

## **Info sheet no. 1**

### **Bill 10's impact on the status of Public Institutions.**

A lexicon of terms used is presented at the end of this sheet.

Bill 10, adopted in February 2015, substantially changed certain provisions of Quebec's Health and Social Service Act (S 4.2). In particular, it radically altered the way in which Quebec's public health and social services system is administered.

It had far-reaching effects on the status of the institutions that deliver health and social services, merging almost all institutions into 22 Centres Intégrés that now deliver all of the regionally based services. The only exceptions are seven highly specialized hospitals (five in Montreal, two in Quebec City), one institution that already resembled a Centre Intégré (in region 10), and five institutions that deliver services to the Cree, Inuit and Naskapi communities (located respectively in regions 18, 17 and 09).

The English version of Bill 10 uses the term Integrated Centre. The Info sheets on this website employ the French term since it is the one most often used in discussions about the network, in either language. Bill 10 also refers to the seven specialized hospitals institutions only as 'unamalgamated' institutions. This reflects the fact they were not merged with any other institution. The Info sheets on this web site refer to them as specialized hospitals to facilitate an understanding of what they do.

Prior to adoption of Bill 10 the public network had three levels of management:

- Ministry;
- 16 Regional Agencies;
- 166 service-producing institutions grouped into five categories (local community centre, hospital centre, child and youth protection centre, residential and long care term centre, rehabilitation centre).

After adoption of Bill 10 the system has two levels:

- Ministry;
- 35 regional or specialized service-producing institutions that administer some or all of the five types of centres.

With the exception of the seven highly specialized hospitals, the one institution that already resembled a Centre Intégré (in region 10), and the five institutions that deliver services to the Cree, Inuit and Naskapi communities, all of the other previously existing institutions were merged by amalgamation or grouping into CIs on a regional basis. (For more on the difference between amalgamation and grouping, see Info sheet no. 9 on Bill 10's impact on institutional property ownership).

The new model of service delivery is, with some exceptions, one Centre Intégré (CI) per region delivering all health and social services in that region. CIs are known by their acronyms; they are either CISSSs (Centre Intégré de santé et de services sociaux) or CIUSSSs (Centre Intégré Universitaire de santé et de services sociaux). The CIUSSSs have links with universities that in turn have representation on CI boards. In the entire province there are 13 CISSSs and 9 CIUSSSs.

Of Quebec's 18 regions, 14 now conform to the one CI per region model. The 14 include The Cree Board of Health and Social Services of James Bay (region 18) and the Health and Social Service Centre of James Bay (region 10). These two are not called CIs, but they resemble CIs in their mandate and manner of functioning.

The other four regions all have more than one institution. In three of them, Gaspé (region 11), Montérégie (region 16) and Montreal (region 06), Bill 10 provided for more than one CI. In Gaspé, for reasons of geography, les Îles-de-la-Madeleine has its own CI distinct from the CI in mainland Gaspé., Montérégie and Montréal have three and five CIs, respectively, because of size of the population and of the resulting institutions. Bill 10 made no change to the fact there is a Regional Board, and two institutions that deliver all the services in Nunavik (region 17).

To summarize, the 35 institutions now forming Quebec's public network are:

- 13 CISSSs
- 9 CIUSSSs
- 7 specialized hospitals
- The Regional Health and Social Service Centre of James Bay, Nord-du-Quebec (region 10)
- The Cree Board of Health and Social Services of James Bay (region 18)
- The Nunavik Regional Board of Health and Social Services (region 17)
- The Inuulitsivik Health Centre in Puvirnituk (region 17)
- The Ungava Tulattivik Health Centre in Kuujjuaq (region 17)
- The CLSC Naskapi (physically located in region 9, but not part of the CISSS de la Côte-Nord)

In the future, where there is more than one public institution in a region, the minister may decide, under section 146 of Bill 10, that two or more institutions shall be operated by the same board. However, ethnocultural and linguistic characteristics of the institutions must be taken into account, in particular if any of the institutions under consideration are recognized as having the right to use a language other than French in certain circumstances by l'Office Québécoise de la langue française under section 29.1 of the Charter .

*146. The Minister may, if of the opinion that the circumstances justify it and after consulting with the institutions concerned, decide that two or more institutions in the same region are to be administered by the same board of directors, composed in accordance with section 9 or 10 as specified by the*

*Minister. In such cases, the Minister must consider the ethnocultural and linguistic characteristic of the institutions concerned, in particular those of institutions recognized under section 29.1 of the Charter of the French language (chapter C-11).*

*The Minister's decision must be approved by the Government and must specify the date of the designations. Sections 12 and 13 apply to such designations.*

*Once the members have been designated, the Minister proceeds with appointments.*

*Thirty days after the date the Minister completes the appointment process, the institutions concerned by the Minister's decision cease to be administered by their respective boards of directors and begin to be administered by the first board of directors formed under this section.*

In order to provide continuity regarding the staff of the merged institutions, whether they were amalgamated or grouped, section 169 of Bill 10 transferred them to the relevant CI, and introduced a requirement to know a language other than French for staff working in a grouped institution if it was recognized under section 29.1 of the Charter.

**169.** *The employees of a grouped institution become, without further formality, employees of the integrated health and social services centre referred to in Schedule I.*

*The employees identified by the integrated centre exercise their functions in the facilities of the grouped institution, for the purpose of carrying out the mission of the centres operated by the institution. The employees are selected in particular on the basis of their knowledge of a language other than French that is spoken by the users of the grouped institution recognized under section 29.1 of the Charter of the French language (chapter C-11).*

Bill 10 also had impacts on the status of those institutions recognized under section 29.1. Section 207 says:

**207.** *If all the institutions amalgamated under this Act are recognized under section 29.1 of the Charter of the French language (chapter C-11), the integrated health and social services centre resulting from the amalgamation is deemed to have obtained such recognition.*

*If the majority of the institutions amalgamated under this Act are recognized under section 29.1 of the Charter of the French language, the integrated centre resulting from the amalgamation is deemed to have obtained such recognition, except with respect to the facilities indicated on the most recent permit of the amalgamated institution or institutions that were not recognized.*

*If one or more institutions amalgamated under this Act are recognized under section 29.1 of the Charter of the French language, the integrated centre resulting from the amalgamation is deemed to have obtained such recognition with respect to the facilities indicated on the most recent permit of the recognized amalgamated institution or institutions.*

*An institution that retains recognition under the third paragraph with respect to one or more of its facilities is considered to be a recognized institution for the purposes of the first paragraph of section 146.*

The effects of section 207 create one completely recognized CI (CIUSSS Centre-Ouest-de-l'Île-de-Montréal); one recognized for all of its amalgamated institutions but one (CIUSSS Ouest-de-l'Île-de-Montréal); two recognized for two of their amalgamated institutions (CI Gatineau and CI Montérégie-Ouest), and five recognized for one of their amalgamated institutions (CI Capitale-Nationale, CCI Universitaire de santé et services sociaux de l'Estrie-Centre Hospitalier universitaire de Sherbrooke, CI Côte-Nord, CI de Laval, and CI des Laurentides.)

Section 208 introduced new constraints on the withdrawal of section 29.1 recognition:

**208.** *An integrated health and social services centre resulting from an amalgamation under this Act that requests the withdrawal of a recognition under the third paragraph of section 29.1 of the Charter of the French language (chapter C-11) must, for the request to be admissible, file the request together with a favourable recommendation by at least two thirds of the members of the regional committee for programs of access to health services and social services in the English language established under section 510 of the Act respecting health services and social services (chapter S-4.2) for the region and a favourable recommendation by the provincial committee for the delivery of health and social services in the English language established under section 509 of that Act.*

*The request for withdrawal of the recognition of a grouped institution must also be accompanied by a favourable recommendation by at least two thirds of the votes cast by the members of that institution.*

Withdrawal of 29.1 recognition now requires that the CI board approve such a request; that the Owning Corporation affected by the request, if such exists, approve; that the Regional Access Committee approve, and that the Provincial Committee approve.

Bill 10 also made also had impacts on the ownership of property by institutions, For more on this topic please refer to Info sheet no. 9 on institutional property ownership.

**LEXICON**

Terms in bold are those used in the Information Sheet series.

Terms following the = sign are the equivalent terms found in the English version of the laws referred to, where an English term exists.

**Bill 10** = O 7.2 = the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies

**Charter** = la Charte de la langue française

**CI** (Centre Intégré) = integrated health and social services centre

**OQLF** = Office Québécoise de la langue française

**Provincial Advisory Committee** = Provincial Committee on the dispensing of health and social services in the English language

**Regional Access Committee** = Regional Committee

**Resident** = In-patient

**S 4.2** = the Act Respecting Health Services and Social Services

**Specialized institution** = unamalgamated institution