

Quebec Election 2026 | ACE Five-Priority Working Matrix*

Updated September 16, 2026 | Includes reporting and debate analysis through September 16

Party	1. Diagnosis & specialists	2. Evidence-based medications	3. Joint replacement & rehabilitation	4. Equitable access	5. Accountability
CAQ	PARTIAL / MODERATE Diagnostic imaging expansion, broader professional scopes and regional physician training could improve access and support earlier diagnosis. On Sept. 15, the CAQ also highlighted a larger role for pharmacists in diagnosis and prescribing. No specific specialist referral or rheumatology pathway identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including, "try and fail" requirements or modernization of medication reimbursement criteria.	DIRECT / STRONG Coordinate surgical waiting lists across regions by clinical need. After 6 months, eligible patients could be offered surgery elsewhere in the public system; after 9 months, some procedures could move to private delivery at public expense. Orthopedics is included. No specific rehabilitation commitment identified.	MODERATE Cross-regional coordination, more family doctors trained in regions, expanded professional scopes and added home-care investment could reduce geographic barriers.	PARTIAL Greater surgical waiting-list transparency, including patients eventually seeing their position on the list. The CAQ also points to its 2025-2035 prevention strategy, but no broader public reporting commitment identified.
PQ	DIRECT / MODERATE The Sept. 12 health plan would make CLSCs the main entry point, add nurse practitioners, physiotherapists and occupational therapists, and aim to connect patients with the right professional at the right time. It also proposes 200 more medical graduates a year. Separate Sept. 12 campaign reporting says the PQ would invest \$550 million over four years in prevention, including physical activity and mental health. This strengthens the party's broader early-access/prevention approach, but no specific rheumatology referral pathway has been identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including, "try and fail" requirements or modernization of medication reimbursement criteria.	PARTIAL Would redirect claimed savings from abolishing Santé Québec toward reducing surgical waiting lists. No defined hip/knee benchmark or post-operative rehabilitation commitment identified.	DIRECT / STRONG Would strengthen CLSCs, decentralize decisions, increase home-care funding by 50%, and open regional medical programs to improve physician supply and retention outside major centres.	PARTIAL Proposes decentralization and local decision-making. The PQ has also made a quantified \$550 million, four-year prevention commitment. No specific public reporting commitment has been identified on diagnosis, specialist access, surgery, rehabilitation or regional access outcomes.
PLQ	PARTIAL / MODERATE Public telehealth would create a new primary-care entry point and route patients to the appropriate professional. On Sept. 12, the PLQ also committed to raising prevention spending to 5% of Quebec's health budget within 10 years, including vaccination, cancer screening and chronic-disease prevention. This reinforces earlier detection and prevention, but no specific specialist-access or rheumatology pathway has been identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including, "try and fail" requirements or modernization of medication reimbursement criteria.	PARTIAL Expansion and modernization of Cité-de-la-Santé would increase hospital capacity in Laval, but no province-wide surgical wait-time or post-operative rehabilitation commitment identified.	DIRECT / MODERATE Public telehealth is intended to reduce travel and improve access, including in remote regions. The interdisciplinary model also supports more appropriate use of available professionals.	PARTIAL Would retain Santé Québec while decentralizing decision-making and making it more accountable for results. The party has a measurable target to raise prevention spending to 5% of the health budget within 10 years, but no specific public reporting framework has been identified.
PCQ	DIRECT / MODERATE September 8 health platform would set maximum waits for specialist consultations and diagnostic investigations, with care elsewhere if the public system misses the limit. It also proposes 400–500 more medical-school admissions a year and 1,500 new nurse practitioners over four years. No rheumatology-specific pathway identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including, "try and fail" requirements or modernization of medication reimbursement criteria.	DIRECT / STRONG The Sept. 8 health platform would set maximum waits for major surgeries. If the public system cannot meet them, patients could receive publicly funded care elsewhere, including from an accredited private provider. During the Sept. 15 debate, Eric Duhaime again emphasized a larger role for private health care. This reinforces the platform approach but adds no new hip/knee-specific benchmark or post-operative rehabilitation commitment.	PARTIAL / MODERATE More physicians and nurse practitioners, wider professional roles and access to alternate providers could expand capacity. No specific rural/remote multidisciplinary-care commitment identified.	NO SPECIFIC COMMITMENT IDENTIFIED The party proposes reducing central health bureaucracy, but no current commitment identified on public reporting of access, surgical, rehabilitation or regional performance indicators.
QS	PARTIAL / MODERATE Would create 400 CLSC-style primary-care access points with multidisciplinary services. This creates a clearer local entry point, although no specific specialist referral or rheumatology commitment has been identified.	NO COMMITMENT IDENTIFIED No current campaign commitment identified on public drug plan reimbursement coverage, including, "try and fail" requirements or modernization of medication reimbursement criteria.	PARTIAL The proposed access points include occupational therapists and broaden community-based services, but no specific commitment identified on hip/knee replacement waits or post-operative rehabilitation.	DIRECT / STRONG The 400 locally based CLSC-style access points would decentralize care, broaden multidisciplinary services and improve access in more remote regions. QS has also continued to emphasize stronger local public services.	NO SPECIFIC COMMITMENT IDENTIFIED No current campaign commitment identified on public reporting of access, surgical, rehabilitation or regional performance indicators.

Interpretation note: Ratings assess how general 2026 healthcare commitments align with ACE's five Vote for Arthritis priorities. They do not imply an arthritis-specific commitment where none has been made. "No commitment identified" means none was found in the material reviewed to date.

* Please note this document is translated with Google Translate.