

COMMUNIQUÉ

To Group Insurance plan administrators
Legislative changes

Update on the Act mainly to reduce the administrative burden of physicians (Bill 68)

The Quebec government recently released the final version of the [*Regulation respecting the medical services that may be required by an insurer or employee benefit plan administrator*](#). This regulation, which comes into force on January 1, 2027, completes the framework established under Bill 68 by specifying the allowed exceptions and the effective dates of the new requirements.

New requirements under Bill 68

Bill 68 introduces two major changes for group insurance plans and administrative services only (ASO) benefit plans **with members in Quebec**. These changes will be effective January 1, 2027:

1. Referrals or prescriptions from a physician

An insurer or a benefit plan administrator will no longer be able to require a physician's referral or prescription to authorize reimbursement for:

- Services from a service provider in the field of health or social services, such as physiotherapy, kinesiology or massage therapy services
- The cost of a technical aid, such as a cane, crutches or orthotics

The Regulation does, however, set out specific exceptions in which a physician's referral or prescription may be required. Refer to the table below for details.

Impacts on group insurance plans

We have adjusted our practices to comply with these new requirements as soon as they come into effect. Furthermore, since 2024, we no longer require [*physician referrals*](#) for paramedical services for the group insurance plans we administer.

We will continue to assess claims based on the usual control measures, including reasonable and customary fee limits and coverage maximums. If you wish to review certain coverage parameters in light of these changes, you can contact your advisor or your Account Executive to discuss the options.

1. Disability claims management

To maintain the payment of a disability benefit, insurers and group insurance plan administrators can no longer require an insured person to receive medical services at a predetermined frequency that differs from that deemed appropriate by their physician. This rule does not however apply to an initial claim assessment.

Impacts on group insurance plans

Given that we already apply this approach, we do not foresee any impact on disability claims management or on benefit payment periods.

Contract updates

The Act gives insurers and benefits plan administrators until December 1, 2027, to incorporate the new requirements into their contracts.

Accordingly, we will update the affected insurance contracts progressively, to be completed by December 1, 2027. Until then, the new provisions set out in the Act will take precedence over any contractual provisions that do not comply with them.

No action is required on your part at this time. If changes to your group insurance contract are required, we will contact you directly.

We welcome these initiatives, which aim to reduce the administrative burden on physicians, simplify people's daily lives and support the total wellbeing of group insurance plan members and their dependents.

If you have any questions, please contact your advisor or your iA Financial Group Account Executive.

Exceptions where an insurer or benefits plan administrator may require a physician's referral or prescription		
Services from a service provider in the health field: — In-home services provided by a nurse or a nursing assistant — Hyperbaric oxygen therapy services	Technical aid: — Wheelchair — Breast pump — Adjustable bed — Orthopedic mattress — Patient lift — Compression garment used to treat a burn or lymphedema	Cost to purchase or rent a technical aid: — If the purchase cost is at least \$1,000 — If the rental cost is at least \$150 per month

You, as the plan administrator, have an important role to play in informing your plan members about their group insurance plan. We also look to your support to give them all explanatory and administrative documents upon enrolment or upon request. We will help you show them where they can consult this documentation if it is not available in hard copy. If you have any questions, please feel free to consult your administrator's guide or to contact your local Account Executive or Client Relationship Manager.

This communiqué and past publications are also available on this [website](#).