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Chair: Mr. Sean Casey



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• (1110)

[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 75 of the House of Commons Standing Committee on Health.

Today, we meet to commence our study of Bill C-284, an act to establish a national strategy for eye care. We will then proceed to sit in camera to resume consideration of the draft report on children's health.

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022.

In accordance with our routine motion, I'm informing the committee that all remote participants, namely Ms. Ashton, have completed the required connection tests in advance of the meeting.

Before we begin our consideration of Bill C-284, I'd like to welcome the honourable Judy Sgro, the member for Humber River—Black Creek, and sponsor of the bill.

I would also like to welcome Emmanuelle Lamoureux, who is appearing from Health Canada to answer any questions about the bill.

In accordance with our previous discussion, colleagues, we're going to go right to clause-by-clause. Ms. Sgro will be available to answer any questions you may have with respect to individual clauses. We also have legislative counsel here for any technical questions.

With that, pursuant to Standing Order 75(1), consideration of clause 1, the short title, and the preamble are postponed.

(On clause 2)

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

I would like to move LIB-1, which adds vision rehabilitation to the strategy. It was suggested in MP Sgro's consultation with the vision community to make the bill as comprehensive as possible, and to cover all possible aspects to vision health care.

I'm removing "clinical practice guidelines". LIB-1 reads:

That Bill C-284, in Clause 2, be amended

(a) by replacing line 5 on page 2 with the following:

"the prevention and treatment of eye disease, as well as vision rehabilitation, to ensure"

(b) by replacing line 12 on page 2 with the following:

"disease and to vision rehabilitation;"

Here I'm removing "including clinical practice guidelines". It continues:

(c) by replacing line 14 on page 2 with the following:

"eye disease prevention and treatment and on vision rehabilitation;"

(d) by replacing line 17 on page 2 with the following:

"tion to eye disease prevention and treatment and to vision rehabilitation; and"

(e) by replacing line 24 on page 2 with the following:

"to the prevention and treatment of eye disease and to vision rehabilitation, including"

Thank you, Mr. Chair.

The Chair: Thank you, Ms. Sidhu.

The amendment is in order.

You will notice that when she moved the amendment, it wasn't exactly as per the amendment that was circulated. I would invite legislative counsel to comment on anything arising out of that.

Ms. Émilie Thivierge (Legislative Clerk): Thank you, Mr. Chair, and Ms. Sidhu.

I'm just confirming that in the English, "by replacing line 12 on page 2 with the following: "disease and to vision rehabilitation;". That's where we stop.

I would like to confirm the following for the French, because there's a slight change in the line numbers.

[Translation]

The Bill would be amended by replacing lines 13 and 14 with the following: "des maladies oculaires et sur la réadaptation visuelle". Everything that follows would be replaced by a semicolon.

Is that correct?

Ms. Sonia Sidhu: Yes.

[English]

Ms. Émilie Thivierge: Thank you, Mr. Chair.

The Chair: Thank you.

Dr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Mr. Chair, just for clarification, can you repeat that again? This is changing what we were sent, correct?

• (1115)

The Chair: Yes.

What has been changed is in (b), the words “including clinical practice guidelines” and the comma immediately preceding that are not part of the amendment. That’s the import of the change.

Mr. Robert Kitchen: It is just a semicolon at the end.

The Chair: That’s correct.

Mr. Robert Kitchen: Thank you.

The Chair: Is there any debate with respect to amendment LIB-1?

Go ahead, Mr. Aboultaif.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Thank you, Mr. Chair.

I’m surprised. I know words around eye rehabilitation have been added to almost every line under clause 2, but “including clinical practice guidelines” is going to be removed completely, based on the amendment.

I’m wondering why this is just coming up now, at the last minute. We have the sponsor of the bill here. Could Ms. Sidhu or someone explain that to me?

Ms. Sonia Sidhu: Mr. Chair, through you, it comes under provincial jurisdiction. Respecting the jurisdiction is why we are removing that.

Perhaps Ms. Sgro wants to add something.

The Chair: Do you have anything you want to say about Mr. Aboultaif’s comments?

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): On a PMB, we have to be extremely careful of the language we use to make sure we are respecting jurisdictions and so on. That was the reason for deleting “including clinical practice guidelines”.

“Vision rehabilitation” is a specific request from the Canadian Council of the Blind and the CNIB, because the future is a lot about rehabilitation, research and change. All of the clauses in the bill were put together with the CNIB and all the various vision loss organizations. Anything in the amendments and the bill itself has been worked out with those various organizations.

As you know, I’ve been waiting since 2003 for the government at the federal level to start focusing on vision care.

The Chair: We have a speakers list. It’s Mr. Thériault, then Dr. Kitchen, then Mr. Jeneroux.

Go ahead, Mr. Thériault, please.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I would just like to tell Mr. Aboultaif that, yes, the words “réadaptation visuelle” have been added. As for the semicolon following the word “oculaires”, that was already part of amendment G-2. It’s my understanding that it won’t be included in this amendment if amendment LIB-1 is adopted. It’s already included in amendment G-2.

Is that correct?

The Chair: That’s correct.

[*English*]

Go ahead, Dr. Kitchen, then Mr. Jeneroux.

Mr. Robert Kitchen: Thank you, Mr. Chair.

Thank you to Ms. Sgro for the bill.

The important part is that, with all of the amendments that all of a sudden have been thrown at it, it is now changed. Where the bill was initially acceptable, we’re now debating amendments that have changed what the intent of the bill was, unfortunately.

I understand some of it. Mr. Aboultaif brought up the issue of “including the clinical practice guidelines”. I agree with Ms. Sidhu, and it was a point I was going to bring up. That is an issue that deals with the regulatory bodies making the decision. It shouldn’t be bureaucrats making a decision on what the clinical practice guidelines should be. I’m glad to see that part has been taken out.

My question is on the issue of adding “vision rehabilitation”.

I understand that, and I recognize the great value of the CNIB in what they do in providing vision rehabilitation to so many people with vision issues and challenges. Ultimately, my concern is what is being put forward indicates that the government is going to determine which people are going to make the decision, who is trained to make the best choice for that vision rehabilitation, in the sense of whether it is the ophthalmologist or the optometrist. Those are the people who are qualified. It’s the professions that determine this. In reality, who is going to make the decision on which vision rehabilitation specialists are going to put that forward and on what skills they have? Ultimately, it should be the profession making that decision, not bureaucrats and government agencies doing that.

It is a concern I have about adding that, too. I’m wondering whether you or someone else could comment or add to that. I would appreciate hearing about that.

• (1120)

Hon. Judy A. Sgro: Initially, I had moved forward without the rehabilitation in it. It was introduced to me by a variety of the organizations that said how important it was to be moving forward with this bill that they’ve waited so long for and to also talk about the future. The future has a lot to do with rehabilitation for vision, and they asked that it be included.

I don’t think it’s the government that would dictate, but it needs to be part of the structure of the framework. What this will do going forward, with your support, is create a framework. Within that framework, it will move forward within the government. It talks continually about working with the provinces, stakeholders and the various partners to move forward with the framework. Ultimately, I believe the appropriateness would be done.

The Chair: Next is Mr. Jeneroux.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Thank you, Mr. Chair.

Thank you to my floormate, and congratulations for making it this far with your PMB.

Mr. Kitchen had a lot of my questions about the vision rehabilitation. Before committee, you and I spoke a bit about that. I was hoping that maybe, just for the comfort of some members, providing... I get that it's in the future and we're planning for that. Are there some examples of what exactly that scope would mean? It seems like something that is forward-thinking and progressive as part of this bill.

Again, is there something you can provide us that is a bit more tangible about vision rehabilitation and what it looks like and what it would mean? That would be great.

Hon. Judy A. Sgro: I don't have a lot of examples, but I can say there was recently an apparatus, I will call it, that is new research that's being done for macular degeneration. It was recently approved by Health Canada. Again, that is going to change the way macular degeneration is dealt with in Canada. More importantly, it is going to ensure that more people are getting tests done early and becoming aware of eye disease. If one in five Canadians has an eye disease that possibly could have been prevented, we need to talk about it. We need to be doing whatever we can on the prevention side, right?

On the rehab side, helping people regain or maintain their sight makes them able to enjoy life, period. Otherwise, as you all know—I've talked with many of you—once a person loses their eyesight or it's severely diminished, it changes everything. They're subject to depression, isolation and so many things that make it very difficult for them.

Anything we can do that moves a framework a little farther ahead and that will encompass assistance for them I think is invaluable.

The Chair: Mr. Aboultaif is next.

Mr. Ziad Aboultaif: This is on the same issue.

Judy is a very experienced member of Parliament. She's been here for a long time. I'm surprised to see this come up at the last minute.

We saw the first reading of the bill and the first version of it, and I was completely okay with it. I know that time is of essence to make sure this bill moves forward, but I'm not quite comfortable with these changes, to be honest with you, unless there's a better explanation in place, especially because it has come at the last minute. We thought that today we were going to move forward on the bill.

The Chair: Next is Dr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair.

Further to my earlier question, ultimately I look at paragraph 2(2)(a), which says to “identify the training, education and guidance”. Using that word implies that the government and bureaucrats will determine what that training and education will be.

I guess my concern is that there's a better way. Change that word such that it doesn't imply or could be construed to say that you are dictating to the professions what they need to do for their training and education to ensure the professionals are appropriately trained and able to do the job. That is also for the rehabilitation specialists as well. That has now been added to that sentence.

• (1125)

Hon. Judy A. Sgro: If I can, Mr. Chair, adding vision rehabilitation in the various lines is the only change that we're referring to. I think you would find that highlighting different things, like vision rehabilitation, is just another positive way of trying to move forward with ideas and thoughts.

The last thing the government does, I would suggest, is decide and dictate training or any of those.... It's not within their ability, and I don't think that it really is calling on them to be responsible for that.

The Chair: Go ahead, Dr. Kitchen.

Mr. Robert Kitchen: With all due respect, I would disagree with that. Having been a regulator and having been involved with labour mobility within Canada, that is exactly what the government was trying to do to the professions: to tell them how to educate and how to train the professions.

I do have an issue in the sense that I want to make certain we protect all professionals and vision specialists on this avenue. I want to make certain that we aren't putting in more legislation such that the government would then turn around and say to the professionals, “Here it is. It's in law. Now you have to do it.” That is a concern for those professionals.

The Chair: Do you want to respond to that, Ms. Sgro? If not, we'll go to the next speaker.

Hon. Judy A. Sgro: I don't think the government is going to be dictating how the professionals need to be doing their jobs, especially talking about something like vision care, or anything else. I don't think that's the intent here at all.

The Chair: Ms. Lamoureux, do you want to weigh in on this?

Ms. Emmanuelle Lamoureux (Director General, Health Care Strategies Directorate, Strategic Policy Branch, Department of Health): I have nothing to add aside from the fact that the strategy itself, of course, will be presented at a later stage and would be, as per the draft bill, the subject of consultation with stakeholders.

The Chair: Thank you.

Mr. Perkins, please.

Mr. Rick Perkins (South Shore—St. Margarets, CPC): Thank you, Mr. Chair, and thank you, MP Sgro.

I've been dealing with a detached retina since last fall, which I'm still having trouble dealing with, and I'm looking forward to the end of session so that I can see my surgeon in July. In going through all of that process, both in Halifax and here, I can say the care has been very good.

Excuse me if I go over some ground that you may have already covered, but I'm trying to understand the dividing line here between federal and provincial roles and the professional association in this.

The bill is obviously well intentioned. It's just that I'm a little concerned that it's a bit of an intrusion into what provinces do. In response to MP Kitchen's comment on (2)(b), (c) and (d), they're fine with me, but I'm struggling with the term “identify the training”, which sounds to me like there are some national training standards which the government is being empowered to instate, which I don't think is our role, and it doesn't sound like that's your intent.

Hon. Judy A. Sgro: No, it's certainly not my intent. This is meant to establish a framework to begin consultations about vision care in Canada and what we can be doing to improve vision, what we can do on the preventative side together with the provinces and our stakeholders. It's the establishment of a framework that would begin the discussions.

The removal of clinical practice guidelines was specifically to be sensitive to the issues of the provinces. The provinces have their jurisdiction and we have ours. The federal government showing leadership on the issue of vision care will bring the parties together to design and move forward on how we get more attention on vision loss in Canada.

If one in five has an eye disease, how do we make sure that people are aware of that? It's awareness. It's leadership at the federal level.

• (1130)

Mr. Rick Perkins: I agree, because with my detached retina, I had no signs of it. It was just through my annual eye checkup that they discovered it and said that I had to get right in for surgery. I didn't have the usual symptoms of white lights and all of that stuff that you get with a detached retina. If I hadn't had the regular eye clinic, it would have been a challenge.

I agree with the idea that we need to have more advocacy for people to take advantage of the benefits they already have through most provincial health care systems to at least go in and do those checkups so that they get all the attendant things. There are lots of other health things unrelated to eyes that you can tell from the eyes.

I'm struggling with the word “identify”. It sounds like a standard. I don't know if there's another word that is more guidance as opposed to “identify”. I'm not a lawyer. I understand the struggle of dealing with some of this.

Hon. Judy A. Sgro: Especially when you're doing a PMB, you have to be very careful and structured with your language in order for things to qualify and move forward.

I thank you for sharing that issue with your retina as well, because part of this is education and awareness. If we come together and talk about it, there will be a variety of people who will go and get an eye exam who haven't had one for a very long time.

It's about awareness, prevention and moving forward to establish a framework. That's what I'm asking for in Bill C-284.

The Chair: Thank you.

Mr. Jowhari, please.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

I was going to ask Madam Lamoureux if she—

The Chair: Mr. Jowhari, I'm sorry to interrupt you, but the bells are ringing, so we require unanimous consent to continue.

Do we have consent to go for another 15 minutes? That would allow people time to get to the House if need be.

An hon. member: No.

The Chair: There's not unanimous consent.

The meeting is suspended.

• (1130)

(Pause)

• (1220)

The Chair: I call the meeting back to order.

We will resume where we left off. We were debating LIB-1.

Mr. Jowhari had the floor, and next on the speaking list is Monsieur Thériault and then Dr. Hanley.

Mr. Jowhari, please go ahead.

Mr. Majid Jowhari: Thank you, Mr. Chair.

I was going to ask Madam Lamoureux if she had any comments, but you beat me to it, and she responded to that. I will give you the time back.

[Translation]

The Chair: Go ahead, Mr. Thériault.

Mr. Luc Thériault: Thank you, Mr. Chair.

During the break for the vote, I tried to solve the problem that was raised. When I read the text in French, I could see it was consistent with Ms. Sgro's intentions, and when I read it in English, I saw the problems the Conservatives pointed out. So I tried to come up with an English translation, hence this laborious result. I'm not an expert translator, but I was going for a translation into English that more accurately reflected the French text.

My colleagues are by now aware of my concerns with the jurisdictions of the various orders of government. We discussed that at length at the last meeting. It's important for me. So I sent you a text. I believe Mr. Kitchen has received it, but I'm going to read it. I have two amendments to propose.

• (1225)

The Chair: Just a minute, Mr. Thériault.

All right. You may continue.

Mr. Luc Thériault: I'll begin with the easiest part. First, we have to amend the French version.

I propose that, at line 10 on page 2 of the French version, we replace the word "déterminer" with "identifier". The French word "déterminer" is much more general than the word "identifier". The word "identify" is used in the English version, and the same terms are used in English and French in subsequent paragraphs (b), (c) and (d).

Have you received the text?

The Chair: Yes, I have it, but I'm informed that this isn't a sub-amendment to amend the amendment we're discussing, which is amendment LIB-1. However, you could propose it later in the process after amendment G-1. That would be the appropriate moment. We could debate it then.

Mr. Luc Thériault: All right.

In that case, let's move on to the main amendment.

The Chair: I will briefly turn the floor over to the legislative clerk because she is speaking to me at the same time you are. It would probably be easier if she addressed the committee directly.

Ms. Émilie Thivierge: Thank you, Mr. Chair.

Mr. Thériault, I would ask you to forward what you have just proposed in writing. As the chair just said, considering the lines you just mentioned, the right time to move your amendment would be after amendment G-1.

Mr. Luc Thériault: I've been informed that it's been forwarded to the clerk. It has all been provided in writing.

The Chair: Thank you. We will come back to it. Do you have anything to add?

Mr. Luc Thériault: May I read the amendment?

The Chair: All right.

Mr. Luc Thériault: Would you prefer that we distribute the paper copies first?

The Chair: We will finish the debate and vote on amendment LIB-1. Then you may introduce your amendment once we have dealt with amendment G-1.

Mr. Luc Thériault: So you want—

The Chair: Not yet.

Mr. Luc Thériault: I know, but aren't we discussing amendments G-1 and LIB-1?

The Chair: We are still discussing amendment LIB-1. Then we'll go to amendment G-1.

Mr. Luc Thériault: All right.

Amendment LIB-1 may be adopted as moved. Then an amendment will be proposed. I say that because this is starting to get a bit complicated.

• (1230)

[English]

The Chair: Next we have Dr. Hanley and then Dr. Powlowski.

Mr. Brendan Hanley (Yukon, Lib.): My point is somewhat moot now, but it relates more to the wording, so it's probably more appropriate to wait until after LIB-1.

The Chair: As you wish.

Dr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): As this is public and as people can go back and look at it on the record, I want to clarify something.

It has come up a couple of times that treatment guidelines are the jurisdiction of the province, whereas almost all treatment guidelines are national, to my knowledge—like the Canadian Cardiovascular Society or the Canadian Diabetes Association.

I think more of the concern, though, is that, with this legislation, the government would require that there be guidelines. I think, probably, the government shouldn't be in the business of requiring the medical profession to set guidelines in certain areas. I think that would be the reason we have removed the setting of guidelines from the actual legislation.

The Chair: Is there any further discussion with respect to LIB-1?

Before I put the question, I need to inform you that if LIB-1 is adopted, G-2 cannot be moved due to a line conflict. In essence, the last-minute change to LIB-1 effectively incorporated G-2, so it would not be in order if LIB-1 passes.

(Amendment agreed to)

The Chair: That brings us to G-1.

Mr. van Koeverden.

Mr. Adam van Koeverden (Milton, Lib.): Mr. Chair, G-1 is for clause 2, and it replaces line 8 on page 2, "The national strategy must describe the various forms of eye disease and include measures to", with "The national strategy must describe the various forms of eye disease and may include measures to".

Does everybody have a copy of that?

The Chair: It is as was circulated, just for clarity of committee members, so the amendment is in order.

Is there any discussion with respect to amendment G-1?

(Amendment agreed to)

The Chair: That brings us to the amendment that was raised by Mr. Thériault.

[Translation]

Mr. Thériault, I believe now is the time to make your comments on line 10.

Mr. Luc Thériault: Yes, that's it.

Do you want the paper version or should I proceed orally?

The Chair: I believe the clerk can distribute the document electronically right now.

Mr. Luc Thériault: That's great.

In that case, we can wait.

[English]

The Chair: Colleagues, the legislative clerk has asked for a couple of minutes to consider this. I'm going to suspend to allow for that to happen.

The meeting is suspended.

• (1230) _____ (Pause) _____

• (1245)

The Chair: I call the meeting back to order.

Thank you for your patience while Monsieur Thériault and the legislative clerks had a discussion around the amendment that's about to be presented. I'm hopeful that will expedite the discussion so that we won't have to get mired in the technicalities that they did during the suspension.

[Translation]

Go ahead, Mr. Thériault.

Mr. Luc Thériault: Mr. Chair, I'm going to read the amendment. Some minor amendments have been made to what you've received, but they're minor. They're for the spelling issue and to respect what we've already adopted.

We move that, in the English version, on page 2, lines 9, 10 and 11, the entire paragraph be changed. I'll spare you by not reading it. We propose to replace it with the following:

[English]

identify the professionals' needs for training and guidance on the prevention and treatment of eye

[Translation]

The word "disease" is deleted since we've already adopted amendment LIB-1. I'll start over:

[English]

identify the professionals' needs for training and guidance on the prevention and treatment of eye

[Translation]

It stops there. The rest of the sentence continues with what we've already amended.

The Chair: The amendment is admissible. Debate is on the amendment.

[English]

Go ahead, Dr. Kitchen.

Mr. Robert Kitchen: For clarification, in the translation, my understanding is that proposed paragraph 2(a) on line 9 would now be "identify the professionals' needs for training and guidance on the prevention and treatment of eye diseases, as well as vision rehabilitation".

Is that correct?

Ms. Émilie Thivierge: Thank you, Mr. Chair.

Thank you, Dr. Kitchen.

For clarification, it's not precisely correct, but I'll reread it.

Monsieur Thériault is changing lines 9, 10 and 11 only on page 2 to read, "(a) identify the professionals' needs for training and guidance on the prevention and treatment of eye"

That's Mr. Thériault's change. However, since LIB-1 was adopted, it would read in its entirety, "(a) identify the professionals' needs and training and guidance on the prevention and treatment of eye disease and to vision rehabilitation;" and that's it.

I will repeat that one more time. It reads, "(a) identify the professionals' needs for training and guidance on the prevention and treatment of eye disease and to vision rehabilitation;"

• (1250)

The Chair: Is there anything arising from that?

Go ahead, Dr. Ellis.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): No.

The Chair: Go ahead, Dr. Hanley.

Mr. Brendan Hanley: First of all, this is the first time I've heard Monsieur Thériault speak English in this committee, so I would like to congratulate him.

Mr. Marcus Powlowski: It's a start. It's a slippery slope.

Mr. Brendan Hanley: Speaking of English, I understand the intent. I have some concerns about the phrasing, because we've now deviated from standard English phrasing. Either we can accept the spirit and then work on the English or I would suggest on the fly that we try to fix the English.

It sounds like translated French, with all respect. It's not the way that the English phrasing would read.

The Chair: Clause-by-clause proceedings on a piece of legislation are not the same as drafting a report. We have to settle on the wording. It isn't an option to clarify it outside the room without suspending and coming back.

[Translation]

I now give the floor to Mr. Thériault.

Mr. Luc Thériault: Mr. Chair, I tried as hard as I could to correct the way the the English and French versions were distorted. If the English version had been drafted in French, I would have voted against it. That's quite significant.

I didn't understand why the Conservatives were talking about potential interference, among other things. At one point, I started reading the English text and realized that I was satisfied with the French version but that the English version went way too far. However, I think the wording of the English and French versions now conveys the intent of the text. Earlier Ms. Sgro told us that the points our Conservative friends opposed weren't consistent with what she intended as a legislator. It seems to me that the wording now includes more suitable terms. I don't think it's particularly poorly drafted.

That being said, in clause 2(2)(b), the words "promote research" are translated as "promouvoir la recherche"; in clause 2(2)(c), the words "promote information" are translated as "promouvoir l'échange de renseignements"; and at clause 2(2)(d), "ensure that Health Canada is able" is translated as "faire en sorte que Santé Canada soit en mesure". The only distortion is in clause 2(2)(a). The English reads, "identify the training, education and guidance needs of health care practitioners", which is very different from "déterminer les besoins des professionnels de la santé". It should read, "déterminer la formation". That's why we made that amendment.

I also propose another amendment, but one that affects the French version. The word "déterminer" should be replaced by "identifier".

• (1255)

[English]

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thanks, Mr. Chair.

I think it's important that we stick to standard legislative language. The clerks are the experts on that. I don't want to get too lost in our interpretation of the various semantic differences between things and how to translate. I'm glad I'm not the person in charge of translating any documents or legislation. It's not an easy thing. I think we should leave that work in the capable hands of our legislative clerks.

The Chair: Is there any further discussion on the amendment proposed by Mr. Thériault?

Dr. Hanley.

[Translation]

Mr. Brendan Hanley: I'd simply like to clarify a point.

Is it the word "formation" you want to delete?

Mr. Luc Thériault: No, it's not just that word.

Mr. Brendan Hanley: However, the word "formation" is included.

Mr. Luc Thériault: Yes.

[English]

Mr. Brendan Hanley: Could I suggest "identify the needs of professionals for training and guidance on the prevention and treatment of eye diseases and rehabilitation needs" after that?

The Chair: You could suggest it, but if you want it to be a subamendment, you'll need to provide it to us in writing and have our legislative clerks opine on it.

Mr. Brendan Hanley: Mr. Chair, on "identify the needs for professionals", I believe there was a practitioner also in there previously. "Identify the needs of health care professionals for training and guidance on the prevention" and the rest of the phrase would be a suggested subamendment.

Mr. Stephen Ellis: If we can do a friendly amendment, we're quite happy with that.

[Translation]

Mr. Luc Thériault: It won't bother me personally if we go faster—

[English]

The Chair: All right.

[Translation]

Mr. Luc Thériault: However, we won't be going faster.

[English]

The Chair: If we have unanimous consent to dispense with the need to provide the amendment in writing, we can go ahead with that.

Do we have unanimous consent to adopt the wording as a subamendment as proposed by Dr. Hanley?

Some hon. members: Agreed.

The Chair: Can you reread the proposed subamendment, Dr. Hanley?

[Translation]

Mr. Brendan Hanley: Yes, with pleasure.

[English]

It's "identify the needs of health care professionals for training and guidance on the prevention and treatment of". I'm sorry, I don't have the phrasing in front of me, whatever the phrasing was, "eye diseases and rehab needs" or something like that.

The Chair: Please.

Ms. Émilie Thivierge: Thank you, Mr. Chair, if I may repeat it for clarification and to ensure it's correct: "(a) identify the needs of health care professionals for training and guidance on the prevention and treatment of eye".

That's the subamendment to the amendment by Monsieur Thériault.

The Chair: The subamendment is in order.

Shall the subamendment carry?

(Subamendment agreed to [See Minutes of Proceedings])

(Amendment as amended agreed to [See Minutes of Proceedings])

• (1300)

The Chair: That brings us to G-2. Because of LIB-1, G-2 cannot be moved.

That brings us to G-3.

Dr. Ellis.

Mr. Stephen Ellis: Chair, the Conservative side is willing to accept the rest of the amendments on division.

The Chair: All right, but they do have to be moved.

Could someone move G-3?

Mr. Matt Jeneroux: I will move it.

Some hon. members: Oh, oh!

Mr. Adam van Koeverden: We accept Matt Jeneroux's offer to join the Liberal team—

Some hon. members: Oh, oh!

Mr. Adam van Koeverden: —and I'll move G-3.

Mr. Majid Jowhari: We welcome him with open arms.

Mr. Adam van Koeverden: I always thought you were a progressive.

I will move G-3 and the other amendments as well.

Mr. Robert Kitchen: Was it something I said?

The Chair: G-3 is moved by Mr. Jeneroux.

(Amendment agreed to on division [*See Minutes of Proceedings*])

The Chair: Shall clause 2 as amended carry?

(Clause 2 as amended agreed to on division)

(On clause 3)

The Chair: There's one amendment on notice for clause 3. It's G-4. Does anyone care to move—

[*Translation*]

Mr. Luc Thériault: Mr. Chair, have you forgotten my second amendment?

[*English*]

Mr. Majid Jowhari: No, he said "as amended", so we're fine.

[*Translation*]

Mr. Luc Thériault: I wanted to substitute the word "identifier" for "déterminer".

The Chair: I'm informed that it was included in the amendment you moved.

Mr. Luc Thériault: That's great.

The Chair: So it's been adopted.

[*English*]

Do we have someone to move G-4?

Mr. van Koeverden.

Mr. Adam van Koeverden: I will move G-4.

(Amendment agreed to on division [*See Minutes of Proceedings*])

(Clause 3 as amended agreed to)

(Clauses 4 and 5 agreed to)

The Chair: Shall the short title carry?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: Shall the title carry?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: Shall the bill as amended carry?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: Shall the chair report the bill as amended to the House?

Some hon. members: Agreed.

Hon. Judy A. Sgro: Thank you all so much.

The Chair: Shall the committee order a reprint of the bill as amended for the use of the House at report stage?

Some hon. members: Agreed.

The Chair: Colleagues, we have resources until 1:30, but our next item of business is in camera, so we would need to suspend in order to go in camera. Perhaps we can bid adieu to the sponsor of the bill and then determine what you wish to do next.

Ms. Sgro, I would describe your efforts in advancing this bill as being a prime example of someone who was perfectly impatient.

Like Mr. Perkins, I am in the one in five Canadians with eye disease, having had Lasik surgery in my thirties, a spontaneous detachment of the retina in my forties, cataract surgery on both eyes, a trabeculectomy and an iridotomy. I take three drops a day for my glaucoma. I'm pleased on a couple of levels to see what has happened here.

Congratulations to you.

● (1305)

Mr. Stephen Ellis: No wonder you can't recognize me sometimes.

The Chair: I have 20/20 corrected vision, but if the glaucoma flares up, that could change really quickly. It's being well managed by some excellent professionals, I can assure you.

Thank you, Ms. Lamoureux and Ms. Sgro. Thank you to our legislative clerks. It's probably a bit more than what you might have expected, but thanks again.

Unless directed otherwise, I propose to suspend in order to go in camera.

Dr. Ellis.

Mr. Stephen Ellis: I move to adjourn, Chair.

The Chair: Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: Ms. Ashton, how do you feel about that?

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Yes, I support that. I agreed to the original timeline, and I don't have much more time to give at my end.

The Chair: I see some heads nodding—and some not on the Liberal side.

Do we need to vote on this?

Mr. Adam van Koeverden: We don't need to vote.

The Chair: All right.

The meeting is adjourned.

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