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(HANSARD)

Thursday, October 5, 2017

Speaker: The Honourable Geoff Regan

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HOUSE OF COMMONS

Thursday, October 5, 2017

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

• (1000)

[*Translation*]

PARLIAMENTARY BUDGET OFFICER

The Speaker: Pursuant to subsection 72.02(2) of the Parliament of Canada Act, it is my duty to present to the House a report from the parliamentary budget officer entitled “Fiscal Sustainability Report 2017”.

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FOREIGN AFFAIRS

Hon. François-Philippe Champagne (Minister of International Trade, Lib.): Mr. Speaker, on behalf of the Minister of Foreign Affairs and pursuant to Standing Order 32(2), I have the honour to table, in both official languages, the treaties entitled “Agreement to Amend, in respect of investment and trade and gender, the Free Trade Agreement between the Government of Canada and the Government of the Republic of Chile, done at Santiago on 5 December 1996, as amended, between the Government of Canada and the Government of the Republic of Chile”, done at Ottawa on June 5, 2017; and the “Agreement to Amend the Free Trade Agreement between the Government of Canada and the Government of the Republic of Chile, done at Santiago on 5 December 1996, as amended, between the Government of Canada and the Government of the Republic of Chile”, done at Ottawa on June 5, 2017. An explanatory memorandum is included with each treaty.

I think this is a great day for Canadians. This is Canada's first free trade agreement that includes a provision on gender equality.

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[*English*]

PUBLIC ACCOUNTS OF CANADA

Hon. Scott Brison (President of the Treasury Board, Lib.): Mr. Speaker, it is an honour to table today, in both official languages, the Public Accounts of Canada 2017. The Auditor General of Canada has provided an unqualified audit opinion on the Government of Canada's financial statements.

The government is committed to sound financial management, and to monitoring the use of public funds to enhance accountability and transparency.

* * *

[*Translation*]

SECURITY INTELLIGENCE REVIEW COMMITTEE

Mr. Mark Holland (Parliamentary Secretary to the Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, I am pleased to table, in both official languages, the 2016-17 annual report of the Security Intelligence Review Committee, as required under section 53 of the Canadian Security Intelligence Service Act.

* * *

• (1005)

[*English*]

ANISHINABEK NATION EDUCATION AGREEMENT

Hon. Carolyn Bennett (Minister of Crown-Indigenous Relations and Northern Affairs, Lib.): Mr. Speaker, I have the honour to table, in both official languages, copies of the Anishinabek Nation Education agreement.

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ANISHINABEK NATION EDUCATION AGREEMENT ACT

Hon. Carolyn Bennett (Minister of Crown-Indigenous Relations and Northern Affairs, Lib.) moved for leave to introduce Bill C-61, An Act to give effect to the Anishinabek Nation Education Agreement and to make consequential amendments to other Acts.

(Motions deemed adopted, bill read the first time and printed)

* * *

[*Translation*]

INTERPARLIAMENTARY DELEGATIONS

Hon. Larry Bagnell (Yukon, Lib.): Mr. Speaker, pursuant to Standing Order 34(1), I have the honour to present to the House, in both official languages, the report of the Canadian parliamentary Delegation respecting its participation at the meeting of the Standing Committee of Parliamentarians of the Arctic Region, held in Kangerlussuaq and Sisimiut, Greenland, Denmark, from May 15 to 18, 2017.

Business of Supply

[English]

COMMITTEES OF THE HOUSE

HEALTH

Mr. Bill Casey (Cumberland—Colchester, Lib.): Mr. Speaker, it is my distinct honour to present, in both official languages, the 12th report of the Standing Committee on Health in relation to Bill C-45, an act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other acts. The committee has studied the bill and has decided to report the bill back to the House with amendments.

I want to commend all the members of the committee for their contribution to this study. We did a marathon session. We had 109 witnesses and we did a lot of work. The amendments provide for two more steps, one in one year, and one in three years. It is an improvement. I want to thank all the members of the committee for their good work.

TRANSPORT, INFRASTRUCTURE AND COMMUNITIES

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the 15th report of the Standing Committee on Transport, Infrastructure and Communities in relation to Bill C-49, an act to amend the Canada Transportation Act and other acts respecting transportation and to make related and consequential amendments to other acts. The committee has studied the bill, and we had great co-operation from all members of the committee from all sides of the House. It was an example of how to deal with legislation in a proper and effective way in the House. We have decided to report the bill back to the House with amendments.

* * *

[Translation]

BUSINESS OF SUPPLY

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, there have been discussions among the parties, and if you were to seek it, I think you would find that there is consent to adopt the following motion:

That, at the conclusion of today's debate on the opposition motion in the name of the Member for Vancouver Kingsway, all questions necessary to dispose of the motion be deemed put and a recorded division deemed requested and deferred to Tuesday, October 17, 2017, at the expiry of the time provided for Government Orders.

The Speaker: Does the hon. member have the unanimous consent of the House to propose the motion?

Some hon. members: Agreed.

The Speaker: Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

[English]

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

● (1010)

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—PHARMACARE

Mr. Don Davies (Vancouver Kingsway, NDP) moved:

That, given that millions of Canadians lack prescription drug coverage, and given that overwhelming evidence, including from the Parliamentary Budget Officer, has concluded that every Canadian could be covered by a universal pharmacare program while saving billions of dollars every year, the House call on the government to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program.

He said: Mr. Speaker, I am honoured to be splitting my time today with the member for Salaberry—Suroît.

Canada is a country that prides itself on our universal health care system. It is no exaggeration to say that our public single-payer system of physician and hospital coverage is one of the features of our nation of which Canadians are most proud. I believe it defines us as a country.

However, our health care system is neither perfect nor comprehensive. Indeed, it has a number of glaring coverage gaps. These include services such as outpatient, dental, mental health, rehabilitation, and home care. The motion the New Democrats are proud to introduce today calls on the government to take action to address one of the most pressing and solvable of these gaps: pharmaceutical drugs.

Currently, this gap consists of a patchwork of private and public coverage that varies widely across Canada. Outside of Quebec, every province and territory provides public drug coverage for people only in very limited circumstances, sometimes for those on social assistance, sometimes for seniors, and sometimes for people with specific conditions such as cancer, transplants, and infectious diseases. For those outside these groups, folks have to pay the cost of the medication out of their own pockets.

Quebec is the only province with a mandatory program, requiring that every citizen obtain insurance. However, it is a mixed private-public scheme where the most expensive and difficult-to-insure citizens are foisted onto the public plan, making it extremely costly. The situation is problematic even for those who have extended benefit plans through work. These plans often have annual limits or copayments that leave claimants exposed for out-of-pocket costs. Employers across Canada report difficulty paying for these benefits and increasingly are dropping coverage for their employees.

Business of Supply

The consequences of this omission are present in every community and every demographic. They are real. They are pressing. They are serious.

Here is a typical example, recently described in an article written by two physicians from Alberta. They describe the real case of a 60-year-old Calgary woman with high blood sugars and very high blood pressure. She paid for medications out of her own pocket each month, she had no employer insurance, and she could not afford the premium for Blue Cross. One month, however, when facing extra expenses, she did not have enough money to pay for her expensive diabetes and blood pressure medications. She ended up in the hospital. This woman would likely have avoided the emergency room altogether if she had stayed on her medications. Ironically, by having to access hospital care, she ended up costing our health care system much more than the cost of her medication.

Unfortunately, stories like hers are all too common. A number of studies have established that 10% to 20% of Canadians have no pharmaceutical coverage whatsoever. This means that four million to seven and a half million Canadians are living every day without the medicine their own doctors prescribe for them and which they need to stay healthy and sometimes even alive. One in five Canadians reports that he or she or a family member neglects to fill prescriptions due to cost. In fact, Canada has the second-highest rate of skipped prescriptions among comparable countries. This particularly hurts seniors and the poor. One in 12 Canadians over 55 skips prescriptions due to cost. Low-income Canadians are three times more likely to experience financial barriers to accessing essential medication.

Shamefully, Canada stands virtually alone among developed countries in this regard. We have been identified as the only developed country in the world with a universal health care system that does not provide some sort of universal prescription coverage. Canada is one of only five OECD nations whose public health system does not provide publicly funded drug insurance to all citizens. Even as millions go without coverage, Canadians pay among the highest prescription drug prices in the industrial world, second only to the U.S., and these costs are growing at an alarming rate.

Here is the absurdity. If someone cuts a finger, he or she goes to the doctor who stitches it up, and the individual leaves and never sees a bill. However, if people go to a doctor and their ailment needs to be treated by medication, they are at the mercy of their ability to pay. This is irrational, it is unfair, it is not consistent with a modern universal health care system, and it is also unnecessarily expensive.

However, there is a solution. In fact, it is a solution so clear, so established, and so patently feasible that there is no reason why we should not begin to implement it at once. That is what this motion and the New Democrats are urging the government to do; to begin to implement a universal pharmacare system in Canada.

• (1015)

By implementing a universal public pharmacare system, we can cover every single Canadian, every man, woman, and child, and save anywhere between \$4 billion and \$13 billion a year. Let me repeat that, just as with universal health care, we can make sure that all Canadians can get the necessary medicine they need when they need

it and we can collectively save billions of dollars as a nation. Here is how and why.

A universal public system would save money in myriad ways. It would establish a national, independently monitored, evidence-based formulary that covers drugs that are the most effective and cost sensitive. It is estimated that more than \$5 billion a year is wasted because private drug plans pay for unnecessarily expensive drugs and dispensing fees. By reimbursing drugs only when they represent value for money, public plans are much better equipped to rein in such costs.

Second, it would allow for the effective national bulk purchasing of drugs, a proven method that reduces drug costs by an average of 40% for brand-name drugs, as has been the experience in New Zealand, the U.S. veterans administration, and countries throughout Europe. A year's supply of atorvastatin, a widely used cholesterol drug, costs about \$143 in Canada, but only \$27 in Sweden and \$15 in New Zealand.

It would allow for the negotiation of exclusive licensing agreements with pharmaceutical companies to achieve the best prices for widely used medications. It would streamline administration costs, reducing thousands of duplicative administrative systems, perhaps to one per province and territory. The administration costs of for-profit private plans average 15%, while administration costs for public plans are less than 2%.

It would avoid cost-related non-adherence, the technical term for the increased costs that come when folks do not take their medicine and become more seriously ill. The health committee heard evidence that one diabetic patient who ends up in intensive care because that individual could not afford to take insulin costs more money than providing free medication for life.

Business of Supply

However, members do not have to take my word for it. The parliamentary budget officer's report on the federal costs of a national pharmacare program, released September 28, confirms what health policy experts have been saying for years, that Canadians could have a pharmacare system that covers everyone for billions of dollars less than they now pay for prescriptions. The PBO found that, in 2015, Canadians spent \$24.6 billion on pharmaceuticals that would have been eligible for coverage under a national pharmacare plan. Accounting for pricing and consumption changes, the PBO estimated that Canada would have, instead, spent \$20.4 billion in 2015 under national pharmacare. Using the most conservative assumptions, leaving out certain cost savings entirely, and applying the Quebec formulary, one of the broadest in Canada, he found that Canada would have saved \$4.2 billion that year.

Other studies, including by renowned Canadian researchers, estimate the annual savings to be even higher, perhaps between \$9 billion and \$13 billion. That is why so many voices in Canada are advocating for a national pharmacare program. This includes many organizations—retirees, physicians, nurses and other health professionals, business and employer associations, the Canadian Labour Congress, health care researchers, and patient advocates of all kinds—and we know that the public broadly supports national pharmacare. A 2015 poll found that an astonishing nine out of 10 Canadians support the concept of national pharmacare.

The details of what kind of system we create are yet to be determined. A pan-Canadian pharmacare program could be a stand-alone federal program, or we could fold it into the Canada Health Act and add prescription coverage as an insured service, just as we do with any other medically necessary service.

Ultimately, of course, we have to pay for our medicine, but it is always Canadian citizens who pay, in any event, whether they pay through public or private sources. The question is whether we want to pay \$24.6 billion a year, with millions of Canadians left uninsured, or instead, pay \$20 billion overall, with coverage for every single Canadian. To ask that question is to answer it.

Our most important goal should be to ensure that no Canadians go without the medicine necessary to their health. New Democrats in the House, therefore, call on the Liberal government to agree to this goal. We ask Liberals to vote for this reasonable and necessary motion and meet with the provinces within one year to begin the discussions to make it a reality.

It took New Democrats and courage to bring medicare to Canadians. We will continue to work to do the same thing for pharmacare.

• (1020)

Mr. Bill Casey (Cumberland—Colchester, Lib.): Mr. Speaker, I am very honoured to be the chair of the Standing Committee on Health, and the member for Vancouver Kingsway is one of the more active members. He has done a lot of work on the committee and made a great contribution to it. However, I honestly feel, and I am sure he knows, that we are not at the stage where we can say we can start a national pharmacare program.

He said that the PBO brought the study forth. It is an excellent study. We asked for that study, and were very grateful for having the study. However, there are so many questions left unanswered. I

wrote down what the member said, and he said that Canada would spend \$20 billion on pharmacare if we had a national pharmacare program. We do not know whether that \$20 billion would come from the federal government, the provinces, or who. There are just so many questions.

We have a meeting scheduled on October 17 to bring the parliamentary budget officer in, and I am sure the member for Vancouver Kingsway will have lots of questions for him. After he asks those questions and we have the answers from the parliamentary budget officer, then we can maybe consider a model for the plan.

Of the \$20 billion that Canada would spend, as the member just said, how much would come from the federal government?

Mr. Don Davies: Mr. Speaker, I would like to also express my gratitude to the hon. member for his wise and judicious chairing of the health committee. It is a pleasure to sit on that committee with him.

As I said in my speech, of course the mechanics of how this system would be delivered are a matter for negotiation between the federal government and the provinces. That is why the motion clearly calls on the Liberal government to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program. The New Democrats are calling on the government to take action. There have been a lot of words by the government. It is a government of good intentions, but it is a government of, frankly, no action.

We are asking the government to take action sometime with the next year. I chose that date because I think it is a reasonable amount of time to schedule a meeting between the federal government and the provinces to discuss whether we want a national stand-alone federal program, whether we want to fold prescription coverage into the Canada Health Act and have it covered just as all other medically necessary services are now, or whether there are other models as well.

What we do know is that, without a shadow of a doubt, millions of Canadians right now cannot get the medicine they need. We also know, without a shadow of a doubt, that a national universal single-payer pharmacare system will save billions of dollars. What more does the government need to spur it to actually start the process of taking action?

Mr. Jim Eglinski (Yellowhead, CPC): Mr. Speaker, there is discussion about \$20 billion for the cost of health care. The statistics we have from 2014 are that the cost in Canada was \$28.8 billion. My concern is that, if the federal government is to look after this program, where is the money coming from?

The Liberal government has put enough loopholes in it that the energy east pipeline has gone south now and is no longer happening. We have the only other energy pipeline to the west coast in the courts right now, and it may not happen.

Business of Supply

Where is that money coming from? The NDP members support the stopping of oil and gas production in Canada. Where do they think the money is going to come from to pay for these programs?

Mr. Don Davies: Mr. Speaker, I am really perplexed at what connection there would be between oil pipelines and pharmacare. I will tell members where the money comes from for this program. It comes from where money always comes from to pay for health care in this country. It comes from the people of Canada, the citizens. I will make it as clear and simple as I can for the members of this House. The parliamentary budget officer said that we spent \$28 billion on pharmaceuticals in this country in 2015-2016, and then he took out about \$4 billion of that because that was extra private coverage that would not be covered under a pharmacare system. He is saying that we paid \$24 billion for drugs that would be covered under a national pharmacare program, using the Quebec formulary. He ran the numbers, using conservative estimates, and found that if we had a national pharmacare program we would have paid \$20 billion.

The last time I checked, \$20 billion is less than \$24 billion. I would rather pay \$20 billion in this country for pharmaceuticals and cover everybody than pay \$24 billion and leave 20% of Canadians not covered. The citizens of this country are the ones who are going to pay for it. Whether their dollar or employer pays it to the pharmaceutical companies or whether it is paid to the government that administers the program, it does not matter. The dollar comes out of someone's pocket. The purpose of national pharmacare is that we would pay less money in this country and cover everybody. That fact is undeniable.

• (1025)

[Translation]

Ms. Anne Minh-Thu Quach (Salaberry—Suroît, NDP): Mr. Speaker, I am very proud to rise here today to support the motion by my colleague from Vancouver Kingsway to give all Canadians access to universal pharmacare. This would be tremendously beneficial, not only for public health, but also for public finances. The NDP has been working towards this goal for at least 50 years in order to improve our society, protect our poorest and most vulnerable citizens, and promote solidarity and health across the country.

Canada is a rich society and member of the G7. This means that we are one of the seven richest countries on the planet, but unfortunately, we are the only industrialized nation that has universal medicare but no pharmacare. The province of Quebec has helped by creating its own pharmacare system. How is it possibly fair that a resident of Cornwall, in Ontario, does not have access to medication while a resident of Saint-Anicet does, when only a river separates them?

It is very clear that a federal pharmacare program will require thoughtful consideration, negotiations with the provinces, and discussions here in the House. That is why we need to start those discussions as soon as possible and initiate talks with the provinces next year.

Let us take another look at Quebec, which has been leading the way when it comes to pharmacare. Quebec MNAs fought hard and got what they wanted: guaranteed coverage for Quebecers when they need help covering health care costs and the cost of prescription

drugs. To do that, Quebec came up with a mechanism for providing access to those drugs.

The Régie de l'assurance maladie du Québec is in charge of managing the public prescription drug insurance plan. People who want to use this service must register with the Régie ahead of time. The system is similar to others used in Europe, for example. It not only addresses a public need, but, above all, it also shows some humanity.

This is how it works. In Quebec, for a drug to be covered under the plan it must be included in a list previously established by the appropriate authorities and obtained through a prescription from a pharmacist. The parliamentary budget office, the PBO, used the Quebec model as a benchmark in its study. It says that covering all Canadians under a national pharmacare program could save nearly \$4.2 billion. That is quite remarkable. This type of program could help lower the cost of drugs for millions of Canadians who use the public health care system.

The Canadian Centre for Policy Alternatives reported that we are the only OECD country with a universal health care system but without pharmacare coverage, and our country's drug costs rank among the highest. In fact, only the United States has higher drug costs than Canada. The cost of prescriptions in Canada is 30% above the OECD average.

Furthermore, according to the CCPA study, the public sector could save approximately \$18 billion a year. Canadian families and businesses could save approximately \$13.7 billion. The PBO and the CCPA have also shown that the cost of putting in place such a system is very high, but that does not mean that we should not move forward. It would still cost less than paying private companies for drug coverage.

As my colleague from Vancouver Kingsway mentioned, it would cost approximately \$4 billion less to cover all Canadians. What do members not understand? It is simple. Every Canadian could have fair access to prescription drugs and protect their health while continuing to pay less for their medication. It seems to me that $1 + 1 = 2$. We have been saying this for years.

When Tommy Douglas first proposed universal health care, he did not let anything stand in his way. He looked for a way to implement the system without draining the public coffers. Health Canada employs many talented civil servants and experts. Our university centres, think tanks, and research centres can help us develop a pharmacare program that covers all Canadians.

I am positive that we can succeed if we get to work right away. These are common sense measures. What we hope to achieve with this motion is simply to ensure that all Canadians have the same health rights.

Business of Supply

We pride ourselves on being a powerful, modern, developed, democratic country, but one of the fundamental criteria for assessing those characteristics and maintaining our high standing is the level of inequality.

• (1030)

Our patchwork of vastly different reimbursement systems is a source of inequality. The fact that you might pay a different price for a drug depending on whether you live in Quebec or Saskatchewan creates inequality among Canadians. This injustice disproportionately affects those already most in need, namely our young and our seniors.

Are we really going to risk our children's health in an attempt to save money, when we know that we are not going save any money and that we are actually losing close to \$5 billion a year by not implementing a universal pharmacare system?

This also affects seniors, people who worked their whole lives to build this country so they could make society better and leave a better world for their children. As everyone here can agree, we are smart enough to know that the longer we put something off, the more it will cost us later on. It is time for us to invest in our future, in our health, and in the future of our youth and our country as a whole.

Like I said earlier, the other group who is most affected is our seniors. We know and we recognize what they have done for Canada. They spent their lives contributing to our economy and our government. After a lifetime of work, regardless of their occupation, they deserve a health care system that provides fair access to drugs.

In fact, a number of studies show that people who do not fill their prescriptions because of cost can suffer real consequences. For example, one researcher found that patients 65 and over were less likely to fill their prescriptions because they had to pay for them, and they did not have the means to do so.

This tendency has led to an increase in hospitalizations, emergency care, and doctor visits. For some health policy researchers, this is evidence that prescription drugs should be considered as necessary drugs under the Canada Health Act.

Now I would like to take a closer look at the conditions under which people would access this public system. The program's beneficiaries would hardly be taking advantage of the system. In Quebec, the goal would be to help people who do not have a private health plan and their families, as well as seniors and people living in extreme poverty who have nowhere to turn but to the state.

This system is both workable and necessary. We can help our friends, neighbours, and fellow citizens who are in need and who are asking not for handouts but for a decent standard of living.

Do we care so little that we would reject a public pharmacare system in favour of an ineffective private insurance system that does not cover all Canadians? If we do not pursue fair access to prescription drugs on a national scale, we will fail to meet our obligations to Canadians under the Canada Health Act.

The state's primary responsibility is to keep its citizens safe and end violence, but forcing people to choose between food and medicine is a pretty serious form of violence in my opinion.

In closing, we need a universal pharmacare program along with our universal medicare program. Experts say that it will be cheaper to implement a universal health system that covers all Canadians than to maintain the current system where one-fifth of Canadians cannot afford their medication. It is an ambitious plan, but ultimately a win-win when it comes to public health, protecting Canadians, and public finances.

I ask my colleagues, in all sincerity, how can we in 2017, in a country as rich as Canada, a G7 country, make some seniors choose between refilling their fridge and refilling their prescriptions?

How can we turn our backs on a former industrial cleaner in declining health who, after inhaling chemical products her entire life, cannot even afford her medication on her disability payments?

How can we tell our children that we are a society that supports one another when we refuse to help our poorest citizens?

Hon. colleagues, let us write history instead of letting it pass us by. Let us finish what Tommy Douglas, the greatest Canadian, started. Let us make sure everyone has access to pharmacare.

I hope the financial argument will sway even those who believe that the economy is more important than the health of others.

• (1035)

[*English*]

Mr. Jim Eglinski (Yellowhead, CPC): Mr. Speaker, according to a study done by the Commonwealth Fund, about 8% of Canadians had to skip doses of their medicine because of the cost. Although there is room for improvement, this is on par with Germany, where about 8% of people skip their drugs; and it is notably better than France, at 11%; Australia, 14%; and New Zealand, 18%. These are all countries with national pharmacare programs. We only have a number of provinces with pharmacare programs, and yet we have one of the smallest percentages of people who are missing out.

Could the member explain why she thinks there is a difference between Canada and the countries that already have national pharmacare programs?

[*Translation*]

Ms. Anne Minh-Thu Quach: Mr. Speaker, I cannot believe that the Conservative member thinks that the 20% of Canadians who do not have access to medications because they cannot pay for them represent a small percentage.

One in five people cannot meet their own health needs. That is serious and the result of the federal government's inability to establish a universal pharmacare program. It is the parliamentary budget officer, not I, who said that it will result in savings of \$4 billion.

Business of Supply

Another statistic is that, over the past 12 years, Canadian spending on prescription drugs has surpassed that of all other comparable countries, including the United States. The cost of medications has increased by 184%. A Conservative government was in power over the past 12 years. The Liberals are now in power, but so were the Conservatives. Why was nothing done?

The Conservatives often speak of the economy, which is of the utmost importance to them. We know we would be saving a minimum of \$4 billion a year. Some say that the savings could range from \$4 billion to \$11 billion. If Conservatives consider themselves good money managers, why did they not find a solution that would keep the prescription drug costs down, to the benefit of all Canadians? It seems to me that Canadians' health should be paramount.

[*English*]

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I appreciate the comments by my colleague on this issue, and each and every one of us in the house knows how important it is. Quite often we hear about our seniors, those who suffer with various disabilities, and especially those dealing with cancer care, who struggle to keep up with some of the high costs.

All of us are very committed to finding solutions. The government has certainly made some significant progress with the pan-Canadian group and, together with the provinces, is moving forward on answers. There is no simple way to do this. It takes a lot of negotiations with a lot of the provinces. The official opposition was not able to do it. However, on this side of the House, we certainly have made significant progress since coming into office. I wonder if the member would appreciate that and have a little more patience.

I applaud the members for raising the profile of this issue, because the only way change is going to happen is when it continues to get raised. That said, is the hon. member is having significant difficulties with this issue in her own riding with her community members? Would she like to comment on that?

• (1040)

[*Translation*]

Ms. Anne Minh-Thu Quach: Mr. Speaker, since taking office, the Liberals have met with the first ministers four times in two years. I commend them for that, and I encourage them to keep it up. What we are asking is that they continue to negotiate with the provinces. I think that would be good for everyone.

Right now, one in five people cannot afford to pay for their own medication. That has to be weighing on our conscience. We should be able to ensure that all Canadians can buy the medication they need.

The Canada Health Act should require the implementation of a health care system that is fair for everyone. It would save us at least \$4 billion. Making sure that everyone is in good health and that everyone is treated fairly are Canadian values. The Liberals are saying that they need more time. However, the motion gives them until October 1, 2018. They still have a year. It is time to take action. Young people and seniors are unable to pay for their medication.

Right now, the government is taking indigenous youth to court over a health care matter. That is unacceptable. That needs to stop, and the government needs to start walking the talk. The time is now.

[*English*]

Hon. Ginette Petitpas Taylor (Minister of Health, Lib.): Mr. Speaker, I rise today to debate the opposition motion calling on the government to commence negotiations with the provinces to implement a national pharmacare program.

Our government is committed to protecting and promoting the health and safety of all Canadians. We are also committed to improving the affordability, accessibility, and appropriate use of prescription drugs within our country.

As the member is likely aware, the Standing Committee on Health, better known as HESA, is studying the development of a national pharmacare program as an insured service under the Canada Health Act. As part of the study, the committee asked the parliamentary budget officer to prepare an estimate of the cost of a universal federal pharmacare program. The results of the study were published on September 28 of this year. Based on it, the member has called on the government to begin negotiations with the provinces and territories no later than October 1, 2018, in order to implement a universal pharmacare program.

[*Translation*]

Mr. Speaker, our government is well aware that we need to improve access to necessary prescription drugs and make them more affordable for all Canadians.

We need to make the current prescription drug system more effective and flexible before we begin discussions on the national medicare program. Our government is taking bold action to improve the system in order to reduce the cost of prescription drugs and better manage their use. I would also like to remind members of our government's approach to strengthening the way our health care system deals with prescription drugs.

[*English*]

Prescription medicines contribute directly to the health of Canadians. We all know that. They can help prevent, control, and cure diseases. Health care professionals and providers in hospitals and community settings turn to prescription drugs to help them manage patients' symptoms, improve their well-being, and also to save lives.

New research and discoveries continue to expand the range of conditions and the number of people who could benefit from drug treatment in our country. As such, the use of prescription drugs is evolving. The statistics are very compelling. Health Canada approves about 200 new drugs for the Canadian market every year.

Business of Supply

[Translation]

We are seeing a correlation between the aging population, and the increase in chronic conditions and prescription drug use. Nearly 40% of Canadians take at least one prescription drug on a regular basis. That percentage increases to 80% for Canadians 65 and older.

Nearly one in three seniors take at least five different drugs every day. Though that may be of some benefit in some cases, in others we have reason to be concerned about the number of prescription drugs that seniors are taking. At the same time, we are seeing more expensive niche buster drugs designed to treat illnesses that affect smaller populations coming from all over the world. In fact, the number of drugs that cost more than \$10,000 per patient, per year, has doubled over the past five years. The number of drugs that cost more than \$50,000 per patient, per year, has increased by 50%.

● (1045)

[English]

While some of these drugs offer real breakthroughs in patient care, others do little to improve health outcomes. Therefore, stronger management of our use of pharmaceuticals is essential, and the cost demonstrates this. Every year across the system pharmaceuticals account for an ever greater share of health spending in the country. In 2014, drug spending reached \$29 billion. That represented about 16% of our health spending. When we add up drug spending for 2016, we expect that amount to grow to about \$36 billion a year. That is a significant number.

Clearly, pharmaceuticals play an increasingly important part in Canada's health care system. Unfortunately, even as public and private payers wrestle with the growing costs, Canadians are not getting all of the benefits that this level of investment should provide to them. A key reason for this is that Canadian prices for both patented and generic drugs are high by international standards.

Our patented drug prices are exceeded only by the U.S. and Germany, and we are well above the average for the 35 countries of the OECD. According to the most recent data available, in 2015, OECD generic drug prices were, on average, 28% lower than those in Canada.

There are some other factors that feed the challenges we face in managing the use of pharmaceuticals within this country. For example, Canada's drug review and approval system, which includes federal regulatory review for quality, safety, and efficiencies to determine if a drug should be authorized for sale in Canada, followed by a review of cost-effectiveness by the Canadian Agency for Drugs and Technologies in Health, is cumbersome and needs to be revised.

[Translation]

This system lacks the flexibility to meet patients' needs in a timely manner. These concerns need to be addressed before we can start to consider any expansion to the pharmacare program. That is why our government is tackling these challenges by taking action to improve the affordability, accessibility and appropriate use of prescription drugs for Canadians.

The last federal budget, which was tabled in 2017, supported these actions with an investment of \$140 million over 5 years, followed by \$18.2 million per year on an ongoing basis. This

funding supports the work of Health Canada, the Patented Medicine Prices Review Board, and the Canadian Agency for Drugs and Technologies in Health. In collaboration with pan-Canadian health organizations and our provincial and territorial counterparts, we will work to lower the cost of prescription drugs, provide faster access to new drugs that Canadians need, and improve patient care through more appropriate prescribing practices.

[English]

To better protect Canadian consumers and public and private drug plans from excessive patented drug prices, our government is modernizing the way prices are regulated. For the first time in more than 20 years, the Minister of Health will update the patented medicine regulations, which, together with relevant provisions of the Patent Act, provide the PMPRB with the tools and information it needs to monitor and regulate prices in today's pharmaceutical environment.

[Translation]

At the end of June, Health Canada held its first round of public consultations on potential changes. Stakeholders and all interested Canadians will have another opportunity to comment once the regulatory changes are published in Part I of the *Canada Gazette* later this year. The Government of Canada is also working closely with the provinces and territories to reduce the country's drug costs.

● (1050)

[English]

In addition, the Government of Canada is working closely with the provinces and territories to reduce drug costs. As a member of the pan-Canadian Pharmaceutical Alliance, established by the provinces in 2010, we are combining the collective purchasing power of all public drug plans in Canada to make prescription drug prices more affordable and to lower generic prices for all payers.

This initiative has been extraordinarily successful. As of March 2017, the work of the alliance has resulted in annual savings of almost \$1.3 billion.

Business of Supply

[Translation]

Our government also recognizes the importance of supporting breakthrough innovation and giving Canadians quicker access to the new medications they need while continuing to ensure the quality and effectiveness of those drugs. That is why Health Canada launched a new five-year initiative to make the minister a more modern, flexible, and responsive regulator. Under this initiative, the government will harmonize federal medical review procedures with those of its health care partners, such as CADTH. Jointly implementing these programs will speed up decisions about adding new drugs to the list of insured drugs, which means that useful new treatments will be available to Canadians sooner.

In addition, Health Canada will expand its priority review policy and establish new regulatory pathways to expedite the consideration of new drugs that have the potential to meet the pressing needs of patients in the health care system.

The initiative will also see the expanded use of real-world evidence about new drugs after they enter the market. This will ensure that they are as safe and effective as expected and will allow the government to take action if a problem is identified.

Finally, our government will work collaboratively with health system partners to improve the quality and efficiency of patient care through more appropriate prescribing practices. With enhanced federal support, CADTH will develop improved prescribing tools and provide health care practitioners with guidance on the optimal use of drugs and drug products.

All these measures combined will have major repercussions and will make drugs more affordable and more accessible while ensuring the appropriate use of prescription drugs. They will help advance the common interests of the federal, provincial, and territorial governments by improving Canada's pharmaceuticals management system to ensure that it is sustainable and meets the needs of Canadians.

[English]

I wish to add that the federal, provincial, and territorial governments committed to making prescription medication more affordable and our health care more innovative as part of recent discussions on health care funding.

To improve access to prescription medications and lower drug prices, budget 2017 invested over \$140 million over five years. As I noted earlier, this will support work by Health Canada and by groups like the PMPRB and CADTH.

To expand e-prescribing, virtual care initiatives, and the adoption and use of electronic medical records, we will invest over \$300 million over five years to help support the Canada Health Infoway.

[Translation]

Canada Health Infoway is developing a national secure electronic prescription system, which will contribute to reducing prescription errors, advising pharmacists of potentially harmful drug interactions, and helping patients take their drugs as prescribed.

We are also investing \$51 million over three years into the Canadian Foundation for Healthcare Improvement to make our health care system more responsive and innovative.

● (1055)

[English]

As well, we plan to invest \$53 million over five years for the Canadian Institute for Health Information to improve decision-making and to strengthen the reporting of health-related policies and outcomes.

I appreciate this opportunity to provide the House with this overview of the significant actions this government is taking in this important area that concerns us all. I would like to underscore the important role research plays in providing the kinds of evidence that will support our progress going forward.

[Translation]

As I said earlier, our government understands that, in order to meet the health needs of all Canadians, before anything else, it needs to make Canada's current prescription drug system more efficient and flexible.

We are also confident that the measures we are taking to improve the system will help lower the price of prescription drugs and better manage their use.

Our government is determined to strengthen Canada's health care system by making drugs more affordable and more accessible, while ensuring that prescription drugs are used appropriately.

[English]

We look forward to reviewing the parliamentary budget officer's analysis of the costs of a universal national pharmacare program. However, the actions proposed by the member for Vancouver Kingsway, while well-intentioned, would be premature if we have not first achieved the related goals we are pursuing, goals such as bringing down prescription drug prices and improving the management of how these drugs are used in our health care system.

[Translation]

Prescription drugs are an important part of Canada's health care system. They help Canadians by preventing, treating, and healing illness.

That is why making drugs more affordable and accessible has been established as a top shared priority for federal, provincial, and territorial health ministers, while also ensuring the appropriate use of prescription drugs.

As I mentioned, for the first time in more than 20 years, the government is proposing substantial—yes, substantial—amendments to the patented medicine regulations.

Business of Supply

[English]

As I have noted, for the first time in more than 20 years, the government is proposing major updates to the Patented Medicines Regulations. That is significant. Put simply, we need to make Canada's existing prescription system more efficient and more responsive before we can begin to discuss a national pharmacare program.

[Translation]

In light of all these initiatives and others I have outlined today, I would argue that the government is making progress on a number of these issues and that members of the House should vote against the opposition motion.

[English]

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, here is what is concretely established by every single researcher and health care professional in the country who has studied this issue: seven million Canadians have no pharmaceutical coverage whatsoever today. That means that there is someone waking up in this country right now who needs medicine and cannot get it.

Second, we know from a source as credible as the parliamentary budget officer, who used extremely conservative assumptions, who did not even account for all the cost-saving measures, and who used the Quebec formulary, the broadest formulary in this country, that if we had a national pharmacare system, we would save billions of dollars. That is not surprising. It is consistent with every single peer-reviewed academic study. We know that with universal pharmacare, we could cover every Canadian and save billions of dollars.

I would ask the Minister of Health, as someone charged with the responsibility of making sure that Canadians in this country are healthy, what possible reason there could be to not agree with the NDP motion to at least start a discussion with the provinces in the next year to begin the process of implementing universal pharmacare. Is she opposed to universal pharmacare, or is she simply opposed to action?

Hon. Ginette Petitpas Taylor: Mr. Speaker, I would like to thank the member for Vancouver Kingsway for his continued work and also for his great work on the health committee.

We certainly recognize that Canadians are paying too much for drugs. I think we all agree on both sides of this House that this is certainly a priority we need to address. What we also need to address is access to drugs within this country. Our government is taking that work very seriously.

Yesterday I received my mandate letter from our Prime Minister. I want to read a quote from part of the mandate letter I received that specifically speaks to this.

Work with provinces and territories to:

advance pan-Canadian collaboration on health innovation to encourage the adoption of digital health technology to improve access, increase efficiency, and improve outcomes for patients;

improve access to necessary prescription medications. This will include joining with provincial and territorial governments to negotiate common drug prices, reducing the cost Canadian governments pay for these drugs, making them more affordable for Canadians, and exploring the need for a national formulary;

I will continue, as health minister, to work very hard to ensure that we address these needs.

• (1100)

[Translation]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, we have a mixed system in Quebec that ensures that everyone is covered. Despite that, and although Quebec is very protective of its jurisdiction over health care, Minister Barrette has expressed an interest in talking about universal pharmacare, because he knows that it can save money.

I am wondering how my colleague can question the urgency of raising this issue, when the most advanced province in terms of universal pharmacare believes that universal pharmacare would lead to cost savings and promote the appropriate use of medication.

Hon. Ginette Petitpas Taylor: Mr. Speaker, again, I thank my colleague for her question.

Let me be perfectly clear. We know Canadians pay too much for prescription drugs. That is one of the reasons why our government is working in partnership with the provinces and territories to combine our buying power and generate major savings. I have received data showing that last year, the provinces and territories saved \$1.3 billion by buying their drugs together. We want to tackle this issue in order to lower drug prices. This is one of the actions we are taking.

[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I truly appreciate the fine work by the Minister of Health on a number of files. When I think of the pharmacare file, obviously all of our constituents are concerned about the cost of pharmaceuticals and getting the medicines they require. The work the government has done in getting the different provinces and territories to work together in a pan-Canada approach has been somewhat successful, from what I understand.

How important is it that we work with the different provinces and stakeholders? As much as Canada, as a national government, can play a strong leadership role, we also have a responsibility to work with the different stakeholders to do the best we can for Canadians on the cost of medicines.

Hon. Ginette Petitpas Taylor: Mr. Speaker, all Canadians and both sides of the House recognize that the price of drugs is extremely high in this country. Therefore, we have to work collaboratively to ensure that we can get those prices down. Working with the provinces and territories has been crucial to reducing the cost of drugs. Since 2016, we have joined with the provinces and territories to ensure that we have more bulk buying power. As a result, we have seen significant savings in drug costs. We have been advised that we have saved over \$1.3 billion since 2016 through the bulk purchasing program. That is a significant saving to our health care system, and monies that we can invest in other areas where it is very much needed.

Business of Supply

Mr. Don Davies: Mr. Speaker, it feels like 1966 again, when the New Democrats were trying to explain to the Liberal government why universal coverage was better for the health of Canadians and would save money. The Liberals had to be dragged kicking and screaming in that regard. It is the exact same reasoning for why our public universal health care system covers all Canadians and is cheaper than the private systems in the U.S. That applies equally to prescription drugs. I have heard no cogent answer from the minister to explain why the Liberals would not understand that.

The issue here is not only that Canadians are paying too much for pharmaceuticals, but that millions of Canadians do not have coverage at all at any cost. Therefore, I would like the minister to answer this. She claims she is making progress. Have drug prices in Canada come down for Canadians, and if so by how much?

• (1105)

Hon. Ginette Petitpas Taylor: Mr. Speaker, I reiterate that our priority is to ensure that our system is efficient and responsive to the needs of Canadians. This government has made significant investments in moving forward toward that. We recognize that the price of drugs in this country is too high. However, in moving forward we certainly have to take some steps to deal with the situation properly.

I have already listed a few examples of the things we have done, including working diligently with the provinces and territories. Moreover, there are other initiatives and investments that we have made. In budget 2017, we invested over \$140 million over five years to really look at these issues. We have made significant investments in the Canada Health Infoway, a pan-Canadian organization that has done some very innovative work when it comes to pharmaceuticals. It is looking into a digital system to ensure that when doctors are prescribing drugs, the prescriptions will go specifically and directly to a pharmacy. As a result of that, we will have better data and services for our patients. It will also be more effective. We will have better data to analyze, and better decisions can be made moving forward.

I would also like to talk about other investments we have made. We have made significant investments in the Canadian Foundation for Healthcare Improvement. I can speak personally with respect to my province of New Brunswick. A pilot project was undertaken to look at the overuse of antipsychotic drugs in long-term care facilities. From the work done on that, we could see if there was a proper use of medication. In looking at specific cases, we could see that people were being over-prescribed medications.

We are making different investments in different parts of the system, because we want to make sure that we are getting this right.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, today I will be splitting my time with my colleague from Chatham-Kent—Leamington.

As deputy health critic for the official opposition, I am happy to speak today to the motion by the member for Vancouver Kingsway. In summary, his motion relies heavily on the results of the recent report prepared by the parliamentary budget officer on the costs of a national pharmacare program in Canada. The motion calls for the government to start negotiations with the provinces next year to implement a universal program.

As we consider this motion, we should be aware that the principal role of the federal government in pharmaceuticals, according to the parliamentary budget officer's report, is to regulate market access, thereby ensuring the efficacy, quality, and safety of drugs; to provide financial support to the provinces through the Canada health transfer, as required by the Canada Health Act; to deliver pharmaceuticals to particular populations; and to regulate the price of new and innovative drugs.

The Standing Committee on Health is currently studying the possibility of a national pharmacare system. In fact, it was that committee that requested a report by the parliamentary budget officer on the potential costs involved. The completed study was provided to the committee just last week. Given this, I would suggest that the opposition day motion is a bit poorly timed. Does it not make sense for the committee to now have time to examine the report, consider its findings, and then report back to the House? I would ask the member for Vancouver Kingsway, the vice-chair of the health committee, to provide his committee colleagues the time they need to do their job.

The Conservative Party of Canada wants to ensure that Canadians are receiving the best health care possible and that even the most vulnerable have access to the latest in pharmaceutical care. As we know, the Canada Health Act provides universal drug coverage for prescription drugs administered in a hospital setting. In addition, the federal, provincial and territorial governments all offer drug insurance plans, providing some coverage to approximately 53% of the Canadian population. If we are to consider an additional level of coverage, we need to bear in mind that private drug insurance programs provide coverage to 24 million Canadians in total.

I think we should focus on the result of a 2002 study by the Fraser Group that estimated that 11% of Canadians faced the risk of high prescription drug costs because they either had no coverage at all, or were significantly under-insured. These are the Canadians who need this type of program. Therefore, I would suggest that a more targeted approach would be to begin with the health committee's study on a national pharmacare program.

Business of Supply

Let us look at the costs, the logistics, and the overall effect of a program focused on Canadians currently without any existing coverage at all. This would include seniors, those with low fixed incomes, people with uncertain work or low wage jobs without benefits, the disabled and others in need. Should the committee and the House agree to examine a plan like this, we could receive feedback from the provinces, stakeholders and, indeed, from Canadians themselves on whether it would indeed provide quality health care to those in need of it. Additionally, the information obtained on the actual versus estimated costs would be invaluable for future discussions of a possible and potentially expanded program.

This brings me to the fact that my Conservative colleagues and I are concerned about the lack of data and the high initial cost of implementing a national pharmacare program here in Canada, considering the growing deficits that Canadians are facing as a result of the irresponsible government. This motion unfortunately reflects what I would describe as typical NDP thinking. The members somehow believe that there is an unending supply of tax dollars that can be accessed into infinity.

• (1110)

The PBO has evaluated what it would cost to provide a national pharmacare program to all Canadians, even those with an existing plan, to be approximately \$22.6 billion dollars annually. The PBO indicated that its initial study shows that a national program would grow by 11% in just five years, from \$19.3 billion to \$22.6 billion in 2020. It also clarified that this number could be off quite substantially, as overall consumption of prescription medication could very well increase under a national pharmacare plan. The cost of prescription medications is the largest factor causing patients not to follow their prescribed treatments, and with the sudden implementation of a universal pharmacare program, individuals with newfound access could end up flooding the system. These costs are unpredictable.

Although the parliamentary budget officer provided a budget based on the drugs list in Quebec, the drugs on that list are quite different from other provinces', which is another factor making the true costs unknown. The health needs of each province's population, prescribing habits of physicians, generic drug pricing, and price negotiations vary. This creates differences in the consumption by and even coverage of various drugs for specific populations. To seriously consider pharmacare, we must determine the potential source of the funds, particularly as the current government has well exceeded its proposed deficit targets, leaving us with little room to consider this plan.

The Conservative Party of Canada supports a high-quality, sustainable health care system that would ensure that Canadians get the best possible care. As previously mentioned, approximately 12% of Canadians are under-insured or not covered by a plan already. Due to the fact that the majority of people are already covered, we should be targeting our limited resources at a more efficient way of covering individuals who do not presently have coverage. This would involve focusing on individuals such as seniors, those with low fixed incomes, people with uncertain work or low-wage jobs without benefits, the disabled, and others in need.

The fact is that there are alternatives to reduce the costs for Canadians, especially those without drug coverage, as I discussed recently with regard to Motion No. 132. Costs can be lowered through volume leveraging and generic-versus-brand purchases without the scope of a program, as costed by the parliamentary budget officer. The resulting savings could be upwards of \$7 billion.

Again, I would remind the House that the framework of the parliamentary budget officer's report on funding health care is based on Quebec's inclusive list of drugs, eligibility requirements, copayment levels, and eligibility requirements for copayment exemptions. It is important to note, however, that Quebec runs a hybrid system that is close to universal pharmacare by requiring that residents have drug coverage either through a private plan sponsored by their employer, a professional association, or through the government-run public plan. Even in that province, 7.2% still do not adhere to prescribed treatment due to the cost.

I would suggest that the health committee look at how my home province of Alberta is handling this issue. Alberta works hard at providing publicly funded drugs to those who need them the most, such as seniors. It provides public drug coverage plans for individuals who have no other type of coverage and who are not necessarily experiencing high drug costs relative to their income. There, the number of people who do not adhere to their drug treatment plans due to the cost is only 0.4% higher than in Quebec. However, the key point is that with similar results to Quebec, Alberta is able to do so at \$209 billion lower cost.

In summary, while no Canadian should be without necessary pharmaceuticals, we must consider the most efficient and cost-effective way to achieve this. I would ask the member to allow the health committee to finish its work so that we may go forward with complete information as we consider the best way to achieve universal drug coverage for Canadians.

• (1115)

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, it is interesting that during testimony at the health committee's study of pharmacare, a study that the New Democrats prompted by moving a motion, members heard from a number of employer groups who said uniformly they wanted a universal pharmacare system. The reason is that employers across this country who provide extended health plans for their employees are finding it increasingly expensive. It is a cost of business for them to provide those benefits to their employees, and since pharmaceuticals are among the fastest-rising costs in the health care system, they are finding it very expensive to provide these plans to employees and increasingly are abandoning these plans and leaving their employees without any coverage. That is not good for them, as the number of sick days is increasing and their employees are not as healthy as before. Quite surprisingly, they say as a result that they want a universal pharmacare system to cover everyone and save money.

Business of Supply

Would my hon. colleague comment on that? Would the businesses in her community share that perspective articulated at the health committee?

Mrs. Stephanie Kusie: Mr. Speaker, that is exactly what I am suggesting. We need complete and comprehensive information before we go ahead with such an expensive and costly plan. I would like to see all Canadians have access to drugs, which are so important for well-being and for life. However, it is very important that we have all the information before we decide on the approach of how to proceed with this.

While the information from the hon. member for Vancouver Kingsway is very valuable, it indicates there are many parts that we must consider to have better, more, and complete information before we commit to such an extensive and broad plan.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, for a number of years I was the health care critic in the Province of Manitoba. There was a great debate even at that time on how to address the ever-increasing cost of pharmaceuticals. One of the discussions we had was on the fact that we had two tertiary hospitals, we had community hospitals, and we had general hospitals throughout the province. The idea was to try to get our regional health care authorities to work closer together to get better prices on drugs. Within the two years, our national government will be getting together with provinces and territories to look at ways to deal with prices on drugs.

Would my colleague agree that Ottawa cannot do this alone? Ottawa needs to work with the many different stakeholders, in particular our provinces. Therefore, there is a lot of goodwill on the part of the government to address this issue, because it is an issue of great concern to Canadians, but it is not quite as simple as the New Democrats try to portray it. In the federation, there is a responsibility to work with the provinces. Would the member across the way not agree with that concept?

• (1120)

Mrs. Stephanie Kusie: Mr. Speaker, I certainly would agree that provinces should also be involved in the consultation on the consideration of the national pharmacare plan. They are indeed stakeholders that should be considered as we move forward.

However, as I indicated, it is very difficult at this time because of the horrific deficit we have found ourselves in over the last two years as a result of the government's spending. While there is a will, there must always be a way. This way is absolutely being impeded by the difficult position we are being put in at present.

While I would agree that we all share the objective of universal pharmaceutical coverage in one capacity or another, when it comes to spending, I and the Conservative Party of Canada, my respectful colleagues, disagree on how this is to be achieved. However, I will agree with my colleague that we must include the provinces, as stakeholders, as part of the solution for drug coverage.

Mr. Dave Van Kesteren (Chatham-Kent—Leamington, CPC): Mr. Speaker, today we will be discussing the motion by the NDP for a universal drug plan. The Office of the Parliamentary Budget Officer released a report entitled, "Federal Cost of a National Pharmacare Program". This 88-page report sets out to give

Canadians an overview of its findings. It concludes that a universal pharmacare program would cost \$22.6 billion.

There was a time in the House when governments would explain how they would pay for new programs. I understand the NDP is not the current government, but there is a responsibility that falls on all of us in the House to save for the future and take responsibility.

I want to tell a great story, one I heard from the former Speaker Mr. Milliken. We would sometimes have the privilege of entering his chambers in the back and he would point to this wonderful chandelier. There was a great story attached to that.

He told us that there was a former Speaker who felt that because important dignitaries and people would be invited to the office, a proper light was needed instead of the plain looking light that was there. He went out and bought himself a beautiful chandelier. Later on, he was called into the office of then prime minister John Diefenbaker. John threw him the invoice, wanting to know what it was for. The Speaker explained that it was for the new chandelier in his office. John looked at him and said that they did not pay for light fixtures, and the Speaker wound up paying for that bill. I love that story, and I tell it to people.

The real story behind that was that John Diefenbaker knew what was being spent in the House. I wonder how many of us today know exactly what is being spent in our office, let alone in the House. It teaches us something. It teaches us that we are responsible for the public purse. I want to talk about that a bit today. I will talk about other things too, but I want to talk about the Liberals and what they seem to have done.

The Liberals have this new approach to governance, as witnessed by their reckless spending in the past budget. There will be a \$30 billion deficit, with no sign of changing that trajectory in the foreseeable future. Now, they adopted a budget that was balanced, yet they set out to indebt future generations, our children and grandkids. They will saddle them with that debt. They had a great explanation that they had a wonderful program. I have kids with kids, and they receive this monthly cheque for child care. It is nice to receive, but they recognize, as do most Canadians, that somebody has to pay for this.

In all fairness, and I want to be fair with my colleagues on the other side, they have been telling Canadians how they are going to pay for this and how they are going to handle their reckless spending. It is through higher taxes. We just had a series of debates and pleadings with the Liberals, putting pressure on them to please stop what they were doing. They are going to put a tax on businesses and start taking away some of the benefits from businesses, farmers, and ordinary Canadians in order to try to balance their books. They want to take this money to pay for their reckless spending.

Business of Supply

The Conservative Party knows that businesses hire people. In fact, SMEs, the small and medium-sized businesses, account for most of the hiring in the private sector today. Make no mistake about it. All of us get really excited when we hear about a big corporate organization or company moving into our riding, and those are great things when they happen.

• (1125)

However, the vast majority of jobs in our country are created by small and medium-sized businesses. They account for the wealth that is generated. They fill the coffers of the government, through taxes, so we can give back to the people what they expect to receive. They expect to receive good health care. They expect to receive education. They expect to be defended by our military. The list goes on and on. All in all, we have done an admirable job of doing that as a society. However, there is a troubling trend. We have forgotten that we have to pay for what we want.

The Conservatives, because we understand markets, opened markets for our businesses, our farmers, and our resources. I served on the trade committee as well as the finance committee. It always surprises me when I see the number of free trade agreements for which the Conservatives were responsible, countries like Colombia, Honduras, Peru, Panama, Jordan. One might think these are small countries, but there is bigger stuff, such as Israel and South Korea. For the Ukraine agreement, the work was done by the Conservatives when we were in government. The Liberal government, to its credit, has finalized that. A Canada European free trade agreement was made before the famous CETA one. I will talk about that in a second. There were a number of small countries in Europe that were not part of CETA. Then of course, there is CETA, the largest trading agreement that has ever been entered by two groups. There are 500 million people in Europe, and the possibilities are vast and endless. That is the sort of thing we need to do if we want to grow the economy so we can afford to do the very things the NDP has proposed.

In all fairness, the Liberals are pushing through a new drug bill. I sit on the health committee. We went through clause-by-clause study. That bill will be enacted in July of next year. It will give everyone over the age of 18 the ability to smoke marijuana legally. There are a number of added parts to it that, which people really have to get a grip on and understand. We will have an opportunity to talk about that later. The NDP supports the bill. In fact, the party's new leader supports legalizing all drugs.

I am a dad. A lot of members know I have a lot of kids and grandkids. I love to give my kids gifts and good things. That is why the Conservatives, when in power, fought for lower taxes. We knew that if we wanted to give those things to our constituents, the people of Canada, we had to pay for them. We recognized that we had to get our goods to market. Therefore, we began the process, right to the door of the completion of the Gordie Howe bridge, so we would have access to our largest trading partner at the busiest port.

I say these things because we have to pay for what we do in this place. It is our duty as legislators, as representatives of our constituents, to ensure we do not saddle our children and grandchildren with the debt now. We can do a number of great things in the area of drugs. There are things that are possible for us to

do, but the proposal by the NDP is not sustainable. As such, I will not be supporting the motion.

• (1130)

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, before I get to my question, I want to point out that the comments of the hon. member for Winnipeg North suggested that it is important to work with the provinces on national pharmacare, which is actually the very core of the motion before us. The motion calls on the federal government to sit down with the provinces and territories and negotiate a national pharmacare system.

More to the point of my hon. colleague, with whom I have the pleasure of sitting on the health committee, I just want to clarify one thing. The leader of the NDP has called for the decriminalization of drugs and not for legalization of drugs. Of course, it is a very important distinction: decriminalization and regulation as opposed to legalization.

My question is this. I know that the member wants to save money. In fact, he opened up his speech with a story about Mr. Diefenbaker and the importance of frugality. Well, one of the core rationales behind the motion of the NDP today is that we can extend coverage to all Canadians and save \$4.2 billion a year nationally. Therefore, as a Conservative, as someone who claims that we, as parliamentarians, should work to reduce costs for our citizens, can he tell us why he is going to vote against a motion that would bring in a system that would actually reduce the costs of pharmaceuticals for every single Canadian in this country? Why does he want to saddle them with higher pharmaceutical costs?

Mr. Dave Van Kesteren: Mr. Speaker, I want to thank my hon. colleague, and I do enjoy the time we spend together on the health committee. We are good friends. We disagree on a lot of things, but we certainly want to do the best for all our constituents.

I want to correct the record. The member is absolutely correct that the new NDP leader is proposing the decriminalization of all drugs, which is an important clarification to make.

As I said earlier, we disagree on some things, and I do not see this issue that way, unless the NDP can show us on paper. I am still involved with a dealership, and I used to have a mentor who was one of the finest actuaries I have ever known, and he would say "It's in the numbers, Dave." We often hear, when there is a new project being proposed, that it would save us money.

I have trod the soil a little longer than most. I am going to be 62 this week. I find that with all of the promises I hear, the opposite becomes true, and things cost us more money.

We want to do the right thing. We want to do what is good, but we have to pay for what we plan to do, and I cannot say that enough.

*Business of Supply***Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):**

Mr. Speaker, it has been an interesting discussion. When we talk about the cost of pharmaceuticals, the NDP says it is a \$20 billion cost commitment, and I wonder if we could discuss that \$20 billion. Currently on health care, the provinces contribute toward the financing of it, and Ottawa contributes towards it in terms of financing. I wonder if my colleague across the way, in giving the issue due diligence, thinks we should be talking about some of these cost factors.

It is not good enough to say that we are going to save hundreds of millions of dollars. I know that provincial jurisdictions, and even with the pan-Canada approach, would be saving millions of dollars, combined. However, there is a significant issue dealing with costs. Would the member across the way agree that any sort of pharmacare program going forward would have to have some sort of a joint sharing of costs?

• (1135)

Mr. Dave Van Kesteren: Mr. Speaker, I am beginning to think my hon. colleague is seeing the light.

The member is absolutely right. We have to make sure that we understand the costs and that, if we are going to get to that objective, we are going to get there in a reasonable fashion and not saddle ourselves with more debt. I cannot repeat that enough. I agree, that must be the way we move forward.

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, today I will be splitting my time with the member for Abitibi—Témiscamingue.

As the seniors critic for the NDP, I am sadly too familiar with the cost barriers of medications in our country for the most vulnerable of us. I am pleased that the House of Commons is taking the time to discuss the implementation of a universal pharmacare program. Without the hard work and dedication of our health critic, the member for Vancouver Kingsway, I am not sure we would be in this position today to address it in such a credible fashion.

I have consulted with seniors across my riding and heard from many across Canada. I hear too many disheartening stories, and too many of them are focused on the high cost of prescription drugs.

Too many senior Canadians are sharing the reality that they are facing with increasing poverty. Affording the essential medication they need as they age is a barrier that is only increasing. I have heard from seniors who are taking their medication every second day to make it last, and from health care professionals who are desperately working to find the most affordable medication, because too many of their patients are not able to afford the costs and therefore not taking what they need to support their health.

Sadly, Canada is the only country with a universal health care system that does not have universal coverage of prescription drugs. I think it is time to change that.

Seniors 65 and older are the heaviest users of prescription drugs in this country. The majority of seniors are using multiple drugs. In fact, 62% of seniors on public drug programs are using five or more drug classes. This gets very expensive, very fast.

There is a reason I believe we need a universal pharmacare program. The statistics paint a crying need for federal leadership. Here are a few examples. British Columbia shows the highest levels of access to medication problems, at 29%. One in five Canadians report that either they or a family member neglects to fill prescriptions due to cost. In fact, we heard evidence of this reality this week at HUMA committee, where we are studying a national seniors strategy, from Ms. Wanda Morris at CARP who confirmed this very clearly.

Canada currently has the second highest rate among comparable countries of skipped prescriptions due to cost. This ends up costing our health care system much more in the long run, as untreated conditions get worse, resulting in preventable hospital stays and doctor visits.

The Canadian Centre for Policy Alternatives estimates that between 5.4% and 6.5% of hospital admissions are the result of non-adherence, resulting in costs as high as \$1.63 billion. In a country like Canada, this is a horrifying statistic.

Spending is also increasing. Public drug spending on seniors increased from \$603 million in 2002 to \$1 billion in 2008. By 2036, the number of seniors will double. How many more billions are we going to spend before we actually take action and do something?

In September 2016, the House of Commons Standing Committee on Health asked the parliamentary budget officer to provide a cost estimate of implementing a national pharmacare program. The committee provided the program's framework, including the inclusive list of drugs to be covered by pharmacare.

The PBO costing found out that, in 2015-16, Canadians spent \$28.5 billion on pharmaceuticals. Of this, \$24.6 billion would have been eligible for coverage under a national pharmacare plan. Accounting for pricing and consumption changes, the PBO estimates that Canada would have only spent \$20.4 billion in 2015-16 under a national pharmacare program. The reality is that this place would have saved \$4.2 billion in 2016, if action were actually taken.

The PBO is not the only credible source to suggest a universal pharmacare program is sound economic policy.

• (1140)

In 2015, a report authored by Canada's leading health policy experts was published, entitled "Pharmacare 2020: The future of drug coverage in Canada". This study estimates that universal pharmacare would result in public and private savings of between \$4 billion and \$11 billion per year under reasonable assumptions.

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Pharmacare would yield significant savings for Canadians, principally because of the increased spending power it would bring. During price negotiations drug companies often inflate the price of their drugs and provide confidential rebates based on the bargaining power of each purchaser. Universality would further increase Canada's bargaining power by extending coverage to every single Canadian.

All Canadians understand the real reason we need to be having this conversation.

The most common drug class used by seniors is to lower cholesterol levels. Is it normal that a year's supply of a widely used cholesterol drug costs about \$143 in Canada but only \$27 in the United Kingdom and Sweden and under \$15 in New Zealand?

Canadians pay among the highest prescription drug costs in the industrialized world, second only to the United States.

The administration costs of for-profit private plans are also enormous, around 15%, while administration costs for public plans are less than 2%. This is just good fiscal policy. Replacing private plans by a universal public plan would not only reduce wasteful spending, but it would save Canadians an additional \$1.3 billion a year in administrative costs.

An overwhelming majority of Canadians, 91% in fact, expressed support for the concept of a national pharmacare program that would provide universal access to prescription drugs. That is not a surprise, when millions of Canadians cannot access the essential medication they need when they need it. That is simply not right.

Tommy Douglas, the father of medicare, never intended to create such an odd gap in Canadian health care coverage. Prescription drugs and other services were always meant to be integrated into a system of comprehensive public coverage along with hospital and physician services.

Today I stand before the House, as New Democrats have for over half a century, to proudly proclaim our belief that health care in Canada must be a right and not a privilege.

With the recent release of the PBO's report, it is clearer than ever that a national pharmacare program is not only good for the health of all Canadians but also sound economic policy for all Canadians, especially our seniors.

Our motion today calls on the government to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program. With a little political will we can finally make this happen for all Canadians.

• (1145)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Health Canada has been a fairly effective department over the last year and a half.

When in opposition, my party objected to the fact that the Stephen Harper government chose not to renew the health care accord. What we have seen lately is a proactive government trying to deal with and deliver on health care. Our government achieved a new health care accord. My province was the last of the provinces and territories to

sign on to that particular agreement. Our national government, through the Department of Health, has assisted in providing that pan-Canadian agreement working on pharmaceuticals.

We have been in government for close to two years. The NDP is trying to give the impression that this pharmacare plan could be put in immediately. Does the member believe we have a responsibility to negotiate and have discussions with the provinces? What percentage of the financing of a pharmacare program does the NDP think Ottawa should foot the bill for? Are those members suggesting that it should be 20%, 50%, 100%? Have they even thought through their own policy on this idea?

It was not Tommy Douglas who brought in a national health care program. It was a Liberal government.

Ms. Rachel Blaney: Mr. Speaker, my only response would be that I encourage the hon. member to actually read the motion that has been put forward.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, we have heard a lot of comments today, especially from the Conservative side, about increased taxes and the increased costs that government policy has put on Canadians and businesses especially. One of the biggest payroll taxes, something the Conservatives are always going on about, is the cost of extended health care benefits. Could the member expand on that?

Ms. Rachel Blaney: Mr. Speaker, the motion asks the government to take leadership and have a conversation with the provinces and territories so they can create something much more meaningful. We have information and results that tell us this would save significant amounts of money. In fact, is it not the job of governments to come together so we can make things better for all people, raise up the opportunities for all people, and ensure there is equal access?

I talked about the fact that health care and pharmacare should be a right of every Canadian, not a privilege. We are still in a system that is accessible for some and highly inaccessible for others. If the government is willing to take forward something its own PBO has already told it will save significant amounts of money, it would make such a profound change in our country. It is certainly time for that.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, it is quite clear that the Liberals have not read the PBO report or the motion. It is clear that the Conservatives have not read the PBO report or simply are blinded to its findings.

Ordinary Canadians are far ahead of the government on this. Sixty-nine per cent of Canadians disagreed with the statement that overall the current system worked well enough and it did not need to be changed. Ninety-one per cent of Canadians supported the concept of a national pharmacare program that would provide universal access to prescription drugs.

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What does my hon. colleague think the response of Canadians will be to the Liberal government's voting against a motion calling on it to simply start a discussion with the provinces within a year to begin the process of implementing universal pharmacare, which nine out of 10 Canadians want?

• (1150)

Ms. Rachel Blaney: Mr. Speaker, I want to thank the hon. member for the hard work he has done on this file, fighting for Canadians and accessibility to health care and pharmacare.

The results are in. Like the member said, 91% of Canadians think this is an important next step for our country. I have had conversations with my constituents who have chosen to live in a van because of health care issues. They cannot afford rent and their medication. These are the types of decisions that Canadians make. I have to talk to elderly people in my riding who, as soon as January hits, will have to spend that amount of money before they start to get the subsidy and the support. They say that I should not worry, that they will eat a little less, or that they will wear more sweaters because they cannot keep the heat on. This is not a joke. This is seriously happening in communities across Canada.

Therefore, action needs to be taken. I think Canadians will be extremely disappointed if the government does not support this motion.

[*Translation*]

Ms. Christine Moore (Abitibi—Témiscamingue, NDP): Mr. Speaker, I am happy to speak today to the motion of my colleague, the member for Vancouver Kingsway, because this is something that is extremely important to understand. It is something that would allow us to do so much for the health of Canadians.

Listening to all the members who spoke before me, it was clear that none of them had any doubt that implementing universal pharmacare in Canada would save us millions of dollars. I do not want to dwell too much on this point because it is so obvious. All the studies show that there would be savings to be made. No one has ever said that it would cost us more than the current system. Since that has been laid out very clearly, I will not dwell on it any further.

Someone also mentioned the system in Quebec, the first one in Canada. Quebec's system was in some ways a response to a particular situation. We wanted to make sure that everyone would at least have access to pharmacare, but it is by no means a perfect system. Even the health minister knows that it is not perfect. That is why he is interested in having a truly universal system, and why he is open to discussions. We do not usually see a Quebec health minister who is interested in a national program. In this case, he is interested because he is aware of the potential cost savings and he knows that it could be more efficient than our current system.

I will try to clearly describe the limitations of the Quebec system. If an individual does not have access to insurance provided by an employer, he or she must take the government insurance. If this person does have access to a pharmacare plan provided by an employer, they are required to take it.

The problem is that some employers have substantially increased the price of pharmacare insurance for different reasons, and contracts are individually negotiated by the employers. Given that the

employees of an employer in a sector with higher risks will use more prescription drugs, that employer's insurance premiums will be higher. Thus, people are forced to sign up for a pharmacare plan that is more expensive than the government's because it is the only one they can access. They are also required to take their employer's pharmacare plan even if they do not have the money for the premiums.

Take the example of an employee who starts working as an orderly in a private centre. At first, he may work one shift a week or every two weeks, depending on the staff schedule. He might work a relief shift or an on-call shift. He might work one week and perhaps earn \$100. If the pharmacare premium is \$60 a month, almost his entire salary will be used to pay for the insurance that he is required to take. Employer pharmacare plans do not take into account an employee's ability to pay. Most of the time, it is a fixed monthly rate, no matter the ability to pay. That is one of the significant limitations of the Quebec system, and the minister is well aware of it. It is not a perfect system. That is why he opened the door to universal pharmacare.

I would like to talk about all the savings we could achieve if we had universal pharmacare. Granted, they are not always easy to calculate, but they are still eye-opening. Since we have medicare, we often forget how much a hospital visit can cost. We forget that a stay in intensive care can cost in the tens of thousands, and that is just for a couple of days. Hospitalization is expensive. We tend to forget that because, at the end of the day, we do not see the bill. After we go to the hospital, none of us here ever see the bill that shows how much it would have cost if we did not have medicare. Since we are less aware of this, we do not realize just how much we could save if Canadians had equal access to drugs. One thing we noticed was that people who are not covered will often wait before consulting a doctor, because they do not have the money to pay for their medication. At the end of the day, when they do decide to consult, their condition has worsened to such a degree that they now require more advanced, and much more expensive, treatment.

• (1155)

The same is true when it comes to medication. When people are unable to pay for the medication they need, they do not take it and just hope that they will get better. Their health deteriorates, but they tell themselves they will be careful. They finally get to a point where their health is so bad that treatment ends up costing a lot more money than if we had just been able to provide them with the medication they needed in the first place.

It costs a lot less to provide prescription drugs to a person with heart problems than to care for someone who has had a heart attack and needs a triple bypass, stents, or some other form of surgery, and a hospital stay in intensive care.

This is not necessarily as easy to quantify as just calculating the cost of the drugs, as the parliamentary budget officer did, but it is possible. When people can take better care of their health, it can save money.

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A universal pharmacare program would also save money when it comes to access to information and related health interventions. Since we do not have a universal pharmacare program right now, it is very difficult to learn about doctors' prescribing habits, to find out whether they are prescribing the right drugs or if they are prescribing too many drugs. It is impossible to look at the data.

A universal pharmacare program would provide access to data that would help us get a much more accurate picture of the health profile and make more effective interventions, for example in prevention. Doctors could be monitored and prevented from over-prescribing drugs. As things stand now, that data is not easy to get because it is stored in a number of private medical insurance programs. That is another aspect that is not quantifiable.

Many times, private firms are commissioned to conduct health studies in order to gauge what is happening in the area. However, a universal pharmacare program would provide access to that data much more easily, which would translate into more effective health care interventions.

It is not easy to implement such a program. Nevertheless, with the provinces amenable to the idea, the public would be better served with a universal pharmacare program. We could better monitor various health problems and do more for patients. We would avoid complications, and we could ensure that much less expensive generic drugs were prescribed instead of brand-name drugs.

This program will result in greater financial efficiency in patient care and public health. For that reason it is very important that we move forward on this file. We must create this program for all Canadians. It will also prevent the unfairness created when some medications are covered by a private pharmacare plan while others are not. For example, some public pharmacare plans only cover oral contraceptives even though there have been many changes in contraception and birth control, with products such as patches, contraceptive rings, and IUDs, which provide more effective contraception for women who have problems with the contraceptive pill.

People do not always make the best choices when it comes to their health, because pharmacare plans often do not provide choice, even though other methods of contraception exist and the monthly cost is about the same. People have to make choices based on what their pharmacare plan offers. Unfortunately, when a decision is not based on what is best for someone in a given situation, it is less likely that it will be effective or that the medication will be taken properly.

A universal pharmacare plan providing coverage for a broad range of medications will help health professionals. They would be able to choose a medication based on the needs of their patients, while helping them better manage their health.

• (1200)

[English]

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, I want to congratulate and thank my hon. colleague for the work she has done in Parliament to advance health policy in this country in a variety of areas.

Canadians know intuitively that a universal public health care system is the best way to deliver health care of all types. That is why

we are proud of our Canadian health care system. We know that the U.S. system, which is a patchwork of private-public coverage in which some 20% of Americans are not covered, is simply an inferior system to the one we have, yet that is exactly the kind of system we have when it comes to pharmacare in this country. Twenty per cent of Canadians are not covered, and there is a patchwork of public and private plans.

We know that if we folded pharmacare into the universal program, we would get all the savings of streamlined administration, bulk buying, and exclusive licensing agreements. We would get savings from less cost-related non-adherence, meaning that people who take their medicines stay healthier and actually cost us less than if they go off of their medicines and cost the system more. These are the reasons Canadians know that a public health care system is the cheapest, best, and fairest way to deliver health care.

I am wondering if my hon. colleague can explain why the Liberals and Conservatives do not agree with that when it comes to pharmacare?

[Translation]

Ms. Christine Moore: Mr. Speaker, that is exactly what I do not understand.

All studies point to a universal pharmacare program. All the scientific evidence points to that, so I do not understand why they are not willing to get on board and support the bill. As a health professional, I can now prescribe certain drugs, such as birth control pills, because graduate nurses have made some strides in Quebec.

As a health professional, I learned to interview patients and choose the best drugs for them, but my choice is influenced by the fact that I may have to choose drugs that are covered, which is against professional standards. We want to make the best possible decisions for our patients, but we have to look at which drugs are covered. That means we are not making the best choice in terms of health; we are making the best choice in terms of what is covered and what the patient can afford. Sometimes the treatment we provide is less effective as a result.

• (1205)

Mr. Pierre Nantel (Longueuil—Saint-Hubert, NDP): Madam Speaker, I would like to thank my colleague for her speech, which I know was very sincere and based on her own experience. Everyone in the House of Commons can benefit from her knowledge, much of it acquired on the front lines. She mentioned that, as a graduate nurse, she can prescribe drugs.

For those tuning in, I would like her to tell us how hard it can be for people to have to choose, regularly, between paying for food and paying for their prescriptions. Maybe she has met people like that in her own riding.

Ms. Christine Moore: Madam Speaker, I thank my colleague for his question. I can say a few words about what I often see and what patients tell me.

Some of the patients I see in the emergency room or in intensive care tell me they cannot afford certain drugs, because even with insurance, they still need to cover 20% of the cost. I have heard patients admit to cutting their pills in half or taking their medication only every other day.

When a patient is prescribed a drug, they need to follow the dosage instructions. If patients do not take their medication as directed, not because they do not want to, but because they cannot afford to, they are not going to get better. Speaking as a health professional, we find it extremely difficult to deliver proper care to patients who are unable to follow their recommended course of treatment, not out of ignorance or a lack of understanding, but simply due to financial constraints.

[*English*]

Mr. Bill Casey (Cumberland—Colchester, Lib.): Madam Speaker, I will be dividing my time with the hon. member for Brampton South.

First of all, I want to talk about the member for Vancouver Kingsway. We go back quite a ways. He was actually my seatmate one time over here, and we got to know each other quite well. We are both on the health committee. I want to acknowledge the good work he does on the health committee. He is very sincere and diligent about his work. We passed a motion in the health committee. The member agreed with that motion, and he is kind of jumping the gun now. That is all I am saying. The committee accepted the decision of the steering committee, and the hon. member is on the steering committee, "To undertake a study on the development of a national Pharmacare program as an insured service for Canadians under the Canada Health Act and to report the findings to the House".

We are not there yet. We have not completed that motion that all of us agreed to on the committee. We are partway through the process, but we have a lot yet to know. The parliamentary budget officer's report was really interesting and very encouraging to all of us who are interested in this subject. However, in no way did it propose a model we can use or show a framework we can present to the government, the provincial governments, and all the different agencies involved. There are so many agencies and organizations involved with health care in this country, it is breathtaking.

We have heard 89 witnesses at our committee. We have had 20 meetings on this, and we are still not done. We are well along in the process, but we are not done. We still have a lot of questions. The parliamentary budget officer is scheduled to come to our committee on October 17, and I am sure the member will be asking him lots of questions, because there are lots of unanswered questions.

The report is very encouraging for those who are optimistic about this. I went into this debate on the pharmacare program with no preconceived notion or position. Witness after witness testified that

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Canada would be better off with a national pharmacare program. I am just speaking on behalf of my own observations and not on behalf of the committee, but there were a significant number of presentations on the strong points of a national pharmacare program. In general, I am really encouraged.

I was amazed to learn how many Canadians do not take their prescriptions because they cannot afford them. I was also amazed to learn that if they could take them, it would save our health care system a lot of time and money. It was amazing to learn about the integrated system in the pharmacare industry in Canada. They have secret deals with each other and all these things. I was amazed to learn how the pharmaceutical system works in Canada. It is very hard to get straight answers on how it works, but a national pharmacare program would eliminate all of that.

There are about 100 or so different pharmacare programs already in Canada. The provinces each have one for seniors. They have one for disabilities. They have one for social services. They have one for their own employees. The RCMP has one on the federal side. The military has a pharmacare program. The government has one for indigenous people. There is a plethora of pharmacare programs. They are all different. They all take management. They all require overhead. One pharmacare program would eliminate all those different agencies. We would have one consistent program across the country. Everyone could have access to pharmacare.

I am leaning toward a pharmacare program myself, but we are not there yet. We still have a lot to learn. Our job as a committee, as the original decision said, is to report the findings to the House when we are done our study. We are not done the study. There are so many questions.

We asked the parliamentary budget officer to do this, and it took him many months to do it. We have been at it for almost two years. Again, we have had 89 witnesses and 20 meetings, and we are still learning a lot as we go. The parliamentary budget officer came back a couple of times and asked for clarification on what he should use for formularies and a structure. We are very grateful to him and his team for doing the work. However, we still have to finish our work. We have not finished our work. Part of that work is to interview him and find the answers to some of the questions we have. I am sure he cannot answer them all yet, because we did not give him a model to use.

•(1210)

We talk about saving billions of dollars, but it is going to cost other organizations and levels of government billions of dollars, so we have to figure out the proper model before we start negotiations. We cannot go into negotiations not knowing what we are talking about or having a model to work with.

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The Standing Committee on Health has been almost two years at this now, and we are still hearing from witnesses. We have witnesses coming the week after next. We have heard from patient advocates. We have heard from experts in medicine, social policy, and constitutional law. That is an issue we have not touched on here. The parliamentary budget officer has not touched on it either, because it is not his jurisdiction, but there are constitutional issues in creating a national pharmacare program. What are the responsibilities of the provinces? What are the responsibilities of the federal government? Where do they fit, and how can we work that out? We have to start with a model, and we do not even have an idea of a model yet.

There is a process, and we are only partway through it. The committee, in the end, is going to make a recommendation to the government, and the government will decide. We are not even ready. The member who proposed this is a member of that committee. He has kind of jumped the process to get ahead of us, which is what the motion is asking us to do. It is asking us to not complete the study we all agreed to do. He wants us to go ahead with just part of the information. It is a contradiction. It does not make sense.

I admire the member's work and his intention. Certainly the testimony we have heard has been very compassionate and compelling, but we are not there yet. Our own committee is not ready to make a recommendation, so I do not know how the government could go ahead and start a process to negotiate, without the committee, of which he is a member, coming to conclusions on how we are going to do this and developing a model.

There is no question that we have heard compelling evidence, and all the arguments for it are really good. It is amazing to sit through the testimony we have heard about our health care system.

Again, I go back to the purpose of the study we started. The reason we are debating this motion today is that it came up in our committee meeting. We proposed in our committee to have the parliamentary budget officer do this budget. We proposed it as part of the process, so we now have that. It is valuable. It has given us a lot of information, but there are many questions about who would be responsible for what areas, and we do not have those answers.

Some people say it is not even constitutionally possible. We have to nail that down. We have to get a better idea of who is going to be responsible and what jurisdiction is what. Are we going to bring it in slowly? Are we going to phase it in or bring it in with a big bang? Both have been recommended to us, but we have not come to a conclusion yet, because we have not finished our meetings.

The Canadian Agency for Drugs and Technologies in Health has a role to play. We need to hear from it. The Patented Medicine Prices Review Board will have a say in this, because pricing is everything. Part of the PBO report is based on a significant discount based on volume-buying for the whole nation, one buyer for the whole nation, effectively. We have to confirm that this discount is actually real. Right now the pan-Canadian Pharmaceutical Alliance gets a discount. We have to confirm with the alliance that this could be applied nationally, and so on.

The point I am making is that we have a lot more work to do. What formulary would be used? Everyone has a different formulary.

Some approve these drugs and some approve different ones. We do not even have a formulary we have agreed upon.

I admire the member, and I do not blame him for leaning toward a national pharmacare program. Based on the testimony of the 89 witnesses we have heard, one could not come away with any other leaning than that we at least have to look at it as a country. However, we have not finished the report. We have not drawn our conclusions. We have not reported back to the House, as we all agreed to do. Therefore, we are not ready to go ahead with this.

● (1215)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I thank my hon. colleague for his kind words, his speech, and his leadership on the committee. It will come as not surprise to him that I may disagree respectfully with some of his points.

First of all, we have had 20 meetings of witness testimony for our study over the better part of a year and a half, and we have two more meetings to go. We are not halfway through the study, but at the 20th meeting of 22 meetings in the study. We have what can only be described as crystal clear conclusions. We know, and I do not think the government can deny it, that there are millions of Canadians who have no pharmaceutical coverage whatsoever and that their health is deteriorating as a result.

Second, we know that a universal pharmacare system would save billions of dollars. We know this from the report by the PBO and from every other report by academic researchers referred to at committee, which have shown that we would save billions of dollars. We wanted to confirm those other reports by an objective, independent study by the parliamentary budget officer. He tabled that report last week. His conclusions, using conservative assumptions, leaving out cost-saving measures, and using the broadest formulary in the country, Quebec's, were that we would save \$4.2 billion.

I do not hear anyone on the government side denying any of that. However, what I hear them saying is that we do not have the details. That is what the motion calls for, for the federal government to sit down with the provinces over the next year to work out those details.

I must say that it was complex to bring in universal health care in this country. We did it in the 1960s. What differences does the member see between that and the federal government's working with the provinces to extend universal coverage to pharmaceuticals? Why is that unconstitutional or complex, when we have already done it with health care generally in this country?

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Mr. Bill Casey: Madam Speaker, it is more complicated, because when we brought in the health care there were no health care systems. Now, in this country, we have over 100 pharmacare systems. Each province has a whole whack of them. They have one for seniors, one for people with disabilities, one for indigenous people, one for social service recipients, and so on. Every province, every territory has an array of pharmacare programs. The federal government has one for the military, one for the RCMP, one for indigenous people, and so on and so forth. It is much more complicated.

The hon. member referred to little details that we have not straightened out yet, but here is one little detail. We are talking about someone spending \$2 billion a year, and we do not know who or what organization that is going to be. Therefore, I think that before we can go any further on any plan for a pharmacare program, we have to finish our study and then figure out, and agree on, who is going to pay the \$2 billion a year for the program. Yes, Canadians are paying \$24 billion to \$30 billion a year, but under pharmacare there will be one payer. Who is going to pay for it? Where is the money going to come from? We have to figure that out.

• (1220)

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Madam Speaker, the one thing I take from the point by the member for Vancouver Kingsway is a sense of urgency with respect to the people who do not have coverage, who are having to make some difficult choices in procuring the pharmaceuticals they need to maintain a quality of life and hopefully recover in regard to some things that are difficult for them.

I would ask the hon. member about a timeline. If there a sense of urgency to ensure that people have this coverage, what is the timeline for the process and the deliberations that you are undertaking right now? When might we expect some relief for these folks who are being left out right now?

The Assistant Deputy Speaker (Mrs. Carol Hughes): I just want to remind the member that I am not undertaking that, and that he is to address the questions to the Chair.

Mr. Bill Casey: Madam Speaker, perhaps it would be better if you did undertake that.

We do not have a time frame, because we do not have the answers to how complicated this is, how the provinces are going to react, and how the different agencies that already have a pharmacare program are going to adapt. There is a lot of private industry involved. Private industry pays, provinces pay, the federal government pays, patients pay, there are a lot of different payers now. We are talking about having one payer in the end.

Our committee report will hopefully develop a model to work with. I do not have a time frame.

Ms. Sonia Sidhu (Brampton South, Lib.): Madam Speaker, I am thankful for the opportunity to speak on this very important issue. For Canadians, our health care system is a source of great pride.

As the opposition has moved that the House call on the government to enter into negotiations with the provinces to implement a universal pharmacare program, I would like to talk about a very important part of the health care system and the

connection it has with improving the accessibility, affordability, and suitable use of therapeutic products in Canada.

Our government is committed to advancing this important work in collaboration with pan-Canadian health organizations and our provincial and territorial partners.

Since 1989, one of those pan-Canadian health organizations, the Canadian Agency for Drugs and Technologies in Health, or CADTH, has been a vital part of our health care system. CADTH delivers evidence, analysis, advice, and recommendations to health care decision-makers so that they can make informed decisions. As part of the reforms this government is implementing to ensure that prescription medicines are more affordable, accessible, and properly prescribed, CADTH's role will be expanded.

Canadians deserve the best health care in the world. However, contemporary health care is heavily dependent on drugs and health technologies. In 2014, the most recent year for which final data are available, drug spending reached \$29 billion. The latest estimate, from 2012, for medical devices sold is \$6.4 billion. These numbers are only expected to increase in the coming years.

Used effectively and efficiently, these drugs and other health technologies contribute to better health outcomes and deliver good value for money. However, they can also be misused and overused, resulting in harm to patients and a waste of valuable resources that could be better deployed elsewhere. For example, a recent study on unsuitable medication use found that over one-third of seniors filled one or more potentially incorrect prescriptions, resulting in an estimated \$419 million being spent by provincial drug plans on the wrong drugs. The current opioid crisis provides us with another example of drugs that may not be properly prescribed. These are clearly calls for better evidence and prescribing.

CADTH, originally named the Canadian Coordinating Office for Health Technology Assessment, was created after a joint committee representing the federal, provincial, and territorial ministries of health identified the need for a new national and independent body to evaluate or assess health technologies to ensure that all Canadians would benefit from the advances being made in this area.

Health technology assessment is the systematic evaluation of the properties, effects, and impacts of a health technology. CADTH provides comprehensive evaluations of the clinical effectiveness, cost-effectiveness, and the ethical, legal, and social implications of drugs and health technologies on patient health and the health care system.

Business of Supply

Health technology assessments, or HTAs, offer a valuable tool to policy-makers to support more rational, evidence-based decisions on the adoption of new drugs and other health technologies. CADTH's mandate is to deliver timely, evidence-based information to health care decision-makers across Canada about the effectiveness and efficiency of pharmaceuticals, medical devices, diagnostics, and procedures.

CADTH has helped Canada become a world leader in the field of health technology assessment. CADTH is a great example of provincial, territorial, and federal co-operation in health care. It is an independent, not-for-profit corporation. The agency is owned by, and reports directly to, the 13 provincial and territorial deputy ministers of health and the federal deputy minister of health. It is jointly funded by federal, provincial, and territorial governments, with the federal government providing approximately 70% of CADTH's \$27 million budget, and the provinces and territories providing the remaining 30%. Canadian taxpayers get an excellent return for the investment of this money.

• (1225)

One of CADTH's most important programs is the common drug review, or CDR. The CDR is a process for carefully reviewing the clinical cost-effectiveness and patient evidence for drugs. Federal, provincial, and territorial governments across our country use the information to make decisions on which drugs should be listed on formularies and covered by their public drug plans. The pan-Canadian oncology drug review, also managed by CADTH, performs a similar role for cancer drugs. Both of these programs help ensure that patients have access to effective treatments and that taxpayer dollars are spent wisely. Some new drugs do not offer real health improvements and are significantly more expensive than existing treatments. Should these drugs be paid for by public drug insurance plans? CADTH helps us make these important choices.

CADTH's recommendations have also contributed to greater consistency in new drug listings across public drug plans. Additionally, as a signatory to the opioid action plan, CADTH is a part of the joint task force created to address this Canada-wide crisis.

CADTH provides a variety of other important services. For example, CADTH does HTAs on new and existing health technologies. These HTAs provide a full analysis of the clinical and economic aspects of health technology and sometimes include other factors that examine the broader impact of the technology on patient health and the health care system. These assessments cover topics ranging from the effectiveness of drugs for the management of rheumatoid arthritis to the best ways to quit smoking.

Other roles CADTH plays in our health care system include conducting environmental and horizon scans. These scans inform decision-makers about the use of health technologies in other jurisdictions and help guide important decisions within Canada's health care system. For example, environmental scans examine health care practices, processes, and protocols inside and outside of Canada. They help decision-makers better understand the national and international landscape. Horizon scans conducted by CADTH help alert decision-makers to new and emerging health technologies that are likely to have an impact on the delivery of health care in

Canada. This early information supports effective planning for the introduction of new technologies in our health care system.

As illustrated by the foregoing, we know that CADTH currently plays an important role in our health care system, but there is more to be done. In addition to exploring the need for a national formulary, our government intends to invest millions of dollars in CADTH. This money will allow the organization to better align its cost-effectiveness reviews with Health Canada's regulatory reviews and to expand the scope of its activities, including conducting evidence reviews at all phase of the therapeutic life cycle and working with the provinces and territories to develop a needs identification and prioritization process. This will better support effective and evidence-based management and prescribing and use of therapeutic products across Canada's health care system.

Right now, Health Canada approves a drug after it reviews its safety, quality, and efficacy. Does the evidence show that the drug does what the manufacture claims? Is it safe, and does the manufacturer meet quality standards? In most instances, drug sponsors begin the process of applying for their drug product to get listed on provincial and territorial formularies by submitting information to CADTH for review only after the Health Canada approval. That could mean a delay of six months or more as CADTH works up a recommendation to public drug plans about whether a drug should be covered, in part on the basis of its cost-effectiveness and in part on clinical and patient evidence.

These two processes should be aligned; if possible, they should be run at the same time so Canadians can get faster access to new, worthwhile treatments.

• (1230)

We are presently pilot-testing the alignment of these processes. This improved coordination would better support effective and evidence-based management, prescribing, and use of therapeutic products across Canada's health care system. Additionally, we will—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I am sorry, but time has expired. The member may be able to finish her speech during questions and comments.

Business of Supply

Questions and comments, the hon. member for New Westminster—Burnaby.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, the member represents the region of Brampton in the House of Commons and, as she knows, as we all know, the new national leader of the NDP, Jagmeet Singh, comes from the Brampton area. I myself have travelled to Brampton a number of times, including a few months ago, and when I was speaking with people in the Brampton area, they raised concerns around the lack of a national drug plan.

The PBO said it is absolutely cost-effective to put in place a national pharmacare plan. In fact, Canadians and governments would save money if national pharmacare were put in place. There are hundreds of thousands of Canadians, including thousands in the Brampton area, who do not have access to pharmaceutical products that would keep them healthy and alive. For the life of me, I cannot understand why members in the House of Commons from Brampton are opposing the idea of putting into place a national pharmacare plan. It just does not make sense. It does not make sense because their constituents also desperately need this plan, and the suffering is as acute in Brampton as it is anywhere else in the country.

My question for the member is very simple. Given that we know it is cost-effective, given that we know of the need, why are representatives like the member from Brampton and Liberals opposed to putting national pharmacare in place?

Ms. Sonia Sidhu: Madam Speaker, I am a member of the health committee, and the committee is working hard on a national pharmacare plan. This is the first topic the committee looked at, and members know that. The PBO's report is due next week, and our government is also working hard on that issue. We know that Canadians pay too much for prescription drugs, and our government is taking bold steps to save Canadians money and improve the affordability of access to prescription drugs, while exploring the need for a national formulary. We know we need to make Canada's existing prescription drug system more efficient and responsive to the needs of Canadians, and that is exactly what we are doing.

The committee heard 89 witnesses over 20 meetings, and the PBO's report is coming next week. This is a very important issue. That is why we are working on it. Next week, when the PBO's report comes, we will dig into it. We all know we have to work on that important issue. That is why we are working on it. We are making a plan to make it better for all Canadians. That is what we are doing. We want to deliver the best results for all Canadians.

•(1235)

Mr. Bill Blair (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I first want to thank the member for Brampton South not only for her remarks but also for her very hard work on the health committee. I want to commend all members of the committee for their work in examining this area and the careful, thoughtful way in which they have approached it. I want to give the member opposite an opportunity to clarify.

Contrary to the remarks made by my friend from New Westminster—Burnaby, it has been amply demonstrated that the health committee has approached this with great seriousness. It has

listened to countless witnesses and actually sought the report from the parliamentary budget officer. I want to give the member for Brampton South the opportunity to clarify the commitment that the health committee made to serve all Canadians and address this very legitimate concern about the affordability and accessibility of pharmacare.

Ms. Sonia Sidhu: Madam Speaker, the study of universal pharmacare by the Standing Committee on Health is ongoing. It heard from dozens of witnesses—patient advocates and experts in medicine, social policy, constitutional law, pharmaceutical manufacturing, insurance—and the committee asked the PBO to prepare a report, giving certain parameters to guide the committee in the evaluation of policy options. It is premature to call upon the government to do anything. We want to give Canadians a better plan and cost it. The committee is working hard and knows this is essential. We all know Canadians need better pharmacare. That is why we are working hard on that.

Mr. Wayne Stetski (Kootenay—Columbia, NDP): Madam Speaker, I will be sharing my time with my colleague from South Okanagan—West Kootenay.

Last Saturday, I attended the Forever Young Seniors Expo in Cranbrook, in my riding of Kootenay—Columbia. It was a wonderful event organized by Kootenay CARP in celebration of National Seniors Day. I spoke to many seniors at the event and to many advocates on seniors issues. There certainly are many issues facing retired people today. CARP, which is the Canadian Association of Retired Persons, has a list of 10 advisory items that it wants the members of the House to address. Let me go over them briefly.

The first is retirement income security. Pensions and the guaranteed income supplement, or GIS, must increase. As members heard in a question I asked earlier this week, it is essential the government consider how critical it is for payments like GIS to be made consistently, every month. Many Canadians do not have enough savings to carry them beyond one month if they miss a cheque. However, every time the Canada Revenue Agency decides to review a case or make a change to a file, it stops the monthly payments that many of our seniors depend on, including for buying prescription drugs. This leaves seniors and other pensioners forced to choose between their rent, groceries, and prescription medications. Consistency is important, and so is the amount of income pensioners receive.

CARP's second item is the transformation of our health care system. It recognizes that reductions in federal health transfers to the provinces are putting undue pressure on the entire system. At the same time, private clinics are working through the courts to overturn our cherished universal health care. This is extremely worrisome to today's seniors.

Business of Supply

Improved home care is another program that would save Canadians money. CARP points out that we need to do everything we can to keep seniors in their homes by supporting everything from Meals on Wheels to the United Way's better at home program. Improved home care would keep many seniors out of hospital, freeing up expensive hospital beds. It would provide better services for seniors, while reducing wait times and health care costs.

Prescription medication also impacts hospital times. I will get to that a bit more a little later.

Linked to home care, CARP wants to see better support for caregivers, which is why the NDP's push for a \$15 an hour minimum wage is so important. It would help ensure caregivers earn better pay.

CARP's sixth point is better opportunities for older workers—other than running for political office, of course.

The seventh on the list is to make our cities more age-friendly by improving accessibility for people who use wheelchairs and walkers.

Investor protection is also on CARP's list. It gives an example of a 93-year-old woman who was able to negotiate a mortgage, but the bank refused life insurance protection. That is simply not acceptable.

The NDP has spoken often of the need for improved end-of-life care. We support a national palliative care strategy to accompany the current physician-assisted suicide laws. We are pleased to see that CARP has made end-of-life care a priority.

Similarly, and as part of a national mental health strategy, CARP asks for a national dementia care strategy. As Canada's senior population grows larger, the incidence of dementia grows larger as well. Now is the time to respond better to this health care crisis.

I skipped over one of CARP's top priorities, but it is the issue that brings us here today, which is the need for a universal pharmacare program.

Let me take a quick moment to read our motion again for those who may have just tuned in at home. It states:

That, given that millions of Canadians lack prescription drug coverage, and given that overwhelming evidence, including from the Parliamentary Budget Officer, has concluded that every Canadian could be covered by a universal pharmacare program while saving billions of dollars every year, the House call on the government to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program.

Many of my NDP colleagues have already covered the basic issues: we are the only nation that has universal health care that does not include universal pharmacare, and a pharmacare program would save money. The parliamentary budget officer made that very clear this week with a groundbreaking report that said Canadians can have a universal pharmacare system for billions of dollars less than we now pay for prescriptions. In fact, the PBO estimates conservatively that Canadians would save \$4.2 billion a year with a national pharmacare system.

• (1240)

Here is the kicker. I think the PBO got it wrong. When I read the PBO's report, I see it missed an important reason why pharmacare would save money. Let me explain.

We know that many doctors will keep patients in hospitals longer, including seniors, because they need to take prescription medications and patients in hospitals get their medications for free. They are covered under health care in every province. However, the moment patients are released, they have to buy their own medications. Doctors know that many patients do not have private insurance to pay for medications and that even programs that provide medications to seniors do not bear the full cost. Therefore, patients who are released from the hospital may or may not keep taking the life-saving medications they need. As a result, doctors often keep these patients in the hospital longer than they would otherwise need to be there. There is a cost to this.

According to the Canadian Institute for Health Information, hospital care in Canada costs about \$63 billion a year. On average, the cost of a hospital stay is about \$6,000 per day. This is a significant cost, and it could be a significant saving. Introducing a national pharmacare program would lower the health care costs for taxpayers while at the same time freeing up hospital beds and reducing wait times for patients. That is a win-win-win situation. The PBO's excellent report did not include these savings. Therefore, we can assume that the \$4.2 billion each year that it estimates Canadians would save would be higher.

The PBO's report was not the first to state the benefits Canada would receive if we adopt a universal pharmacare program. Speaking lightly, I might suggest that the PBO got it wrong. However, the report was incredibly well thought out and extremely important. It tells us that pharmacare would have significant savings for Canadians because of the increased spending power it would offer. A single buyer for all medications in Canada would be able to negotiate with the drug companies to push the costs of medications down. The report estimates that Canadians can negotiate savings of 25% over what we are now paying for drugs. However, in Quebec, the province just negotiated a 40% savings. Therefore, the cost savings to Canadians may prove to be much more than the PBO estimated.

There is an urgent need for pharmacare. Yesterday, I met with some of my constituents from Cranbrook and Nelson here in Centre Block. Some of them are nurses. One of them is on multiple medications. They all said how important this was to them.

Business of Supply

Canada currently has the second highest rate of skipped prescriptions due to cost among comparable countries. One in five Canadians report that either they or a family member neglect to fill prescriptions due to cost. In the past, my home province of B.C. has had the highest levels of problems accessing prescription drugs, with 29% of citizens, mostly the young, the elderly, and the poor, unable to afford necessary prescriptions. Of course, we pay some of the highest prescription drug prices in the industrialized world. Therefore, we know the problem, we know the solution, and we just need the political will.

The Angus Reid Institute recently completed a poll that found 91% of Canadians support the introduction of a universal pharmacare program. There are many supporters of pharmacare, including Canadian Doctors for Medicare, the Canadian Diabetes Association, and the Heart and Stroke Foundation. All of them have said that having a national pharmacare system is important to the health of Canadians.

Nationally, highly respected organizations that work for better care in Canada support pharmacare, doctors support pharmacare, and 91% of Canadians support pharmacare. Today I ask my colleagues on all sides of this chamber when they will join them and support pharmacare as well. This is an excellent time for you to do that.

• (1245)

The Assistant Deputy Speaker (Mrs. Carol Hughes): I am certainly not going to do it. I do want to remind the member that he is to address his questions to the Chair.

Questions and comments, the hon. parliamentary secretary to the government House leader.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, it comes as no surprise that members on all sides of the House have a great deal of concern and compassion with respect to our health care system.

Well over a year ago, shortly after we came into government, the Standing Committee on Health recognized how important this issue was and it commenced a study. A part of that study involved asking the PBO to provide the committee with some actual numbers and some thoughts on our health care system. That standing committee is still dealing with the issue.

I did not participate on committee, but my colleague from Brampton and others did. They put a lot of effort into providing possible options for the House to look at. One party is now trying to capitalize on one idea to which all committee members are trying to contribute.

Does the member not believe that the standing committee should have, at the very least, received the report on which the NDP has based its opposition day motion, as opposed to taking credit for a report that is not due to a political party? Credit is due to members on the standing committee and their efforts. One of the members on committee is a member of the New Democratic Party.

Canadians are looking for some guidance on this issue. Why not allow the standing committee to continue to do the fine work it started?

Mr. Wayne Stetski: Madam Speaker, we have had an interesting discussion today with my colleagues across the floor and down the way. They seem to be looking for reasons why they should not support the motion. They say that they are not really sure the parliamentary budget officer has it right. They claim to be already looking at this in committee. Nothing has been put on the floor by any other party that would provide a reason not to support the motion.

The committee is heading in this direction anyway, yet you talk about taking a collegial approach to a resolution. A collegial approach would be supporting the motion. It really is quite simple.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to again remind the member that he might not want to use the word “you”. That would stop me from getting up and asking him to please address his questions through the Chair.

Questions and comments, the hon. member for Hochelaga.

[*Translation*]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Madam Speaker, the argument the Liberals and Conservatives regularly put forward, which we heard again just now, is that the opposition motion is premature.

Has my colleague not considered that starting a discussion right away with the provinces on the subject of a universal pharmacare program might bring to light information that has not yet come up in committee or that could be useful if and when such a program is implemented?

• (1250)

[*English*]

Mr. Wayne Stetski: Madam Speaker, I will again bring attention to what the opposition day motion actually says:

That, given that millions of Canadians lack prescription drug coverage, and given that overwhelming evidence, including from the Parliamentary Budget Officer, has concluded that every Canadian could be covered by a universal pharmacare program while saving billions of dollars every year, the House call on the government to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program.

Nobody would disagree with the fact that millions of Canadians lack prescription drug coverage. We have heard a lot of interesting facts presented in the chamber over the course of the last couple of years. I would like to think the PBO is about as good as it is going to get for reliable information.

Earlier we heard questions about the federal government negotiating with the provinces. October 1, 2018, is a very generous date for the government to implement a universal pharmacare program. I think everybody is on board; they just do not realize it.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, I am happy and proud, as a New Democrat, to speak today to our motion on the need and the great opportunity for a national pharmacare program that would provide free access to prescription drugs for every Canadian. Just as I am proud to stand for that belief, Canadians are proud of their health care system. It defines us as Canadians. We do not think health care should only be available to those who can afford it.

Business of Supply

When Tommy Douglas brought the concept of universal health care to Canada, it was always intended to include the cost of necessary medicines. Unfortunately, this was not implemented when universal health care came into effect in Canada. Now Canada is the only country in the world with a universal health care plan that does not include the cost of drugs in its coverage. How can we consider our system to be universal if it excludes the very drugs that bring us back to health and indeed save our lives?

We have the nonsensical situation where I can go to my doctor to get my cut foot stitched up at no cost, but then I have to pay for the antibiotics necessary in that situation. If I cannot afford to pay for that prescription, I may well end up at the emergency room, needing the free medications I can get in the hospital. It does not make any sense.

That added pressure on our health care system adds costs to all levels of government. The Canadian Centre for Policy Alternatives estimated that about 6% of hospital admissions were the result of people not filling their prescriptions, not taking their medicine. That results in an annual cost as high as \$1.63 billion across the country, to say nothing of the loss of quality of life for those people who try to get by without proper medication and end up housebound or bedridden because of that inaction. This is a clear case of how unfair our present system is. Why should people with the financial means to buy their medications be afforded better health care than those who cannot afford them?

In the debate today, I have heard several members ask where we will get the \$20 billion to fund pharmacare in Canada and who will pay for those medications. We will all pay, just as we do now. The good news is that if we had universal pharmacare plan, we would be paying at least \$4 billion less than we do now, according to the report produced by the parliamentary budget officer last week. That is a highly conservative estimate. The savings could be as much as \$11.5 billion, as reported by other very credible studies. We could have a universal pharmacare plan in Canada where everybody is covered, everybody gets free medications, and we end up paying billions and billions of dollars less every year.

Getting back to the question of who pays for our present system, the answer is individuals, businesses, and government. The Conservatives are always talking about the effects of payroll taxes on small businesses across the country. Extended health benefits that include prescription payments are one of those payroll taxes, one of the most expensive ones, and the costs are rising steadily for Canadian businesses because of that.

It is perhaps just a little hypocritical of members here to denounce a national pharmacare plan when their own medications are already paid for by the people of Canada. Like many Canadians with good jobs, we in the House of Commons have most of our drug costs covered by private insurance paid for by our employer. I was covered by a similar plan under my previous employer before I was elected, but millions of Canadians lack that coverage.

Also like many Canadians, I take cholesterol-reducing medication to reduce the chance that I will have a serious heart attack or stroke. If I had to pay for that medicine myself, it would cost me well over \$100 a year. If I were still self-employed, I would probably choose not to take that drug, putting myself at risk, risking higher costs for

our health care system. One of the interesting facts about the medication I take is that Canadians pay an extraordinarily high price for it. Elsewhere in the world, in countries that have universal pharmacare and the strength of negotiating fair prices with pharmaceutical companies, that drug is much cheaper.

● (1255)

People in New Zealand only pay one-tenth the amount we pay in Canada for that cholesterol-reducing drug. This is true across the board for most medicines we use in Canada. We pay more for drugs in Canada than almost every country of the world. That could be fixed through a national pharmacare system, with central purchasing for a powerful negotiating position with drug companies.

Today we have heard many examples of Canadians who cannot afford to pay for their medicines, the negative effect that has them, and the costs incurred by the health care system across the country.

I will mention just one more example. One of my constituents is a veteran. He uses medical cannabis to treat his severe PTSD. Veterans Affairs has covered the cost of that prescription, which has allowed him to have a relatively normal life for the past few years. This coverage has helped hundreds of other vets across the country, keeping them off dangerous opioids and away from the destructive use of alcohol.

Recently Veterans Affairs cut back on that coverage. This has forced my constituent, and many like him, to endure the painful effects of PTSD once again. Some repeatedly end up in the emergency rooms of hospitals. The costs of those visits, especially when compared to the small savings from the cutbacks in coverage, are astronomical.

The report of the parliamentary budget officer is clear. Our present system that separates the cost of prescription medicines from other health costs does not make any sense. It does not make sense from the perspective of keeping Canadians healthy and it does not make sense in terms of how much money we spend on our health care. Universal pharmacare is sound, economic policy.

If members do not believe the PBO, they can listen to what the Heart and Stroke Foundation of Canada says:

It's time for Canada to fill a gap in our health care system and truly provide universal health care for all. The Heart and Stroke Foundation believes in the values of universality, equity, and equality in our health care system. All people living in Canada should have equitable and timely access to necessary prescription medications based on the best possible health outcomes rather than their ability to pay.

Business of Supply

The Canadian Diabetes Association believes that “universal access to necessary drugs is critical to the health of all Canadians and a sustainable health-care system in Canada.”

Universal pharmacare will save Canadians billions of dollars. Everyone in the House should be happy to hear that. It will save individual Canadians money, and it will mean significant savings for business owners across the country. It will also relieve pressure on our health care system, saving billions of dollars there as well. It would keep us all healthier.

The motion simply asks the government to begin talks with the provinces about how a universal pharmacare program could be structured in Canada. It gives the government a whole year to organize those talks.

Now the government side has said that the time is not right for this. Well, we have all heard the saying that the best time to plant a tree was 50 years ago and that the second-best time is today. We should have included pharmacare in our health care system 50 years ago, but we have the opportunity to make that bold step today.

• (1300)

Mr. Bill Blair (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, as a point of clarification, the member has said that he has heard members of the House denounce a national pharmacare system. I want to have a better understanding of how he came to that conclusion, because that is not at all what I have heard today.

What I have heard today is an all-party commitment for our health committee to examine this issue and to inform the government of its examination. I have heard about the remarkable amount of work and the number of witnesses the committee has called. In fact, it was the health committee that asked the parliamentary budget officer to report back to it.

It seems to me that the health committee has identified this as an issue worthy of examination, that it has taken extraordinary steps to hear from witnesses and to gather information so it might complete a report.

What the member has heard from our government is a tireless effort from the outset of our mandate to reduce the costs and to increase the accessibility of pharmaceuticals for all of our citizens, and of our work with the provinces and territories to try to come to better agreements and to bring efficiency, affordability, and accessibility to the pharmacare system.

The member said that he heard somebody in this room denouncing this notion. Frankly, I have not heard that. Perhaps the member could clarify his remark.

Mr. Richard Cannings: Madam Speaker, I was perhaps speaking of comments I heard from members on the Conservative side here, who were saying that we cannot afford this, where would the money come from, we cannot afford more taxes, etc., whereas the parliamentary budget officer's report clearly says that this would actually save us money.

I am very happy that the health committee is studying this issue. I think that was the result of the NDP member for Vancouver Kingsway initiating those studies. I am proud that he took that action

and I am glad that members are studying it. However, the point of the motion is to move from talk to action. We want to set a date. We give a full year to begin negotiations with the provinces to see how we can get this pharmacare system up and running in Canada. It is long past due.

Mr. John Oliver (Oakville, Lib.): Madam Speaker, I heard the hon. member make a very strong case for national pharmacare, which I fully support. He spoke about the need and about the affordability.

However, as a member of the health committee, I can say that affordability is a critical piece of it, but it is not enough. There is complexity, and we have heard from many witnesses that there is great complexity. Will there be provincial or national formularies? Who will decide the drugs that will go on those formularies? As we heard from so many constitutional, science, and consumer groups—evidence-based groups—it is not just about affordability; it is about how to do it right. How do we make sure, if we launch this final very important step, that all Canadians are covered for pharmaceutical prescriptions?

Why would we not wait? Let the committee address those complexities. It will have recommendations and thoughts on this issue. Let the full report come to the committee, and let the committee finish its work with the PBO. No one has actually examined the PBO yet on this report. To go ahead would be premature.

How would you address these complexities?

The Assistant Deputy Speaker (Mrs. Carol Hughes): Well, I am not going to tell the member how I am going to address those complexities. I would just remind the member that he is to address the question to the Chair.

The hon. member for South Okanagan—West Kootenay.

Mr. Richard Cannings: Madam Speaker, I would say to the member across the floor that no one said that this was not going to be complex. Our health care system is complex in Canada. The provinces are all involved and the federal government is involved, and I know the health committee is meeting on this matter.

The thing is, we can get a start on this. It will involve all the questions the member asked and involve negotiations with the provinces. Let us get going on that. The health committee will do its deliberations, and we will question the PBO on the details.

The PBO has a very detailed report. It is all on paper. Someone asked when we were going to get something on paper. Hey, it is on paper, if one prints it out, but we do get it online.

Let us get started on this. We have a year, and we should move ahead with it. While the health committee is talking, let us organize a meeting to negotiate and start talks with the provinces on how this will happen.

Business of Supply

●(1305)

Mr. John Oliver (Oakville, Lib.): Madam Speaker, I will be sharing my time with the member for Winnipeg North.

Thank you for the opportunity to speak to the motion of the member for Vancouver Kingsway on national pharmacare.

For me, it is pretty simple. Any Canadian who needs treatment should be able to meet with their family doctor, or equivalent; receive a prescription for a drug, if it is required; proceed to their local pharmacy, and have that prescription filled at no cost, or at very low cost.

Today approximately 10% of Canadians cannot afford to have that prescription filled. Further, one in four Canadians report they cannot afford either to fill their prescriptions or complete their prescriptions. Traditionally, this under-treatment burden has fallen most heavily on our more disadvantaged populations, particularly those who are working in low-paying jobs, which often have no benefits. Often these are temporary jobs, and the people who hold them face periods of unemployment.

I believe Canadians would not want to hear that a temporarily unemployed mother with two children cannot afford to provide basic drug treatment when needed because it is unaffordable to her, yet that is the case in Canada today. Increasingly, even with full-time jobs, many of us are experiencing difficulty affording prescriptions as employers reduce their percentage coverage to lower levels, increasing the self-pay burden.

New treatments for rare and uncommon diseases are emerging, but they are very expensive. One of our most famous Canadians, Paul Henderson, who in the 1972 Russia summit series scored the winning goal, was diagnosed later in life with chronic lymphocytic leukemia. I understand the cost of the life-saving drugs to treat his condition is over \$50,000 a year, and that could last for the rest of his life. Who among us can afford this life-saving pharmaceutical intervention without all of us sharing in the cost? All of us and our families face the risk of not being able to access essential medicines because we cannot afford them. We need to work together, pool risk, and support each other, as we have in other important health services.

Our government is already working to improve the affordability of prescription drugs and our access to them. Our current focus is on reducing the price of drugs, which will help improve access to necessary medications. We join provinces and territories as a member of the pan-Canadian Pharmaceutical Alliance, which negotiates lower drug prices on behalf of public drug plans. In the year and a half since joining, we have been able to use this bulk buying power to negotiate 60 agreements that are already saving Canadians money. We continue working collaboratively with the provinces and territories on other ways to make prescription drugs more affordable and accessible for Canadians.

Through the Patented Medicine Prices Review Board, the Government of Canada regulates the maximum allowable prices of patented drugs. The board recently completed the first phase of a consultation with Canadians on changes to its guidelines that would enable it to better protect consumers from excessive patented drug prices.

While much has been done to make pharmaceuticals more affordable for Canadians, I believe more can be done. I do not believe that lowering the cost of drugs would make them any more affordable for that single, temporarily unemployed mother of two. The problem is that prescription drugs outside of hospital care are not covered by the Canada Health Act.

As Canadians, we are proud of our national health care program. Today our national program covers doctor care, most diagnostic services, hospital stays, and prescription drugs while in hospital. It does not cover the \$28.5 billion that was spent on pharmacy-filled prescription drugs in 2015.

The Standing Committee on Health, of which I am a member, began a study of the development of a national pharmacare program in 2016. We have heard from dozens of witnesses, including patient advocates. We have heard from experts in medicine, social policy, constitutional law, and pharmaceutical manufacturing, as well as pharmacists and the insurance industry.

In September 2016, the House of Commons Standing Committee on Health asked the parliamentary budget officer to provide a cost estimate of implementing a national pharmacare program. The committee provided the program's framework. We included the inclusive list of drugs to be covered by pharmacare, based on Quebec's gold standard formulary; eligibility requirements; copayment levels; and eligibility requirements for copayment exemptions.

The committee received the report, which is a public document, on September 28, a short week ago. The paper estimates the cost to the federal government of implementing this particular framework for pharmacare. It incorporates assumptions of the potential savings resulting from a stronger position for drug price negotiations, consumption or behavioural responses of providing universal coverage, and potential changes in the composition of the drug market.

●(1310)

After accounting for pricing and consumption changes, the PBO estimates that total drug spending under a national pharmacare program would have amounted to \$20.4 billion if the program had been implemented in 2015-16. This would have represented savings of roughly \$4.2 billion on the actual expenditures, which I believe is a conservative estimate.

In 2015-16, \$13.1 billion was paid by public insurance plans for prescriptions, while private insurance plans, mostly through private employers, covered \$10.7 billion. These two existing coverage streams would cover the entire population of Canada with a national pharmacare program and yield savings back to the employers. This is a win-win scenario.

Business of Supply

I agree fully with my NDP colleague that Canada needs to adopt a national pharmacare program. As a caring society, I believe all of us are interested in ensuring that no one in Canada has to go without essential prescription drugs. Why, then, as caring Canadians, would we not move immediately to adopt a national pharmacare program, as proposed in this motion?

As I mentioned earlier, the Standing Committee on Health has heard from many witnesses on this topic. We have heard that affordability is not the only challenge. There are other complexities that need to be considered. Should there be a formulary to decide what drugs are insured? Should the formulary be set nationally or set by each province and territory? How do we ensure that research and development continues in Canada and provide patent rights while ensuring that we can all access generic drugs to make the program affordable? Should there be a single-payer model, or would we continue with the multiple private insurance system? How would our model of federalism be applied?

There are many complexities around this issue. For example, the U.K. has created the National Institute for Health and Care Excellence, whose role is to improve outcomes for people using the national health system and other public health and social care services. It produces evidence-based guidance and advice for health, public health, and social care practitioners, but, most importantly, it advises on the use of new and existing medicines, treatments, and procedures within the national health system. If we are to proceed with a national pharmacare model, we would need a corresponding scientific and evidence-based body to advise on what drugs should be in the insured plan.

The Standing Committee on Health is currently engaged in the final stages of its study of a national universal pharmacare system. We can bring recommendations on all of these complexities and on the cost model. The committee asked the PBO to prepare a report, given certain parameters, to guide the committee in its evaluation of policy options, and we are looking at options.

We have not even had the chance to meet with the PBO, examine his PBO's work, and ask about the assumptions and procedures used to produce the report. As a committee, we have not finished that work on this report. I strongly feel that it is premature for Parliament to call upon the government to act when the committee has not even drafted, let alone tabled, its report. I am disappointed that a valued member of the standing committee would rush to the House to table a motion asking Parliament to direct the government ahead of his own committee's report. Therefore, I say to my fellow committee member from Vancouver Kingsway that we should let the committee finish its work.

I also believe we need strong federal leadership to drive this change, starting with amendments to the Canada Health Act, and not just by initiating conversations with the provinces and territories, as is proposed in this motion. We need federal leadership on this issue.

For these reasons, I will be voting against the motion, but I want to be very clear on this issue to the residents of Oakville, my colleagues in the House, and those across Canada who are championing a push for national pharmacare: I fully support this initiative. One of the primary reasons I entered politics was to do my

best to see that all Canadians are entitled to receive prescription drugs.

As I said earlier, all of us and our families face the risk of not being able to access essential medicines because we cannot afford them. We need to work together, pool risk, and support each other, as we have on other important health services.

I support national pharmacare, but it must be implemented appropriately and with thoughtfulness to ensure that Canadians receive the excellence in care that they deserve.

● (1315)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I appreciate my hon. colleague's thoughtful remarks. For a second there, I thought he was a New Democrat.

What an apology for inaction we just heard. It is a classic Liberal position to say that they believe completely in universal pharmacare, but just not yet. There were a number of errors in the member's statement. For instance, he commented that the motion calls on the government to move immediately or thoughtlessly. It does no such thing. For any Canadian watching, the motion calls on the government to commence negotiations with the provinces within one year. That is to start discussions within a year with a view to implementing national pharmacare. That is not irresponsible. In fact, I drafted this motion specifically to give the government enough time.

By that time, the report of the committee will have been issued. In fact, it will be out in a month or two. However, we already know two basic facts. We know that millions of Canadians are not covered and we know that pharmacare would save billions of dollars. My friend refers to the details, including working out what is covered in the formulary, whether it will be a single-payer system or a stand-alone federal system, and what the federal-provincial cost sharing details will be. He is absolutely right that those details need to be worked out. How do those details get worked out, except at a federal-provincial table?

This really amounts to another statement by the current government to the effect that it has convinced Canadians it is progressive by talking a good line, but never actually doing anything. We are not going to get pharmacare in this country unless the federal government shows leadership and calls on the provinces to sit down and roll up their sleeves and start talking about it.

While the government dithers and delays because it is a little complex, what does my hon. colleague say to those Canadians right now whose lives are being shortened in some cases and who are dying because they do not get access to pharmaceuticals because they cannot afford them?

Business of Supply

Mr. John Oliver: Madam Speaker, I take some offence at his accusing the government of dithering. It is the committee that is doing the work right now. It is the committee that is working on this report. If the member is suggesting that the committee is dithering, then he should look at his own comments on health at that committee to make sure that we move faster on this.

However, I come back to the point that it is premature to be bringing this motion to the House and asking members of Parliament to pass a motion when they have not seen the full report of the committee and the committee has not even challenged the PBO on those cost estimates the member is quite happy to recite. We should take the time and let the committee finish its work and bring a full report back to the House for a full discussion.

I say again that I share the same agenda and objectives of the member. I think the committee's report needs to be tabled and that we need to give it our full consideration and thought before we think about giving direction as a House to the Government of Canada.

Mr. Colin Carrie (Oshawa, CPC): Madam Speaker, I had the honour and pleasure of sitting on the health committee with my colleague, where we did start this report, which I think everyone in the House would like to encourage the health committee to continue.

However, one of the challenges of government is that it has to be responsible. Everyone likes to have positive social programs like these, but it is important to have ways of paying for them. I wonder if my colleague could comment on the NDP's policies, including ones that would increase taxes on Canadians. It has policies against our energy resources sector; in other words, it is against things like the northern gateway pipeline. We have the energy east project. These things put money into the system, but the New Democrats and Liberals seem to be against them.

Could my colleague comment on how important it is that the current government gets its fiscal house in order so that Canadians can afford and take advantage of some of these programs? Does the government have any plan to balance the budget and bring in more income so that Canadians can afford these types of programs?

Mr. John Oliver: Madam Speaker, the hon. member raises a good question about how there is a \$20.5 billion cost to national pharmacare. However, as I said in my remarks, taxpayers are already paying for \$13.1 billion in public insurance, to public companies, public businesses, hospitals, schools, municipalities, and even the House of Commons. They are already paying for \$13 billion of it, so there is a \$7 billion shortfall not yet in the system. Private insurance plans are covering \$10.7 billion already, so people are already paying for a private insurance plan. We could actually implement this with those two streams and return a lot of savings back to small businesses and the private employers who are covering insurance for their employees at this point in time, and we could cover all—

• (1320)

The Assistant Deputy Speaker (Mrs. Carol Hughes): Resuming debate, the hon. parliamentary secretary to the government House leader.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, there is so much that could be said about the issue of pharmacare and how important it is in the whole health care field.

Over the years, I have had many opportunities to discuss it, and I have enjoyed every one of these discussions. The issue we have before us today is not quite as simple as the NDP try to portray it.

I believe that we have a government that has been very progressive in moving forward on the health care file. Maybe that is a good way to start my remarks. When I was sitting in opposition, for years I challenged the government, as many others did, to deal with the health care accord. I remember the ministers of Stephen Harper standing up and saying that they were contributing more money to health care transfers, which were at record highs, and all of that kind of stuff. In reality, it was a health care accord by Paul Martin that had increases embedded in it.

Liberal governments in the past and today understand just how important health care is to each and every Canadian, no matter what region, province, or territory they live in. It is a top priority for this government. In fact, within a year and a half, our Minister of Health was able to get together with the different provinces and territories on a one-to-basis to put in place a new health care accord.

When we talk about health care, we also talk about pharmacare. We should also be talking about issues like home care services and hospice care. There are so many aspects to health care that are so critically important to all Canadians.

I was a bit disappointed at one of the questions to my colleague from Brampton. Whether it is my colleague from Brampton or Oakville, or other members of the standing committee, they have recognized the true value of pharmacare and what Canadians' expectations are. They were part of the standing committee. When the steering committee asked what they would like to study and talk about as a standing committee, those two members participated and said they wanted to talk about pharmacare, as did members of other political parties. They understand and appreciate how important it is. That is a very obvious thing to give consideration to at the Standing Committee on Health.

I was very proud of our standing committee in recognizing and coming to an agreement that it was something they needed to work on. I applaud the efforts they have put into it to date. The study has not concluded yet. They have held many meetings and heard from many stakeholders and witnesses on the pros and the cons of a universal pharmacare program, and about many of the problems that exist. I know there are a lot of problems, because I used to be a health care critic in the province of Manitoba.

There are serious issues and problems in health care, and pharmacare is something that consistently came up. We would like to think that an individual who leaves a tertiary hospital, community facility, or access facility would be in a position to take the medications necessary. The concerns I have are reflective of the concerns of the constituents I represent, and I know full well what Canadians would like to see the government deal with. That is why I applaud the efforts of the standing committee.

Business of Supply

It was the standing committee that requested the parliamentary budget officer to look into and report back to the committee on this very issue. Yes, there was a report that just came out. The standing committee wanted it, but now one member of the committee is trying to say this is an NDP idea.

● (1325)

This has nothing to do with an NDP idea. I know they are very free and far between, but this is not an NDP idea. This is being driven by Canadians. It is their interest in this very topic that ultimately led to this being discussed by the Standing Committee on Health. It was the committee that asked the parliamentary budget officer to conduct a study and report back to the committee. The committee has not even heard the report yet. I believe it will happen in the coming days, possibly within a week, when it will get the report. It is absolutely critical information that needs to be shared, discussed, and debated as part of the committee's own report before the committee can be in a position to come back to the House.

I understand full well the importance of the issue. I cannot tell members the number of times I have talked to constituents, particularly seniors in my community. We talk a great deal about the cost of medicine. However, we have to understand that Ottawa cannot just dictate to the provinces and other stakeholders the way it will be.

A Liberal administration decades ago brought into force the Canada Health Act. If members check with Canadians today, they will tell them that it is part of our heritage, our Canadian identity. We believe in our health care system. However, that was not achieved by one, two, or three individuals. There was a consensus achieved among the public and parliamentarians at different levels. It was not just Ottawa that turned it into a reality.

We have a government that understands the issue, which is why members will find government members who are exceptionally supportive of the idea of moving forward on this file. We do not need to be reminded or told something by the New Democrats. We consult with our constituents. We understand what is important. However, we also have a responsibility.

I am looking forward to hearing from the standing committee and ultimately seeing its report. At the end of the day, when I look at the provincial side of it, there have to be negotiations. There will be very delicate discussions in the years ahead on how to deal with the cost of pharmaceuticals.

When I was first elected back in 1988, I believe our health care expenditures were roughly \$1.5 billion. That is my best guesstimate. However, if we look at them today, they are well over \$6 billion. Some may find that a laughing matter across the way, but I can tell members that from a provincial perspective, it consumes over 40% of provinces' budgets.

Before opposition members, particularly New Democrats, start jumping up to say they want a national pharmacare program, they better understand how that program would be financed, unless, of course, they are advocating that the national government pay for 100% of it. However, coming from a party that vowed it would not have a debt, those members do not understand the concept.

There is a responsibility to work with the provinces. I cannot recall offhand from my just under 20 years at the Manitoba legislature, most of them under an NDP administration, when there was a push to resolve that issue.

Now, within 18 months of coming into government, we have this wonderful initiative by the Minister of Health, the pan-Canadian Pharmaceutical Alliance, which negotiates lower drug prices on behalf of public drug plans. This is our Minister of Health working with the provinces and stakeholders to come up with a better way to keep those drug plans' costs lower.

● (1330)

The point is that we have members who understand the importance of what our constituents are telling us, and we have a government that is acting on the important issue of health care. We have seen that not only with that one measure I just made reference to but also in terms of the renewal of the health care accord—

The Assistant Deputy Speaker (Mrs. Carol Hughes): The member's time is up. Before I go to questions and comments, during the parliamentary secretary's speech, a few members on the New Democratic side were speaking over the parliamentary secretary. I am not going to point out those members, but I want to remind members that I am sure they appreciate respect when they are speaking and will refrain from yelling out their comments. Questions and comments.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Madam Speaker, I want to thank the member for exemplifying how Liberals managed to take 13 years and waste it without getting anything done on this file.

A national pharmacare program was a 1993 commitment of the then Liberal government. It had all sorts of platitudes about it, not just in the election but in subsequent Parliaments. It never got it done. The member did a very good job of showing how the Liberals can keep running out the clock on an issue as important as pharmacare without actually getting anything done.

The member rightly says that we need to negotiate with the provinces. It is in the motion to negotiate with the provinces. The motion simply calls for the federal government to organize a meeting of the provinces within 12 months to discuss the implementation of a pharmacare program and to get to all the various details that he and other Liberal colleagues have rightly pointed out.

Our point is that we have seen Liberal governments rag the puck on this issue before, until they are no longer in power. It could be over a decade that they do it. What we are saying is that we want the government to commit to action. We want it to call the meeting and start doing the work that has to be done to prepare for that meeting. That is what we are asking for.

They are right. This is not an NDP issue. It is driven by Canadians. They have been driving it for decades, and Liberal governments have not been doing anything about it. We are asking it to be different, support the motion, and get ready for that meeting.

Business of Supply

Mr. Kevin Lamoureux: Madam Speaker, back in October 2015, Canadians voted for real change. That is in fact what has been taking place. All one needs to do is look at what we have been able to accomplish in less than two years. There is a litany of issues I could go through. The highlight for me, personally, on the issue of health, is the renegotiation of a health care accord. That was a significant accomplishment within two years, not to mention what we have already done in regard to trying to keep the cost of pharmaceuticals down, not to mention issues in regard to assisted dying. There are many aspects the government has been able to do in two years that governments have not been able to do in more than 10 years.

We have a standing committee that is actually doing the work Canadians want us to do on pharmacare, and we have a New Democratic member jumping the gun on the issue. Let us allow the standing committee to continue to do the fine work it is doing, and I suspect we would have some very positive results.

Mr. Colin Carrie (Oshawa, CPC): Madam Speaker, the parliamentary secretary does speak quite loudly, so I did not even notice the heckling.

I want to point out that it was the Liberal government that cut \$25 billion from transfers. My NDP colleague pointed out that the Liberals made a promise back in 1993 to start addressing this issue. Mr. Martin did call something a health accord, and if members remember, he promised to fix health care for a generation. By the end of it, people basically called it a health accord with no teeth. It was a blank cheque, and there was nothing there.

My colleague said that what he is proudest of in health care is the new health accord. We saw the minister get in the room with the provinces, and she was bullying them. She used divide and conquer. I have never seen worse interprovincial relationships.

Could the hon. parliamentary secretary please table the health accord? If they have negotiated this thing he is so proud of, could he table it in the House so Canadians can have a look at it? Could he tell us today where in the health accord it actually addresses the issue of prescription drug availability for Canadians? If that is such a big priority, should it not be in the health accord?

• (1335)

Mr. Kevin Lamoureux: Madam Speaker, with such limited time to respond, I would suggest that the member take a look at the Health Canada website, where he might be able to find many of the answers.

The member referenced the cutbacks during the nineties. I would like to remind members that it was the Brian Mulroney government that shifted from cash to tax transfers. It would have taken Ottawa out of health care expenditures. It was Jean Chrétien who guaranteed that there would always be health care transfers to provinces. He made that commitment.

We have a progressive government today that wants to meet the needs in health care not only today but well into the future, which includes pharmacare and home care.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Madam Speaker, it is a pleasure to speak to what is a very timely motion on pharmacare. For the benefit of those listening who have not already

heard what the motion reads, it is worth reading it into the record again:

That, given that millions of Canadians lack prescription drug coverage, and given that overwhelming evidence, including from the Parliamentary Budget Officer, has concluded that every Canadian could be covered by a universal pharmacare program while saving billions of dollars every year, the House call on the government to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program.

These kinds of common sense initiatives are the reason I got into politics. It is about trying to help ordinary people in their day-to-day struggles with affordability, and it is good public policy. It is good public policy because it would deliver help to those who need it in a more effective way. It is be good public policy because it would also help save money.

I will be splitting my time with the member for Essex, who will have more to say on this, I am sure.

This is exactly the kind of public policy initiative the government should be looking to take, regardless of where it stands on the ideological spectrum. Nobody should be ideologically opposed to helping people out with the things they need to live a healthy life. I do not think anyone is ideologically opposed to doing that for less money.

The parliamentary budget officer's report is the most recent of a series of reports that have been published over the years. I am more familiar with the ones published in the last three years or so, but reports on pharmacare go back decades.

I hear the Liberals pretending that this is a new issue and that they need to know what is in the parliamentary committee's report to pass the motion. The motion only talks about beginning conversations with the provinces. The motion would not prejudge or preclude action on any of the recommendations in the report. It would simply signal a commitment by the government to actually do something about pharmacare instead of just talking about it in the House. I cannot really understand how the Liberals can get up in this place and make that argument and look at themselves in the mirror.

The need for pharmacare has been long-standing. I invite Liberal members to come to my riding and talk to seniors and young people who need medication to go about their day-to-day lives and who are struggling to afford that medication. They can tell them that it is too soon for a national pharmacare program, and it is too soon to start a dialogue with the provinces about how it would be paid for and what the details would be. Those are important, but the bottom line is that whichever governments end up paying for it, they are funded by the same people. They are funded by Canadian taxpayers. They are funded by the people who have to pay for those drugs.

Business of Supply

We hear from the parliamentary budget officer that right now Canadians are paying around \$24 billion a year for prescription drugs. By having a different level of government pay so that it is more coordinated, those same Canadians could be paying \$20 billion instead. For those who struggle with the math, that is \$4 billion less per year spent by Canadians on prescription drugs. I am baffled that the motion does not enjoy the support of the whole House, but particularly of a government that styles itself as progressive and as wanting to help people and help the middle class.

I want to raise a particular example of a young woman from my riding named Kerri, who is part of the Faces of Pharmacare campaign. I would encourage people listening at home and members here to check out Faces of Pharmacare. They can Google it. It is stories of Canadians across the country who are struggling with prescription drug costs and are calling for a national pharmacare plan. Kerri says:

The four asthma medications I take keep me relatively healthy, and being diagnosed with severe ADHD in my early twenties, ADHD medication has been positively life-altering for me. My ADHD medication is not fully covered by [the Manitoba pharmacare program], but with assistance from other programs I am able to cover the full cost of the name brand medication as my doctor has prescribed.... This adaptation allows me to feel and function at my best, both in traditional employment scenarios as well as in self-employment. Without Manitoba Pharmacare, my prescriptions would have cost 24% of my income—nearly a quarter of an income which a totally “healthy” person would not have to pay!

• (1340)

A national pharmacare program could do more to assist Kerri and people like her who are struggling to afford the medications they need, as she rightly points out, to participate in the labour market. We are talking about reducing the sticker price of drugs, but there are other costs we are incurring economically, in terms of lost productivity, that are not measured by the PBO report but are very real when people cannot afford the prescription drugs that keep them going.

I have talked to a lot of seniors in Elmwood—Transcona as well. It is clear that seniors on fixed incomes who are just receiving CPP and are relying on the GIS are not able to afford their prescription drugs. Having a national pharmacare plan would make those drugs affordable for them and would take away one of the many pressures people who do not have enough income face. They face those pressures when it comes to housing. They face those pressures when it comes to food. One way we could help that is concrete and makes sense is to establish a national plan so that by virtue of coordinating our purchases in a different way, the money we are already spending on drugs would be less, which would mean more money for other things.

To the extent that a lot of the people who would benefit from a pharmacare program are those who do not have high incomes, that money would go back into their pockets, whether it was refunded by the federal government, provincial governments, or municipal governments, or there was a lower cost at the drug store for certain other drugs. However the money would go back to Canadians, we understand that at least \$4 billion a year, and some studies say as much as \$7 billion or \$11 billion a year, would end up back in the pockets of Canadians. When we put money back in the pockets of low-income Canadians, it is money that is spent in the community. It is not money that goes off into a tax haven somewhere. It is not money that would not be captured because there is a CEO stock

option loophole being taken advantage of. It is money that would go back into Canadians' pockets, and it would be spent at local grocery stores. It would be put back into the public transit service of the municipality they are in. Those are the kinds of things people are struggling to afford in Canada, and those are exactly the people that a national pharmacare program would help.

What are the arguments we are hearing against it from the other side? It sounds to me like the government has agreed that people are struggling with the cost of prescription drugs. It does not seem to deny it, although there was an allusion to the idea that maybe the PBO report is not authoritative or that they need to examine the study themselves and then pronounce on whether the parliamentary budget officer did a good job. Maybe he is off by \$4 billion, in which case there is a net zero effect. I do not know. Liberal backbenchers would like to redo the work of the PBO. I do not know what kind of resources they have in their offices, but I am willing to take the parliamentary budget officer at his word.

Liberals say it is too fast. The Liberals were calling for this in 1993, and the NDP much longer. Canadians who are struggling with the cost of prescription drugs have been calling for this much longer. There is no way to implement a pharmacare program today, tomorrow, or a year from now that would be too soon. We are way past doing this too soon.

New Democrats want the government to support this motion. That is why the motion simply calls on it to convene a meeting of the provinces and the federal government within a year. That would give them a lot of time to prepare for that meeting and to get into all the details.

The Liberals are right. There are details to work out about this, but there are details to work out with respect to the legalization of marijuana as well. That is a complicated issue. That involves Canada's commitment under international treaties. That involves discussions with the provinces. That involves discussions about how much to tax it, where the revenue is going to go, and to whom, and how old people will have to be to smoke it in their provinces. That is something the Liberals said, in light of others who said it was too complicated and they were moving too quickly, was a question of political will, and they were going to get it done.

On an issue that has been decades in the making and that hurts seniors and others who are struggling to afford prescription drugs, I do not understand why the Liberals do not have the political will to start this discussion as soon as possible. They should bring the provinces around the table and get it done. They are doing it on other issues, and they ought to be doing it on this one.

Business of Supply

● (1345)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, the member for Elmwood—Transcona gave an outstanding speech, and he made several powerful arguments and comments.

The amount of deflecting and excuse-making I have heard from the government side of the House today is almost unprecedented, but I have not heard a single Liberal disagree with the two fundamental realities in Canada right now: millions of Canadians cannot get pharmaceutical coverage, and a universal pharmacare system would save billions of dollars.

My hon. colleague pointed out that in terms of working out the details, of course we would have to sit down with the provinces and work out what kind of formulary we would have and how the costs would be shared. The bottom line is that whoever pays for pharmaceuticals now would still be paying for them after universal pharmacare, but they would be paying at least \$4 billion less.

Since I cannot get the Liberals to explain the problem with that, would my hon. colleague explain any public policy arguments he sees against that proposition?

Mr. Daniel Blaikie: Madam Speaker, what is shocking is that there is no argument against it. Saving \$4 billion a year is a good idea. That money would go back into the pockets of Canadians, and it is money that right now is going into the pockets of big drug companies. Those are not the people we are here to defend. I do not know why the Liberals see it as being their role to defend those guys through inaction, if not in words, and I want to speak briefly to the comments my colleague made about what we are hearing from the other side.

If we had no sense of history in this place, we might say we should give the Liberals the benefit of the doubt. They say they are working on it. Okay, let us give them time to work on it. Even the motion does give them time to work on it, so nobody is being unreasonable on this side of the House.

However, when we look at the Liberals historically in terms of their commitments in 1993 for a national pharmacare program, we see that they had 13 years to do it and did not even try, and then on other commitments, such as electoral reform, the current government members strung the House along until ultimately they said they were never committed to it in the first place, so there is no reason to take them at their word when they say this is something that they are going to get around to.

Mr. John Oliver (Oakville, Lib.): Madam Speaker, I am a new politician, and I feel it is unfortunate that on this issue that is so important to so many Canadians, there is such politicization across the ranks. If ever there is a time for parties to pull together and work together for Canadians, it is on an issue like a national pharmacare program.

That said, one of the complexities we were dealing with at the committee was whether there should be a national formulary or provincial and territorial formularies. That is a very important discussion, because provinces and territories may have very different decisions and thoughts on what they would include in their formulary.

I notice in the motion, which the member took great care to read into the record, that they have decided not to include the territories in these discussions. If the decision is made by the provinces that there should be provincially unique formularies, I am not sure the territories are sufficiently ready to deal with formulary development. I am wondering why New Democrats chose to exclude territories from the motion.

Mr. Daniel Blaikie: Madam Speaker, I acknowledge the member's point that discussion of a formulary is an important discussion to have, but there are great precedents for working toward a common formulary. The common drug review that we had in this country for years served as an expert base. It was a federally run organization that provinces largely deferred to in the composition of their formularies. It was not binding, but it was a structure that was already in place, although some damage was done to that structure in the previous government.

It is a legitimate conversation that has to be had, but there are models for how to come to agreement. The provinces and the federal government did that largely with the CDR process before, and it is something that needs to be done. That is why the motion allows for a year. That time allows all of those people who ought to be at the table to be brought into the discussion. We would not want to make the perfect the enemy of the good.

● (1350)

Ms. Tracey Ramsey (Essex, NDP): Madam Speaker, I am proud to rise today in support of this NDP motion that calls upon the government to have a meeting to start the conversation about implementing a universal pharmacare program. This is something that New Democrats have been fighting for since Tommy Douglas introduced and implemented public medicare in our country.

New Democrats refer to the amazing vision that Tommy Douglas had. His vision of a social system that is accessible to us all still guides us today. It is a fundamental belief that we are all in this world together, and that the only test of our character that matters is how we look after the least fortunate among us—how we look after each other, not how we look after ourselves—and that no matter what, people should get whatever health services they require, irrespective of their individual ability to pay.

Tommy Douglas never intended to create such a gap in Canadian health care coverage. Prescription drugs and other services were always meant to be integrated into a system of comprehensive public coverage along with hospitals and physician services.

Canada is the only developed country in the world with a universal health care program that does not include a universal prescription drug plan. This means that our multi-payer system has resulted in the second-highest prescription drug costs in the world, second only to the United States. Our patchwork prescription drug system is inefficient and expensive. It has left Canadians with wildly varying prescription drug coverage and access. Many people are paying different rates for the same medications.

Business of Supply

Currently people are not benefiting from our system, but do we know who is? It is the pharmaceutical and private insurance companies, the same ones that make billions of dollars in profit every year. Did members know that in 2016 Merck Canada made a \$35.2 billion profit, while Bristol-Myers Squibb earned \$19.2 billion? What about the fact that in 2016 Purdue Pharma reaped profits of \$31 billion? Purdue sells oxycontin and other products prescribed for the treatment of pain, and Purdue has been found to have misled doctors about the safety and effectiveness of oxycontin. As we all know too well, Canada is facing a public health crisis in which at least 2,400 Canadians died as a result of opioid overdose in 2016.

What about the top private insurance companies? Do members know that the top three companies in Canada collectively raked in net profits of over \$8 billion in 2016?

Pharmaceutical companies can charge higher prices for drugs because they sell to so many buyers. Private insurance companies benefit by charging employers, unions, and employees to administer these private drug insurance plans.

Why is it acceptable that in Canada a corporation can have profits of \$35 billion, but seniors living in my riding cannot afford to both heat their homes and buy their medications?

Seniors represent one of the fastest-growing populations in Canada today. The number of seniors in Canada is projected to reach 9.8 million in 2036, and many more seniors will be retiring in the years to come. Therefore, we need to have a social safety net in place to avoid dramatic increases in the rate of poverty. A universal pharmacare program would significantly help our seniors and would cost our health care system less.

I want to specifically speak today about what I see in my constituency office. I have people who come into my office who are desperate for help. Many seniors, but certainly people of all ages, tell my staff that they cannot afford their medications. Couples will often split one prescription between them, or they will skip taking their medicine so that they can afford a new pair of glasses to allow them to see properly.

A woman who was on ODSP, the Ontario disability support program, came in last week. She cannot work because she has very serious mental health issues. She needs her medication to function. However, not all of her medications are covered by ODSP, and sometimes they are only partially covered. Often she must decide whether to pay her utility bills, buy groceries, or pay for her medicine. She came into my office because she chose to pay for her medication one month, but then she could not afford to cover her utility bills, so her phone was cut off.

This woman relies upon the services of our local mental health crisis phone line. The counsellors provide her with the support she needed to manage her illness, but her phone was cut off. She was devastated. She told my staff that she regularly uses her food money to cover her utilities or medication costs. That simply is not right, yet we see it in all of our constituency offices every day.

• (1355)

Earlier this week, when we debated tax fairness in the House, I spoke about the true unfairness of income inequality. I will repeat

some of the shocking, heartbreaking statistics that are a reality in Canada today.

According to the census data in 2015, the richest 1% now make 6.8 times more than a worker making Canada's median wage of \$34,204.

In the Windsor-Essex area, the United Way said that about one-quarter of our youth live in poverty, which means that in 2013, 19,900 children under the age of 17 lived in families that had an income of less than \$17,000 per year. This is not only unacceptable; it is offensive. When someone earns so little per year, there is no room for paying for medications, and people are making very difficult decisions about their health. It is time to move forward with a universal prescription drug plan that will save money through bulk purchasing power.

In New Zealand, where a public authority negotiates on behalf of the entire country, a year's supply of the cholesterol-busting drug Lipitor costs just over \$15 a year, compared to \$811 per year in Canada. This is a life-saving drug, and hundreds of thousands of Canadians take it. That is why Canada needs to combine the purchasing power of all Canadians under one plan. An annual investment of \$1 billion by the federal government would mean that Canadians would save \$7.3 billion a year on the medications they need.

What I wish to emphasize today is that New Democrats are of the fundamental belief that people should not have to worry about whether they can pay their hydro bill or afford their medication.

Today I have some statistics from the Canadian Labour Congress, but before I do that I want to read a quote from its president in a release that was issued today. This is from CLC president Hassan Yussuff. It states:

We are pleased that the NDP under its new leader Jagmeet Singh is continuing to make pharmacare such a priority, and we hope all political parties respond by making this much needed program a reality as soon as possible.

If the Liberals claim to be standing up for labour in this country, if they claim to be standing up for working people, then I hope that they will heed the advice of the Canadian Labour Congress president today and support what the New Democrats have brought forward.

I want to read some of the statistics from the Canadian Labour Congress, which state:

About 8.4 million working Canadians don't have prescription drug coverage.

The less you earn at work, the less likely you are to have prescription drug coverage.

Women and young workers are less likely to have the coverage they need.

Even those with drug plans are paying ever-increasing co-payments and deductibles.

Statements by Members

The New Democrats are not alone in our belief in national pharmacare. An overwhelming majority of Canadians, 91%, believe that our public health care system should include a universal prescription drug plan. It is not just the New Democrats who are calling for this desperately needed action; several national health care commissions have recommended the same, along with the Canadian Medical Association, the Canadian Federation of Nurses Unions, Canadian Doctors for Medicare, the Federation of Canadian Municipalities, the Canadian Health Coalition, the Council of Canadians, CUPE, Unifor, and the Canadian Labour Congress.

If the current government is a true friend to all of those organizations, and labour, it is time for it to stand up. We are calling for a meeting. Surely the Liberals can commit to one meeting to talk about where we are going in this country with respect to pharmacare. All we are asking in this motion is that in one year we have that meeting.

It is time for action. Canadians have waited long enough. It is time to start the conversation.

•(1400)

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member will have five minutes for questions and comments after question period.

Statements by members, the hon. member for Montcalm.

STATEMENTS BY MEMBERS

[*Translation*]

ENERGY EAST PIPELINE

Mr. Luc Thériault (Montcalm, BQ): Victory, Madam Speaker. Despite the support of the Liberal government and the previous Harper government and despite the National Energy Board's spinelessness, the energy east pipeline will not come through Quebec. This is a victory for citizens, for Quebecers who stood up for their rights. The energy east saga showed that Quebec will never be able to count on federalist MPs to defend its interests.

If we cut through all the rhetoric, what we learned from this situation is that Canada is an oil-producing country that is prepared to jeopardize our lands, our lakes, and our rivers to sell its dirty oil. We learned that Quebec and Canada are two separate countries with different values, economies, and ways of doing things.

The death of energy east is a victory for those who are able to see past the end of their noses and think about future generations. It is a victory for the Bloc Québécois, who fought against this project before, during, and after the election. It is a great victory for Quebec, and a great day for the planet.

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MARC-AURÈLE-FORTIN

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Madam Speaker, this summer I continued to travel across my riding to hear what residents of Laval had to say.

I began the summer by participating in the swearing-in ceremony of 40 new citizens on Canada Day. I also participated, with just as much enthusiasm, in the announcement by the governments of Canada and Quebec of over \$30.4 million in funding to carry out 29 Société de transport de Laval projects.

I also visited several organizations that participate in the Canada summer jobs program and make a difference in my community. It was a privilege to meet the dedicated young workers from Marc-Aurèle-Fortin and their employers.

It remains my greatest privilege to represent my constituents. I will always be grateful to them, and I will continue to proudly voice their aspirations.

* * *

[*English*]

MOOSE HIDE CAMPAIGN

Mr. Arnold Viersen (Peace River—Westlock, CPC): Mr. Speaker, I rise today to draw attention to the Moose Hide Campaign.

Six years ago Paul Lacerte, a member of the Cariboo Clan, founded the Moose Hide Campaign while hunting with his daughter Raven along the Highway of Tears. As they hunted moose, they were both touched by the violence that had happened around them, and they decided to use the moose they hunted for the cause.

After tanning the hide and cutting it into squares, they began giving squares to other men, and encouraging men to stand against violence. Since then, the campaign has handed out half-a-million squares of moose hide.

Today, the Moose Hide Campaign is gathered in Ottawa where men will fast together in support of ending violence against women, and talk about what it means to be a man.

I join these men and women today, and thousands across Canada, in wearing this moose hide to signify our commitment to honour, respect, and protect the women and children in our lives, and to work together with other men to end violence against women and children.

* * *

IMMIGRATION, REFUGEES AND CITIZENSHIP

Ms. Kamal Khera (Brampton West, Lib.): Mr. Speaker, I rise today to recognize another significant promise fulfilled by our government. We have heard loud and clear from Canadians about the significant hardships they have faced on their journey to citizenship, due to unnecessary barriers created by the previous government.

Yesterday, I was proud to join my colleagues from Brampton and the Minister of Immigration, Refugees and Citizenship in Brampton to announce that effective October 11, changes will be implemented to ease barriers for future Canadians on their quest for citizenship. The physical presence requirement for citizenship will be reduced to three out of five years, and the age range for knowledge and language requirements will be returned to 18 to 54 years.

These changes, along with those previously announced in Bill C-6, will help residents of Brampton West and across Canada reunite with their families, contribute to our society, and reaffirm that a Canadian is a Canadian is a Canadian is a Canadian.

* * *

[Translation]

WORLD TEACHERS' DAY

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, before being given the honour of representing the people of Trois-Rivières in the House, I was privileged to dedicate 25 years of my life to teaching.

I like to think that I have not left the profession entirely, because I use the skills I acquired back then every day. That is why World Teachers' Day is such a special day to me and why I want to thank all teachers for their commitment to our young people.

What they teach is important, but their dedication, their actions, and the fact that they care often matter even more. They help young citizens in the making develop critical thinking and free will. Teachers rarely get the credit they deserve for their day-to-day work, and expressing our gratitude once a year is woefully insufficient. Putting an apple on a teacher's desk may be passé, but we can take a few minutes to send a heartfelt email to the teachers who are part of our children's daily lives.

I would like to express my gratitude and appreciation to my fellow teachers. Once a teacher, always a teacher.

* * *

●(1405)

MARIE-LOUISE ANGÉLIQUE CLARAC

Mr. Emmanuel Dubourg (Bourassa, Lib.): Mr. Speaker, I am pleased to rise to acknowledge the bicentennial of Marie-Louise Angélique Clarac. In my riding, Bourassa, a school, a hospital, and a foundation are named after her.

Born in France in 1817, Sister Marie Clarac had already found her double vocation, education and religion, when she arrived in Canada. Every year, 1,300 students attend École Marie-Clarac. The hospital bearing her name is now a palliative care facility.

She spearheaded the Sisters of Charity of Saint Mary congregation, which serves patients and students in 12 countries on three continents. I am pleased to acknowledge the work of the members of this congregation, which carries on the work of Sister Marie Clarac.

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[English]

ATTACK IN LAS VEGAS

Mr. Jim Eglinski (Yellowhead, CPC): Mr. Speaker, I want to thank the heroes who risked their lives to save strangers and the blood donors who waited for hours to help the wounded when word went out that there was a shooting in Las Vegas this past weekend.

This tragedy has impacted Canadians far and wide, including the communities of Maple Ridge, British Columbia; Okotoks, Alberta;

Statements by Members

and Valleyview, Alberta. I have learned that a young resident of Jasper, in my riding of Yellowhead, was a victim of this senseless crime.

Whether it is the recent terrorist attacks in Edmonton or the violence in Las Vegas, Albertans and all Canadians will not be divided. We will stand together as a nation, support each other, and grieve together.

I want to offer my sincere condolences to all the families impacted by this tragedy.

* * *

CANADIAN FORCES

Mr. Mark Gerretsen (Kingston and the Islands, Lib.): Mr. Speaker, I rise today to recognize the tremendous work of our troops overseas in protecting freedom and maintaining the security, sovereignty, and stability of our homeland and those of our allies.

At the start of the session, I had the honour of travelling with the defence committee to Belgium, Latvia, and Ukraine where we met with our military personnel stationed in those locations. What has perhaps been impressed upon me the most is that Canada's participation in Operations Unifier and Reassurance has encouraged other nations to get involved.

Witnessing the professionalism of our troops and the utmost respect they received while being deployed in these locations truly was humbling and instilled within me an immense sense of pride to be Canadian.

Our troops are our real nation builders. We politicians will come and go, but our brave men and women, promoting Canadian values throughout the world, are what truly give Canada its long-lasting reputation as a global leader.

As we enjoy our freedom, let us never forget the troops that sacrifice to make it possible. I thank them for serving Canada so selflessly.

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FIRST RESPONDERS

Mr. John Aldag (Cloverdale—Langley City, Lib.): Mr. Speaker, opioid-related overdoses have claimed almost 800 lives in B.C. so far this year, devastating families and communities throughout our province. These numbers would have no doubt been higher had it not been for our first responders, who are working on the ground to save countless Canadian lives.

This summer, I had the opportunity to observe first-hand the work of Langley City firefighters; B.C. paramedics in the Downtown Eastside; the Langley and Surrey RCMP; and Surrey fire chief, Len Garis, whose crew alone reversed 240 opioid overdoses in 2016.

We have a lot of work ahead to overcome the opioid crisis in Canada. In the meantime, I would like to recognize the work of first responders in Canada who are on the front lines of this crisis doing their best, day after day and hour after hour, to save lives, including those of society's most vulnerable. I thank first responders.

Statements by Members

●(1410)

*[Translation]***MONTMAGNY—L'ISLET—KAMOURASKA—RIVIÈRE-DU-LOUP**

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, 2017 is a special year for Rivière-du-Loup, which is celebrating a number of centennials this year.

The famous bell tower at city hall has been watching over Rivière-du-Loup's inhabitants for 100 years. The old Princesse theatre remains a jewel of culture and architecture in the heart of downtown and is more vibrant than ever, thanks to the “Vues dans la tête de...” film festival. We also have l'Harmonie de Rivière-du-Loup, the local band that continues to put on large benefit concerts for community organizations. Many musicians got their start there.

Finally, the world-renowned Sisters of the Infant Jesus of Chauffailles chose to call this town on the St. Lawrence home and establish their provincial house there. It now houses the Poor Clares.

I congratulate everyone who has contributed to keeping these institutions alive so that they may be part of our regional story. Happy anniversary to all.

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CO-OP WEEK

Mrs. Alexandra Mendès (Brossard—Saint-Lambert, Lib.): Mr. Speaker, the week of October 15 is Co-op Week, an opportunity to celebrate Canadian co-operatives and their members. Co-op Week happens to coincide with International Credit Union Day, which is always the third Thursday of October.

[English]

Last April, the House recognized the importance of co-operatives by unanimously adopting my motion to promote and support Canada's co-operatives. The purpose of Motion No. 100 is to provide for the development and implementation of a strategy enhancing this sector so important for our economic growth.

It was with great emotion and pride that I received the unanimous support of my colleagues for this motion, inspired by the outstanding work of my former colleague, the Hon. Mauril Bélanger. I firmly believe that co-operatives also play an important role in the betterment of our communities.

[Translation]

Co-operatives can support a number of government priorities, including the inclusive innovation agenda, the social economy, and the transition to a lower-carbon economy.

Happy Co-op Week to all Canadian co-operatives.

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LASALLE—ÉMARD—VERDUN

Mr. David Lametti (LaSalle—Émard—Verdun, Lib.): Mr. Speaker, there are two very important priorities of mine that I would like to talk about today, two aspects of public life that prompted me to get involved and faithfully serve the people of my community.

First of all, for the second year in a row, today I am hosting a day on Parliament Hill for the good people of LaSalle—Émard—Verdun. Welcome.

Also, for 25 years, I had the honour of working with bright young people with inquiring minds at McGill University. Over the years, as a teacher, I had a very special opportunity to support young people in their quest for knowledge as they pursued their studies and a greater understanding of the world.

[English]

I have gotten to know many teachers in LaSalle—Émard—Verdun at many levels, and I can attest to their dedication, intellect, and pedagogical creativity. They inspire, as good teachers do.

[Translation]

On this day on the Hill for the people of my riding, and with today being World Teachers' Day, I want to thank everyone for helping me remain humble and committed.

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*[English]***NICHOLA GODDARD**

Hon. Erin O'Toole (Durham, CPC): Mr. Speaker, this morning in Cobourg, Ontario there was a small but poignant ceremony alongside the Highway of Heroes. A bridge on the highway was named in honour of Captain Nichola Goddard who gave her life serving Canada in Afghanistan in 2006.

Nicknamed Care Bear by some or Nic by her comrades, Nichola was destined to serve in the uniform of the Canadian Armed Forces and also as a Scout leader, mentoring young people. She grew up in many parts of our great country before joining the military, graduating from the Royal Military College and serving with the RCHA.

Sadly, Nichola was our 16th casualty in the Afghanistan war, and she was the first female Canadian soldier to die in combat. Her legacy lives across our great country, and now a part of our Highway of Heroes bears her name.

I want to thank the True Patriot Love Foundation, John Carswell and Canso Funds, and especially her family and friends for ensuring we preserve the memory of this extraordinary Canadian.

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TOURISM INDUSTRY

Mr. Terry Beech (Burnaby North—Seymour, Lib.): Mr. Speaker, I am pleased to welcome members of the Hotel Association of Canada to Ottawa.

Hotels welcome guests to Canada from around the world. In the Vancouver area alone, hotels, like the Holiday Inn in north Vancouver, employ over 12,000 individuals.

Earlier this year, the Minister of Small Business and Tourism announced Canada's new tourism vision. This ambitious plan will grow the sector, create even more jobs, and grow the middle class.

Oral Questions

Let us not forget that 2018 is the year of Canada-China tourism. I know that in my riding of Burnaby North—Seymour, many members of our community are looking forward to welcoming family and friends who will be visiting Canada for their very first time.

We are proud of our hotel workers, who are each in themselves the front desk of our nation. With their passion and commitment, they define what Canadian hospitality is all about.

I rise today to acknowledge their work and thank them for their service.

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● (1415)

[Translation]

WOMEN'S CENTRES

Ms. Ruth Ellen Brosseau (Berthier—Maskinongé, NDP): Mr. Speaker, today we have with us representatives of two women's centres in my riding, the Centre Avec des elles in Saint-Gabriel-de-Brandon, and the Centre des femmes l'Héritage in Louiseville. They worked very hard to come visit Parliament and learn more about what MPs do in the House of Commons.

October 3 was national women's centres day in Quebec. I think we really need to emphasize how important women's centres are to our communities and support creating more of them.

Women's centres embrace diversity. They are places where all women can feel at home. They offer support, education, and so much more.

They bring women together and nurture feminist thought. They help women feel less isolated and advocate for women's individual and collective rights. In closing, I would like to thank Stéphanie Valée and Linda Provençal, who have both worked so hard to make today a wonderful day here on the Hill.

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[English]

TAXATION

Mr. Len Webber (Calgary Confederation, CPC): Mr. Speaker, I have a letter from a constituent in Calgary, Dr. Shannon Rabuka. She wrote:

If I was angry before, now I am furious.

When meeting recently to discuss possible tax scenarios if [the Liberal] tax changes are implemented, it was suggested that my family consider an individual pension plan.

I was absolutely dumfounded when one of the candidate products was offered by Morneau Shepell.

When I looked into it further, it seemed at though Morneau Shepell is one of the largest vendors of these plans. It appears as though [the finance minister] stands to directly benefit from the proposed changes to our country's tax law...

...I am not averse to a comprehensive overhaul of tax law to make the system more fair—even if that means that my husband and I pay more tax. However, it is really starting to look as though “fairness” does not apply to [the finance minister] himself.

The finance minister's company will benefit from these changes, while small businesses will suffer. It does not look fair, because it is not.

MOOSE HIDE CAMPAIGN

Mr. Vance Badawey (Niagara Centre, Lib.): Mr. Speaker, today begins the fifth annual Moose Hide Campaign, a campaign that urges all men to speak out against violence toward indigenous and non-indigenous women and children.

Five years ago, an indigenous man named Paul Lacerte was hunting moose with his daughter along the Highway of Tears in British Columbia, where far too many indigenous women and children have gone missing or been found murdered. At that moment, Paul thought to engage men in the fight to end violence against women and children, by using moosehide as a symbol of commitment to honour and respect women and children. Now more than 500,000 squares of moosehide have been distributed across our great nation.

I invite all Canadians to support the Moose Hide Campaign by proudly wearing a moosehide square promoting gender equality and healthy relationships, and speaking out against gender-based violence.

ORAL QUESTIONS

[English]

NATURAL RESOURCES

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, this morning thousands of men and women who rely upon the energy sector for well-paying Canadian jobs got the news that they have been dreading.

Today's decision to cancel the energy east pipeline is a direct result of two years of political interference by the Liberal Party. Failure is the only word that comes to mind.

When will the Prime Minister recognize that his disastrous economic and energy policies are hurting Canadians and our economy?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, TransCanada made a business decision based on market conditions. When it first proposed the energy east pipeline, oil was up around \$90 a barrel, and the Conservative government had been unable to approve any new pipelines.

Since then, oil is at around half that price, and we have approved three new pipelines, creating jobs for more than 31,000 Canadians in the energy industry. We will continue to stay focused on growing the economy and creating good jobs, while protecting the environment right across the country.

● (1420)

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, the Prime Minister is dead wrong.

The business decision was to invest \$1 billion to start the process. The decision to not go ahead is a regulatory decision because of the double standard that the government is imposing upon Canadian projects.

The Liberals have cost 15,000 Canadians a job, and they have hurt our economy to the tune of \$50 billion.

Oral Questions

They are putting the interests of Saudi Arabia, Venezuela, and Algeria before Canadian jobs. What does the Prime Minister have to say to that?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, it is obvious that the market conditions have changed fundamentally since the energy east pipeline was first proposed. Oil was up around \$90 a barrel, and the Conservative government was unable to get any pipelines approved while it was in government.

The fact is that, since then, oil prices have dropped by half, and we have approved three different pipelines to get our oil resources to market, including new markets. The fact is that we are continuing to stand up for Canadian jobs, while we defend the environment.

The Conservatives are, again, just playing politics.

* * *

REGIONAL ECONOMIC DEVELOPMENT

Hon. Lisa Raitt (Milton, CPC): Mr. Speaker, obviously the Prime Minister does not realize that he is accountable for this dysfunctional regulatory process that Liberals put in place.

Two days ago, all the Atlantic MPs except for one voted against having a longer process for consultation on tax hikes to fishers, farmers, and local businesses, all but one. With this morning's announcement, Atlantic Canadians are faced with another economic blow.

This is what I want to know. These are important sectors, and they are vital to the east coast economy. When will the Liberals stop stifling opportunity and stop taking us for granted?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, our government is proud of the Atlantic growth strategy that we established with the premiers of the Atlantic provinces to invest in growth, innovation, immigration, and opportunities for the Atlantic provinces to thrive and succeed.

After 10 long years of being ignored by the previous government, we are proud of our strong voices from Atlantic Canada that stand up every day to create good jobs and a good future for all Atlantic Canadians and all Canadians.

* * *

[Translation]

NATURAL RESOURCES

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, today is a sad day for Canada, for Quebec, and for every one of Canada's provinces. TransCanada pulling the plug on energy east is the Liberal government's doing. By changing the rules of the game, by changing the assessment rules, the Liberal government jeopardized a major project, a \$15-billion investment that would have put 3,000 people in Quebec to work during the construction phase. Who is happy about this in the meantime? Oil producers in Venezuela, Algeria, Iraq, and other countries, that is who.

Is the Prime Minister proud of this mess?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians know full well that the situation has changed since TransCanada first proposed the energy east project. Oil was \$90 a barrel at the time and now it is worth half. The Conservatives

were unable to get any pipeline approved. We have approved three. The conditions have changed. We continue to defend good jobs while protecting the environment at the same time, something the former Conservative government was completely incapable of doing.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, is the Prime Minister aware that the reason the conditions have changed is that he changed them? It is because of him that, today, it is much harder for business people to make plans. It is a double standard. He has made things much harder for Canadian oil, while holding the door wide open for foreign oil. Quebec has two refineries that produce and purchase \$10 billion worth of foreign oil. We are giving all that money to foreign companies rather than keeping it here in Canada.

Why does the Prime Minister have so much contempt for Canadian oil?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians know full well that, for 10 years, the former Conservative government was unable to approve any pipeline projects and was unable to help the energy sector. It also did nothing for the environment or to protect the future. We, on the other hand, as a government, have been able to approve some projects and have also been able to protect the environment by setting a pan-Canadian price on carbon and making environmental protection a priority. That is what Canadians expect, and that is what we did.

* * *

• (1425)

HEALTH

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, the parliamentary budget officer confirmed in his report released today that the Liberal government's health transfers, much like Stephen Harper's, are inadequate and will not meet the needs of the provinces. That is exactly what the provinces have been saying: they are going to face serious budgetary pressures because of our aging population. Until the federal government has the courage to contribute its fair share, the provinces will never have the means to improve their health care systems.

When will the Prime Minister live up to his promise to adequately fund health care?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, this government is very proud to have been able to negotiate health accords with the provinces for the next few years. We were able to make historic investments in mental health because we recognize the real needs that exist in that area. We also made historic investments in home care services to help our seniors, to help those most vulnerable. This government is very proud to have worked with the provinces to fulfill its commitments to Canadians. We will continue to provide a health care system for all Canadians across the country.

Oral Questions

[English]

SENIORS

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, evidence seemed to convince the parliamentary budget officer, and the PBO predicts also that seniors will become even more dependent on government services in the years to come. The amount that seniors will need from these services is projected to double. This is at a time when more than one-quarter of a million seniors already live below the poverty level. So far, Liberals have no plan to help seniors. In fact, yesterday, the Prime Minister mocked the NDP for calling for a national strategy. When will the Liberals finally get serious about lifting seniors out of poverty?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, on the contrary, I pointed out that while the NDP members were talking, we were delivering. We delivered an increase by 10% to the guaranteed income supplement for our most vulnerable seniors. That is \$1,000 more in the pockets of seniors who really need it.

We are moving forward on a national housing strategy to ensure that our most vulnerable seniors will have security and stability in where they live. We have moved forward on home care with historic investments with the provinces that will make sure that we are giving our seniors the support they need. We have moved forward on a historic strengthening of the Canada pension plan that is going to ensure that our seniors of today and our seniors of tomorrow have all the support they need.

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PUBLIC SERVICES AND PROCUREMENT

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, we now know that public officials were raising major concerns about the implementation of the Phoenix payroll system. However, instead of listening to these concerns, the government gave millions of dollars to two massive corporations, which were the same companies selling Phoenix in the first place. What did we get? We got a pay system that does not pay employees.

When Canadians buy a product that does not work, they go back to the store and ask for a refund. My question is simple. Where is our refund?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we take very seriously the situation of the Phoenix pay system. That is why we are working extremely hard with the public servants and with the public sector unions across government to ensure that we deliver a pay system that works for Canadians, that pays them on time and appropriately. This is something that we continue to work on diligently, and it is something that we know Canadians expect of us.

[Translation]

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, it is always someone else's fault.

The Liberals have never been able to explain why they rushed ahead with the implementation of the Phoenix pay system. The Liberals, not the Conservatives, went ahead with it. They gave it the green light.

Now we are learning that the government paid PricewaterhouseCoopers and IBM millions of dollars. Who was behind the bid for the Phoenix system? It was PricewaterhouseCoopers and IBM. My question is simple.

Why did the Liberals ignore the advice of their own employees who warned them about the pending fiasco?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, it is unacceptable that public servants are not being paid appropriately and on time. That is why we are taking our responsibility in this matter seriously and we are working diligently to resolve this situation.

We are not making excuses. We are working very hard on this and we will continue to work with the public service and public service unions to fix the problem once and for all.

* * *

● (1430)

[English]

TAXATION

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, documents in my hand, which I have obtained, show that the finance minister's billion dollar company, Morneau Shepell, has registered its subsidiary in Barbados, which Oxfam lists as one of the 15 top tax havens in the world. Because of the Canada-Barbados tax treaty, companies pay virtually no tax at all on profits they ship back to Canada.

The finance minister's plan to target rich tax evaders goes after family farms and local businesses, but does nothing about tax havens like Barbados. Why?

[Translation]

Hon. Diane Lebouthillier (Minister of National Revenue, Lib.): Mr. Speaker, our government is fully committed to fighting tax evasion and aggressive tax avoidance.

In our first two budgets, we invested more than \$1 billion, which led to the recovery of nearly \$25 billion. There have been 627 cases transferred to criminal investigation, 268 warrants, and 78 convictions.

Let me be very clear. The net is tightening. Canadians expect no less from us.

[English]

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, according to the CBC:

Part of the draw is Barbados's corporate tax rate of between one and 2.5 per cent. And once that modest amount is paid, thanks to the 1980 tax treaty any leftover profits earned at a subsidiary based or linked to there can be brought back to Canada tax-free.

When the finance minister launched his crusade to target tax cheats, he only went after plumbers and pizza shop owners and farmers, but did nothing about this Barbados loophole. Why?

Oral Questions

[Translation]

Hon. Diane Lebouthillier (Minister of National Revenue, Lib.): Mr. Speaker, as I just said, our government is fully committed to combatting tax evasion and aggressive tax avoidance. It has invested \$1 billion over the past two years, which is more than the Conservatives on the other side of the aisle managed to do in 10 years.

We are getting the job done. We are on track to recover \$25 billion, not to mention the cases transferred to criminal investigation, the search warrants, and the convictions. As I said, the net is tightening. We will continue our work.

[English]

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, she should talk to the finance minister about that because his billion-dollar family business has a certificate of registration in Barbados, yet the very day the minister rolled out his tax increase on local businesses, he was asked about the Barbados treaty and said, “But we’re not going to throw the baby out with the bathwater.”

Why did he forget to mention that the baby in question was a Morneau Shepell subsidiary?

[Translation]

Hon. Diane Lebouthillier (Minister of National Revenue, Lib.): Mr. Speaker, our government is firmly committed to combatting tax evasion. The \$1 billion we have invested over the past two years has allowed us to hire 100 additional—

Some hon. members: Oh, oh!

[English]

The Speaker: Order. I have to remind members that when they make a lot of noise when it is not their turn to speak, they could be taking a question away from a colleague.

The hon. Minister of National Revenue is speaking.

[Translation]

Hon. Diane Lebouthillier: Mr. Speaker, our government is fully committed to combatting tax evasion and aggressive tax avoidance. Our actions over the past two years make that abundantly clear. We have invested the historic amount of \$1 billion, which has allowed us to hire 100 additional staff and examine four jurisdictions per year. As I said, the net is tightening.

[English]

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, the question was not whether they are spending more money on tax collectors. The question was with regard to the treaty with Barbados—

Mr. Peter Julian: The Conservative side.

Hon. Pierre Poilievre: —when the finance minister said that he would not do any deal, that he would not be involved in any matter—

The Speaker: Order, order. I would ask the member for New Westminster—Burnaby to try to restrain himself. I do not want to hear that kind of outburst from him again.

The hon. member for Carleton has the floor and I would invite him to restart his question.

● (1435)

Hon. Pierre Poilievre: Mr. Speaker, the question was not whether the Liberal government is spending more money on tax collectors, but with regard to the 40-year-long tax treaty with Barbados. We now find that the minister’s billion-dollar family business has a subsidiary in that country. He is forbidden by an agreement with the Ethics Commissioner from being involved in any matters affecting that family business.

Can the hon. minister confirm that the Minister of Finance has absented himself from any matters related to the Barbados tax treaty?

[Translation]

Hon. Diane Lebouthillier (Minister of National Revenue, Lib.): Mr. Speaker, our government is committed to cracking down on tax cheats and bringing them to justice with the help of our international partners.

I am proud of the leadership role we have taken on the international stage. Co-operation between revenue authorities, including the exchange of tax information, is an essential tool for maintaining the integrity of Canada’s tax base.

Hon. Maxime Bernier (Beauce, CPC): Mr. Speaker, the Minister of Finance claims to have listened to business owners across the country, and he emphatically stated that he would introduce a tax reform that was fair and equitable for all business owners.

Nevertheless, we recently learned that his own family company, Morneau Shepell, will not be affected by the tax hikes because it has a subsidiary in Barbados.

How can the Minister of Finance justify raising taxes for Canadian plumbers, workers, and entrepreneurs while making sure that his family business remains sheltered from taxes?

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, we consulted with and listened to Canadians across the country regarding these proposals, which stem from a very clear promise that we made to the middle class to make the tax system fairer.

I want to be clear about what came out of those consultations: we will always stand behind our small and medium-sized businesses. We will always stand behind our entrepreneurs, and that is what guides our government as we consider everything that we heard from Canadians. We are going to make sure to keep the tax rate the lowest in the G7. We are going to make things easier for entrepreneurs, and we are going to ensure that intergenerational transfers are not affected. We listened. I know that must seem strange to a party that did not listen for 10 years when it was in government.

We are listening, and we want to do things right.

Hon. Maxime Bernier (Beauce, CPC): Mr. Speaker, to the Liberals, tax fairness means finding more and more ways to tax family businesses.

If the Liberals were serious about fairness, all they would have to do is open up the tax treaty Canada signed a few years ago with Barbados to ensure that corporations pay their fair share of taxes. Morneau Shepell is one of the corporations that benefits from that tax treaty.

Oral Questions

As my colleague said, when the minister was asked about that, he said we must not throw the baby out with the bathwater. The baby is Morneau Shepell, and Morneau Shepell must pay its fair share of taxes.

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, right now, there are things about our tax system that are unfair, and we want to fix that.

For example, some of our wealthiest Canadians are encouraged to incorporate so they can access tax benefits that the vast majority of the people watching us today, the people we represent here in the House, do not have access to. That is what we want to fix. We have listened to Canadians from coast to coast to make sure we do things right.

* * *

[English]

CANADIAN HERITAGE

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, Canadians and our cultural industry are furious about the Liberals' deal with the American giant Netflix. Yesterday, the Prime Minister continued to promote this as a good deal. Unless the Prime Minister owns a lot of Netflix shares, it is not a good deal. It disadvantages Canadian companies, it sets a dangerous precedent for other large multinationals that are not paying their fair share, and three-quarters of the money comes directly from Canadians.

How can the Liberal government justify this betrayal of Canadians?

Mr. Sean Casey (Parliamentary Secretary to the Minister of Canadian Heritage, Lib.): Mr. Speaker, our government is committed to growing the creative industries. This investment, which is the first of its kind in the world, guarantees there will be at least half a billion dollars in original productions made here in Canada in both official languages. This investment will create jobs and opportunities for creators and producers to make great content to share with Canada and the world. As part of our vision for a creative Canada, these investments will help ensure that the creative industries remain strong. We are extremely proud of them.

[Translation]

Mr. Pierre Nantel (Longueuil—Saint-Hubert, NDP): Mr. Speaker, how naive. It is incredible.

The free pass that was given to Netflix does not pass muster in Quebec. Everyone is speaking out against it: the National Assembly, the Union des artistes, even our entrepreneurs such as Peter Simons who points out that local businesses, our entrepreneurs, are doing their fair share. Everyone is against this and yet the minister says she is proud of her work. Something does not add up. As Gérald Fillion says, it is as though she were not listening to us.

Quebeckers are calling for a real cultural policy and businesses are calling for a real tax policy, but the minister is so proud.

How can she be proud of such a failure?

• (1440)

Mr. Sean Casey (Parliamentary Secretary to the Minister of Canadian Heritage, Lib.): Mr. Speaker, our commitment to Canada's creative industries is clear. This investment provides for

at least \$500 million in original productions in Canada, in both official languages. This investment will create jobs and allow creators and producers to share their content in Canada and around the world. The investments in Creative Canada will help ensure that our creative industry remains strong.

* * *

TAXATION

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, we have just learned that the Minister of Finance's family business might have a subsidiary in Barbados, a known tax haven. Meanwhile, the Liberals are proposing a tax reform that attacks our local businesses and their future.

Can the Minister of Finance confirm to the House what personal ties he has to the family subsidiary in Barbados, a tax haven?

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, I want to remind the hon. member that we will always stand behind our small businesses. We want to keep the small business tax rate below that of all other G7 countries, because we recognize the importance of SMEs to the growth of our industries and the Canadian economy. We proposed some tax reforms and then we listened to Canadians from coast to coast to make sure we get it right and make our tax system fairer where it needs it.

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, the Minister of Finance promised the Conflict of Interest and Ethics Commissioner in writing that he would abstain from participation in all matters related to his family business. Today we learned that Morneau Shepell registered a subsidiary in Barbados, a subsidiary whose profits can then be repatriated to Canada tax free.

Will the Minister of National Revenue investigate the Minister of Finance's actions and ties to his family fortune in tax havens? Is the net tightening around the Minister of Finance?

Hon. Diane Lebouthillier (Minister of National Revenue, Lib.): Mr. Speaker, our government is firmly committed to combatting tax evasion and aggressive tax avoidance, and our first two budgets proved that. We have invested nearly \$1 billion to combat tax evasion and tax avoidance. We are well on our way to recovering \$25 billion. Some 627 cases have been transferred to criminal investigation, and there have been 268 warrants and 78 convictions. Yes, the net is tightening. Much more—

The Speaker: The hon. House leader of the official opposition.

*Oral Questions**[English]*

Hon. Candice Bergen (Portage—Lisgar, CPC): Mr. Speaker, it was just this July, when the finance minister was asked about Barbados being a tax haven, when he threw his comment, “we’re not going to throw the baby out with the bathwater.” Literally at the same time that he was telling entrepreneurs and farmers and small business owners that they were going to have to pay upwards of 73% tax, his baby, Morneau Shepell, was nicely and safely havened in Barbados. What this boils down to is absolute hypocrisy on the part of the government and the finance minister. Why can he not see how unfair this tax grab is?

[Translation]

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, I just want to remind the opposition that we were elected on a very clear promise to defend the middle class. The previous government ignored the middle class for a decade to focus on giving tax breaks to the rich. That is why the first thing we did was lower taxes for 9 million Canadians and make the Canada child benefit more progressive than ever before, ensuring it will lift 300,000 children out of poverty. We are very proud of these achievements, and we do not need any lessons from the other side of the House.

[English]

Hon. Candice Bergen (Portage—Lisgar, CPC): Mr. Speaker, here is what we know. The Minister of Finance refuses to recuse himself from discussions around policy that affects Morneau Shepell. We also know that any decision made at the cabinet level seems to benefit Morneau Shepell.

Does the Minister of National Revenue believe that the Minister of Finance, who, by the way, will not tell anybody how many shares he has in Morneau Shepell, that is a big secret, should recuse himself around any discussions about tax havens like those located in Barbados?

• (1445)

[Translation]

Hon. Diane Lebouthillier (Minister of National Revenue, Lib.): Mr. Speaker, our government is fully committed to combatting tax evasion and aggressive tax avoidance. The proof is in the historic investments we have made, unlike our colleagues opposite. We were even told by a member who served as the minister responsible for the Canada Revenue Agency under the Conservatives that this issue was not even a priority when they were in power.

We are moving forward with our work. The net is tightening, and Canadians expect no less of us.

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*[English]***INTERNATIONAL TRADE**

Ms. Tracey Ramsey (Essex, NDP): Mr. Speaker, the fourth round of NAFTA renegotiations starts next week in Washington, and the Americans are expected to bring forward their dairy sector demands. After repeated attacks from President Trump on our supply managed sector, the government has stated that it will protect it, yet it has never stated clearly and without hesitation that it will not open our dairy market to the U.S.

Since the Liberals and Conservatives put our dairy sector on the table in CETA, and it is likely part of the secretive TPP 11, will they finally stand up in the House today for dairy farmers and commit to not sacrificing our supply management system in NAFTA?

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, our government strongly supports Canada dairy farmers and the dairy industry. It is worth reminding people, particularly our American interlocutors, that the United States has a very great surplus in dairy trade with Canada of 5:1, and that is what I do at the negotiating table.

We will fiercely defend our national interest at the NAFTA round, and we will stand up for our values.

[Translation]

Ms. Ruth Ellen Brosseau (Berthier—Maskinongé, NDP): Mr. Speaker, producers deserve a better answer than that.

The United States clearly wants greater access to our dairy market. Supply management should not be on the negotiating table, period. Producers must also know that the minister will not provide greater access to our dairy market.

I will therefore repeat my question: instead of spouting the same rhetoric, will the minister today tell Canadians and the dairy industry that she will not give the United States greater access to our dairy market?

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, we are here to protect our dairy producers and the Canadian dairy sector.

I would like to remind everyone that American dairy producers enjoy a five to one trade surplus with Canada, and that is what I am going to be saying at the negotiating table. We will vigorously defend our national interests and remain faithful to Canadian values.

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*[English]***EMPLOYMENT**

Mr. Sukh Dhaliwal (Surrey—Newton, Lib.): Mr. Speaker, we are seeing the growth of a strong economy and the creation of jobs across the country. However, there is still more work to do.

In my riding of Surrey—Newton, I am pleased that our government is supporting organizations, such as DIVERSEcity Community Resources Society, to help at-risk youth get the support they need to find and keep good jobs.

Could the minister update the House on actions taken to ensure that everyone, including at-risk youth, have the chance to participate in our growing economy?

Oral Questions

Hon. Patty Hajdu (Minister of Employment, Workforce Development and Labour, Lib.): Mr. Speaker, as the job market evolves and changes, young Canadians often need this support to get that first good-paying job. We are investing over \$45 million to help over 5,000 youth in British Columbia get the skills they need.

For example, our investment that helps Pathfinder Youth Centre work with over 300 youths with mental health challenges will mean they gain skills and confidence along the way, and some valuable work experience with it.

We will keep working hard to ensure all Canadians have the skills they need to prosper.

* * *

[Translation]

TAXATION

Mrs. Sylvie Boucher (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, CPC): Mr. Speaker, senior officials at the Department of Finance have said that they are having trouble finding a solution with regard to the transfer of family farms from one generation to the next.

The Prime Minister is willing to do whatever it takes to fatten government coffers, even if it makes life incredibly difficult for the families who help our country prosper. If the Minister of Agriculture does not want to ensure the survival of family farms, we will.

When will the Liberal government back down on its tax reform and stand up for our farmers?

• (1450)

Mr. Jean-Claude Poissant (Parliamentary Secretary to the Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, our government knows how important farmers are to our economy, and that is why we want to make sure we get this right.

I have worked on this file. We listened to farmers and met with representatives from the farming community. I can assure you that we will take the industry's opinions into account in our plan for the future.

[English]

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, Dina and Maurice are farmers in my riding. They have planned for years to pass on the family farm to their son. They have a succession plan detailed and put in place, and they have been saving for this.

However, the proposed Liberal tax changes would put this hugely at risk and they think they will lose everything. Their message to the Prime Minister is very simple, "Don't do this. It will wreck Canada."

Yesterday, senior officials at Finance Canada said that they were "struggling to find another approach" to save the family farm. It seems rather questionable.

Will the Liberals finally admit they have this all wrong and let go of their crazy plan?

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, I want to reassure the member that we have consulted Canadians, farmers, fishers, from all across the country, from coast to coast to coast, to make sure we get this right.

One of the principles guiding us as we move forward is we want to make sure that intergenerational transfers of a business or a farm are not impacted by the changes we have put forward, that farmers can continue to employ and remunerate members of their family as they work on the farms.

This government will always be behind family farms and behind our farmers.

Mr. Earl Dreeshen (Red Deer—Mountain View, CPC): Mr. Speaker, Canadian farmers work hard to feed the world. Many gamble off farm earnings, cash out pensions early, and mortgage heavily to invest in their families' enterprises. They are constantly dealing with the volatility and the unpredictability of both markets and Mother Nature.

Unlike the Prime Minister and the Minister of Finance, these families cannot access million-dollar trust funds. Instead, they continually risk all they have to preserve the family farm.

Why are the Liberals willing to put our generational farms at risk for this cheap tax grab?

[Translation]

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, I want to thank my colleague for his question and reassure him. We will always defend the family farm model and stand behind our farmers. That is why we want to make sure that we maintain an environment that is conducive to their success and prosperity.

We want to ensure that intergenerational farm transfers, from parents to children, will not be affected by the changes we are making.

All we want, the one and only goal of these proposals, is to introduce some fairness into the tax system in areas where it is lacking.

[English]

Hon. Kevin Sorenson (Battle River—Crowfoot, CPC): Mr. Speaker, in their desperation to raise revenues, the Liberals are now raising taxes on the family farm. In addition, it is even worse. Their new tax proposal will make it more expensive for a farmer to sell the farm to his child or a family member than to a multinational corporation. Most Canadians understand the importance of encouraging the next generation on the farm.

Why are the Prime Minister and the Minister of Finance so dedicated to protecting their own family fortunes, while waging a war against the family farm?

Oral Questions

[Translation]

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, as I said, we will always stand behind our farmers and the family farm model that we are so proud of. We know how much farmers contribute to Canada's prosperity.

As we review the comments we received from Canadians all across this country, our priorities are to ensure that we keep tax rates low so that our farmers can prosper and that intergenerational transfers are not affected by our proposed changes so family members can keep working on the farm and in other businesses. Those are our guiding principles. We stand behind small businesses and farmers.

* * *

[English]

EMPLOYMENT

Ms. Irene Mathysen (London—Fanshawe, NDP): Mr. Speaker, the Firestone plant in Woodstock, Ontario has announced it will close its doors in 2018 and relocate to the United States, citing global markets. One hundred and seventy jobs will be lost, jobs that feed, clothe, and house Canadian families and sustain local communities. This is one more in a long line of closures that leaves southwestern Ontario gutted, with ripple effects that will take generations to repair, and still nothing from the government.

Do the Liberals even have a plan to prevent such devastating job losses?

• (1455)

Mr. David Lametti (Parliamentary Secretary to the Minister of Innovation, Science and Economic Development, Lib.): Mr. Speaker, our hearts go out to families and workers who are affected by such economic decisions.

On our part, as a government, we are trying to build the economy. We have succeeded in creating over 400,000 jobs in the last year. We are working through various ministries, including the ministry of Innovation, Science and Economic Development, and through regional development agencies to create jobs to create long-term employment to make sure this economy continues to grow on behalf of families and workers in southwestern Ontario.

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INTERNATIONAL TRADE

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, on Monday, the U.S. filed a second complaint with the WTO against Canada over B.C. wine sales. This despite the fact that since 1988, the U.S. share for wine sales in Canada has more than doubled and the Canadian share of the U.S. market hovers just above zero. On top of this, the U.S. is demanding under NAFTA to allow greater access for U.S. wines in all retail channels across Canada.

These heavy-handed trade complaints will damage Canada's wine industry. What is the government doing to protect the Canadian wine sector from these attacks?

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, it is important for us to remind our American partners that the United States also has measures in place to promote and

protect its own wine industry, and American wine already does very well in Canada. In fact, the United States is our largest supplier of imported wine. The U.S. complaints to the WTO are unnecessary.

We will continue to work closely with the provinces on this issue, and I have discussed it at length with Premier Horgan. We have a united front.

We will always stand with Canadian workers and industry.

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NATURAL RESOURCES

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, Liberals across the country are elated today. Their plan to kill the energy east pipeline has finally worked, but it was not easy. First, they set the project back several years by restarting the hearings. Then they changed the rules of the game at half time. However, they persevered, and today they finally got the result they have always wanted: energy east is dead.

After living his whole life off of the avails of a family fortune created by an oil and gas empire, is the Prime Minister proud of the fact that he has killed this project and the thousands of jobs that go along with it?

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, the hon. member is right. Some things have changed. What has changed is that there have been three pipelines approved, which has changed the market conditions. What has not changed is the regulatory environment that would have governed this entire process. Exactly the same system that was in place which led to the approval of the Enbridge Line 3 replacement and the Trans Mountain expansion would have been in place for energy east.

Things have changed and things have not changed. Our commitment with the energy sector is unwavering.

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, while Canadian energy workers woke up to the news that the Liberals had killed yet another energy project, the Liberals were clinking their Champagne glasses and toasting their success at killing the energy east project. However, they are not the only ones celebrating. The dictators and despots from foreign oil capitals, who will continue to send thousands of oil tankers to Canada every year, have just one message for the Liberal government, "Well done my good and faithful servants."

How does it feel to have sold out Canadian energy workers in order to appease foreign oil dictators and Liberal politicians by killing this project?

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, this government has been able to do what the Conservative government could not do, for example, 3,000 jobs for the Nova Gas pipeline; 7,000 jobs for Line 3, 15,000 jobs for the Trans Mountain expansion. We support the Keystone XL pipeline, which is another 6,400 jobs.

This is a very significant job creation enhancement as a result of the regulatory practices that this government has accepted. They are environmental stewardship, indigenous engagement, and economic growth.

They failed; we succeeded.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, the news of the devastating cancellation of energy east means the loss of thousands of jobs and billions of dollars for Canada.

After careful consideration, TransCanada came to the same conclusion that this side of the House has known for months, which is that the Liberal government has done everything it can to limit the Canadian energy sector and kill the middle class jobs that it creates.

Will the Prime Minister stop playing political ideological games that are killing the economy and commit to projects that will create jobs for Canadians?

• (1500)

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, just this morning, the C.D. Howe Institute is quoted as saying that basic economics, not regulation, ended the energy east pipeline—not regulation.

Why is that the case? It is the case because nothing has changed in the regulatory process. The same rules that applied and that led to the approval of billions of dollars of investment in the energy sector, as well as tens of thousands of jobs, still existed and would have to the energy east pipeline.

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IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. James Maloney (Etobicoke—Lakeshore, Lib.): Mr. Speaker, on October 25, 2016, this House voted unanimously to provide protection to Yazidi women and children who are escaping genocide by Daesh.

In many communities across Canada, such as London, Calgary, Winnipeg, and Toronto, families are being reunited with friends and loved ones. Our government made a commitment to this House to resettle Yazidi women and children and other survivors of Daesh.

Can the Minister of Immigration, Refugees and Citizenship please update all Canadians on the government's progress on this important initiative, which was supported by all members of this House?

[Translation]

Hon. Ahmed Hussen (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I would like to thank the hon. member for Etobicoke—Lakeshore for his question.

[English]

About a year ago, members of this House unanimously voted to bring survivors of Daesh, including Yazidi women and girls, to safety. Today, I am proud to update the House. Almost 800 Yazidi women and girls and other survivors of Daesh have already arrived and have begun the process of rebuilding their lives with the assistance of private sponsors and community groups all across Canada.

Oral Questions

I continue to be amazed by the generosity and compassion extended to this highly vulnerable group by all Canadians.

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NATURAL RESOURCES

Mr. Bob Benzen (Calgary Heritage, CPC): Mr. Speaker, the energy east pipeline has been cancelled, after the Liberals changed the rules for investors mid-process.

Thousands of jobs and billions in revenue hinged on energy east, and those benefits will now evaporate due to the Liberals' mismanagement. The Liberals' failure to champion the energy sector is driving away investment.

Will the minister now stop playing politics with this file and start supporting the Canadian energy sector?

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, excuse me, did he say playing politics?

I would be far more comfortable following a regulatory regime that leads to jobs and billions of dollars of investment in the Canadian economy, something that the Harper Conservatives could not do for 10 years.

The member is wrong. The rules did not change, not at the beginning, not in mid-stream, and not at the end.

* * *

TAXATION

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, with respect, the Prime Minister inherited his wealth, and the Minister of Finance made millions on Bay Street.

It is no wonder Liberals do not understand small business. By not going after big businesses, CEOs, and tax havens, the Liberals are broadcasting that small businesses are the beginning and end of unfairness in our tax system. Small businesses feel targeted because they are being targeted.

When will the Liberals take tax fairness seriously and go after the biggest abusers of our tax system?

[Translation]

Mr. Joël Lightbound (Parliamentary Secretary to the Minister of Finance, Lib.): Mr. Speaker, the fact is that our tax system is unfair in a number of ways and encourages some of the wealthiest Canadians to incorporate so they can access tax benefits that the vast majority of Canadians do not have access to. That is what we want to fix.

We want to do things right, which is why we consulted Canadians from coast to coast. We want to keep tax rates low for our small businesses. We will always stand behind our entrepreneurs and the growth they create in this country.

*Business of the House***AIR TRANSPORTATION**

Mr. Frank Baylis (Pierrefonds—Dollard, Lib.): Mr. Speaker, everyone in Montreal, including my constituents in Pierrefonds—Dollard, heard about the serious problem of wait times at Pierre Elliott Trudeau airport in Montreal in the summer of 2016.

Airports are key drivers of local economies. It is crucial that they operate efficiently.

Can the Minister of Transport inform Canadians, and Montrealers in particular, of the improvements that have been made at Pierre Elliott Trudeau airport in Montreal?

• (1505)

Hon. Marc Garneau (Minister of Transport, Lib.): Mr. Speaker, I thank my colleague from Pierrefonds—Dollard for his question.

We all share his desire to make the passenger experience as pleasant as possible. That is why we worked with the Minister of Public Safety and officials at Pierre Elliott Trudeau airport to fix the problem, by adding automated kiosks and more customs officers.

I am proud to report that last summer, during Montreal's 375th anniversary celebrations, we reduced the wait time to 10 minutes. That a good example—

The Speaker: Order. The hon. member for Red Deer—Lacombe.

* * *

[English]

NATURAL RESOURCES

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, with the Liberals killing energy east, British Columbia's Trans Mountain pipeline is quickly becoming Canada's only option for getting our energy to new markets, but the B.C. NDP government is doing everything in its power to stop this project, including court action. Unfortunately, the NDP has several allies in the Liberal government including the Parliamentary Secretary to the Minister of Fisheries.

Approving this project is one thing; getting it built is another. When will the Prime Minister do his job and tell Premier Horgan to back off and ensure that Trans Mountain gets built?

Hon. Jim Carr (Minister of Natural Resources, Lib.): Mr. Speaker, it is important to remind the member and members of the House why we approved the Trans Mountain expansion. We approved it because of 15,440 jobs, mostly in British Columbia and Alberta. We approved it because of the billion dollars of investment. We approved it because we are not comfortable sending 99% of our oil and gas exports to one country, the United States. We have expanded markets, we have created jobs, and there will be billions of dollars in investments. It was a good decision then, and it is a good decision today.

* * *

[Translation]

TAXATION

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Mr. Speaker, it is unacceptable that a farmer from

Lac-Saint-Jean who wants to sell his farm to his daughter at a discount is considered a cheat. It is unacceptable that a foreign investor pays half as much tax, or no tax at all on his investments. It is unacceptable that the government is attacking SMEs and refusing to do anything about tax havens.

Will the government go back to the drawing board and ensure that its reform targets the real cheats, those who take advantage of the system?

Hon. Diane Lebouthillier (Minister of National Revenue, Lib.): Mr. Speaker, our government is firmly committed to combatting tax evasion and aggressive tax avoidance. Our historic \$1-billion investment over the past two years is proof positive. It is unprecedented.

Our measures are bearing fruit, since we are on track to recovering \$25 billion offshore. What is more, 627 cases were handed over to criminal investigations, 268 search warrants were issued, and there have been 78 convictions. The net is tightening and we will continue—

The Speaker: Order. The hon. member for Joliette.

* * *

INTERNATIONAL TRADE

Mr. Gabriel Ste-Marie (Joliette, BQ): Mr. Speaker, the cleanest and best quality aluminum in the world is produced in Lac-Saint-Jean. There is nothing like it anywhere else.

We are talking about 7,000 direct and 30,000 indirect jobs in Lac-Saint-Jean. The people of Lac-Saint-Jean have a lot to be proud of. However, once again, the Liberals' spinelessness towards Donald Trump threatens the future of aluminum in Lac-Saint-Jean.

Can the minister make a solemn commitment to protect the aluminum industry, especially in negotiations with the Americans?

Hon. Chrystia Freeland (Minister of Foreign Affairs, Lib.): Mr. Speaker, yes, I can make a solemn commitment to defend the interests of the steel sector and all sectors of our national economy. Our government will always stand up for aluminum and steel workers. Our government is proud of our aluminum sector and its workers. We will always defend our economic interests and Canadian values.

[English]

The Speaker: Now I believe the hon. opposition House leader has the usual Thursday question.

* * *

BUSINESS OF THE HOUSE

Hon. Candice Bergen (Portage—Lisgar, CPC): Mr. Speaker, I would like to begin by asking the House leader if she could tell us what the business is for the rest of this week and when we return after the Thanksgiving constituency week.

Business of Supply

Given that we have been very co-operative over the last two and a half to three weeks and have seen a lot of government legislation move through that period, I am hoping that she will be respectful of some of the bills that we really would like to have ample time to discuss. Bill C-48 was basically shut down after one member spoke to it, which was disappointing. I am hoping that, moving forward, we will be able to press the reset button and that we will be allowed to speak on issues that are important to us.

● (1510)

[Translation]

Hon. Bardish Chagger (Leader of the Government in the House of Commons and Minister of Small Business and Tourism, Lib.): Mr. Speaker, this afternoon, we will continue the debate we began this morning on the NDP opposition motion.

Tomorrow, we will begin debate on Bill C-57 on sustainable development.

Next week, members will be working in their ridings. When we return, we will resume consideration of Bill C-55 on the protection of oceans.

[English]

On Wednesday, we will resume debate on Bill C-57. Lastly, Tuesday and Thursday of that week shall be allotted days.

Since we will be in our constituencies next week, I wish everyone a happy Thanksgiving with friends, family, and loved ones.

The Speaker: Let me extend my wishes to all members and all Canadians for a happy Thanksgiving as well.

GOVERNMENT ORDERS

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—PHARMACARE

The House resumed consideration of the motion.

The Speaker: There are five minutes remaining for questions and comments following the speech of the hon. member for Essex.

Questions and comments, the hon. member for Laurentides—Labelle.

Mr. David de Burgh Graham (Laurentides—Labelle, Lib.): Mr. Speaker, this spring, at the procedure and House affairs committee, there was a fairly large blow-up when a bill arrived in our lap that apparently was related to a study that was under way at that time. I am sure the member from Hamilton remembers that quite well.

The member for Vancouver Kingsway, whose name this motion stands under, has brought forward this motion on the pharmacare program, which in its own right is not a bad thing. However, there is a study under way at the health committee, which has seen 89 witnesses over 20 meetings, to study this very issue. It has not finished that study. It is ongoing.

Therefore, I wonder if the New Democrats have respect for the process here after the biggest part of the blow-up came from that side on that bill, or if they are not really interested in the study actually considering it and just want the credit for the results.

Ms. Tracey Ramsey (Essex, NDP): Mr. Speaker, this question is quite surprising because of course the NDP has respect for the process of this House. We have a deep respect for that and certainly for our member for Vancouver Kingsway, who has brought this forward.

As the member opposite should know, calling a meeting in one year's time will certainly not prohibit the committee from doing its very good work in the meantime. There is absolutely nothing in this motion that references detaining or derailing the work of the committee. We know that good work will continue, and again we hope it will bring to light more of the evidence on why it is so incredibly important that we have a pharmacare program.

This particular motion today really is asking for a meeting within one year. I am sure the member opposite will agree with me that we can have a full study at the health committee and have a meeting with the provinces within one year. Those things will go hand in hand quite well.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I think my colleague had a good question there that deserves a better answer than what we received. We need to recognize that the motion that the NDP has before us today is based on the parliamentary budget officer's report. That report was requested by the health committee. It is sitting and talking about the pharmacare program. It asked the parliamentary budget officer to submit a report. That report has not even been presented to the health committee. The health committee has done a lot of fantastic work on this issue. However, we now have a member of the New Democratic Party saying, "We want this report; we want this." Why would the New Democrats not take the ideas that are coming out of the standing committee, and allow it to continue to do the fine work it is doing? Ultimately, I believe all MPs inside this House want to see good work done on the whole pharmacare issue.

Ms. Tracey Ramsey: Mr. Speaker, these things are not exclusive. I hope the member opposite did not say that he thought the minister had not read yet the report from the PBO. I certainly hope that is not the case.

To be honest, it is not just the New Democrats who are calling for action. We are joined by many people, including the Canadian Medical Association, the Canadian Federation of Nurses Unions, the Canadian Doctors for Medicare, the Federation of Canadian Municipalities, the Canadian Health Coalition, the Council of Canadians, the Canadian Labour Congress, CUPE, and Unifor.

Today, Hassan Yussuff, the president of the Canadian Labour Congress, said that he hopes that all parties will support this motion in the House today.

There are many organizations, and certainly 91% of Canadians, who understand that one meeting within a year is something important to ask for, because we have seen no action from the Liberals on pharmacare since 1993.

Business of Supply

•(1515)

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, when I was door-knocking in my riding, one of the most heartfelt stories I heard was from a senior who said that she had to make a choice between medicine or food, and that she chose to eat but was living in pain.

Could the member for Essex talk about why it is urgent that we move forward with and make a commitment to a universal pharmacare plan? Moreover, knowing that the PBO report states that if we implement one, it would save Canadians \$4.2 billion, how important is it for us to get those tax savings to ensure that my constituent will not suffer another day?

Ms. Tracey Ramsey: Mr. Speaker, during my speech I referred to one of my constituents with a similar story. This is heartbreaking for Canadians, and it cannot continue. In 2015, an Angus Reid Institute report stated that millions of Canadians feel the pressure of prescription drug costs, and that more than one in five Canadians has said that in the past 12 months they or someone in their household has not taken their medication as prescribed because of the cost. It is time for action.

Mr. Bill Blair (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I would like to begin by informing you that I will be splitting my time this afternoon with the member for Thérèse-De Blainville.

It is a great pleasure to rise today to discuss the motion tabled by the member for Vancouver Kingsway related to pharmacare. Specifically, I would like to speak about the research that is being supported by the federal government through the Canadian Institutes of Health Research, or CIHR, related to pharmaceuticals.

Our government recognizes that the price of drugs affects the life of all Canadians, and ensuring equitable access to necessary medicines is a priority for our government. More precisely, working with the provinces and territories to improve access to necessary prescription medications is one of our top priorities. This will include joining with the provincial and territorial governments to negotiate common drug prices, reducing the costs that Canadian governments pay for these drugs, making them more affordable for Canadians, and exploring the need for a national formulary. That is why, through CIHR, our government is investing approximately \$1 billion in research initiatives that will generate new knowledge and evidence and lead to better and more affordable treatments for Canadians.

I would like to discuss some important initiatives supported by these investments that will lead to more affordable treatments and better health outcomes for Canadians.

Clinical trials are the cornerstone of evidence-based practice and ensure timely access to new drugs and treatment for Canadians. For this reason, CIHR recently announced it will be investing \$11.7 million annually in an initiative that will focus on the development and implementation of innovative methods in clinical research, the innovative clinical trials initiative. This specific initiative is part of the larger strategy for patient-oriented research by a national coalition of federal, provincial, and territorial partners dedicated to the integration of research into care. The innovative clinical trials initiative will contribute to increasing Canadian competitiveness in

innovative clinical trial research and provide a stimulus for research to adopt new methodologies to conduct clinical trials. It will also encourage collaboration with various stakeholders, including patients, decision-makers, and key stakeholders.

Innovative clinical trials use alternative designs to traditional trials methodologies. These new methods can reduce the cost of conducting trials, thereby reducing the amount of time needed to answer research questions, and they increase the relevance of research findings for patients, health care providers, and policy-makers. The direct outcome of these new methods is improved effectiveness of the trials while keeping the same high safety and effectiveness standards for the drugs. This will lower the cost of drug development, ensuring that new, affordable, and effective drugs are available for Canadians.

A priority for the federal government is to improve access to necessary prescription medications. It is important to note that as more people gain access to prescription medication, evidence-based information is required on the safety and effectiveness of the pharmaceuticals. That is why the federal government, through CIHR and Health Canada, created the Drug Safety and Effectiveness Network, to give Canadian decision-makers the evidence they need on post-market drug safety and effectiveness. Launched in 2009, the Drug Safety and Effectiveness Network receives \$10 million per year in ongoing funding from the Government of Canada to support its activities, and represents a national network of over 150 researchers. CIHR's investment in the network is making a real-world difference. Since its inception, the Drug Safety and Effectiveness Network has funded over 125 research and capacity-building projects to help those setting policy and delivering health care make informed decisions.

To facilitate this knowledge-translation process, the network developed a collaborative agreement with the Canadian Agency for Drugs and Technologies in Health, also known as CADTH, an independent organization to disseminate its study results to provincial and territorial authorities. This collaboration creates the capacity to respond in a timely manner to the drug safety and effectiveness queries of decision-makers, and ensures that the most effective drugs are accessible to Canadians.

Business of Supply

The federal government recognizes the importance of evidence-based policies, which is why, through CIHR, it has supported the research of Dr. Steve Morgan at the University of British Columbia. Dr. Morgan is an expert in pharmaceutical policy and his research focuses on examining the balance between providing equitable access to medicines and responsible health care spending. From 2009 to 2014, the federal government invested almost one and a half million dollars to support Dr. Morgan and other policy researchers who formed a pharmaceutical policy research collaboration. In 2015 this research collaboration released a report to help foster evidence-informed conversations on the future of prescription drug coverage in Canada.

To conclude, I would like to reiterate that ensuring equitable access to necessary medicines is a priority of our government. We are confident that investments in health research, and in particular the highlighted initiatives I have spoken of, will lead to better and more affordable drugs for all Canadians.

• (1520)

Outcomes from these initiatives will contribute to our government's commitment to grow our economy and to strengthen the middle class and those working hard to join it. Our government will continue to work with the provinces and territories to advance pan-Canadian collaboration on health innovation.

I would also like to take this opportunity to wish members of the House a happy Thanksgiving.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I want to compliment the parliamentary secretary for the fine work he is doing on this and other files. We are following very closely the cannabis file, on which he has done outstanding work.

Could my colleague provide some further thoughts on how important it is, when the standing committee gets the opportunity to review the parliamentary budget officer's report, that the committee be in a better position to provide advice to all members of the House?

Mr. Bill Blair: Mr. Speaker, I thank my colleague for to opportunity to speak a little about the outstanding work being done by our health committee.

For the past several weeks, I have had the opportunity to work with our health committee as it has heard important testimony on another bill coming before the House. I have witnessed the commitment of committee members from all parties to improve health outcomes for all Canadians and their commitment to look at a national pharmacare program, a commitment that began well over a year ago. They have listened tirelessly to evidence and testimony. What they have sought is evidence-based policy and expertise.

As part of their evidence gathering, they asked the parliamentary budget officer for a costing estimate. That is an important part of the discussion, but it is only a small portion of the important work being undertaken by the health committee to gather all of the evidence needed to assist the government and this Parliament in making the right decisions for Canadians.

Ms. Tracey Ramsey (Essex, NDP): Mr. Speaker, since 1993 the Liberals have stood in the House and talked about the importance of pharmacare. I do not know how much more evidence needs to come forward. The evidence has been mounting, and 91% of Canadians want a national pharmacare program. I do not know how much more evidence the government needs on this.

Canadians keep speaking loudly and clearly, and the Liberals are ignoring them. I cannot believe the member does not support holding one meeting within a year. Is the member standing in the House and telling Canadians and people from his riding that his government will not even hold a meeting on pharmacare with the provinces?

• (1525)

Mr. Bill Blair: Mr. Speaker, I thank the member for the opportunity to explain our government's commitment to look at all the ways we can make pharmacare more accessible and more affordable for all Canadians.

I have outlined some of the outstanding work that has taken place over the past several years to ensure that we do our very best to make pharmaceuticals available, accessible, and affordable for all Canadians. That work continues unabated.

We are very fortunate to have the excellent work of our health committee, which has examined the issue with the intent of bringing back a report and recommendations to government. We are very open to those discussions and are looking forward to the final work of that committee, after it has gathered all the evidence and brought its findings to the health minister for consideration.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, surely the member must understand that the motion does not impede the work of the committee.

As well, I would quote the chair of the Canadian Doctors for Medicare:

As a physician, my first thought is about my patients' health. Knowing now that the millions of Canadians who can't afford to take their medication could be covered for less than we spend today, I can only ask why Canadian governments aren't acting now to implement pharmacare.

Based on that, would the member vote for the motion?

Mr. Bill Blair: Mr. Speaker, I assure the member that our government is in no way impeded by the motion and remains committed to continuing to move forward to gather the best evidence and obtain the advice of the health committee. We remain committed to protecting the health of all Canadians and to ensuring prescription drugs are affordable and accessible, and we will continue to do that work. We are not at all, in any way, impeded in that important work or in that commitment by today's motion.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Mr. Speaker, I am pleased to have a chance to contribute to today's debate on prescription drugs, which are an important part of our health care system. In order for us to commit to a national pharmacare program, the necessary groundwork must be laid to support efficient management of pharmaceuticals in this country.

Business of Supply

That is why I am pleased to be here today to talk about appropriate prescribing and use of drugs. Appropriate prescribing is an important component of our government's commitment to improving the affordability, accessibility and appropriate use of prescription drugs.

Significant increases in the use of prescription drugs to treat health problems have led to an increase in inappropriate use and unnecessary spending on these drugs.

Inappropriate prescribing for seniors comes with a specific set of concerns. More than 80% of Canadians over the age of 65 take at least one prescription drug regularly. In fact, one in three Canadians takes five or more medications a day. It is estimated that 37% of these prescription drugs are potentially harmful or ineffective, costing the health care system more than \$400 million a year.

The World Health Organization estimated that in 2012, half of the world's drugs were either prescribed, dispensed, or sold inappropriately, and that half of all patients failed to take them correctly. A proper prescription aims to improve prescription drug use by ensuring that the right drug is prescribed to the right patient at the right time. Our government acknowledges that it is an important part of our health care system that we have to improve if we want to reduce waste, protect patients from unnecessary harm, and make progress in health care.

Patients seek prescription drugs when they are sick, and prescribers use their expertise to choose drug treatments for their patients. When prescribed and used appropriately, prescription drugs can prevent sickness, improve productivity and quality of life, reduce absenteeism, support mental health management, and even cure illnesses.

In fact, when appropriately prescribed and used, drugs are an essential part of clinical care. However, 50% of Canadians do not take their drugs exactly as prescribed. Furthermore, questionable prescribing practices lead to both inefficiency and waste. If they are not used appropriately, prescription drugs can cause serious harm and put additional pressure on other parts of the health care system.

According to the Canadian Society of Hospital Pharmacists, every year, drug non-compliance is the cause of 10% of all hospital admissions and 25% of hospital admissions for the elderly. Every year, 200 drugs are approved, and it is very difficult for prescribers to keep their knowledge up to date.

Many of the new drugs that are authorized for use in Canada each year come with higher price tags but very few additional clinical benefits compared to other less expensive drugs that are already on the market. The appeal of these new drugs may lure patients and prescribers into using them instead of existing drugs or other treatments that are more effective.

Unfortunately, our health care system does not always give prescribers the support they need in choosing the best drugs for their patients. In Canada, colleges of physicians and medical associations develop clinical guidelines to help with prescribing drugs. However, many of these guidelines are developed with the help of industry funding and are not subject to quality checks.

In budget 2017, we allocated additional funding to the Canadian Agency for Drugs and Technologies in Health, or CADTH, to help

support existing intergovernmental efforts to ensure that drugs are prescribed and used properly. That includes identifying best practices and promoting new implementation strategies for appropriate use.

● (1530)

CADTH is responding to the need for more guidance on prescribing practices by adapting its products and services. In the future, CADTH's appropriate use programs will include evidence-based prescribing guidelines and examine the comparative efficacy of non-pharmacological treatment options. For example, CADTH's review of first- and second-line pharmacological diabetes treatments meets the need for more sound evidence about categories of drugs, not one drug in particular. This will help prescribers select the right drug and optimize its therapeutic use.

In the past, our ability to address inappropriate prescribing was impeded by limited access to reliable national data on prescribing practices and the use of prescription drugs. Without that kind of data, our understanding of the problem and our ability to address it are limited. Without sound, objective evidence, programs to promote appropriate prescribing and repair the damage done by inappropriate use cannot be designed to focus on the areas of greatest need.

We responded to this challenge with federal investments in budget 2016 and budget 2017, so that Canada Health Infoway could work with the provinces and territories to develop a national electronic prescription program to allow health professionals who issue prescriptions and pharmacists to share information electronically.

This system, called PrescribeIT, will help reduce prescription errors, inform pharmacists of potentially dangerous drug interactions, and help patients take their medication as prescribed. Since it will be integrated into existing drug information systems in the provinces and territories, it will provide decision-makers with a more accurate overall picture of pharmaceuticals in Canada.

PrescribeIT is already in use in Ontario, where the first electronic prescription was sent to Huntsville on August 30. A number of organizations in the country are already working on appropriate use, and Canada has shown its capacity for developing tools and resources in order to create effective programs. What is missing is an active strategy to capitalize on the objectives and progress of existing organizations and programs. Such a strategy could help eliminate duplication of efforts in this domain, address important gaps, and ensure more effective intervention.

In order to help determine how international best practices could be adopted for developing such a strategy, Health Canada is now asking the Drug Safety and Effectiveness Network to conduct an in-depth analysis of international organizations responsible for the appropriate use of drugs.

At this stage, I would like to talk about two leading organizations recognized by the Drug Safety and Effectiveness Network, that were created over the past few years to address the issue of appropriate use in Canada, the Choosing Wisely campaign and the Canada Deprescribing Network.

Choosing Wisely is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments, and make smart and effective care choices. To date, more than 40 medical specialists have made recommendations on inappropriate care, including the use of prescription drugs.

Recently, with the help of federal funding, these leading organizations were able to broaden the scope of their message across the country.

The Canada Deprescribing Network was established out of concern for the risk related to the use of medication by seniors. This group of clinicians, researchers, and patients work together to promote the deprescribing of medication that may no longer be of benefit or that may be causing harm. To date, the network has produced a number of resources, including guidelines on deprescribing the four drugs most commonly prescribed to seniors. These two leading organizations are working together with the Canadian Agency for Drugs and Technologies in Health in key areas for improving the care that Canadians receive by coordinating their work on the inappropriate prescription of drugs used to treat insomnia.

I am sure my colleagues will agree that improving the prescription and appropriate use of drugs is key to improving the effectiveness and sustainability of our health care system. On that, I am prepared to answer questions.

• (1535)

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, I listened attentively to my colleague, and throughout his speech I only heard arguments in favour of the motion. All his arguments supported the fact that a universal pharmacare program is important.

We are the only major industrial country that offers health care insurance but not a drug plan. As the parliamentary budget officer stated, how can we pass up \$4.2 billion a year? What I heard was a number of arguments in support of today's motion. I presume that my colleague will be voting for the motion.

Mr. Ramez Ayoub: Mr. Speaker, I am a member of the Standing Committee on Health, which is studying the possibility of creating a pan-Canadian pharmacare plan. We are in the process of gathering information.

I agree that my speech today further supports the fact that there is a real need for such a plan. However, before negotiating a pan-Canadian program with the provinces and the other Canadian regions, we must finish our study, which we have not done yet. I am

Business of Supply

in the midst of collecting information and we will ultimately table a report.

We just received the PBO report, which provides all kinds of extremely important information. However, we have to digest the information and then have intelligent discussions based on the evidence. That is what we will do.

• (1540)

Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.): Mr. Speaker, I would like to thank my colleague from Thérèse-De Blainville for his excellent speech.

In politics, we must walk the talk. In the last election, the NDP talked about investing in health and creating a national pharmacare program, and also balancing the budget. That is all well and good. However, I went outside and money is still not growing on trees.

I would like to ask my colleague what our government has done to date in order to reduce the cost of patients' medications.

Mr. Ramez Ayoub: Mr. Speaker, that is a very good question.

Our government has done a number of things to help the provinces set up a bulk purchasing program so they can reduce costs. Initiatives like that come from the federal government and the House as a whole.

The Standing Committee on Health is talking about these issues and is not waiting for all the results to come in before taking action. The important thing is to keep going, not necessarily to make predictions. We have to act now, and that is what we are doing.

[*English*]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, I listened with interest to the hon. member's comments. However, I think he is missing what to me is the basic point, which is that we have gaps in our coverage.

I represent a riding that starts in an urban area and extends out to a rural area. I represent retired people and working people. I want to give the member two examples of a lack of coverage.

A couple who live in the rural area of my riding wrote to me to say:

Since we retired, we haven't been able to afford all of our medications.

From the other end of my riding, the urban end, someone who is working says:

I use the food bank most weeks because all of my money is used up for the drugs I need for my diabetes and blood pressure.

Would the member not agree that all the good things he has talked about have not solved this problem? What we need is a universal pharmacare program to make sure all Canadians get the full benefit of our health care system.

[*Translation*]

Mr. Ramez Ayoub: Mr. Speaker, I really appreciate my colleague's question.

Business of Supply

The more we study this issue and the more we look at the facts, the more it becomes clear that we need national pharmacare. I agree with that in principle, but we have to achieve that end as quickly as possible and provide the best possible care. We also have to make sure drugs are prescribed to the right people at the lowest cost possible. That is what we are going to do.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Mr. Speaker, I will share my time with the elegant and extraordinary member for Vancouver East.

[*English*]

This is an issue that has a lot of importance in my riding of New Westminster—Burnaby. It is something I hear about regularly. There are seniors who do not have access to medication because they cannot afford to pay for it, and families that, because they do not have access to private pharmacare plans, have to effectively pay out of their pockets, if they can afford to. This is not an issue that is just sterile debate in the House of Commons. This really touches the heart and soul of Canadians' quality of life.

Today we have heard a lot of arguments from Liberal members of Parliament. They have consistently said that we should just wait. Their arguments would have a little more validity if it was not for the history of the Liberal Party on this issue.

In 1964, the Royal Commission on Health Services recommended that we have national pharmacare. The Liberals said that it was not ready yet, so we should wait. Fast forward to 1997, when we had the National Forum on Health. In 2002, there was the Royal Commission on the Future of Health Care in Canada, and in 2004, the premiers' consensus on pharmacare. In each of those periods, we had Liberal governments that said that they supported the principle of pharmacare but needed to wait. It was just not the right time to do it, for whatever reason.

Today the Liberal arguments are similar to what they were years and decades ago. Yet again we have Liberal MPs standing in the House of Commons saying that this is not important and we should wait. Unbelievably, now their excuse is that we have to wait for a committee report. Somehow Canadians should put aside that priority of putting in place a pharmacare plan that the vast majority of Canadians support, because Liberals on a committee want to wait to produce a report.

There would be credibility in that argument if for decades and decades Liberal MPs had not been standing in this same House saying exactly the same thing. In principle, they support pharmacare, but they have to wait for a royal commission or another royal commission. They have to wait for a committee or another committee or a budget. For decades Canadians have been forced to wait.

It would be almost humorous if it did not have such a profound impact on Canadians. If anyone here doubts how important this issue is to Canadian families and Canadians, they should step out of this House, go right across the lawn down to Wellington Street, turn left, and go down over the bridge toward the Château Laurier in this same city. Not every day, but most days, they will find on the bridge between Parliament, the East Block, and the Château Laurier a man named Jim. Jim sits in his wheelchair and has to beg for money to pay for the drugs that will keep him healthy in life. I have spoken to

Jim many times, and I have dropped some money in his cup. He has agreed that I could share his story. I know that many of my colleagues, other New Democrats, have stopped and spoken to Jim as well.

Jim looks like a robust guy, and he was. He worked hard all his life, then injuries and sickness meant that he had to purchase drugs to keep him alive. He had to go to the pharmacy and get those drugs, but those drugs are pretty expensive, about \$400 a month in the absence of a national pharmacare plan, which we are debating today and could make a reality if Liberals supported the NDP motion. We could start to make that a reality within a year. That is not going to help Jim over the next 12 months. He is still going to have to beg. He is still going to talk to passersby. However, what a difference it would make in his life to know that in a year, the federal government would actually be sitting down with the provinces and starting to put in place and negotiate a national pharmacare plan.

● (1545)

That is what we are called upon to do today. We are not called upon to have a sterile debate. We are not called upon to say let us wait for a particular committee report, and then we will talk some more, and then we will rag the puck, as they say in hockey, and then in five or 10 years, we will come back and have the same debate we had after the premiers consensus of 2004, the Royal Commission on the Future of Health Care in 2002, the National Forum on Health in 1997, and even the Royal Commission on Health Services in 1964. Canadians have been waiting long enough. It is time to have pharmacare. There is no doubt.

If Jim could come here, or the Tracys, the Ramdeeps, the Lemays, or the hundreds of thousands of other Canadians who do not have access to pharmacare right now, if they came to the galleries and we gave them a microphone to tell us about what life is like without a pharmacare plan, they would tell us some pretty sad stories. They would tell us about having to make tough choices between eating and buying the drugs that will keep them healthy. They would tell us stories about what they have had to give up. Some of them would tell us stories about not being able to continue to pay their rent. If they are someone like Jim, they would tell us about what they have to do every day, rain or shine, whether the sun is beating down in Ottawa or it is pouring rain. I have even seen him in the snow. He has to come here to beg to get enough money to get through the month. What is wrong with that picture?

This cannot be a sterile debate. It cannot simply be Liberals saying let us get a committee report together and wait a few more months or years or decades. It has to happen now.

I believe that all members come to the House with the intent to do good. I believe that every member of the House is elected to serve and believes profoundly in making Canada better. We know the horror stories that are out there. We know how much people are suffering now, and we have the ability to change it.

Business of Supply

The good news is that, as the parliamentary budget officer has told us, it is even cost-effective. We end up saving \$4 billion a year by voting yes to the NDP proposal to start negotiations. We actually will save money for Canadians. Cost is not an issue. The motion clearly talks about sitting down with the provinces, so negotiations are not the issue.

We know that it would still take a year or two to put this together, but I would wager that we would all be proud to come forward in 2019 with a new national pharmacare plan.

Tommy Douglas, the father of Canadian medicare and the premier of Saskatchewan, someone who was voted the greatest Canadian in our history just a few years ago, always believed that moving to medicare was the first step in moving to pharmacare. He believed that we could not have comprehensive health coverage unless we could ensure that medication was actually part of it too and that nobody, no senior, no child, and no family, should have to put aside medication because a person could not afford to pay for it. That is a simple Canadian principle.

This is a very Canadian motion. It is something that every member of the House of Commons should vote on and vote for. If members doubt for just a moment whether they should vote for it, I ask them to go out of the House of Commons for a few minutes, go down outside the Château Laurier, and talk to Jim. Jim will tell them to vote yes for this motion.

• (1550)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, there are many Canadians in all the constituencies we represent who have similar stories, including his example, Jim. That is one reason it is important to recognize that it is not a political party or an individual that is driving this. I believe the issue is being driven by Canadians as a whole. That is why a group of concerned members of Parliament who sit on the Standing Committee on Health came up with the idea to pursue this.

The current government has dealt with issues, such as the health care accord and trying to reduce the cost of medications. We have a health committee that is very proactive.

The report this motion is based on is the parliamentary budget officer's report, which will be of most interest to the Standing Committee on Health, because it asked for the report. The report has not even been brought forward for discussion at the committee. It is only a matter of days or weeks before that takes place.

Could the member provide his thoughts on how important it is that the standing committee continue to do its good work looking at the details so that at some point we will be able to deal with it and work with the stakeholders, knowing exactly what is being proposed?

• (1555)

Mr. Peter Julian: Mr. Speaker, I am so saddened by the question from that member. I like the member, but I am so saddened by his asking something that is essentially irrelevant to the Jims, the Traceys, the Randeeps, and the Lemays across this country who do not have access to essential medication today. It is irrelevant. Sure, the committee can keep working. The committee can do all the work it wants. However, what we are setting out today is the possibility of

starting that discussion, within a year, and completing it, hopefully, in just over a year so that we can actually bring pharmacare in for Canadians.

I think committees do great work. However, the idea that we sit in this House and talk about when a committee report should be published and when that paper should be produced is irrelevant to the issue at hand. The issue at hand is whether we are going to bring in pharmacare for Canadians. They need it. Some families are desperate. Many seniors are desperate.

Let us just get it done. Let us vote yes on the motion to bring pharmacare to Canada.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I thank the member for his very passionate and very real story about why we need to pass this motion.

The question we hear from the Liberal government side seems to indicate that somehow this motion is a partisan motion and that supporting it and moving forward on a national pharmacare program is partisan.

The motion reads:

That, given that millions of Canadians lack prescription drug coverage, and given that overwhelming evidence, including from the Parliamentary Budget Officer, has concluded that every Canadian could be covered by a universal pharmacare program while saving billions of dollars every year, the House call on the government to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program.

Could the member please advise us which part of this motion is partisan?

Mr. Peter Julian: Mr. Speaker, I appreciate the good work of the member for Vancouver East. She comes from a proud tradition of very strong representation in Vancouver East. She is an exceptional member of Parliament in this House of Commons. I admire her work enormously.

She is, of course, asking a rhetorical question. There is nothing in this motion that is partisan. Everything in this motion is conceived for members of Parliament to listen to their constituents and to adopt this plan to bring in national pharmacare. It is very simple.

I have been listening carefully to the debate. There are very eloquent members of Parliament here. However, the ones who are saying to wait another five, 10, 15, or 20 years are not following the wishes of their constituents and of Canadians. Ninety percent of Canadians want to see pharmacare. Let us get it done. Let us vote yes on this motion.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I am honoured today to rise in the House to speak in support of the motion tabled by my colleague, the member for Vancouver Kingsway, a tireless advocate for not just maintaining but improving Canada's public health care system, and in this case pharmacare specifically.

As my colleague mentioned today, New Democrats champion public health care while Liberal governments need to be dragged forward to make any progress. That is nothing new.

Business of Supply

It was a former leader of the New Democratic Party who championed and pushed for public health care, first in Saskatchewan and then nationally, making access to health care a basic right for Canadians for generations to come.

To quote the greatest Canadian, Tommy Douglas, “I came to believe that health services ought not to have a price-tag on them, and that people should be able to get whatever health services they required irrespective of their individual capacity to pay.”

It is well known that the universal health care dream extended well beyond where universal access to care is today and that much more work remains to be done.

I quoted our former leader to highlight the New Democratic roots, our principles, and the battles we have been fighting to improve the lives of Canadians for years.

I say that this issue is important not only for New Democrats but for all Canadians, no matter what their political stripe.

I also quote in light of the election of our new NDP leader, someone who embodies these principles and who will continue this fight with love and courage. To quote our new leader, Jagmeet Singh, “I believe in social democratic values, universal social programs like health care, but expanding them into more universal services like pharmacare and dental care.”

When we are discussing the merits of extending universal access to health care services such as pharmacare, it is important to keep in mind that an ounce of prevention is worth a pound of cure.

Prescription drugs play a vital role in Canada's health care system, whether that is in treatment for an illness, recovery from an illness or medical intervention, or maintenance of a condition to ensure quality of life.

As we have heard throughout this debate from many members—and I could unfortunately quite easily fill up my time with constituent stories that have been brought to me—the cost of prescription drugs in Canada far too often leads to prescriptions not being filled or to unjust sacrifices being made to fill them.

I challenge anyone in the House to stand up and say that they have never met a constituent—or any individual, for that matter—who could not afford to buy his or her medication. I challenge anyone in the House to stand up and say that they have never heard a story of someone, a senior in particular, who could not afford to buy medication or that pills were cut in half or that a day was skipped in order to stretch the medication. I have met seniors who have told me that they are eating cat food so they can save money to buy medication.

The parliamentary budget officer's report cited data that shows costs related to non-adherence to prescription regimes ranged from 7% to 17% across the provinces.

Can we imagine how many thousands of Canadians are not taking their medication because they cannot afford to do it? A 2015 Angus Reid Institute poll found that some 29% of B.C. households reported that they did not take medications as directed because of cost. That is in my home province of British Columbia.

People who do not take their medicine because they cannot afford it is a big deal. People die from not being able to afford their medication.

A 2012 study estimated that inequities in drug coverage for working-age Ontarians with diabetes could be linked to 5,000 deaths from 2002 to 2008 alone. This problem is not restricted to any one province. It is a problem across the country.

It is important to keep in mind that it has an impact on the health care system as well.

● (1600)

A 2014 paper by the Canadian Centre for Policy Alternatives found that studies suggested that some 6.5% of hospital admissions are the result of people not following their medication regime. It estimates that this represents a price tag to Canada of some \$7 billion to \$9 billion per year. Therefore, to all our Conservative friends who say that we cannot afford to do this, I say to them that we absolutely need to do it. What we cannot afford is to not do this and not bring forward a universal pharmacare program. An ounce of prevention is worth a pound of cure.

Ensuring that Canadians are able to take the prescription drugs they need to maintain their health will have positive impacts on many areas of Canadian society, be that increased productivity because people are healthier, fewer emergency room visits, or fewer entirely preventable emergency medical interventions, just to name a few.

If member had a loved one, a family member, or a friend who could not afford their medication, and as a result their health was deteriorating, how would they feel about that? Worse yet, if they lost their life because of it, how would they feel about that?

This is what we ran for office to do. It was to make that change, and we can do something about it right here, right now, in this chamber, which is what this motion is all about.

According to the World Health Organization, Canada continues to remain the only high-income country with a universal health care system that does not provide for universal coverage of prescription drugs. What is wrong with this picture? Instead, Canada currently has over 100 private and public drug programs. This fragmented approach limits our negotiating power. My colleagues have talked about the impacts of this situation and what it means financially. Frankly, it does not make any sense. It makes no sense for the individual, Canadians on the whole, and it does not make sense for our economy.

I have heard Liberals try to say that somehow we cannot do this, because there is a study going on. Well, I hope that the government can walk and chew gum at the same time. I hope that the minister actually has the wherewithal to pick up the parliamentary budget officer's report, read it, understand what it means, and send staff to do the analysis around it. I hope that the minister will think far enough forward to realize that negotiating a deal with the provinces and territories will take more time than the government seems to think it is going to take, and that we need to get on with it yesterday.

Business of Supply

My colleague, the member for New Westminster—Burnaby, said that there have been reports done on this issue. Even before I was born, back in 1964, there was a report, and successively there have been royal commissions on it. How many more studies do we need? How much more evidence do we need?

I put this to the government side: have the courage. The Liberals say that they have the love in their hearts; then demonstrate it with courage and vote for this motion. Let us get on with it so that people like Jim, who is sitting not far from this chamber, have hope in knowing that the people who are representing them will have the courage and the love to act. That is what I am calling for.

• (1605)

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Mr. Speaker, I really do appreciate my hon. colleague's speech. It was very impassioned. I appreciate the opportunity to talk about something that is so important, something that affects every single Canadian. It is refreshing to have something to talk about that might actually unify Canadians, in contrast to the Liberals across the way, who keep on bringing things that divide Canadians into class warfare.

The Canadian Institute for Health Information has basically indicated that the total cost for health care across Canada right now is somewhere in the area of \$230 billion. My colleague said in her speech that it did not start out that way. It started out small and it has grown. It has actually grown into the largest line item of government spending across the board.

The plan that the member is talking about, a national pharmacare plan, would start out small, but we would have no assurances that it would not grow into the second-largest government spending program. Therefore, my question for the member is this: if she were government, what would she either cut or make less of a priority in order to pay for this program? What would she do in terms of being able to pay for it? Would she raise taxes on Canadians, and how much would that cost the average taxpayer, who is already paying between \$6,000 and \$7,000 a year per Canadian for health care?

Ms. Jenny Kwan: Mr. Speaker, the premise of the member's question is, frankly, wrong. Maybe if he actually picked up the parliamentary budget officer's report he would see that there would be savings to our health care system if we brought forward a national pharmacare plan.

Let us try this on for size, for the member's information. A year's supply of a drug for cholesterol, called atorvastatin, costs roughly \$143 in Canada, but in Sweden, it costs \$27, and in New Zealand, it is a mere \$15. The number of prescription drugs in Canada that cost more than \$10,000 per year has grown almost tenfold in the last decade. If we think about where the savings could be found, we could actually do this. For fearmongers to say that we cannot afford to do this is wrong. There has been report after report, and now the parliamentary budget officer says that it is the right thing to do and the economical thing to do.

• (1610)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I have had ample opportunity to emphasize the fine work of the Standing Committee on Health. It initiated a very

important study, because we understand how important the issue is. We have a Minister of Health who has been progressively moving forward on a number of critically important files.

I have a couple of specific questions for the member. The motion asks for Ottawa to work with the provinces. First, why would the New Democrats not have included the territories in the discussion? Second, the member across the way and others on the New Democratic benches said that this is an issue, yet I do not know the last time they raised this issue. They have been in opposition for decades. I believe this is the first time they have raised it. I may be wrong. Perhaps the member could indicate if that is the case. Is it just a coincidence that the health committee met, put in this request, and is finally getting its hands on the report, and the member feels that now is the appropriate time to raise the issue, as opposed to the decades prior, while New Democrats sat on their hands and did nothing on the issue?

Ms. Jenny Kwan: Mr. Speaker, let me first tell the member that if he wants to amend the motion by adding the territories, he is right, they should be added. We welcome his suggestion. We will amend the motion accordingly so that it will pass.

As to the question about the decades of inaction, let me focus on the decades of inaction by a Liberal government, a Conservative government, a Liberal government, and then back to a Conservative government on a national pharmacare plan. In 1964, before I was born, the Royal Commission on Health Services recommended that Canada institute a universal drug insurance plan. That was decades ago, before the current government, and nothing has happened. It was again recommended in 1997 by the Liberal government's own National Health Forum. What happened? Nothing. Then, in 2002, the Romanow commission made the same recommendation. What happened? Nothing.

The government's justification is that it has to study this more. Let us get on with it, shall we?

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, I am really pleased to join the debate today. I will be sharing my time with the member for Yellowhead.

I want to thank the NDP for this motion, because the discussion around access to pharmaceuticals is really important. Today we are having an important discussion for all Canadians.

We have heard about the many people who are having challenges accessing medicines. Despite this being an important debate, the NDP has jumped to a one-model solution. I am not entirely convinced that a one-model solution would really be in the best interests of Canadians as we move forward.

The NDP members have lots of heartfelt goals they want to achieve, whether universal child care or housing or many other items. Here I would also note that they tend to be complicit with the Liberals in supporting things that destroy our economy instead of building it. The very difficult news today about energy east and the government's decision to back away from that project was applauded by the NDP. The Liberals made it such a challenge to move that forward.

Business of Supply

The NDP are complicit with the Liberals in creating an economic environment that will, over the next few years, make it more challenging to enact the programs they want for Canadians. There should be some careful reflection by both the Liberals and the NDP on how to create an economy that will allow us to do the things that all Canadians want us to do, whether around pharmaceuticals or giving a hand up to those in need. That is my first point.

The next point I want to make is about the issue of constitutional jurisdiction. I remember being on the health committee. At the time, the Bloc had official party status. I can remember that whenever we talked about doing anything national for health, the Bloc members regularly reminded us that health was in their jurisdiction and that federal government should give the provinces the money but not talk about moving forward with any national programs. They felt that the provinces were very capable of dealing with it. The Bloc members said it very explicitly. We hear that from many of the provinces. Even in the most recent negotiations that were held, we heard the provinces saying that the federal government should send the money, but they were very reluctant to be told what to do with it. I think they are rightfully concerned about any large federal government program.

Again, the federal government should probably stick to the pieces of governance that it is actually responsible for. I look at the Liberals and the Phoenix pay system as an example. If the federal government cannot even create a pay system to pay its own employees, how can we expect it to implement a national pharmacare program? The government has a couple hundred thousand employees it needs to pay, but it is much more complex to have a national pharmacare program providing drugs for millions of people. I would be very leery of putting anything like this into the hands of the Liberal government especially, which has shown itself to be inept at that kind of delivery. It is not in the federal government's responsibilities.

I look at the medical marijuana issue, which is another area where the Liberal government, quite frankly, has created a real mess. We have landlords whose homes are being ruined. The Liberals have set up a system that will not work very well, because that is not their area of expertise.

If the NDP is suggesting that they want the Liberal government to take over negotiations and create something that is very complex, it should perhaps rethink what it is asking for.

I really do want to talk about the solutions.

● (1615)

Ten percent of the population is under-insured, and 2% is not covered by a plan. I think that every one of us agrees that we need to find a way to deal effectively with the examples we have heard today. We need to make sure that someone has their diabetes medication, especially those with low incomes. Just as I have always said that the government should not be paying for my child care when I can afford it, we should be focusing on the people who cannot afford child care and to work at the same time.

I also believe there is a role and an opportunity for those of us who, quite frankly, have advantages in life to pay our fair share and to save those valuable dollars for the people who perhaps need it the

most. That is the whole idea of universality versus having people support themselves, and we need to make sure that when the opportunities arise, they can take advantage of them.

I want to talk about British Columbia, which we have not talked much about. Some provinces have moved forward, and again this is about the nimbleness of the provinces and their ability to create a system and solutions that work for their province. What might work in Prince Edward Island, which is a small island, might not work in British Columbia, which is much larger, more diverse, and has many more issues in terms of rural and remote communities. This universal one-size-fits-all approach is probably not going to be the most effective way to deal with it.

A number of years ago, B.C. put in fair pharmacare, a provincial income-based program designed to provide fair access to coverage for prescription drugs. The lower a person's income, the more assistance the government will provide them toward eligible drug costs. It is available to single people or families. For example, if a person's net income for two years is \$15,000 or less and they are registered for fair pharmacare, they will have 70% of their eligible prescription drug costs covered immediately, with no deductible.

I think that is a good example where, perhaps, if there were additional money provided for the pharmaceutical system, they might be able to look at it and be more responsive. There might still be a few gaps, but a system has been set-up that works and recognizes income.

British Columbia has also done something very interesting in the last little while that perhaps some of the other provinces can learn from. We should be very proud. What they have done is that the first nations health benefit plan is now under BC PharmaCare as of October 1. This was done in partnership with the First Nations Health Authority in B.C., and they joined with the drug insurance program PharmaCare. With this change, first nation clients of the drug services of Canada's long-standing federal system moved to a new made-in-B.C. pharmacare plan designed specifically for first nation clients. Previously, they received this through their non-insured health benefits. B.C. put in place regulations to change and integrate the system.

This week I had an opportunity to talk to pharmacists and asked if this were going to work. They said it would greatly improve their ability to provide prescriptions to the first nation communities they serve, or the indigenous people who come in for medication. They said they were having real challenges before and that this was an amazing change. What I am getting at is that provinces are more nimble and flexible. They can create best practices.

Business of Supply

I have listened to a lot, but not all, of the debate today. The NDP have not yet convinced me that their motion and plan is going to be the best way forward to really make sure that those who need drug coverage the most will be the ones who will get it.

• (1620)

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Mr. Speaker, I thank the member for Kamloops—Thompson—Cariboo for bringing up the indigenous aspect of medical needs in this country. As we know, most indigenous people live on reserves and in various other places, including in the far north where they do not have a lot of access.

I believe our colleague is a former nurse. I would like her to maybe give us that perspective on the pharmacies involved, including maybe the overprescription at times. We have seen that in northern areas of this country, where a lot of medicines are being prescribed that maybe are not needed. However, just because they are in the far north, they seem to get that little extra attention that others in this country do not get.

Mrs. Cathy McLeod: Mr. Speaker, the point my colleague is making is very clearly that one size fits all will not work for how we both administer and deliver our systems. We know that the First Nations Health Authority in B.C. is part of self governance by first nations in British Columbia. They have chosen a way to create access to medication that will be far more seamless. Instead of someone going through the very centralized bureaucratic system of the first nations non-insured health benefits program, they will be able to bring their status card, see a pharmacist, and have the seamless provision and delivery of pharmaceuticals.

On the issue of appropriate prescriptions, we all know about the opioid crisis not only in the north but also across this country, and certainly in Vancouver and British Columbia. It is a huge issue, although perhaps that is a bigger debate for another day.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, I listened with interest to the member for Kamloops—Thompson—Cariboo, whom I both like and respect. I know she and her party like to be seen as strong advocates for small business.

I would like to ask her about the impact of a universal pharmacare plan on small business. Would she agree with me that this would help small business in a very big way? It would reduce unnecessary time off by small business employees who cannot afford their prescriptions. It would make small businesses more competitive in hiring and retaining workers versus large corporations that have better benefit plans. It would help entrepreneurs who might want to leave a large company and start their own business, but might be afraid to give up the health care benefits for their family and children. Those small businesses that do go to the expense of providing benefit plans could reduce that unnecessary cost.

In addition to recognizing the health benefits of a universal pharmacare plan, does the member also see it as a big benefit for small business in this country?

• (1625)

Mrs. Cathy McLeod: Mr. Speaker, that is a very important point. My issue is that we do not necessarily need to look at a one-size-fits-all universal program. There are many opportunities to be flexible and creative to make sure that those who are most in need get

support. There are other ways to support small businesses. I look at how the Liberal government could have reduced the tax burden like they promised to do. Had they not been threatening our small businesses with extraordinary changes in how they are taxed, then perhaps our small businesses would have had more of an opportunity to invest in their employees and business.

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, does my hon. colleague understand the research showing that Canadian employers waste between \$3 billion and \$5 billion a year because of employment related private insurance that is ill-equipped to handle pharmaceutical costs effectively? Would the member not agree that this inefficiency creates unnecessary drag on the Canadian economy and on for those businesses alluded to earlier?

Mrs. Cathy McLeod: Mr. Speaker, we have also heard today that the health committee is reviewing this whole issue intensively and looking at all the different opportunities. What the NDP has done, which is typical of the NDP, is to go to the universal system, one that is universal for everyone, and they do not analyze the different opportunities that could present themselves.

I agree that perhaps there are opportunities, but most importantly, we do not want the federal government with its big bureaucracy taking over something like the Liberals did with the Phoenix system and making a huge mess of something so important.

Mr. Jim Eglinski (Yellowhead, CPC): Mr. Speaker, I am pleased to rise today to speak to the NDP opposition motion on pharmacare.

The motion states, “millions of Canadians lack prescription drug coverage”. It goes on to say, “the Parliamentary Budget Officer, has concluded that every Canadian could be covered by a universal pharmacare program while saving billions of dollars every year”. The motion ends my calling on the government “to commence negotiations with the provinces no later than October 1, 2018, in order to implement a universal pharmacare program.”

One must ask this. Do the provinces and territories in Canada want this and has there been a discussion between the governments? We all know the federal government's role is to provide health care funding, via Canada health transfers, to the provinces and territories to support the principles of the Canada Health Act.

Federal, provincial, and territorial governments all offer drug insurance plans, providing some coverage to approximately 53% of the Canadian population. Each jurisdiction stipulates the specific eligibility requirements for its population and the specific drugs it will cover, as well as any cost-sharing measures required. Jurisdictions typically provide some level of drug insurance for specific populations or individuals meeting some eligibility requirements. Most of these plans typically cover seniors, low-income families, or individuals.

Business of Supply

The health needs of each province's population, prescribing habits of physicians, generic drug pricing, and price negotiations vary. Provincial drug plans vary in their determination of the patient's co-payments, for example, a fixed co-payment and a means-tested co-payment.

Provinces also set different thresholds for both the income and the drug expenditure. Thus, a patient's out-of-pocket expenditure can vary, depending on which province or territory he or she lives in. We must also take into consideration private plans that individuals have across the country, which may exceed the provincial coverage. How would the proposed motion affect these plans?

According to a study by the Commonwealth Fund, 8% of Canadians with below-average incomes said that they had not filled a prescription or had skipped doses in the previous year because of cost. Although there is room for improvement, this is on par with Germany, which also had 8% of its people not fill their prescriptions, and is notably better than France at 11%, Australia at 14%, and New Zealand at 18%. I would stress these countries have national pharmacare programs. It is obvious people are more concerned about patients not taking the medication even though they have a national pharmacare program.

Canadians should be wary of replacing our mixed system with something like what exists in the U.K. or New Zealand. Socializing a larger part of drug spending through a single-payer pharmacare plan would give more power to government and its bureaucrats to make decisions on behalf of the insured. Policies that restrict access to new medicines would be applied across the board and would penalize all Canadians in the same way.

However, replacing our current mixed public-private plans, administered by the provinces, with a national drug insurance monopoly is definitely not the solution. It would harm Canadians, putting patients at risk and increasing the cost of our health care system in the long run. Would one plan fit all segments of the country? I do not think so, due to provincial and territorial jurisdictions, as well as private health plans negotiating, individually, the best prices for prescription drugs.

If there is only one buyer and our federal government is in control, common sense tells me the cost for prescriptions would be much higher.

A 2002 study estimated that 11% of Canadians faced the risk of high prescription drug costs, 2% because they lacked coverage and approximately 9% because they were under-insured.

• (1630)

Prescription drug expenditures in Canada were \$28.8 billion in 2014. When adjusted for inflation, out-of-pocket expenditures on prescription drugs per capita amounted to \$180, rounded off, in 2014. Prescription drug expenditures have three components: the drug cost; the dispensing fees charged by pharmacists; and the pharmacy markup, where applicable.

In 2012 and 2013, drug costs made up 74.4% of prescription drug expenditures in the public drug plans in Canada, whereas dispensing fees accounted for 21.4% and wholesale markup accounted for 4.2% of expenditures.

The motion before us today begs the question. How do we pay for a national pharmacare program when the parliamentary budget officer says it would cost \$22.6 billion annually? That is just an estimate. We have only to look at what took place today. The energy east pipeline failed because of government bureaucracy, red tape, and restrictions. Fifteen thousand jobs will not exist and revenue will not come into our country. Money does not grow on trees.

The 2016 census stated that the portion of working-age population, those between the ages of 15 and 64, declined from 68.5% in the 2011 census to 66.5% in the recent one. Results from the 2016 census from Statistics Canada shows the proportion of those aged 65 and older, including myself, climbed to 16.9% of Canada's population. We now exceed the share of those less than 15 years of age, who are at roughly 16.6%. These statistics tell me that the costs will be much higher. I do not believe I ever took any medication when I was under 15, but I take a little off and on now.

What the Conservative Party is concerned about is the lack of data and the high initial cost of implementing a national pharmacare program. The share of drug spending paid for by each payer differs substantially across age groups.

Unfortunately, what concerns me is that the out-of-control spending and deficits of the Liberal Government will make it extremely difficult for any meaningful federal investments in health care or any other social program. The Conservative Party supports a high-quality, sustainable health care system that ensures Canadians get the best possible care. I believe that Canada's health care system is envied around the world.

When I have travelled over the last few years, I have talked to strangers about their health care programs and their governments, and they are envious of what we have in Canada. However, I always say that we can always make things better.

Prescribed drug expenditures account for just 13.4% of Canada's total health spending, which is \$214 billion a year. A singular preoccupation on pharmaceutical cost containment risks missed opportunities for cost savings in other areas of the health system through improved medication adherence, early detection, chronic disease management, and preventive health measures.

Business of Supply

The Canadian Pharmacists Association's website in January 2016 stated that a “national discussion on a pan-Canadian pharmacare framework requires clear evidence for policymakers and a clear national consensus on priorities important to Canadians.” That is very important. Our Conservative Party wants to ensure that Canadians receive the best health care possible and that the most vulnerable have access to the most innovative drugs. We need to have fair drug prices and access to necessary medications. Patients also require access to the full range of pharmacy services, such as prescription renewals, care plans, and prescription modifications to ensure safe and effective drug therapy.

A national pharmacare program raises a number of the following questions. What would be the short-term costs? Would these costs be affordable to government? What would be the role of the federal government? What drugs would be covered by the drug plan? What criteria would be used in deciding who gets them? How would the added costs be split between the federal government and the provinces and territories? How would a national pharmacare program affect drug prices?

• (1635)

Ms. Linda Duncan (Edmonton Strathcona, NDP): Mr. Speaker, it is always a pleasure to hear my colleague from Alberta speak, but I am a bit surprised at the member's comment, saying that it would not be common sense to institute pharmacare. I know he comes from a party that believes we should be fiscally responsible. The Standing Committee on Health actually commissioned a study through the parliamentary budget officer. He said that Canadians would save up to \$4 billion a year if they instituted pharmacare.

If the member believes in being fiscally responsible and in ensuring that all of his constituents have equal access to the medicines they need, does he not believe it would best to take the most fiscally responsible route to providing medicines to Canadians?

Mr. Jim Eglinski: Mr. Speaker, as I stated earlier, our party believes health care should be available for everybody, but it does not have to be done through a motion forcing the government to meet with the provinces. We have a committee that is studying the program, looking at the best ways to make recommendations to the current government. All three parties are involved in that committee.

We need to have negotiations with the provinces and the territories. We should not have a motion before the House, forcing us to start those negotiations before the committee has reasonable time to study all parameters around it.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I find myself inclined to agree with what the member said about the motion, which is somewhat unbelievable.

My question is related to the fact that there is no individual or party that should stake a claim to owning the issue of pharmacare and the importance of it is for all Canadians. We understand the many complications and issues surrounding it. I guess it is more of a statement, looking for affirmation from the member, as he already has in one sense.

The membership of that standing committee has done a fantastic job in bringing many of the stakeholders together over the last while. As the member has already implied, if not said it, we need to allow

allow the parliamentary budget officer's report, as one of the documents among other documents, to be taken into consideration by the standing committee, with the idea that the standing committee as a whole will be able to come up with some good, solid ideas that maybe would enable us to move forward?

• (1640)

Mr. Jim Eglinski: Yes, Mr. Speaker, we need to rely on the committee. The budget officer's report is just one tool we should look at. We need to bring the appropriate witnesses, whether they are the provinces one by one, or the provinces as a group.

One plan will not fit all. We have to provide the best health care we possibly can for all Canadians, but it will not eliminate the problem if some people do not get proper health care. Some people may not register properly. Some people may not go through the proper channels, and they will be stopped whether it is a federal plan, a private plan, or a provincial plan. We need to work together to ensure we provide the best services we can for all Canadians.

The Assistant Deputy Speaker (Mr. Anthony Rota): It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Regina—Lewvan, Canada Post; the hon. member for Windsor West, Government Appointments.

The hon. member for Saint-Hyacinthe—Bagot.

[*Translation*]

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Mr. Speaker, let me start by saying that I am honoured to be splitting my time with my esteemed colleague from Edmonton Strathcona.

Close to 8 million Canadians have no drug coverage whatsoever, because Canada is one of the few industrialized nations that offers health care without offering medicare. Without medication, there can be no treatment. Health care without drugs is inconceivable.

We have heard specific examples all day long. In each of the ridings we represent, there are people who are unable to afford the medication they need. It is time for the government to find a solution to this problem.

In Quebec, we pay for our prescription drugs through a hybrid public-private insurance plan. Those whose employers have a plan are required to join. For all others, there is a public plan. This mandatory system guarantees better access than in the other provinces, but it is ineffective in containing spiralling costs.

The solution the NDP is proposing today is to implement a universal pharmacare program. According to data from sources such as the parliamentary budget officer, universal pharmacare would improve access to prescription drugs for Canadians and save billions annually.

Business of Supply

The parliamentary budget officer's report, entitled "Federal Cost of a National Pharmacare Program", which was released on September 28, reveals that a national pharmacare program would actually save Canadians \$4.2 billion a year.

Professor Marc-André Gagnon, an expert in public policy at Carleton University here in Ottawa, estimates that the government could cut its spending in half. That is why we are calling on the government to begin negotiations with the provinces within the next year to bring in such a pharmacare program.

I simply do not understand how this government can continue to ignore the benefits of implementing a national pharmacare system. Why wait, when people are suffering today because they do not have the drugs they need?

I will go over all the reasons why this system would be much better for Canadians. According to the brief presented to the Standing Committee on Health in November 2015, a universal system would reduce the cost of drugs by over \$1 billion through the use of evidence-based therapeutic options. A number of Liberals have said so today. There would be an additional savings of more than \$1 billion from the elimination of administrative costs related to private insurers.

Did members of the House know that a hundred or so generic drugs are more expensive in Canada than they are in the United Kingdom, France, and the United States? Why is it so expensive to get care in Canada? In addition to these potential savings, drug reimbursements would increase and the process would be simplified. Private plans cover millions of people in different ways. Each has its own conditions, restrictions, and co-payments, and every time a person needs a prescription drug, they have to check whether that drug is covered by their plan.

In 2015, more than one in five Canadian households were not taking their prescribed drugs because of the cost. With a public, universal pharmacare program, prescription drug prices would drop and drug reimbursements would increase for everyone. The process would be simplified because there would no longer be so many private players proposing countless plans and sometimes preventing the consumer from making an informed choice.

According to the same brief submitted to the Standing Committee on Health, a national pharmacare program can improve drug safety, mainly by limiting the number of insured drugs and ensuring that they are chosen carefully, in the interest of patient health and safety. Currently, Canada has no national strategy for integrating the safe and appropriate use of prescription drugs into the Canadian health care culture.

Both patients and prescribers have access to only a limited amount of unbiased information, which creates disparities and confusion.

●(1645)

A single list based on sound evidence would help to make sure that drugs are used properly, while taking into account their therapeutic value for patients. It is estimated that 80% of new drugs do not offer any added therapeutic benefit compared to less expensive drugs that are already on the market.

In countries that have a universal pharmacare program, the price of both patented and generic drugs is negotiated with the pharmaceutical companies. Buying drugs for entire populations gives these countries a lot of bargaining power. Depending on the plan, they negotiate the bulk price, establish budgets, hold competitive bidding processes for companies, and consider bundling several drugs.

Most drug expenditures come from thousands of private plans wherein people either have absolutely no power to negotiate lower prices or have no interest in doing so because workers and employers are the ones who pay for the drugs, not the insurance companies. The negotiations the provinces hold for their public plans have led to higher prices for the rest of the population, who are covered by private plans or who have no coverage. A universal pharmacare plan would give the government more power to negotiate with pharmaceutical companies.

This would also be the end of a no-win research and development strategy dictated by major pharmaceutical companies. The cost of newly approved medications is set by a federal body, the Patented Medicine Prices Review Board. This board examines the price of medications in other countries and uses the median price to set the Canadian price. However, the countries used for comparison purposes are those with the highest prices in the world, so we end up with unnecessarily high prices. This approach was intentional; it is part of an industrial policy that aims to increase the investments of pharmaceutical companies in research and development and job creation. It is no wonder the Liberals talked about research all day long. This policy, however, has proven to be an abject failure because investments in research and development between 1998 and 2013 declined dramatically compared to sales. It is high time to curb the powers of pharmaceutical groups in Canada.

Currently, New Brunswick, Alberta, and Quebec do offer pharmacare programs, but so far, we have only seen action on the provincial level. We need the federal government to show true leadership, because it is lagging behind on this issue. Quebec may be ahead of the curve once again, but that does not mean that it should have to sustain the entire system alone, when we have the means to implement a national, universal, and publicly funded pharmacare program.

The federal government needs to do more for all Canadians. If we had an entirely publicly funded universal pharmacare program, the Quebec government alone would save an estimated \$1 billion a year. Currently, Quebec residents are required to join their employer's private plan. The problem is that, for some types of employees, the cost of these private drug insurance programs represents a significant proportion of their salary. After paying the premiums, they do not have enough left over to pay for medication. On top of the potential savings to Quebec, a universal pharmacare program would relieve employers of a huge cost, enabling them to be more competitive and offer higher salaries and added benefits.

Business of Supply

Lastly, a universal pharmacare program would be more fair for all Canadians. It would allow our poorest citizens to receive their medication for free. We have heard many examples today of people unable to afford their medication. We need to make sure that no one in Canada has to choose between paying for the medication they need and feeding their family. This cannot wait. For too many opposition days, we have heard the Liberals say they are going to oppose the motion so they can propose something better. Enough is enough.

• (1650)

[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would like to believe, whether in this House or in the Manitoba legislature, that I have been a strong advocate on the health care file.

However, pharmaceuticals are one of the aspects of health care that quite often do get overlooked. For example, there is the issue of home care services, the issue of hospice care, and even issues such as ambulance services. I remember knocking on someone's door on Pritchard Avenue or it may have been a block over, and the individual was afraid to call an ambulance because of the cost. There are all sorts of issues surrounding health care.

One of the things that is important for us to recognize is that, in that we have the Canada Health Act, the national government does play a significant role. However, part of the role and responsibility of the national government is to work with provinces, territories, and indigenous groups in terms of trying to have the quality health care service that Canadians expect, want, and quite frankly, deserve.

My question for the member is twofold. One, why did NDP members not include the territories in their motion, and is that something they intend to change before there is any sort of vote on it? Two, does the member not concur that the Standing Committee on Health has actually been doing an outstanding job on this particular issue?

[Translation]

Ms. Brigitte Sansoucy: Mr. Speaker, as one of my colleagues said, if adding the word “territory” will get the Liberal government to vote for this motion, I will happily do so.

Yes, the Standing Committee on Health is doing excellent work, but the Canada Health Act guarantees the universality and accessibility of health care, which is why we need a universal public pharmacare system. The federal government needs to take the lead on that. It is our job to take the lead.

Health is a jurisdiction we share with the provinces and territories. We have to work with them to ensure that each and every Canadian can get their prescription drugs, whether they can cover the cost themselves or need to get them for free because they are poor. All Canadians must get the medication they need to take care of themselves. We cannot be the only major industrialized country whose health insurance plan does not include universal public pharmacare. We can certainly start that conversation with the provinces and territories right away.

While the health committee carries on with its excellent work, I think we can start negotiations now. Canadians are suffering as we speak because they do not have the means to buy the medications they need.

• (1655)

[English]

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Mr. Speaker, I want to congratulate my hon. colleague for her very succinct speech. I know she is concerned that Canada currently has the second highest rate of skipped prescriptions due to the cost.

We did hear from our colleague across the way who asked a question about the concern for costs for ambulances, home care, and other related health care. Does the member see the relationship? Do those needs for health care services come from the cost of pharmaceuticals; maybe people are denying themselves and requiring more health care?

[Translation]

Ms. Brigitte Sansoucy: Mr. Speaker, I thank my colleague for her question.

All I have to say in response is that the arguments I heard from my colleagues suggest that they are trying to come up with arguments, but cannot find a valid one to make. I think we need to look at the health care system as a whole, but that is no reason to deprive Canada of a universal public pharmacare system. We need this system. I have not heard a single argument to convince me otherwise. When I hear someone suggest that past administrative abuses is a reason to not look to the future and come up with a solution for tomorrow, that the motion is missing just one word to make it acceptable, or when I hear talk on subjects that have nothing to do with the motion, what that tells me is that they have no valid argument against it.

[English]

Ms. Linda Duncan (Edmonton Strathcona, NDP): Mr. Speaker, it is with great pleasure that I also rise to support the motion that we have brought forward.

At the outset, it is important to point out that, when my colleague brought forward the motion, he was very clear that we are calling on the government to begin negotiations with other orders of government. It would be nice if the government also talked to first nations, whom it has excluded from its tables up until now.

The member was reasonable in saying that the negotiations should begin in October a year from now. We are not saying immediately, although it would be nice if we had pharmacare today, but my colleague has given a reasonable time frame. This is a reasonable proposition to the government.

I will give some information toward the end of my speech that will puzzle members on the other side as to why we, not they, had to bring forward the motion.

Business of Supply

Many have said in this place that the Standing Committee on Health has been examining the issue of the access to pharmaceuticals to Canadians, the problem of rising costs and the fact that those who are not well endowed with dollars, and are seniors, are not taking the medicines that are actually prescribed to them.

Why was this study commenced by the committee? Why is this a critical issue that we should be dealing with in Canada?

Angus Reid did a survey in 2015, which found that one in seven, or 14% of Canadians, have reported that they or someone in their household did not fill a prescription. They were prescribed a medicine by their doctor but they did not fill it. One in 10 did not renew a prescription. One in seven, or 15%, did things to make a prescription last longer—in other words, took the pills intermittently or cut them in half. More than one in five, or 22%, reported that in the past 12 months they or someone in their household did not take their medicines at all because of the cost.

We have medicare in this country and many, including Tommy Douglas when he proposed medicare, have long called for it to cover everything, including medicines and dental care. I would like to share with this place an excerpt from a speech by Tommy Douglas in 1982, when he said:

Let's not forget that the ultimate goal of Medicare must be to keep people well, rather than just patching them up when they get sick... It means expanding and improving Medicare by providing pharmacare and denticare programs. All these programs should be designed to keep people well—because in the long run it's cheaper than the current practice of only treating them after they've become sick.

Those are very wise words by our former leader Tommy Douglas.

Who has echoed that study? It was the parliamentary budget officer for Parliament.

The parliamentary budget officer was asked to do a study by the health committee. The parliamentary budget officer set forth to determine if it would be more cost-effective if we had pharmacare or if we continued with this hit or miss system that we have now, where some people have private plans like Blue Cross and others have no plan at all. If people are in the hospital they get the medicine, but when they come out they have to pay for it themselves.

What did the parliamentary budget officer determine, having done a very thorough assessment of the costs? This is what he found:

While spending on drugs has grown rapidly (5.1 per cent annually from 2004 to 2014), many Canadians are still unable to obtain necessary drugs because of their cost. This includes an estimated 2 per cent of Canadians who lack drug insurance coverage and 10 per cent of Canadians who have coverage, but lack the financial means to pay for their prescriptions.

There are many Canadians who are working hard and diligently to look after their families, some with two or three jobs, and still they cannot afford to pay for medicine for their family.

The parliamentary budget officer also said:

After accounting for pricing and consumption changes, PBO estimates total drug spending under a national Pharmacare program would amount to \$20.4 billion, if implemented in 2015-16. This represents savings of roughly \$4.2 billion.

It sounds like a fiscally responsible approach to take, so it would be reprehensible if those in this place do not support this. We have many calls for fiscal responsibility coming from our Conservative colleagues, and I am looking forward to their supporting the motion.

Where are we at in Canada?

● (1700)

As I reported, Angus Reid found that many Canadians, particularly seniors, one in five, were spending \$500 or more on prescriptions for the household in the past year, and a total of 7% paid \$1,000 or more out of pocket.

Many Canadians can barely afford to pay their rent. A senior approached me when I hosted a tea this summer. She said that her apartment building was being torn down and that she would not be able to afford to move into the new building. She gets the bare minimum of money from Canada pension. She says that she cannot find any place in Edmonton where she can afford to live, let alone be able to buy the prescription drugs she will likely need as she grows older.

Almost 90% of Canadians say that they would support the introduction of a pharmacare program. Canadians are calling for it. The Liberal government says that it is a populace government, that it believes in following what Canadians want to have happen, yet it is not moving forward.

I mentioned that I would share something in my speech about why I was puzzled that my colleague, our critic for health, had to bring this motion forward. The Liberal Party, at its 2016 convention, passed a resolution. The resolution states:

...that The Liberal Party of Canada urge the government of Canada to seize this unique opportunity for serving the public and all levels of government to:

reconvene the first ministers and the health ministers conferences that had this item on their agendas before getting unilaterally aborted by Mr. Harper in 2006;

capitalize on its leadership and widespread national support to have a national PharmaCare plan in place within its first mandate.

If the government supported the motion by my colleague, that this initiative would start one year from now, then it may well be that it could deliver exactly what the membership voted for. Presumably those members in this place who are Liberal card carriers also voted for the resolution.

What did the former minister of health have to say? On CBC's *the fifth estate*, she said:

There is no question that the current status is not fair, that it's not right, that we're paying much higher prices than other countries are and that's exactly what I'm working on.

She then said:

I've been a family doctor for over 30 years so you don't need to convince me that making sure Canadians have access to appropriate medications is absolutely essential.

Then, on May 8, the member for Oakville said this to *The Hill Times*:

I wanted to make sure that we continued to have a strong universal health-care program, and there is a need to add a universal pharmacare program to that.

Business of Supply

I rest my case, only echoed by Friends of Medicare, a credible organization in my province of Alberta, which fought diligently to protect medicare for Albertans and to fight against the former premier of Alberta's push for two-tiered health care.

We have two-tiered pharmacare in the country, those who are on corporate programs, or a government program where they get some level of subsidy, but the vast of Canadians do not have access to those. Therefore, we essentially have two-tiered pharmacare in this country.

Friends of Medicare have said:

Albertans need a pharmacare program that ensures everyone has access to affordable and safe prescription drugs.

Ensuring universal access to medically necessary prescription drugs is not only the ethical thing to do, it is also fiscally responsible.

• (1705)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):

Mr. Speaker, I have had the opportunity, this morning and this afternoon, to emphasize the fact that we had a Standing Committee on Health, which has done a great deal of work.

The motion presented by the opposition is based on the parliamentary budget officer's report, a report that was requested by the hard-working Standing Committee on Health. If it were not for that request, the opposition would not have that report, on which the motion is based.

Canadians are driving the issue. We are listening to what Canadians have to say. One of the first actions of the former minister of health was to get the provinces to come together to deal with lowering the costs of pharmaceuticals. The minister of health also achieved the health care accord. All of that within 18 months.

Our government is in tune with what Canadians want. We have a standing committee that is working hard. I have a very simple question for the member.

In devising its motion, the NDP forgot to include the territories, and I do not know why. Would the member not agree that any sort of agreement has to include working with the stakeholders, with the provinces and territories, and indigenous people? All have to be engaged on this very important issue. Would the member not agree with that?

Ms. Linda Duncan: Mr. Speaker, what has come clear to me is the circumstance that we witness in the House over and over again in the two years of this session of Parliament. I am beginning to suspect that the reason the Liberal members will not vote for the motion is that they did not think of raising it themselves. Time after time, we have had motions that we presented that were really good ideas and the Liberals voted them down, and then a few weeks or a month later, they tabled exactly the same motion, and guess what. We have a majority in favour.

I am sure the Liberal members at the committee are very enthusiastic about pursuing better options. Simply bringing down the cost of drugs is not enough. We need to make sure that all Canadians, no matter how well-to-do they are, no matter where they live in this country—territories, provinces—whether they are indigenous or non-indigenous, whether they are refugees, should

have access to drugs so they can have good health and not raise health care costs by their having to go to the hospital.

Mr. Jim Eglinski (Yellowhead, CPC): Mr. Speaker, the member mentioned Alberta's health care plan, and I think both of us are very fortunate to live in the same province and that we benefit from one of the best programs found anywhere. I think she is fully aware of that. I agree with the member that we need to involve all parties, if such a thing as national health care were to come forward.

A number of years ago, the Liberal government said it would start a long-gun registry. It said it was only going to cost a couple of million dollars, but it blew up to about \$1 billion. We see the fiasco that happened here with the Phoenix pay system. Liberals rushed it in, although they were told not to rush it in, as evidence came forward from the NDP this morning.

Does the member really think it would be cheaper if we relied on the federal government to take this over and get it working? I think it would be much cheaper if we leave it in the hands of the provinces.

• (1710)

Ms. Linda Duncan: Mr. Speaker, it is my understanding that the issue of how pharmacare would be delivered is not determined at this point, whether it would be delivered singularly through a federal system, through the individual provinces and territories, through first nations health authorities, and whether that would be coordinated. We are fully open to that being discussed and looking at the most cost-effective and most effective way to get those medicines to people as expeditiously as possible.

Indeed, I similarly feel fortunate to live in Alberta. We have a good health system, but we also need to make sure all our fellow citizens have access to medicines when they need them.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP):

Mr. Speaker, I am quite pleased to rise at the end of the debate today. We have heard a lot from the Liberals about process, and we have heard a lot from the Conservatives about fear of bureaucracy. For me, the debate comes down to a simple question: whose side are we on? Are we on the side of ordinary Canadians or on the side of big pharmacare? In our country, we pay the second highest drug prices in the entire world, second only to the United States, so whose side are we on? Are we on the side of big pharma, or retired couples, like those I have heard from in my riding who skip or reduce their medications because they cannot afford those costs? Are we on the side of big pharma, or working families, whose incomes might just be above the income limits for getting assistance, and they skip or reduce their medications in order to feed and clothe their kids and keep a roof over their heads? Are we on the side of big pharma, or veterans, who often have limits on their coverage and the kinds of things they need? They have served their country. We limit the amount of medication, in particular for those who have pain problems PTSD problems. Whose side are we on when they cannot afford to buy more medication?

Private Members' Business

We know that in our country there is a cholesterol drug that is commonly prescribed. It costs \$143 a year in Canada, but only \$15 a year in New Zealand. Why is that? It is because we have a mix of private programs that do not give us the purchasing power to get the best deal on drugs in our country.

We know that employers waste between \$3 billion and \$5 billion annually because of inefficiencies in managing drug costs in their private plans. We know that over the last 12 years, Canadian drug expenditures have increased by 184%, faster than any other country, including the United States. We know that small businesses quite often cannot afford to provide the coverage to their employees they would like to provide.

A universal pharmacare program would reduce costs for those small businesses who do provide those programs. It would also reduce time lost for those who cannot provide the programs when their employees take time off, sick because they cannot afford prescriptions. Of course, it would help small businesses with retention and recruitment of employees because they would no longer have to compete with the benefits that large corporations are able to offer.

Amidst all the other things we have heard in the House today, it comes down to that one simple question: whose side are we on in the House? If we are on the side of ordinary Canadians, working Canadians, retired Canadians, veterans, and low-income families, then we will proceed now to get started on the necessary negotiations with the provinces and territories to make sure that universal pharmacare comes into existence and helps to complete the medicare system we already have in our country.

I urge all members, Liberals and Conservatives, that if they support medicare, they should also support universal pharmacare.

[Translation]

The Assistant Deputy Speaker (Mr. Anthony Rota): It being 5:15 p.m., pursuant to an order made earlier today, all questions necessary to dispose of the opposition motion are deemed put and a recorded division deemed requested and deferred until Tuesday, October 17, 2017, at the expiry of the time provided for government orders.

The hon. member for Laurentides—Labelle.

• (1715)

[English]

Mr. David de Burgh Graham: Mr. Speaker, I wonder if we could have the consent of the House to see the clock at 5:30 p.m.

The Assistant Deputy Speaker (Mr. Anthony Rota): Is that agreed?

Some hon. members: Agreed.

The Assistant Deputy Speaker (Mr. Anthony Rota): It being 5:30 p.m., the House will now proceed to the consideration of private members' business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[Translation]

CRIMINAL CODE

The House resumed from May 31 consideration of the motion that Bill C-349, An Act to amend the Criminal Code and to make consequential amendments to other acts (criminal organization), be read the second time and referred to a committee.

Mr. Gabriel Ste-Marie (Joliette, BQ): Mr. Speaker, this summer, we witnessed a major public relations stunt by the Hells Angels, Operation Support 81. The eight and the one represent the respective letters of the alphabet, H and A, for Hells Angels.

Members of the gang set up kiosks at our agricultural fairs. They travelled around Quebec like rock stars, visiting Quebec City, Saint-Hyacinthe, Saint-Jovite, and Saint-Pie, along with Joliette and Saint-Zénon, which are in my riding. They rode around in their leather jackets and sunglasses like the actors from *Easy Rider*, but they are not celebrities. They are criminals, drug dealers and pimps, who are running a protection racket. The Hells Angels are back and are once again threatening public safety.

Today, we learned that they are going to set up shop in Mirabel. They are going to open a boutique, as though they were florists. However, the only reason the Hells Angels would need flowers is to make wreaths.

In the 1990s, when the biker wars were raging in Quebec, it quickly became obvious that a new law was needed to help law enforcement in their fight against organized crime. From the start, the Bloc spoke out about this reality in the House and put pressure on the Liberal government of the time.

The passage of Bill C-59 in 1997 marked a first step in the fight against organized crime. However, the amendments to the Criminal Code were too complex to effectively secure convictions in the courts. The police quickly called for amendments, and, once again, the Bloc Québécois was the first to act and bring those calls into the political arena.

In 2000, the Bloc Québécois led the effort to have amendments made to that initial anti-gang law and to expand its scope. Gilles Duceppe was even targeted by threats and intimidation from criminal organizations, to deter him from proceeding. However, Gilles Duceppe stood up to them and the Bloc Québécois demonstrated its determination.

As a result, in 2002 our efforts led to the enactment of Bill C-24, which created two new, separate offences to assist in combatting organized crime. Participating in the activities of a criminal organization and committing an indictable offence for the benefit of a criminal organization became two separate offences. It became possible to secure a conviction against members of criminal organizations for gang-related or criminal organization offences.

To better protect the public and the police who are engaged in fighting organized crime, the law also added provisions to combat the intimidation of journalists and of federal, provincial and municipal elected representatives, and also of any person who plays a role in the administration of the penal and criminal justice system.

In 2009, the Bloc Québécois again took up the issue with a motion to have criminal organizations such as criminal biker gangs recognized as illegal. Also in 2009, the Bloc supported Bill C-14 on organized crime, to have any murder committed for the benefit of a criminal organization deemed to be a premeditated murder carrying a sentence of life imprisonment. At the same time, and also at the initiative of the Bloc Québécois, the Criminal Code was amended to reverse the burden of proof and force criminal organizations to prove the source of their income.

Following an international conference on money laundering and organized crime held in Montreal in 1998, the Bloc Québécois persuaded the government to withdraw \$1,000 bills from circulation, as they were commonly used to launder organized crime money.

The Bloc Québécois has always been a thorn in the side of organized crime. However, we must not forget that gangsters adapt quite readily. There seems to have been a resurgence of criminal biker gangs since 2016.

Here again, we have a responsibility to act. Let me remind the House that the biker war from 1994 to 2002 was especially bloody. The eight-year tally was over 150 deaths, nine disappearances, and 181 attempted murders. Things could very well start up again.

Since the summer of 2016, organized crime experts and observers have noted that criminal biker gangs are making a strong comeback. Since Operation SharQc in 2009, most of the bikers who were charged have been released; some of the trials just fizzled out, and many who were convicted had their sentences reduced. Now, they are making their presence increasingly known, and we have been seeing more shows of force, too.

• (1720)

In recent months, bikers have started congregating again, displaying their patches openly and with impunity.

For that reason we are proposing, first of all, that a list of criminal organizations be created, similar to the list of terrorist organizations, and second, that the wearing of patches and emblems associated with the organizations on such a list be prohibited.

I would point out that the last biker war resulted in 150 deaths in Quebec alone, including an 11-year-old child. We have not forgotten. Organized crime exists at considerable human cost. We cannot sit idly by and do nothing. Let us agree: in the wake of the Jordan decision, saving weeks and even months would be a good thing for our judicial system.

That is why we are back at it again, now with two new measures. The first would make it possible for the Governor in Council to establish a list of criminal organizations and to place on that list those organizations recommended by the Minister of Public Safety and Emergency Preparedness. The second would make it an offence for a member of a listed criminal organization to wear emblems such as patches.

The bill sponsored by my colleague from Rivière-du-Nord, in the name of the Bloc Québécois, is another step in the fight against organized crime.

Adjournment Proceedings

We all know that it will take much courage on the part of MPs to adopt this bill. I am convinced that there is a great deal of courage in the House.

Let us be strong, resolute, and worthy of the people's trust. Let us pass the bill and strike a blow at organized crime.

The Assistant Deputy Speaker (Mr. Anthony Rota): Is the House ready for the question?

Some hon. members: Question.

The Assistant Deputy Speaker (Mr. Anthony Rota): The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Assistant Deputy Speaker (Mr. Anthony Rota): All those opposed will please say nay.

Some hon. members: Nay.

The Assistant Deputy Speaker (Mr. Anthony Rota): In my opinion the nays have it.

And five or more members having risen:

The Assistant Deputy Speaker (Mr. Anthony Rota): Pursuant to Standing Order 93, the recorded division stands deferred until Wednesday, October 18, 2017, immediately before the time provided for private members' business.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[English]

CANADA POST

Mr. Erin Weir (Regina—Lewvan, NDP): Mr. Speaker, at the end of last week I asked when the government would respond to the report on the future of Canada Post that our government operations committee tabled in the House more than nine months ago. What I would like to do this evening is to discuss three key elements of the report that I believe the government needs to address.

Adjournment Proceedings

The first point is the Liberal election promise to restore door-to-door mail delivery. This was a key promise in the Liberal platform. When this issue came up at our committee, the Liberal members of the committee were only willing to recommend restoring door-to-door mail delivery in neighbourhoods that had lost it after the last federal election campaign began, meaning after August 3, 2015. In the NDP's view, that falls a little short of what was promised during the election. Nonetheless, it would be a big step in the right direction of ensuring that Canadians enjoy a service that is available in the rest of the industrialized world, and that is particularly important to seniors and people with mobility impairments.

We have heard nothing from the government on this since the election, nor have we heard anything since our report.

It has been brought to my attention that in various places in Regina, Canada Post has established new community mailboxes in neighbourhoods that still have door-to-door delivery. Ostensibly, they are to provide service to businesses or multi-unit buildings. However, it seems that in some cases these community box installations are far larger than warranted by the number of businesses nearby, which makes citizens wonder whether Canada Post management might still be committed to the idea of converting neighbourhoods away from door-to-door service to community boxes. Therefore, we need clarity from the government on that point.

The second point I want to mention is about the Canada Post pension plan. There is a notion that Canada Post has this huge unfunded pension liability and cannot do anything about it. The government has used that justification to demand concessions from employees. However, the whole reason for this perceived pension deficit is that Canada Post is required to value its pension on a solvency basis, which really does not make sense for a public enterprise. The federal public service has its pensions valued on a going-concern basis. If Canada Post did the same, it would not have this pension deficit, which is exactly what our committee recommended.

The third point is about new business lines for Canada Post. There has been a decline in the volume of letter mail, which has not quite been made up by the increase in parcel service. We need to get Canada Post into new areas of business to make good use of its infrastructure across the country. Our committee recommended that, and we need to hear a response on it from the government.

● (1725)

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Mr. Speaker, I thank my colleague from Regina—Lewvan, who I know has spent a great deal of time and energy on the Canada Post file as a member of the government operations committee. I always respect and thank him for his constructive interventions in this and other debates.

The first thing I would say is that one of the great pleasures I have had as the parliamentary secretary for Public Services and Procurement, a position that of course has oversight over the Canada Post Corporation and reports to Parliament through the Minister of Public Services and Procurement, is to get to know this very innovative corporation. Of course, we know that it is a \$8 billion corporation that not only continues to innovate but at the

same time continues to provide services in literally every corner, nook, and cranny of our great country.

[*Translation*]

One of the great pleasures I have had has been to meet Canada Post employees, including members of the Canadian Union of Postal Workers, managers, and others, who work day in and day out to provide a service that matters so much to us all and is part of what makes us Canadian. With a country as large as ours, Canada Post and its 53,000 workers provide a tremendous service.

[*English*]

The member raises three very important points, and I can assure him that they are all things under active consideration by the government as it prepares its response not only to the committee's good work, but also to the task force that was formed pursuant to the next election. Of course, we have honoured our commitment to put a moratorium on the roll-out of community mailboxes. We have put literally everything on the table when it comes to reviewing Canada Post, its mandate, and its plans.

Before the end of the year, we look forward to providing a full response to those reports and to the very interested and interesting interventions by Canadians that we have received all the way through. We will provide the results of our many consultations, both formal and informal with the stakeholders of Canada Post, the users of Canada Post and, most importantly perhaps, with the employees of Canada Post who work very hard every day.

I want to assure the member that all three of the things he mentioned are obviously considerable components of the review that is under way and that will be culminating this year. I want to assure him that his good work, that of other members, and of the committee that he was a part of that furnished such interesting reflections to the government will be taken under very active consideration.

● (1730)

Mr. Erin Weir: Mr. Speaker, I really do want to thank the member across the way for his kind words. However, I do have to say that his suggestion that the government has kept its commitment to put a moratorium on community mailboxes is not very reassuring. In fact, the Liberal Party committed to much more than that. It committed to returning to door-to-door delivery. Liberal members of the government operations committee also recommended that. Therefore, we need to see the government actually move forward on that commitment.

We did not hear a clear statement from the parliamentary secretary on putting the Canada Post pension plan on a going-concern basis, like the pension plan of the rest of the federal public service. Also, we have really not heard a lot of specifics about what new business lines the government sees Canada Post taking on, particularly given that the Liberals seemed to have ruled out postal banking, which I would suggest was the most—

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. parliamentary secretary.

Adjournment Proceedings

Mr. Steven MacKinnon: Mr. Speaker, I urge my hon. friend to bear with us as we prepare this very extensive and forward-looking position with respect to Canada Post.

I would also direct the member to our platform commitments with respect to Canada Post. I point out once again that we have respected and honoured our commitment to Canadians to suspend the roll-out of community mailboxes and to review the mandate and business plans of Canada Post. This is what we committed to do, and that is what we are doing.

I know that the member will stay very interested and tuned into this debate. He will keep furnishing his reflections on the issue and stay engaged with those stakeholders whom we are all currently engaged with respect to Canada Post. I can assure the member that by the end of this year, the government will come forward with a very exciting plan for the Canada Post Corporation.

TRANSPORT

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, I stand today to follow up on a question I asked in the House of Commons related to a surprise announcement made in my community about allowing the Ambassador Bridge and the Canadian Transit Company to build a new border crossing between Canada and the United States.

The crossing in my region, one of a few, is significant, because it takes about 25% to 30% of Canada's daily trade with the United States. The crossing is owned by a private American billionaire who has financial interests in it. There has been overwhelming, long-standing frustration in the community, which has been disrespected on both sides of the border.

The government decided to issue an order in council, behind closed doors, to grant them this new border crossing. There was no accountability. There was little information shared, and most important, the government allowed the Ambassador Bridge and the Canadian Transit Company to announce this expansion, at the expense of our community, without even coming to our community. In fact, it was announced in the United States before it was in Canada.

I stand in solidarity with my concerned community. The Ambassador Bridge has been block-busting by buying up homes adjacent to its properties. It has cost the community schools. It has cost businesses, the local post office, and a number of other things. There has been nothing but anxiety, hurt, and pain for decades.

The background of this American institution in our community can be summarized in one of its statements: "When someone says no, we just look for another way to make it happen. Do we ruffle feathers? Damn right." That attitude has progressed over a long period of time and has now been rewarded with a brand new crossing for a bridge that is less than 100 years old.

Just last year, it was the current government that had to submit work orders because of the danger of using this crossing that was not sufficient for the trade or the safety of citizens in my community and on the American side.

It did this through a cabinet order, with no announcement. Many times in my community there are re-announcements, and often I am not even invited.

We have questions about expropriation, about whether residents will be treated fairly, and about what is going to happen with noise, traffic, closures, air quality, and dust mitigation. The Ambassador Bridge does not have a history of compliance. In fact, the owner and manager was incarcerated for not following the process in the United States on a public project there.

The Liberal government has refused to come to my community or to answer these questions. I cannot say whether the minister is here, but it is likely going to be the parliamentary secretary who will have to follow up on these very pertinent questions. This bridge takes 30% of our daily trade with the United States and is in the heart of my city and the residents I represent.

• (1735)

Mrs. Karen McCrimmon (Parliamentary Secretary to the Minister of Transport, Lib.): Mr. Speaker, indeed our government recognizes the importance of ensuring a continued flow of trade and travellers between Windsor and Detroit. It is one of Canada's most important Canada-U.S.A. border crossings, and I know the hon. member shares that same priority.

I welcome this opportunity to provide Canadians with further information about the application by the owners of the Ambassador Bridge to build a replacement bridge and expanded customs plaza and about our government's decision to approve the construction, subject to terms and conditions. This border crossing is important to the economic well-being of the local community, particularly to the automotive industry, and for daily commuter traffic between Windsor and Detroit.

The International Bridges and Tunnels Act enables the Government of Canada to help protect the safety, security, and efficiency of these vital trade links. Under the International Bridges and Tunnels Act, an application must be submitted to the Minister of Transport to request approval for the alteration, construction, or operation of an international bridge.

Our review and assessment of the application for the construction of a replacement bridge included significant consultations, including a 60-day public consultation undertaken by Transport Canada. Over 400 submissions were received, and the results of these consultations were published on Transport Canada's website.

All information gathered as part of this process informed our government's decision. Indeed, the terms and conditions attached to the approval were established to, among other things, mitigate the safety and security risks and the impacts on the local community and the environment that could be caused by the construction and operation of the project. The conditions of the approval include dismantling the existing bridge when the replacement bridge is open, improving local infrastructure, creating new public green spaces, protecting the environment, and considering indigenous interests.

Adjournment Proceedings

Our government has always maintained that this critical trade corridor needs two viable commercial bridge border crossings to provide sufficient capacity and redundancy to support the safe and efficient movement of people and goods through the Windsor–Detroit corridor. We are committed to moving forward expeditiously with the Gordie Howe international bridge project. Having the Gordie Howe international bridge and a fully functioning Ambassador Bridge will enhance capacity and reliability at Canada's busiest commercial crossing.

• (1740)

Mr. Brian Masse: Mr. Speaker, I appreciate the exchange here, but it does not get to the root of what is taking place and the accountability that we receive from the cabinet.

Why, for example—this was one of the questions that was raised—were there no community benefits? When the new Gordie Howe bridge is being built, we have a community benefit program. There are no community benefits happening with the Canadian Transit Company and the replacement span that they are getting.

As well, the Prime Minister and the cabinet have demanded that the U.S. actually tear down this bridge. Obviously, it connects to both sides, and it is heritage on the United States side. What has been the response, and is the President of the United States in support of tearing down that bridge? Most importantly, how is the government going to enforce the terms and conditions when this company—

The Assistant Deputy Speaker (Mr. Anthony Rota): The hon. Parliamentary Secretary to the Minister of Transport.

Mrs. Karen McCrimmon: Mr. Speaker, I reiterate the importance of ensuring this continued flow of trade and travellers between Windsor and Detroit, one of the most important Canada–U.S. border crossings. The construction of the replacement Ambassador Bridge, together with the Gordie Howe international bridge project, will ensure that Canadians continue to benefit from the efficient movement of people and goods at this crossing while providing infrastructure improvements for the local community.

That is why we approved, with conditions, the Canadian Transport Company's application. The conditions of the approval include dismantling the existing bridge when the replacement bridge is open, mitigating local community impacts, improving local infrastructure, creating new public green spaces, and protecting the environment. This will ensure the efficiency, safety, and security of the crossing and mitigate—

[*Translation*]

The Assistant Deputy Speaker (Mr. Anthony Rota): The motion to adjourn the House is now deemed to have been adopted. Accordingly, the House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 5:42 p.m.)

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