paid by the Board for such services to a professional who is subject to the application of an agreement.

The Board must, when considering a statement of fees submitted under this section, apply all rules relating to remuneration provided for under the relevant agreement as if payment were made directly to the professional in the field of health.

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1970, c. 38, s. 3; 1979, c. 1, s. 9; 1989, c. 50, s. 13; 1991, c. 42, s. 562; 1999, c. 89, s. 42; 2007, c. 21, s. 22; 2016, c. 28, s. 37.

**13.** An insured person is also entitled to exact from the Board payment of the cost determined by regulation for services and for devices or other equipment that compensate for a physical deficiency contemplated in the fifth, ninth and tenth paragraphs of section 3 furnished to him in Québec, by an institution or laboratory or by a person contemplated in subparagraph *h.3* of the first paragraph of section 69 or furnished to him outside Québec by an institution or laboratory recognized by the Minister, or by a person contemplated in subparagraph *h.3* of the first paragraph of section 69, on presentation of a statement of account the form of which is accepted by the Board, provided that the Board has obtained from such insured person the information it needs to justify the payment claimed.

Such insured person is not entitled to exact more than the cost determined by regulation for an insured service contemplated in the fifth, ninth and tenth paragraphs of section 3.

The Board itself may also assume for the account of an insured person, up to the costs determined by regulation, the payment of the cost of the services contemplated in the first paragraph. It shall do so however only if such insured person presents a statement of account and furnishes the appropriate information to it.

An institution, a laboratory or a person referred to in subparagraph *h.3* of the first paragraph of section 69 that furnishes an insured service contemplated in the fifth, ninth and tenth paragraphs of section 3 shall be paid only for what it has actually executed and only up to the costs determined by regulation.

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1973, c. 30, s. 4; 1974, c. 40, s. 5; 1979, c. 1, s. 10; 1989, c. 50, s. 14; 1990, c. 56, s. 1; 1992, c. 21, s. 375; 1994, c. 8, s. 6; 1999, c. 89, s. 12, s. 42; 2016, c. 28, s. 37.

**13.1.** An insured person who has not presented his health insurance card, claim booklet or eligibility card, as the case may be, to a professional in the field of health who is subject to the application of an agreement, is also entitled to exact from the Board the reimbursement or the payment of the cost of insured services on presentation of a fee statement form provided for that purpose by the Board, provided that the Board has obtained from such insured person or from the professional concerned the information it needs to justify the payment claimed.

He is not entitled to exact more than the amount which would have been paid by the Board for such services to a professional who is subject to the application of an agreement.

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1979, c. 1, s. 11; 1989, c. 50, s. 15; 1999, c. 89, s. 13, s. 42; 2007, c. 21, s. 23; 2016, c. 28, s. 37.

**13.2.** Only an institution contemplated in the sixth paragraph of section 3 is entitled to exact from the Board, up to the costs determined by regulation, the reimbursement, pursuant to the sixth, ninth and tenth paragraphs of section 3, of the cost of services provided and visual aids lent by the institution to an insured person having a visual deficiency, on presentation of a statement of account the form of which is accepted by the Board, provided that the Board has obtained from that institution the information it needs to justify the payment claimed.

It shall not exact or receive for such aids any payment other than that which is payable to it by the Board.

It shall not exact any payment for a visual aid that has already been lent to and recovered, except the payment of the cost of repairs.

It shall not exact any payment for the cost of repairs to a visual aid where such cost is payable under the warranty offered by the manufacturer.

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1979, c. 1, s. 11; 1989, c. 50, s. 16; 1992, c. 21, s. 375; 1999, c. 89, s. 14; 2016, c. 28, s. 37.

**13.2.1.** An insured person having a hearing deficiency is entitled to claim from the Board the payment of the cost determined by regulation for the services and hearing aids referred to in the seventh paragraph of section 3 that have been provided to him in accordance with the conditions prescribed by regulation, on presentation of an application for reimbursement the form of which is accepted by the Board, provided that the Board has obtained from the insured person the information it needs to justify the payment claimed.

The insured person is not entitled to claim payment in excess of the cost determined by regulation for such a service, or in excess of the amount already paid by the insured person.

The Board may assume, on behalf of such an insured person up to the amount determined by regulation, the payment of the cost of an insured service referred to in the first paragraph. It shall only do so if the insured person presents an application for payment the form of which is accepted by the Board and furnishes the Board with the appropriate information.

The provider of such a service may be paid only for the service actually performed and only up to the amount determined by regulation.

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1999, c. 89, s. 15; 2016, c. 28, s. 37.

**13.3.** The professional contemplated in sections 12 and 13.1, must fill out the fee statement form provided for that purpose by the Board and remit it to the insured person.

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1979, c. 1, s. 11; 1989, c. 50, s. 17; 1999, c. 89, s. 42; 2007, c. 21, s. 24; 2016, c. 28, s. 37.

**13.4.** Every device or other equipment that compensates for a physical deficiency, and every visual aid, hearing aid and communication device referred to in section 3 and furnished to an insured person, shall be untransferable and unseizable.

Every such device or piece of equipment that compensates for a physical deficiency and every such hearing aid no longer used by an insured person shall become the property of the Board and may or shall be recovered in accordance with the standards prescribed by regulation.

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1994, c. 8, s. 8; 1999, c. 89, s. 42; 1999, c. 89, s. 16.

**14.** An insured person is not entitled to exact from the Board the payment or, as the case may be, reimbursement of the cost of any service furnished by a professional in the field of health except in accordance with sections 10, 11, 12, 13.1 and 22.0.1.

He is not entitled to exact from the Board payment of the cost of any insured service contemplated in the fifth paragraph of section 3, except in accordance with section 13.

An institution contemplated in the sixth paragraph of section 3 is not entitled to exact from the Board the reimbursement of the cost of any insured service referred to in the sixth paragraph of section 3, except in accordance with section 13.2.

An insured person with a hearing deficiency is not entitled to claim from the Board the payment of the cost of an insured service referred to in the seventh paragraph of section 3, except in accordance with section 13.2.1.

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1970, c. 37, s. 11; 1970, c. 38, s. 4; 1973, c. 30, s. 5; 1979, c. 1, s. 12; 1989, c. 50, s. 18; 1992, c. 21, s. 375; 1994, c. 8, s. 9; 1999, c. 89, s. 17, s. 42.

**14.1.** A person who is a resident or temporary resident of Québec who receives any insured service while not being duly registered with the Board may exact the payment or reimbursement from the Board of the cost of that insured service provided that he registers with the Board in accordance with section 9.

In such a case, he is deemed to be an insured person from the date on which he received that insured service.

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1979, c. 1, s. 12; 1989, c. 50, s. 19; 1999, c. 40, s. 29; 1999, c. 89, s. 42; 1999, c. 89, s. 18.

**14.2.** An insured person is not entitled to exact from the Board the payment or reimbursement, as the case may be, of the cost of an insured service unless he transmits his claim to the Board within one year of the date on which he received the insured service.

The Board may agree to consider a claim transmitted after the expiry of that period if the insured person demonstrates that he was in fact unable to make his claim sooner.

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1989, c. 50, s. 20; 1999, c. 89, s. 19, s. 42.

**14.2.1.** In the cases determined by regulation, a person must, at the request of the Board and at the latter's expense, undergo an examination by a health professional or an assessment by an audiologist, speech therapist, hearing-aid acoustician, occupational therapist or physiotherapist chosen by the person or, where the Board considers it necessary, designated by the Board.

The examination or assessment must be conducted according to the standards determined in a regulation made by the Board.

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1999, c. 89, s. 20.

**14.2.2.** A person who undergoes an examination or assessment pursuant to section 14.2.1 is entitled, on the conditions determined in a regulation made by the Board, to be reimbursed by the Board for the travel and lodging expenses incurred by the person in undergoing the examination or assessment.

Where the physical or mental state or the age of the person undergoing the examination or assessment requires the person to be accompanied, the person accompanying the person is entitled, on the conditions prescribed by regulation, to receive an availability allowance and to be reimbursed by the Board for the travel and lodging expenses incurred by the person.

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1999, c. 89, s. 20.

**14.2.3.** A health professional, audiologist, speech therapist, hearing-aid acoustician, occupational therapist or physiotherapist who examines or assesses a person at the request of the Board must report to the Board concerning any matter regarding which the examination or assessment was required.

On receiving the report, the Board must transmit a copy to the person who underwent the examination or assessment or to any person designated by the person.

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1999, c. 89, s. 20.



**DIVISION II.0.1**

*Repealed, 1996, c. 32, s. 92.*

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1992, c. 19, s. 2; 1996, c. 32, s. 92.

**14.3. (Repealed).**

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1992, c. 19, s. 2; 1996, c. 32, s. 92.

**14.4. (Repealed).**

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1992, c. 19, s. 2; 1996, c. 32, s. 92.

**14.5. (Repealed).**

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1992, c. 19, s. 2; 1996, c. 32, s. 92.

**14.6. (Repealed).**

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1992, c. 19, s. 2; 1996, c. 32, s. 92.

**14.7. (Repealed).**

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1992, c. 19, s. 2; 1996, c. 32, s. 92.

**14.8. (Repealed).**

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1992, c. 19, s. 2; 1996, c. 32, s. 92.

**DIVISION II.0.2****CONTRACT OF INSURANCE AND SUBROGATION**

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1992, c. 19, s. 2.

**15.** An insurer or a person administering an employee benefit plan may enter into or maintain an insurance contract, or establish or maintain an employee benefit plan, as the case may be, that includes coverage for the cost of an insured service furnished to a resident or temporary resident of Québec, only if

(1) the insurance contract or employee benefit plan does not cover any insured service other than the insured services required for a total hip or knee replacement, a cataract extraction and intraocular lens implantation or any other specialized medical treatment determined under section 15.1, and those required for the provision of the preoperative, postoperative, rehabilitation and home care support services described in section 333.6 of the Act respecting health services and social services ([chapter S-4.2](#));

(2) the insurance contract or employee benefit plan includes coverage for the cost of all insured services and all preoperative, postoperative, rehabilitation and home care support services referred to in subparagraph 1, subject to any applicable deductible amount; and

(3) the coverage applies only to surgery performed or any other specialized medical treatment provided in a specialized medical centre described in subparagraph 2 of the first paragraph of section 333.3 of the Act respecting health services and social services.

An insurance contract or employee benefit plan inconsistent with subparagraph 1 of the first paragraph that also covers other goods and services remains valid as regards those other goods and services, and the consideration provided for the contract or plan must be adjusted accordingly unless the beneficiary of the goods and services agrees to receive equivalent benefits in exchange.

Nothing in this section prevents an insurance contract or an employee benefit plan that covers the excess cost of insured services rendered outside Québec or the excess cost of any medication of which the Board assumes payment from being entered into or established. Nor does anything in this section prevent an insurance contract or an employee benefit plan that covers the contribution payable by an insured person under the Act respecting prescription drug insurance ([chapter A-29.01](#)) from being entered into or established.

“Insurer” means a legal person holding a licence issued by the Autorité des marchés financiers that authorizes it to transact insurance of persons in Québec.

“Employee benefit plan” means a funded or unfunded uninsured employee benefit plan that provides coverage which may otherwise be obtained under a contract of insurance of persons.

An insurer or a person administering an employee benefit plan that contravenes the first paragraph is guilty of an offence and is liable to a fine of \$50,000 to \$100,000 and, for a subsequent offence, to a fine of \$100,000 to \$200,000.

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1970, c. 37, s. 12; 1970, c. 42, s. 17; 1971, c. 47, s. 8; 1974, c. 40, s. 6; 1981, c. 22, s. 3; 1983, c. 54, s. 9; 1989, c. 50, s. 21; 1992, c. 19, s. 3; 1996, c. 32, s. 93; 1999, c. 89, s. 42; 1999, c. 89, s. 21; 2006, c. 43, s. 42.

**15.1.** The Government may determine, among the specialized medical treatments determined by a regulation made under the first paragraph of section 333.1 of the Act respecting health services and social services ([chapter S-4.2](#)), the specialized medical treatments that may be covered by an insurance contract or an employee benefit plan in accordance with section 15.

The Government may make a regulation under the first paragraph only after it has been examined by the appropriate committee of the National Assembly.

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2006, c. 43, s. 42; 2009, c. 29, s. 29.

**16.** (1) When an employer has undertaken to pay a sum of money for the benefit of his employees for the insurance of the cost of services which become insured services, he must, if the amount which he pays in respect of an employee under section 82 is less than the amount which he would otherwise have paid in respect of such employee, remit the difference to him as the instalments become due until such undertaking has terminated, and indicate to his employees, not later than 1 February 1971, the amount which is so owing to each of them and the manner in which it was established; when the employees are represented by a certified association within the meaning of the Labour Code ([chapter C-27](#)), the employer must give such indications to such association.

(2) The employer shall be relieved of the obligation to remit to an employee the amount owing to him under subsection 1 if such employee accepts equivalent benefits in exchange; when employees are represented by a certified association within the meaning of the Labour Code, such association may accept on behalf of the employees the granting to them by the employer of equivalent benefits.

(3) Payment of the amounts owing by an employer to his employees under subsections 1 and 2 cannot be claimed by them before 1 February 1971.

(4) If the undertaking by the employer exists under a collective agreement within the meaning of the Labour Code, any difference arising out of the application of this section shall be a grievance within the meaning of the Labour Code, as if it were a case of the interpretation or application of the collective agreement binding the employer and such association; in other cases, recourse may be had to arbitration as if an arbitration clause had been agreed upon between the parties.

(5) For the purposes of this section, the word “employee” includes retired persons and this section shall not apply to employees governed by a collective agreement within the meaning of the Labour Code when such agreement expressly provides for the manner of disposing of insurance of the cost of services which become insured services.

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1970, c. 37, s. 13.

**17. (Repealed).**

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1971, c. 47, s. 9; 1979, c. 1, s. 13.

**18.** (1) The Board shall be *ipso facto* subrogated in the right of recovery of any person who benefits from insured services, against any third person to the extent of the insured services furnished or to be furnished in respect of injury caused by the fault of such third person. The person must furnish to the Board any information required to establish the liability of the third person or the claim of the Board. Any claim by the Board 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.

(1.1) A health professional or dispenser shall, on a request by the Board specifying the nature of the information or documents sought, communicate to the Board any information or document contained in the insured person’s record that is necessary to exercise a right of recovery under subsection 1. The health professional or dispenser shall inform the insured person of the nature of the information or documents to be communicated to the Board within a reasonable time before they are sent.

(1.2) If a judicial application is instituted to obtain compensation for the injury caused by the third person’s fault, the insured person or insured person’s successors shall notify it to the Board within five days after it is instituted.

(1.3) The Board may intervene in any judicial application brought against the third person to obtain compensation for the injury caused to the insured person. If it wishes to intervene, it shall send a notice to that effect to each of the parties and to the court; it is then considered to be a party to the proceeding.

(2) In case of contributory negligence the amount of such subrogation shall be subject to reduction in the same proportion as the insured person’s right of recovery.

(2.1) An insurer of a third person’s liability shall notify the Board in writing as soon as the insurer is informed of an event involving physical or mental injury that entails or might entail the payment of insured services.

(3) An insurer of a third person’s liability shall not discharge his obligation to indemnify the latter of his liability to the Board under this section, otherwise than by payment to the Board.

(4) An undertaking by a person benefiting from insured services to discharge a third person’s or an insurer’s liability to the Board under this section or to save them harmless from such liability is without effect and is deemed unwritten in any agreement, transaction or release.

(5) The rights acquired by the effect of the subrogation contemplated in this section shall form part of the domain of the State from and after the time when such rights arise, and shall be subject to the rules applicable to the rights forming part thereof; however, the right of action resulting therefrom shall be prescribed three years from the date on which the Board became aware of the facts giving rise thereto.

(6) For the purposes of this section, “insurer of a third person’s liability” also means a person or group of persons that provides coverage which may otherwise be obtained under a liability insurance contract.

1970, c. 37, s. 14; 1974, c. 40, s. 7; 1989, c. 50, s. 22; 1999, c. 40, s. 29; 1999, c. 89, s. 22; 2006, c. 43, s. 43; 2016, c. 28, s. 7.

## **DIVISION II.1**

### **REVIEW AND PROCEEDING BEFORE THE ADMINISTRATIVE TRIBUNAL OF QUÉBEC**

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1989, c. 50, s. 23; 1997, c. 43, s. 58.

**18.1.** An insured person or person eligible for a plan or program administered by the Board under the first paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#)) who believes he has been wronged by a decision of the Board may apply for a review of the decision. A person whom the Board refuses to consider an insured person may also apply for a review of such a decision, as may a person who must reimburse an amount under section 9.7.

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1989, c. 50, s. 23; 1991, c. 42, s. 563; 1999, c. 89, s. 42; 2016, c. 28, s. 8.

**18.2.** An application for review shall be made by means of a written notice to the Board stating the reasons for the application. The application must be made within six months after the date on which the applicant was notified of the decision.

The Board may consider an application for review transmitted after the expiry of that period if the applicant demonstrates that he was in fact unable to apply sooner.

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1989, c. 50, s. 23.

**18.3.** Within 90 days of receipt of the application for review, the Board shall review the case and render a decision with reasons. It shall notify the applicant in writing of its decision, of his right to contest the decision and of the time for bringing a proceeding.

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1989, c. 50, s. 23; 1997, c. 43, s. 59.

**18.3.1.** If a person fails to reimburse or pay an amount owed to the Board, the Board may, on the expiry of the period for applying for a review and if no proceeding has been brought against the Board's decision, issue a certificate stating the name and address of the debtor and attesting the amount of the debt and the debtor's failure to bring a proceeding against the decision.

The Board may also, on the expiry of the period for contesting the review decision before the Administrative Tribunal of Québec, issue such a certificate to confirm all or part of the Board's decision following a review under section 18.3 if no proceeding has been brought against the decision.

The Board may also issue such a certificate on the expiry of a period of 30 days after a decision of the Administrative Tribunal of Québec confirming all or part of the Board's decision under section 18.3.

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1999, c. 89, s. 23; 2005, c. 40, s. 35.

**18.3.2.** Once the Board has issued the certificate, it may recover the debt by way of compensation, that is, by withholding part of any amount it owes the debtor under this Act.

Any refund owed to a debtor under a fiscal law may likewise, once the certificate has been issued, be withheld by the Minister of Revenue in accordance with section 31 of the Tax Administration Act ([chapter A-6.002](#)).

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2005, c. 40, s. 35; 2010, c. 31, s. 175.

**18.3.3.** On the filing of the certificate at the office of the court of competent jurisdiction with a copy of the final decision establishing the debt, the decision becomes enforceable as if it were a final judgment of that court, is not subject to appeal, and has all the effects of such a judgment.

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2005, c. 40, s. 35.

**18.4.** An applicant who believes he has been wronged by a decision rendered by the Board under section 18.3 may, within 60 days of notification of the decision, contest the decision before the Administrative Tribunal of Québec.

Moreover, a person may contest before the Tribunal the decision whose review the person applied for if the Board does not make a decision within 90 days after the receipt of the application, subject to the following:

(1) if the person who applied for the review requested more time to present observations or produce documents, the 90-day time limit runs from the time observations are presented or documents are produced; and

(2) if the Board considers it necessary, to allow it to make a decision, that an examination be conducted by a health professional or that documents be produced, the time limit is extended for 90 days; the person who applied for the review must be notified of the extension.

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1989, c. 50, s. 23; 1997, c. 43, s. 60; 2005, c. 17, s. 35.

## **DIVISION III**

### **PROFESSIONALS IN THE FIELD OF HEALTH**

**19.** For the purposes of this Act, the Minister may, with the approval of the Conseil du trésor, enter into an agreement with the representative organizations of any class of health professionals.

An agreement may, in particular, provide that the remuneration of insured services will vary according to rules which apply to an activity, a type of activity or all activities of a health professional, or to the activities of a class of professionals or of a specialty. Such an agreement may also provide different methods of remuneration which include fee-for-service remuneration, flat-rate fees and salary. It may also provide, as compensation or reimbursement, for the payment of various amounts such as premiums, expenses or allowances.

After consulting the representative organizations of the health professionals concerned, the Minister shall determine by regulation the territories or places of practice that he considers to be understaffed. Such regulations may apply to all professionals in a territory or a place of practice situated therein or to part of them, depending on the nature of their activities.

An agreement may provide for a different remuneration for the provision of medical services in a territory or place of practice defined by a regulation made under the third paragraph.

An agreement may provide for a different remuneration for physicians according to whether or not they are authorized to participate in the agreement pursuant to sections 360 and the following sections of the Act respecting health services and social services ([chapter S-4.2](#)) for all or part of their activities in the region. It may also provide for the terms and conditions of participation in such an agreement.

An agreement may, to ensure compliance with the regional medical staffing plans referred to in section 377 of the Act respecting health services and social services, provide for different remuneration for certain classes of health care professionals according to the location of their practice or the territory in which they exercise their activities.



Failing an agreement to determine the different remuneration referred to in the fourth paragraph, the Conseil du trésor may fix the remuneration by a regulation which shall be in lieu of an agreement. It may likewise determine the number of years of a physician's practice during which the different remuneration will apply, which shall not exceed three years.

Failing an agreement to determine the different remuneration and the terms and conditions of participation of a physician in an agreement referred to in the fifth paragraph, the Conseil du trésor may fix the remuneration by a regulation which shall be in lieu of an agreement, and determine the terms and conditions of participation referred to in the fifth paragraph. It may likewise determine the number of years during which the different remuneration will apply and the rules of equivalence enabling a physician to be released from participation in a particular medical activity, especially by reason of his heavy workload or the number of years spent in practice in a territory or place of practice determined in the regulation.

Failing an agreement to determine the different remuneration referred to in the sixth paragraph, the Conseil du trésor may fix the remuneration in a regulation to stand in lieu of the agreement.

The Minister may, on an experimental basis and for a determined period, enter into a special agreement with the professionals of a clinical department of an institution in order to apply a method of remuneration provided for in an agreement entered into under the first paragraph to those professionals. The agreement shall require beforehand the consent of the health professionals concerned, of the board of directors of the institution and of the organization representing the professionals concerned.

If the diminution of medical services in a territory endangers public health, the Minister may enter, for a fixed period of time, into a special agreement with a health professional in order to allow medical services to be adequately furnished in a facility maintained by an institution of that territory.

Any such agreement shall bind, as the case may be, the Board, the agencies and the institutions.

The Minister must consult the Board or the agency, the institution or the group of institutions which may be bound by name by an agreement or part of an agreement. The latter may submit to the Minister their recommendations as to methods of participation in reaching the agreement or any part thereof.

The Commission des normes, de l'équité, de la santé et de la sécurité du travail shall participate in the formulation of any part of such an agreement which deals with the services referred to in the fourteenth paragraph of section 3.

The provisions of the Labour Code ([chapter C-27](#)) and of the Act respecting labour standards ([chapter N-1.1](#)) do not apply to a health professional to whom an agreement made pursuant to this section applies who provides insured services in a facility maintained by or on behalf of an institution.

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1970, c. 37, s. 15; 1970, c. 42, s. 17; 1973, c. 30, s. 6; 1973, c. 49, s. 45; 1974, c. 40, s. 8; 1979, c. 1, s. 14; 1981, c. 22, s. 4; 1984, c. 47, s. 15; 1985, c. 6, s. 489; 1992, c. 21, s. 375; 1991, c. 42, s. 564; 1994, c. 23, s. 7; 1998, c. 39, s. 177; 1999, c. 89, s. 24; 2000, c. 8, s. 241; 2002, c. 66, s. 17; 2005, c. 32, s. 308; 2015, c. 15, s. 237.

#### **19.0.1.** *(Repealed).*

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1991, c. 42, s. 565; 1998, c. 39, s. 178; 2002, c. 66, s. 18.

**19.1.** With the approval of the Conseil du trésor, the Minister may make with a body representing the residents in medicine an agreement on the conditions of employment

applicable to the residents in medicine in period of training in institutions having entered into a contract of affiliation or a service contract or agreement in accordance with section 110 of the Act respecting health services and social services ([chapter S-4.2](#)), or with a university within the meaning of the Act respecting health services and social services for Cree Native persons ([chapter S-5](#)).

The twelfth paragraph of section 19 applies to such an agreement.

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1981, c. 22, s. 5; 1989, c. 50, s. 24; 1992, c. 21, s. 106, s. 375; 1991, c. 42, s. 566; 1994, c. 23, s. 23; 1998, c. 39, s. 179; 2000, c. 8, s. 241; 2002, c. 66, s. 19.

**19.2.** Despite any provision in an agreement referred to in section 19, if a service provided by a health professional ceases to be an insured service, any amount set aside to finance the remuneration of that professional with regard to the service is, at that time, excluded from the remuneration agreed on with the representative body concerned.

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2015, c. 8, s. 182.

**20.** Subject to any regulation made under section 69 or 72, the provisions of an agreement shall continue to have effect after its expiry; they shall subsist until the coming into force of a new agreement which may nevertheless contain provisions having effect from the expiry of that which it replaces.

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1970, c. 37, s. 16; 1989, c. 50, s. 25; 1991, c. 42, s. 567.

**21.** An agreement under section 19 shall bind all professionals in the field of health who are members of the body which made the agreement and those whose field of professional activities is the same as that of such members and who are contemplated by the agreement.

An agreement under section 19.1 shall bind all the residents in medicine who are members of the body which made the agreement and those whose field of professional activities is the same as that of such members and who are contemplated in the agreement.

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1970, c. 37, s. 17; 1983, c. 54, s. 10; 1989, c. 50, s. 26.

**22.** A professional in the field of health subject to the application of an agreement is entitled to be remunerated by the Board for an insured service he has furnished in person to an insured person who presented his health insurance card or claim booklet, as the case may be, or to be remunerated by an insured person for an insured service he has furnished in person where such insured person did not present his health insurance card or claim booklet, as the case may be, provided that such professional in the field of health has complied with the provisions of the agreement.

Nevertheless, provided that he has complied with the provisions of the agreement, a professional in the field of health who is subject to the application of an agreement is entitled to be remunerated by the Board for an insured service he has furnished in person to an insured person even if the latter did not present his health insurance card or claim booklet, in the following circumstances and cases:

- (a) where the insured person is under one year of age;
- (b) where the insured person at the time he received insured services was in a condition requiring emergency care;
- (c) where the insured person is a minor 14 years of age or over and receives insured services to which he gives his consent alone in accordance with the provisions of the Civil Code;

(d) where the insured person is lodged by an institution which operates a residential and long-term care centre or a rehabilitation centre within the meaning of the Act respecting health services and social services ([chapter S-4.2](#)), or where she is sheltered in a reception centre or a hospital centre belonging to the class of hospital centres for long-term care within the meaning of the Act respecting health services and social services for Cree Native persons ([chapter S-5](#)) and the regulations made under that Act;

(e) in the other circumstances and cases prescribed.

A pharmacist subject to the application of an agreement is entitled to be remunerated in accordance with the first and second paragraphs, even if the insured service has been legally furnished by one of his employees.

A professional in the field of health subject to the application of an agreement shall not exact or receive for an insured service any other remuneration than that provided for by the agreement and to which he is entitled under the preceding paragraphs; any covenant to the contrary is absolutely null. However, a pharmacist may exact the difference between the price of the medication indicated on the list and the amount whose payment is assumed by the Board.

No health professional who is subject to the application of an agreement may receive from an institution any sum of money or any direct or indirect benefit as consideration for providing insured services.

The Board may recover from a health professional who contravenes the fifth paragraph, by compensation or otherwise, any amount or the value of any benefit received, after sending him a notice in writing.

A health professional subject to the application of an agreement shall not exact or receive payment from the Board or an insured person, as the case may be, for an insured service that has not been furnished, that he has not furnished in person, that he has not furnished in conformity with an agreement or that he has falsely described.

He shall not exact or receive payment from the Board for a non-insured service, or a service not considered insured by regulation or not established as an insured service by regulation.

No payment may be charged to or received from any insured person, directly or indirectly, for costs incurred for insured services provided by a health professional who is subject to the application of an agreement or by a professional who has withdrawn. Such costs include those related to

(1) the operation of a private health facility or a specialized medical centre within the meaning of the Act respecting health services and social services;

(2) services, supplies, medications and equipment required to provide an insured service, as well as to perform diagnostic tests related to such a service

Such costs do not include those related to services not considered insured that are required before, during or after the provision of an insured service.

In addition, directly or indirectly requiring an insured person to pay for access to an insured service, and granting an insured person privileged access to such a service in exchange for payment, are prohibited.

Despite the prohibitions set out in the ninth and eleventh paragraphs, the Government may, by regulation, prescribe the cases and conditions in and on which a payment is authorized.

No health professional who is subject to the application of an agreement may allow or accept that the remuneration for insured services furnished by that health professional be claimed in

the name of another health professional. Similarly, no health professional who is subject to the application of an agreement may allow or accept that the remuneration for insured services furnished by another health professional be claimed from the Board in his name.

A health professional who contravenes the fourth, seventh, eighth or thirteenth paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, in the case of a subsequent offence, to a fine of \$10,000 to \$100,000.

Every person who contravenes the ninth or eleventh paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.

Every person who manages the business of a health professional and makes a false declaration in connection with a claim for payment to the Board is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$10,000 to \$100,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.

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1970, c. 37, s. 18; 1973, c. 30, s. 7; 1974, c. 40, s. 9; 1979, c. 1, s. 15; 1981, c. 22, s. 6; 1984, c. 27, s. 42; 1984, c. 47, s. 16; 1989, c. 50, s. 27; 1990, c. 4, s. 77; 1991, c. 42, s. 568; 1992, c. 21, s. 107; 1991, c. 42, s. 568; 1992, c. 57, s. 435; 1994, c. 23, s. 23; 1999, c. 40, s. 29; 1999, c. 89, s. 25, s. 42; 2015, c. 25, s. 1; 2016, c. 28, s. 9.

**22.0.0.0.1.** Before making a regulation under the twelfth paragraph of section 22, the Government must consult the Institut national d'excellence en santé et en services sociaux.

At the time the draft regulation is published in the *Gazette officielle du Québec*, the Minister shall make public the assessments used in establishing any tariff set out in the regulation.

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2015, c. 25, s. 1.

**22.0.0.0.1.** Despite the first paragraph of section 22, a physician is not entitled to be remunerated for an insured service the physician furnished in a specialized medical centre being operated without a permit or whose specialized medical centre permit has been suspended or cancelled or has not been renewed, unless it is a medical service described in subparagraph 3 of the first paragraph of section 333.7 of the Act respecting health services and social services ([chapter S-4.2](#)).

The same applies for all insured services furnished by a physician in a laboratory or a centre for assisted procreation within the meaning of the Act respecting clinical and research activities relating to assisted procreation ([chapter A-5.01](#)) that is operated without a permit or licence or whose permit or licence has been suspended or cancelled or revoked, or has not been renewed.

The prohibition against remuneration set out in the first and second paragraphs applies upon receipt by the Board of the copy of the Minister's decision to suspend, cancel or revoke, or refuse to renew, the permit or licence, or the Minister's notice informing it that the specialized medical centre, laboratory or centre for assisted procreation is being operated without a permit or licence.

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2009, c. 29, s. 30; 2009, c. 30, s. 47.

**22.0.0.0.2.** The Government may, by regulation, prescribe the maximum tariff that may be demanded from an insured person for a service of an administrative nature related to a non-insured service or a service not considered insured provided by a physician who is subject to the application of an agreement and who practises in a private health facility or specialized medical centre within the meaning of the Act respecting health services and social services

([chapter S-4.2](#)) or provided by a physician who has withdrawn and who practises in a private health facility.

The Government may also, by regulation, prescribe the maximum tariff that may be demanded from an insured person for a service provided by a non-participating physician.

A physician who contravenes a provision of a regulation made under this section is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, for a subsequent offence, to a fine of \$10,000 to \$100,000.

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2015, c. 25, s. 1; 2016, c. 28, s. 10.

**22.0.0.1.** A physician subject to the application of an agreement or a physician who has withdrawn who practises in a private health facility, or a physician subject to the application of an agreement who practises in a specialized medical centre within the meaning of the Act respecting health services and social services ([chapter S-4.2](#)) must post in public view, in the waiting room of the facility or centre where the physician practises, the tariff of fees that the physician may charge an insured person under a government regulation made under this Act, and the tariff of fees for medical services rendered by the physician that are non-insured services or services not considered insured services by regulation. Physicians who share a common waiting room may post a single notice.

No amount other than a fee posted in accordance with the first paragraph may be directly or indirectly charged to or received from an insured person for a medical service received in a private health facility or a specialized medical centre.

An insured person from whom payment is demanded must be given an itemized invoice stating the tariff for the fees mentioned in the first paragraph and for each non-insured medical service and each medical service not considered insured.

The notice posted under the first paragraph and the invoice must mention the right of the person from whom payment is exacted contrary to section 22.0.1 to claim reimbursement.

For the purposes of this section or any other provision of this Act, a non-insured service or a service not considered insured is deemed to remain such even if it is required before, during or after the provision of an insured service. This also applies to the fees mentioned in the first paragraph.

A physician subject to the application of an agreement or a physician who has withdrawn who contravenes the first, third or fourth paragraph is guilty of an offence and is liable to a fine of \$2,500 to \$25,000 and, for a subsequent offence, to a fine of \$5,000 to \$50,000.

Every person who contravenes the second paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.

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2006, c. 43, s. 44; 2015, c. 25, s. 1; 2016, c. 28, s. 11.

**22.0.1.** Where the Board believes that a health professional or third person has received payment from an insured person contrary to this Act, including if the health professional or third person has exacted more than the amount that would have been paid by the Board to a professional subject to the application of an agreement for the services provided to an insured person who did not present his health insurance card, claim booklet or eligibility card, it shall notify the health professional or third person in writing. The notice must also indicate the reimbursement mechanisms that the Board may apply under this section and, if applicable, the monetary administrative penalty that may be imposed, and allow the health professional or third person 30 days to present observations.



At the expiry of the 30-day period, the Board shall notify its decision to the health professional or third person in writing, with reasons. If the Board maintains that an amount has been so paid, it shall reimburse the amount to the insured person in respect of whom it has, within five years after payment is made, written proof of the payment.

The Board may

- (1) inform the insured persons concerned by any means it considers appropriate, such as by publishing a notice to that effect on its website or in a newspaper in the locality where the health professional practises, that they may file an application for reimbursement with the Board within five years of the date of payment;
- (2) recover from the health professional or third person, by compensation or otherwise, any amount received contrary to this Act, whether or not the Board has received an application for reimbursement, such an amount then being deemed to be a debt toward the Board; and

***In force: 2017-03-07***

- (3) impose on the health professional or third person a monetary administrative penalty equal to 15% of the payment received contrary to this Act, which it may collect by compensation or otherwise.

If the five-year period referred to in the second paragraph has expired, the Board may not take any recovery measure under subparagraph 2 of the third paragraph in respect of an amount for which it has not received an application for reimbursement.

If the third person having received the prohibited payment is the operator of a private health facility or specialized medical centre where the health professional named in the application for reimbursement or affected by the recovery measure practises, or if the third person manages the business of the health professional, compensation may be applied against that health professional, except as regards the monetary administrative penalty, provided the health professional has been notified in accordance with the first paragraph.

The health professional or third person may, within 60 days of notification of the decision, contest the decision before the Superior Court or the Court of Québec, according to their respective jurisdictions. The burden of proving that the decision of the Board is ill-founded is on the health professional or third person, as the case may be.

If the health professional or third person does not contest such a decision and the Board cannot recover the amount owing by compensation, the Board may, at the expiry of the 60-day period for contesting the decision, issue a certificate stating the name and address of the health professional or third person and attesting the amount owing and the health professional's or third person's failure to contest the decision. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, 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.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to the amount owed by the health professional or third person.

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1989, c. 50, s. 28; 1999, c. 89, s. 26, s. 42; 2015, c. 25, s. 1; 2016, c. 28, s. 12.

**22.0.2.** The amount charged by the pharmacist pursuant to section 31 of the Act respecting prescription drug insurance ([chapter A-29.01](#)) is deemed to be charged as remuneration. The Board shall deduct that amount from the remuneration payable under an agreement entered into under section 19.

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1992, c. 19, s. 4; 1996, c. 32, s. 94.

**22.1.** A professional in the field of health is not entitled to be remunerated by the Board unless he has personally signed the fee statement form provided for that purpose by the Board, subject to the prescribed cases and conditions.

Every health professional, to be entitled to remuneration by the Board, must submit to the Board his statement of fees duly completed within 90 days of the date on which the insured service was furnished. Every institution, laboratory or person referred to in subparagraph *h.3* of the first paragraph of section 69, in connection with devices or other equipment that compensate for a physical deficiency, every institution, in connection with visual or communication aids, and every hearing-aid acoustician or distributor, in connection with hearing aids, must in a like manner submit a statement of fees within 90 days of the date on which the insured service was furnished.

The Board may extend such period if a health professional, institution, laboratory, person referred to in subparagraph *h.3* of the first paragraph of section 69, hearing-aid acoustician or distributor demonstrates that it was in fact impossible to act sooner, or in the event of the death of one of the persons referred to in the second paragraph.

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1979, c. 1, s. 16; 1981, c. 22, s. 7; 1989, c. 50, s. 29; 1991, c. 42, s. 569; 1992, c. 21, s. 375; 1999, c. 89, s. 27; 2007, c. 21, s. 25; 2016, c. 28, s. 37.

**22.1.0.1.** To be entitled to remuneration by the Board, a pharmacist or, where applicable, an institution must indicate to the Board, on the statement of fees or claim for payment, that the contribution referred to in section 31 of the Act respecting prescription drug insurance ([chapter A-29.01](#)) has been collected.

The statement of fees or claim for payment must be submitted to the Board by the pharmacist or institution even if the entire cost of the insured services provided has been charged to that insured person in accordance with the Act respecting prescription drug insurance.

Before providing an insured service to an insured person, a pharmacist or institution must, to be entitled to remuneration by the Board, obtain prior authorization for payment from the Board by transmitting a statement of fees or claim for payment to the Board by interactive electronic means, in accordance with the terms and in the manner determined by the Board.

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1992, c. 19, s. 5; 1996, c. 32, s. 95; 1999, c. 89, s. 42; 2007, c. 21, s. 26.

**NOTE**

*In the third paragraph, the words “or institution” will come into force on the date to be fixed by order of the Government (1996, c. 32, s. 119).*

**Not in force**

**22.1.1.** Every insured person must be informed, according to the terms and conditions prescribed by regulation, of the cost of the insured services received by him.

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1991, c. 42, s. 570; 1999, c. 89, s. 42.

**22.2.** Where the Board believes that services for which payment is claimed by a professional in the field of health or for which he has obtained payment in the preceding 60 months were services furnished in non-conformity with the agreement, the Board may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be. Disputes resulting from this paragraph are settled by the council of arbitration instituted by section 54 in accordance with the terms and conditions and time limits provided for in the agreement.

Where, after an investigation, the Board believes that services for which payment is claimed by a professional in the field of health or for which he has obtained payment in the preceding

10 years were services that have not been furnished, that he has not furnished in person or that he has falsely described, or services that were non-insured services, services not considered insured by regulation or services not established as insured services by regulation, the Board may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

Where the Board decides to refuse payment for services or to make compensation, it must inform the professional in the field of health of the reasons for its decision.

Before rendering its decision, the Board shall give the health professional at least 30 days' notice, stating the acts alleged against him and, if applicable, the monetary administrative penalty that may be imposed, and allowing him an opportunity to present observations. At the expiry of the time limit, the Board shall notify its decision to the health professional in writing, with reasons.

In the cases provided for in this section, the burden of proof that the decision of the Board is ill-founded, is on the professional in the field of health.

A professional in the field of health who wishes to appeal a decision of the Board before the Superior Court or the Court of Québec according to their respective jurisdictions, must do so within 60 days of receiving such decision.

The amount of the payments that a health professional has obtained for services referred to in the first or second paragraph may be established by statistical inference on the sole basis of information obtained by a sampling of those services, according to a method consistent with generally accepted practices.

Notification of a notice of investigation to the health professional by the Board suspends the 60-month prescription provided for in the first paragraph or the 10-year prescription provided for in the second paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.

For the purposes of this Act and within the scope of the basic prescription drug insurance plan, the second, fourth, fifth and sixth paragraphs, adapted as required, apply to an institution.

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1979, c. 1, s. 16; 1981, c. 22, s. 8; 1996, c. 32, s. 96; 1999, c. 89, s. 28; 2016, c. 28, s. 13.

**22.3.** If a health professional does not contest the decision rendered by the Board under section 22.2 and the Board can neither refuse payment for the services concerned by its decision nor have the amount owing reimbursed by compensation, it may, at the expiry of the applicable period for contesting the decision, issue a certificate stating the name and address of the health professional and attesting the amount owing and the health professional's failure to contest the decision of the Board. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, 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.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to the amount owed by the health professional.

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1999, c. 89, s. 29; 2005, c. 40, s. 36; 2016, c. 28, s. 14.

**22.4.** Any amount, except a monetary administrative penalty, owed by a health professional or third person, as the case may be, following a decision of the Board made under section 22.0.1, 22.2 or 50 carries a recovery charge equal to 10% calculated on the outstanding balance of the debt on the date on which the Board, in order to collect the debt,

resorts to a recovery measure, such as compensation or the issue of a certificate. The charge cannot be less than \$50 nor more than \$10,000.

When several measures are exercised to recover a debt, the charge provided for in the first paragraph is applied only once.

The Board may cancel or reduce the charge where it considers that it would not be payable had it not been for an error or omission attributable to the Board or where the amount of the debt that gave rise to the charge is reduced or cancelled.

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1999, c. 89, s. 29; 2016, c. 28, s. 15.

**22.5.** No decision to impose a monetary administrative penalty may be notified to a person for a failure to comply with this Act or the regulations 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.

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2016, c. 28, s. 16.

**22.6.** Despite section 63, the information contained in a decision made by the Board under section 22.0.1, the second or third paragraph of section 22.2, section 38.3 or section 50 that is not contested within the time prescribed or the contestation of which has been withdrawn is public information, except the personal information concerning a person to whom the decision does not apply. The Board shall send such a decision to the professional order concerned.

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2016, c. 28, s. 17.

**23.** No agreement shall provide for additional remuneration for insured services.

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1970, c. 37, s. 19.

**24.** Nothing in this Act or in an agreement shall authorize the Board to refuse to pay the cost of insured services because it questions the quality of an act for which payment is claimed.

The Board shall not determine the frequency of an act for which payment may be made. However, the Board may, whenever it refers a matter to the revisory committee contemplated in section 47, invoke the frequency of an act for which a professional presents a statement of fees.

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1970, c. 38, s. 5; 1979, c. 1, s. 17; 1989, c. 50, s. 30.

**25.** The payment of the cost of insured services must be refused or suspended whenever the disciplinary council of the Ordre professionnel des médecins du Québec, the Ordre professionnel des dentistes du Québec, the Ordre professionnel des pharmaciens du Québec or the Ordre professionnel des optométristes du Québec or the professions tribunal so recommends with respect to a professional in the field of health who is subject to its authority.

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1970, c. 38, s. 5; 1971, c. 47, s. 10; 1973, c. 46, s. 49; 1973, c. 49, s. 45; 1973, c. 51, s. 46; 1973, c. 52, s. 31; 1977, c. 5, s. 229; 1979, c. 1, s. 18; 1994, c. 40, s. 457; 2008, c. 11, s. 212.

**26.** An agreement shall not bind those professionals who inform the Board by registered mail, in accordance with what is prescribed by regulation, that they wish to become professionals who have withdrawn or non-participating professionals; such options shall take effect after the expiry of the period so prescribed which follows the sending of a notice for this purpose to the Board.

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1970, c. 37, s. 20; 1970, c. 38, s. 6; 1971, c. 47, s. 11; 1975, c. 83, s. 84; 1999, c. 40, s. 29; I.N. 2016-01-01 (NCCP); 2016, c. 28, s. 18.

**27. (Repealed).**

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1970, c. 37, s. 21; 1999, c. 40, s. 29; 2016, c. 28, s. 19.

**28.** Any professional who has withdrawn from the application of an agreement may re-engage himself by notifying the Board of his intention, by registered mail, according to the manner and within the period prescribed.

The same shall apply to a professional who has become a non-participating professional.

However, the Minister may authorize the re-engagement of a professional who has withdrawn or a non-participating professional within a shorter period than the prescribed period.

Moreover, a professional who has withdrawn may become a non-participating professional, and *vice versa*, by the same procedure.

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1970, c. 37, s. 22; 1970, c. 38, s. 7; 1975, c. 83, s. 84; 1999, c. 40, s. 29; I.N. 2016-01-01 (NCCP); 2016, c. 28, s. 20.

**29.** The terms and conditions upon which the residents or temporary residents of Québec are notified of the changes made in accordance with section 26 or 28 and the cases in which such terms and conditions must be observed shall be determined by regulation; such a regulation may determine the obligations of the Board respecting such notices and those of professionals who have withdrawn or non-participating professionals in accordance with section 26.

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1970, c. 37, s. 23; 1970, c. 38, s. 8; 1989, c. 50, s. 31; 1999, c. 89, s. 30.

**30.** When the Minister considers that the number of professionals who are non-participating professionals throughout Québec or in any region of Québec, or the number of those engaged in the same kind of activities who are non-participating professionals throughout Québec or in any region of Québec is too large to allow the insured services to continue to be rendered under uniform conditions, he shall cause a notice to be published in the *Gazette officielle du Québec* setting forth the situation.

From the eighth day after the publication of the notice, the Government may order, by regulation, that the professionals in the field of health contemplated in the notice shall not exact or receive, from the date of the coming into force of the regulation, for insured services they have furnished to insured persons, any remuneration other than that provided for in an agreement in force. The Board shall reimburse to the insured persons the cost of the insured services they have received from such professionals.

The decree provided for in the second paragraph shall be for a period of not more than 90 days from the coming into force of the regulation.

The professionals in the field of health contemplated in the second paragraph are the professionals who have become non-participating professionals from the date fixed in the regulation, which may be earlier than the date of the coming into force of the regulation.

The insured services the cost of which is reimbursed by the Board are those that have been rendered by the professionals in the field of health from the date fixed in the regulation.

Sections 31 to 35 apply to those professionals in the field of health, with the necessary modifications.

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1970, c. 37, s. 24; 1970, c. 38, s. 9; 1970, c. 42, s. 17; 1979, c. 1, s. 19; 1999, c. 89, s. 42.

**30.1.** If the Minister considers that the quality or adequate supply of medical services offered in Québec or in a particular region of Québec by professionals subject to the application of an agreement would be affected by an increase in the number of non-participating professionals engaged in the same kind of activities, the Minister may make an order suspending the possibility for professionals subject to the application of an agreement to become non-participating professionals and engage in the same kind of activities in Québec or in a particular region of Québec.

The Minister's order shall state the duration of the suspension, the type of activities and the region concerned, and the date on which the suspension comes into force, which may not be more than 30 days earlier than the date of the order. The order shall be made public by the Minister immediately and must be published in the *Gazette officielle du Québec*.

The suspension period may not exceed two years. If the Minister considers it necessary, the Minister may extend the suspension period in the same manner, provided each extension does not exceed two years.

Any notice of non-participation that would take effect during the suspension period is null.

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2006, c. 43, s. 45.

**30.2.** A regulation under section 30 is not subject to sections 8 and 17 of the Regulations Act ([chapter R-18.1](#)). The same applies for a ministerial order under section 30.1.

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2006, c. 43, s. 45.

**31.** A professional in the field of health shall not exact or receive, for insured services furnished by him to an insured person as a professional who had withdrawn, any remuneration other than that provided for in an agreement; any covenant to the contrary is absolutely null.

Every person who contravenes a provision of this section is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, in the case of a second or subsequent conviction, to a fine of \$10,000 to \$100,000.

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1970, c. 38, s. 10; 1974, c. 40, s. 10; 1979, c. 1, s. 20; 1981, c. 22, s. 9; 1990, c. 4, s. 78; 1999, c. 40, s. 29; 1999, c. 89, s. 42; 2016, c. 28, s. 21.

**32.** When the Board forwards a payment to an insured person after the latter has presented a statement of fees for insured services furnished by a professional who has withdrawn, it must, at the same time, give a written notice thereof to that professional; the latter shall not exact or receive from the insured person any payment of fees for insured services before he receives that notice. A professional who has withdrawn who contravenes this section is guilty of an offence and is liable to the fine provided for in section 31.

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1970, c. 38, s. 10; 1979, c. 1, s. 21; 1990, c. 4, s. 76; 1999, c. 89, s. 42.

**33.** When the Board forwards to an insured person a notice informing him that it will not pay him all or part of the amount claimed, it must also forward a copy of such notice to the professional who has withdrawn, who rendered the services for which fees have been claimed; such professional may, from the receipt of such notice, claim before the courts from the Board, in the place and stead of his patient, the amount of fees which the Board intends not to pay provided that he gives notice thereof to his patient in writing.

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1970, c. 38, s. 10; 1979, c. 1, s. 22; 1999, c. 89, s. 42.

**34.** A professional in the field of health who has not received from the Board a copy of a notice contemplated in section 32 or 33 respecting an amount of fees claimed by him from an insured person for insured services which he rendered to him as a professional who had

withdrawn, may claim the unpaid amount from the Board before the courts, in the place and stead of his patient, from the ninetieth day following the forwarding of his account to the patient, provided that he has, in writing, notified the Board and his patient of his intention at least thirty days beforehand.

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1970, c. 38, s. 10; 1979, c. 1, s. 23; 1999, c. 89, s. 42.

**35.** Whenever a professional claims from the Board in accordance with section 33 or 34, the Board must, if it makes a payment following such claim, do so directly to the professional involved but it shall then give notice thereof to the patient.

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1970, c. 38, s. 10.

**36.** A professional in the field of health who is not professional subject to the application of an agreement is not entitled to be remunerated by the Board for insured services which he furnishes to an insured person, except in accordance with section 11 or sections 31 to 35 or for services rendered in Québec in emergency cases determined according to the standards established by regulation; he shall then exact from the Board only the remuneration provided for in section 11 or sections 31 to 35 or, in the case of services rendered in Québec in emergency cases, only the remuneration provided for in an agreement.

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1970, c. 37, s. 25; 1970, c. 38, s. 11; 1979, c. 1, s. 24; 1999, c. 89, s. 42.

**37.** Subject to the third and fourth paragraphs of section 3 and sections 10, 11, 12, 13, 13.1, 13.2 and 13.2.1, only a professional in the field of health is entitled to exact payment from the Board for the cost of insured services furnished to an insured person.

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1970, c. 37, s. 26; 1970, c. 38, s. 12; 1973, c. 30, s. 8; 1979, c. 1, s. 25; 1996, c. 32, s. 97; 1999, c. 89, s. 31, s. 42.

**38.** Unless another period is specified, a recourse against the Board pursuant to this Act, a regulation or an agreement is prescribed by six months from the decision of the Board giving rise thereto. The period ceases to run while a dispute resulting from the decision is referred to a council of arbitration.

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1970, c. 37, s. 27; 1979, c. 1, s. 26; 1981, c. 22, s. 10; 1989, c. 50, s. 32; 1997, c. 43, s. 61; 2016, c. 28, s. 22.

### **DIVISION III.1**

#### **DISPENSERS**

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2016, c. 28, s. 23.

**38.1.** A dispenser may not exact or receive payment from the Board or from an insured person, as the case may be, for an insured service that was not provided, that the dispenser did not provide in accordance with the tariffs or conditions prescribed by regulation or that the dispenser falsely described.

The dispenser may not exact or receive payment from the Board for a non-insured service.

A dispenser who contravenes the first or second paragraph is guilty of an offence and is liable to a fine of \$5,000 to \$50,000 and, in the case of a subsequent offence, to a fine of \$10,000 to \$100,000.

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2016, c. 28, s. 23.

**38.2.** Section 22.0.1, except the fifth paragraph, applies where the Board believes that a dispenser received a payment from an insured person contrary to section 38.1, with the necessary modifications. However, a dispenser who wishes to contest the Board's decision



must do so before the Administrative Tribunal of Québec within 60 days of notification of the decision.

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2016, c. 28, s. 23.

**38.3.** Where the Board believes that services for which payment is claimed by a dispenser or for which he obtained payment in the preceding 60 months were services not provided in accordance with the tariffs or conditions prescribed by regulation, it may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

Where, after an investigation, the Board believes that services for which payment is claimed by a dispenser or for which he obtained payment in the preceding 10 years were services that were not provided or that the dispenser falsely described or were non-insured services, it may refuse payment for such services or have them reimbursed by compensation or otherwise, as the case may be.

***In force: 2017-03-07***

In addition, the Board may impose on the dispenser a monetary administrative penalty equal to 10% of the payment the dispenser claimed or obtained for services referred to in the first paragraph or 15% of the payment the dispenser claimed or obtained for services referred to in the second paragraph. It may collect the amount of the penalty by compensation or otherwise.

Before rendering its decision, the Board shall give the dispenser at least 30 days' notice, stating the acts alleged against him and, if applicable, the monetary administrative penalty that may be imposed, and allowing him an opportunity to present observations. At the expiry of the time limit, it shall notify its decision to the dispenser in writing, with reasons.

The dispenser may, within 60 days of notification of the decision, contest it before the Administrative Tribunal of Québec. The burden of proving that the decision of the Board is ill-founded is on the dispenser.

Notification of a notice of investigation to the dispenser by the Board suspends the 60-month prescription provided for in the first paragraph or the 10-year prescription provided for in the second paragraph, as the case may be, until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.

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2016, c. 28, s. 23.

**38.4.** If a dispenser does not contest the Board's decision before the Administrative Tribunal of Québec and the Board can neither refuse payment for the services concerned nor have them reimbursed by compensation, it may, at the expiry of the 60-day period for contesting the decision, issue a certificate stating the name and address of the dispenser and attesting the amount owing and the dispenser's failure to contest the decision before the Administrative Tribunal of Québec. On the filing of the certificate with the office of the Superior Court or the Court of Québec, according to their respective jurisdictions, 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.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to the amount owed by the dispenser.

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2016, c. 28, s. 23.

**38.5.** Any amount, except a monetary administrative penalty, owed by a dispenser following a decision of the Board made under section 38.2 or 38.3 carries a recovery charge equal to 10% calculated on the outstanding balance of the debt on the date on which the

Board, in order to collect the debt, resorts to a recovery measure, such as compensation or the issue of a certificate. The charge cannot be less than \$50 nor more than \$10,000.

The second and third paragraphs of section 22.4 apply, with the necessary modifications.

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2016, c. 28, s. 23.

**38.6.** Section 22.5 applies to a dispenser on whom a statement of offence has been served.

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2016, c. 28, s. 23.

**38.7.** Sections 38.1 to 38.5 do not apply to an institution.

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2016, c. 28, s. 23.

## **DIVISION IV**

*Repealed, 1996, c. 32, s. 98.*

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1996, c. 32, s. 98.

**39.** *(Repealed).*

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1971, c. 47, s. 12; 1977, c. 5, s. 14; 1979, c. 1, s. 27; 1985, c. 23, s. 24; 1991, c. 42, s. 571; 1996, c. 32, s. 98.

**40.** *(Repealed).*

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1971, c. 47, s. 12; 1979, c. 1, s. 28; 1991, c. 42, s. 572; 1994, c. 8, s. 11; 1996, c. 32, s. 98.

## **DIVISION V**

### **REVISORY COMMITTEES**

**41.** For each class of professionals in the field of health, at least one revisory committee is established to make recommendations to the Board in respect of matters it refers to it under section 47.

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1970, c. 37, s. 28; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1979, c. 1, s. 29.

**42.** Each committee consists of seven members appointed for a term not exceeding two years by the Government, which shall designate a chairman and a vice-chairman from among them.

The term of office of a member of a revisory committee may be renewed consecutively only twice.

At the end of their term, the members of a committee remain in office until they are re-appointed or replaced.

One of the committees includes five medical specialists, of whom two are chosen from a list of at least four names furnished by the Ordre professionnel des médecins du Québec and three are chosen from a list of at least six names furnished by the Federation of Medical Specialists of Québec; such persons must not hold any elective or full-time office within such order or federation.

Another committee includes five general practitioners, of whom two are chosen from a list of at least four names furnished by the Ordre professionnel des médecins du Québec and three are chosen from a list of at least six names furnished by the Fédération des médecins

omnipraticiens du Québec; such persons must not hold any elective or full-time office within such order or federation.

Another committee includes five specialists in oral surgery, of whom two are chosen from a list of at least four names furnished by the Ordre professionnel des dentistes du Québec and three are chosen from a list of at least six names furnished by the Association of Oral Surgeons of Québec; such persons must not hold any elective or full-time office within such order or association.

Another committee includes five dentists of whom two are chosen from a list of at least four names furnished by the Ordre professionnel des dentistes du Québec and three are chosen from a list of at least six names furnished by the Québec Dental Surgeons Association; such persons must not hold any elective or full-time office within such order or association.

Another committee includes five optometrists, of whom two are chosen from a list of at least four names furnished by the Ordre professionnel des optométristes du Québec and three are chosen from a list of at least six names furnished by the Professional Association of Optometrists of Québec; such persons must not hold any elective or full-time office within such order or association.

Another committee includes five pharmacists, of whom two are chosen from a list of at least four names furnished by the Ordre professionnel des pharmaciens du Québec and three are chosen from a list of at least six names furnished by the Association of proprietary pharmacists of Québec; such persons must not hold any elective or full-time office within such order or association.

The sixth member of each committee, who must be an advocate duly registered with the Barreau du Québec, is appointed on the recommendation of the Office des professions du Québec.

The seventh member of each committee who is non-voting functionary of the Board is appointed on the recommendation of the Board.

If a body contemplated in this section fails to furnish its list of names, the Government, on the recommendation of the Office des professions du Québec, shall appoint, among the members of the body concerned who do not hold any elective or full-time office, the number of members of the committee which must be chosen from among the members of that body. However, the Government shall not exercise that power until 30 days after the Minister has sent to the body concerned notice that it has failed to furnish its list of names; such notice may be sent up to two months before the date on which a term of office is to expire.

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1970, c. 37, s. 29; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1973, c. 49, s. 45; 1974, c. 40, s. 11; 1974, c. 65, s. 109; 1977, c. 5, s. 229; 1979, c. 1, s. 30; 1981, c. 22, s. 11; 1991, c. 42, s. 574; 1994, c. 40, s. 457.

**43.** The members of the revisory committees shall not be prosecuted by reason of official acts done in good faith in the performance of their duties.

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1970, c. 37, s. 30; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1979, c. 1, s. 31.

**44.** The salary or, if necessary, the fees or allowances of each member of such committees are fixed by the Government and paid by the Board, which also assumes the administrative costs of each committee in accordance with the standards set by the Government.

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1970, c. 37, s. 31; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1979, c. 1, s. 32.

**45.** The Government shall appoint a secretary to each such committee.

Each committee shall appoint the other staff necessary for its operation in accordance with the standards the Government may prescribe in that regard.

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1970, c. 37, s. 32; 1970, c. 38, s. 13; 1973, c. 30, s. 9.

**46.** Three voting members, including the chairman or, if he is absent or unable to act, the vice-chairman, constitute a quorum.

In case of a tie-vote, the chairman or the vice-chairman has a casting vote.

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1970, c. 37, s. 33; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1979, c. 1, s. 33; 1981, c. 22, s. 12; 1999, c. 40, s. 29.

**47.** Where the Board believes that the insured services or a part of them for which a professional in the field of health has claimed or obtained payment during the 60 preceding months were not justified by medicine, optometry, dentistry or pharmacy and therefore were furnished more frequently than necessary or were dispensed in an excessive manner, it shall refer the matter to the appropriate revisory committee and must then inform the professional concerned.

Before making its recommendation, the revisory committee must allow the professional concerned to present observations.

Notification of a notice of investigation to the health professional by the Board suspends the 60-month prescription provided for in the first paragraph until the expiry of one year from the notification or until the investigation report is completed, whichever comes first.

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1970, c. 37, s. 34; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1973, c. 49, s. 45; 1974, c. 40, s. 12; 1979, c. 1, s. 34; 1997, c. 43, s. 62; 2016, c. 28, s. 24.

**48.** Every professional in the field of health and every institution must furnish to the committee, on request, any relevant document or information relating to a matter referred to it.

Upon request or of its own initiative, the professional inspection committee of a professional order may communicate to a revisory committee information it considers useful for the performance of the duties of the latter. In like manner, a revisory committee may, upon request or of its own initiative, communicate to a professional inspection committee information it considers useful for the performance of the duties of the latter. In this latter case, the revisory committee must inform the professional concerned.

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1970, c. 37, s. 35; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1973, c. 49, s. 45; 1979, c. 1, s. 35; 1992, c. 21, s. 375; 1994, c. 40, s. 457.

**49.** The revisory committee to which a matter has been referred under section 47 shall, after study, recommend to the Board either to pay the amount claimed in whole or in part or to refuse to pay that amount, or to require the reimbursement of any overpayment, by compensation or otherwise. The revisory committee may, before making its recommendation, obtain the opinion of the professional order concerned.

The revisory committee may base its recommendation on the fact that, in the dispensation of an insured service for a given period, an appreciable discrepancy is apparent between the record of practice of a professional and the records of practice of the professionals in the same discipline or carrying on the same activities under similar conditions or in similar social health regions.

The recommendation must be substantiated and signed by the chairman or the vice-chairman or the vice-chairman and the assenting members. Any dissenting member may make a separate report.

The recommendation, the separate reports of dissenting members and the opinions obtained must be transmitted by the secretary of the revisory committee, by registered mail, to the secretary of the Board.

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1970, c. 37, s. 36; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1979, c. 1, s. 36; 1994, c. 40, s. 457.

**50.** The Board must render a substantiated decision within 30 days of receiving the recommendation of the revisory committee and make compensation, except where the decision of the Board is not in conformity with the recommendation of the revisory committee. It must forthwith, by registered mail, inform the professional contemplated in the decision, the professional order and the professional federation or association concerned. The notice transmitted to the professional must be accompanied with a copy of the recommendation of the revisory committee.

***In force: 2017-03-07***

The Board may impose on the health professional a monetary administrative penalty equal to 15% of the payment the professional claimed or obtained for services referred to in the first paragraph of section 47, which it may collect by compensation, except if its decision is not in conformity with the recommendation of the revisory committee. When such a penalty is imposed, the notice transmitted to the professional must mention as much.

Any professional aggrieved by a decision rendered pursuant to the first or second paragraph may, within 60 days of notification of the decision, contest the decision before the Administrative Tribunal of Québec. The burden of proof that the decision of the Board is ill-founded is on the professional, except where the decision of the Board is not in conformity with the recommendation of the revisory committee, in which case the burden of proof is on the Board.

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1970, c. 37, s. 37; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1973, c. 49, s. 45; 1974, c. 40, s. 13; 1977, c. 5, s. 14; 1979, c. 1, s. 37; 1989, c. 50, s. 33; 1994, c. 40, s. 457; 1997, c. 43, s. 63; 2016, c. 28, s. 25.

**51.** If no proceeding has been brought at the expiry of the time for bringing a proceeding under the third paragraph of section 50, the Board may issue a certificate stating the name and address of the professional and attesting the amount of the debt and the professional's failure to contest the Board's decision before the Administrative Tribunal of Québec.

On the filing of the certificate at the office of the competent court, the decision becomes enforceable as if it were a final judgment of that court, is not subject to appeal, and has all the effects of such a judgment.

The second paragraph of section 18.3.2 applies, with the necessary modifications, to a professional to whom this section applies.

No recommendation of a revisory committee may be interpreted as approving or disapproving the competence of a professional contemplated in it or the quality of the acts in question.

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1970, c. 37, s. 38; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1973, c. 46, s. 43; 1973, c. 49, s. 40, s. 45; 1973, c. 52, s. 27; 1977, c. 5, s. 229; 1979, c. 1, s. 38; 1988, c. 21, s. 66; 1997, c. 43, s. 64; 1999, c. 40, s. 29; 2005, c. 40, s. 37; 2016, c. 28, s. 26.

**51.1.** Whenever the Board refers a matter to the revisory committee concerning a professional in the field of health in respect of which it has already rendered a decision in accordance with section 50 within the past 60 months, it may suspend in whole or in part the payment of the cost of insured services rendered by the professional provided there remains no other recourse against the decision it had rendered.

The suspension shall remain effective until the decision of the Board is rendered.

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1989, c. 50, s. 34.

**52.** The periods for prescription of a recourse against the Board for payment of insured services which have given rise to the application of section 47 are suspended from the time the Board refers the matter to a revisory committee until the Board informs the professional in the field of health of its decision or until the Administrative Tribunal of Québec has disposed of the proceeding, as the case may be.

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1970, c. 37, s. 39; 1970, c. 38, s. 13; 1973, c. 30, s. 9; 1973, c. 49, s. 45; 1979, c. 1, s. 39; 1997, c. 43, s. 65; 1999, c. 40, s. 29.

**52.1.** Sums owing to the Board pursuant to this Act bear interest at the rate fixed under section 28 of the Tax Administration Act ([chapter A-6.002](#)) from the forty-fifth day after the date on which the Board so notifies the debtor.

The amount of such interest is recoverable in the same manner as the principal debt.

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1981, c. 22, s. 13; 2010, c. 31, s. 175.

**53.** Every revisory committee must, not later than 31 March each year, report to the Minister on its activities for the year ending on the preceding 31 December.

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1970, c. 37, s. 40; 1970, c. 38, s. 13; 1973, c. 30, s. 9.

## **DIVISION VI**

### **COUNCILS OF ARBITRATION**

**54.** A dispute resulting from the interpretation or application of an agreement is submitted to a council of arbitration, to the exclusion of any court of civil jurisdiction.

The composition of the council of arbitration and the appointment of its members may be determined in an agreement. If the composition and appointment are not so determined, they are determined by the Minister of Labour after consultation with the bodies representing professionals in the field of health.

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1970, c. 37, s. 41; 1970, c. 38, s. 14; 1981, c. 22, s. 14; 1982, c. 53, s. 56; 1994, c. 12, s. 15; 1996, c. 29, s. 43.

**54.1.** The Minister shall appoint the clerk of the council of arbitration. The clerk is remunerated by the Board.

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1981, c. 22, s. 15.

**55.** A member of a council of arbitration shall not have any pecuniary interest in the dispute submitted to the council or have acted in such dispute in any capacity and he must, before acting, be sworn to render the award according to law.

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1970, c. 37, s. 42; 1970, c. 38, s. 15.

**56.** Such a council shall proceed with all dispatch to inquire into the dispute in accordance with such procedure and mode of proof as it deems appropriate.

It must, however, convene the parties to the dispute and allow them to be heard either personally or through their duly appointed representatives, to examine the witnesses and to set forth their arguments.

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1970, c. 37, s. 43.

**57.** The president of such a council shall have all the powers of a judge of the Superior Court over the sittings of the council and any person who testifies before the council shall

have the same privileges and immunities as a witness before the Superior Court; the president of such a council, however, cannot order imprisonment.

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1970, c. 37, s. 44.

**58.** Upon application by the parties or the council of arbitration, the witnesses shall be summoned by a written order, signed by the clerk of the council, who may administer the oath.

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1970, c. 37, s. 45; 1981, c. 22, s. 16.

**59.** Any person duly summoned to appear before a council of arbitration who refuses to attend or to testify may be compelled to do so as if he had been summoned under the Code of Civil Procedure ([chapter C-25.01](#)).

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1970, c. 37, s. 46; 1990, c. 4, s. 79; I.N. 2016-01-01 (NCCP).

**60.** Witnesses shall be entitled to the same indemnity and allowances as witnesses before the Superior Court. Such amount shall be payable by the party who summoned or examined them.

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1970, c. 37, s. 47; I.N. 2016-01-01 (NCCP).

**61.** The award of a council of arbitration must give reasons for the decision and be signed by its president and, if such council consists of several members, by the members who concur in it.

A dissenting member may make a separate report.

Failing unanimity or majority agreement, the report of the president shall constitute the award of the council.

The clerk of the council shall send the award of the council to the parties by registered mail.

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1970, c. 37, s. 48; 1970, c. 38, s. 16; 1975, c. 83, s. 84; 1981, c. 22, s. 17; I.N. 2016-01-01 (NCCP).

**62.** The award of a council of arbitration binds the parties; it shall be homologated, at the request of one of the parties, by the Superior Court or the Court of Québec according to their respective jurisdictions, and the judgment is then executory under the authority of the court which homologated the award.

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1970, c. 37, s. 49; 1981, c. 22, s. 18; 1988, c. 21, s. 66.

## **DIVISION VII**

### **INFORMATION**

**63.** The members, officers and employees of the Board and the members and employees of a revisory committee established under section 41 and of a council of arbitration contemplated by section 54 shall not reveal, otherwise than in accordance with article 283 of the Code of Civil Procedure ([chapter C-25.01](#)), information obtained for the carrying out of this Act.

However, a person referred to in the first paragraph may, in order to prevent an act of violence, including a suicide, release information in accordance with the provisions of sections 59.1 and 60.1 of the Act respecting Access to documents held by public bodies and the Protection of personal information ([chapter A-2.1](#)).

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1970, c. 37, s. 50; 1970, c. 38, s. 17; 1973, c. 30, s. 10; 2001, c. 78, s. 3; 2005, c. 32, s. 239; 2007, c. 31, s. 3; 2012, c. 23, s. 145; I.N. 2016-01-01 (NCCP).



**64.** A person who has furnished or received a service insured by the Board, his advocate or his representative duly authorized by or acting for him under the law may have access, notwithstanding section 83 of the Act respecting Access to documents held by public bodies and the Protection of personal information ([chapter A-2.1](#)), only to the following information:

- (a) the date on which the service was furnished;
- (b) the name and address of the person who furnished the service;
- (c) the sums paid by the Board for the service and the name of the persons to whom they were paid.

The Board shall be required to disclose such information to the Minister of Revenue of Québec or to the Minister of Revenue of Canada, to the extent that such communication is necessary for the administration of an Act whose administration is under the responsibility of either of them, whenever he makes application to it therefor and it must disclose to the Minister of Health of Canada the information which it has obtained for the carrying out of this Act, whenever he makes application to it therefor, but it shall disclose such information only to such extent as is required for the purposes of the carrying out of the Canada Health Act (Revised Statutes of Canada, 1985, chapter C-6). In such cases, section 63 shall not apply to the members of the Board or to the officers and employees thereof authorized by it to disclose the information contemplated in this paragraph.

The Board must, in the cases, conditions and circumstances and for the services determined by regulation, transmit to every insured person for whom it has paid insured services a statement giving

- (a) the name of the health professional, of the institution, of the laboratory or of any person having furnished the services;
- (b) the dates on which the services were furnished;
- (c) the cost of each provision of service received by an insured person; and
- (d) the total sum thus paid for such services.

The Board is bound to verify periodically, using sampling techniques, whether the insured services of which it has assumed the cost have in fact been furnished.

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1970, c. 37, s. 51; 1974, c. 40, s. 14; 1979, c. 1, s. 40; 1981, c. 22, s. 19; 1986, c. 95, s. 19; 1987, c. 68, s. 20; 1989, c. 50, s. 35; 1991, c. 42, s. 576; 1992, c. 21, s. 375; S.C. 1996, c. 8, s. 32; 1999, c. 89, s. 32, s. 42.

**65.** Section 63 does not prohibit the disclosure of information obtained for the carrying out of this Act to the board of directors of the Ordre professionnel des médecins du Québec, the board of directors of the Ordre professionnel des dentistes du Québec, the board of directors of the Ordre professionnel des optométristes du Québec, the board of directors of the Ordre professionnel des pharmaciens du Québec or the board of directors of any professional order to which a dispenser belongs or to which a person who provides an insured service for a dispenser belongs, or to the disciplinary council or the professional inspection committee of each of such orders or regarding the professionals of an institution, to the council of physicians, dentists and pharmacists of such institution.

Neither does it prohibit the communication of information obtained for the carrying out of this Act

- (1) to a body responsible by law for the prevention, detection or repression of crime or statutory offences, if the information is necessary to prosecute an offence under an Act applicable in Québec; or

(2) to a body referred to in the seventh paragraph if the information is necessary to prevent, detect or repress an offence under an Act applicable in Québec.

The Board is bound to disclose to the Minister and to the body with which the Minister has made an agreement under section 19, in non-nominative form, the information required for the making and carrying out of such an agreement, the management of staff subject to the application of the agreement, and the monitoring of the cost of the measures provided for therein.

The Board is bound to disclose to the body with which the Minister has made an agreement, the name of a professional in the field of health who has received a remuneration from the Board, the amount of the remuneration, the number and nature of the insured services thus remunerated and the date when they were furnished, whenever it has been duly authorized for that purpose in writing by that professional. In such a case, the Board is bound to disclose that information to the Minister, except the name of the professional in the field of health.

The Board is bound to disclose to every institution and regional department of general medicine governed by the Act respecting health services and social services ([chapter S-4.2](#)) the information concerning the remuneration of a physician that is required for verifying fulfillment of any obligation under the Act to promote access to family medicine and specialized medicine services ([chapter A-2.2](#)). The information must specify, in particular, for each physician, the proportion of his or her practice carried on in each region and, as applicable, each territory identified in the primary care family physician distribution plan prepared under 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](#)). The Board shall also produce and send to the Minister of Health and Social Services the statistics the Minister deems necessary for preparing and assessing the implementation of any primary care family physician distribution plan. The information disclosed under this paragraph must not allow an insured person to be identified.

The Board may also, in accordance with the conditions and formalities provided for in the Act respecting Access to documents held by public bodies and the Protection of personal information ([chapter A-2.1](#)), forward to an institution or a health professional, in order that the information contained in the local files or index of that institution or professional be up-to-date, exact and complete or, where applicable, to verify the eligibility of a person to the health insurance plan, the prescription drug insurance plan established by the Act respecting prescription drug insurance ([chapter A-29.01](#)) or the hospital insurance plan established by the Hospital Insurance Act ([chapter A-28](#)), the following information: the name, date of birth, sex, address, language code, health insurance number, expiration date of the health insurance card, telephone number, date of death and social insurance number of each user, beneficiary, patient or insured person of the institution or person to whom the health professional provides health services, as well as the names of the mother and father or, where applicable, of the legal representative of the user, beneficiary, patient or insured person. The social insurance number may only be forwarded to verify the validity or facilitate the transfer of the other information.

It may also in accordance with the conditions and formalities prescribed by the Act respecting Access to documents held by public bodies and the Protection of personal information, transmit the same information to the Department of Human Resources and Social Development of Canada, the Department of Citizenship and Immigration of Canada, Héma-Québec as well as to the following departments or agencies of the Gouvernement du Québec: the Ministère de la Santé et des Services sociaux, the Ministère de l'Emploi et de la Solidarité sociale, the Ministère du Travail, the Ministère des Transports, the Ministère de l'Éducation, du Loisir et du Sport, the Ministère de l'Enseignement supérieur, de la Recherche, de la Science et de la Technologie, the Ministère de l'Immigration et des Communautés culturelles, the Ministère des Finances, the Ministère des Ressources naturelles et de la Faune, the Agence du revenu du Québec, Retraite Québec, the Société de

l'assurance automobile du Québec, the Commission des normes, de l'équité, de la santé et de la sécurité du travail and the Public Curator.

The Board may inform the Department of National Health and Social Welfare that the information referred to in the sixth paragraph, previously transmitted to the Board by that department, is not in conformity with the information it holds. It may also inform that department of the date of death of an insured person.

No such institution, department or agency may disclose the information so obtained to any other person.

The Board may transmit to the director of youth protection of a child and youth protection centre, on request, the name, date of birth, sex, address, and date of death of any person entered in its register of insured persons for the purpose of enabling a person to find, in accordance with the Civil Code, an adopted person or his biological parents.

The Board may also transmit to the Ministère de la Sécurité publique and the Commission québécoise des libérations conditionnelles, on request, the address, telephone number, language code and, if applicable, the date of death of a person entered in its register of beneficiaries to allow the information described in section 175 of the Act respecting the Québec correctional system ([chapter S-40.1](#)) to be released.

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1970, c. 37, s. 52; 1971, c. 47, s. 13; 1973, c. 46, s. 43, s. 44, s. 49; 1973, c. 49, s. 40, s. 41, s. 45; 1973, c. 51, s. 39, s. 40, s. 46; 1973, c. 52, s. 27, s. 28, s. 31; 1977, c. 5, s. 229; 1979, c. 1, s. 41; 1979, c. 77, s. 34; 1979, c. 63, s. 329; 1979, c. 45, s. 150; 1981, c. 9, s. 7; 1981, c. 22, s. 20; 1982, c. 53, s. 57; 1984, c. 47, s. 209; 1985, c. 21, s. 18; 1985, c. 23, s. 24; 1986, c. 95, s. 20; 1988, c. 41, s. 88; 1988, c. 82, s. 215; 1990, c. 19, s. 11; 1991, c. 42, s. 577; 1992, c. 19, s. 6; 1991, c. 42, s. 577; 1992, c. 44, s. 81; 1992, c. 21, s. 108, s. 375; 1993, c. 51, s. 17; 1994, c. 8, s. 12; 1994, c. 12, s. 16; 1994, c. 15, s. 34; 1994, c. 16, s. 50; 1994, c. 17, s. 76; 1994, c. 40, s. 457; 1996, c. 29, s. 43; 1996, c. 21, s. 33; 1997, c. 63, s. 128; 1997, c. 73, s. 90; 1998, c. 39, s. 180; 1999, c. 36, s. 37; 1999, c. 89, s. 33, s. 42; 2001, c. 24, s. 105; 2001, c. 44, s. 30; 2002, c. 66, s. 20; 2004, c. 11, s. 62; 2005, c. 11, s. 22; 2005, c. 24, s. 22; 2005, c. 28, s. 195; 2005, c. 32, s. 240; 2006, c. 3, s. 35; 2006, c. 22, s. 158; 2006, c. 22, s. 159; 2002, c. 24, s. 209; 2007, c. 21, s. 27; 2008, c. 11, s. 212; 2009, c. 45, s. 2; 2010, c. 31, s. 175; 2013, c. 4, s. 12; 2012, c. 23, s. 146; 2013, c. 28, s. 202; 2015, c. 15, s. 121; 2015, c. 20, s. 61; 2015, c. 25, s. 1; 2016, c. 28, s. 28.

**65.0.0.1.** If a person is found guilty of an offence under this Act or its regulations, the Board must inform the professional order of which the person is a member, if any.

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2016, c. 28, s. 29.

**65.0.1.** The Board shall send the Chief Electoral Officer notice of any change in the name, address, date of birth or sex of an insured person whose name is entered on the permanent list of electors established under section 40.1 of the Election Act ([chapter E-3.3](#)), and, where applicable, of the date of the person's death and the corresponding address expiry codes. The Board shall also send the Chief Electoral Officer the name, address, date of birth and sex of any insured person of full age who has informed the Board that he has acquired Canadian citizenship or has stated, on registering for the first time with the Board, that he holds Canadian citizenship. The Board shall send the Chief Electoral Officer the same information concerning any insured person who is about to reach 18 years of age, at least six months before the person's 18th birthday, and concerning any insured person who meets the criteria set out in subparagraphs 1 to 3 of the first paragraph of section 1 of the Election Act and whose name is not yet entered on the permanent list of electors.

After receiving an advisory opinion from the Commission d'accès à l'information, the Board shall send the Chief Electoral Officer, on request, any other personal information needed to compile and update the permanent list of electors.

The Board shall also send the Chief Electoral Officer, on request, a list of all the residential addresses in Québec.

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1995, c. 23, s. 52; 1997, c. 98, s. 19; 1998, c. 52, s. 107; 1999, c. 89, s. 42; 2006, c. 22, s. 160; 2008, c. 22, s. 84.

**65.0.2.** The Board shall transmit to a collector appointed in accordance with article 322 of the Code of Penal Procedure ([chapter C-25.1](#)), pursuant to an agreement entered into with the Minister of Justice, the address and, where applicable, the date of death of a person who has failed, within the prescribed time, to pay a sum due within the meaning of that Code.

The agreement shall be submitted to the Commission d'accès à l'information for its opinion according to the procedure under section 70 of the Act respecting Access to documents held by public bodies and the Protection of personal information ([chapter A-2.1](#)).

For the duration of such an agreement, article 323 of the Code of Penal Procedure shall cease to apply to the competent authority of the Board and to the persons mentioned in section 63 of this Act.

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1999, c. 89, s. 34.

**65.0.3.** The Board shall release information as provided by the Act respecting the sharing of certain health information ([chapter P-9.0001](#)).

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2012, c. 23, s. 147.

**65.0.4.** The Board shall use the information obtained for the carrying out of this Act to exercise the functions provided for in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#)).

It shall also use that information to exercise the functions assigned to it by the Act to promote access to family medicine and specialized medicine services ([chapter A-2.2](#)).

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2015, c. 25, s. 1.

**65.1.** Following the registration as insured person of a person from another province, the Board may transmit the following information to the persons responsible for the administration of the equivalent plan in the other province to enable them to determine the date of termination of that person's eligibility for insured services under that province's plan: the insured person's name, date of birth, sex, date of arrival in Québec, address, health insurance number, as well as his health insurance number in his province of origin and the date on which she became eligible for insured services under the Québec plan.

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1990, c. 56, s. 2; 1999, c. 89, s. 42.

**65.2.** The Board may, for the purpose of determining a person's eligibility under a reciprocity agreement entered into under section 10 of the Act respecting the Ministère de la Santé et des Services sociaux ([chapter M-19.2](#)), inform the Ministère de l'Immigration et des Communautés culturelles, following an application for a certificate of eligibility under the reciprocity agreement filed by a person, as to whether or not that person is eligible for services under the health insurance plan.

The Board may also, for the purpose of obtaining a reimbursement of the cost assumed by it for services provided to a person pursuant to a reciprocity agreement entered into under section 10 of the Act respecting the Ministère de la Santé et des Services sociaux, transmit to the person or body to which the claim has been submitted the date on which a service was furnished, the nature of the service, the name, address and profession of the person who provided the service and the amount incurred by the Board for the service.

1999, c. 89, s. 35; 2005, c. 24, s. 23.

**66.** The members of the Board and its officers and employees must furnish the persons and bodies mentioned in the first paragraph of section 65, every committee of revision established under section 41 and any council of arbitration contemplated in section 54 with the information which they have and which they have obtained for the carrying out of this Act, whenever required to do so for the purposes of an inquiry held by such a person, body, such committee or council respecting any professional subject to their competence.

The same shall apply to members and employees of the committees of revision established under section 41 and of the councils of arbitration contemplated in section 54 with respect to the persons or bodies mentioned in the first paragraph of section 65, in the circumstances contemplated in the preceding paragraph.

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1970, c. 37, s. 53; 1970, c. 38, s. 18; 1973, c. 30, s. 11; 1986, c. 95, s. 21.

**66.0.1.** *(Repealed).*

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1994, c. 8, s. 13; 1996, c. 32, s. 99; 2002, c. 27, s. 41; 2010, c. 15, s. 56.

**66.1.** The Board shall send to the Minister or to the council of physicians, dentists and pharmacists of an institution, upon request, the group practice profile of the health professionals of an institution or of those who practise the same kind of activity in a facility maintained by the institution. That information must contain no mention of the name or address of any professional.

The Board shall send to the head of a clinical department of a hospital centre, upon request, the individual practice profile in an institution of professionals in the field of health who practise their profession in his department.

The Board shall also send, on request, to an agency referred to in the Act respecting health services and social services ([chapter S-4.2](#)), in a non-nominative form, the individual or group practice profiles of the health professionals who practise in the region concerned together with information, in nominative form concerning the specialty in which general practitioners and medical specialists are classified, the fact that they receive or do not receive remuneration from the Board, and the location of their practice, in other words the name of the institution concerned if they practise in a centre operated by an institution, or the name of the locality, in other cases. The Board shall also, on request, send the practice profiles to the organization representing general practitioners and the organization representing medical specialists with which the Minister has entered into an agreement within the meaning of section 19, and to the group formed by the health and social services agencies.

The Government may, by regulation, determine the information that must be given in the practice profile.

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1981, c. 22, s. 21; 1984, c. 47, s. 209; 1991, c. 42, s. 578; 1992, c. 21, s. 109, s. 375; 1998, c. 39, s. 181; 2005, c. 32, s. 241, s. 309.

**67.** Section 63 shall not prohibit the disclosure for statistical purposes of information obtained for the carrying out of this Act, provided that it cannot be connected with individual persons.

No person may use, for purposes other than those provided for by this Act, any information obtained by the Board.

It does not prohibit the disclosure to the Minister of information on insured services furnished by territory or by kind of activity in a territory or facility maintained by an institution. The information must contain no mention of the name or address of any professional.



Neither does it prohibit the disclosure to the Minister of Employment and Social Solidarity of the nature of the services, medications, devices and other equipment that compensate for a physical deficiency, visual or hearing aids or communication devices the cost of which is assumed or reimbursed by the Board under subparagraphs *b* and *c* of the first paragraph, the second, the third, the fifth, the sixth, the seventh and the eighth paragraphs of section 3, the date on which such things or services were supplied and their cost with respect to each person and family eligible under a last resort financial assistance program provided for in the Individual and Family Assistance Act ([chapter A-13.1.1](#)) holding a valid claim booklet issued under sections 70 or 71.1.

Neither does it prohibit the disclosure of information obtained for the carrying out of this Act to the Institut de la statistique du Québec established under the Act respecting the Institut de la statistique du Québec ([chapter I-13.011](#)) where such disclosure is necessary for the carrying out of its functions, in accordance with the conditions and in the manner provided for in the Act respecting Access to documents held by public bodies and the Protection of personal information ([chapter A-2.1](#)).

Nor does it prohibit the disclosure of information obtained for the carrying out of this Act to the Société de l'assurance automobile du Québec and to the Ministère de la Santé et des Services sociaux for the purpose of determining the cost of health services provided following an automobile accident, in accordance with section 155.4 of the Automobile Insurance Act ([chapter A-25](#)).

It does not prohibit the disclosure of information obtained for the carrying out of this Act to a person, department or body entrusted by the Board with a mandate pursuant to section 67.2 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

Neither does it prohibit the communication of information, in accordance with the conditions and formalities prescribed by the Act respecting Access to documents held by public bodies and the Protection of personal information, to the Minister of Health and Social Services, a public health director, the Institut national de santé publique du Québec or a third person referred to in the second paragraph of section 34 of the Public Health Act ([chapter S-2.2](#)), where such information is needed to implement a surveillance plan established in accordance with that Act.

Furthermore, it does not prohibit that information obtained for the carrying out of this Act be disclosed to a person authorized by the Commission d'accès à l'information to use such information for purposes of research in the fields of health and social services.

It does not prohibit the communication to the Minister of Health and Social Services, in accordance with the conditions and formalities prescribed by the Act respecting Access to documents held by public bodies and the Protection of personal information, of information required to assess and evaluate health and social services under subparagraph 13 of the second paragraph of section 431 of the Act respecting health services and social services ([chapter S-4.2](#)).

Neither does it prohibit the communication to the Minister of Health and Social Services, in accordance with the conditions and formalities prescribed by the Act respecting Access to documents held by public bodies and the Protection of personal information, of the information necessary to advise the Minister on any matter the Minister refers to the Board and to inform the Minister of any problem or any matter which, in the Board's opinion, warrants examination or action by the Minister or by any other minister or body with an interest in the administration or implementation of a program in accordance with subparagraph *c* of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#)).

Nor does it prohibit the release to the Institut national d'excellence en santé et en services sociaux of information in non-nominative form obtained for the carrying out of this Act, if that information is necessary for the purposes of the Act respecting the Institut national d'excellence en santé et en services sociaux ([chapter I-13.03](#)).

Nor does it prohibit the release to the institute of personal information if that information is necessary for the purposes of the Act respecting the Institut national d'excellence en santé et en services sociaux and is in accordance with the conditions and formalities prescribed by the Act respecting Access to documents held by public bodies and the Protection of personal information ([chapter A-2.1](#)).

Nor does it prohibit the disclosure of information obtained for the carrying out of this Act to the Minister of Revenue

(1) for the purposes of Division I.1 of Chapter IV of the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#)), to enable the Minister of Revenue to verify the amounts payable pursuant to sections 37.6 and 37.8 of that Act;

(2) for the purposes of paragraph *m* of section 69.1 of the Tax Administration Act ([chapter A-6.002](#)) to enable the Board to verify whether a person is a resident or a temporary resident of Québec within the meaning of this Act, or whether a person was required to register for the prescription drug insurance plan established by the Act respecting prescription drug insurance ([chapter A-29.01](#)); or

(3) for the purposes of section 28.1 of the Act respecting prescription drug insurance to enable the Board to obtain statistical information in non-nominative form from the Minister of Revenue with a view to establishing the maximum amount referred to in section 23.

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1970, c. 37, s. 54; 1971, c. 47, s. 14; 1973, c. 30, s. 12; 1979, c. 1, s. 42; 1981, c. 9, s. 37; 1981, c. 22, s. 22; 1982, c. 53, s. 57; 1984, c. 47, s. 17; 1989, c. 50, s. 36; 1988, c. 51, s. 102; 1991, c. 42, s. 579; 1992, c. 44, s. 81; 1992, c. 21, s. 110, s. 375; 1994, c. 8, s. 14; 1994, c. 12, s. 17; 1996, c. 32, s. 100; 1997, c. 63, s. 128; 1998, c. 44, s. 45; 1999, c. 22, s. 40; 1998, c. 36, s. 168; 1999, c. 89, s. 36; 2001, c. 44, s. 30; 2001, c. 60, s. 144; 2002, c. 27, s. 32; 2005, c. 15, s. 143; 2009, c. 45, s. 3; 2010, c. 15, s. 57; 2010, c. 31, s. 175; 2016, c. 28, s. 30.

**68.** Every health professional to whom an agreement applies, whatever his basis of remuneration, is bound to furnish the Board with only the information or documents needed by the Board to evaluate a statement of fees or a request for payment concerning insured services furnished by him to an insured person or for purposes of the application of sections 2.1, 24.1 and 24.2 of the Act respecting the Régie de l'assurance maladie du Québec ([chapter R-5](#)) and sections 18 and 64 of this Act.

An institution which must attest a health professional's statement of fees or request for payment must do so solely with regard to insured services within the meaning of section 3.

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1970, c. 37, s. 55; 1979, c. 1, s. 43; 1990, c. 56, s. 3; 1991, c. 42, s. 580; 1992, c. 21, s. 375; 1999, c. 89, s. 42.

**68.1.** The Commission des normes, de l'équité, de la santé et de la sécurité du travail, the Société de l'assurance automobile du Québec and any university must furnish to the Board, at the request of its president and chief executive officer, the amount of the remuneration paid to the whole body of professionals in the field of health who are subject to the application of an agreement, or to a class of them according to the nature of the activity they practise.

The Board shall transmit the information to the Minister on request.

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1981, c. 22, s. 23; 1990, c. 19, s. 11; 1990, c. 56, s. 4; 2007, c. 21, s. 28; 2015, c. 15, s. 237.

**68.2.** The Ministère de la Santé et des Services sociaux must forward to the Board, on request, the name of persons in residential care who are subject to the contributory plan for



adults in residential care, in order to allow the Board to issue, to those persons, a health insurance card or eligibility card that does not include their photograph and signature.

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1992, c. 21, s. 111; 1999, c. 89, s. 42.

## **DIVISION VIII**

### **REGULATIONS**

**69.** The Government may, after consultation with the Board or upon its recommendation, in addition to the regulatory powers conferred upon it by this Act, make regulations to:

(a) prescribe anything that may be prescribed under this Act;

(b) determine among the services contemplated in section 3 those which are not to be considered insured services, and how often some of those contemplated in subparagraph c of the first paragraph or in the second paragraph of section 3 may be rendered in order to remain insured services;

(b.1) prescribe the cases, conditions or circumstances in which the services contemplated in section 3 are not considered insured services for all insured persons or those insured persons it indicates;

(b.2) determine which services provided by physicians for problems related to colour blindness or refraction must not be considered insured services for insured persons determined under such regulations according to their age or according as to whether or not they hold a valid claim booklet issued pursuant to section 71 or 71.1;

(b.3) determine, for mammography services used for detection purposes, which services are not to be considered insured services for insured persons determined under such regulation, according to their age and in the places of practice designated by the Minister or by a person the Minister authorizes in writing for the dispensing of such services, and prescribe the intervals at which such services must be rendered in order to remain insured services. The intervals may vary according to the cases, conditions and circumstances indicated therein;

(c) determine which services of oral surgery are to be considered insured services for the purposes of subparagraph b of the first paragraph of section 3;

(c.1) determine which family planning services are to be considered insured services for the purposes of subparagraph d of the first paragraph of section 3;

(c.2) determine the fertility preservation services that must be considered insured services for the purposes of subparagraph f of the first paragraph of section 3 and, if applicable, in which cases and on which conditions they must be considered as such;

(d) determine which services rendered by dentists are to be considered insured services for the purposes of the second paragraph of section 3 in respect of each class of insured persons contemplated therein;

(e) fix the age at which a person is entitled to insured services under the second paragraph of section 3;

(e.1) determine which services rendered by pharmacists must be considered insured services for the purposes of the third and fourth paragraphs of section 3 and prescribe the intervals at which certain of those services must be rendered to remain insured services. The intervals may vary according to the cases, conditions and circumstances it indicates;

(e.2) determine, among the services provided by pharmacists that are to be considered insured services for the purposes of the third and fourth paragraphs of section 3, those that must relate to a medication on the list of medications drawn up by the Minister under section 60 of the Act respecting prescription drug insurance ([chapter A-29.01](#));

(f) prescribe, beyond the amount whose payment is assumed by the Board in conformity with section 60 of the Act respecting prescription drug insurance, the amount or the mode of fixing the fees which may be required from insured persons by a pharmacist, the terms and conditions under which they are to be collected and the cases of total or partial exemption, with or without conditions;

(g) determine which services rendered by optometrists are considered insured services for the purposes of subparagraph c of the first paragraph of section 3 and fix the age of insured persons who may receive such services or some of them;

(h) determine the physical deficiencies, the services and the sets or subsets of devices that compensate for a physical deficiency that must be considered to be insured services for the purposes of the fifth paragraph of section 3, fix the age of the insured persons referred to therein and determine classes of insured persons, determine the cost that may be assumed by the Board on behalf of an insured person with a physical deficiency and the cases and conditions in and on which the Board assumes the cost of those insured services and in and on which the services are furnished, and prescribe the cases and conditions in and on which such property may or must be recovered;

(h.1) determine the visual deficiencies, the services and the sets or subsets of visual aids that must be considered to be insured services for the purposes of the sixth paragraph of section 3, fix the age of the insured persons referred to therein and determine classes of insured persons, determine the cost reimbursed by the Board to an institution recognized by the Minister in respect of an insured person with a visual deficiency and the cases and conditions in and on which the Board reimburses the cost of the insured services and in and on which the services are furnished, and prescribe the cases and conditions in and on which such visual aids may or must be recovered;

(h.2) determine the hearing deficiencies, the services and the sets or subsets of hearing aids that must be considered to be insured services for the purposes of the seventh paragraph of section 3, fix the age of the insured persons referred to therein and determine the classes of insured persons, determine the cost that the Board may assume on behalf of an insured person with a hearing deficiency, determine the cases and conditions in and on which the Board assumes the cost of such insured services and in and on which the services are furnished, prescribe the terms and conditions for claims and payments, and prescribe the cases and conditions in and on which such hearing aids may or must be recovered;

(h.2.1) determine the communication-related physical deficiencies, the services and the sets or subsets of communication devices that must be considered to be insured services for the purposes of the eighth paragraph of section 3, fix the age of the insured persons referred to therein and determine the classes of insured persons, determine the cost reimbursed by the Board to an institution recognized by the Minister in respect of an insured person with a communication-related physical deficiency and the cases and conditions in and on which the Board assumes the cost of such insured services and in and on which the services are furnished, and prescribe the cases and conditions in and on which such communication devices may or must be recovered;

(h.3) determine what persons, outside Québec and, for each territory defined therein, in Québec other than an institution or laboratory, may furnish certain categories of insured services contemplated in the fifth paragraph of section 3 for which a determined cost may be claimed from the Board by the insured person, the categories of services the cost of which may be so claimed, and fix the maximum cost that may be exacted from the insured person by such persons;

(i) determine what constitutes a hospital centre outside Québec, or a university establishment, for the purposes of subparagraph b of the first paragraph of section 3;

(i.1) determine the activities or administrative tasks carried out by a health professional which shall be considered to be insured services for the purposes of the eleventh paragraph of

section 3;

(j) determine, for the purposes of section 5, the conditions to be met by a person referred to therein and the time at which and the conditions subject to which a person becomes a resident of Québec and the time at which and the conditions subject to which a person ceases to be a resident of Québec, and determine the classes of persons referred to in paragraph 5;

(j.1) determine the cases and conditions in and subject to which and the time at which a person referred to in section 5.01 becomes a temporary resident of Québec;

(j.2) determine the cases and conditions in and subject to which a person who is a resident of Québec retains the status of resident despite being absent from Québec and determine the period during which the status of resident may be retained;

(j.2.1) determine the time at which a person loses the status of temporary resident of Québec and the conditions applicable to a loss of status;

(j.3) determine the period of extension of eligibility for persons who are resident of Québec who settle in another Canadian province;

(k) *(subparagraph repealed)*;

(l) determine the conditions to be met by a person who registers with the Board, the information and documents he must provide, the time of year of registration, and in what cases, conditions and circumstances and by what methods a person must register with the Board and the cases in which an application for registration may be made by one person on behalf of another;

(l.1) prescribe standards relating to the photograph which a person must supply when registering with the Board or when applying for a renewal of registration or the replacement of a health insurance card or eligibility card;

(l.2) determine the terms and conditions according to which an application for registration, for renewal of registration or for the replacement of a health insurance card or eligibility card must be authenticated, the categories of persons, the government departments, the public bodies and the institutions which, in addition to the Board, are authorized to authenticate such applications according to the categories of insured persons it indicates, the documents that must be presented by the applicant, and the conditions the applicant must fulfil at the time his application is authenticated;

(m) determine the conditions upon which health insurance cards may be renewed or replaced, and the cases in which they must be returned to the Board, and fix the expiration date thereof;

(m.1) determine the conditions upon which eligibility cards may be renewed or replaced, and the cases in which they must be returned to the Board, and fix the expiration date thereof;

(m.2) *(subparagraph repealed)*;

(n) establish standards to determine the emergency cases in which the Board shall pay the remuneration provided for in an agreement, to a professional who has withdrawn or a non-participating professional, for insured services which he renders to an insured person;

(o) determine the number and categories of scholarships or research scholarships, the amount and the mode of payment of the scholarships and the terms and conditions on which a territory is assigned to any recipient of a bursary;

(p) prescribe the terms of the engagement to be fulfilled by any scholar in addition to the conditions provided by this Act;

(q) determine the cases, conditions or circumstances and services for which the Board must send to an insured person a statement of insured services that it has paid for him, and how often it must send it;

(r) *(subparagraph replaced)*;

(s) prescribe the tenor of the engagement that must be fulfilled by a professional receiving an incentive premium and determine the number and the amount of incentive premiums and the composition and mode of operation of a jury contemplated in section 77.4;

(t) determine the cases or circumstances where a professional in the field of health who is subject to the application of an agreement is entitled to be remunerated by the Board for insured services he has furnished in person to an insured person who did not present his health insurance card;

### **Not in force**

(t.1) determine the manner in which an insured person is informed of the cost of an insured service provided by a health professional;

(u) *(subparagraph repealed)*;

(v) determine the cases in which and the conditions on which the Board may reimburse or assume payment of an amount effectively claimed for insured medical services;

(w) *(subparagraph repealed)*;

(x) *(subparagraph repealed)*.

The Minister or the person the Minister authorizes in writing must publish on the website of the Ministère de la Santé et des Services sociaux a list of the places designated for the purposes of subparagraph *b.3* of the first paragraph and every update of the list. The list and any updates of it come into force on the date the places are designated.

Every regulation made pursuant to subparagraphs *b* to *e*, *g*, *i* or *i.1* of the first paragraph shall have effect, even with regard to health professionals bound by a valid agreement and notwithstanding any stipulation of such an agreement, on the date or dates fixed in the regulation.

However, a regulation made pursuant to subparagraph *b.1* of the first paragraph shall have effect, even with regard to health professionals bound by a valid agreement and notwithstanding any stipulation of such an agreement, on the date or dates fixed in the regulation, with the exception of a regulation having the effect of determining which services are not considered to be insured services in cases, conditions or circumstances which take into account the place of practice where they are dispensed.

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1970, c. 37, s. 56; 1970, c. 38, s. 19; 1970, c. 42, s. 17; 1971, c. 47, s. 15; 1973, c. 30, s. 13; 1973, c. 49, s. 45; 1974, c. 40, s. 15; 1979, c. 1, s. 44; 1981, c. 22, s. 24; 1985, c. 23, s. 3; 1986, c. 79, s. 4; 1986, c. 99, s. 1; 1989, c. 50, s. 37; 1990, c. 56, s. 5; 1991, c. 42, s. 581; 1992, c. 19, s. 7; 1992, c. 21, s. 112; 1991, c. 42, s. 581; 1992, c. 21, s. 375; 1994, c. 8, s. 15; 1996, c. 32, s. 101; 1998, c. 39, s. 182; 1999, c. 40, s. 29; 1999, c. 89, s. 37, s. 42; 2002, c. 66, s. 22; 2007, c. 21, s. 29; 2009, c. 30, s. 48; 2015, c. 8, s. 193; 2015, c. 25, s. 16.

### **69.0.1. (Repealed).**

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1989, c. 50, s. 38; 1994, c. 8, s. 16; 2007, c. 21, s. 30.

**69.0.1.1.** The Conseil du trésor may, after consulting or on the recommendation of the Board, make regulations under the seventh and eighth paragraphs of section 19.

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2002, c. 66, s. 23.

**69.0.2.** Regulations under section 69.0.1.1 are not subject to the provisions concerning the obligation of publication and the date of coming into force which are set out in sections 8 and 17 of the Regulations Act ([chapter R-18.1](#)).

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1989, c. 50, s. 38; 1991, c. 42, s. 582; 1992, c. 21, s. 113; 1996, c. 32, s. 102; 2002, c. 66, s. 24.

**69.1.** (*Repealed*).

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1985, c. 23, s. 4; 1991, c. 42, s. 583; 1992, c. 21, s. 114; 1996, c. 32, s. 103.

**69.2.** The Minister may make regulations to determine the territories or places of practice situated therein that he considers to be understaffed with regard to all professionals or to some of them, taking into account the type of their activity.

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1991, c. 42, s. 584.

**70.** The Minister of Employment and Social Solidarity shall issue a claim booklet in the form he prescribes to every person or family eligible under a last resort financial assistance program provided for in the Individual and Family Assistance Act ([chapter A-13.1.1](#)) or who or which is a recipient of an allowance paid under the second paragraph of section 67 of the Social Aid Act (1969, chapter 63), attesting that he or it is entitled to the services contemplated in the third paragraph of section 3, for the period provided in such booklet.

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1971, c. 47, s. 16; 1974, c. 40, s. 16; 1975, c. 60, s. 2; 1977, c. 44, s. 4; 1979, c. 1, s. 45; 1981, c. 9, s. 37; 1982, c. 53, s. 57; 1988, c. 51, s. 103; 1992, c. 44, s. 81; 1994, c. 12, s. 17; 1997, c. 63, s. 128; 1998, c. 36, s. 169; 2001, c. 44, s. 30; 2005, c. 15, s. 144.

**71.** The Minister of Employment and Social Solidarity shall issue a claim booklet in the form he prescribes to every person at least 60 years of age and less than 65 years of age, attesting that he is entitled to the services mentioned in subparagraph c of the first paragraph and in the fourth paragraph of section 3, and to the services determined by a regulation made under subparagraph b.2 of the first paragraph of section 69, during the period provided in the booklet,

(a) if such person receives an allowance under Part III of the Old Age Security Act (Revised Statutes of Canada, 1985, chapter O-9); and

(b) if such person would but for such allowance be eligible under a last resort financial assistance program provided for in the Individual and Family Assistance Act ([chapter A-13.1.1](#)) or would be the recipient of an allowance paid under the second paragraph of section 67 of the Social Aid Act (1969, chapter 63).

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1975, c. 60, s. 3; 1977, c. 23, s. 5; 1979, c. 1, s. 46; 1981, c. 9, s. 37; 1982, c. 53, s. 57; 1988, c. 51, s. 104; 1992, c. 44, s. 81; 1994, c. 8, s. 17; 1994, c. 12, s. 17; 1997, c. 63, s. 128; 1998, c. 36, s. 170; 2001, c. 44, s. 30; 2005, c. 15, s. 145.

**71.1.** The Minister of Employment and Social Solidarity shall issue a claim booklet in the form he prescribes to every person or family eligible under a last resort financial assistance program provided for in the Individual and Family Assistance Act ([chapter A-13.1.1](#)), attesting that he or it is entitled to the services mentioned in subparagraph c of the first paragraph and in the second paragraph of section 3, and to the services determined by a regulation made under subparagraph b.2 of the first paragraph of section 69, during the period provided for therein.

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1979, c. 1, s. 47; 1981, c. 9, s. 37; 1982, c. 53, s. 57; 1988, c. 51, s. 105; 1992, c. 19, s. 8; 1992, c. 44, s. 81; 1994, c. 12, s. 17; 1997, c. 63, s. 128; 1998, c. 36, s. 171; 2001, c. 44, s. 30; 2005, c. 15, s. 146.

**71.2.** The obligation imposed on the Minister under sections 70, 71 and 71.1 does not apply in respect of a person or family who or which may be granted only special benefits

relating to legal aid under the Individual and Family Assistance Act ([chapter A-13.1.1](#)).

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1982, c. 58, s. 15; 1988, c. 51, s. 106; 1998, c. 36, s. 172; 2005, c. 15, s. 147.

## **72.** The Board may make regulations

(a) prescribing the content of the statement of fees or of any other form of the Board which may or must be used by a professional in the field of health, an insured person, a resident or temporary resident of Québec, an institution or a laboratory;

(b) prescribing the cases in and conditions according to which a mandatary may claim fees from the Board on behalf of a professional in the field of health, the information, and the tenor of the documents pertaining to the claim that the professional must file with the Board and preserve, together with the time for which such documents must be kept;

(c) fixing the amount of the costs exigible for the replacement of a health insurance card before its expiry, and the categories of persons who may be exempt from the payment of such costs;

(c.1) fixing the amount of the costs exigible by the Board for applications for the renewal of the registration of an insured person who is a temporary resident of Québec;

(c.2) fixing the amount of the costs payable for an application to re-register in the case of an insured person who fails to send the Board a registration renewal notice within the time fixed by regulation and determining the cases in which a person may be exempted therefrom;

(d) fixing the amount of the costs exigible for the replacement of an eligibility card before its expiry, and the categories of persons who may be exempt from the payment of such costs;

(d.1) fixing the amount of the costs exigible by the Board for applications for the renewal of the registration of a person referred to in subparagraph 2 of the first paragraph of section 10 of the Act respecting the Ministère de la Santé et des Services sociaux ([chapter M-19.2](#));

(d.2) prescribing, with respect to any class of health professionals with which the Minister has entered into an agreement under section 19, according to the method of remuneration, that a health professional's statement of fees or claim for payment be transmitted to the Board by electronic means only;

(e) (*subparagraph repealed*);

(f) (*subparagraph repealed*);

(g) establishing the classes of health insurance cards according to the services for which a person is eligible and determining, for each class of card, the information it shall contain;

(h) determining the content of a health insurance card and an eligibility card and the terms and conditions of their issue and determining the cases, circumstances and conditions in or according to which the Board may, or must, issue a health insurance card or eligibility card that does not include the photograph or signature of the insured person;

(i) prescribing the cases and conditions in and on which a person must, at the request and expense of the Board, undergo an examination or assessment under section 14.2.1, the standards according to which the examination or assessment must be conducted, and the conditions governing the reimbursement of the travel and lodging expenses of the person undergoing the examination or assessment and of the person who, where such is the case, accompanies the person, and determining, for the latter person, an availability allowance.

Before coming into force, such a regulation must be approved by the Government.

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1970, c. 37, s. 57; 1979, c. 1, s. 48; 1989, c. 50, s. 39; 1991, c. 42, s. 585; 1992, c. 21, s. 115; 1992, c. 21, s. 375; 1994, c. 8, s. 18; 1999, c. 89, s. 38, s. 42; 1999, c. 89, s. 38; 2007, c. 21, s. 31; 2016, c. 28, s. 32.

**72.1.** The Board may, with respect to property or services referred to in the fifth, sixth, seventh or eighth paragraph of section 3 and on the basis of a regulation made by the Government under the ninth paragraph of that section, make a regulation

(1) naming and describing such property and services and, where applicable, giving the make, model, manufacturer or distributor, price and specification for that price, maximum price or method of establishing the purchase or replacement price, and guarantee period of each such property or service;

(2) determining any other necessary standard for the purposes of the fifth, sixth, seventh or eighth paragraph of section 3.

A regulation made under the first paragraph is not subject to the publication requirements and date of coming into force set out in sections 8 and 17 of the Regulations Act ([chapter R-18.1](#)). The regulation comes into force on the date of its publication on the Board's website or on any later date specified in the regulation. Publication on the website imparts authentic value to the regulation.

Before 1 April each year the Board shall publish, in Part 2 of the *Gazette officielle du Québec*, a notice of the date on which the regulation made under the first paragraph was replaced or amended during the preceding year. The notice shall include the address of the website on which the regulation is published.

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1999, c. 89, s. 39; 2007, c. 21, s. 32.

**73.** (*Repealed*).

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1970, c. 37, s. 58; 1981, c. 22, s. 25; 1994, c. 8, s. 19.

## **DIVISION IX**

### **PENAL PROVISIONS AND OTHER SANCTIONS**

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1986, c. 79, s. 5; 1992, c. 61, s. 68.

**74.** No person may knowingly obtain or receive from the Board, directly or indirectly, the benefit of services which he is not entitled to obtain or receive under this Act, the regulations or a plan or program administered by the Board, or knowingly so obtain or receive the benefit of services in an excessive or unjustified manner.

No person may knowingly aid or abet another person in obtaining or receiving from the Board, directly or indirectly, the benefit of services that such other person is not entitled to obtain or receive under this Act, the regulations or a plan or program administered by the Board, or knowingly aid or abet another person in so obtaining or receiving the benefit of services in an excessive or unjustified manner.

Every person who contravenes a provision of this section is guilty of an offence and is liable to a fine of \$1,000 to \$10,000 and, in the case of a second or subsequent conviction, to a fine of \$2,000 to \$20,000.

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1970, c. 37, s. 59; 1981, c. 22, s. 26; 1990, c. 4, s. 80; 2016, c. 28, s. 33.

**74.1.** Every person who threatens or intimidates a person or takes reprisals in any manner whatever against him, including demoting, suspending or dismissing him or taking any disciplinary or other measure that adversely affects his employment or conditions of employment because he is complying with this Act, is exercising a right provided for by this Act or has reported conduct that contravenes this Act is guilty of an offence and is liable to a

fine of \$2,000 to \$20,000 in the case of a natural person and \$10,000 to \$250,000 in any other case. In the case of a subsequent offence, the minimum and maximum fines are doubled.

The Board must take all necessary measures to protect the identity of persons making a disclosure. The Board may however communicate the identity of such persons to the Director of Criminal and Penal Prosecutions.

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2016, c. 28, s. 34.

**75.** Every person who contravenes a provision of section 63 is guilty of an offence and is liable to a fine of \$50 to \$500 and, in the case of a second or subsequent conviction, to a fine of \$50 to \$1,000.

Every person who knowingly contravenes a provision of section 63 is guilty of an offence and is liable to a fine of \$1,000 to \$5,000 and, in the case of a second or subsequent conviction, to a fine of \$5,000 to \$10,000.

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1970, c. 37, s. 60; 1981, c. 22, s. 27; 1990, c. 4, s. 81.

**76.** Every person who contravenes any provision of this Act or the regulations for the violation of which no penalty is provided, is guilty of an offence and liable to a fine of \$250 to \$2,500.

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1970, c. 37, s. 61; 1981, c. 22, s. 28; 1990, c. 4, s. 82; 2016, c. 28, s. 35.

**76.1.** Penal proceedings for an offence under this Act or the regulations must be brought within one year from the date on which the prosecutor became aware of the commission of the offence. However, no proceedings may be instituted if more than five years have elapsed since the date of the commission of the offence.

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1994, c. 8, s. 20; 2016, c. 28, s. 36.

**77.** Where a professional in the field of health prosecuted under the Criminal Code (Revised Statutes of Canada, 1985, chapter C-46) is found guilty of an infraction or an indictable offence in connection with a claim made to the Board or paid by it, the Board shall, upon pronouncement of final judgment, issue a written order whereby that professional is considered to be a non-participating professional for a period of six months in the case of a first conviction and one year in the case of a subsequent conviction.

Such an order must indicate the date from which the professional is to be considered a non-participating professional and the period for which it applies. The Board must, by registered mail, send a copy of that order to the professional at the last address known to the Board and cause a notice thereof to be published in the *Gazette officielle du Québec*.

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1970, c. 37, s. 62; 1974, c. 40, s. 17; 1979, c. 1, s. 49; 1981, c. 22, s. 29.

**77.0.1.** The Board may issue an order of non-participation for six months in respect of a professional in the field of health where

(1) a matter concerning the professional is referred to a revisory committee and, in the last 60 months, a decision pursuant to section 50 has been rendered by the Board against the professional;

(2) there remains no other recourse against the decision of the Board rendered in respect of the second matter referred to the revisory committee.

Such an order of non-participation shall be rendered in accordance with the terms and conditions provided for in section 77.

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1989, c. 50, s. 40.

**77.1.** In proceedings instituted under this Act, a statement of fees or a demand for payment signed by a mandatary authorized by a professional in the field of health is presumed to have been signed by that professional in the field of health.

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1979, c. 1, s. 49; 1999, c. 89, s. 40.

**77.1.1.** Upon receiving a notice from an institution under section 257 of the Act respecting health services and social services ([chapter S-4.2](#)) or under section 132.2 of the Act respecting health services and social services for Cree Native persons ([chapter S-5](#)), the Board shall issue a written order attesting the non-participation of the physician or dentist contemplated in the notice.

The order must indicate the date from which the physician or the dentist is a non-participating professional and the period during which the order applies.

Where two or more physicians or dentists of the same institution are contemplated in such notices, the Board may, after consultation with the institution concerned, indicate different dates for the beginning of the period of non-participation of each of such physicians or dentists and spread such dates over the period it considers appropriate.

The Board shall send a copy of the order by registered mail to the physician or dentist at his latest address known to the Board and cause a notice thereof to be published in the *Gazette officielle du Québec* and in a newspaper circulating in the region where he practises his profession.

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1986, c. 79, s. 6; 1992, c. 21, s. 116, s. 375; 1994, c. 23, s. 23.

## **DIVISION IX.1**

### **INCENTIVE PREMIUMS**

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1979, c. 1, s. 50.

**77.2.** In accordance with this Act and the regulations, the Minister may grant an incentive premium to the professional in the field of health who agrees to furnish insured services to insured persons in a territory recognized by the Minister as insufficiently provided with insured services.

An agreement may provide the conditions and terms for the granting of incentive premiums.

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1979, c. 1, s. 50; 1999, c. 89, s. 42.

**77.3.** No person is entitled to an incentive premium unless, in the opinion of a jury,

(a) he is domiciled in Québec;

(b) he holds a permit to practise issued by the board of directors of the professional order governing his profession and is a member in good standing of that order;

(c) he has signed the prescribed engagement.

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1979, c. 1, s. 50; 1994, c. 40, s. 457; 2008, c. 11, s. 212.

**77.4.** The examination of professionals in the field of health who apply for incentive premiums is effected by a jury, whose composition and mode of operation are determined by regulation.

The examination is intended to determine the applicant's ability to fulfil his engagement.

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1979, c. 1, s. 50.

**77.5.** Every jury shall submit a written report of its examination to the Minister, together with a list of the eligible applicants, by order of priority.

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1979, c. 1, s. 50.

**77.6.** The Board shall, in its annual report, give a separate detailed report of its activities in relation to the application of this division.

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1979, c. 1, s. 50.

**77.7.** Incentive premiums granted by the Minister for each fiscal year are paid by the Board during that year. The Board shall, in its annual report, make a separate statement of account of the sums paid for such purposes.

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1979, c. 1, s. 50.

## **DIVISION X**

*Replaced, 1978, c. 70, s. 12.*

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1978, c. 70, s. 12.

§ 1. —

*Replaced, 1978, c. 70, s. 12.*

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1978, c. 70, s. 12.

**78.** *(Replaced).*

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1976, c. 27, s. 1; 1978, c. 70, s. 12.

§ 2. —

*Replaced, 1978, c. 70, s. 12.*

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1978, c. 70, s. 12.

**79.** *(Replaced).*

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1976, c. 27, s. 2; 1978, c. 35, s. 1; 1978, c. 70, s. 12.

**80.** *(Replaced).*

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1976, c. 27, s. 3; 1978, c. 70, s. 12.

**81.** *(Replaced).*

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1976, c. 27, s. 4; 1978, c. 70, s. 12.

§ 3. —

*Replaced, 1978, c. 70, s. 12.*

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1978, c. 70, s. 12.

**82.** *(Replaced).*

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1976, c. 27, s. 5; 1978, c. 70, s. 12.

**§ 4. —**

*Replaced, 1978, c. 70, s. 12.*

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1978, c. 70, s. 12.

**83. (Replaced).**

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1976, c. 27, s. 6; 1978, c. 70, s. 12.

**84. (Replaced).**

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1976, c. 27, s. 7; 1977, c. 5, s. 14; 1978, c. 70, s. 12.

**§ 5. —**

*Replaced, 1978, c. 70, s. 12.*

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1978, c. 70, s. 12.

**85. (Replaced).**

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1976, c. 27, s. 8; 1977, c. 5, s. 14; 1978, c. 70, s. 12.

**§ 6. —**

*Replaced, 1978, c. 70, s. 12.*

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1978, c. 70, s. 12.

**86. (Replaced).**

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1976, c. 27, s. 9; 1978, c. 70, s. 12.

**87. (Replaced).**

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1976, c. 27, s. 13; 1978, c. 70, s. 12.

**DIVISION XI****SCHOLARSHIPS**

**88.** The Minister may, in accordance with this Act and the regulations, grant scholarships to persons who agree to furnish insured services as professionals subject to the application of an agreement.

The scholars shall furnish such services, after obtaining a permit to practise one of the health sciences or a specialist's certificate, or after two years of post-doctoral training in general practice, in a territory and for a period fixed by the Minister.

The scholarships thus granted shall be paid by the Board.

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1974, c. 40, s. 18; 1981, c. 22, s. 30; 1985, c. 23, s. 5.

**89.** No one shall be entitled to a scholarship if, in the opinion of the Minister:

(a) he is not domiciled in Québec;

(b) he does not have a working knowledge of the official language of Québec;

(c) he is not registered in a theoretical and practical course of studies leading to a diploma in one of the health sciences;

(d) he has not subscribed to the engagement prescribed by regulation to furnish the insured services which such permit to practise qualifies him to furnish;

(e) *(paragraph repealed)*.

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1974, c. 40, s. 18; 1984, c. 47, s. 18; 1990, c. 11, s. 58; 1997, c. 90, s. 14; 2002, c. 66, s. 25.

**90.** Any sum of money paid to a person as a scholarship shall be unseizable.

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1974, c. 40, s. 18.

**91.** A scholar who abandons the studies agreed to or who otherwise fails to keep his engagement must reimburse to the Board, within six months of the date of the abandonment or failure, all sums of money received by him as a scholarship, with interest from the date they were paid to him.

A scholar who fails to keep his engagement by ceasing to provide services before the expiry of the period fixed by the Minister shall reimburse to the Board all sums of money received as a scholarship pro rata to the period remaining to him to cover.

A scholar who fails to go to the territory determined by the Minister to provide services there shall, within six months after the date of receipt of the Minister's letter determining his territory, reimburse to the Board all sums of money received by him as a scholarship.

The obligation to reimburse is extinguished on the scholar's becoming permanently unable to practise his profession or on his death.

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1974, c. 40, s. 18; 1984, c. 47, s. 19; 1985, c. 23, s. 6; 1999, c. 89, s. 41.

**92.** The Minister shall see to the establishment and operation of one or more juries, each composed of not less than three members, who shall examine the persons who apply to him for scholarships.

The object of such examinations shall be to determine the aptitude of the candidates to fulfill their engagements.

The members of each jury shall be appointed by the Minister.

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1974, c. 40, s. 18; 1984, c. 47, s. 20.

**93.** Each jury shall send a written report of its examination to the Minister, who shall prepare a list of qualified applicants by order of priority.

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1974, c. 40, s. 18; 1984, c. 47, s. 21.

**94.** The Board shall, in its annual report, render a separate and detailed account of its activities in respect of the application of this division.

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1974, c. 40, s. 18.

## **DIVISION XII**

### **RESEARCH SCHOLARSHIPS**

**95.** The Minister may, in accordance with this Act and the regulations, grant research scholarships to persons who wish to do research in Québec in one of the health sciences.

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1974, c. 40, s. 18.

**96.** No one shall be entitled to a research scholarship if, in the opinion of the Québec Research Fund–Health established pursuant to the Act respecting the Ministère du Développement économique, de l'Innovation et de l'Exportation ([chapter M-30.01](#)),

(1) he is not domiciled in Québec;

(2) he does not have a working knowledge of the official language of Québec;

(3) he is not pursuing, for a university body or for an institution, research in connection with one of the health sciences.

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1974, c. 40, s. 18; 1979, c. 1, s. 51; 1981, c. 22, s. 31; 1983, c. 23, s. 102; 1992, c. 21, s. 117, s. 375; 1999, c. 8, s. 21; 2003, c. 29, s. 140; 2006, c. 8, s. 31; 2011, c. 16, s. 244.

**97.** The fund may constitute one or several juries, each composed of not less than three members, who shall examine the persons who apply for research scholarships.

The object of such examinations shall be to determine the aptitude of the candidates to accomplish their work in accordance with their engagements.

The members of each jury shall be appointed by the Minister from among the persons whose names appear on a list to be furnished for that purpose by the fund.

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1974, c. 40, s. 18; 1981, c. 22, s. 31.

**98.** Each jury shall send a written report of its examination to the fund which shall send the list of admissible candidates that it recommends as recipients of research scholarships.

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1974, c. 40, s. 18; 1981, c. 22, s. 31.

**99.** Every research scholarship must serve to establish and maintain a research post; it shall not be used to pay for the operating cost of the activities of an institution.

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1974, c. 40, s. 18; 1992, c. 21, s. 118, s. 375.

**100.** A research scholarship shall be granted for a maximum period of three years.

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1974, c. 40, s. 18.

**101.** The sums paid as research scholarships shall be unseizable.

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1974, c. 40, s. 18.

**102.** No one shall receive more than one scholarship at the same time; however, the Minister may renew a scholarship if the conditions prescribed by the Act and the regulations are complied with.

Renewal is obtained in the same manner as the initial scholarship.

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1974, c. 40, s. 18.

**103.** The amount of research scholarships granted by the Minister for each fiscal year shall be paid to the Minister by the Board up to a total amount equal to 0.4% of the total remuneration paid to the professionals in the field of health during the preceding fiscal year; the Board shall, in its annual report, make a separate statement of the sums thus paid.

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1974, c. 40, s. 18; 1981, c. 22, s. 31.



**104.** The fund shall, in its annual report to the Minister, render a separate and detailed account of its activities in regard to the application of this division.

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1974, c. 40, s. 18; 1981, c. 22, s. 32.

## **DIVISION XII.1**

*Repealed, 1991, c. 42, s. 586.*

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1989, c. 50, s. 41; 1991, c. 42, s. 586.

**104.0.1.** *(Repealed).*

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1989, c. 50, s. 41; 1991, c. 42, s. 586.

**104.0.2.** *(Repealed).*

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1989, c. 50, s. 41; 1991, c. 42, s. 586.

## **DIVISION XIII**

### **MISCELLANEOUS**

**104.1.** This Act is of public order.

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1981, c. 22, s. 33.

**105.** The Minister of Health and Social Services is entrusted with the application of this Act.

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1970, c. 37, s. 88; 1970, c. 42, s. 17; 1979, c. 1, s. 52; 1985, c. 23, s. 24.

**106.** *(Repealed).*

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1970, c. 37, s. 89; 1979, c. 1, s. 53.

**107.** *(This section ceased to have effect on 17 April 1987).*

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1982, c. 21, s. 1; U. K., 1982, c. 11, Sch. B, Part I, s. 33.

## **REPEAL SCHEDULES**

In accordance with section 17 of the Act respecting the consolidation of the statutes (chapter R-3), chapter 37 of the statutes of 1970, in force on 31 December 1977, is repealed, except sections 79, 80 and 90 to 92, effective from the coming into force of chapter A-29 of the Revised Statutes.

In accordance with section 17 of the Act respecting the consolidation of the statutes and regulations (chapter R-3), sections 10c, 11a and subparagraph o of the first paragraph of section 56 of chapter 37 of the statutes of 1970, in force on 1 November 1980, are repealed effective from the coming into force of the updating to 1 November 1980 of chapter A-29 of the Revised Statutes.