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More specifically, the Boards are to identify the health and welfare needs and priorities in their territory of jurisdiction and develop an appropriate means of organizing services in consequence.

This law marks a change in direction, re-centering service management at the local level.

The Regional Boards are transformed into Regional Agencies responsible for implementing local health and social services networks.

The key element of this reform consists of the merger, for a given territory, of CLSCs, CHSLDs and, barring exception, hospital centres.

By means of agreements with other participants in the local network, namely community pharmacies, medical clinics and community organizations, these newly-created entities are responsible for ensuring the delivery of health services and social services to the population of a given territory.

January 2004

As 2004 begins, the Health and Social Service Agencies embark upon the process of developing a model for the regional organization of services to be presented to the health minister by the end of April at the latest.

April 2004

By April 30, 2004, all 16 agencies have submitted their respective models.

June 2004

The minister announces the creation of local networks and implements 95 Health and Social Service Centres (CSSSs) in Quebec.

After June 2004

The agencies pursue the implementation of local networks and develop their own respective clinical projects.

December 2004

Bill 83 is submitted to the National Assembly.

November 2005

Bill 83 is passed by the National Assembly.

Appendix 2: Research Template

A CROSS-PROVINCIAL COMPARISON OF HEALTH CARE POLICY REFORM IN CANADA

RESEARCH TEMPLATE

Province: Quebec

Case study: Regionalization

Category	Subcategory	Data

	international agreements)	The *Act respecting health services and social services* of 1971 had introduced regional structures at the same time that the health care system was put into place. The Regional Health and Social Service Councils (CRSSSs) were deconcentrated regional bodies with very little authority (they acted as advisors to the minister). When the statutes were consolidated in 1991, the government introduced Regional Health and Social Services Boards (Regional Boards) endowed with real decision-making powers (the planning and organization of services, resource allocation). Bill 28 of 2001 introduced significant changes to the operations of the Regional Boards. Policy-makers reassessed governance practices (instituting a People's Forum and revising the ways members were appointed to the boards of directors of local establishments and Regional Boards) and accountability links (introducing management agreements, annual reporting and the appointment of the executive directors). Law 25 of 2003 transformed the Regional Boards into Local Health and Social Services Network Development Agencies (Agencies). This reform package required local CLSCs, CHSLDs and hospital establishments in a given territory to merge and form local service networks (LSNs).
	Policy networks *(overlaps with Interests)*	

	Other	Not addressed by the sources.
Interests	Societal interest groups	The population wanted improved access to services, but its demands lacked cohesion. The community groups, the unions and *Coalition Solidarité Santé* opposed the reform.

Elected officials

		but not on the means of attaining them (forced mergers). Integration seemed to be a solution to problems of access to services. There were also differences of opinion on the concrete ways in which the concepts would be put into effect.
	Combined (e.g., commission recommendations)	Significant influence of the Clair Commission.
	Other	Not addressed by the sources.
External events	Release of major report (e.g., commission)	The Clair Commission report stimulated interest in possible modifications to regionalization. The Liberal electoral platform was responsible for putting the idea on the agenda.
	Political change (e.g., election, cabinet shuffle) – provincial and national	The reform was launched as a result of