

Regulations and other Acts

Gouvernement du Québec

O.C. 800-2024, 1 May 2024

Act to promote access to family medicine and specialized medicine services (chapter A-2.2)

Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16)

Regulation

Regulation under the Act to promote access to family medicine and specialized medicine services

WHEREAS the second paragraph of section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), replaced by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16), provides in particular that the Government may, by regulation, prescribe the cases in which and conditions under which physicians may add to their caseload of patients a person other than a person registered in the system referred to in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) and determine to what extent physicians must make themselves available to insured persons, within the meaning of the Health Insurance Act (chapter A-29), by means of the appointment booking system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec or another system whose supplier has entered into an agreement referred to in section 11.1 with the Minister;

WHEREAS the third paragraph of section 11.1 of the Act to promote access to family medicine and specialized medicine services, made by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply, provides that as soon as such an agreement is entered into, every physician to whom section 11 of the Act to promote access to family medicine and specialized medicine services, replaced by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply, applies must send the Minister of Health their hours of availability referred to in that section, in accordance with the form and content, and at the intervals, determined by government regulation;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), a draft Regulation under the Act to promote access to family medicine and specialized medicine services was published in Part 2 of the *Gazette officielle du Québec* of 21 February 2024 with a notice that it could be made by the Government on the expiry of 45 days following that publication;

WHEREAS it is expedient to make the Regulation with amendments;

IT IS ORDERED, therefore, on the recommendation of the Minister of Health:

THAT the Regulation under the Act to promote access to family medicine and specialized medicine services, attached to this Order in Council, be made.

DOMINIQUE SAVOIE

Clerk of the Conseil exécutif

Regulation under the Act to promote access to family medicine and specialized medicine services

Act to promote access to family medicine and specialized medicine services (chapter A-2.2, ss. 11, 1st par. and 11.1, 3rd par.)

Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16, s. 1)

DIVISION I

ADDING OF PERSONS TO GENERAL PRACTITIONERS' CASELOAD OF PATIENTS

1. General practitioners may add to their caseload of patients a person other than a person registered in the system referred to in subparagraph 1 of the first paragraph of section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), replaced by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16), if the addition considered corresponds to one of the following cases:

(1) a member of the person's immediate family is already registered with the practitioner;

(2) the practitioner takes over for another health and social services professional and the person was registered with that other professional; or

(3) the person is unable to register with the system.

For the purposes of the first paragraph, member of the person's immediate family means

(1) the person's father and mother or relatives;

(2) the person's spouse, child and child of the person's spouse; and

(3) a dependent child of the person.

2. In addition to the cases described in section 1, general practitioners may add to their caseload of patients a person other than a person registered in the system referred to in that section if, on the one hand, the practitioner has already cared for the person for an episode of care or for specific monitoring and, on the other hand, the person satisfies the conditions set out in one of the following paragraphs:

(1) the person is in one of the following situations:

(a) the person is suffering from active cancer;

(b) the person is receiving palliative care;

(c) the person has a psychotic disorder;

(d) the person has suicidal or homicidal ideation;

(e) the person is pregnant;

(f) the person is in a situation of the same nature as those referred to in subparagraphs *a* to *e* for which a registration delay of 7 or more days could have adverse consequences on the person's health;

(g) the person was hospitalized for a chronic problem or a problem requiring rapid follow-up in the month preceding the person's request to be added to the practitioner's caseload of patients;

(h) the person has an active drug or alcohol addiction;

(i) the person has a major and active depressive, adjustment or anxiety disorder;

(j) the person has HIV or AIDS;

(k) the person has had a recent embolism or atrial fibrillation requiring the person to take anticoagulants and that the international normalized ratio (INR) calculated for blood clotting be monitored;

(l) the person is in a situation of the same nature as those referred to in subparagraphs *g* to *k* for which a registration delay of not more than two weeks can be tolerated;

(2) the person is not in a situation described in paragraph 1, but being added to the practitioner's caseload of patients is not done to the detriment of a person in such a situation who is registered in the system referred to in section 1.

DIVISION II

HOURS OF AVAILABILITY OF GENERAL PRACTITIONERS

3. General practitioners must offer all their hours of availability using any appointment booking system referred to in subparagraph 2 of the first paragraph of section 11 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), replaced by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16).

4. Each period of hours of availability to be sent to the Minister by general practitioners under the third paragraph of section 11.1 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2), enacted by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16), must specify:

(1) the date on which the hours of availability became accessible for the booking of appointments, and the times at which the hours begin and end;

(2) the category of persons for whom the hours of availability are offered from among the following:

(a) a person registered with the practitioner;

(b) a person registered with another practitioner practising in the same place;

(c) a person registered with another health and social services professional practising in the same place;

(d) any other person;

(3) the reason for consultation for which the hours of availability are offered from among the following:

(a) urgent consultation;

(b) semi-urgent consultation;

(c) pregnancy monitoring;

(d) pediatric follow-up;

(e) regular check-up;

(4) if applicable, the source redirecting the person for whom the hours of availability are offered from among the following:

(a) 811 call;

(b) 911 call;

(c) Primary Care Access Point;

(d) hospital centre;

(5) the consultation method to be used for which the hours of availability are offered from among the following:

(a) attendance at the place where the practitioner practises during the hours of availability;

(b) attendance at the person's domicile;

(c) remotely, by videoconference;

(d) remotely, by telephone; and

(6) the name and contact information of the place where the practitioner practises during the hours of availability.

5. The following information must be provided with the information specified in the hours of availability referred to in section 4 where those hours cease to be available owing to an appointment being made other than by a system provided for in section 3:

(1) the name of the person obtaining the appointment;

(2) the person's health insurance number;

(3) the person's date of birth;

(4) the person's sex;

(5) the postal code of the person's place of residence; and

(6) the contact information enabling the person to be reached.

The information listed in the first paragraph must be entered in the appointment booking system used by the practitioner by any means taken by the Minister under the second paragraph of section 11.1 of the Act to promote

access to family medicine and specialized medicine services (chapter A-2.2), enacted by section 1 of the Act to increase the supply of primary care services and to improve the management of that supply (2022, chapter 16).

6. For each four-week period beginning on a Sunday, the information listed in section 4 is to be sent to the Minister not later than 24 hours before the beginning of the period and, without delay, whenever hours of availability allotted to a person again become available in particular because a consultation has been cancelled.

The information listed in section 5 is to be sent to the Minister without delay.

7. The information listed in sections 4 and 5 is to be sent to the Minister using an electronic medical record allowing for the information to be sent in compliance with section 6.

DIVISION III TRANSITIONAL AND FINAL

8. Until the coming into force of a regulation made under subparagraph 1 of the second paragraph of section 92 of the Act respecting health and social services information (chapter R-22.1) providing for the certification procedure of an electronic medical record, the electronic medical record referred to in section 7 must be certified in accordance with the rules, as the case may be,

(1) made for the implementation of section 5.2 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2);

(2) deemed to have been made under section 97 of the Act respecting health and social services information and amending various legislative provisions (2023, chapter 5) by section 263 of the Act.

9. Sections 3 to 7 do not apply to general practitioners aged 65 or more on 23 May 2024 who, at that time, do not use the booking mechanism for requests for care and for the management of primary care services referred to in Order in Council 808-2020 dated 15 July 2020.

10. This Regulation comes into force on 23 May 2024, except sections 3 to 7, which come into force on 23 November 2025 with regard to any general practitioner who, on 23 May 2024, does not use the booking mechanism for requests for care and for the management of primary care services referred to in Order in Council 808-2020 dated 15 July 2020.

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