NATIONAL ASSEMBLY

FIRST SESSION THIRTY-SEVENTH LEGISLATURE

Bill 130

(2005, chapter 40)

An Act to amend the Act respecting prescription drug insurance and other legislative provisions

Introduced 10 November 2005
Passage in principle 25 November 2005
Passage 8 December 2005
Assented to 13 December 2005

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EXPLANATORY NOTES

This bill amends various aspects of the Act respecting prescription drug insurance.

It gives the Minister of Health and Social Services the power to make agreements with drug manufacturers on financial risk sharing for specific medications and on compensatory measures. It provides that amounts received under these agreements may be paid into the prescription drug insurance fund. In addition, it requires that drug manufacturers and wholesalers establish rules to govern their commercial practices and gives the Minister the power to establish such rules if they fail to do so among themselves.

In addition, the bill provides that medications are to be supplied free of charge to seniors receiving the maximum amount of monthly guaranteed income supplement. It simplifies the putting into force of amendments and corrections to the list of medications by allowing that they be published on the website of the Régie de l'assurance maladie du Québec.

The bill introduces a number of measures to promote the optimal use of medications. More specifically, it establishes a medication advisory panel and determines its composition and mandate. It gives the medication council the authority to obtain non-nominative information from the Régie de l'assurance maladie du Québec about the medications supplied to persons covered by the public plan or by a private plan, including the therapeutic intent, if specified.

The bill introduces several measures aimed at improving the management of the basic prescription drug insurance plan. It tightens the definition of a group as it applies to group insurance. It stipulates that no individual insurance contract that has distinctive characteristics of group insurance may be offered to, made available to or maintained for the members of a group unless it includes coverage at least equivalent to the basic plan coverage. The bill requires that insurers and employee benefit plan administrators send the Régie de l'assurance maladie du Québec certain documents, including a list of their current group insurance contracts and employee benefit plans. It also requires that employers deduct premiums for group insurance at source. Lastly, it simplifies debt recovery by the Régie and adds new penal provisions.

LEGISLATION AMENDED BY THIS BILL:

– Hospital Insurance Act (R.S.Q., chapter A-28);

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

– Act respecting prescription drug insurance (R.S.Q., chapter A-29.01);

– Act respecting the Régie de l'assurance maladie du Québec (R.S.Q., chapter R-5);

– Act respecting health services and social services (R.S.Q., chapter S-4.2).

Bill 130

AN ACT TO AMEND THE ACT RESPECTING PRESCRIPTION DRUG INSURANCE AND OTHER LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

ACT RESPECTING PRESCRIPTION DRUG INSURANCE

1. Section 2 of the Act respecting prescription drug insurance (R.S.Q., chapter A-29.01) is amended by replacing "for the financial contribution required of" in the second and third lines of the second paragraph by "requires a financial participation on the part of".

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

"**5.1.** Despite section 6 of the Health Insurance Act, a person eligible for the basic plan who settles in another province of Canada ceases to be eligible on the date the person leaves Québec."

3. Section 15 of the Act, amended by section 148 of chapter 15 of the statutes of 2005, is again amended by replacing "applicable to a group of persons determined on the basis of current or former employment status, profession or habitual occupation" in the second, third and fourth lines of paragraph 1 by "that is applicable to a group with private coverage within the meaning of section 15.1" and by replacing "group of persons determined on the basis of current or former employment status, profession or habitual occupation" in the second, third and fourth lines of paragraph 4 by "group with private coverage within the meaning of section 15.1".

4. The Act is amended by inserting the following section after section 15:

"**15.1.** For the purposes of this Act, a "group with private coverage within the meaning of section 15.1" means a group formed for purposes other than contracting insurance coverage for its members and composed of persons eligible for the basic plan who

(1) are part of the group on the basis of current or former employment or belong to

(*a*) a professional order,

(*b*) a professional association whose membership consists of members of one or more professional orders,

(*c*) an association whose membership consists of persons engaged in the same trade or occupation, or

(*d*) a union or association of employees

that offers coverage under a group insurance contract or employee benefit plan or under an individual insurance contract concluded on the basis of one or more of the distinctive characteristics of group insurance to, makes such coverage available to or facilitates such coverage for its active members or retirees, either directly or through a legal person; and

(2) qualify for coverage under the group insurance contract or employee benefit plan applicable to the group, which includes coverage for the cost of pharmaceutical services and medications."

5. Section 16 of the Act is amended

(1) by replacing the first paragraph by the following paragraph:

"**16.** All persons who are eligible for the basic plan, other than those referred to in paragraphs 1 to 3 of section 15, and who are part of a group with private coverage within the meaning of section 15.1 must become members under the group insurance contract or employee benefit plan applicable to the group for coverage at least equivalent to the basic plan coverage.";

(2) by striking out "of such a group" in the first line of the second paragraph;

(3) by inserting "already" after "impairment," in the third line of the second paragraph.

6. Section 17 of the Act, amended by section 149 of chapter 15 of the statutes of 2005, is again amended, in paragraph 1,

(1) by replacing "a person" in the first line of paragraph 1 of the definition of "child" by "a parent or tutor";

(2) by inserting "or is deemed to attend" after "who attends" in the first line of paragraph 2 of the definition of "child";

(3) by replacing "in whose respect a person" in the second and third lines of paragraph 2 of the definition of "child" by "who is domiciled with the parent or tutor who";

(4) by replacing "a person" in the seventh line of the definition of "person suffering from a functional impairment" by "the parent or tutor".

7. Section 18 of the Act is amended

(1) by replacing the portion before subparagraph 1 of the first paragraph by the following:

"**18.** Eligible persons, other than those to whom section 15 applies, who are members under a group insurance contract or employee benefit plan applicable to a group with private coverage within the meaning of section 15.1 must ensure that the same coverage is provided to the following persons as beneficiaries under the group insurance contract or employee benefit plan:";

(2) by inserting ", if they share the same domicile" after "spouse" in the second line of the second paragraph.

8. The Act is amended by inserting the following section after section 18:

"**18.1.** For the purposes of section 18, if the father and mother of a child do not share the same domicile, the parent with whom the child is domiciled must ensure that coverage is provided to the child.

However, if the parent with whom the child is domiciled is an eligible person to whom section 15 applies and the child's other parent is required to be a member or qualifies for coverage under a group insurance contract or an employee benefit plan, that other parent must ensure that coverage is provided to the child as a beneficiary under the contract or plan.

If the father and mother of a child are eligible persons to whom section 15 applies and the spouse of the parent with whom the child is domiciled is required to ensure that coverage is provided to that parent, the spouse must also ensure that coverage is provided to the child."

9. Section 22 of the Act is amended by adding the following paragraphs at the end:

"If, after an investigation, the Board believes that a pharmacist has received rebates, gratuities or other benefits not authorized by regulation for pharmaceutical services or medications and the pharmacist is claiming payment for those services or medications or has received payment for them in the preceding 36 months, the Board may deduct an amount corresponding to the value of the rebates, gratuities or other benefits from the payment for those pharmaceutical services or medications or obtain the reimbursement of that amount by way of compensation or otherwise, as the case may be.

Sections 22.2 to 22.4 of the Health Insurance Act govern the procedure applicable to a decision made by the Board under the third paragraph as if the decision had been made under the second paragraph of section 22.2 of that Act."

10. The Act is amended by inserting the following section after section 28.1:

"**28.2.** If an eligible person with a prescription chooses a medication that costs more than the maximum amount covered by the basic plan or if a prescribed medication costs more than that maximum amount, the difference

between that maximum amount and the price paid is to be borne by the person, is not included in the contribution to be paid by the person, and does not count toward the person's maximum contribution."

11. Section 29 of the Act, amended by section 150 of chapter 15 of the statutes of 2005, is again amended by adding the following subparagraph at the end of the second paragraph:

"(3) persons referred to in paragraph 1 of section 15, if they are receiving the maximum amount of monthly guaranteed income supplement paid under the Old Age Security Act."

12. Section 42 of the Act is amended

(1) by replacing "group of persons determined on the basis of current or former employment status, profession or habitual occupation" in the second, third and fourth lines of the first paragraph by "group with private coverage within the meaning of section 15.1";

(2) by replacing "the persons having that current or former employment status, profession or habitual occupation" at the end of the first paragraph by "members of the group".

13. The Act is amended by inserting the following sections after section 42:

"**42.1.** If a group insurance contract or employee benefit plan applicable to a group with private coverage within the meaning of section 15.1 includes coverage for the cost of pharmaceutical services or medications, that coverage under the contract or plan may not be offered to, made available to or maintained for persons who are not members of the group although they may have the same employment or engage in the same profession, trade or occupation as the members of that group.

"**42.2.** No individual insurance contract that includes coverage for accident, illness or disability and has one or more of the distinctive characteristics of group insurance may be offered to, made available to or maintained for a group of persons to whom section 16 applies, or facilitated for such persons by any means whatsoever, unless it includes coverage at least equivalent to the basic plan coverage.

A uniform annual premium, coverage offered regardless of the risk associated with state of health, rates or financial arrangements based on the history of the group, a contract negotiated between an insurer and an intermediary on behalf of the group and any other condition or circumstance specified by regulation are considered to be distinctive characteristics of group insurance.

A contract that must include coverage at least equivalent to the basic plan coverage under this section is governed by the provisions of this Act that are applicable to a group insurance contract. The insurer or the policy-holder and

the persons who are part of the group to whom the contract is offered or made available or for whom it is maintained must fulfill all their respective obligations under this Act."

14. The Act is amended by inserting the following section after section 44:

"**44.1.** The employer of the members of a group referred to in section 16 and formed on the basis of employment status must deduct the premium or assessment pertaining to the basic plan coverage stipulated in a group insurance contract or employee benefit plan to be paid by each employee concerned from the employee's remuneration, and remit the deducted sums to the insurer or plan administrator.

However, an employee who submits proof of status as the beneficiary of coverage at least equivalent to the basic plan coverage under another group insurance contract or employee benefit plan is exempted from the deduction of the premium or assessment, except if membership under the employer's contract or plan is a condition of employment."

15. Section 45 of the Act is amended by adding the following sentence at the end: "A copy of a notice of non-renewal from the insurer or the policyholder must be sent to the Board."

16. Section 47 of the Act is amended

(1) by replacing "may cancel a contract" in the first line by "or administrator of an employee benefit plan may cancel a contract or the prescription drug insurance component of a plan";

(2) by inserting "or administrator" after "insurer" in the fourth line;

(3) by adding the following sentence at the end: "A copy of the notice must be sent to the Board."

17. Section 48 of the Act is amended by adding the following sentence at the end: "A copy of the notice must be sent to the Board."

18. Section 52.1 of the Act is amended by inserting the following paragraph after the first paragraph:

"The Minister may also make the following agreements with drug manufacturers:

(1) financial risk-sharing agreements for specific medications; and

(2) agreements providing for compensatory measures to mitigate the negative impact of a price increase on the public plan."

19. Section 57.1 of the Act is replaced by the following section:

"**57.1.** For the purpose of updating the list referred to in section 60, the council shall first assess the therapeutic value of each medication concerned. If the council considers that the therapeutic value of a medication has not been established to its satisfaction, it shall send the Minister a notice to that effect.

If the council considers that the therapeutic value of a medication has been established, it shall send the Minister an advisory opinion after assessing the following aspects:

(1) the reasonableness of the price charged;

(2) the cost effectiveness ratio of the medication;

(3) the impact that entering the medication on the list will have on the health of the population and on the other components of the health care system; and

(4) the advisability of entering the medication on the list with regard to the purpose of the basic plan."

20. Section 57.2 of the Act is amended by replacing "and the quantity dispensed" in subparagraph 4 of the third paragraph by ", the quantity dispensed and the therapeutic intent, if specified".

21. The Act is amended by inserting the following division after section 59.1:

"**DIVISION II.1**

"TABLE DE CONCERTATION DU MÉDICAMENT

"**59.2.** A medication advisory panel called the "Table de concertation du médicament" is hereby established. Under the authority of the council, the panel shall have the following mandate as regards promotion of the optimal use of medications:

(1) advise the council on the priorities to be set and the actions to be taken, including priorities and actions under agreements under the first paragraph of section 52.1;

(2) facilitate the implementation of actions, including actions under agreements under the first paragraph of section 52.1;

(3) recommend concerted action plans to the council for the implementation of information, training and awareness strategies involving the various authorities represented on the advisory panel;

(4) specify how each of the authorities represented on the advisory panel is to contribute to the strategies framed by the council or other authorities and

agree on terms and conditions, including terms and conditions outlined in agreements under the first paragraph of section 52.1.

The council shall provide the human and physical resources necessary for the proper conduct of the business of the advisory panel and shall include a summary of the panel's activities in its annual report.

"**59.3.** The advisory panel shall be composed of 15 members, including

(1) a representative of each of the following bodies, designated by them respectively: the Collège des médecins du Québec, the Ordre des pharmaciens du Québec, the Ordre des infirmières et infirmiers du Québec, the Québec Federation of General Practitioners, the Québec Federation of Medical Specialists, the Association québécoise des pharmaciens propriétaires, the Association des pharmaciens des établissements de santé, the Canadian Life and Health Insurance Association, Canada's Research-Based Pharmaceutical Companies and the Canadian Generic Pharmaceutical Association; and

(2) a representative, designated by the Minister, of each of the following groups: persons covered under the public plan, persons covered under private group plans, faculties of medicine, faculties of pharmacology and faculties of nursing.

A representative of the Ministère de la Santé et des Services sociaux and a representative of the Régie de l'assurance maladie du Québec shall sit in on meetings as observers."

22. Section 60 of the Act, amended by section 22 of chapter 27 of the statutes of 2002, is again amended

(1) by inserting "except with respect to what is specified in the sixth paragraph" after "médicament" in the second line of the first paragraph;

(2) by replacing ", where applicable, for which payment is covered under the basic plan" in the fifth line of the fourth paragraph by "covered, where applicable, excluding any amount that is not included in the contribution to be paid and that does not count toward the maximum contribution";

(3) by replacing the last paragraph by the following paragraph:

"A regulation made under this section or a correction made under section 60.2 is not subject to the requirements concerning publication and date of coming into force set out in sections 8, 15 and 17 of the Regulations Act (chapter R-18.1). The regulation or correction shall come into force on the date of its publication on the Board's website or on any later date specified. Publication of the regulation or correction on the Board's website imparts authentic value to the regulation or correction."

23. The Act is amended by inserting the following sections after section 60:

"**60.1.** If the Conseil du médicament is informed that a medication on the list is out of stock, it shall notify the Board, which may temporarily authorize use of an alternative. A notice that the medication is to be replaced by an alternative is published on the Board's website and comes into force on the date of its publication or any later date fixed in the notice. Publication of the notice on the Board's website imparts authentic value to the notice. The notice is not subject to the requirements concerning publication and date of coming into force set out in sections 8, 15 and 17 of the Regulations Act.

"**60.2.** If the Conseil du médicament is informed that the price of a medication has dropped or that a medication is produced by a different manufacturer, has a different name or identification number or is in a different therapeutic class than was formerly the case, or if the council finds that the list contains a manifest clerical error or any other error of form, it shall notify the Board. The Board shall make the necessary correction and specify its effective date, which may be the effective date of the price drop or of the provision for which the correction was requested.

"**60.3.** Before 1 April of each year, the Board shall publish, in Part 2 of the *Gazette officielle du Québec*, a notice of the dates on which the list of medications was drawn up anew or updated, a medication on the list was replaced by an alternative under section 60.1 or a correction was made under section 60.2 during the preceding calendar year. The notice shall include the address of the website on which the list is published.

"**60.4.** No person may charge a fee or receive payment for filling out an application for authorization with respect to coverage of the medications referred to in the fifth or sixth paragraph of section 60, except in the cases prescribed in a regulation or provided for in an agreement made under section 19 of the Health Insurance Act and on the conditions set out in the regulation or agreement."

24. The Act is amended by inserting the following section after section 62:

"**62.1.** Manufacturers and wholesalers must establish rules to govern their commercial practices and mutually agreed mechanics for those rules. The rules must include a dispute resolution process.

The rules must be sent in writing to the Minister by the manufacturers' representatives no later than (*insert the date occurring one year after the date of coming into force of this section*) and by the wholesalers' representatives no later than (*insert the date occurring two years after the date of coming into force of this section*). Any amendments to the rules must be sent to the Minister as soon as possible after their adoption.

The Minister may ask the manufacturers and wholesalers to make specified amendments to those rules or their mechanics within a specified time.

If the manufacturers or wholesalers fail to comply with the first paragraph, if the Minister does not agree with the rules and mechanics established by them or if they fail to make the specified amendments within the specified time, the Minister may, by regulation, establish those rules and their mechanics."

25. The Act is amended by inserting the following division after section 70:

"**DIVISION III.1**

"VERIFICATION OF GROUP INSURANCE CONTRACTS AND EMPLOYEE BENEFIT PLANS

"**70.1.** Every insurer transacting group insurance or administrator of an employee benefit plan must provide the Board, in accordance with the regulations, with the full list of their current group insurance contracts or employee benefit plans.

"**70.2.** Every insurer transacting group insurance or administrator of an employee benefit plan must inform the Board of any amendment to a group insurance contract or employee benefit plan causing eligible persons covered by that contract or plan to be transferred to the public plan. That obligation also applies to every insurance representative or life and health insurance representative who offers, or obtains the signature of, an insurance contract having the same effect.

"**70.3.** The Board may, for the purposes of this Act, require any insurer transacting group insurance, insurance representative, life and health insurance representative or administrator of an employee benefit plan to produce any current group insurance contract or employee benefit plan and any other relevant explanatory document."

26. Section 78 of the Act is amended

(1) by inserting the following subparagraph after subparagraph 1 of the first paragraph:

"(1.1) determine classes of persons eligible for the basic plan other than those determined in this Act, and the conditions those persons must meet;";

(2) by inserting the following subparagraph after subparagraph 2 of the first paragraph:

"(2.1) determine what information on the medications provided must be given by a pharmacist when providing pharmaceutical services and medications covered by the Board to an eligible person;";

(3) by adding "and the cases in which and conditions on which a person suffering from a functional impairment is deemed to attend an educational

institution on a full-time basis" at the end of subparagraph 6 of the first paragraph;

(4) by inserting the following subparagraphs after subparagraph 9 of the first paragraph:

"(9.1) determine any conditions or circumstances considered to be distinctive characteristics of group insurance in addition to those set out in the second paragraph of section 42.2;

"(9.2) prescribe, for the purposes of sections 70.1 to 70.3, the procedure for communicating lists of group insurance contracts and employee benefit plans, group insurance contracts and employee benefit plans, and information on any amendments to those contracts and plans causing eligible persons to be transferred to the public plan, as well as the intervals at which they must be communicated and the information the lists must contain;".

27. Section 80 of the Act is amended

(1) by inserting "or 62.1" after "60" in the first line;

(2) by striking out ", after consulting the Conseil du médicament," in the first and second lines.

28. The Act is amended by inserting the following sections after section 84:

"**84.1.** If a group insurance contract or employee benefit plan applicable to a group with private coverage within the meaning of section 15.1 includes coverage for the cost of pharmaceutical services or medications, every person who offers that coverage under the contract or plan to, makes such coverage available to or maintains such coverage for persons who are not members of the group although they may have the same employment or engage in the same profession, trade or occupation as the members of that group is guilty of an offence and is liable to a fine of not less than $1,000 and not more than $10,000.

"**84.2.** Every person who, in contravention of section 42.2, offers an individual insurance contract that does not include coverage at least equivalent to the basic plan coverage to persons who are part of a group of persons to whom section 16 applies, makes such a contract available to them or maintains such a contract for them is guilty of an offence and is liable to a fine of not less than $1,000 and not more than $10,000.

"**84.3.** Every insurer contracting group insurance, insurance representative, life and health insurance representative or administrator of an employee benefit plan who refuses, neglects or fails to produce the documents required under section 70.1 or 70.3 or to inform the Board as required under section 70.2 is guilty of an offence and is liable to a fine of not less than $1,000 and not more than $10,000.

"**84.4.** Every employer of members of a group referred to in section 16 and formed on the basis of employment status that refuses, neglects or fails to deduct, as required by section 44.1, the amount of the premium or assessment to be paid by the members of the group or that refuses, neglects or fails to remit the deducted sums to the insurer or plan administrator is guilty of an offence and is liable to a fine of not less than $1,000 and not more than $10,000.

"**84.5.** Every person who helps, incites, advises, encourages, allows, authorizes or orders another person to commit an offence referred to in section 84.1, 84.2, 84.3 or 84.4 is guilty of an offence and is liable to a fine of not less than $1,000 and not more than $10,000."

29. The Act is amended by inserting the following section after the heading of Chapter VI:

"**85.1.** The Board may apply to the Superior Court for an interlocutory injunction enjoining a person to cease offering, in contravention of section 42.1, coverage for the cost of pharmaceutical services or medications or making such coverage available to or renewing such coverage for persons who are not members of a group with private coverage within the meaning of section 15.1, until final judgment is rendered.

The Board may also apply to the Superior Court for an interlocutory injunction enjoining a person to include coverage at least equivalent to the basic plan coverage, or to take the necessary measures to have such coverage included, in any contract offered, made available or renewed by the person, until final judgment is rendered.

On rendering final judgment on the application for an interlocutory injunction, the Superior Court may order

(1) in the case described in the first paragraph, that the person cease maintaining coverage for the cost of pharmaceutical services or medications in contracts or plans already in force, after giving the persons covered under the contract or plan such prior notice as is required by the Court;

(2) in the case described in the second paragraph, that the person include in contracts in force coverage at least equivalent to the basic plan coverage, after giving the persons covered under the contract or plan such prior notice as is required by the Court.

The Board is dispensed from the obligation to give security."

30. The Act is amended

(1) by replacing "utilisation" and "utilisation optimale" by "usage" and "usage optimal" respectively wherever they occur in the French text of

sections 51, 52.1, 57 and 57.2, except in the first line of subparagraph 1 of the first paragraph of section 57.2;

(2) by replacing "plan member" and "plan members" by "member" and "members" respectively wherever they occur in sections 41, 45, 46, 47 and 50.

HOSPITAL INSURANCE ACT

31. Section 8 of the Hospital Insurance Act (R.S.Q., chapter A-28) is amended by inserting the following paragraph after paragraph *b*:

"(*b*.1) determine the cases, conditions and circumstances in or on which a person may, in a centre operated by an institution, be administered a medication the person obtained outside the centre;".

HEALTH INSURANCE ACT

32. Section 3 of the Health Insurance Act (R.S.Q., chapter A-29) is amended by replacing "group of persons determined on the basis of current or former employment status, profession or habitual occupation and" in the second, third and fourth lines of subparagraph *a* of the third paragraph by "group with private coverage within the meaning of section 15.1 of the Act respecting prescription drug insurance".

33. Section 9.7 of the Act is amended by replacing the portion before subparagraph 1 of the first paragraph by the following:

"**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".

34. The Act is amended by inserting the following section after section 9.7:

"**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."

35. Section 18.3.1 of the Act is replaced by the following sections:

"**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.

"**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 Act respecting the Ministère du Revenu (chapter M-31).

"**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."

36. Section 22.3 of the Act is amended

(1) by replacing "the Board's decision may be homologated, upon its request, by the Superior Court or the Court of Québec according to their respective jurisdictions, at the expiry of the time limit for filing an appeal under the fifth paragraph of section 22.2, and the decision becomes executory under the authority of the court which homologated it" in the sixth, seventh, eighth, ninth and tenth lines by "the Board may, at the expiry of the time for filing an appeal under the fifth paragraph of section 22.2, issue a certificate stating the name and address of the health professional and attesting the amount of the debt and the health professional's failure to contest the Board's decision before the competent court. On the filing of the certificate at the office of that 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.";

(2) by adding the following paragraph at the end:

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

37. Section 51 of the Act is amended by replacing the first paragraph by the following paragraphs:

"**51.** If no proceeding has been brought at the expiry of the time for bringing a proceeding under the second 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."

ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

38. Section 2.0.3 of the Act respecting the Régie de l'assurance maladie du Québec (R.S.Q., chapter R-5), enacted by section 288 of chapter 32 of the statutes of 2005, is amended by adding the following paragraph at the end:

"On request, the Board shall also communicate the information referred to in the third and fourth paragraphs of section 57.2 of the Act respecting prescription drug insurance to the Conseil du médicament, in non-nominative form, concerning a person who has consented to the storage of personal information and to whom a medication was dispensed by a pharmacist practising in a community pharmacy, along with any other necessary data, in non-nominative form, referred to in the fifth paragraph of that section, that the Board stores under subparagraphs *h*.2 and *h*.3 of the second paragraph of section 2."

39. Section 20 of the Act is amended by adding the following sentence at the end of the first paragraph: "It may furthermore, in the same manner, inquire into any other matter concerning the basic prescription drug insurance plan."

40. Section 40.1 of the Act is amended

(1) by inserting the following paragraph after paragraph *d*:

"(*d*.1) the sums received under financial risk-sharing agreements and agreements providing for compensatory measures made under the second paragraph of section 52.1 of the Act respecting prescription drug insurance;";

(2) by replacing "and *d*" in paragraph *e* by ", *d* and *d*.1".

41. Section 40.9 of the Act is amended by inserting the following sentence after the first sentence: "The report must contain information on the number of agreements made under the second paragraph of section 52.1 of the Act respecting prescription drug insurance, the number of products and enterprises concerned, and the sums paid under those agreements."

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

42. Section 116 of the Act respecting health services and social services (R.S.Q., chapter S-4.2) is amended

(1) by replacing the last sentence of the first paragraph by the following sentences: "The list and updatings come into force on the date they are published on the Board's website or on any later date specified in the accompanying notice from the Minister. The publication imparts authentic value to the list or updating and the notice from the Minister.";

(2) by striking out the last sentence of the second paragraph.

43. Section 117 of the Act is replaced by the following section:

"**117.** An institution that takes part in clinical or basic research activities may furnish medicines on the conditions and in the circumstances prescribed by regulation."

44. Section 520.5 of the Act, enacted by section 189 of chapter 32 of the statutes of 2005, is amended

(1) by inserting ", subject to the second paragraph," after "must" in the first line;

(2) by adding the following paragraph at the end:

"The information referred to in subparagraph 6 of the first paragraph of section 520.9 and stored by the Régie de l'assurance maladie du Québec under subparagraphs *h*.2 and *h*.3 of the second paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec may be communicated to the Conseil du médicament for the purpose of promoting the optimal use of medications."

45. Section 520.11 of the Act, enacted by section 189 of chapter 32 of the statutes of 2005, is amended

(1) by inserting ", subject to the second paragraph of section 2.0.3 of the Act respecting the Régie de l'assurance maladie du Québec," after "even" in the third line of the first paragraph;

(2) by replacing "the Act respecting the Régie de l'assurance maladie du Québec" at the end of the first paragraph by "that Act".

TRANSITIONAL AND FINAL PROVISIONS

46. A group insurance contract or employee benefit plan in force before (*insert the date of coming into force of this section*) that includes coverage for the cost of pharmaceutical services and medications for persons who are not part of the group with private coverage within the meaning of section 15.1 of the Act respecting prescription drug insurance that is covered by the contract or plan remains valid with respect to that coverage for those persons until the earlier of the date occurring six months after that date and the date on which the contract or plan expires, unless the insurer or plan administrator ceases maintaining that coverage for those persons before then, after giving them at least 45 days' notice.

47. An individual insurance contract described in the first paragraph of section 42.2 of the Act respecting prescription drug insurance that does not include coverage at least equivalent to the basic plan coverage and that was signed before (*insert the date of coming into force of this section*) remains valid until the earlier of the date occurring six months after that date and its date of expiry.

48. A choice legally made by a member of a group with private coverage within the meaning of section 15.1 of the Act respecting prescription drug insurance before 13 December 2005 to become a member under a group insurance contract applicable to the group or to be covered under the public plan remains valid, but the member may not again choose between those two options.

49. The provisions of this Act come into force on the date or dates to be set by the Government; however, sections 11 and 48 come into force on 13 December 2005 and section 11 has effect from 1 July 2005.