

chapter A-29, r. 5

**Regulation respecting the application of the Health Insurance Act**

Health Insurance Act  
(chapter A-29, s. 69).

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## DIVISION I

### INTRODUCTION

#### 1. In this Regulation,

(a) “Act” means the Health Insurance Act (chapter A-29);

(b) “Board” means the Régie de l’assurance maladie du Québec established by the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5);

(c) *(paragraph revoked)*;

(d) “professional in the field of health” or “professional” means any physician, dental surgeon, optometrist or pharmacist legally authorized to provide insured services;

(e) *(paragraph revoked)*;

(e.1) “spouse” means

(1) the man or woman with whom a person is married and cohabits;

(2) the man or woman of the opposite or the same sex with whom a person cohabits in a conjugal relationship, if they have been so cohabiting for at least 1 year or if

i. a child has been born of their union;

ii. they have adopted a child together; or

iii. one of them has adopted the other’s child;

(f) “agreement” means any agreement concluded between the Minister of Health and Social Services and a body representing any class of health professionals for the purposes of carrying out the Act;

(g) *(paragraph revoked)*;

(h) *(paragraph revoked)*;

(i) *(paragraph revoked)*;

(j) *(paragraph revoked)*;

(k) *(paragraph revoked)*;

(l) *(paragraph revoked)*;

(l.1) “educational institution” means a legal person or body providing education at the elementary, secondary, college or university levels;

(m) “laboratory” means a laboratory as defined in the Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2);

(n) *(paragraph replaced)*;

(o) *(paragraph replaced)*;

(p) *(paragraph replaced)*;

(q) *(paragraph replaced)*;

(r) “insured services” means the services referred to in subparagraph *a* of the first paragraph of section 1 of the Act;

(s) “insured person” means the insured person referred to in subparagraph *g.1* of the first paragraph of section 1 of the Act;

(t) “professional in the field of health subject to the application of an agreement” means the professional referred to in subparagraph *c* of the first paragraph of section 1 of the Act;

(u) “hospital centre” means a hospital centre within the meaning of the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5);

(v) “List of medications” means the List of medications drawn up under section 60 of the Act respecting prescription drug insurance (chapter A-29.01).

R.R.Q., 1981, c. A-29, r. 1, s. 1; O.C. 937-84, s. 1; O.C. 1769-84, s. 1; O.C. 1469-92, s. 1; O.C. 869-93, s. 44; O.C. 1179-95, s. 1; O.C. 1403-96, s. 48; O.C. 554-2001, s. 1.

## DIVISION II

*(Replaced)*

R.R.Q., 1981, c. A-29, r. 1, Div. II; O.C. 1470-92, s. 37.

**2.** *(Replaced)*.

R.R.Q., 1981, c. A-29, r. 1, s. 2; O.C. 1470-92, s. 37.

**3.** *(Replaced)*.

R.R.Q., 1981, c. A-29, r. 1, s. 3; O.C. 1470-92, s. 37.

**4.** *(Replaced)*.

R.R.Q., 1981, c. A-29, r. 1, s. 4; O.C. 2277-85, ss. 1 and 9; O.C. 1470-92, s. 37.

**5.** *(Replaced)*.

R.R.Q., 1981, c. A-29, r. 1, s. 5; O.C. 1470-92, s. 37.

**6.** *(Replaced)*.

R.R.Q., 1981, c. A-29, r. 1, s. 6; O.C. 2277-85, ss. 2 and 9; O.C. 1470-92, s. 37.

**7.** *(Replaced)*.

R.R.Q., 1981, c. A-29, r. 1, s. 7; O.C. 1470-92, s. 37.

**DIVISION III**

*(Replaced)*

R.R.Q., 1981, c. A-29, r. 1, Div. III; O.C. 1470-92, s. 37.

**8. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 8; O.C. 1470-92, s. 37.

**9. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 9; O.C. 1470-92, s. 37.

**10. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 10; O.C. 1470-92, s. 37.

**11. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 11; O.C. 1470-92, s. 37.

**12. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 12; O.C. 1470-92, s. 37.

**13. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 13; O.C. 1470-92, s. 37.

**14. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 14; O.C. 1470-92, s. 37.

**DIVISION IV**

*(Replaced)*

R.R.Q., 1981, c. A-29, r. 1, Div. IV; O.C. 1470-92, s. 37.

**15. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 15; O.C. 858-90, s. 1; O.C. 1470-92, s. 37.

**16. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 16; O.C. 858-90, s. 2; O.C. 1470-92, s. 37.

**17. (Revoked).**

R.R.Q., 1981, c. A-29, r. 1, s. 17; O.C. 858-90, s. 3.

**18. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 18; O.C. 1470-92, s. 37.

**19. (Replaced).**

R.R.Q., 1981, c. A-29, r. 1, s. 19; O.C. 1470-92, s. 37.

**20.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 20; O.C. 1470-92, s. 37.

**21.** *(Revoked).*

R.R.Q., 1981, c. A-29, r. 1, s. 21; O.C. 858-90, s. 4.

**DIVISION V**

**SERVICES NOT CONSIDERED INSURED**

**22.** The services mentioned under this Division shall not be considered as insured services for the purposes of the Act:

(a) every examination or service which is not related to a process of cure or prevention of illness; examinations or services for the following purposes shall in particular be considered as such:

- i. issue or renewal of an insurance policy;
- ii. employment, or examinations during employment, or when such an examination or service is required by an employer or his representative unless such an examination or service is required by an Act of Québec other than the Act respecting collective agreement decrees (chapter D-2);
- iii. passports, visas or other similar purposes;

(b) psychoanalysis in every form, unless such service is rendered in a facility maintained by an institution authorized for such purpose by the Minister of Health and Social Services;

(b.1) any conversion therapy subject to the Act to protect persons from conversion therapy provided to change their sexual orientation, gender identity or gender expression (chapter P-42.2);

(c) any service provided for purely esthetic purposes including the following in particular:

- i. rhytidectomy;
- ii. any correction of a scar located elsewhere than on the face or neck and which does not cause functional interference;
- iii. any excision or dermabrasion of a nontraumatic tattoo;
- iv. any capillary graft to correct hereditary alopecia;
- v. any electrolysis, except in the case of pathological hirsutism or of folliculitis;
- vi. any correction of a nonsymptomatic congenital deformation;
- vii. any correction of prominauries (protruding ears) in a person 18 years of age or more;
- viii. any mammoplasty, unless such a service is provided for:
  - (A) correction of mammary aplasia;
  - (B) correction of severe asymmetry (at least 150 g) of severe bilateral hyperplasia (at least 250 g per breast);

or

(C) ipsi or contralateral reconstruction following any breast surgery which is considered an insured service;

ix. any excision of nonsymptomatic excess adipose tissue;

(c.1) any refractive surgery, with the exception of the following cases, where there is a documented failure in respect of corrective lenses and contact lenses:

i. astigmatism of more than 3 diopters, measured from the cornea, acquired subsequently to trauma, to corneal pathology or to corneal surgery considered as an insured service and not secondary to refractive surgery carried out for a condition other than that provided for in subparagraph ii;

ii. anisometropia of more than 5 diopters, measured from the cornea, entailing a functional deficit in vision and not secondary to refractive surgery carried out for a condition other than that provided for in subparagraph i;

(d) *(paragraph revoked)*;

(e) any service rendered by a professional to his consort or his children;

(f) any examination, expert appraisal, testimony, certificate or other formality required for the ends of justice or by a person other than the person who has received and insured service, except in the following cases:

i. proof of death;

ii. a medico-legal examination of a person who is a victim of a sexual assault;

iii. an examination required under the Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001);

iv. an examination required under the Public Curator Act (chapter C-81);

v. an examination required under the Act respecting the Québec Pension Plan (chapter R-9);

vi. an examination required under the Individual and Family Assistance Act (chapter A-13.1.1) except the new examination required by the Minister of Income Security under section 31 of that Act;

vii. an examination required under the Youth Protection Act (chapter P-34.1);

(g) any visit made for the sole purpose of obtaining the renewal of a prescription;

(h) any examination, vaccination, immunization or injection given:

i. to a group of persons, unless the professional from whom such service is required has previously obtained the written authorization of the Board;

ii. for schooling purposes at all levels, for purposes of summer or other camps, and for purposes of any association or body;

(i) any service rendered in person by a professional on the basis of an agreement or contract with an employer, an association or a body for the purposes of providing insured services to its or his employees or to their members;

(j) among the services contemplated in subparagraph c of the first paragraph of section 3 of the Act, the following services shall not be considered insured services if they are rendered more than once during 2 consecutive calendar years by an optometrist to an insured person who holds a valid claim booklet issued in

accordance with section 71 or 71.1 of the Act and who is 18 years of age or over and less than 65 years of age or if they are rendered more than once during a calendar year by an optometrist to any other insured person contemplated in section 34;

- i. complete eyesight examination;
- ii. extensive study of colour vision;

(j.1) *(paragraph revoked)*;

(k) any adjustment of spectacles or contact lenses;

(k.1) *(paragraph revoked)*;

(l) any surgical extraction of a tooth or dental fragment performed by a physician, unless such a service is provided in a facility maintained by an institution which operates a hospital centre in one of the following cases:

- i. to an insured person less than 10 years of age;
- ii. to an insured person who holds a valid claim booklet issued under section 71.1 of the Act; or
- iii. by antrostomy;

(m) all procedures of acupuncture;

(n) the injection of sclerotial substances into:

- i. telangiectases;
- ii. arteriovenous vessels;
- iii. varicosities of the lower limbs; or

iv. varicose veins of the lower limbs where such a service is not provided in a facility maintained by an institution which operates a hospital centre, and the examination made at that time;

(o) i. thermography, unless this service is rendered in a facility maintained by an institution which operates a hospital centre;

ii. mammography for detection purposes, unless that service is rendered by medical prescription, in a place designated under subparagraph *b.3* of the first paragraph of section 69 of the Act, to an insured person 35 years of age or older and provided that the person has not been so examined for 1 year;

(p) the use of radionuclids *in vivo* in a human, unless this service is rendered in a facility maintained by an institution which operates a hospital centre;

(q) ultrasonography, except in one or the other of the following cases:

- i. this service is rendered in a facility maintained by an institution which operates a hospital centre;
- ii. this service is rendered by a radiologist;

iii. this service is rendered, for obstetrical reasons, in a facility maintained by an institution which operates a local community service centre referred to in Schedule D;



iv. this service is rendered for assisted procreation purposes under Division XII.2, in a centre for assisted procreation holding a licence issued under the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01);

(q.1) computer tomography, unless the service is provided in a facility maintained by an institution which operates a hospital centre;

(q.2) magnetic resonance imaging, unless the service is rendered in a facility maintained by an institution that operates a hospital centre;

(q.3) optical tomography of the ocular globe and confocal scanning laser ophthalmoscopy of the optic nerve, unless those services are rendered in a facility maintained by an institution that operates a hospital centre or they are rendered as part of an intravitreal injection of an antiangiogenic drug for treatment of age-related macular degeneration, macular edema caused by vein occlusion, diabetic macular edema, retinopathy of prematurity, malignant myopia, neovascular glaucoma or neovascular diabetic retinopathy;

(r) any radiological service provided by a physician:

i. if it is required with a view to dispensing an uninsured service or one not considered insured under the Act or regulations;

ii. if it is required by a person other than a physician, specialized nurse practitioner, physiotherapist or dentist; or

iii. if it is provided in a laboratory under an agreement entered into with the operator of a specialized medical centre under the first paragraph of section 333.6 of the Act respecting health services and social services (chapter S-4.2);

(s) any anesthetic service provided by a physician if it is required with a view to dispensing an uninsured service or a service not considered insured by the Act or regulations, with the exception of a dental service provided in a facility maintained by an institution which operates a hospital centre;

(t) any surgical service provided for the purposes of transsexualism unless that service is provided in a facility maintained by an institution which operates a hospital centre and upon the recommendation of the head of the clinical department responsible for transsexualism services at the Hôtel-Dieu de Montréal or at the Montreal General Hospital, and upon the recommendation of a psychiatrist practising in one of those 2 hospital centres;

(u) any service that is not related to a pathology and that is rendered by a physician to an insured person at least 18 years of age or over and less than 65 years of age, unless the insured person holds a valid claim booklet issued in accordance with section 71 or 71.1 of the Act, for a problem of daltonism or refraction for the purpose of getting or renewing a prescription for spectacles or contact lenses;

(v) *(paragraph revoked)*;

(w) any service rendered from a distance by a professional:

i. on the basis of an agreement or contract with an employer, an association or a body for the purpose of providing insured services to its employees or to their members, as well as to the spouses or any dependants of its employees or their members;

ii. under or incidental to an employee benefit plan or group insurance contract provided that their main purpose is not the provision of these services.

R.R.Q., 1981, c. A-29, r. 1, s. 22; O.C. 2448-82, s. 1; O.C. 3018-82, ss. 1-3; O.C. 1374-84, s. 1; O.C. 1813-84, s. 1; O.C. 1556-87, s. 1; O.C. 1823-88, s. 1; O.C. 922-89, s. 133; O.C. 1214-89, s. 1; O.C. 1064-91, s. 1; O.C. 1192-92, s. 1; O.C. 1244-92, s. 1; O.C. 1469-92, s. 2; O.C. 729-93, s. 1; O.C. 896-94, s. 1; O.C. 386-95, s. 1; O.C. 1179-95, s. 2; O.C. 323-96, s. 1; O.C. 1287-96, s. 1; O.C. 1563-96, s. 1; O.C. 924-97, s. 1; O.C. 1190-2001, s. 1; O.C. 329-2007, s. 1; S.Q. 2007, c. 21, s. 44; S.Q. 2009, c. 29, s. 39; O.C. 894-2009, s. 1; O.C. 645-2010, s. 1; O.C. 1088-2011, s. 1; S.Q. 2015, c. 25, s. 19; O.C. 1021-2016, ss. 1 and 2; O.C. 446-2020, s. 1; S.Q. 2020, c. 28, s. 13; S.Q. 2020, c. 6, s. 53; S.Q. 2021, c. 13, s. 175; S.Q. 2021, c. 2, s. 31; O.C. 1347-2022, s. 1; O.C. 1794-2022, s. 1.

## DIVISION VI

### SERVICES OUTSIDE QUÉBEC

R.R.Q., 1981, c. A-29, r. 1, Div. VI; O.C. 499-92, s. 1.

**23.** For the purposes of subparagraph *b* of the first paragraph of section 3 of the Act a hospital outside Québec is:

(a) any hospital possessed or operated by the Government of Canada or of another province, or by the government of a country other than Canada;

(b) a hospital legally authorized by the competent authority of another province, of Canada or of a country other than Canada.

R.R.Q., 1981, c. A-29, r. 1, s. 23.

**23.1.** The Board shall assume or reimburse the payment of an amount for insured medical services given to an insured person in a facility maintained by the institution which operates the hospital centre and situated outside Québec but in Canada where those services are received when a hospital service is provided and where they were authorized beforehand by the Board upon written request signed by 2 physicians specialized in the field related to the illness of the person for whom the authorization is requested.

The request shall be accompanied by a summary of the case history of that person and shall contain the following items:

(1) a description of the specialized services required;

(2) a certificate attesting that the specialized services required are not available in Québec;

(3) the name of the physician whose services are required and the address of the facility maintained by the institution which operates the hospital centre in which he practises.

O.C. 499-92, s. 2; O.C. 1179-95, s. 3.

**23.2.** The Board shall assume or reimburse the payment of an amount for the insured medical services given to an insured person in a facility maintained by the institution which operates the hospital centre and situated outside Canada where all the conditions provided for in section 23.1 have been fulfilled and where it is certified that the services required are not available in Canada.

O.C. 499-92, s. 2; O.C. 1179-95, s. 4.

**DIVISION VII**

**RULES GOVERNING A NOTICE BY A PROFESSIONAL WHO HAS WITHDRAWN, BY A NON-PARTICIPATING PROFESSIONAL OR BY A PHYSICIAN IN A PERIOD OF TRAINING**

R.R.Q., 1981, c. A-29, r. 1, Div. VII; O.C. 13-83, s. 1.

**24.** The Board must publish, each month, in the *Gazette officielle du Québec*, a list, compiled on a regional basis, of the names and business addresses of professionals who intend practising their profession outside the scope of the plan as professionals withdrawn or as non-participating professionals or who have ceased to practise in this capacity, as well as the date on which their withdrawal or non-participation becomes effective or ceases to become effective.

R.R.Q., 1981, c. A-29, r. 1, s. 24.

**25.** Any professional who has withdrawn shall, except in the cases of emergency determined by the Act and the regulations, inform an insured person in writing that if the insured person avails himself of the professional's services, he must claim the cost of the services directly from the Board.

This notice must be signed by the professional, bear the date of issuance, be drawn up in the manner prescribed hereafter and be delivered by hand in advance by the professional to any insured person who avails himself of the professional's services:

**NOTICE OF WITHDRAWAL**

**To insured persons under health insurance plan**

This is to notify you that I am a professional who has withdrawn from the health insurance plan.

If you avail yourself of my professional services, you must send the statement of fees that I must complete and return to you to the Board. When the Board has paid you after you have submitted the statement of fees and the information prescribed in the Act, you must pay the cost of insured services I have furnished directly to me.

The cost that I will claim for these insured services will be in accordance with the tariff payable by the Régie de l'assurance maladie du Québec.

You have been given this Notice in accordance with the Health Insurance Act (chapter A-29) and its regulations.

\_\_\_\_\_ (date) \_\_\_\_\_

\_\_\_\_\_ (signature of professional who has withdrawn) \_\_\_\_\_

R.R.Q., 1981, c. A-29, r. 1, s. 25; O.C. 1469-92, s. 3.

**26.** Any professional who practises his profession outside the scope of the plan as a non-participating professional shall, except in cases of emergency determined by the Act and the regulations, inform an insured person in writing that the insured person must assume the full cost of the professional services he is intending to request.

This notice must be signed by the professional, bear the date of issuance, be drawn up in the manner prescribed hereafter and be delivered by hand in advance by the professional to any insured person who avails himself of the professional's services:

**NOTICE OF NON-PARTICIPATION**

**To insured persons under health insurance plan**

I notify you that I am a professional non-participating in the Health Insurance Plan. As such, I may not claim payment of my fees from the Régie de l'assurance maladie du Québec.

If you have recourse to my professional services, you must therefore pay me directly the cost of insured services I will dispense to you.

You may neither demand or obtain from the Régie de l'assurance maladie du Québec the reimbursement of the cost of insured services which you will have paid to me.

This notice is given to you in accordance with the Health Insurance Act (chapter A-29) and the regulations.

\_\_\_\_\_ (date) \_\_\_\_\_

\_\_\_\_\_ (name of non-participating professional) \_\_\_\_\_

R.R.Q., 1981, c. A-29, r. 1, s. 26; O.C. 1469-92, s. 4.

**26.1.** Any physician in a period of training to obtain his first specialist's certificate shall, except where the services are furnished in a centre operated by an institution other than the institution with which he is in a period of training or for the Corporation d'urgences-santé, inform an insured person in writing that the services the insured person intends to request are not insured and that the insured person must assume the full cost of the services.

The notice must be signed by the physician, bear the date of issue, be drawn up in the manner prescribed below and be delivered by hand in advance by the physician to any insured person who avails himself of the professional's services:

NOTICE OF UNINSURED SERVICES

**To insured persons under health insurance plan**

I inform you that I am a physician in a period of training to obtain my first specialist's certificate. As such, I may not claim, payment of my fees from the Régie de l'assurance maladie du Québec for services which I render on a private basis, which services are not insured.

If you have recourse to my professional services, you must therefore pay me directly the cost of services which I will dispense to you on a private basis.

You may neither request or obtain from the Régie de l'assurance maladie du Québec the reimbursement of the cost of the services which you will have paid to me.

This notice is given to you in accordance with the Health Insurance Act (chapter A-29) and regulations thereunder.

\_\_\_\_\_ (date) \_\_\_\_\_

\_\_\_\_\_ (signature of physician in a period of training) \_\_\_\_\_

O.C. 13-83, s. 2; O.C. 1469-92, s. 5; O.C. 1179-95, s. 5.

## DIVISION VIII

### STANDARDS RESPECTING EMERGENCIES

**27.** An emergency case within the meaning of this Act and the regulations is any pathological condition which, in the opinion of a professional in the field of health, should require the immediate provision of insured services.

R.R.Q., 1981, c. A-29, r. 1, s. 27.

## DIVISION IX

### NOTICE OF WITHDRAWAL, OF RE-ENGAGEMENT OR OF NON-PARTICIPATION

**28.** Failing provisions in an agreement, every professional subject to the application of an agreement who wishes to become a professional withdrawn or a non-participating professional, every professional withdrawn who wishes to become a professional subject to the application of an agreement or a non-participating professional and every non-participating professional who wishes to become a professional subject to the application of an agreement or a professional withdrawn must transmit to the Board, by registered mail, a notice of withdrawal, of re-engagement or of non-participation, using the form the Board provides for this purpose.

R.R.Q., 1981, c. A-29, r. 1, s. 28; I.N. 2016-01-01 (NCCP); O.C. 590-2018, s. 5.

**29.** The re-engagement becomes effective on the 8th day following the date on which the notice is mailed. The withdrawal and the non-participation become effective on the 30th day following the date on which the notice is mailed.

R.R.Q., 1981, c. A-29, r. 1, s. 29.

**30.** The Board sends without delay copy of every notice to the Minister, as well as to the representative body that concluded an agreement and of which the professional who gives notice is a member.

R.R.Q., 1981, c. A-29, r. 1, s. 30; S.Q. 2006, c. 43, s. 51.

## DIVISION X

### ORAL SURGERY SERVICES CONSIDERED AS INSURED SERVICES

R.R.Q., 1981, c. A-29, r. 1, Div. X; O.C. 1712-82, s. 1.

**31.** The services referred to hereafter are considered insured services where they are rendered by a dentist to an insured person in an institution which operates a hospital centre:

- (a) examination, consultation or visit;
- (b) radiography, whether intraoral, extraoral or by injection of a contrast substance;
- (c) local or regional anesthesia;
- (d) emergency opening of the pulp chamber;
- (e) the following surgery services:
  - i. package for complex surgery (cases of traumatism, reconstruction or oncology) where the duration of the anesthesia is 4 hours or more;
  - ii. removal of a foreign body from the oral cavity or maxilla, excluding a dental implant;

- iii. removal by antrostomy of a tooth, dental fragment or foreign body;
- iv. surgical exposure, for orthodontic purposes, of a tooth whose crown is covered with bony tissue;
- v. incision or drainage of abscess;
- vi. osteitis treatment including alveolitis and osteomyelitis;
- vii. excision and curettage of an intraosteal cyst or granuloma;
- viii. marsupialization of an intraosseous cyst;
- ix. evacuation of a cervicofacial hematoma or seroma;
- x. biopsy;
- xi. excision of a tumor;
- xii. mandibulectomy or maxillectomy;
- xiii. complete lowering of the floor of the mouth or extension of mucous folds;
- xiv. excision of genial apophyses, of mylohyoid ridge or torus;
- xv. reinsertion of the mylohyoid muscle;
- xvi. alveolectomy, tuberoectomy or alveoplasty;
- xvii. excision of hyperplastic tissue or excision of excess mucous membrane;
- xviii. treatment of the salivary glands;
- xix. closure of the buccosinusal opening;
- xx. frenectomy;
- xxi. gingivectomy in the case of hyperplastic gingivitis resulting from the absorption of a medicinal substance;
- xxii. operculectomy;
- xxiii. hemorrhage control;
- xxiv. repair of a soft tissue laceration;
- xxv. neural transposition and decompression;
- xxvi. avulsion or alcoholization of a branch of the trigeminal nerve;
- xxvii. infiltration of a branch of the trigeminal nerve for diagnostic purposes;
- xxviii. anastomosis of a peripheral nerve under a microscope;
- xxix. additional exploration under a microscope of a vascular anastomosis of a micro-anastomosed free flap performed in less than 14 days of the initial procedure;
- xxx. complete avulsion of the inferior dental nerve;

- xxxi. implantation of an alloplastic craniomaxillofacial prosthesis to correct congenital, developmental or post-traumatic defects;
- xxxii. placement or removal of craniomaxillofacial distractors;
- xxxiii. stitching of a cut nerve;
- xxxiv. tracheotomy;
- xxxv. submandibular percutaneous intubation;
- xxxvi. the following services related to the correction of a cleft palate:
  - (A) closing of the soft palate;
  - (B) closing of the hard palate;
  - (C) additional lengthening of the palate with intravelar myoplasty;
  - (D) pharyngeal flap to cure a velopharyngeal insufficiency;
  - (E) cure of a residual palatal fistula;
  - (F) reconstruction of the alveolar ridge;
  - (G) primary rhinoplasty in the presence of cleft lip or secondary by open or endonasal approach;
- xxxvii. cheiloplasty or reconstruction of the lip;
- xxxviii. glossectomy;
- xxxix. bone graft;
- xl. taking of the graft;
- xli. reduction of fractures:
  - (A) frontal bone, zygomatic arch, malar bone, orbit, nose, maxilla, mandible, condyle or alveolar bone;
  - (B) opened reduction of a bucket handle mandibular fracture;
  - (C) bicornal flap;
  - (D) occlusion of the frontal sinus;
- xlii. immobilization of a tooth loosened by traumatism;
- xliii. reimplantation of a completely exfoliated tooth;
- xliv. placement of a mandibular reconstruction plate or removal of bone fixation (pins, plate or screws) by surgical approach;
- xlv. placement or removal of an intermaxillary fixation or a preprosthetic splint;
- xlvi. the following services rendered for the treatment of the temporomandibular articulation:
  - (A) luxation reduction;

- (B) meniscectomy;
- (C) condylectomy or high condylectomy, including condyloplasty;
- (D) temporomandibular arthroplasty;
- (E) coronoidectomy;
- (F) intra-articular infiltration including medication;
- (G) arthrocentesis;
- (H) arthroscopy;
- (I) injection of botulinum toxin for functional purposes;
- (J) implantation of a glenoid fossa or condylar prosthesis;
- (K) cure of ankylosis;

xlvi. mandible, maxilla and interdental osteotomy;

xlvi. corticotomy;

xlix. repositioning or lessening of the symphysis menti;

l. the following oncology and reconstruction services:

- (A) neck dissection;
- (B) lip repair with Abbé flap or cross lip flap;
- (C) correction of post-traumatic or surgical scars;
- (D) transfer of fat to correct scar disorders;

(E) isolated debridement of skin wounds or mucous membranes, including the excision of necrotic tissue and foreign bodies;

(F) post-traumatic or cleft lip dermabrasion;

(G) graft by transfer of a local pedicled myocutaneous flap, by transfer of a regional pedicled flap, free cutaneous graft of head and neck region or by free microanastomosed flap;

(H) reduction and rearrangement of the soft tissue of a flap done during a subsequent session, including section of the pedicle if necessary by direct closure;

(I) intralesional injection of pharmaceutical agent for non-cosmetic purposes.

R.R.Q., 1981, c. A-29, r. 1, s. 31; O.C. 1712-82, s. 1; O.C. 1771-83, ss. 1 and 2; O.C. 1980-88, s. 1; O.C. 1134-91, s. 1; O.C. 1179-95, s. 6; O.C. 1100-99, s. 1; O.C. 840-2004, s. 1; O.C. 21-2015, s. 1; O.C. 446-2020, s. 2.

## DIVISION XI

### DETERRENT FEES — MEDICATIONS

**32.** Subject to section 33, a pharmacist may require deterrent fees from a person for whom the cost of medications is assumed by the Board, where:



(a) the cost of the medication prescribed exceeds the median price; and where

(b) the person refuses to have the prescribed medication substituted by a medication with the same generic name, form and content, the cost of which is equal to or less than the median price.

The person must pay the deterrent fees to the pharmacist on the pharmacist's request.

The amount of deterrent fees to be paid must not exceed the difference between the cost indicated in the List of medications for the medication furnished and the median price assumed by the Board in accordance with the List.

The median price on the List of medications is the price of the product situated at the median of a distribution of products within the same generic name, form and content.

R.R.Q., 1981, c. A-29, r. 1, s. 32; S.Q. 2020, c. 6, s. 54.

**33.** No deterrent fees may be paid by a person for whom the cost of medications is assumed by the Board or may be claimed by a pharmacist, where:

(a) the prescriber has indicated on the prescription in handwriting that another medication may not be substituted for the medication prescribed;

(b) the List of medications does not indicate the median price for medications with the same generic name, form and content as the medication prescribed;

(c) the medication prescribed appears as an appendix to the List of medications as medication for which the median price method does not apply for therapeutic reasons; or

(d) the pharmacist furnishes the person with medication from a Québec supplier on the following conditions:

i. the cost of the medication exceeds the median price assumed in accordance with the List by no more than 10% for all medication with the same generic name, form and content as the medication prescribed;

ii. the number of pharmaceutical products from Québec suppliers for the medication is less than half of the medication the cost of which is equal to or less than the median price assumed in accordance with the List for the medication.

A special entry is made on the List for medication that meets the conditions prescribed in the first paragraph.

R.R.Q., 1981, c. A-29, r. 1, s. 33; S.Q. 2020, c. 6, s. 55.

## DIVISION XII

### OPTOMETRIC SERVICES

**34.** The optometric services listed hereafter are to be considered insured services for the purposes of subparagraph *c* of the first paragraph of section 3 of the Act for insured persons under 18 years of age or 65 years of age or over and for insured persons 18 years of age or over and less than 65 years of age who have held, for at least 12 consecutive months, a valid claim booklet issued in accordance with section 71 or 71.1 of the Act:

(a) complete eye test;

(b) *(paragraph revoked)*;

- (c) follow-up eye test;
- (d) extended study of colour vision;
- (e) examination of the central visual field;
- (f) examination of the peripheral visual field;
- (g) ocular motility study;
- (h) adaptometry;
- (i) specific examination of subnormal vision;
- (j) specific examination of aniseiconia;
- (k) specific examination of contact lenses in the case of:

— deformity of the cornea

— coloboma

— albino

— aniridia

— polycoria

— aphacia (where there was no insertion of intraocular lenses)

— antimetropia or anisometropia of at least 2 diopters difference between the 2 eyes

— myopia of at least 5 diopters

— hypermetropia of at least 5 diopters

— ordinary astigmatism of at least 3 diopters difference between the major meridians

— amblyopia where correction in the better eye does not exceed  $20/40$

— therapeutic lenses in the case of ocular pathology necessitating the wearing of contact lenses following a doctor's orders;

- (l) specific control examination for subnormal vision, aniseiconia, or for contact lenses.

In addition, a partial vision examination and an emergency examination, as defined in the agreement entered into in accordance with section 19 of the Act between the Minister of Health and Social Services and the Association des optométristes du Québec are considered insured services for all insured persons.

R.R.Q., 1981, c. A-29, r. 1, s. 34; O.C. 1192-92, s. 2; O.C. 124-93, s. 1; O.C. 729-93, s. 2; O.C. 896-94, s. 2; O.C. 1287-96, s. 2; O.C. 894-2009, s. 2.

**34.1.** The optometric services mentioned hereafter shall be deemed insured services for the purposes of subparagraph *c* of the first paragraph of section 3 of the Act on behalf of any insured person who is 16 years of age or less:

- (a) specific orthoptic examination;

(b) orthoptic check-up.

O.C. 321-85, s. 1; O.C. 1469-92, s. 6.

**34.1.1.** The posterior segment examination with pupil dilation is to be considered an insured service, for the purposes of subparagraph *c* of the first paragraph of section 3 of the Act, for insured persons with a known diagnosis of diabetes and treated by medication, and for insured persons with myopia of 5 diopters or more.

O.C. 894-2009, s. 3.

## DIVISION XII.1

### FAMILY PLANNING SERVICES

O.C. 1258-87, s. 1.

**34.2.** The family planning services mentioned hereafter shall be deemed insured services for the purposes of subparagraph *d* of the first paragraph of section 3 of the Act:

- (a) services required for the purposes of mechanical, hormonal or chemical contraception;
- (b) services required for the purposes of surgical sterilization, namely a tubal ligation or vasectomy;
- (c) services required for a reanastomosis of the uterine tubes or the vas deferents.

O.C. 1258-87, s. 1.

## DIVISION XII.2

### ASSISTED PROCREATION SERVICES

O.C. 645-2010, s. 2; S.Q. 2015, c. 25, s. 20; S.Q. 2021, c. 2, s. 32.

**34.3.** For the purposes of this Division,

“assisted procreation project” means a project formed by a person alone or by spouses that consists in their obtaining assisted procreation services to have one or more children resorting to, if needed, a woman or person who is not party to the project to give birth to these children, or reproductive material from a person who is not party to the project;

“IVF” means *in vitro* fertilization;

“IVF cycle” means a cycle, during which no more than one ovarian puncture may be included, which begins at the time of the first ovarian stimulation or at the time of the ovarian puncture, as the case may be, and ends when no embryo was produced following the ovarian puncture or when all embryos produced following the ovarian puncture have been transferred;

“modified natural ovulatory cycle” means a cycle during which ovarian stimulation is performed to obtain one or more eggs;

“natural ovulatory cycle” means a cycle during which ovulation occurs spontaneously, without any ovarian stimulation;

“stimulated ovulatory cycle” means a cycle during which ovarian stimulation is performed to increase the number of eggs produced.

O.C. 645-2010, s. 2; S.Q. 2015, c. 25, s. 20; S.Q. 2021, c. 2, s. 32; O.C. 245-2024, s. 1.

**34.4.** Assisted procreation services required for artificial insemination and IVF purposes are considered insured services for the person alone or spouses party to the assisted procreation project if

- (a) the person alone or spouses are insured persons;
- (b) the person alone or either spouse has never before formed an assisted procreation project as part of which insured services referred to in sections 34.7 and 34.8 were provided;
- (c) in the case of spouses, either is in one of the following situations:
  - i. infertile;
  - ii. unable to reproduce;
  - iii. at high risk of conceiving a child with a monogenic hereditary disease or an inherited chromosomal disorder resulting in a serious, severely debilitating or fatal disease or abnormality for which there is no treatment available to neutralize its serious, disabling or fatal nature;
- (d) the person alone or either spouse has not undergone voluntary surgical sterilization or had reanastomosis of the uterine tubes or the vas deferens, as the case may be, within the meaning of paragraphs *b* and *c* of section 34.2.

For the purposes of subparagraph *a* of the first paragraph, a person with respect to whom the cost of the insured health services they receive or may receive is assumed otherwise than under the Health Insurance Act (chapter A-29) due to the fact that they are resident in Québec and in active service in the Canadian Armed Forces is considered an insured person.

The person alone or spouses party to the assisted procreation project must declare, using the form provided by the Board, that they meet the conditions prescribed in subparagraphs *a* to *d* of the first paragraph and that the information provided in the form is accurate and complete.

O.C. 645-2010, s. 2; S.Q. 2015, c. 25, s. 20; S.Q. 2021, c. 2, s. 32; O.C. 245-2024, s. 2.

**34.5.** Assisted procreation services required for artificial insemination and IVF purposes are considered insured services for an insured person who contributes to the assisted procreation project referred to in section 34.4, without being party to the project, by agreeing to give birth to a child or by providing reproductive material free of charge if that person has not undergone voluntary surgical sterilization or had reanastomosis of the uterine tubes or the vas deferens, as the case may be, within the meaning of paragraphs *b* and *c* of section 34.2.

In addition, when a woman or person contributes to the assisted procreation project by agreeing to give birth to a child, services are provided only if no other woman or person simultaneously contributes to the project by agreeing to give birth to a child resulting from the project.

O.C. 645-2010, s. 2; S.Q. 2015, c. 25, s. 20; S.Q. 2021, c. 2, s. 32; O.C. 245-2024, s. 3.

**34.6.** Assisted procreation services required for artificial insemination and IVF purposes are considered insured services only if

- (a) the woman is or the person is less than 41 years of age,
  - i. for artificial insemination, at the time of the ovarian stimulation during a stimulated ovulatory cycle or modified natural ovulatory cycle, on the first day of the menstrual cycle during a natural ovulatory cycle, and at the time of every insemination; or
  - ii. for IVF, at the time of the ovarian stimulation during a stimulated ovulatory cycle or modified natural ovulatory cycle, or at the time of the ovarian puncture during a natural ovulatory cycle;
- (b) the woman or the person is less than 42 years of age at the time of the last frozen embryo transfer;

(c) the person alone or spouses party to the assisted procreation project must be 18 years of age or over at the time the first service is provided in the course of the assisted procreation project; and

(d) the person who contributes to the assisted procreation project by providing reproductive material free of charge is 18 years of age or over at the time the first service is provided in relation to its contribution.

In the case of a woman or person who contributes to the assisted procreation project without being a party to it by agreeing to give birth to the child, the services are considered insured only if she is at least 21 years of age and meets the conditions relating to the maximum age set out in subparagraphs *a* and *b* of the first paragraph.

O.C. 645-2010, s. 2; S.Q. 2015, c. 25, s. 20; S.Q. 2021, c. 2, s. 32; O.C. 245-2024, s. 4.

**34.7.** The following assisted procreation services required for artificial insemination purposes are considered insured services:

(a) according to medical indication, a maximum of 6 artificial inseminations which include the visit, services required to retrieve sperm, sperm washing and technical procedures, that maximum being renewable after every live birth;

(b) according to medical indication and for every artificial insemination referred to in paragraph *a*, one stimulated ovulatory cycle or modified natural ovulatory cycle, including the agents used, whether oral or injectable; and

(c) either all the sperm straws from a single retrieval in the context of a directed donation or a maximum of 6 sperm straws from a sperm bank.

S.Q. 2021, c. 2, s. 32.

**34.8.** The following assisted procreation services required for IVF purposes are considered insured services:

(a) services required to retrieve sperm, including the visit and sperm washing, and a single retrieval of sperm by means of a percutaneous epididymal sperm aspiration or of a surgical or microsurgical testicular sperm extraction, according to medical indication;

(b) services required for ovarian stimulation;

(c) services required for a single egg retrieval procedure from only one person;

(d) standard fertilization and embryo culture services carried out in the laboratory, including assisted hatching services and sperm microinjection (ICSI) services;

(e) services required to transfer a fresh or frozen embryo or, in accordance with the guidelines drawn up under section 10 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01), a maximum of 2 fresh or frozen embryos;

(f) either one sperm straw from a single retrieval in the context of a directed donation or one sperm straw from a sperm bank;

(g) freezing and storage of embryos for a maximum of 1 year; and

(h) embryo biopsy and preimplantation genetic testing for all embryos obtained from an IVF cycle.

Those services are considered insured services for a single IVF cycle, which may however include a second ovulatory cycle if, during the first cycle, the number of follicles is insufficient and egg retrieval has not taken place.

The services referred to in subparagraph *h* of the first paragraph are considered to be insured only if the embryos were created using the reproductive material of a member of the assisted procreation project who is at high risk of conceiving a child with a monogenic hereditary disease or an inherited chromosomal disorder resulting in a serious, disabling or fatal disease or abnormality, whether the condition starts in childhood or adulthood, and for which there is no treatment available to neutralize its serious, disabling or fatal nature. They are not considered insured services if they are intended to:

- (a) detect embryos that are carriers of recessive diseases or abnormalities when only one parent is a carrier of the disease or abnormality;
- (b) detect an embryo with susceptibility genes for multifactorial diseases;
- (c) select an embryo in order to make it a donor of tissues or stem cells only;
- (d) select the sex of a child, except in the case of an x-linked disease or abnormality;
- (e) voluntarily produce a child with disabilities.

S.Q. 2021, c. 2, s. 32; O.C. 245-2024, s. 5.

**34.9.** The following assisted procreation services required for fertility preservation purposes are considered insured services if they are provided to an insured person before any gonadotoxic treatment involving a serious risk of genetic mutation to the gametes or of permanent infertility or before the radical exeresis of the testicles or ovaries present:

- (a) ovarian stimulation services;
- (b) egg or ovarian tissue retrieval services;
- (c) services to retrieve sperm or testicular tissue, including the visit and sperm washing, and a single retrieval of sperm by means of a percutaneous epididymal sperm aspiration or of a surgical or microsurgical testicular sperm extraction, according to medical indication;
- (d) standard fertilization and embryo culture services carried out in the laboratory, including assisted hatching services and sperm microinjection (ICSI) services; and
- (e) services to freeze and store sperm, eggs, ovarian or testicular tissue or embryos for a 5-year period or until the insured person has reached the age of 25, whichever is later.

S.Q. 2021, c. 2, s. 32.

**34.9.1.** Assisted procreation services required for ovarian stimulation by injectable agent other than artificial insemination or IVF are considered insured services.

O.C. 245-2024, s. 6.

**34.10.** To be considered insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act, the assisted procreation services mentioned in sections 34.7 to 34.9.1 must be rendered in a centre for assisted procreation holding a licence issued by the Minister under the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01).

S.Q. 2021, c. 2, s. 32; O.C. 245-2024, s. 7.

**34.11.** The services required for the prescription of oral agents for ovarian stimulation as part of basic infertility treatments rendered by a physician must be considered insured services for the purposes of subparagraph *e* of the first paragraph of section 3 of the Act.

S.Q. 2021, c. 2, s. 32.

**DIVISION XIII**

**DENTAL SERVICES**

R.R.Q., 1981, c. A-29, r. 1, Div. XIII; O.C. 1712-82, s. 1.

**35.** The services referred to in section 31 and the services referred to hereafter are considered insured services where they are rendered by a dentist to an insured person under 10 years of age:

- (a) extraction of a tooth or root;
- (b) the following restoration services:
  - i. obturation:
    - (A) amalgam;
    - (B) with aesthetic material (on an anterior tooth or on a buccal or mesial surface of an upper premolar);
    - (C) reconstitution of the incisal third or complete of an anterior tooth in aesthetic material;
  - ii. pivots;
  - iii. prefabricated metallic crown;
  - iv. prefabricated crown (porcelain-fused-to-metal or aesthetic material) on a deciduous anterior tooth;
  - v. recementation of a prefabricated crown;
- (c) the following endodontic services:
  - i. sedative dressing;
  - ii. pulpotomy on a permanent tooth under general anaesthesia;
  - iii. pulpotomy or pulpectomy on a deciduous tooth;
  - iv. apexification on a permanent tooth (insertion of dentinogenic medium in order to close the apex);
  - v. root canal treatment on a permanent tooth with a guttapercha point.

R.R.Q., 1981, c. A-29, r. 1, s. 35; O.C. 1712-82, s. 1; O.C. 1771-83, ss. 3 and 4; O.C. 1980-88, s. 2; O.C. 1134-91, s. 2; O.C. 1192-92, s. 3; O.C. 1469-92, s. 7; O.C. 69-94, s. 1; O.C. 1179-95, s. 7; O.C. 1287-96, s. 3; O.C. 1100-99, s. 1; O.C. 550-2004, s. 1; O.C. 840-2004, s. 1; O.C. 65-2014, s. 1; O.C. 21-2015, s. 1; O.C. 446-2020, s. 3.

**36.** The services referred to in sections 31 and 35 are considered insured services where they are rendered by a dentist to an insured person 10 years of age or over who has held, for at least 12 consecutive months, a valid claim booklet issued in accordance with section 71.1 of the Act, excluding apexification on a permanent tooth by insertion of dentinogenic medium in order to close the apex and root canal treatment on a permanent tooth with guttapercha point, for which in both cases the insured person must be under 13 years of age.

Notwithstanding the foregoing, the period of 12 consecutive months referred to in the first paragraph is not required where the following services, are rendered as emergencies:

- (a) examination;
- (b) extraction of a tooth or root;

- (c) opening of the pulp cavity;
- (d) incision or drainage of an abscess;
- (e) alveolitis;
- (f) hemorrhage control;
- (g) repair of soft tissue laceration;
- (h) reduction of an alveolar bone fracture;
- (i) immobilization of a tooth loosened by traumatism;
- (j) re-implantation of an entirely exfoliated tooth.

Furthermore, once only per 12-month period with respect to an insured person referred to in the first paragraph, the following services are considered insured services where they are rendered by a dentist and where the person is the following age, depending on the service:

- (a) 12 years of age or over for teaching and demonstration of oral hygiene procedures and cleaning of teeth;
- (b) 16 years of age or over for scaling;
- (c) at least 12 years of age and less than 16 years of age for topical fluoride application.

Additionally, the fabrication, replacement, repair or relining of an acrylic prosthesis, or the addition of a device to such a prosthesis, when inserted, are considered insured services with respect to a person referred to in the first paragraph insofar as the person has held, for at least 24 consecutive months, a valid claim booklet. However, an insured person is entitled to only one complete or partial prosthesis with or without hooks or supports per maxilla, per 8-year period. Furthermore, the person is entitled to the replacement of a complete or partial prosthesis only where it has become necessary following oral surgery and on the written prescription of a dentist. As for relining, the person is entitled to this service 3 months after the date the prosthesis was initially inserted and, thereafter, every 5 years.

R.R.Q., 1981, c. A-29, r. 1, s. 36; O.C. 1712-82, s. 1; O.C. 1771-83, ss. 5 and 6; O.C. 1980-88, s. 3; O.C. 1027-90, s. 1; O.C. 1134-91, s. 3; O.C. 1192-92, s. 4; O.C. 69-94, s. 2; O.C. 1179-95, s. 8; O.C. 1287-96, s. 4; O.C. 1100-99, s. 1; O.C. 550-2004, s. 2; O.C. 840-2004, s. 1; O.C. 65-2014, s. 1; O.C. 21-2015, s. 1; O.C. 446-2020, s. 3.

**36.1.** For the purposes of sections 35 and 36, an insured person referred to in these sections is entitled to only one examination per 12-month period, except in case of an emergency or where the person is followed for oncological purposes by a dentist practicing in an institution which operates a hospital centre listed in Schedule E, and this is a second examination.

O.C. 1893-84, s. 1; O.C. 922-89, s. 134; O.C. 1287-96, s. 5; O.C. 446-2020, s. 3.

## **DIVISION XIV**

### **SCHOLARSHIPS**

**37.** In this Division,

- (a) “Minister” means the Minister of Health and Social Services;



(b) “Category A scholarship” means an annual allowance of \$20,000 as a scholarship to a student enrolled in the faculty of medicine of a university for the year in which he obtains a permit to practise medicine (resident II in family medicine);

(c) “Category B scholarship” means an annual allowance of \$20,000 as a scholarship to a student enrolled in the faculty of medicine of a university, for the year preceding the year in which he obtains a permit to practise medicine (resident I in family medicine);

(d) “Category C scholarship” means an annual scholarship of \$15,000 granted to a student enrolled in the faculty of medicine of a university for the year in which he obtains a degree in medicine;

(e) “Category D scholarship” means an annual scholarship of \$15,000 granted to a student enrolled in the faculty of medicine of a university for the year preceding the year in which he obtains a degree in medicine;

(f) “engagement” means the engagement referred to in section 40;

(g) “candidate” means any person who submits an application for a scholarship to the Minister and subscribes to an engagement referred to in paragraph *f*.

R.R.Q., 1981, c. A-29, r. 1, s. 37; O.C. 2678-82, s. 1; O.C. 2277-85, s. 3; O.C. 1888-88, ss. 1 and 6; O.C. 527-2002, s. 1.

**38.** *(Revoked).*

R.R.Q., 1981, c. A-29, r. 1, s. 38; O.C. 2678-82, ss. 2 and 5; O.C. 1771-83, s. 7; O.C. 2277-85, s. 4; O.C. 1888-88, s. 2; O.C. 527-2002, s. 2.

**38.1.** *(Revoked).*

O.C. 2277-85, ss. 5 and 10; O.C. 527-2002, s. 2.

**39.** Every candidate must apply for a scholarship by completing the form issued for that purpose by the Minister. The form must be addressed to the Minister and mailed not later than the 31st of May preceding the academic year for which the scholarship is requested.

R.R.Q., 1981, c. A-29, r. 1, s. 39; O.C. 2277-85, ss. 6 and 11; O.C. 1730-86, s. 1.

**40.** A candidate for a Category A, B, C or D scholarship must sign an agreement whereby he agrees:

(a) to provide for a number of years not exceeding the number of scholarships he received, insured services as a professional subject to the application of an agreement in the territory assigned to him by the Minister, in accordance with the terms and conditions prescribed in section 42;

(b) in the event of abandonment of studies or of a failure to respect his engagement, to reimburse the Board within a time limit of 6 months all sums of money received as a scholarship with the interest computed from the dates on which the sums were paid. The rate of interest is equal to the rate fixed under section 28 of the Tax Administration Act (chapter A-6.002).

R.R.Q., 1981, c. A-29, r. 1, s. 40; O.C. 2277-85, ss. 6 and 11; O.C. 1730-86, s. 1; O.C. 1888-88, s. 3; O.C. 527-2002, s. 3.

**41.** *(Revoked).*

R.R.Q., 1981, c. A-29, r. 1, s. 41; O.C. 2678-82, s. 3; O.C. 2277-85, ss. 6 and 11; O.C. 1730-86, s. 1; O.C. 1888-88, s. 4.

**42.** During the year preceding the year in which a scholarship recipient obtains a permit to practise family medicine or in a field of specialization, the Minister shall send the scholarship recipient a list of the assigned territories and the engagement period for each territory.

Within 2 months following the receipt of the list, the recipient shall make territory preferences known to the Minister in writing, in order of interest.

During the year in which a scholarship recipient obtains a permit to practise family medicine or in a field of specialization, the Minister shall send the recipient a notice in which the territory assigned for the recipient's engagement period is indicated.

A recipient who wishes to terminate his engagement must send a written notice to the Minister at least 3 months before the date he intends to terminate his engagement.

R.R.Q., 1981, c. A-29, r. 1, s. 42; O.C. 2678-82, s. 4; O.C. 2277-85, s. 7; O.C. 1888-88, s. 5; O.C. 527-2002, s. 4.

**43.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 43; O.C. 2678-82, s. 4.

**44.** The scholarship shall be paid by the Board in 2 equal instalments payable in September and January for the current academic year.

These payments are made by cheque payable to the order of the recipient of a scholarship and forwarded to the address indicated on the scholarship application unless a written notice to the contrary is sent to the Board.

R.R.Q., 1981, c. A-29, r. 1, s. 44.

**DIVISION XV**

*(Replaced)*

R.R.Q., 1981, c. A-29, r. 1, Div. XV; O.C. 612-94, s. 77.

**45.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 45; O.C. 693-83, s. 1; O.C. 1834-87, s. 1; O.C. 1634-88, s. 1; O.C. 1402-92, s. 1; O.C. 612-94, s. 77.

**46.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 46; O.C. 612-94, s. 77.

**47.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 47; O.C. 14-83, s. 1; O.C. 612-94, s. 77.

**47.0.1.** *(Replaced).*

O.C. 1472-93, s. 1; O.C. 612-94, s. 77.

**47.1.** *(Replaced).*

O.C. 14-83, s. 2; O.C. 2571-84, s. 1; O.C. 2494-85, s. 1; O.C. 1834-87, s. 2; O.C. 948-92, s. 1; O.C. 612-94, s. 77.

**48.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 48; O.C. 2571-84, s. 2; O.C. 612-94, s. 77.

**DIVISION XVI**

**RESEARCH SCHOLARSHIPS**

**49.** In this Division,

(a) “research scholarship” means an annual allowance that must serve to establish and maintain a research post;

(b) “candidate” means any person who, in accordance with the Act and regulations, submits an application for a research scholarship;

(c) “researcher-scholar” means a scholar who devotes at least 80% of his working hours to health research activities;

(d) “clinician researcher-scholar” means a scholar who devotes at least 50% of his working hours to clinical research activities.

R.R.Q., 1981, c. A-29, r. 1, s. 49; O.C. 951-93, s. 1.

**50.** The Minister or the Fonds de recherche du Québec may grant up to 350 research scholarships for each fiscal year, including new scholarships and renewals.

R.R.Q., 1981, c. A-29, r. 1, s. 50; O.C. 1789-82, s. 1; O.C. 165-83, s. 1; O.C. 1375-84, s. 1; O.C. 1119-85, s. 1; O.C. 618-88, s. 1; O.C. 619-88, s. 1; O.C. 951-93, s. 2; S.Q. 2024, c. 16, s. 20.

**51.** The amount of the research scholarships shall include both the scholar’s salary and an amount equal to 12% for fringe benefits.

R.R.Q., 1981, c. A-29, r. 1, s. 51; O.C. 165-83, s. 2; O.C. 1375-84, s. 2; O.C. 1119-85, s. 2; O.C. 951-93, s. 3.

**52.** The amounts of the research scholarships are distributed in accordance with the following categories:

		<b>Researcher- scholar</b>	<b>Clinician researcher- scholar</b>
Category 1	No experience	\$30,005	\$18,003
Category 2	1 year of experience or the degree of Ph.D.	\$32,048	\$19,229
Category 3	2 years of experience or 1 year for the holder of a Ph.D.	\$34,091	\$20,454
Category 4	3 years of experience or 2 years for the holder of a Ph.D.	\$36,133	\$21,680
Category 5	4 years of experience or 3 years for the holder of a Ph.D.	\$38,176	\$22,906
Category 6	5 years of experience or 4 years for the holder of a Ph.D.	\$40,219	\$24,132
Category 7	6 years of experience or 5 years for the holder of a Ph.D.	\$42,262	\$25,357
Category 8	7 years of experience or 6 years for the holder of a Ph.D.	\$44,305	\$26,583
Category 9	8 years of experience or 7 years for the holder of a Ph.D.	\$46,348	\$27,809
Category 10	9 years of experience or 8 years for the holder of a Ph.D.	\$48,391	\$29,034
Category 11	10 years of experience or 9 years for the holder of a Ph.D.	\$50,434	\$30,260
Category 12	11 years of experience or 10 years for the holder of a Ph.D.	\$52,476	\$31,486
Category 13	12 years of experience or 11 years for the holder of a Ph.D.	\$54,392	\$32,635
Category 14	13 years of experience or 12 years for the holder of a Ph.D.	\$56,179	\$33,708
Category 15	14 years of experience or 13 years for the holder of a Ph.D.	\$57,711	\$34,627
Category 16	15 years of experience or 14 years for the holder of a Ph.D.	\$58,988	\$35,393
Category 17	16 years of experience or 15 years for the holder of a Ph.D.	\$60,265	\$36,159

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Category 18	17 years of experience or 16 years for the holder of a Ph.D.	\$61,414	\$36,848
Category 19	18 years of experience or 17 years for the holder of a Ph.D.	\$62,563	\$37,538
Category 20	19 years of experience or 18 years for the holder of a Ph.D.	\$63,712	\$38,227
Category 21	20 years of experience or 19 years for the holder of a Ph.D.	\$64,734	\$38,840
Category 22	21 years of experience or 20 years for the holder of a Ph.D.	\$65,628	\$39,377
Category 23	22 years of experience or 21 years for the holder of a Ph.D.	\$66,521	\$39,913
Category 24	23 years of experience or 22 years for the holder of a Ph.D.	\$67,287	\$40,372
Category 25	24 years of experience or 23 years for the holder of a Ph.D.	\$68,053	\$40,832

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R.R.Q., 1981, c. A-29, r. 1, s. 52; O.C. 165-83, s. 3; O.C. 1375-84, s. 3; O.C. 1119-85, s. 3; O.C. 445-86, s. 1; O.C. 618-88, s. 2; O.C. 951-93, s. 4.

**53.** Every candidate must apply for a research scholarship to the Fonds de recherche du Québec using the form provided by the latter for such purpose.

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R.R.Q., 1981, c. A-29, r. 1, s. 53; O.C. 1789-82, s. 2; S.Q. 2024, c. 16, s. 20.

**54.** The research scholarship is paid by the Minister or the Fonds de recherche du Québec in 4 instalments per calendar year payable at the beginning of each quarter. Those instalments are paid in the form of a cheque made out jointly to the scholar and to the university body in which the scholar pursues his research work or to the institution which operates the centre in which the scholar pursues such work. The cheque is sent to the university body or to the institution.

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R.R.Q., 1981, c. A-29, r. 1, s. 54; O.C. 1789-82, s. 3; O.C. 165-83, s. 4; O.C. 1179-95, s. 9; S.Q. 2024, c. 16, s. 20.

**55.** The scholar must agree to respect the following conditions:

(a) to notify in writing the Fonds de recherche du Québec of his acceptance or refusal of the research scholarship within 30 days of receiving notice of being granted the scholarship;

(b) to devote at least 80% of his working hours to health research activities in the case of a researcher-scholar or 50% of his working hours to clinical research activities in the case of a clinician researcher-scholar; and

(c) to notify in writing the Fonds de recherche du Québec immediately if he abandons his health research activities and to repay to the Minister or the Fund, as the case may be, any unused portion of the scholarship.

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R.R.Q., 1981, c. A-29, r. 1, s. 55; O.C. 1789-82, s. 4; O.C. 951-93, s. 5; S.Q. 2024, c. 16, s. 20.

## DIVISION XVII

*(Replaced)*

R.R.Q., 1981, c. A-29, r. 1, Div. XVII; O.C. 1769-84, s. 2; O.C. 1403-96, s. 48.

### **56.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 56; O.C. 1769-84, s. 2; O.C. 1403-96, s. 48.

### **57.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 57; O.C. 1769-84, s. 2; O.C. 1403-96, s. 48.

### **58.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 58; O.C. 1769-84, s. 2; O.C. 1403-96, s. 48.

### **59.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 59; O.C. 1769-84, s. 2; O.C. 1403-96, s. 48.

### **59.1.** *(Replaced).*

O.C. 1769-84, s. 2; O.C. 2051-84, s. 3; O.C. 1403-96, s. 48.

## DIVISION XVIII

### PHARMACEUTICAL SERVICES

**60.** The pharmaceutical services referred to below must be deemed insured services for the purposes of the third paragraph of section 3 of the Act:

- (a) filling and renewal of a prescription;
- (b) refusal to fill a prescription or to renew it;
- (c) pharmaceutical opinion (opinion with reasons of a pharmacist on the pharmaco-therapeutic history of an insured person prepared under his authority, or on the therapeutic value of on or all of the treatment ordered by prescription, given in writing to the prescriber);
- (d) transmission of a medication profile;
- (e) on-call service;
- (f) a service rendered in order to administer a medication orally, topically, subcutaneously, intradermally or intramuscularly, or by inhalation, to establish its appropriate usage, in accordance with the Regulation respecting the initiation and modification of medication therapy, the administration of a medication and the prescription of tests by a pharmacist (chapter P-10, r. 3.2);
- (g) a service rendered, in accordance with the Regulation respecting the initiation and modification of medication therapy, the administration of a medication and the prescription of tests by a pharmacist, in order:
  - i. to extend a prescription so that a treatment prescribed to a patient is not interrupted, in accordance with subparagraph 6 of the second paragraph of section 17 of the Pharmacy Act (chapter P-10);
  - ii. to adjust or terminate a medication therapy to ensure its effectiveness or a patient's safety;

iii. to replace a prescribed medication with another medication, in the cases provided in paragraphs *a* to *d* of subparagraph 8 of the second paragraph of section 17 of the Pharmacy Act;

(*h*) a service rendered in order to prescribe laboratory analyses or other tests, for the purpose of ensuring the appropriate use of medications, in accordance with the Regulation respecting the initiation and modification of medication therapy, the administration of a medication and the prescription of tests by a pharmacist;

(*i*) a service rendered following a hospitalization lasting more than 24 hours, targeting at least three medications prescribed for a period of 90 days or more that must be added to the therapy underway, be terminated or be adjusted with respect to their dose or dosage regimen and that are not calcium, vitamin B12 per os or vitamin D, acetaminophen, acetylsalicylic acid, contraceptives, laxative-purgatives or proton-pump inhibitors;

(*j*) (*paragraph replaced*);

(*k*) (*paragraph replaced*);

(*k.1*) (*paragraph replaced*);

(*l*) (*paragraph replaced*);

(*m*) (*paragraph replaced*);

(*n*) (*paragraph replaced*);

(*o*) (*paragraph replaced*).

The services referred to in subparagraphs (*a*) and (*b*) of the first paragraph 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).

The services referred to in subparagraphs (*c*) and (*e*) of the first paragraph must relate to at least one medication on the list of medications drawn up by the Minister under section 60 of the Act respecting prescription drug insurance.

R.R.Q., 1981, c. A-29, r. 1, s. 60; O.C. 1770-84, s. 1; O.C. 505-2015, s. 1; S.Q. 2020, c. 4, s. 12; O.C. 50-2021, s. 1.

**60.1.** For the purposes of the fourth paragraph of section 3 of the Act, the following services must be considered insured services:

(*a*) a service rendered in order to administer orally, topically, subcutaneously, intradermally or intramuscularly, or by inhalation and in accordance with the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist (chapter P-10, r. 3.2), a medication:

i. required for the purposes of vaccinating an insured person covered by the Québec Immunization Program who meets the program's conditions for receiving the vaccination free of charge;

ii. in an emergency situation;

(*b*) a service rendered in order to adjust or terminate the medication therapy of a patient in accordance with a prescription by another professional authorized to prescribe medications or following a consultation request, in the cases and in accordance with the conditions determined by the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist. The cost of tests performed in a pharmacy is not included in the remuneration of the pharmacist for this service;

(c) a service rendered in order to evaluate the need for prescribing a medication, in the cases and in accordance with the conditions determined by the Regulation respecting the initiation and modification of medication therapy, administration of a medication and the prescription of tests by a pharmacist;

(d) a service rendered in order to evaluate the need to prescribe a medication, in the cases and in accordance with the conditions determined by the Regulation respecting certain professional activities that may be engaged in by a pharmacist (chapter M-9, r. 12.2.1);

(e) a service rendered to a person receiving palliative care including collaborating with an interdisciplinary care team, establishing a pharmaceutical care plan and ensuring its follow-up and making the required adjustments to a medication, where appropriate, to ensure the person's relief and comfort;

(f) a service rendered in order to prescribe an over-the-counter medication determined in a regulation made under section 37.1 of the Pharmacy Act (chapter P-10), if the person's clinical situation or any circumstance so warrants it.

The service referred to in paragraph ii of subparagraph *a* of the first paragraph must be related to a medication on the List of medications.

A reference to the provisions of the Regulation respecting certain professional activities that may be engaged in by a pharmacist in the first paragraph is a reference to those provisions as they read on 7 November 2024.

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S.Q. 2020, c. 4, s. 13; O.C. 50-2021, s. 2; S.Q. 2024, c. 31, s. 57.

**60.2.** For the purposes of the fourth paragraph of section 3 of the Act, the Board assumes the cost of the supplies required to administer a medication referred to in subparagraph *a* of the first paragraph of section 60.1. That cost is set out in the List of medications.

In addition, the Board assumes the cost of the wholesaler's profit margin, if any, relating to the supplies referred to in the first paragraph or to a medication referred to in subparagraph *a* of the first paragraph of section 60.1.

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S.Q. 2020, c. 4, s. 13; O.C. 50-2021, s. 3.

**60.3.** The cost of the services referred to in section 60.1 and of the supplies referred to in section 60.2 may be assumed by the Board in accordance with section 10 of the Act where they are provided by a person and in a pharmacy referred to in the second paragraph of that section.

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S.Q. 2020, c. 4, s. 13.

## **DIVISION XIX**

*(Replaced)*

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R.R.Q., 1981, c. A-29, r. 1, Div. XIX; O.C. 869-93, s. 44.

**61.** *(Replaced).*

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R.R.Q., 1981, c. A-29, r. 1, s. 61; O.C. 869-93, s. 44.

**62.** *(Replaced).*

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R.R.Q., 1981, c. A-29, r. 1, s. 62; O.C. 869-93, s. 44.

**63.** *(Replaced).*

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R.R.Q., 1981, c. A-29, r. 1, s. 63; O.C. 3019-82, s. 3; O.C. 1890-92, s. 1; O.C. 869-93, s. 44.



**64.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 64; O.C. 869-93, s. 44.

**65.** *(Replaced).*

R.R.Q., 1981, c. A-29, r. 1, s. 65; O.C. 869-93, s. 44.

**DIVISION XX**

**PRACTICE PROFILES**

R.R.Q., 1981, c. A-29, r. 1, Div. XX; O.C. 3019-82, s. 4; O.C. 1771-83, s. 8.

**66.** The group practice profile referred to in section 66.1 of the Act contains information concerning the practice of health professionals who practise their profession in a centre operated by an institution or of those who practise the same kind of activity in such a centre, and is forwarded in Form 2 or 3.

R.R.Q., 1981, c. A-29, r. 1, s. 66; O.C. 3019-82, s. 4; O.C. 1771-83, s. 8; O.C. 1179-95, s. 10.

**67.** The individual practice profile referred to in section 66.1 of the Act contains information concerning the practice of a health professional who practises his profession in a centre operated by an institution and is forwarded in Form 4 or 5.

R.R.Q., 1981, c. A-29, r. 1, s. 67; O.C. 3019-82, s. 4; O.C. 1771-83, s. 8; O.C. 1179-95, s. 11.

**67.0.1.** The individual or group practice profiles referred to in the third paragraph of section 66.1 of the Act shall contain the following information, in non-nominative form:

(1) the distribution, in percentage form, of the total remuneration paid to each physician by region, institution and locality if the physician is in private practice as well as the extent of involvement of each physician in the activities of a centre operated by an institution, indicating whether he is a general practitioner or a specialist, and, if he is a specialist, his field of specialization;

(2) the number of general practitioners and specialists, according to their field of specialization, whose principal professional activity, based on the remuneration of each, is carried on in a region and who

- practise in that region;
- come from another region;
- open a practice; or
- resume practice after a period of inactivity in that region;

(3) the number of general practitioners and specialists, according to their field of specialization, who

- cease practising in a region to continue in another;
- do not receive income in Québec after having practised in one of its regions;

— receive an aggregate income less than or equal to the minimum income level provided for in an agreement;

(4) the number of general practitioners or specialists, according to their field of specialization, remunerated by the Board by institution and, if they are in private practice, by locality.

O.C. 69-94, s. 3; O.C. 1179-95, s. 12.

**DIVISION XX.1**

*(Replaced)*

          
O.C. 1125-82, s. 2; O.C. 1532-96, s. 2.

**67.1.** *(Replaced).*

          
O.C. 1125-82, s. 2; O.C. 1532-96, s. 2.

**67.2.** *(Replaced).*

          
O.C. 1125-82, s. 1; O.C. 2630-82, s. 1; O.C. 1771-83, s. 10; O.C. 937-84, s. 2; O.C. 1770-84, s. 2; O.C. 944-85, s. 1; Erratum, 1985 G.O. 2, 3743; O.C. 2277-85, ss. 8 and 12; O.C. 654-86, s. 1; O.C. 1179-86, s. 1; O.C. 1936-86, s. 1; O.C. 1259-87, s. 1; O.C. 1937-87, s. 1; O.C. 950-88, s. 1; O.C. 1887-88, s. 1; O.C. 967-89, s. 1; O.C. 224-90, s. 1; O.C. 862-90, s. 1; O.C. 1735-90, s. 1; O.C. 864-91, s. 1; O.C. 1834-91, s. 1; O.C. 1002-92, s. 1; O.C. 1755-92, s. 1; O.C. 950-93, s. 1; O.C. 1899-93, s. 1; O.C. 1779-94, s. 1; O.C. 1638-95, s. 1; O.C. 759-96, s. 1; O.C. 1288-96, s. 1; O.C. 1532-96, s. 2.

**DIVISION XXI**

*(Revoked).*

          
R.R.Q., 1981, c. A-29, r. 1, Div. XXI; O.C. 3019-82, s. 4.

**68.** *(Revoked).*

          
R.R.Q., 1981, c. A-29, r. 1, s. 68; O.C. 3019-82, s. 4.

SCHEDULE A

*(Replaced)*

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R.R.Q., 1981, c. A-29, r. 1, Sch. A; O.C. 3397-81, s. 1; O.C. 14-83, ss. 3-7; O.C. 692-83, ss. 1-3; O.C. 763-83, ss. 1-6; O.C. Erratum, 1983 G.O. 2, 3235; O.C. 1513-84, s. 1; O.C. 1770-84, ss. 3-5; O.C. 2751-84, ss. 3-7; O.C. 661-85, s. 1; Erratum, 1985 G.O. 2, 2115; O.C. 1516-85, ss. 1 and 2; O.C. 1026-87, s. 1; O.C. 1834-87, ss. 3 to 10; O.C. 424-88, ss. 1, 2 and 3; Erratum, 1988 G.O. 2, 2031; O.C. 841-88, s. 1; O.C. 1634-88, ss. 2 and 3; Erratum, 1989 G.O. 2, 1473; O.C. 924-89, s. 1; Erratum, 1990 G.O. 2, 2535; O.C. 512-90, ss. 1, 2, and 3; O.C. 860-90, ss. 1 and 2; Erratum, 1990 G.O. 2, 3157; O.C. 384-91, s. 1; O.C. 862-91, ss. 1 and 2; O.C. 863-91, s. 1; O.C. 940-91, s. 1; O.C. 500-92, ss. 1-3; O.C. 903-92, ss. 1-4; O.C. 904-92, ss. 1 and 2; S.Q. 1992, c. 21, s. 375; O.C. 423-93, ss. 1 to 4; O.C. 744-93, ss. 1 and 2; O.C. 745-93, s. 1; O.C. 1472-93, s. 2; O.C. 612-94, s. 77.

SCHEDULE B

*(Replaced)*

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R.R.Q., 1981, c. A-29, r. 1, Sch. B; O.C. 1769-84, s. 3; O.C. 2051-84, s. 4; Erratum, 1985 G.O. 2, 1417; O.C. 861-90, s. 1; Erratum, 1990 G.O. 2, 3157; O.C. 1502-91, ss. 1 and 2; O.C. 209-93, s. 1; S.Q. 1993, c. 51, s. 72; S.Q. 1994, c. 16, s. 52; O.C. 1403-96, s. 48.

SCHEDULE C

*(Replaced)*

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R.R.Q., 1981, c. A-29, r. 1, Sch. C; O.C. 1181-82, s. 1; O.C. 2546-82, ss. 1 and 2; O.C. 539-84, ss. 1 and 2; O.C. 1828-83, s. 1; O.C. 937-84, ss. 3, 4 and 5; O.C. 2298-84, s. 1; O.C. 2276-85, s. 1; O.C. 1538-86, ss. 1 and 2; O.C. 1656-87, ss. 1 to 5; O.C. 1550-88, ss. 1 and 2; Erratum, 1989 G.O. 2, 1473; O.C. 1600-89, s. 1; O.C. 224-90, s. 2; O.C. 1473-90, s. 1; Erratum, 1991 G.O. 2, 795; O.C. 1500-91, ss. 1 and 2; O.C. 1501-91, s. 1; O.C. 1509-92, s. 1; O.C. 1890-92, ss. 2 to 6; O.C. 869-93, s. 44.

**SCHEDULE D**

(s. 22)

INSTITUTIONS OPERATING LOCAL COMMUNITY SERVICE CENTRES WHERE  
ULTRASONOGRAPHY IS CONSIDERED AN INSURED SERVICE

- (1) Centre de santé et de services sociaux Jeanne-Mance, region 06.
- (2) Centre de santé et de services sociaux de La Pointe-de-l'Île, region 06.
- (3) Centre de santé et de services sociaux de Drummond, region 04.
- (4) Centre de santé et de services sociaux du Sud de Lanaudière, region 14.
- (5) Centre de santé et de services sociaux du Nord de Lanaudière, region 14.
- (6) Centre de santé et de services sociaux de Vaudreuil-Soulanges, region 16.
- (7) Centre de santé et de services sociaux de Laval, region 13.
- (8) Centre de santé et de services sociaux d'Ahuntsic et de Montréal-Nord, region 06.
- (9) Centre de santé et de services sociaux de Chicoutimi, region 02.
- (10) Centre de santé et de services sociaux de l'Énergie, region 04.
- (11) Centre de santé et de services sociaux de Rouyn-Noranda, region 08.
- (12) Centre de santé et de services sociaux Champlain, region 16.

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O.C. 1190-2001, s. 2; O.C. 244-2003, s. 1; O.C. 5-2005, s. 1.

**SCHEDULE E**

(s. 22)

INSTITUTIONS WHICH OPERATE A HOSPITAL CENTRE WHERE A SECOND DENTAL EXAMINATION DURING A 12-MONTH PERIOD FOR ONCOLOGICAL PURPOSES IS CONSIDERED AN INSURED SERVICE

- (1) Hôpital Notre-Dame (CHUM)
- (2) Montreal General Hospital
- (3) Sir Mortimer B. Davis General Jewish Hospital
- (4) Hôpital Maisonneuve–Rosemont
- (5) Pavillon L’Hôtel-Dieu de Québec (CHUQ)
- (6) C.H.U. de Sherbrooke
- (7) Hôpital de Chicoutimi
- (8) Centre hospitalier régional de Trois-Rivières – Pavillon Sainte-Marie
- (9) Hôpital de Gatineau
- (10) Hôpital régional de Rimouski
- (11) Hôpital Charles LeMoyne
- (12) Hôpital de la Cité-de-la-Santé de Laval
- (13) Hôpital de Montréal pour enfants
- (14) Centre hospitalier universitaire Sainte-Justine.

O.C. 894-2009, s. 4; O.C. 65-2014, s. 2.

FORM 1

*(Revoked)*

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R.R.Q., 1981, c. A-29, r. 1, Form. 1; O.C. 590-2018, s. 5.



FORMS 2 TO 5

*(Please contact the Régie de l'assurance maladie du Québec.)*

UPDATES

R.R.Q., 1981, c. A-29, r. 1  
O.C. 3397-81, 1982 G.O. 2, 43; Suppl. 84  
O.C. 1125-82, 1982 G.O. 2, 1625; Suppl. 105  
O.C. 1181-82, 1982 G.O. 2, 1678; Suppl. 106  
O.C. 1712-82, 1982 G.O. 2, 1998; Suppl. 107  
O.C. 1789-82, 1982 G.O. 2, 2699  
O.C. 2448-82, 1982 G.O. 2, 3315  
O.C. 2546-82, 1982 G.O. 2, 3455  
O.C. 2630-82, 1982 G.O. 2, 3497  
O.C. 2678-82, 1982 G.O. 2, 3543  
O.C. 3018-82, 1983 G.O. 2, 80  
O.C. 3019-82, 1983 G.O. 2, 82  
O.C. 13-83, 1983 G.O. 2, 523  
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