

PRESS RELEASE ISSUED BY THE MINISTRY OF HEALTH AND SOCIAL SERVICES
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**FROM AUGUST 5, 2010, INFERTILE COUPLES IN QUÉBEC WILL BENEFIT
FROM FREE ASSISTED REPRODUCTION TREATMENTS SO THEIR DREAM OF
HAVING A CHILD MAY COME TRUE**

MONTRÉAL, July 13, 2010 /CNW Telbec/ - Québec's Minister of Health and Social Services, Dr. Yves Bolduc, confirmed today that the Act respecting clinical and research activities relating to assisted procreation will come into force on August 5, 2010, along with the two by-laws regulating these services. The Minister made the announcement at the Royal Victoria Hospital, where he recently confirmed a \$2-million investment for the extension and renovation of the McGill Reproduction Centre, in the presence of Mrs. Caroline Amireault, media and government relations officer for the Association des couples infertiles du Québec and of Mrs. Julie Snyder.

"Barely a year and a half after making this commitment, our government is keeping its promise to offer infertile couples in Québec the hope of starting or enlarging their family, regardless of their financial situation. The coming into force of the government coverage of assisted reproduction treatments makes Québec the leader in the field, since we are the first in North America to offer such a programme," the Minister declared.

Consequently, all expenses related to medical acts and drugs associated with artificial insemination and three cycles of in vitro fertilization will be borne by the public health system and will cover specifically services required for:

- the retrieval of eggs and ovarian tissue;
- in vitro fertilization;
- a preimplantation genetic diagnosis;
- the transfer of a fresh or frozen embryo;
- the retrieval of sperm through a medical procedure.

The plan will cover three stimulated in vitro fertilization cycles, which produce several eggs and several embryos, and the implantation one by one of each embryo as many times as there are embryos. On the other hand, for natural or modified natural cycles, which generally produce a single embryo, the plan will cover up to six cycles.

"The supervision provided for will promote the best practices, notably the implantation of a single embryo, apart from exceptional circumstances. We believe we may in this way bring down the ratio of multiple pregnancies resulting from assisted reproduction from 30 to 5%," Dr. Bolduc indicated.

A few years from now, these services will be offered mostly in hospital settings. At the outset, they will be available 50-50 in private clinics and in the public sector, more specifically at the McGill University Health Centre. The number of in vitro fertilization cycles covered by the program should jump from 3,500 this year to 7,000 in 2014-15.

Concluded the Minister: "Now that the coverage of assisted reproduction treatments has been established, we are going to work with our various partners, in particular fertility specialists, toward gradually developing basic services outside large cities, while at the same

time concentrating high-technology procedures in assisted reproduction clinics and university hospitals.”

The Act respecting clinical and research activities relating to assisted procreation was passed by the National Assembly in June 2009, and both by-laws pertaining to the supervision of clinical activities on the one hand, and to covered services on the other hand, were passed this summer. It is the simultaneous coming into force of these three measures which launches the coverage of assisted reproduction treatments. In other respects, the Minister specified that a third by-law pertaining to research in the field will follow in the fall.

The Act and the by-laws aim at protecting the health of the individuals who resort to assisted reproduction procedures and of the children born from them. They also aim at promoting quality by encouraging the best practices in fertility medicine, at ensuring that ethical principles specific to the health and social services sector are respected, and at supporting the continuous improvement of this kind of service.