COMMENTS

FEBRUARY 7, 2012

Canada-European Union Comprehensive Economic and Trade Agreement

Offers from Canada and Québec concerning services, financial services and investment: hardly reassuring for the health and social services system

The negotiations between the European Union and Canada with the intention of concluding the Canada-European Union Comprehensive Economic and Trade Agreement (CETA) started in 2009. The Government of Canada tabled its offers in October 2011 concerning services, financial services and investment, including those submitted by the provinces for the fields under their jurisdiction. What is in these offers and what are the consequences for the health and social services system? The Federation will try to answer these questions and to highlight the key issues related to them in this document.

WAS THE RAMQ FORGOTTEN?

The Government of Québec has kept a few monopolies[1]. This is the case for the *Société des alcools du Québec* (SAQ) (Québec Liquor Board), the *conseils intermunicipaux de transport dans la région de Montréal* (Inter-municipal Transit Boards for the region of Montréal), the *Société des établissements de plein air du Québec* (SÉPAQ) (Québec Outdoor Recreation Agency) and car insurance (bodily injury and death). In addition, it asked for recognition of its exclusive authority (ex. *Agence métropolitaine de transport*, *Régie des installations olympiques*) (Metropolitan Transit Agency, Olympic Installation Board) or its exclusive jurisdiction (ex. Public Transit Authority) over certain public bodies.

However, it must be said that the Government of Québec did not see fit to put the *Régie de l'assurance maladie du Québec* (RAMQ) (Québec Health Insurance Board) on a present or future reservation list. Yet, the RAMQ acts as the public insurer for health care (health insurance, hospitalization insurance and drug insurance) as well as the third party payer for several programmes in Québec.

It is important to remember that Bill 33[2] authorized duplicate private insurance for three surgeries (hip, knee, cataract) and, potentially for about fifty others included in the Regulation on surgeries performed outside

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[1] They are two categories of Government of Canada and the provincial governments' offers: *Annex I: reservations for existing measures and Annex II: Reservations for future measures*. The *Réseau québecois sur l'intégration continentale* (RQIC) has put these documents online on its website: [www.rqic.alternatives.ca/RQIC-fr.htm]. The monopolies identified by the Government of Canada are found in: Canada, Provincial governments offers, Annex I, Services and Investment, October 2011, [Online] [www.rqic.alternatives.ca/CETA_inv_prov_annexI_reservations.pdf]. (Consulted January 31, 2012).

[2] L.Q. 2006, c. 43.

hospitals[3], requiring that they simply go before a parliamentary commission. The *Secrétariat intersyndical des services publics* (SISP) contested this regulation before the courts, but the motion has not yet been heard. The drug insurance programme is a mixed plan in which the RAMQ assumes the public part, which is the *Régime général d'assurance médicaments* (RGAM) (General Prescription Drug Insurance Plan).

It should also be noted that the health-care services not covered by the public insurer are considered as "complementary services" and consequently, they are subject to the market without any limits and without any government intervention being necessary. It is the same for the majority of dental care and vision care (age 18 to 65) which was de-insured in the 1990s.

In addition, in the context of the negotiations on government procurement, concluded on December 15, 2011 with the World Trade Organization (GPA-WTO), the Government of Canada offered certain provincial and territorial government entities[4], as well as the listed services covered in the annex on the "services"[5] in the Agreement, among which are included insurance financial services (life insurance and health insurance) and the financial services related to health and social services (hospital services, in particular). This updating of the WTO government procurement agreement should be signed by April 2012[6]. Canada and the European Union are both parties to this agreement.

How, in the context of a bilateral negotiation, can the Government of Canada fall short of that agreement? On the contrary, custom dictates that the parties go further than the previous negotiations. In such a context, there is every reason to fear that the basket of publicly insured services will shrink dramatically, with the goal of giving free reign to the market and private health insurance and hospitalization plans.

Because the Government of Québec did not include any reservations regarding public insurance, health insurance, hospitalization insurance and prescription drug insurance and considering the fact that private insurance

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[3] *Regulation respecting the specialized medical treatments provided in a specialized medical centre,* R.S.Q., c. S-4.2, r. 7.2.

[4] World Trade Organization, *Government Procurement Agreement, Appendix I, Annex II; Sub-central government entities,* [Online].[www.wto.org_e/gproc_e/appendices_e.htm] (Consulted on Jan. 31, 2012).

[5] World Trade Organization, *Government Procurement Agreement, Appendix I, Annex 4,* [Online]. [www.wto.org_e/gproc_e/appendices_e.htm] (Consulted on January 31, 2012). World Trade Organization, *Services Sectoral Classification List,* MTN, GNS/W/120, July 10, 1991.

[6] Canada welcomes WTO Government Procurement Deal, [Online]. www.international.gc.ca/media_commerce/comm/news-communiques/2011/378.aspx? (Page consulted on December 16, 2011). Look also at the accompanying information document.

is growing in Québec over the last ten years, we must ask what the federal and provincial governments really intend to do to protect the public health-care system from the market.

LIBERALIZED PROFESSIONAL SERVICES

Only one reservation by the Government of Canada for professional services, applicable to the health and social services sector, can be seen: the obligation, for a company formed by virtue of the federal act, that 25% of the members of a board of directors be Canadian residents[7].

Companies of professional services, like the family medicine groups (GMF), specialized medical centres (CMS) and medical imaging centres, formed by virtue of the federal legislation, are subject to this obligation[8]. However, the Government of Québec repealed the obligation of residency several years ago. It did not however register any reservations on the residency of the administrators of a company. The only reservation expressed by the Government of Québec linked to this area is that of An Act respecting legal publicity[9].

In the early 2000s, the Government of Québec carried out an extensive reform of the Professional Code, with the reported intent of promoting competition, in a context of globalization and commercial agreements. This reform has indiscriminately impacted all professions. The Code allows a joint-stock company to be formed by virtue of legislation other than Québec law. It also allows a foreign joint-stock company to operate in Québec, through Québec professionals[10]. In Québec, the existence of a "permit for permit" basis and the absence of the obligation of residency results in a person now being able to be a member of a professional order without being a resident there[11]. The new dynamic created by this reform contributes to the creation of GMFs and CMSs being "owned by or

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[7] Canada, Federal government offers, Annex I, *Services and Investments,* October 2011, [Online]. [www.rqic.alternatives.ca/CETA_Serv_Inv_fed_annex1_reservations.pdf] (Consulted January 31, 2012); *Canada Business Corporations Act* , R.S.C. (1985) c. C-44, Sec 105 (3).

[8] The Government of Canada registered a reservation for audit services applicable to banks and insurance companies: Canada, *Federal government offers Annex I, Services and Investment,* [Online]. [www.rqic.alternatives.ca/CETA_Serv_Inv_fed_annex1_reservations.pdf] (Consulted January 31, 2012).

[9] R.S.Q., c. P-44.1.

[10] Paul Martel, "Les sociétés par actions professionnelles", presentation at a mini-symposium : *L'exercice professionnel en société par actions ou en s.e.n.c. – comment les réglementer,* Barreau du Québec, Service de la formation permanente, November 2001, p. 26.

[11] Lucie Mercier, "Les sociétés professionnelles cotées en Bourse", Chapter 5, in ATTAC-Québec, *La Bourse contre la vie,* Québec, Éditions MultiMondes, 2010, p. 83-95.

managed by investor physicians, who eventually obtain permits to practice from the *Collège des médecins du Québec*, and do not live in the territory of Québec and do not practice medicine either"[12]. This reasoning applies as much to the GMFs and the CMSs as to the general medical imaging centres[13] as the legislation is a product of the same principles.

By liberalizing professional healthcare services in this way, the federal and provincial governments are opening the doors wide open to empires such as those like the CAPIO clinics and the *Générale de santé* which has 150 clinics in France and in Italy[14]. Will Québec be exposed to the development of such empires, all the more so since Bill 33 and Bill 95 affect only the operations of the business? In fact, these laws do not deal with the ownership of companies, in accordance with the Civil Code of Québec, which has made a distinction between operations and ownership for more than 20 years[15], including for services companies.

IS THE EXERCISE OF GOVERNMENTAL AUTHORITY SLIPPING AWAY?

For access to markets, the federal government has reserved the right to adopt or maintain any measure affecting the exercise of governmental authority for all sectors of activity. The Government of Québec did not register an equivalent. Did they think that the registration by the federal government was enough despite the fact that most of public services are under its jurisdiction?

Without however referring to the WTO General Agreement on Trade in Services (GATS)[16], the federal government's reservation took the words "service provided in the exercise of governmental authority" and its two conditions of application[17]. In GATS, this expression would limit the scope

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[12] *Id.*, p. 89.

[13] *Act to amend an Act respecting medical laboratories, organ, tissue, gamete and embryo conservation and the disposal of human bodies* L.Q. 2008, c. 28 (Bill 95).

[14] André Grimaldi and José Timsit, "De l'égalité des citoyens contre l'hôpital public", *Le Monde diplomatique,* September 2006, p. 20.

[15] Civil Code of Québec, 1991, c. 64, Sec. 1525, par. 3.

[16] WTO-GATS, Article I par. 3: "For the purposes of this Agreement: […] b) "services" includes any service in any sector except services supplied in the exercise of governmental authority; c) a "service supplied in the exercise of governmental authority" means any service which is supplied neither on a commercial basis, nor in competition with one or more service suppliers".

[17] Canada, Federal government offers, Annex II, Services and Investments, October 2011 www.rqic.alternatives.ca/CETA_Serv_Inv_fed_annex2_reservations.pdf (Consulted January 31, 2012).

of the Agreement itself[18], instead of being an exception to its application. So, at first glance, the exercising of governmental authority would then constitute a form of exception for access to markets in CETA. Accordingly, the federal government's reservation could be a lot more restrictive.

In GATS, two conditions are needed for the exercise of governmental authority to apply: the service must not be provided on a commercial basis, or in competition with one or several service providers. These two conditions must be met simultaneously. What is the exact scope of these conditions? The public providers are co-existing more and more with private providers. This is the case of the CMSs and the medical radiology clinics in particular which offer services that are also available in the *centres de santé et de services sociaux* (CSSS) (health and social services centres), as well as the public and private *centres d'hébergement et de soins de longue durée* (CHSLD) (residential and long-term care centres) and the residences for seniors with loss of autonomy. Can these services be considered as being competitive? The rights of the users, demanded by the public providers for accommodation in a CHSLD or in an intermediate resource (Ex: contribution from an adult resident), to obtain medication (Ex: franchise), for a medical consultation (Ex: eventual user fees) or for any other service, will they be commercial services? Since no dispute has currently been submitted to the WTO on these questions, it has not yet rendered a decision on the scope and the criteria of interpretation of this article[19]. However, divergent, even contradictory, interpretations are circulating[20].

The exercising of governmental authority is particularly important for maintaining public services in general and those of health-care services and social services in particular. So, it appears that these services, already vulnerable because of under-funding, could be even more so as the federal and provincial governments' commitments move forward in matters of international commerce.

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[18] J. Anthony VanDuzer, *La santé, l'éducation et les services sociaux au Canada : l'incidence de l'AGCS,* s.l., s.é., 2004, p. iii [Online]: www.international.gc.ca/trade-agreements-accords-commerciaux/assets/pdfs/health-edu-ss-gats-fr.pdf (page consulted on January 30, 2012).

[19] World Trade Organization and World Health Organization, WTO Agreements and Public Health, s.l., WTO, WHO, 2002, p. 132 [Online]: http://whqlibdoc.who.int/hq/2002/a76861.pdf (page consulted on January 30, 2012). The situation has remained essentially the same since this date.

[20] Susan George, *Remettre l'OMC à sa place,* s.l., Mille et une nuits, Fayard, 2001 [Online]: http://ultraliberalisme.online.fr/OMC.htm (page consulted January 30, 2012); J. Anthony VanDuzer, *op.cit.*, pp. 66-96; Institut du développement durable et des relations internationales, *L'OMC et les services publics,* par Hélène Ruiz Fabri and Jean-Philippe Crontiras, Paris, 2003, n° 10, Coll. Idées pour le débat, p. 26-36 [Online]: www.iddri.org/Publications/Collections/Idees-pour-le-debat/id_0310_ruiz&fabri.pdf (page consulted January 30, 2012).

HOW WILL SOCIAL SERVICES BE PROTECTED?

It is distressing to see that the Government of Québec has not registered any reservation for social services, either in Appendix I or Appendix II. The health-care sector isn't even mentioned.

However, the federal government has registered a reservation on social services in Appendix II. Furthermore, it specifies the scope of the range of social services in these words:

> *"Canada reserves the right to adopt or maintain any measure with respect to the provision of public law enforcement and correctional services, and the following services to the extent that they are social services established or maintained for a public purpose: income security or insurance, social security or insurance, social welfare, public education, public training, health, and child care."*

Is it to be understood that by signing the Social Union Framework Agreement (SUFA) in 1999, the provinces have renounced their jurisdiction over social services? And what about Québec which has always refused to sign such an agreement and yet, which did not see fit to register reservations on these subjects? Are they putting themselves in the capable hands of the federal government for these matters?

Following the federal government's refusal to negotiate the level of federal health dollars transfers in December 2011 and considering the January, 2012 statements of Prime Minister Harper in Davos on the future of the Old Age Security Programme, the survival of social services in Canada appears to be threatened more and more.

THE WINDFALL FROM PUBLIC HEALTH-CARE MARKETS

According to Pierre-Marc Johnson in a Parliamentary Commission on December 8, 2011, the Government of Québec tabled its offers on government procurement in July 2011. Despite a request in September 2011 for access to information, these offers are still unknown. However, there is no doubt of the importance of this section in CETA negotiations and it was also confirmed by the chief negotiator for Québec.

The joint procurement function first appeared in the 1970s in Québec for the health and social services system. According to the Healthy and Social Services Ministry (MSSS), the health-care sector alone represents five billion dollars per year in government procurement, including 40,000 products in

300 independent institutions. The system currently has different methods for carrying out its procurements: by the institutions on an individual basis, as a group (see Appendix 2), at the regional, supra-regional or provincial level. When they reach the thresholds, the buying of goods and services is carried out by government procurement. The construction industry now comes under the *Société immobilière du Québec* (SIQ). According to the MSSS, bulk purchasing, carried out by the 11 joint-purchasing groups, totals nearly 1.6 billion dollars per year and represented about 40% of purchases in 2008[21] (see Appendix 3).

In the wake of the renegotiation of the GPA-WTO, the Government of Canada stated that Canadian hospitals are not covered by this agreement. However, this was contradicted by the executive director of the WTO, Pascal Lamy, who stated the contrary, that the hospitals' material will be covered[22]. It was also contradicted by an information memo from the WTO which stated that, in principle, goods are covered and gave the example of medications[23]. Who is telling the truth?

Furthermore, when Bill 16 which covers the certification process for private seniors' residences was tabled in the spring of 2011, the government took advantage of the opportunity to introduce provisions substantially amending the procurement operation for the health and social services network, going so far as to force the merger of procurement groups and to allow the minister to determine their number, as well as the regions served[24]. The *Association québécoise d'établissements de santé et de services sociaux* (AQESSS) (Québec Association of health and social services institutions) objected by suggesting, among others, that the bill "will limit the possibility for the institutions to buy locally and regionally"[25]. Lastly, given the lack of consultations, the government found itself forced to divide the bill and to table a new one[26], practically identical to the previous one.

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[21] Québec National Assembly, Public Administration Commission, 38th sitting of the legislature, 1st session, October 1, 2008, vol. 40, no 16, p. 35, account of Mr. Robert Paquet, Deputy Minister for Health and Social Services.

[22] WTO, Government procurement – Historic deal reached [Online]. www.wto.org/english/news_e/news11_e/gpro_15dec11_e.htm (page consulted on January 20, 2012).

[23] WTO, Information memo: Government Procurement Agreement (GPA) [Online]: www.wto.org/english/thewto_e/minist_e/min11_e/brief_gpa_e.htm (page consulted on January 20, 2012).

[24] Different numbers have circulated on their number; there does not seem to be any consensus on this subject. The AQESSS talks about three groups in December 2011, AQESSS, i-media, December 15, 2011 [Online]: www.aqesss.qc.ca/1783/editions_anterieures.aqesss?id=398 (page consulted on January 24, 2012).

[25] AQESSS, *i-média*, September 22, 2011.

[26] *An Act to amend the Act respecting health services and social services as regards joint procurement*, Bill 36 (presentation — November 15, 2011), 2nd sess., 39th legis. (Qc).

Is the Government of Québec preparing to bring the legislation in line with its future obligations concerning government procurement? Curiously, Bill 16 was tabled on the eve of the 8th round of CETA negotiations held in Brussels from July 12 to July 16, 2011, and Bill 36 was tabled the same day that the round of negotiations for the updating of the GPA-WTO on December 15, 2011 in Geneva were concluded, and that is scheduled to be signed by April 2012. Is this strictly a coincidence?

The interest in merging the joint procurement groups lies first in reaching the threshold levels which would be around 200,000 SDR[27] for CETA and 355,000 SDR[28] for the GPA-WTO for goods and services. Then, the obligation which is provided for the health-care institutions and social services to participate in the call for tender process follows the same logic: reach the threshold levels. The MSSS recently pointed out that only 32% of purchases are done by joint purchasing groups and that it wants to reach 50%.

Government procurement in general represents a major interest for the European Union. Government procurement in health and social services is no exception. Moreover, Pierre-Marc Johnson did not hide this at the parliamentary commission last December.

THE WINDFALL OF PROFESSIONAL AND TECHNOLOGICAL SERVICES

What about professional and technological services? Canada proposed a long list of services[29] to be included in the GPA-WTO. Among these are financial services (insurance and health) and professional services (medical and dental services, midwifery, nursing and physical therapy services, paramedical services, computer services, data-processing services, database services, general management consultation, human resources management consultation and production management consultation services, electronic mail services, electronic exchange of data services, etc.). These subjects are of interest to the entire health and social services sector. If the Canadian and Québec governments are committed to the

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[27] The SDR or special drawing rights correspond to a basket of four currencies. Their actual value is 1 SDR = $1.55108 US. On January 31, 2012, 200,000 SDR were worth about $310,000 US. See the International Monetary Fund website (IMF) [Online]: www.imf.org/external/np/exr/facts/fre/sdrf.htm (page consulted on January 31, 2012).

[28] On January 31, 2012, 355,000 SDR were worth about $551,000 US.

[29] World Trade Organization, Government Procurement Agreement, Appendix 1, Annex 4, [Online], [www.wto.org/english/tratop_e/gproc_e/appendices_e.htm#appendix] Consulted January 31, 2012) World Trade Organization, *Services Sectoral Classification List,* MTN.GNS/W/120. July 10, 1991.

WTO (positive list) in so many areas which are not foreign to health and social services and the European Union also signs the GPA-WTO, what will be the interest then in concluding bilateral negotiations on CETA which won't go further than that agreement? Furthermore, in December 2011, Pierre-Marc Johnson confirmed in front of the *Commission des institutions* (Committee on institutions) the interest in going further than the agreements already concluded when it tackles the concept of the most favoured nation:

> "Ultimately, the concept of the most favoured nation is a concept in which all the other countries benefit from the improved content of the last bilateral agreement signed by the countries who sign numerous bilateral agreements."

However, contrary to the WTO-GPA, the governments seem to prefer to opt for the negative list in the case of CETA. In fact, as stated by the chief negotiator for Québec in December 2011:

> "This act will make sure to secure our presence on the European markets in exchange for a plan aimed at opening our government procurement with certain exceptions."

As pointed out in a study in the context of the Romanow Commission, the reservations and exceptions are aimed at avoiding the effect of the general rules. "The opening up of procurement is ensured by a rule, the protection of the health-care systems by an exception."[30] It is obvious that the federal and provincial governments do not seem to intend to protest in order to defend the public health and social services network in the case of CETA.

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[30] Richard Ouellet, *The effects of International Trade Agreements on Canadian Health Measures: Options for Canada with a View to the Upcoming Trade Negotiations*, s.l., Commission on the Future of Health Care in Canada, Discussion Paper No 32, 2002, p. 18. [Online]. http://publications.qc.ca/collections/Collection/CP32-79-32-2002E.pdf (page consulted February 2, 2012).

Conclusion

10

The federal and provincial governments are trying to be reassuring and can go on saying that the public health and social services network is protected from the trade agreements, but it seems the opposite is true in that this protection is less and less assured and that the governments are looking for the means to submit an even larger share of it to the markets.

Whether it is insurance, professional services, computer services or government procurement – and these are not the only issues linked to the health and social services network -, public health and social services are being attacked from all directions. In retrospect, it seems that the major commissions of inquiry held in Québec in the 2000s, such as the Clair Commission and the *Groupe de travail sur le financement de la santé* (Working Group on Health Care Funding), probably pursued objectives other than those provided in their mandate. Thus, one of the objectives of the Clair Commission was to promote competition in the health and social services network and the real mandate of the *Groupe de travail sur le financement de la santé*, chaired by Claude Castonguay, was to "adapt the social policies as a result of the Quiet Revolution to the new economic context and to globalization". We can now be concerned that this is what the Governments of Québec and Canada are trying to negotiate.

It is crucial that the governments take quick and concerted action. The health and social services network must be adequately protected by a firm commitment with clear provisions.

Appendix 1

LEXICON

AÉTMIS:	*Agence d'évaluation des technologies et des modes d'intervention en santé* (Evaluation of technologies and practices in health care agency)
AIT:	Agreement on Internal Trade
AQESSS:	*Association québécoise d'établissements de santé et de services sociaux* (Québec Association of health and social services institutions)
AQNB:	Agreement on the Liberalization of Government Procurement between Québec and New Brunswick
AQNY:	Intergovernmental Agreement on Government Procurement between the Government of Québec and the State of New York
ATCQO:	Agreement on Trade and Cooperation between Québec and Ontario
CETA:	Canada-European Union Comprehensive Economic and Trade Agreement
CHQ:	*Corporation d'hébergement du Québec* (Québec Housing Corporation)
CHSLD:	*Centre d'hébergement et de soins de longue durée* (Residential and long-term care centre)
CM:	*Conseil du médicament* (Medication Board)
CMS:	*Centre médical spécialisé* (Specialized Medical Centre)
CSBE:	*Commissaire à la santé et au bien-être* (Health and Welfare Commissioner)
CSE:	*Conseil des services essentiels* (Essential Services Council)
CSSS:	*Centre de santé et de services sociaux* (Health and social services centre)
ECQ-EU:	Procurement Agreement between the Government of Canada and the Government of Québec (Agreement between the Government of Canada and the Government of the United States of America on Government Procurement; WTO Procurement Agreement)
FRSQ:	*Fonds de recherche en santé du Québec* (Health Research Fund of Québec)
GATS:	General Agreement on Trade in Services
GMF:	*Groupe de médecine de famille* (Family Medicine Group)

GPA-WTO:	Government Procurement Agreement of the World Trade Organization
IMF:	International Monetary Fund
INESSS:	*Institut national d'excellence en santé et en services sociaux* (National institute on excellence in health and social services)
INSPQ:	*Institut national de santé publique du Québec* (Québec National Institute of Public Health)
MSSS:	*Ministère de la Santé et des Services sociaux* (Ministry of Health and Social Services)
OPHQ:	*Office des personnes handicapées du Québec* (Québec office for persons with disabilities)
OPQ:	*Office des professions du Québec*
RAMQ:	*Régie de l'assurance maladie du Québec* (Health Insurance Board of Québec)
RGAM:	*Régime général d'assurance médicaments* (Prescription Drug General Insurance Plan)
RI:	*Ressource intermédiaire* (Intermediate Resource)
RQIC:	*Réseau québécois sur l'intégration continentale* (Québec Network on Continental Integration)
SAQ:	*Société des alcools du Québec* (Québec Liquor Board)
SDR:	Special Drawing Rights
SÉPAQ:	*Société des établissements de plein air du Québec* (Québec's Outdoor Recreation Agency)
SIQ:	*Société immobilière du Québec* (Québec Real Estate Agency)
SISP:	*Secrétariat intersyndical des services publics* (Public Services Inter-union Secretariat)
SUFA:	Social Union Framework Agreement
WTO:	World Trade Organization

Appendix 2

13

LIST OF JOINT PROCUREMENT GROUPS FOR THE HEALTH REGIONS OF QUÉBEC

- *Centre régional des achats en commun des régions Bas-St-Laurent, Gaspésie-Îles-de-la-Madeleine* (CERAC) – (region 01-11: Bas-Saint-Laurent and Gaspésie—Îles-de-la-Madeleine); 1994; OBNL; 6 to 10 employees.
- *Centre régional des achats en groupe des établissements de santé et de services sociaux du Saguenay-Lac-Saint-Jean* – (region 02-10: Saguenay—Lac-Saint-Jean and Nord-du-Québec); 1993; OBNL; 6 to 10 employees.
- *Approvisionnement des deux Rives* – (region 03-12: Capitale-Nationale and Chaudière-Appalaches); 1999; OBNL; 11 to 25 employees.
- *Coopérative des services regroupés en approvisionnement de la Mauricie et du Centre-du-Québec* (CSRA) – (region 04: Mauricie and Centre-du-Québec); 1995; Cooperatives Act; 6 to 10 employees; health and social services, education; community sphere.
- *Corporation des services regroupés de l'Estrie* – (region 05: Estrie); 1994; OBNL; 11 to 25 employees.
- *SigmaSanté* – (region 06-13: Montréal and Laval); 1994; OBNL; 26 to 49 employees; before: *Approvisionnement-Montréal*; change of name on May 6, 2010.
- *Corporation d'approvisionnement du réseau de la santé et des services sociaux de l'Outaouais* – (region 07: Outaouais); 1994; OBNL; 1 to 5 employees.
- *Groupe d'achats de l'Abitibi-Témiscamingue Inc.* – (region 08: Abitibi-Témiscamingue); 1994; OBNL; 1 to 5 employees.
- *Corporation régionale des achats des établissements de santé et de services sociaux de la Côte-Nord* – (region 09: Côte-Nord); 1995; OBNL; 1 to 5 employees.
- *Corporation d'approvisionnement Laurentides-Lanaudière* – (region 14-15: Laurentides and Lanaudière); 2000; OBNL; 1 to 5 employees.
- *Approvisionnement-Montérégie* – (region 16: Montérégie); 1995; OBNL; 6 to 10 employees.

Source: Ministère de la Santé et des Services sociaux, *Faire affaire avec le réseau de la santé et des services sociaux,* [Online]. [www.msss.gouv.qc.ca/reseau/affaires_reseau/index.php?groupes-dapprovisionnement&PHPSESSID=daa36a854af1e3f8f44ef80e155c2c48] (Consulted on June 14, 2011)

Appendix 3

Subjugation of the health and social services network to the liberalization of government procurement agreements

Ministry and entities of the health and social services sector	AIT ATCQO AQNB 2008	ECQ-EU	AQNY	GPA-WTO April 2012
Ministère de la Santé et des Services sociaux (MSSS)	X	GPA	X	X
Health and social services network (institutions, regional agencies, joint procurement groups, Cree Board of James Bay, health communication centres)	X			
Health and Welfare Commissioner (CSBE)	X	GPA	X	X
Conseil des aînés (Seniors Council)	X	GPA	X	X
Corporation d'hébergement du Québec[31] (CHQ) (Québec Housing Corporation)	X			
Corporation d'urgences-santé	X	App. C	X	
Fonds de recherche en santé du Québec (FRSQ)	X	App. C	X	
Héma-Québec	X			
Immobilière SHQ	X	App. C		
Infrastructure Québec			X	
Institut national d'excellence en santé et en services sociaux (INESSS)	X	GPA	X	
Institut national de santé publique du Québec (INSPQ)	X	App. C	X	
Office des personnes handicapées du Québec (OPHQ)	X	GPA	X	X
Office des professions du Québec (OPQ)	X	App. C	X	
Régie de l'assurance maladie du Québec (RAMQ)	X	App. C	X	
Agence d'évaluation des technologies et des modes d'intervention en santé (AÉTMIS)[32]				X
Conseil des services essentiels (CSE) (Essential Services Council)				X
Conseil du médicament[33] (CM) (Medication Board)				X

Sources: *Conseil du trésor* (Treasury Board*) sous-secrétariat aux marchés publics*(under-secretary for government procurement), *Direction de la tarification et des accords sur les marchés publics* (Department of pricing and government procurement agreements), June 8, 2011 [Online]: www.tresor.gouv.qc.ca/fileadmin/PDF sous-secrétariat /publications/Tableau_assujettissement_accords.pdf (page consulted January 24, 2012); *Conseil du trésor, sous-secrétariat aux marchés publics*, January 4, 2012, °Online: www.tresor.gouv.qc.ca/fileadmin/PDF/faire_affaire_avec_etat/tableaux_syntheses/seuils_application.pdf (page consulted January 30, 2012); World Trade Organization, Appendices and Annexes of the Government Procurement Agreement, Appendix I, Annex 2: Sub-central government entities, March ,19, 2010 (WT/Let/672) [Online]: www.wto.org/english/tratop_e/appendices_e.htm (Consulted December 16, 2011).

[31] The *Corporation d'hébergement du Québec* (CHQ) has not existed since July 1, 2011. It was merged with the *Société immobilière du Québec* (SIQ) (Québec Real Estate Society).

[32] The AÉTMIS was replaces by the INESSS.

[33] The *Conseil du médicament* (Medication Board) was replaced by the INESSS.