HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

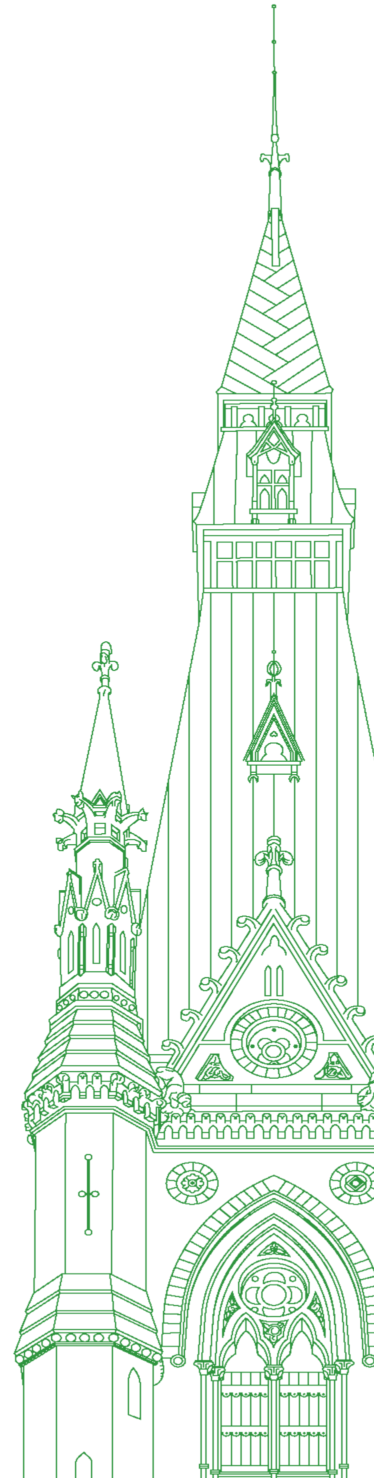
44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 118

Monday, May 27, 2024



Chair: Mr. Sean Casey

Standing Committee on Health

Monday, May 27, 2024

• (1600)

[*English*]

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

Welcome to meeting number 118 of the House of Commons Standing Committee on Health.

Before we begin, I would like to ask all members and other in-person participants to consult the cards on the table for guidelines to prevent audio feedback incidents. Please take note of the following preventative measures in place to protect the health and safety of all participants, including the interpreters. Use only a black approved earpiece. The former grey earpieces must no longer be used. Keep your earpiece away from all microphones at all times. When you're not using your earpiece, place it face down on the sticker placed on the table for this purpose. Thank you all for your co-operation.

Pursuant to the order of reference adopted by the House of Commons on Wednesday, May 22, 2024, the committee is commencing its clause-by-clause consideration of Bill C-64, an act respecting pharmacare. I'd like to provide members of the committee with a few comments on how the committee will proceed with clause-by-clause consideration of Bill C-64.

As the name indicates, this is an examination of all the clauses in the order in which they appear in the bill. I will call each clause successively, and each clause will be subject to debate and a vote. If there is an amendment to the clause in question, I will recognize the member proposing it, who may then explain it. I would like to remind committee members that pursuant to the order adopted by the House on Wednesday, May 22, all amendments had to be submitted to the clerk of the committee by 4 p.m. on Friday, May 24. As a result, the chair will allow only amendments submitted before that deadline to be moved and debated. In other words, only amendments contained in the distributed package of amendments will be considered. When no further members wish to intervene, the amendment will be voted on. Amendments will be considered in the order in which they appear in the package of amendments.

In addition to having to be properly drafted in a legal sense, amendments must also be procedurally admissible. The chair may be called upon to rule amendments inadmissible if they go against the principle of the bill or beyond the scope of the bill, both of which conditions were adopted by the House when it agreed to the bill at second reading, or if they offend the financial prerogative of the Crown.

Amendments have been given a number in the top right-hand corner to indicate which party submitted them. There is no need for a seconder to move an amendment. Once an amendment has been moved, you will need unanimous consent to withdraw it.

During debate on an amendment, members are permitted to move subamendments. Approval from the mover of the amendment is not required. Subamendments must be provided in writing. Only one subamendment may be considered at a time, and that subamendment cannot be amended. When a subamendment to an amendment is moved, it is voted on first. Then another subamendment may be moved or the committee may consider the main amendment and vote on it.

Finally, pursuant to the order adopted by the House, if the committee has not completed the clause-by-clause consideration of the bill by 8.30 p.m., all remaining amendments submitted to the committee shall be deemed moved. The chair shall put the question forthwith and successively without further debate on all remaining clauses and amendments submitted to the committee, as well as each and every question necessary to dispose of the clause-by-clause consideration of the bill, and the committee shall not adjourn the meeting until it has disposed of the bill.

I thank the members for their attention and wish everyone a productive clause-by-clause consideration of Bill C-64.

I would also like to take this opportunity to welcome our witnesses, who are available as experts regarding any questions that members might have related to the legislation. You will recognize them. From the Department of Health, we have Michelle Boudreau, associate assistant deputy minister, strategic policy branch, and Daniel MacDonald, director general, office of pharmaceuticals management strategies, strategic policy branch.

We will now move to clause-by-clause study. Pursuant to Standing Order 75(1), consideration of clause 1, the short title, and of the preamble is postponed.

The chair therefore calls clause 2. Since there are a few amendments to clause 2, the definitions clause, I would suggest, based on advice from the legislative clerks, that we postpone the study of clause 2 until the end. This will allow us to first consider and then make a decision on amendments that could have an impact on the definitions.

• (1605)

As a reminder, the definitions clause of a bill is not the place to propose a substantive amendment to a bill, unless other amendments have been adopted that would warrant amendments to the definitions clause.

For clarity, as an example, there is an amendment—CPC-2—that proposes to add a definition for “Indigenous governing body”, but as of right now, the words “Indigenous governing body” do not appear in the bill. Therefore, by postponing clause 2, we can determine whether or not to put those words in the bill. That would dictate whether or not it is appropriate to assign a definition in the legislation.

I'm asking for your consensus to postpone clause 2 until the end. Is that the will of the committee?

I see consensus. Thank you, colleagues. That will make things move more smoothly.

(On clause 3)

The Chair: The first amendment for clause 3 is CPC-7. It is on page 7 of the package, and it stands in the name of Dr. Ellis.

Dr. Ellis, would you like to move CPC-7?

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Sure. Thanks, Chair.

I move that Bill C-64, in clause 3, be amended by replacing lines 1 to 3 on page 3 with the following:

> “3 The purpose of this Act is to create a funding framework for certain prescription drugs and related products intended for contraception or the treatment of diabetes, and to support”

It continues on from there.

The Chair: Thank you.

Is there any debate?

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: The big thing we're looking for here is.... It's very clear, in the original title of this bill, that this is not universal pharmacare. Certainly, Canadians need to know that this is what this particular bill is.

The two medications it proposes to cover are contraception and medications for the treatment of diabetes and, potentially, associated devices. Even that is a bit of a stretch, given that we learned during testimony that the lists put out on Canada.ca are really—I apologize for saying it this way—not built on reality, in the sense that they can be modified, added to and subtracted from, etc.

The big thing with respect to those two lists, from my perspective, is that I'm very uncertain as to why they were even put out in the first place, because no one ever said they were examples or anything like that. They alluded to the fact that perhaps they are the formulary to come.

We also heard several glaring examples that were missing from those lists, including perhaps the most successful medication to treat diabetes ever, known as Ozempic, or semaglutide.

Given those points, I think clarity is needed for Canadians that, as I mentioned, it's for certain prescription drugs, certainly not all, and who knows what may or may not come in the future?

I shall leave it at that.

• (1610)

The Chair: Go ahead, Mr. Doherty.

Mr. Todd Doherty (Cariboo—Prince George, CPC): It's hard for me to chime in after I've missed the majority of the debate and discussion on this bill, but let's call it for what it is. It is being billed as pharmacare, but it really is not pharmacare.

A national pharmacare program implies that Canadians will be able to receive any drugs they are looking for. Further to what Dr. Ellis said, this piece of legislation really deals with just two main areas of concern: contraception and diabetes. They are two very important topics and issues that Canadians face and are dealing with.

If you've read the common-sense amendments that have been put forth by our Conservative colleagues, they say we call it what it is. Let's not mislead Canadians. I think it's important that we, here at this committee.... I've said this all along: We do some of our best work in Parliament at committees, but it calls for common sense from all of us. The work we do here will be reported to the House, and then at that point, Canadians will know what Bill C-64 entails.

I don't think there's any requirement for us to bill this as anything other than what it does: It's a funding framework for certain prescription drugs and related products intended for contraception, for the treatment of diabetes, and to support....

It's not just this bill, but others. We struggle in this House at times to get common sense to come into play. This is just a common-sense amendment that our colleague Dr. Ellis has put forth.

I support CPC-7.

The Chair: Thank you, Mr. Doherty.

Mr. Julian is next.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Thank you, Mr. Chair.

I also want to thank you again for giving us plenty of notice. You wrote to us two weeks ago, letting us know about amendments and the timetable required. That gave us adequate time to prepare amendments.

I would not support this particular amendment. It limits the scope, purpose and principles of the pharmacare bill. The majority of witnesses were very clear about this being important legislation. It will make a difference in people's lives. They want to see the bill adopted, not changed or, in this case, limited in the scope of pharmacare. They want to see it move forward. There was particularly compelling testimony from people with diabetes who are paying $1,000 or sometimes $1,500 per month for diabetes medication. That is a struggle for them each and every day. They have to put food on the table. They have to keep a roof over their head. At the same time, they have to pay for medication.

As you know, Mr. Chair, every other country that has universal health care—the NDP, of course, under Tommy Douglas, fought hard in a minority Parliament to get universal health care—has universal pharmacare. To limit the scope or purpose of the act, to my mind, does a disservice not only to all those who are going to benefit from pharmacare in its first stage—which is for diabetes medication and contraception—but also to all those who are looking to see the next stage of pharmacare.

I particularly flag constituents in my riding. They are paying $1,000 a month for heart medication. If they don't take that heart medication—it's very similar to diabetes medication—they die. They and their families are forced to come up with $1,000 each and every month. Any member of Parliament who believes in fighting against affordability issues....

Of course, under the previous government—the Conservative government—we saw housing prices double and food bank lineups double. Tragically, we've seen the same thing under the current government. I think members of Parliament are all aware of the affordability issues that have happened over the last 17 years—the doubling and doubling again of housing prices, and the doubling and doubling again of food bank lineups.

We need to start providing this relief. The NDP's dental care program has already helped 100,000 seniors access dental care. This pharmacare bill, once it's passed and once the agreements are negotiated by the minister of health, will help six million Canadians with diabetes and nine million Canadians who look for contraception.

If we're concerned about affordability, we should all be voting for the bill, not limiting its purpose. That's why I'm voting no on this amendment.

● (1615)

The Chair: Thank you, Mr. Julian.

Mr. Naqvi, go ahead, please.

Mr. Yasir Naqvi (Ottawa Centre, Lib.): Thank you, Chair.

I suggest members vote against this suggested amendment.

This is a framework legislation to develop a pharmacare system in Canada. Clause 3 is important in terms of outlining the purpose under which this framework legislation is developed. Of course, we are talking about the first phase of that framework around pharmacare. Making the kind of amendment that has been proposed limits the scope and purpose of the legislation as a framework piece of legislation.

In that spirit, our recommendation is to vote against these amendments.

Thank you.

The Chair: Thank you.

Mr. Doherty, go ahead, please.

Mr. Todd Doherty: I think it's interesting that our colleague Mr. Julian takes the opportunity to slag the previous government when he's supported the Liberal government for the last nine years. We've seen an affordability crisis like we've never seen in generations. We have more Canadians visiting food banks under this government and under this coalition than ever before. We've seen more homeless encampments under this coalition than ever before, so it's a little rich for our colleague down the way—whom I respect—to stand there and use this as an opportunity to slag a government and slag any intentions that we put forth.

This is not a pharmacare bill. There are no illusions about that. Why are we lying to...? I won't say “we”. Why are they lying to Canadians? They're misleading Canadians, giving false hope that this is a pharmacare bill.

If the heart medication of his constituents that our colleague brings up was truly important to them, why is that not included in this version of this bill? It is simply a campaign brochure so that both parties—the coalition—can stand up and say, “This is what we've done for you.” It's 100% wedge issues, trying to paint the Conservatives and whoever else into a corner and twist themselves up. The simple fact is that they're misleading Canadians on this.

The writing's on the wall. We know what's going to happen. It'll be the Conservatives who are standing up for the truth and trying to make sure.... Look, if this bill is going to pass, why don't we just call it what it is? Why not be clear with Canadians?

It's bizarre to me that we sit here and.... You want to stand up, wave the flag, and trumpet that you've gotten pharmacare through, or a national dental program. It's not a dental program. Most dentists will not subscribe to that dental program because there's not enough information. They have no idea how it's going to work. It's great that our colleague down the way says that there are 100,000 seniors he knows of, or that they know of, in the first 22 days. That's amazing. However, the people I talked to and the dentists I talked to will not sign up for it because there's not enough information.

Therefore, there isn't a national dental care program, just as there will not be a national pharmacare program. It's because the work has not been done in advance to make sure that Canadians from coast to coast who currently have plans will be made whole. As for the Canadians who do not have a plan right now, what will they be getting?

It's very frustrating when we sit here and listen to the rhetoric that comes from some of our colleagues. When we're just having a normal conversation, they simply take every opportunity to slag a party that hasn't been in power for 10 years, yet they've been in a coalition for nine years now, and they have backed this government every step of the way. Through every scandal that this government has gone through, they have sided with them. It's deeply disappointing that the NDP has fallen so far and continues to back a government that is corrupt and on its way out.

● (1620)

The Chair: Dr. Ellis is next.

Mr. Stephen Ellis: Thanks very much, Chair, and thanks to my colleague.

You know, it's interesting. I had been hopeful after my colleague Mr. Doherty and I started off this round with a couple of short, rational comments for accepting the amendment we had proposed. It was, without much in the way of partisan rhetoric, simply to point out realistically that this bill does not talk about other medications. I guess I should be aghast, but probably not now, that a four-page bill, if you take out the preamble, is what this NDP-Liberal coalition thinks a pharmacare bill should look like after 10 hours of witness testimony.

The other part of that interesting witness testimony was having Dr. Morgan and Dr. Gagnon here. Everybody heard their testimony. As interesting as it may have been, the two of them, thankfully, were not in the same room. One was virtual and one was here, but they were both billed as Canada's leading experts on pharmacare. We know that neither one of them had any input into this bill. They had none. It was zero. These were two Canadian experts on pharmacare, who touted the incredible benefits of pharmacare, of what it could be, and what it should be, etc., and what we hear is that they had zero input.

People around the table may think that's normal, and that this is not how a government works. They wouldn't reach out to Canada's leading experts on pharmacare. No, what would they do? Quite frankly, I have no idea what they did. I would suspect that they dreamt up this pharmacare pamphlet of four pages somehow in-house. Sadly, people are going into pharmacies now and asking for their free medications.

We know that this bill does not exist. We also know that there is no possibility anywhere in the near future of this coming into being, in the sense that there is an incredible bureaucratic framework that now exists to continue the creation of the Canada drug agency and the phase-out of the CADTH and the creation of this heretofore unknown council of experts, or whatever the bureaucratic name is. We don't know where they're coming from or who they are.

Maybe two of Canada's leading experts in pharmacare will be on that council of experts. However, again, that council of experts is not there to make this bill better; it is to actually decide which diabetes and contraceptive medications will be on a formulary. The formulary doesn't exist, even though, as I mentioned previously, two lists came out that say these are the medications that will likely be within the scope of the pharmacare pamphlet. That is not transparency.

Those are not sunny ways. That is not allowing Canadians in any way, shape, or form to begin to have an understanding of Bill C-64.

The government may have aspirational goals, which is fine. Everybody should have goals for themselves that they set and re-evaluate, but to pretend that this is anything but an idea... As one of my colleagues once said, “This is out there telling Canadians you have built a house for them that you're going to give to them for free, when realistically you haven't yet consulted with the architect.” Here it is, “We've built your house, but we really have no plan.”

We're now going to have arguments from the NDP-Liberal coalition, suggesting this is a fully completed house, and this will be a comprehensive plan when it's all done. Sadly, on behalf of Canadians, we would implore the acceptance of the amendment, because we know the truth: There is no transparency here and there are no sunny ways here.

The other difficulty, of course, is our NDP colleague talking about the last 17 years. Well, it's fascinating that the ghost of Stephen Harper lives deep in the heads of the NDP-Liberal coalition, rent-free forever.

● (1625)

I wish I had a nickel for every time I heard them mention Mr. Harper's name. It's in a disparaging way, of course, even though we know the average rents since the Harper government left have doubled and the average mortgage payments have doubled. The inflationary cost of interest rates has literally put Canadians in the poorhouse, if there were such a thing.

It's fascinating to me that the NDP part of the NDP-Liberal costly coalition wants to go on and talk about how difficult things have been for the last 17 years. Canadians know that now, more than ever, there's no chance for the NDP to ever form any government in this country. Sadly, the late Jack Layton probably took them as close to the promised land as they're ever going to get. Certainly with the way things are going, the promises they're making, the difficult coalition and the hole they've dug for themselves, I would suggest they're going to be like Moses: They're going to see the promised land, but they're never, ever going to get there.

When we talk about the cost of things and how difficult it is for Canadians, again, this government really is quite fascinating in the sense that it has this strange idea that after it's created a problem for Canadians, it wants to bill itself as the saviour to come in and free Canadians from the bondage it has created. We know its fiscal irresponsibility is one part of that.

Looking at the government's fiscal irresponsibility, I would challenge Canadians out there today to think about the money it spent on vaccine factories in this country.

First, we had the vaccine partnership with the Mitsubishi Tanabe group, which came here with a plant-based vaccine. Because it was based on the nicotine plant, the World Health Organization said it would be very difficult to use it. Also, because Philip Morris International, a major tobacco player, was involved with the development and ownership of that company, the World Health Organization said that in no way, shape or form could that vaccine potentially be used on the world market. That was because of the association with Philip Morris International.

What happened after that? Well, in this fiscal irresponsibility, as I'm pointing out, Philip Morris got out of the whole Medicago-Mitsubishi Tanabe partnership. The Canadian government continued, while working, strangely enough—and I'll come back to this, because I think it's germane and important—in the face of the national microbiology lab scandal, when two scientists were released from the national microbiology—

● (1630)

Mr. Peter Julian: On a point of order, I question the relevance.

As you know, Mr. Chair, within committees, there are two sacred rules when you're trying to block legislation in a filibuster. The two sacred rules are you can't be repetitive and you have to be relevant, and Mr. Ellis's comments are straying now into irrelevance.

The Chair: I agree with you, Mr. Julian. I trust that Dr. Ellis will bring it back to CPC-7.

Mr. Stephen Ellis: Absolutely, Chair.

If the member had been paying rapt attention—as he should, because he fails to understand the facts—he would know that I mentioned this is a dissertation about fiscal irresponsibility, and the irresponsibility and disinformation peddled by this government.

I shall continue. If the member wishes to pay close attention, it won't be necessary to interrupt.

That being said, when we begin to look at this NDP-Liberal costly coalition government's idea of fiscal responsibility, it's related to the fact that even during the time when we knew two scientists had been dismissed—

Mr. Peter Julian: I have a point of order.

Mr. Stephen Ellis: —from the National Microbiology Laboratory—

The Chair: Mr. Julian, go ahead on a point of order.

Mr. Peter Julian: Mr. Chair, this is irrelevant to the discussion of CPC-7. Again, there is an issue of relevance here that Dr. Ellis needs to be attentive to. I would ask you to bring him to order, please.

The Chair: Dr. Ellis, the connection you're trying to make between CPC-7 and the lab is tenuous at best, so I'd ask you to come back to it, please.

Mr. Stephen Ellis: That's not a problem, Chair.

As I was saying, the two Chinese-Canadian scientists dismissed from the National Microbiology Laboratory when the Canadian NDP-Liberal costly coalition government was creating a partnership with Mitsubishi Tanabe and Philip Morris—

Mr. Peter Julian: I have a point of order, Mr. Chair.

You directed Dr. Ellis and he's now flouting the rules in quite a disturbing way.

The Chair: Actually, I'm not sure you gave him enough time to make the connection to be able to say that. It appears that you're correct, but I think we need to hear a little more and have him define the connection.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Chair.

You know, patience is a virtue. Perhaps my colleague in the NDP-Liberal costly coalition is anxious to get his vote-buying bill passed.

That being said, I think it's important for Canadians to understand that the frivolous spending nature of this government is germane to what we're talking about today, in the sense that we know.... Perhaps this is why the member doesn't want me to talk about it. Almost $500 million—half a billion dollars—was wasted with the collapse of the Medicago manufacturing facility. What happened? Well, we know the money disappeared. We also know there are some difficulties with respect to intellectual property related to the plant-based vaccine, which was deemed to be irrelevant by the World Health Organization.

Chair, continuing in that same vein, what did we see this morning? It's another new study related to another $130 million wasted by this government on another vaccine factory called Novavax, which has, once again, not produced any vaccines. Two phase III clinical trials have failed for respiratory syncytial virus. Now, that doesn't mean that none of this work is important. What it does mean is that there's a frivolous spending nature associated with this NDP-Liberal costly coalition, and a lack of transparency on behalf of Canadians.

Let's allow them to begin to understand where the billions of dollars are being spent—

● (1635)

Mr. Peter Julian: I have a point of order, Mr. Chair.

I gave Dr. Ellis a minute and a half, as you did. The normal practice when somebody continues to break the rules that govern committees is that you pass to the next person on the speaking list. I know this is a filibuster, but it's a particularly inelegant one, because it's irrelevant. It's not related to CPC-7.

The Chair: Mr. Julian, on this I respectfully disagree.

In the last minute and a half, it's been pretty clear that the theme of Dr. Ellis's intervention is transparency and the responsible management of the fiscal purse. He is citing examples other than the one contained in CPC-7 that support what he's saying. I know what he's saying is something that he and maybe others—not everyone—would agree with. I do see the link, as tenuous as it is, based on what he said in the last minute or so.

I don't accept that it's irrelevant and I would ask Dr. Ellis to go on.

Mr. Stephen Ellis: Well, thank you very much for your support, Chair.

On behalf of the folks in Prince Edward Island, I know this is an important part of what they would like to understand with respect to the frivolous and non-transparent nature of this costly coalition.

I'll pick up the thread of where we were at with the Novavax story. The Novavax story continues to be related to the frivolous spending of this costly coalition.

As I said, I want to make it clear, because I know someone will attempt to make this tenuous connection that I don't support this or don't support that, which is what they always say. Even the Prime Minister was in my riding on Friday suggesting I don't support contraception. I would certainly suggest that the tens of thousands of prescriptions I wrote for contraceptives would fly directly in the face of that—even though he had more MPs there from other Nova Scotia ridings than spectators.

I would suggest that is a little off topic, Chair, so I'll come back to the frivolous spending. I won't—

The Chair: I disagree. You're talking about contraception.

Mr. Stephen Ellis: Well, there you go.

The Chair: That's actually right in your amendment.

Mr. Stephen Ellis: Thank you very much for that, Chair.

I guess I would simply relate it to the fact that there were more MPs than spectators there, which perhaps is irrelevant, but not as irrelevant as the costly coalition.

To go back to where we were with respect to Novavax, Novavax was an opportunity for Canadians, and it appears the costly coalition continues to just want to back the wrong horse, because now we have another non-mRNA-based vaccine that potentially could be useful around the world, but they are unable to actually produce any vaccine, with two failed phase III clinical trials, as I've said, with respect to RSV, respiratory syncytial virus, and now, for 100 employees at that factory, the Canadian government—I believe through the National Research Council—is paying out $17 million a year.

I think I have the reference here. Actually, I do. Even inside the shockingly good CBC article, what it says, if I can find it, is:

> Meanwhile, the National Research Council...is still bankrolling the facility with $17 million in annual funding to help keep about 100 employees working on site, according to figures provided by the NRC, the federal government's research and development arm.

It goes on to say:

> The firm, the BMC and the NRC have repeatedly blown past supposed start dates and have told the media at various points that production would start in 2021, 2022 and 2023.

It went on to quote Dr. Earl Brown, professor emeritus at the University of Ottawa School of Medicine, who is an expert in virology and microbiology:

> Brown said there is a “niche” market for Novavax's subunit vaccine, which uses a different technology than the mRNA products from Pfizer and Moderna.
>
> Novavax has been able to sell some of its protein-based vaccine to patients who want an alternative to mRNA.
>
> But Brown questions whether the mRNA-sceptic market is big enough to sustain a large operation like the BMC over the longer term.

There are a couple of relevant things here:

> As of February, only 37,343 Novavax shots had been administered in Canada—

—and those, of course, were made in the United States—

> —compared to more than 70 million Pfizer doses and about 33 million Moderna shots, according to [PHAC]....
>
> “Can they be viable in the COVID market? Will they sell enough product to keep themselves alive? I think it's questionable that they survive. There are two big vaccine winners and Novavax isn't one of them”, Brown said.
>
> “I'm very concerned when I hear about a vaccine facility that's not pumping out products. When they sit idle, that's a bad sign. You should be busy all the time, you should be active, current, having your staff putting out licensed product continuously.”

The NDP-Liberal costly coalition really struggles with understanding that people being able to be productive and having people get good-paying jobs and having a great purpose for their lives instead of receiving free things from the government is a good thing.

The article continues:

> Brown said he supported the construction of a publicly-owned vaccine plant in the "fog of 2020" but the longer it remains in limbo, the less viable it will be.
>
> He said the federal government may eventually get tired of pumping $17 million into a plant that's not producing anything— or something that's not really in high demand.

This article gets even better. This will really crystallize, when I come to it, the hypocrisy and lack of transparency and, as a matter of fact, overt opaqueness of this NDP-Liberal coalition:

> He added there's “amnesia with pandemics in the extreme” and Ottawa may simply move on from plans to prepare the country for the next health crisis.

He went on and talked a bit about Connaught labs in Toronto, which was privatized, etc.

This is the connection that I wanted to make before being interrupted many times by Mr. Julian:

> After a failed partnership with a Chinese vaccine company, Ottawa picked Novavax to produce that company's COVID product at the Montreal site.
>
> In announcing the pivot to Novavax in February 2021, Trudeau said the publicly owned facility would produce tens of millions of shots by that summer.

● (1640)

> It was billed as a way to lessen Canada's dependence on foreign sources at a time of rapacious global competition for other products from Pfizer and Moderna.
>
> “This is a major step forward to get vaccines made in Canada, for Canadians,” Trudeau said.

This gets even better:

> Also in February 2021, Industry Minister Francois-Philippe Champagne compared building this sort of facility—from the ground up, on a constrained timeline—to the U.S. effort to put an astronaut on the moon.

Oh, oh. You can imagine; it's like we've never made vaccines before.

> "This is like the Apollo project," Champagne said.

Oh, oh. I'm sorry. It kills me.

> "Normally, it would take two to three years to do this, to get a production facility up and running."

Mr. Yasir Naqvi: I have a point of order.

Mr. Stephen Ellis:

> Three years on, it appears it will take even longer than that to get production started.

The Chair: Mr. Naqvi has a point of order.

Mr. Yasir Naqvi: Chair, I think I'm just going to build on Mr. Julian's point.

I think Mr. Ellis has really gone so off the deep end and off track here that he's just humouring himself at this moment. There is no relevance whatsoever anymore, any semblance whatsoever, to the CPC-7 amendment that we are dealing with. Unless his intention is to amuse himself—which he can do on his own time, in private, which I'm sure he'll enjoy even more—perhaps we can move to the next speaker.

Thank you.

● (1645)

The Chair: Please bring it back around, Dr. Ellis.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): I have a point of order.

The Chair: Is that another point of order, or do you want to speak to the one that was just made?

Mrs. Laila Goodridge: I'll be talking about the same one that was just made.

I believe it is incumbent on each and every one of us to be very diligent and cautious in the words we use. I believe the words that were used by Mr. Naqvi in his point of order were deeply disrespectful and inappropriate. I would caution him to be more selective in the words he uses in this committee.

The Chair: Thank you.

Dr. Ellis, it's one thing to create a link around the different practices of government and the fiscal responsibility of each one. The level of detail that you're going into is really tangential. Please bring it back.

Mr. Stephen Ellis: I appreciate that, Chair. I would suggest, though, that it's important that Canadians understand what transparency is and what it is not. We know very clearly, from the mention in this article, that this government really struggles with the concept of transparency. That is also why it is incredibly important that we are very, very clear with respect to what this bill is and what it isn't.

Again, just to underline this, or underscore it, talking about transparency, we have the industry minister suggesting that creating a vaccine facility is like putting somebody on the moon. That's just incomprehensible to everyday Canadians. We can come back to some of these points. There's no issue with me with continuing to belabour it.

However, this bill is clearly related to prescription drugs and related products intended for contraception or the treatment of diabetes, and for support, etc. That is why it's incredibly important that we add that here, so that there's clarity, there's transparency and there's responsibility on behalf of Canadians. This is not a universal pharmacare bill in any way, shape or form. This is a pharmacare pamphlet of four pages.

The final thing I will say, Chair, is that it would be shocking to me that the costly coalition around this table, not including the Conservative members—I know the Bloc member certainly does not want to support this bill, considering the fact that Quebec has a pharmacare program already—would allow Canadians to think that this particular pamphlet is a universal pharmacare bill, which as of yet has not defined even the medications related to contraception and to diabetes.

On behalf of Canadians, I would implore those around the table to vote for CPC-7, as it is important for transparency and clarity on behalf of Canadians.

Thank you, Chair.

The Chair: Thank you, Dr. Ellis.

Go ahead, Mr. Julian, please.

Mr. Peter Julian: Thank you, Mr. Chair.

I did want to say that I'm opposing CPC-7. That's because it's not helpful in the pharmacare bill that will make a difference in the lives of six million people with diabetes and nine million people in Canada who use contraception. It's not a helpful amendment at all.

I did want to correct the record on a number of things. I will do that very quickly.

I understand the filibuster and that Conservatives are blocking the bill. They want to talk this out. That's why the House of Commons, in its wisdom, directed us to sit until we get this done. I'm prepared to sit until we get these amendments done and we get the bill finished tonight. That's what the House of Commons decided.

The filibuster—the unnecessary verbiage—is not helpful in getting what most witnesses told us needs to happen, which is getting this bill passed. The vast majority of witnesses said that very fact.

There are two things I would like to correct. First off, the Conservatives love to play fast and loose with language. It's unfortunate, because I'm fact-based. I ran a major social enterprise before I was elected to Parliament, and you have to base things on the facts.

The first fact is that there is no coalition. There is a confidence and supply agreement.

Second, the confidence and supply agreement has only been in existence for two years. It's brought us anti-scab legislation, it's brought us the pharmacare bill, it's brought us affordable housing, and—

● (1650)

Mr. Stephen Ellis: I have a point of order, Chair.

The Chair: Go ahead, Mr. Ellis.

Mr. Stephen Ellis: I guess it's interesting. The member really wants us to get to the heart of this bill. He's talking incessantly about his coalition. I'm not entirely sure what the relevance is.

The Chair: The relevance is addressing the points that you raised, which I ruled as being relevant.

Go ahead, Mr. Julian.

Mr. Peter Julian: Thank you.

I understand Dr. Ellis is very concerned about all the good things that the NDP has brought to this Parliament because he's in a riding where there's a lot of NDP support.

That being said, I want to come back to dental care, because the facts are very clear: Two million Canadian seniors have signed up so far. A hundred thousand, in the first three weeks of the program, actually got dental care. In some cases, it was for the first time ever in their lifetimes. That means this is a significant and appropriate success.

Mr. Stephen Ellis: I have a point of order, Chair.

The Chair: Mr. Ellis, go ahead on a point of order.

Mr. Stephen Ellis: Again, if we're going to continue to go down this road, Chair, I guess I would wonder what the relevance is of the non-existent dental care program.

Is it the member's point to point out that this is another failed program? I'm not sure what the relevance of the failing dental care program is.

The Chair: Mr. Julian, can you bring it back around to either the remarks made by Dr. Ellis or CPC-7?

Thank you.

Mr. Peter Julian: Well, those were the remarks of Dr. Ellis. He was wrong and I'm establishing the facts.

There have been two million Canadian seniors so far, with tens of thousands signing up every week, and 100,000 that received dental care in the first three weeks. These are all appropriate. In terms of pharmacare and the bill itself, it will make a difference, as dental care already has.

I understand that the Conservatives are very wary of that because all of a sudden the next election is much more likely to be about where the Conservatives would cut, rather than what they'd love it to be on, which is this constant talk about the price on pollution.

CPC-7 is simply not an appropriate amendment. It restricts access to the medication that Canadians need.

What we need to do, and what this bill does—as we've heard from the vast majority of witnesses—is provide supports to six million Canadians with diabetes who are paying, in some cases, $1,000 or $1,500 a month for the medication, and nine million Canadians who need contraception.

The bill needs to be voted through. I would ask, through you, Mr. Chair, for the Conservatives to stop the filibuster and allow us to actually vote on these amendments.

For CPC-7, I will be voting no.

The Chair: Thank you, Mr. Julian.

Mr. Doherty, go ahead, please.

Mr. Todd Doherty: Thank you, Mr. Chair.

Where do I start, or where do I continue?

You know, what's frustrating for me is that Canadians out there are struggling. There is no two ways about it. Whether on dental care or affordable prescriptions and medications, I think we need to do better.

The challenge I have is that this government is putting forth a piece of legislation that says there's universal dental care, and there isn't. Now they're coming out with a piece of legislation that they're billing as universal pharmacare, which it isn't, so Canadians are being lied to. This is a four-page document that has serious ramifications nationally. There's no definition of "single payer" or "first dollar", so do we even know what this bill or pamphlet is?

The minister could not answer simple questions, such as how many Canadians are without doctors. He could not answer the question of what's going to happen to the 90% of Canadians who do have a benefit plan for medications, or the at least 85%. What's going to happen with those plans? Who's going to pay for those plans?

I know that I met personally with the Canadian Life and Health Insurance Association. They raised serious questions. They also raised the fact that nobody's talking to them. Nobody's talking to the insurers about what they're going to do. What about organizations and companies that have chambers of commerce that have plans for their memberships and for their employees? What are these companies and these groups to do?

As far as I can tell, none of this has been worked out. However, I guess—as it is with this government—it's just like the cheque's in the mail. "Wait and see. We'll figure it out. Just get it to committee. You'll work on it; amendments will be passed, and we'll make it better." Well, it never happens.

You know, another bit of troubling information was that the minister admitted that none of the provinces has asked for this. To our Bloc colleague, was Quebec even consulted?

As I mentioned, we heard from witnesses who expressed deep concern that Canadians would lose their current private plans.

We have a lengthy and complicated drug approval process, which adds to the issue of the cost of our drugs and prescriptions in our country. Wouldn't it be better for our government, the coalition and all of us at this table to work to find a way to make drugs more affordable for all Canadians rather than having a band-aid solution that looks at...?

Again, you're calling it a national pharmacare program, but you're really dealing with just two types of medications. We have what's being billed as a public pharmacare plan or a national pharmacare plan. They always say to wait and see what this is going to look like.

● (1655)

You have millions and millions of Canadians—85%—who have a plan already in place. What is it going to look like for them? What is it going to look like for those who don't have a plan?

All we've done at this point is create false hope. As Dr. Ellis has mentioned, you have Canadians, constituents, who are going into pharmacies, believing they now have a pharmacare plan. We do not have a pharmacare plan, just like we do not have a dental plan.

My point is that if you look at the CPC amendments that have been put forth, they are reasonable amendments. They are non-partisan for the most part, for a change, I guess. We've just taken a common-sense approach to this.

I raised my hand at the earliest part of Dr. Ellis' intervention because we have three physicians on this committee. I respect them for what they do, or what they did, and the sacrifices they make within our communities for the people they serve. I have been on this committee for over a year now, and some of the best testimony.... I think I've said this. I'm on record as having said this. We could close the doors and just listen to the experiences that our three colleagues have had. I believe we would probably get more common sense out of them than we do out of the front benches of the government.

It's deeply frustrating for me when we.... All I have to say is that it's going to be a long five hours if this is the way it's going to go. It's already been an hour and a bit, and we're only on one clause.

Further to that, Mr. Naqvi, to publicly tell a colleague to go and amuse or pleasure himself—whatever words you used—in private is not very parliamentary. You can look at me when I'm talking to you. I think you owe our colleague an apology, because that was very unparliamentary. If I were the chair, I would have made you apologize.

With that, I'll end.

● (1700)

The Chair: Dr. Ellis is next.

Mr. Stephen Ellis: Thank you very much, Chair.

Interestingly enough, Mr. Julian opened a bit of a Pandora's box. In the House of Commons, there was clearly a ruling by the Speaker that said that using a term like “coalition government” was perfectly acceptable, so we shall continue to use that. There is an NDP-Liberal coalition.

Mr. Julian knows this because without his support, this bill probably would never have come to the House of Commons. For trying to make that happen, I will actually take my hat off to Mr. Julian and say that this is the only principled thing the NDP actually attempted to do, whether I agree with it or not.

Certainly, the other part of this is—it's not necessarily related to whether I agree with pharmacare or not—that we also know, and I know my colleague from the Bloc will enjoy this, that this NDP-Liberal coalition continues to want to dabble in the provincial responsibility of health care. I think that is incredibly distressing.

When we heard, as I mentioned previously, the testimony of two of Canada's experts with respect to pharmacare, not only were they not consulted, but they also didn't agree with this approach. That's some of the testimony we heard.

I don't necessarily want to go down the road of dental care, but, Chair, you've ruled previously that if someone else has brought it up, then we could actually talk about it. Mr. Julian wants to talk about dental care all the time when he gets a chance. Again, it's not about dental care; it's the frivolous nature with which they portray this.

When I was doing riding events on the weekend, the Nova Scotia Dental Association said—I suppose Mr. Julian has his conspiracy theory that we, in the Conservatives, asked them to make these ads—to paraphrase, that the Canada dental care plan is not free. It's not going to be free for Canadians. If they can find a dentist who will support it.... As my colleague, Mr. Doherty, talked about, finding a dentist who would possibly support this is difficult and those dentists are perhaps non-existent.

Sadly, Chair, your province of P.E.I., for a very long time, was having no dentists actually sign up for the Canadian dental care plan.

When you begin to look at those statistics, even though the opaque nature of the NDP wishes to portray this as a great success, it's much like the incredible success that this NDP-Liberal coalition has allowed our publicly funded health care system to become.

For the edification of those around the table, and perhaps for our two witnesses at the end of the table, the answer is that seven million Canadians at the current time do not have access to primary care. I agree that this is a big number. It's hard for the minister, who does not have a clue about this particular issue. He struggles with that large number. I get it.

That being said, those are still the facts. Sadly, coming down the road, 10 million Canadians will be without access to primary care, which will be 25% of the population.

Maybe that's this NDP-Liberal coalition's idea of saying that's how we cost-control health care. People don't have access, they can't get lab work done, they can't see a specialist, and then—guess what—we can control the cost. I surely hope with all my heart that is not the nefarious plan behind it and that it is simply incompetence. Of course, that's easily rectified during the next election.

Again, the opaque nature with respect to Mr. Julian's comments around dental care is really frustrating to Canadians, because they believe they can just walk into any dentist's office now and receive free dental care. Everybody around this table knows that's not true. They know it. Why? It's because I know you're getting the same emails that I am.

● (1705)

I know Dr. Powlowski over there in Thunder Bay—Rainy River is getting the same messages, whether or not he wants to admit it. I'm not asking him to admit it, because I rather like him. That being said, it would be embarrassing for him to have to admit that he's getting those calls from people.

I know that you, Chair, as well, are struggling with that in your great riding in Prince Edward Island. People are struggling in Charlottetown to get seen. I know that. I wouldn't ask you. I wouldn't presume to ask you if people are calling your office and asking, “Where is the dentist who will see me?”

Now, that doesn't mean that seeing a dental hygienist is not great. However, if we are underscoring the need for the treatment of periodontal disease and dental caries, and the potential need for extractions for people who have not had care.... We hear these incredibly emotional stories from our colleagues all the time. Those folks need to see a dentist. That's just the way it is, but without that access, the NDP-Liberal coalition is selling Canadians a bill of goods that is just not true.

Here we have it once again—another bill of goods called “an act respecting pharmacare”. You will hear us call this a pharmacare pamphlet all night, over and over again. It is a four-page document, which, again, is not transparent to Canadians and is lacking in detail. It is simply directed towards contraception and diabetes at the current time.

The other thing Mr. Julian talked about was cuts. That's fascinating to me. Over and over again in the House of Commons, we've heard the NDP-Liberal costly coalition saying that all the Conservatives are going to do is cut things. Well, there are a couple of things we're going to cut. I think our leader Pierre Poilievre mentioned this today when talking about what we will cut.

Well, we will cut taxes, which is incredibly important to benefit Canadians, simply because they are suffering under the tremendous tax burden this costly-coalition spending government is creating for Canadians. The other things, of course, that we're going to cut are Liberal seats and NDP seats. Those things shall be a thing of the past, thankfully, on behalf of Canadians.

There are a couple of other things. Definitions will be important coming up, and other numbers, which the minister failed to address. I've already mentioned—I won't go through it again—the seven to 10 million Canadians without access to primary care. That's an incredibly large number, and it is embarrassing to the minister. I understand that. He thinks it's politics, and I think it's simply education for Canadians to understand they are not alone.

The other question we asked during testimony was this: How many Canadians died waiting for treatment in this country? The number is between 17,000 and 30,000 Canadians dying in one year while waiting for treatment.

My question, then, is this: Why would Canadians want to entrust another large national system to the NDP-Liberal costly coalition when they can't manage one large program? Well, now it's two. This will be the third, actually. They cannot manage pharmacare. We know that. People on a waiting list are dying, and Canadians don't have access to pharmacare. They can't manage dental care, because they can't get dentists to sign up for their terrible program. We also know that dental care is not free. Why would anybody in their right mind...?

This is the mantle that my colleagues and I bear here on behalf of Canadians. It's to say, “Why would Canadians accept allowing the NDP-Liberal costly coalition to bring forward another nationalized program when they can't manage the two that already exist?”

I'm simply restricting my comments to the health care field. I certainly don't want to talk about the litany of other programs, because I'm sure, Chair, those might be outside of the scope of what we want to discuss. Certainly they are absolutely unable to manage the health care programs at the current time, so why would we want them to try to manage something else? My father—God rest his soul—has been gone for 30 years. He would say that the NDP-Liberal costly coalition could not manage a marble game, which appears to be true.

● (1710)

That being said, the other thing that Mr. Julian talked about was testimony that we heard. We heard testimony, testimony and testimony. We all know that even for this sparsely populated pharmacare pamphlet of four pages, all we got to hear was 10 hours of witness testimony.

When we begin to look at that, I can't tell you the number of people who came up to me and said, “Wow, we really wanted to be heard from.” I told them, “Well, the government moved closure and said that the health committee cannot talk about this for any more than five hours last Thursday and five hours on Friday.” We are now here on behalf of Canadians, talking in a clause-by-clause fashion about the pharmacare pamphlet.

The amount of testimony that we heard was a pittance compared to the spending ask on behalf of the NDP-Liberal costly coalition. What we did hear very clearly, and I find this absolutely fascinating, is that this particular amendment is about making it clear that this bill is simply about contraception and diabetes medications and products. We heard testimony over and over again that that's what this was about.

Again, as I mentioned previously, the Prime Minister was in my hometown of Truro on Friday, where I was here working hard on behalf—

Mr. Peter Julian: I have a point of order.

Mr. Stephen Ellis: —of those who support me and—

The Chair: Mr. Julian has a point of order.

Mr. Peter Julian: The other rule, of course, as I mentioned earlier, Mr. Chair, is repetition. Dr. Ellis is now repeating himself.

Those are the two rules. I understand Conservatives want to block this legislation. They don't want Canadians to have the benefits. That's fair enough, but those rules of relevance and repetition do have to be respected at this committee.

The Chair: Thank you, Mr. Julian.

This has been brought up several times, and it appears that it's not going away.

I've taken the opportunity during the debate to have a look at *House of Commons Procedure and Practice*. This is in connection with committee meetings. On pages 1058-1059, it states:

> In the event of disorder, the Chair may suspend the meeting until order can be restored or, if the situation is considered to be so serious as to prevent the committee from continuing with its work, the meeting may be adjourned. In addition, the Chair may, at his or her discretion, interrupt a member whose observations and questions are repetitive or are unrelated to the matter before the committee. If the member in question persists in making repetitive or off-topic comments, the Chair can give the floor to another member.

We have always exercised a significant degree of latitude. We are under pretty serious time constraints to get the business done that has been referred to us by the House.

After reading that, I will say to you that my patience is waning. I am not about to take any of those measures yet, but you're making it hard for me not to.

I caution all members to bear in mind what is said in *House of Commons Procedure and Practice*. Please don't put me in that position. Let's respect the rules of repetition and relevance, and let's respect the tight timeline we're under.

Go ahead, Dr. Ellis.

● (1715)

Mr. Stephen Ellis: Thank you very much, Chair.

Interestingly enough, I did have to gavel a meeting when the member from the NDP was being disrespectful. I thank you for your intervention and that reminder.

Mr. Peter Julian: I have a point of order.

The Chair: Mr. Julian has a point of order.

Mr. Peter Julian: That is not correct. I did challenge the chair in a ruling, and that's why he adjourned the meeting.

The Chair: That is a point of debate, and maybe you could wait your turn if you want to participate in the debate.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Mr. Chair.

Certainly, in that particular time, we know that the member was not directing his comments through the chair. I'll leave it at that.

That being said, the point about the Prime Minister talking about contraception is the testimony that we heard. In the testimony that we heard, we didn't....

The NDP member talked about heart drugs. We heard no testimony about heart drugs, not one bit. We heard a lot of testimony about contraception. There was the—I can't remember her title—physician from The Society of Obstetricians and Gynaecologists of Canada. Certainly she was not here to talk about heart drugs. I didn't hear her talk about that. We had the Juvenile Diabetes Research Foundation. We had the Canadian Diabetes Association here. Nobody talked about heart drugs. For that member down there of the NDP-Liberal costly coalition to go on and talk about heart drugs....

Again, this is about being transparent. It's about saying to Canadians what this bill is about. This bill is not about heart drugs. This is a little teeny-tiny four-page pamphlet to spend $2 billion on things. Yes, they're important. Contraception is important. So are diabetes medications and products. Those things are important. There's no doubt about it.

However, when that member goes on and talks about the testimony that we heard in this committee, I'll again go back just to underscore for one second, Mr. Chair, that we heard very little testimony that it is important that Canadians understand, and that is the rationale for this first amendment: to say that this is about contraception or the treatment of diabetes, and to support..., etc.

That being said—all those things being taken into consideration—this is an incredibly important amendment on behalf of Canadians.

Thank you, Mr. Chair.

The Chair: Go ahead, Mr. Julian.

Mr. Peter Julian: I would simply say, Mr. Chair, that the House of Commons gave us a job to do. The Conservatives seem unwilling to do that job. They're blocking even having a vote on CPC-7, even though members have already had the opportunity to pronounce themselves on it.

I would suggest to members of the Conservative Party that since dental care has worked, including in their ridings—and there are thousands of Canadians already, after the first three weeks, who have now benefited from the dental care program that the NDP pushed the government to put into place in their ridings—they should not support—

Mr. Stephen Ellis: I have a point of order.

Mr. Chair, I believe that you read from Bosc and Gagnon specifically with regard to not being repetitive. I think this member talked already about the dental care program, so I would suggest to you—with all due respect, sir—that hearing once again those numbers is very repetitive.

The Chair: Thank you, Dr. Ellis.

Go ahead, Mr. Julian.

Mr. Peter Julian: Thank you, Mr. Chair.

The pharmacare bill will help many people—millions of Canadians. I would hope that the Conservatives would stop their filibuster and allow us to vote on CPC-7. They've now spent almost two hours on one amendment, which is exactly why the House of Commons directed this committee to continue to sit until we've completed the amendments. It's because—

● (1720)

Mrs. Laila Goodridge: I have a point of order.

It has not been anywhere near two hours. Furthermore, we started late.

The Chair: That's not a point of order. That's a point of debate.

Go ahead, Mr. Julian.

Mr. Peter Julian: The House of Commons gave us a job to do. Conservatives seem to want to block doing that job. I would ask them, through you, Mr. Chair, that they allow the votes to be held, that they stop blocking this legislation. It's been before the House since February 29.

Conservatives have blocked it at every single step. Three months later, the reason that it has not yet passed through committee is that Conservatives have been blocking it at every single turn. Six million Canadians with diabetes and nine million Canadians who need access to contraception, including basic, fundamental reproductive rights—

Mr. Stephen Ellis: I have a point of order.

Again, Mr. Chair, we have heard these statistics previously, so this is very repetitive. If you wish to allow that, I have a lot more to say, Mr. Chair. Please be consistent. I implore you.

The Chair: I think you have a lot more to say, regardless of what my ruling might be.

Mr. Julian, please get to the point, if you would.

Mr. Peter Julian: The point is this: I ask my Conservative colleagues to move forward on the bill. Stop blocking the bill.

Thank you.

The Chair: Thank you.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Mr. Chair.

I'll keep this brief. We're not blocking this bill. It's important that Canadians understand what this bill is and what it isn't. This is not a filibuster. How can you filibuster something when it's already under time allocation? It's an impossibility. When we get to 8:30 today, on behalf of Canadians, we will have to vote anyway, even though there's been very little testimony and very little discussion.

This is not a filibuster. This is an educational session with respect to the failures of the NDP-Liberal costly coalition, which we now know is, sadly, irritating Mr. Julian. He wants to get on.

We can't block this bill. If we were blocking this bill, it would still be in the House of Commons.

We also know, because Mr. Naqvi asked me to go home and do bizarre things alone, this is obviously irritating him as well. Perhaps he thinks that being able to say words like those the minister has said in the House of Commons is helpful, and that we can all say “penis” and “vagina” here in committee. It's not bothersome to be able to say that.

However, I don't believe for one second that this is what Canadians are asking us to do here. Canadians are asking me to say what our opposition is to this bill, and I've been very clear in helping Canadians understand what the trouble is with this bill. Certainly, at every chance we get, we are trying to be helpful to make this better.

At that point, Mr. Chair, I'm happy to cede the floor.

The Chair: The speakers list is now exhausted. We are therefore ready for the question.

Shall CPC-7 carry? All those in favour, please raise your hand.

Mr. Stephen Ellis: Mr. Chair, we request a recorded division, please.

(Amendment negatived: nays 7; yeas 4)

The Chair: That brings us to CPC-8, in the name of Dr. Ellis.

Would you like to move CPC-8, Dr. Ellis?

Mr. Stephen Ellis: Thank you very much, Mr. Chair.

Certainly our office had a bit of a back-and-forth with the legislative clerks with respect to the exact wording. I think this is important, and if we haven't got it correct, I'm quite happy to hear from my colleagues, and from the legislative clerks as well, to understand exactly what the appropriate wording would be in order to be the most inclusive for aboriginal people in Canada. That was the reasoning behind this wording.

Through you, Mr. Chair, I don't know if the legislative clerks have any more input, but that was simply an attempt to ensure that we are as inclusive as possible.

I'll leave it at that, sir.

● (1725)

The Chair: Thank you, Dr. Ellis.

My advice from the clerks at the table is that the wording contained in CPC-8 is wording that was decided upon after consultation with the legislative counsel. They have nothing to add. It looks like the homework has already been done.

Are there any further interventions with respect to CPC-8?

Mr. Todd Doherty: Mr. Chair, can you explain that again?

The Chair: Maybe we'll have the clerks tell you what they told me.

Go ahead.

Ms. Émilie Thivierge (Legislative Clerk): Thank you for the question.

As legislative clerks, we are here to give advice to the committee regarding procedural questions. This is not a question that has anything to do with procedure. It's more of a legal question, so the question may be directed to the officials. We are not legislative counsel, so we cannot comment on the wording.

Mr. Todd Doherty: Thank you.

The question that I have is whether the wording that's being suggested is correct or incorrect.

The Chair: I don't think there's anyone here who can answer that question. It was my understanding that there were discussions with legislative counsel before this came forward. Whatever advice they gave to the drafter would be between them. I'm not privy to it, nor are the clerks.

I see Mr. Naqvi and Ms. Goodridge, unless you have something else, Mr. Doherty.

Mr. Todd Doherty: No. I just wanted to see if what was put forth was the correct version or not.

The Chair: We'll go to Mr. Naqvi and then Ms. Goodridge.

Mr. Yasir Naqvi: Thank you very much.

I think it is an appropriate question. It is my understanding that “indigenous peoples” is the appropriate and most inclusive term, given that it's the term that appears in other pieces of legislation as well. For example, the UNDRIP implementation legislation is very similar in that the legislation speaks to provinces and territories, not provincial and territorial governments.

It's not the place of the legislation to define the kind of governing body per se, but perhaps, Chair, I can ask the officials from Health Canada to advise us if using “indigenous peoples” is the appropriate and inclusive term to use in this particular legislation.

The Chair: It's entirely appropriate. That's why they're here.

Please go ahead.

Ms. Michelle Boudreau (Associate Assistant Deputy Minister, Strategic Policy Branch, Department of Health): Thank you, Mr. Chair.

The broader term, “indigenous peoples”, is in fact inclusive. That would be our view.

Of course, in preparing the legislation, we would have done this due diligence as well, so I would agree with the earlier comments.

The Chair: Thank you.

Go ahead, Ms. Goodridge, please.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I want to thank the witnesses.

The rationale behind bringing this forward is that there are indigenous governing bodies as well as “indigenous peoples” more wholly. It is an attempt to recognize that there are organizations that fall within a governing body and indigenous individuals who do not, and we want to try to be as inclusive as possible when it comes to the conversation around this.

It was challenging to truly be able to understand, because we were time-limited in getting the amendments done. My understanding from working with the the law clerks in drafting this amendment is that “indigenous governing bodies” is in fact a legal term. In fact, we have CPC-2, which we will eventually get to, that does give the definition as per the Constitution Act, 1982. It should, in theory, do this, so my question is whether this would be inappropriate.

● (1730)

The Chair: Please go ahead.

Ms. Michelle Boudreau: Again, just to return to my earlier comment, the term “indigenous peoples” is used as an inclusive term here, and it's also a term that is used in other legislation. When we are looking at bringing forward legislation, we look at consistency and do that due diligence.

What I would add as well is that, in the sense that it's inclusive, it does not limit the interpretation that's being suggested—i.e., it is inclusive of exactly the wording that's being put forward, so there's a redundancy there. It's already included.

The Chair: Is there anything else, Ms. Goodridge?

No. You're good.

Mr. Julian, please go ahead.

Mr. Peter Julian: Thank you, Mr. Chair.

I'll be voting against this amendment for that reason—that the inclusive terminology that's already present in other government bills would be confused by the nature of this CPC amendment.

I'm a little confused, because the Conservatives have certainly had since February 29 to prepare amendments to this bill. In the House, in frustration after months of Conservatives' blocking this bill, the motion of instruction was tabled three weeks ago, so there were certainly three weeks there, and you gave, Mr. Chair, notice a week and a half prior to the amendment deadline. There have been three reminders since February 29, so I'm a little surprised that the Conservatives didn't heed all of that and that they put something in at the last moment.

That being said, this is not the appropriate way of amending the bill, and that's why I'll be voting no.

The Chair: Dr. Ellis is next, and then Mr. Doherty.

Mr. Stephen Ellis: Thank you very much, Chair.

Despite what Mr. Julian wants to portray, this is after considerable consultation with the legislative counsel to understand the terminology. That was a question we had. It's not something that, unlike the NDP, we just dreamed up on the back of a napkin yesterday and tried to bring forward here or through a table-dropped amendment. I take great umbrage at his ridiculous notion that this is something that was not well thought out or actually consulted upon. That's an absolutely ridiculous accusation and something that I wish didn't bear a response, but it does, because of the ridiculous and unwarranted nature of his inflammatory comments, which I can only believe are intended to be inflammatory in this context.

In spite of that, if everybody else around this table is convinced that this is not the appropriate reference, I'm quite happy to seek unanimous consent to withdraw it. As I said, this is based on the legal counsel we obtained from the House of Commons. It's not like we went out and sought separate legal counsel for this; this is the actual counsel we received, and therefore we believed it was important to do it. This is not meant to be contentious or perhaps, as Mr. Julian is thinking, part of a filibuster. This is meant to be inclusive of all the appropriate people who had come to the table who potentially can be impacted by the pharmacare pamphlet.

In your terminology, Chair, if it's the will of the room to say that in spite of the good counsel that I believe we received, this is not a helpful amendment, I'm happy to seek unanimous consent to withdraw it.

The Chair: Are you seeking unanimous consent?

Mr. Stephen Ellis: Yes, sir.

The Chair: Is it the will of the committee that CPC-8 be withdrawn?

Some honourable members: Agreed.

The Chair: I see agreement around the table. I don't hear any nays. CPC-8 is therefore withdrawn by unanimous consent.

(Amendment withdrawn)

The Chair: That brings us to CPC-9, standing in the name of Dr. Ellis.

Would you like to move CPC-9, Dr. Ellis?

● (1735)

Mr. Stephen Ellis: With great pleasure, Chair.

What we have here is this:

> That Bill C-64, in Clause 3, be amended by replacing lines 10 and 11 on page 3 with the following:
>
> drugs and related products intended for contraception or the treatment of diabetes, and to provide for the continuation of the national bulk purchasing strategy.

I think there are two things to be mindful of here.

Again, I don't want to be repetitive—I heard your words from Bosc and Gagnon—but we know this is not universal pharmacare. There was absolutely no mention in the testimony, Chair, of any other classes of medication other than contraception and diabetes. Those things did not come up. If anybody can point me to testimony should I be incorrect in that, I would absolutely love to hear it. We did not hear any evidence or testimony to the contrary regarding those two things.

The other testimony we heard very clearly was that a national bulk purchasing strategy is already in existence. Again, this is not a transparent bill. This is fleecing the Canadian public by suggesting this will somehow, miraculously, create some new national bulk purchasing strategy. That is why it's exceedingly important. Words are important. Words matter.

The words are “continuation of the national bulk purchasing strategy.” It already exists. There's no evidence in this bill to the contrary, nor was there any testimony to the contrary. Again, I'll challenge anybody around the table to say there was different testimony suggesting that a new national bulk purchasing strategy would result from the passage of the pharmacare pamphlet. That is not where we are at.

Certainly, it's also important that Canadians understand, as we talked about during the testimony with respect to the pharmacare pamphlet, that there is a process. It goes from Health Canada through the PMPRB to Canada's drug agency—the former Canadian Agency for Drugs and Technologies in Health, also known as CADTH—and then on to the pCPA. There's the responsibility of the provincial—yes, I said “provincial”—ministers of health. We heard that this jurisdiction exists, and we also heard that significant delays happen with respect to this belaboured process.

We heard testimony that the length of time from the original notice of assessment all the way through the process to being listed on 50% of public formularies was often excessive. Depending on the reference, it was most often in the realm of 27 months, or more than two years and three months.

We also heard that just 44% of drugs introduced to all markets in the OECD countries between 2012 and 2021.... In the United States, 85% of those were listed on formularies, and 44% were listed here in Canada. Therefore, we have a significant problem, but this is not the problem. The problem doesn't appear to.... Well, maybe it is related to bulk purchasing. It's beyond the purview of the pharmacare pamphlet.

It's also important that the other testimony we heard is related to the number of drugs covered on private plans. Fewer than half of those are covered on any public plans. On behalf of Canadians, I think it's important. It behooves this committee to ensure there is transparency and a lack of opaqueness, and for Canadians to hear that creating a national pharmacare program for drugs for contraception and diabetes—one that is better than the plan they have now—could in fact restrict their ability to have their own private plan. We heard testimony many times from folks who said that this is very likely.

● (1740)

It would also disincentivize employers from offering plans for their employees. A plan that is restricted in the number of medications covered, which this pamphlet would create for these two specific disease states, could create problems for Canadians, over 80% of whom have private drug plans and actually value their plans.

When we know that this is important to Canadians, taking away that freedom and that ability to choose how they wish to be compensated from their employer and the drugs they wish to have access to for treating their conditions is very challenging, to say the best, and frightening to say the worst.

I think the other testimony that we heard, Chair, is related to single drug coverage of a generic type. I might take a minute to explain that.

For instance, on the list of diabetes medication was a drug called metformin. Metformin is probably the most commonly prescribed medication for type 2 diabetes at the current time. It's been around for a very long time.

What we know is that in Canada at the current time, there exist 22 different generic manufacturers of metformin. We also know that, sadly, Canada suffers from multiple and repeated drug shortages, such that people will often be switched from one generic brand to another.

On the list that has been put on the Canada.ca website with respect to diabetes medications, we see one form of metformin. When we begin to look at the pharmacoeconomics associated with the manufacturing and distribution of drugs, we see that there's a likelihood that the Canadian supply chain could be easily disrupted by a shortage. That could be on an international basis, with the active pharmaceutical ingredients—the APIs—that mainly come from India and China. This particular company could be negatively impacted and therefore not be able to manufacture metformin on behalf of Canadians.

When we have 22 manufacturers and we have no assurances that we could actually end up with one manufacturer, then we know that on behalf of Canadians, this could create a significant and negative impact.

Again, the rationale for this amendment is related to clarity. This is about contraception and diabetes. There is now a national bulk purchasing strategy through the pan-Canadian Pharmaceutical Alliance, which is run by the provinces and finally determined and acted upon, if deemed necessary, by the provincial ministers of health.

Let's not conflate things that this bill does and doesn't do. I know that the NDP-Liberal costly coalition wants Canadians to believe that this is a universal pharmacare bill about a multitude of drugs and about a new bulk purchasing strategy. That is not what is occurring here in this bill.

On behalf of Canadians, I implore everyone around this table to vote in favour of this amendment.

Thank you, Chair.

The Chair: Thank you, Dr. Ellis.

Are there any further interventions with respect to CPC-9?

Go ahead, Mr. Julian.

Mr. Peter Julian: Thank you, Mr. Chair.

The reality is that this amendment does the exact same thing that was attempted in the other Conservative amendment, which is to limit national pharmacare.

I want to reiterate to all members that clause 11 of the bill, which sets out that a committee of experts, within one year of the date on which this act receives royal assent, will provide a written recommendation to the minister on "options for the operation and financing of national, universal, single-payer pharmacare."

The intent is very clear, as we heard in repeated testimony from not only from those who are urging that we adopt this bill but also from those looking at phase two. The possible outcomes of that committee of experts could very well be to recommend moving immediately to the heart medication.

Earlier, Mr. Chair, I referenced my constituent, who lives a few blocks from my home and pays $1,000 a month for heart medication—

● (1745)

Mr. Stephen Ellis: On a point of order, Chair, I'm not entirely sure why Mr. Julian wants to continue to mislead Canadians and go on misrepresenting the same facts over and over again, suggesting this bill is going to be more than it is. He also wants, as you said, to be repetitive by talking about heart medications, which are not in this bill at all. There's no mention of heart medications here, and he continues to be repetitive.

Chair, once again, I implore you to use your ruling about the repetitive nature of his comments.

The Chair: Dr. Ellis, this is Mr. Julian's first intervention with respect to CPC-9. He is absolutely entitled under the rule of repetition to make the exact same arguments in connection with every question put to the committee. There's been no violation of the rule of repetition, either technical or actual.

Go ahead, Mr. Julian.

Mr. Peter Julian: Thank you, Mr. Chair, but Dr. Ellis has a point. The Conservatives' CPC-9 does exactly that. It limits this bill so that you can't go to heart medication. That's why I'm voting against this.

The Conservatives are doing what they're accusing the bill of doing, which is restricting pharmacare so that it never goes to heart medication or these other medications that Canadians are paying $1,000 or $1,500 a month for. That's why I'm opposing CPC-9. The Conservatives are saying, "Gosh, this bill doesn't do enough, but we're going to stop it so the bill doesn't do anything else." That, of course, is a contradiction—one might say hypocrisy—that I think everyone understands.

I'm voting no on CPC-9.

The Chair: Thank you.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I believe Mr. Doherty had the floor, but I will go ahead because I was told to. I appreciate the prerogative there.

Mr. Todd Doherty: I'll go next.

Mrs. Laila Goodridge: I appreciate the fact that the member from the NDP is so well versed when it comes to this bill and can cite exactly which section different pieces are in. It stands to reason, because this is probably the only time the federal NDP will be responsible for drafting a piece of government legislation. I can understand the amount of effort they would put in, because this is part of their supply and confidence agreement and selling many parts of their party's soul to prop up a government. They're voting in favour of time allocation and all kinds of other pieces that would make the previous iterations of this party roll over in their graves.

To get back to this piece of this particular legislation, which is the continuation of the national bulk purchasing strategy, this legislation makes it sound as if this is somehow a brilliant new thing that is going to revolutionize the way Canadians access their medication and that somehow we're not already paying fair prices. We heard in witness testimony, although it was very limited witness testimony, that a national bulk purchasing strategy already exists.

It was frustrating when we were hearing from the witnesses. Normally, the tradition of this committee is that we find out in advance who has invited each one of the witnesses. It gives us an opportunity to better prepare as we go forward, yet in this particular case, we didn't find out who invited the various witnesses. In fact, it's worth noting for the record that we still don't know who invited which particular witness. I have some theories as to which party invited the majority of the witnesses, based on some of the testimony that came out, but we don't actually know which party was responsible for inviting most of the witnesses, which is the standard tradition here.

My question for the officials here is whether Canada already has a national bulk purchasing strategy.

Mr. Daniel MacDonald (Director General, Office of Pharmaceuticals Management Strategies, Strategic Policy Branch, Department of Health): There are two parts to the answer to that question.

The first is that Canada has, through the support of provinces and territories, the pan-Canadian Pharmaceutical Alliance, which has existed since 2010. It reports that as of April 1, 2023, savings from the activities participating in public drug plans are estimated to be $3.89 billion annually.

With respect to the context of the bill itself, it refers to the development of a national bulk purchasing strategy advice coming from the Canadian drug agency. That, as yet, does not exist.

● (1750)

Mrs. Laila Goodridge: Thank you. I appreciate that.

The continuation of a national bulk purchasing strategy wouldn't necessarily contravene anything that Canada is currently doing. Is that correct?

Mr. Daniel MacDonald: With respect to what Bill C-64 commits to, which is the generation of advice, upon request, to the minister, that would not be being continued, because it doesn't exist yet.

Mrs. Laila Goodridge: Thank you. I appreciate that.

Ms. Boudreau, perhaps you can answer my next question.

On Thursday I asked how long you guys had been working on this particular bill. At one point you said a few months, then a year, and then it was back to a couple of months. Have you been able to clarify how long you've been working on this bill?

Ms. Michelle Boudreau: We have been able to do that. I will ask my colleague to do it, simply because he wrote down all the numbers before we came. My recollection from my response was about the amount of time we had spent working on some of the policy work, and then about when we started the actual drafting.

I'll let my colleague fill in those numbers for you.

Mr. Daniel MacDonald: I think the essence of the response given last time when we gave witness testimony was referencing the fact that the nature of policy development is not necessarily linear and continuous, such that it has a defined start and end.

That is all a way of saying that the process of developing something, all of the options that got assessed and the advice that was provided to the minister during the course of it—this was actually prior to my joining the unit itself—has been going for more than two years. That's an easy estimate.

Mrs. Laila Goodridge: I didn't ask about the policy development. I asked how long it took you guys to draft this legislation.

Mr. Daniel MacDonald: Drafting of legislation and all the work that goes into that tends to occur concurrently with the policy development, because the two go hand in hand.

Mrs. Laila Goodridge: In this case, did it happen concurrently, or was this an anomaly?

Mr. Daniel MacDonald: There was nothing anomalous about this process. When you're developing legislation or you're developing the policy advice that will lead to the instrument, the legislation, you do work with all the elements of the public service that support legislative drafting through that process.

Mrs. Laila Goodridge: Thank you.

Thank you, Mr. Chair.

The Chair: We'll go to Mr. Doherty and then to Dr. Ellis.

Mr. Todd Doherty: Thank you, Mr. Chair.

I had my hand up and was on the speakers list for CPC-8. It then was withdrawn. The point I wanted to make with it is that I asked an honest question regarding the ruling on it, and our colleague from the NDP took the opportunity to go on and take a partisan shot, suggesting that we were filibustering just because I asked a simple question. It's theatre for him, because the cameras are on and he takes every opportunity to slam us.

It was an honest question that I had regarding CPC-8 and the words "Indigenous peoples" and "Indigenous governing bodies" within it, which is why I'm using the opportunity now to bring this up. Just because we ask a question or are bringing forth reasonable amendments, it's not a filibuster because we're asking these questions. We honestly want to get this right for Canadians.

The question we have and the point we are making is, again, that this is not a pharmacare bill. I'll draw the attention of the committee to page 4 and clause 6. It starts with:

> The Minister may, if the Minister has entered into an agreement with a province or territory to do so, make payments to the province or territory

The last line says:

> for [the] specific prescription drugs and related products intended for contraception or the treatment of diabetes.

Our colleague from the NDP brought up his concerns regarding heart medication.

They will stand up and they'll say that they got this done for Canadians, for every Canadian or whatever the stats are—the 9 million Canadians who are diabetic or whatever those stats are for that. We have said that this is important for those Canadians who struggle with those issues.

Why didn't they fight for the heart medication, for the folks who are cardiac patients? Why can't this bill be amended or why couldn't they have fought for those Canadians who are struggling with other serious long-term diseases and medical issues that require access to medication? They want to bill this as pharmacare, as a pharmacare bill or as a national pharmacare program. Well, why wouldn't they have fought for that when they were sitting around the table with their coalition partners?

Mr. Julian will grab the microphone more times, probably, throughout the course of this evening, and talk about his constituent who pays $1,000 a month for heart medication. I'm certain that Mr. Julian would have known about this when he was at the table negotiating this piece of legislation. Why didn't he fight for that at that time? How many millions of Canadians require that medication? Does he have those stats?

It's frustrating—again I use that term—because, again, this is not a pharmacare piece of legislation. It deals with contraception and the treatment of diabetes, and nothing else. CPC-9 is a reasonable amendment, again dealing with what this piece of legislation is about, is truly about, and that's it.

Mr. Julian has already stated his intention to vote against it. I will suggest that he's going to vote against all of the CPC amendments, because, well, they're common sense, and we've seen that in the NDP, at least within the last number of years, common sense has gone out the door with the costly coalition.

● (1755)

It is frustrating for me when we ask a simple question. My question regarding CPC-8 was short and to the point. I was asking for clarification, and Mr. Julian probably should have just looked at the camera and spoken directly to Canadians, because that's who he was putting on the act for. It was not a filibuster at all; it was simply to get clarification, and I take offence to the fact that he says we are filibustering that simple point and simple amendment.

Thanks.

The Chair: Dr. Ellis, please go ahead.

Mr. Stephen Ellis: Thank you very much, Chair. Could I perhaps direct a couple of questions to the officials?

Mr. MacDonald, I was paying attention, but maybe I missed some of the nuance of what you were saying. This is not well defined in the bill, and that's probably what's creating the difficulty. Are you suggesting that a national bulk purchasing strategy, as talked about in this bill, will then see the elimination of the pCPA?

Mr. Daniel MacDonald: No, that's not at all what I was implying.

Mr. Stephen Ellis: I'm sorry, sir. Could you maybe move closer to the mic? I'm struggling to hear you, and I couldn't put my earpiece in.

Mr. Daniel MacDonald: I apologize for that.

Mr. Stephen Ellis: Oh, that's great. Thank you.

Mr. Daniel MacDonald: That sounds better.

No, that is not at all what I was suggesting. I was simply stating two parts of the response to the question.

The first is the existing coordination of price negotiation that provinces and territories have set up through the existing pan-Canadian Pharmaceutical Alliance, and I was simply distinguishing that from the advice the minister, under Bill C-64, would be seeking from Canada's drug agency to suggest a future development or a move forward. My remark was not intended in any way to suggest there would be a replacement of existing activities; it was just about supporting the discussion among provinces, territories, indigenous peoples and other partners and stakeholders about where to go next and what improvements might be made.

● (1800)

Mr. Stephen Ellis: Thanks very much.

Mr. MacDonald, are you saying that in a forward-looking bill, the CDA, which has just been newly formed, would do pricing negotiations? Is that what you're suggesting? Again, on behalf of Canadians, I'm seeking clarity here and I'm not obtaining it. I apologize for that. Is that what you're saying?

Mr. Daniel MacDonald: Not at all. What the national bulk purchasing section of Bill C-64 refers to is—I'm just seeking a term here—more improvements in the existing price negotiation steps that are taken in the pharmaceutical management system in Canada today: Where might improvements be sought? How might that be affected?

It's intended to be an expert-guided conversation, and Canada's drug agency is suited to guide that conversation, but it is not intended to be in any way a replacement for the pCPA. I just want to be clear about that.

Mr. Stephen Ellis: Thank you very much.

If this is not a new national bulk purchasing strategy, then in my mind, the word “continuation” of a national bulk purchasing strategy would be most appropriate. If you're telling me that Canada's drug agency is not about to replace what exists now within the pCPA, then “continuation” would be most appropriate.

It's not setting up something new. Is that what I heard?

Mr. Daniel MacDonald: The activities of the pan-Canadian Pharmaceutical Alliance are ongoing now and continuing, and what the bill references is the development of advice that would support a conversation among provinces, territories, indigenous peoples and other partners and stakeholders about where to go next and what might happen in the future development of national pharmacare.

It's distinguishing between the actual activity that's occurring now—that's the pCPA you're referring to, which is not being terminated in any way—and the development of advice to support a conversation about the future of pharmacare.

Mr. Stephen Ellis: Thanks very much.

Mr. MacDonald, doesn't that advice already exist from the newly named CDA, formerly CADTH? Did they not already create advice around pricing, risk-benefit and cost-benefit analysis and pharmacoeconomics? Was that not already part of their mandate?

Mr. Daniel MacDonald: That was generally part of their mandate as a health technology association; you're correct. This is about the minister's being able to seek a specific piece of advice about where in Canada, as part of future pharmacare, coordinated price negotiation or improvements might be made, because it is an important element of pharmacare as a total package.

Mr. Stephen Ellis: Thanks very much.

and I will continue along that line of questioning. This is about transparency.

Listen, I know I'm here as a parliamentarian, but on behalf of the average Canadian, what it appears to me that you're saying in a multitude of different ways—and I don't believe that you're trying to be obtuse in your answers—is that the future vision of pharmacare would suggest that Canada's drug agency would do what the pCPA is doing now. Without understanding what the costly coalition's vision is, it becomes very difficult for me to understand what it is you're saying, not because I don't understand English—I do—but because your answer is obtuse without perhaps meaning to be.

I don't mean to be negative toward your answers, but I don't have an understanding of what the negotiated vision is, because you might have been part of it and we were not. We who represent the opposition were not part of that conversation around what the vision is on behalf of Canadians.

Do you know what? I think that Canadians deserve to know what the vision is. If the vision means that there's going to be a new national bulk purchasing strategy that will be under the purview of Canada's drug agency, then they need to hear that. If it's not, then the wording in this amendment, which talks about, as my colleague eloquently pointed out on page 4, I believe, paragraph 6, is specifically about diabetes and contraception, and it's also about the continuation of a national bulk purchasing strategy.

I'm going to ask you to be concrete, which I know you don't want to be—I understand that—but either this is the creation of a new pathway under the auspices of Canada's drug agency or the continuation of a national bulk purchasing strategy. I ask you, sir, on behalf of Canadians, which is it?

● (1805)

Mr. Daniel MacDonald: There are two parts there. First, this does not create a new role for Canada's drug agency in the realm of price negotiations. I want to be very clear about that.

The bill sets up a future conversation about the future of pharmacare. Now, as part of that, the bill sets out that the minister may request advice from Canada's drug agency on two elements to develop expert advice to support that conversation.

One of those two pieces is to guide the development of advice on where Canada might go in terms of realizing improvements in its price negotiation strategy today. The reason for that is that previous advice by expert panels—I'm referring specifically to Hoskins—on how pharmacare might work have always pointed to the savings that would be realized from coordinated, negotiated drug acquisition. That's the element that Bill C-64 refers to: the development of the advice or further understanding about how and where that might work. It is not intended to be a reference to the existing activities of the pan-Canadian Pharmaceutical Alliance at all.

Mr. Stephen Ellis: Well, I want to say thank you, but I'm still very unclear, because the pCPA has the ability to do a national bulk purchasing strategy. Is that not true?

Mr. Daniel MacDonald: The pan-Canadian Pharmaceutical Alliance acts on behalf of all of its members, all provinces and territories in Canada, and, in doing, so coordinates the purchase for their public drug plans, and, indeed, some federal drug plans are a part of that as well. It has the ability to conduct those price negotiations.

Bill C-64 authorizes the minister to seek advice from Canada's drug agency in its position as having expertise in the field to guide the development of advice to support that future conversation among decision-makers about how there might be improvements that could be realized. It doesn't commit that they would be adopted. It merely supports the development of advice to support a conversation.

Mr. Stephen Ellis: Through the chair, on behalf of everyday Canadians, the pCPA, for all intents and purposes, is a national bulk purchasing strategy. Is it or is it not?

Mr. Daniel MacDonald: It is the coordinated price negotiation upon which the letters of intent that are signed at that process are used by public drug plans to—

Mr. Stephen Ellis: I'm sorry, Mr. McDonald. I'm going to interrupt you. I'm not asking you for the Caramilk secret here. That's not what I'm asking you on behalf of Canadians. Is there another national bulk purchasing in secret that Canadians don't know about? If there is, on behalf of Canadians, please tell us.

For all intents and purposes, for public plans, is the national bulk purchasing arrangement that we have at the current time not through the pan-Canadian Pharmaceutical Alliance?

● (1810)

Mr. Daniel MacDonald: Yes. It is through the pan-Canadian Pharmaceutical Alliance that all public drug plans coordinate their purchasing—their price negotiation to subsequently purchase.

Mr. Stephen Ellis: As I said, I'm not asking you to define the theory of relativity here or the Caramilk secret, whichever is more difficult. What I'm—

Mr. Peter Julian: I have a point of order, Mr. Chair.

The Chair: Go ahead, Mr. Julian.

Mr. Peter Julian: Thank you, Mr. Chair.

I'm a bit uncomfortable with the line of questioning. We're getting complete answers from our witnesses.

Actually, Dr. Ellis just has to read the bill. If you look at the principles in clause 4 and how they relate to clause 9 of the bill, those answers are already evident. It is relevant, but I do find this questioning a bit repetitive. As well, these are questions that are already answered by a careful reading of the bill.

The Chair: You tried to couch it as a point of order, but it was a point of debate, I'm convinced.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thanks very much, Chair.

In spite of what Mr. Julian wants, there is a significant lack of definitions inside this bill, which to me is perplexing. It's perplexing because one of the things Canadians do not understand is how medications are approved in this country, how they are purchased and how those decisions come to be.

Again, I'm sure even Mr. Julian could sit down at a moment's reading and read the four-page pamphlet. It's not that difficult to do in a single reading. It's not rife with details. In spite of the fact that the costly coalition would like us to simply pass this bill through, our job under the Westminster style of government is to provide a robust opposition to the things proposed and the willing and wasteful spending by the costly coalition.

What I'm trying to do on behalf of Canadians—unlike what Mr. Julian is wont to do, which is to allow this pharmacare pamphlet to pass without scrutiny—is to understand, on behalf of Canadians, the system that exists now. Again, I would suggest that I probably know as much as there is to know about the purchasing system in Canada and the manufacture of medications and the prescribing thereof, etc., so I would suggest that this bill is not being truthful.

Again, there is a bit of humour in there when I ask you about the Caramilk secret and the theory of relativity. I don't mean to be disparaging. We do need to have a bit of fun here. That being said, on behalf of Canadians, what we're trying to do is to understand clearly what this bill is proposing. I'm still not convinced that we are there.

Again, as I said, I don't have a problem comprehending the system that exists. I would say that I'm having a problem comprehending your answer. That's not because it's in a foreign language; it's not. It's in one that I can understand. I'm sure that if I were listening in the other official language, it would be translated appropriately. That being said, again, I'm not trying to be disparaging, but on behalf of Canadians, there appears to be an element of bureaucratic-speak that is really not clear.

I will take you a bit to task on that to say that I'm imploring you, on behalf of Canadians, to be clear. I know that you don't like yes-or-no answers, but I'd really like you to attempt to answer them.

The pan-Canadian Pharmaceutical Alliance—yes or no—is a bulk purchasing strategy that currently exists in which the public plans of Canada's territories and provinces, and perhaps a few other partners, participate at the current time. Is that true, sir?

Mr. Daniel MacDonald: Yes, it is true that they jointly negotiate.

● (1815)

Mr. Stephen Ellis: That's great. Thank you.

Therefore, the wording in this particular amendment, as I said previously, is related to contraception and diabetes, as my colleague Mr. Doherty has eloquently pointed out. It is clearly laid out in this bill that this is exactly what the pharmacare pamphlet is about. It is about the continuation of a national bulk purchasing strategy. It is not about creating something new.

You said there may be some forward-looking idea that at some time in the far future it could possibly change the vision of allowing the minister to ask the CDA for advice. I don't think that adding the words "continuation of a national bulk purchasing strategy" is going to harm in any way, shape, or form that potential or never-to-happen ability to ask the Canada drug agency for advice, because it now gets advice from the former arm, called CADTH, which we talked about. Part of its mandate as well is to talk about pharmacoeconomics and costs versus benefits.

I thank you again. In no way, shape, or form did I mean to be disparaging towards your answers, but I think it's important to seek clarity.

Chair, from the interventions that we have heard and the advice that we've obtained from our experts here this evening, it's even more important, on the basis of clarity and transparency for Canadians, to understand that the amendment proposed in CPC-9 is the appropriate amendment to bring clarity and vision to the pharmacare pamphlet.

Thank you, Chair, and thank you, Mr. MacDonald.

The Chair: Next we have Mr. Naqvi, please.

Mr. Yasir Naqvi: Thank you, Chair.

We will be opposing this amendment. It builds on what I presented earlier. This is framework legislation that develops a framework around pharmacare. We are talking about the first phase of that framework, which focuses on diabetes and contraceptive medications. The legislation goes beyond that in terms of developing a national bulk purchasing strategy. Limiting the scope, as this amendment suggests, undermines the essence of this framework legislation.

Therefore, we think it is counterproductive. It does not really pursue what the legislation is trying to achieve, which is to create framework legislation around pharmacare, starting with the first phase, which is to make diabetes and contraceptive medications available to Canadians coast to coast to coast.

Thank you.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Chair.

Again, I'm not sure that I follow Mr. Naqvi's logic here in saying that this is undermining any future ability to do anything. This is a service that is already provided by the Canadian agency for drugs and therapies in health, CADTH, and certainly one would believe that if they want to rewrite the potential future intervention of the Canadian drug agency, then I would suggest that this paragraph is not where that should happen. I can't quote you chapter and verse, but I do believe there is a segment that talks about the Canadian drug agency, and if Mr. Naqvi wishes to define what that might look like, then certainly that is something we're happy to entertain.

Again, on behalf of Canadians, our expectation is that there's an honesty here with respect to the national bulk purchasing that already exists on their behalf, because if we don't define it as such, what this bill, in its aspiration, would suggest to Canadians is that they are somehow going to get a better price for their medication through this bill. We know that when the public plans negotiate these prices, adding another million people to that negotiation is not going to enable a better pricing effect, and we heard that.

If we want to talk about the facts, which Mr. Julian is often mentioning, the facts are that we heard testimony with respect to the national bulk purchasing strategy that exists. For clarity, we'll call that the “pCPA”, the pan-Canadian Pharmaceutical Alliance. What we heard from the manufacturers who were represented here was that an incredibly rigorous negotiation already exists, in a market with small margins.

Mr. Julian was also obviously at that time wanting to say that these were lobbyists, when we know that everybody who appeared here as witnesses are lobbyists. That's what they are. They are all lobbyists. To attempt to be disparaging of folks who have and run businesses and employ thousands of people across the country, to say that they are lobbyists.... Well, as I said, everybody, sadly, who appeared in the truncated form—

● (1820)

Mr. Peter Julian: I have a point of order, Mr. Chair.

I have to ask you to rule on relevance here—

Mr. Stephen Ellis: I'm talking about testimony.

Mr. Peter Julian: Dr. Ellis seems to be wandering off again.

The Chair: I'm not sure there's been a significant veering.

Perhaps you could make the connection back to CPC-9, but I don't think you've gone that far astray, Doctor.

Mr. Stephen Ellis: Well, I don't even know what to say to that, Chair. I was clearly talking about the system that exists now, the pricing that exists now and the lobbyists who were here. I was going to say something very negative, but I shall not say it, because that would be inappropriate.

Mr. Julian, please pay close attention, and if you're struggling with that, then grab a cup of coffee.

The Chair: No. Please direct your comments through the chair. This is bound to descend into chaos if we start firing shots directly at people—

Mr. Stephen Ellis: That was my cleaned-up language, Mr. Chair.

The Chair: Fire them through me, please.

Mr. Stephen Ellis: Chair, maybe you could ask Mr. Julian to grab a cup of coffee if he's struggling with his attention.

I apologize for directing it directly to Mr. Julian. It's much better to say it that way.

That said, what Mr. Julian was suggesting was that the good folks who provide medications to Canadians were not being truthful with their testimony that we heard. Of course, if we had more testimony, perhaps we could have heard opposing opinions, but we didn't, because of Mr. Julian and the costly coalition. We were able to hear only 10 hours of testimony. If he thinks that what they are saying is not true, then we'd be more than happy to hear more testimony. Just for clarity for Canadians, because of their motion on closure that limited the amount of testimony that could possibly be heard, we were very limited on who we were able to hear from.

Again, what we already have is an existing national bulk purchasing strategy under the auspices of the pan-Canadian Pharmaceutical Alliance. It really is beyond belief that what both Mr. Julian and Mr. Naqvi are saying, without transparency, is that they don't think that's a national bulk purchasing strategy. They think that perhaps in the future the Canadian drug agency will provide some of that, whereas this is in no way, shape or form limiting the ability to do it because we have already established that it is occurring now. The pharmacoeconomic discussion happened previously, before May 1, at CADTH, and is now.... I'm not entirely sure what's happening.

Mr. MacDonald, maybe you could make this clear to the committee.

Is there a joint CDA and CADTH, or is CADTH no longer relevant and just out of the picture altogether? Perhaps before I go on, you could make that clear to the committee. Is the governing structure now solely the Canadian drug agency and not CADTH, or is there some sort of overlap at the current time?

Ms. Boudreau, it looks like you might want to answer. If you do, please feel free.

Ms. Michelle Boudreau: In fact, CDA is being built from CADTH. CADTH continues to exist in the sense of the people who work there and its structure, etc. With the activities that are being added to CADTH, which are set out in the legislation in clause 7, as you noted, CADTH is growing into, if I can put it that way, the nucleus of the CDA.

If you'll permit me, Chair, I would like to make a couple of comments on the earlier questions. It may help to clarify the difference between the pCPA and the purchasing strategy that's mentioned in the bill. Again, in the hope that this would be helpful, I just want to point out a couple of differences in the pCPA.

My colleague noted, as you did, that it is in regard to the negotiation of prices for public plans only. It's just public plans and negotiations of prices. The pCPA, in fact, does two things.

One by one, it negotiates prices. It does have product listing agreements, product by product. Then it has a framework with respect to generic drugs, which has been in place for some time. I think whether that could be called a “bulk purchasing strategy” is really something you'd have to ask the pCPA itself. I would leave that to you to consider, but those are the two fundamental things that it does.

The other thing I want to point out is that the pCPA, in its negotiations, is a price negotiator for pharmaceutical products only. When we speak about the strategy, if you look at the term that's used, you see that we use a broader term, which is “pharmaceutical products”. That's related products. In that sense, because some of those products could be, at a point in time, in the context of bilateral agreements, it could certainly go beyond just the pharmaceutical products that are being negotiated for prices only in the context of the pCPA.

The final thing I want to note, as I mentioned earlier, is that the pCPA is the price negotiator for public plans, but there are also other procurement—I'll use the word “procurement”, even though that isn't necessarily what they do—reimbursement organizations or entities for products in Canada, such as hospitals and cancer agencies. Those types of things would not be part of the pCPA.

Finally, you noted a question on vision. I do just want the committee to know that in leading up to the CDA and the creation and context of what the activities of the CDA would be— which is reflected in the bill in the context of the minister being able to ask advice from the CDA—there was a transition office that did a lot of work looking at where there might be areas of improvement. In fact, that's the vision piece. The view is that there is room for improvement, as there often is, even though the pCPA has been in place since about 2010.

I just want to give a little bit of that context. I hope it's helpful.

● (1825)

Mr. Stephen Ellis: Thanks very much for that.

Through you, Chair, I have a couple of follow-up questions related to that.

Interestingly enough, if we're going to ask the CDA to do things that the pCPA is already doing, to me that would be redundant. If we're going to ask them to do things similar to what CADTH is already doing, why would we want to spell that out? I guess that's another part of it. I would consider this a national bulk purchasing strategy, given the fact that they negotiate one price for medications for all public plans, if I'm not mistaken. If I am, please correct me.

I think the final thing—maybe I'll save it for later, but I'll give you some food for thought—is on budgets for CADTH and the CDA, and understanding that there is a cost associated with the stand-up of a new agency that should be talked about in here. I won't ask you that now, but I'd like to give you a heads-up. Perhaps you have the information with you. Perhaps you don't. If you don't, we'd love to hear that at some point.

Obviously, if we're negotiating one price for medications such as metformin on public plans, that would be, in my mind—and I believe in the minds of Canadians—a national bulk purchasing strategy, even though, as you mentioned, you could certainly add on other agencies, such as hospitals. There's no issue with that, although they benefit, certainly, from similar prices, as they do elsewhere. If the Canadian drug agency is taking over for CADTH and they already do these things, why would we need to spell that out? This would be a continuation of that work.

● (1830)

Ms. Michelle Boudreau: I may not have been clear.

In the way CADTH functioned before moving towards becoming the CDA, it was quite limited to what we call “health technology assessment”. The functions and activities that would be added are what's set out in the legislation. There will be more happening within the context of the new CDA than what is currently done by CADTH.

Finally, I'll just note that the pCPA is a construct of the provinces and territories. What you see in the bill is that before the CDA develops any advice or the minister asks for advice vis-à-vis some of the functions the CDA will do, there will be consultations with the provinces and territories as well. In fact, there will be collaboration and a lot of close work with the pCPA.

Mr. Stephen Ellis: Thanks very much for that, Ms. Boudreau.

Through you, Chair, I guess I'm still struggling with understanding this.

We're adding another layer of bureaucracy here. That is what it sounds like to me. Even though we have something that's functioning—the pCPA—and it's negotiating the national prices for medications....

As I said, let's take this medication called metformin as a very specific instance. That price is being negotiated on a national basis for public plans. Why would we need another agency to provide more advice? If there are already negotiations that exist generally for public plans, why would we need more input? I don't understand that. If you could explain it for Canadians, I'd love to hear it.

Ms. Michelle Boudreau: I would come back again to the functions that the CDA will undertake that go beyond what CADTH does now: data analyses and a lot of work around appropriate use. All of these things will inform how the strategy can come together. None of these activities are currently done by the pCPA.

If you look at the activities that are set out in the bill, you will see the expanded work that the CDA will be able to do and what they will then be able to bring to inform a strategy, which the pCPA doesn't currently do.

Mr. Stephen Ellis: Thanks for that.

Through you, Chair, it's interesting. You talk about appropriate use, and I certainly think that at some point, we'll come to that, and it would be a shame if, for this pamphlet that's being rammed through, we couldn't get to that amendment related to appropriate use specifically and debate it. On behalf of my physician colleagues, I would certainly suggest that the last thing we need is another government agency telling independent practitioners, who've been educated by our great country, which drugs to use in certain situations. To me, that seems overly draconian and a significant violation of the ability to prescribe medications.

In the system that currently exists, a prescription does not even need to have an indication on it. Therefore, having a government agency begin to encroach on the independent nature of the practice of medicine seems like significantly burdensome and troublesome government overreach. Again, it's about the vagueness of the wording that exists.

I wish I could sit here and say that I'll take the government at their word that there will not be that significant overreach and interference with respect to the independent practice of medicine. However, I don't believe that to be true, so when I look at the next several paragraphs, these are going to be incredibly troublesome, again given the potential for government meddling in independent practice. Government interference is something that I can only hope will not come to fruition, and it's certainly something that I know my Conservative colleagues and I will be quite happy to fight against.

We know that many medications are used in an off-label fashion, which concerns me significantly. Not only this bill—and I'll mention this for only a second, Chair, so that Mr. Julian doesn't lose his mind over it—but also the Budget Implementation Act that exists now talks about a significant increase in ministerial powers with the ability to limit things like off-label use, when we know that every single pediatric medication that is out there, with perhaps the exception of antibiotics, is used in an off-label fashion because there are very few studies done on pediatric patients to give a specific indication.

To me, the appropriate use clause that exists in this pharmacare pamphlet indicates significant bureaucratic government overreach and interference with respect to the independent practice of medicine.

Certainly we've seen it. I've experienced it before in medical practice, when people who have not even examined a particular patient will want to argue with the physician about the diagnosis. From afar, from a referee's chair at a tennis match, they would like to say, “Hey, this is not correct. That's not the diagnosis. It's not what should be happening”, etc., when oftentimes somebody has had a significant and long-term relationship with a patient, including multiple medical trials and multiple consultations for a diagnosis.

Looking further down the road, I'll be happy to repeat these comments when that time comes, but I want to get them on the record, because it's very likely we will not get to those amendments, and they will be rammed through on a vote without any significant consideration by this committee, much in the way the rest of this bill has been, which, I will say on behalf of Canadians, is a travesty.

Chair, if there are no other ideas, I'm certainly happy to cede the floor and move on to a vote with respect to this particular amendment.

● (1835)

The Chair: Mr. Julian, go ahead, please.

Mr. Peter Julian: Thank you, Mr. Chair.

I'll note that the Conservatives have allowed one amendment to be voted on in three hours. Thousands and thousands of dollars of committee time have been devoted to this study, and the Conservatives' filibuster blocking this legislation, as they have been blocking it since February 29, has meant that Canadian taxpayers, folks who are working hard trying to make ends meet, have seen thousands of their tax dollars going into a filibuster to block legislation that is going to help people.

I want to address the national bulk purchasing strategy, because it is true that Canadians pay more, and they pay more because of Conservative government decisions to extend patent protection. It was a beautiful sweetheart deal by a former Conservative government that extended patent protection so that Canadians pay unbelievably high drug prices. It was Conservatives who caused that, and instead of saying, “Gee, we're sorry, Canada. We apologize for everything we've done to wreck your access to medication”, we have Conservatives filibustering the next step, which is having a national bulk purchasing strategy that, through universal single-payer pharmacare, would allow us to bring the cost of those drugs down.

When New Zealand did the same thing, Mr. Chair—and I know you're aware of that—the cost of some drugs went down by 90%. Not only does this bill, Bill C-64, enhance Canadians' ability to access medication—diabetes medication and contraceptive medication and devices—but by putting in place a national bulk purchasing strategy, it also allows us to start what other countries have already found, which is, rather than paying massive prices and extending patent protection to the pharmaceutical industry with the huge costs that has entailed—it's made huge profits, and lobbyists are happy—having a national drug purchasing policy that will allow us to follow the lead of countries like New Zealand that have reduced the cost by 90%.

What this Conservative amendment, CPC-9, proposes to do is stop that, freeze it in place and not allow the bill to move further so that we can have in place a national drug purchasing strategy that goes beyond diabetes and contraceptives. I oppose this.

It's been three hours. Conservatives have allowed one amendment to come to a vote. I wish they would stop doing this, as it's not in the interest of their constituents or of any Canadians for them to continue as they have since February 29 in blocking this legislation.

The Chair: Mrs. Goodridge, go ahead, please.

Mrs. Laila Goodridge: Thank you, Chair.

It's worth noting that Mr. Julian has found the need to interject at every available opportunity and continues to mislead Canadians by saying that it's been three hours, when the reality is this meeting had quite a late start. It's been less than two and a half hours, but that falls into a space of semantics.

I get frustrated when they continually try to say this is a pharmacare bill when the entire guise of this bill is creating or looking at two separate categories of pharmaceuticals. It's been mentioned many times in this meeting that heart pills aren't included. That variety of medication isn't included, so this is not, in fact, pharmacare. Perhaps, at very best—and this is being overly generous—it is a very small step towards pharmacare. The reality is that it's not. It's a pamphlet that agrees to certain categories and to possibly, one day, look into creating something, but it really is just a way for the Liberals to get votes so they can do whatever they want, act like they're in a majority government and have the NDP hold the bag all the way along, tanking both of their polls in the process.

This is something Canadians need to hear very clearly. If they were so proud of this bill and thought it was so wonderful, they would have allowed a bit more time for these kinds of conversations.

The fact is that while we were midway through listening to the witnesses on Friday—and witnesses are where we're in theory supposed to get some of the amendments—the due date was also the due time for having the amendments in, so it was impossible to have amendments in for all the witnesses we heard from, because any witness we heard from after 2 p.m. on Friday.... Our ability to write the amendment, get it to the legislative clerks, get it translated and get it off to the clerk was pushing the bounds of what was possible. If this government really cared about democracy, they would have extended the deadline for amendments until today. Then we could have had the clause-by-clause study tomorrow and been in a much better situation.

We're here because they decided to ram this through, since they've failed to plan to do anything they told Canadians they would do. This is a pattern of behaviour by this NDP-Liberal government. They continually tell Canadians they're going to do something, fail to do it, then blame Canadians.

I'm going to bring up the fact that this is not a pharmacare bill. I will join in some of the conversations of my other colleagues. Rather than continue to belabour the point, I will cede the floor. I hope we can have a swift vote on this and get to the rest of the amendments, because there are some that I think are very important and will make this bill better, even though I don't think this is a very good bill to begin with.

Thank you, Mr. Chair.

● (1840)

The Chair: That is all for the speaking list.

Are you ready for the question? Shall CPC-9 carry?

Mr. Stephen Ellis: Excuse me, Chair. I'd like to request a recorded division.

The Chair: Madam Clerk, call the vote on CPC-9.

(Amendment negatived on division: nays 7; yeas 4)

The Chair: How do people feel about a 10-minute health break? Is there any strong opposition to that?

Mrs. Laila Goodridge: Mr. Chair, if we have a 10-minute health break, I would ask that we extend the meeting by 10 minutes, considering we started late.

The Chair: Very well. I'll ask the vice-chair to take the chair, please.

Thank you.

● (1845)

The Vice-Chair (Mr. Stephen Ellis): Just so everyone's aware, we just did amendment CPC-9, which was defeated.

The next question is, shall clause 3 carry?

Mrs. Laila Goodridge: On division.

(Clause 3 agreed to on division)

(On clause 4)

The Vice-Chair (Mr. Stephen Ellis): We are now moving on to clause 4. There are amendments, starting with CPC-10.

Mrs. Laila Goodridge: Mr. Chair—

The Vice-Chair (Mr. Stephen Ellis): Please go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: I would like to move CPC-11.

The Vice-Chair (Mr. Stephen Ellis): Very good.

Mrs. Laila Goodridge: The reason I'm choosing to skip CPC-10 is we had the conversation on the verbiage when it came to the conversation around "Indigenous peoples" and "Indigenous governing bodies". Therefore, I would withdraw it.

Can we have unanimous consent to withdraw CPC-10?

The Vice-Chair (Mr. Stephen Ellis): Excuse me, Mrs. Goodridge. I don't believe it's necessary to have unanimous consent if nobody moves that particular motion.

That being said, as CPC-10 has been not moved at all, we'll move on to CPC-11.

Go ahead, Mrs. Goodridge.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I'm sorry. I was just trying to save a bit of time to get back some of the time that's been filibustered by the NDP members on this committee. I love that. At least he understands what he's doing.

Anyway, the amendment here is to amend clause 4 by replacing line 20 on page 3 with:

> that is more consistent across Canada, in order to avoid a patchwork of care;

I believe it's absolutely important that we address the inconsistency in coverage that already exists in the Canadian context. This bill, as it is currently written, doesn't necessarily deal with that piece. Therefore, this is part of the amendment, which I think is a very common-sense amendment, and I would urge all of my colleagues to vote in favour of it. This will strengthen the legislation and help remove the patchwork side.

The Vice-Chair (Mr. Stephen Ellis): Go ahead, Mr. Julian.

Mr. Peter Julian: Thank you, Mr. Chair.

I'll be voting against this amendment. It is actually in contradiction to the other CPC amendments, which are intended to create that patchwork of care. I think the language that is in the bill is very clear, and we should hold to that.

I'll be voting no on CPC-11.

The Vice-Chair (Mr. Stephen Ellis): Thank you very much, Mr. Julian.

Mr. Naqvi, you have the floor.

Mr. Yasir Naqvi: Thank you, Mr. Chair.

We will be also voting against this motion, because I think the language is fairly clear in the bill when it talks about consistency in Canada. To me, what is meant is very clear from a statutory drafting perspective. Adding anything more to it, as is being suggested, is redundant and doesn't add any more clarity whatsoever.

The way we see the wording is appropriate. Therefore, there's no need for this amendment.

Thank you.

The Vice-Chair (Mr. Stephen Ellis): Thank you very much, Mr. Naqvi.

Mrs. Goodridge is next.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I actually think it is important to have this in order to avoid a patchwork of care. This is part of the problem that has been identified, as we heard in witness testimony. It's a space where I appreciate they want clarity. It's a four-page pamphlet. It's not a pharmacare bill, as we've pointed out and will probably continue pointing out, time and time again.

I think it is incumbent upon us to show Canadians that the intent is to avoid a patchwork of care. However, if both the Liberals and NDP have already decided they are comfortable having a patchwork of care, I guess they can vote against this amendment.

● (1850)

The Vice-Chair (Mr. Stephen Ellis): Thank you very much, Mrs. Goodridge.

Mr. Julian, you have the floor.

Mr. Peter Julian: Thank you, Mr. Chair.

Just to be very clear on this, there seems to be a contradiction between the Conservatives saying that this is a pamphlet but also admitting that this is going to have a real impact on people's lives in a positive way.

I note that contradiction. People who are watching this committee see that contradiction. The reality is that passing this bill is going to make a difference in the lives of millions of people, and the language that is already in the bill is very clear in having consistent coverage across Canada, including the previous amendments that we have rejected. It is to keep the bill actually doing the effective work that the bill will do once it's passed by Parliament and the Senate, hopefully, and then, moving from there, to the minister having negotiations with the provinces and territories.

For those reasons, I will vote no.

The Vice-Chair (Mr. Stephen Ellis): Thank you very much, Mr. Julian.

Go ahead, Mr. Doherty.

Mr. Todd Doherty: Let's be very clear: The reason our colleague from the NDP is voting no is because he's been told by his coalition that this is the way they want it. This is the way that he is to vote with respect to any CPC amendment. It's the same old, same old that we hear time and again when it comes to legislation that we've been told time and again in the House...

The government tells you, “Just let it get to committee, and we'll work in good faith. Amendments will be taken in, and we'll work with great collaboration with all parties to get this bill right.” Look where we are today with a piece of legislation that really isn't... It's being called pharmacare. It really isn't pharmacare.

This is the line that we're talking about, so that Canadians are fully aware of what we're talking about here. It is page 3, subclause 4(a), and the last sentence reads “in a manner that is more consistent across Canada.” What is being proposed is “that is more consistent across Canada, in order to avoid a patchwork of care”.

The whole argument that we hear from our colleagues down the way is that there are millions of Canadians who do not have... There are some who do have care. They have programs and access to medications. There are some Canadians who don't. For me, that would be a patchwork of care that we're experiencing and that Canadians are experiencing. If you want to believe what our colleagues are saying, the government is trying... Bill C-64 is all about making sure we're eliminating the patchwork of care. Why not put that in the bill? It's no different from what we said earlier on.

We talk about the heart medication. We have cardiac patients and constituents who have cardiac issues. Our colleague from the NDP has brought up a number of times that his constituent faces $1,000 per month because of the patchwork of care that we have in our country, yet he still didn't negotiate, when he was sitting at the table with his coalition partners, to have cardiac medication in here.

There is another rare disease that was not mentioned here. I don't believe it was mentioned in any of the testimony either. It's ALS, and thousands of Canadians are afflicted with this horrible disease. I remember one of my constituents who was struck down at the age of 28. He was a soldier with our Canadian Armed Forces. “The best of the best”, his commanding officer said. At the age of 28, with his future right in his hands, Deane Gorsline was struck down with ALS. He lived the remainder of his life much like my former employee, Brett Wilson, who passed away last August, nine months after his dad Rick passed away from ALS as well.

After their diagnosis, both Rick Wilson and Deane Gorsline lived the remainder of their days fighting for Canadians who were struck with ALS. They were better people than I am. They turned their attention to ensuring that the next Canadians who would be diagnosed with ALS had access to those drugs that could prolong their lives, in the hope that they could walk back the impacts of that terrible disease.

● (1855)

We don't have a rare disease strategy in this country. When we talk about this national pharmacare plan, that's what our colleagues suggest Bill C-64is, and it does none of this. It doesn't provide greater access for those Canadians who are struggling with rare diseases such as ALS.

I think about that when we're talking about this bill. Due to the size of our country, and in some cases the comparatively small population of Canadians who are afflicted with certain diseases, Canadians struggle to have access. Pharmaceutical companies will not look at Canada in a favourable way to provide access for the small groups of Canadians who are afflicted with such illnesses as ALS. They are forced to lobby and forced to do whatever they can, even though their days are limited before this terrible disease takes over.

It is absolutely horrific to see and watch. I think about cancer patients within our country for whom this bill does nothing in terms of access to more medications and treatments. If it was a true pharmacare bill, we should have noted that. Maybe it would have been brought up. It's disappointing. This CPC-11 is a non-partisan amendment that simply clarifies, or adds to the line, and again, I'll read it out. After “in a manner that is more consistent across Canada”, it simply adds, “in order to avoid a patchwork of care”, which is exactly what we're talking about.

Mr. Julian's got his hand up, so he'll continue his NDP filibuster in the next little bit here, and he'll go on and on about how Conservatives are ragging the puck and filibustering this bill, but at every chance, he's on that speakers list, Mr. Chair, speaking as much as Conservatives members.

With that, Mr. Chair, I will cede the floor so that we can get to the vote on CPC-11, unless Mr. Julian wants to continue his filibuster.

The Chair: Go ahead, Mr. Julian, please.

Mr. Todd Doherty: Okay.

The Chair: You have the floor, Mr. Julian.

Mr. Peter Julian: Yes. I'm going to time myself, because Conservatives are spreading a lot of disinformation. They talk for 15 minutes and somebody else talks for 20 seconds and then they say it's the other parties that are doing the filibuster. We all know who is blocking the bill and why three and a half hours have passed at the cost of thousands of dollars and with votes on only two amendments.

I just wanted to flag one thing, Mr. Chair, and that is Bill C-213. If Mr. Doherty was right that they want something comprehensive, that they don't want to have a patchwork but want a comprehensive pharmacare plan, on my bill, Bill C-213, three years ago and about three months ago, every Conservative except for Ben Lobb—and I think Ben Lobb actually listened to his constituents—voted against that. I find the pretensions about a patchwork of care a little rich, given the Conservative track record.

It took me 59 seconds to intervene, Mr. Chair.

● (1900)

The Chair: Are there any interventions with respect to CPC-11?

If not, are we ready for the question?

Mr. Stephen Ellis: I'll request a recorded division, please.

The Chair: We'll have a recorded division on CPC-11, please.

(Amendment negatived: nays 7; yeas 4)

The Chair: That brings us to CPC-12, in the name of Dr. Ellis.

Would you like to move CPC-12, Dr. Ellis?

Mr. Stephen Ellis: Chair, nothing would give me greater pleasure.

Amendment CPC-12.... Sorry, my notes are a bit mixed up since I was sitting in the chair in your absence.

An hon. member: He is a physician and he can't read his own handwriting.

Mr. Stephen Ellis: I probably need to put my glasses on, which I don't want to do.

This amendment speaks about “respecting the autonomy of Canada's highly trained health care practitioners”. This is exactly what I had talked about previously. I find it unusual that this subclause exists in the first place.

Perhaps we'll start off by asking the experts why this is part of the bill's original form:

> ...the appropriate use of pharmaceutical products—namely, in a manner that prioritizes patient safety, optimizes health outcomes and reinforces health system sustainability—in order to improve the physical and mental health and well-being of Canadians...

CPC-12 would add “while respecting the autonomy of Canada’s highly trained health care practitioners”, and it goes on.

Why do we need this particular paragraph—"support the appropriate use of pharmaceutical products"—in there anyway? When you think about it, it would suggest that at the current time, there is significant inappropriate use of pharmaceutical products.

I could make a bunch of assumptions that you are therefore against so-called safe supply, which, in my mind, would be an inappropriate use of pharmaceutical products. Then "namely, in a manner that prioritizes patient safety" would lead me to believe that this NDP-Liberal costly coalition doesn't believe that Canada's highly trained health care practitioners are practising with the safety of Canadians in mind or with the objectives of optimizing health outcomes or being good stewards of the health system—which, sadly, in the words of one former president of the Canadian Medical Association, Katharine Smart, is on the brink of collapse.

Maybe I'll start with Ms. Boudreau or Mr. MacDonald. I'm not entirely sure what the conversations were with respect to the need to insert this paragraph. I just need to reiterate that it talks about prioritizing "patient safety", optimizing "health outcomes" and reinforcing "health system sustainability".

Is this bill, in this particular paragraph, suggesting that this is not the case at the current time?

● (1905)

Ms. Michelle Boudreau: I'm sorry for the pause. I'm just trying to find the exact spot.

Mr. Stephen Ellis: I can provide that for you, if you'd like. It's on page 3. The paragraph I'm referencing is under "Principles", in proposed paragraph 4(c). The amendment would add a different line 29. Is that helpful?

Ms. Michelle Boudreau: Yes, thank you.

Mr. Stephen Ellis: Great.

Ms. Michelle Boudreau: You're quite right to point out, as you just did, that it is one of the principles the minister would be required to consider when moving forward on national universal pharmacare.

With regard to the others—proposed paragraphs (a), (b), (c) and (d)—and then speaking specifically about appropriate use, one of the reasons that this wording is there is that there are numerous studies to show that in fact there are issues with improper prescribing or over-prescribing, and you're probably aware of a lot of efforts around de-prescribing, in particular with older patients.

The idea behind the mention of "appropriate use" is to ensure the safety of patients. When the right drug is given to the right patient at the right time, it can also bring some savings, both for the system and for the patient.

The other thing I'll note is that the reference is also made in the context of the work that would be done by the CDA. A similar reference is made in proposed section 7 of the legislation, and then, of course, there's the work that would be done by the CDA to produce the appropriate use strategy.

Finally, just to close, I mentioned earlier that in working toward the CDA, there was the CDA transition office, and as part of that, there has been a fair bit of work done already in the context of appropriate use strategy, and there will be a publication of that recommendation from that expert committee very shortly.

Thank you.

Mr. Stephen Ellis: That's absolutely fascinating to me, and certainly for Canadians listening at home I would suggest to you that this is an absolute travesty to independent practitioners. I guess I would like to implore my physician colleagues on this committee to make comments with respect to this.

That is not to say that mistakes in medicine don't happen, and there is potential for inappropriate prescribing, but I guess what I would suggest is that I would love to hear their comments with respect to the government creating an agency that is then going to potentially monitor physicians in their prescribing of the appropriate medications, and in deprescribing, which is not a new concept—and then there's the suggestion that the government knows best with respect to what your physician should be prescribing or not.

Realistically, that's why doctors go to medical school: to understand the right patient, the right drug and the right diagnosis. Now, for all my physician colleagues out there, that's not always easy. This is an inexact science, and we know that even with long-term relationships with patients and appropriate examination and testing, oftentimes the diagnosis still remains elusive or that, certainly, the specific diagnosis may not be in keeping with what the patient may like it to be or what it actually is, or we may actually lack the ability to access appropriate specialist consultation to come to the appropriate diagnosis.

The wait times, which I mentioned previously, are, sadly, the longest wait times that we have had in Canada in recorded history, since we've been keeping that time in the last 30 years. The wait time from seeing a family physician to seeing a specialist and obtaining specialist care is over six months.

When we begin to hear that now we're going to have a "government knows best" approach, I wish I could interpret it differently. I can't. When I hear those things, I want to take my parliamentarian hat off and put on a doctor hat and say: "Really? I need the Canadian drug agency to talk to me about patient safety, outcomes, system sustainability and appropriate use strategies?"

When we begin to look at this and the incredible difficulty of how you might roll this out, it makes me want to not just add an amendment—as in CPC-12, "respecting the autonomy of Canada's highly trained health care practitioners"—but to get rid of the entire paragraph. This is an affront to the autonomy of physicians, pharmacists, nurse practitioners and, in the future, physicians' assistants, with respect to their training, to suggest that now we are going to have a government agency as the intervenor, saying, "Well, you know, maybe you don't know exactly what you're doing here, and we need the Canadian drug agency to talk to you about patient safety, health outcomes and system sustainability."

First of all, let's let's talk about patient safety. I can only imagine that, heaven forbid, I'm practising as a physician and my good friend and colleague Mr. Doherty comes into the office and and I have to wait for a memo from the Canadian drug agency to tell me what is appropriate to prescribe to him and what isn't. What did I go to school all those years for?

The interaction between the patient and the physician coming to a mutually agreed-upon diagnosis and treatment plan and follow-up and appropriate prescribing with respect to the contraindications, the indications and the potential side effects are sacrosanct in medicine. That is what Canadians already expect.

Now, if they're not getting that, and if that's the assertion here in this bill, that Canadians are not getting that....

Ms. Boudreau, I want to reassure you that just because I'm looking in your direction, I'm not directing my ire at you. That's not the point here.

● (1910)

I'm directing comments only in your direction. I don't mean to make you feel that way. I direct my ire at the folks who created this ridiculous clause inside a bill to suggest—as I stated earlier, we're talking about patient safety—that a prescriber doesn't have the appropriate abilities to understand patient safety associated with drug X, Y or Z or the ability to appropriately understand the potential drug interactions and monitor potential side effects as required.

That is what prescribers go to school for. That's why physicians go to school. That's why you're there. The biggest tool you have, besides being a good diagnostician as a physician, is related to the things you have in your tool box, which would be related specifically, in the majority of cases, to medications.

When you go to see a physician, oddly enough, historically, when no one else could prescribe medications, guess what you came out of the physician's office with? Does anybody want to guess? Well, it was a prescription, 85% of the time. That is what made physicians unique. It still does.

When you go to see the physician, you would like advice. You would like understanding. You would like explanation. Whether we like it or not, whether we want to admit it or not, we would like someone to fix the dang problem we went in there with. If I go in with a sore big toe, I don't want to come out with a sore big toe and no plan to fix it. I want someone to say, "This is what we're going to do about it. Through all my years of training and practice and experience, and my knowledge of you personally, that's what we're going to do. We have a plan."

Whether you're a primary care provider or a specialist, it doesn't matter. If you don't care enough as a Canadian-trained and internationally trained physician or as a prescriber to know that there's a person behind what you're doing, and that they have to be safe and receive trustworthy advice and intervention and prescribing from you, then, my goodness, the last thing we need is a darn government agency trying to say, "Hey, you'd better reconsider what it is you're doing and what you're prescribing." My goodness, think of how cumbersome that will be: "Just a minute, Mr. Doherty, I have to get the Canadian drug agency on the phone. I'll call the 1-800-WHO-CARES phone number, and they'll get back to me in six months."

Of course, I'm being facetious.... I'm sorry; I trust I'm being facetious; there's no plan within this pamphlet to suggest that I'm not.

That being said, on the ridiculous nature of saying that we need an agency, I'll come to the other points and talk first and foremost about patient safety.

If you have a prescriber in your life who's not primarily concerned about your safety, then you're in deep trouble. You will not be safe. It doesn't matter if we have a Canadian drug agency or a CDA or an LMNOPQRSTUVWXY and Z agency who's there to protect your safety; you're in deep trouble.

Next, health outcomes are incredibly important, but it all comes down to not necessarily just nationwide or countrywide health outcomes. It also comes down to your personal health outcomes. Again, if we're going to make an agency of the Government of Canada, which is the most inefficient agency, one that can't....

In this government, sadly, they can't issue passports. They can't pay their bills on time. They certainly can't manage inflation. They can't build houses, even though we all know that this is not within the purview of the federal government. There's an inability to provide primary health care, as we've already talked about, to seven million to 10 million Canadians. There is an inability—

● (1915)

Mr. Peter Julian: I have a point of order.

Mr. Stephen Ellis: —here we go—to provide lab tests in a timely fashion.

Mr. Peter Julian: I have a point of order, Chair.

The Chair: You have a point of order, Mr. Julian.

Mr. Peter Julian: We've now had votes on three amendments after four hours. I would question the relevance again of Dr. Ellis' comments.

Mr. Stephen Ellis: Are you kidding me? This is ridiculous.

The Chair: Dr. Ellis, please go ahead. We're talking about the autonomy of physicians, and that's what the amendment relates to.

Mr. Stephen Ellis: Amen.

The Chair: I don't think we're very far off that, so go ahead, Dr. Ellis.

Mr. Stephen Ellis: Through you, Chair, this is talking about a significant change in how medical care is delivered in this country, and Mr. Julian thinks this is a joke. I am unsure of what his antics are to attempt to interrupt what we're talking about here. Maybe it's because he doesn't understand what it is to provide medical care. I don't think he needs to understand that. I think he needs to understand what it is to actually receive medical care. If he doesn't understand that, I'm quite happy to provide him with a diatribe with respect to that, but if he does not believe....

Ms. Kayabaga, if you want to wave your hands, and you don't think it's important either—

Ms. Arielle Kayabaga (London West, Lib.): You're just going on.

Mr. Stephen Ellis: This is ridiculous.

The Chair: Please, Dr. Ellis and everyone else, direct your comments through the chair. The back-and-forth shots are uncalled for.

Ms. Kayabaga, you don't have the floor. If you want to have the floor, you should put your hand up.

Dr. Ellis, please go ahead.

Mr. Stephen Ellis: Chair, I do apologize because this is something.... No, I don't apologize for calling out Ms. Kayabaga. What I do apologize for is the passion with which I have approached this. It is incredibly important on behalf of Canadians and it's not humorous. It's incredibly important. For anybody who doesn't want to choose to believe it, that's their own prerogative

Chair, I would suggest to you that those who do not have the floor really should keep their peace.

That being said, Chair, it's having a government agency that wants to be responsible for health outcomes on “behalf of Canadians”, when—as I mentioned previously—we know that the relationship between a primary care provider and the patient is sacrosanct in Canada.

That's something that Canadians are absolutely starving for. When we ask them what they would like to see in a health care system, what do we hear? They'd like to have a primary care provider. That's because they trust that the training that the primary care provider has had will best represent their interests, will create a relationship and, hopefully, over the long term, the primary care provider will understand what the patient's goals are with respect to health outcomes.

This leads me very clearly to understand here that there's no mention in this pharmacare bill of what the patients may want. This is, again, a pharmacare pamphlet brought forward by the costly coalition, and it does not mention that.

There are two more points that we have to discuss here.

One is on system sustainability. Once again, the best stewards of the health care system are those people who are working in it, not another government agency. I don't believe for one second that there are groups of primary care providers out there who, when they make a decision.... It may be a pharmacoeconomic decision around understanding, for example, the best ACE inhibitor to prescribe, the pharmacoeconomic advantages among ACE inhibitors, the studies that have been released over the last 30 years that encompass all of them, and whether to choose to use generic medications, which is the choice, naturally, in this day and age, made by a prescriber. These appear, at the current time, to be reasonably good pharmacoeconomic decisions.

Those are often made outside of the purview of the prescriber, but certainly we know that when there are untoward effects, there's a significant ability to allow a primary care provider to advocate on behalf of their patient to have the best health outcomes related to the best medications with the fewest side effects available at the current time. That's something that primary care providers have done from time immemorial. The system itself is part of the overall ecosystem in which primary care providers and specialists alike practise.

Are there people out there who are ordering MRIs, CAT scans and unnecessary lab work willy-nilly? There are a few. I'm not going to sit here and tell you that there are not.

Do I believe in any way, shape or form that another government agency from this costly coalition government—the most inefficient government and the government with the greatest inability to provide basic services to its citizens—should be the one that is now in charge of system sustainability, believing that primary care providers and specialists alike have absolutely no idea what is going on or no responsibility to the system? That's a fallacy. Quite frankly, it's an affront to prescribers out there everywhere. More importantly, it's a big fat lie.

Finally, on appropriate use strategy, for the edification of those watching—and I hope not for my colleagues—physicians out there have to maintain a continuing medical education every year to ensure that they are able to continue to practise medicine in the most forward-looking fashion available. It's another slap in the face to physicians, pharmacists and nurse practitioners to talk about an appropriate use strategy, whether it is for medications, hospital beds, MRIs, CTs, ultrasounds or specialist consultation, etc.

• (1920)

The practice of medicine is not some cookbook kind of thing that you do on your days off, when you say, “Well, suddenly I think I'm just going to be a doctor. Maybe I could whip out this book and look up the fact that maybe somebody has syphilis” or something like that, and say, “Hey, this is the test I need to do, and knowing that syphilis is now rampant in this country and perhaps multi-drug-resistant, now we need to talk about an appropriate use strategy.”

I just don't believe that's true. If our primary care providers out there don't have a desire to understand the environment in which they practise and continue to get better. We have those governing bodies in existence now. We don't need another legislative body to come out and say, “This is what we need. Surely the Canadian drug agency will make sure that everything is going to be used appropriately. Surely the Canadian federal government will be the best arbiter of that.”

I will close by saying again that this is a slap in the face to every highly trained health care practitioner out there, and it needs to be amended.

Thank you.

• (1925)

The Chair: Go ahead, Mr. Naqvi, please.

Mr. Yasir Naqvi: Thank you very much, Mr. Chair.

I think what this clause is doing is ensuring that we put the well-being of patients front and centre. That's really what is central to this clause.

That sort of goes to the essence of the principle of appropriate use. I don't think that this clause challenges the concept of physician autonomy in any way. It says that at the centre of everything we do, we need to make sure that patient well-being is front and centre. That primacy of patients, by using language like “health and well-being of Canadians”, is really at the core of this provision.

Of course, we heard from Dr. Ellis, and I'd love to hear from colleagues from the Liberal side as well who are medical practitioners and have more experience than I do in this particular area.

This is what my understanding is. It looks at ensuring that in the Canadian health care system, the most important feature is the well-being of a patient and having a system that is patient-focused and patient-centric. This is what this clause is trying to do. In no way is it trying to take away from the autonomy of a physician. It makes sure that Canadians' well-being remains central. That's why this provision is drafted in this way.

I suggest that we vote against the amendment, because it dilutes the patient-centric aspect of it, which I think is critical.

The Chair: Thank you.

Go ahead, Dr. Kitchen, please.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair. Thank you for the opportunity to speak.

It's interesting to hear the conversations we've had today. I recall that on Friday, when Canadians were sitting and listening to what was going on and the short list of witnesses we had, many of the witnesses put forward recommendations that they would have liked to see addressed and looked at.

We were aware, at that time, that the time when amendments had to be in was four o'clock, so a lot of them were not there. People and Canadians who are watching this expect this committee to look at those amendments and make some changes. I said at the time that there's no way that this NDP-Liberal government would ever accept any of the recommendations put forward, and they're just going to push through with what they're doing.

When we look at this amendment being put forward here, I was a little shocked when I heard what you said about appropriate use, Ms. Boudreau. I'm wondering if you can clarify for me the meaning of what you said at that point in time on the issue of appropriate use by practitioners, suggesting that practitioners are providing medications inappropriately or providing medications without keeping track of them, etc. Could you clarify that, please?

Ms. Michelle Boudreau: The idea of appropriate use in the simplest terms is the right medication for the right patient at the right time.

Typically, for example, even now, physicians will often look at practice guidelines to decide which would be the best treatment. There is certainly the discussion—and the patient and physician relationship—but the statistics are fairly consistent that in fact a good deal of over-prescribing occurs.

For example, with seniors in particular, there are statistics showing that as many as two million seniors report that they are taking medication inappropriately. When that happens, there are often severe and serious side effects, and as a result, patients end up using health system resources, going to hospitals, etc.

“Appropriate use” is really intended to be a tool used by the physician to, as has been noted here, work towards the best possible outcome for the patient. It's another tool that would help physicians do that.

• (1930)

Mr. Robert Kitchen: Thank you for that clarification.

I find that shocking, given my years of practice and all the professionals I've practised with. Your suggestion that they aren't trained and that they aren't practising appropriate use is mind-boggling, because these practitioners, whether they be pharmacists, doctors, nurse practitioners or nurses, are providing those medications. Your statement suggests that this legislation was written to give the minister the ability to regulate what that appropriate use is. I find it extremely shocking that we're sitting here with a piece of legislation that basically tells practitioners, who should be paying attention to what's being done here, that once again this government is coming after them for what they're doing and is putting the power into the hands of the minister to do that.

You know, this government came after practitioners who incorporated with the capital gains tax that it's now proposing changes to. Again it is trying to attack professionals along those avenues. Here we see another attack against them. You know, the great Paul Harvey said that self-government won't work without self-discipline. Self-government is what practitioners do, and they govern themselves. That's what regulatory bodies are there for. Each one of them has those bodies there to regulate and govern their professionals. They have steps and procedures to deal with that, and you're saying that this legislation now is suggesting that you're going to take away that autonomous ability of those practitioners and put it in the hands of the minister to deal with this aspect. I find that just appalling.

My riding is Souris—Moose Mountains, and the great city of Weyburn is in my riding. The great city of Weyburn was home to Tommy Douglas, and many of his family are still in the community and the area. Does anyone remember what happened right after that legislation came out in Saskatchewan in 1962? There was, across the board, a doctors strike. Why? It was because people were attacking the professionals.

The dental plan being put forward by this government suggests that we're going to provide all this help for Canadians. Don't get me wrong—we need to have that health care, and I'm 100% behind providing that dental care, but of the practitioners the government and this Liberal-NDP government keep talking about, hardly any—less than 1% to 2%—are dentists. They're dental hygienists, but not dentists. When you try to find a dentist, you can't find one. When you try to find a dentist in a rural community, it's almost impossible.

With respect to the statements you're making here and clarification of what this piece of legislation says, paragraph 4(c) in particular is suggesting that if this goes through, the professionals will be regulated by the Government of Canada, by the Minister of Health, and that's appalling. I think Canadians who are watching this, as well as doctors and health care professionals, need to be aware that they're losing their ability to self-govern.

I find it just appalling that we wouldn't look at this simple amendment so it could ensure that autonomy was there for the trained health care practitioners who provide that service. I find it just shocking that people would not support this amendment.

● (1935)

The Chair: Dr. Hanley is next.

Mr. Brendan Hanley (Yukon, Lib.): Thank you.

I'm really happy to speak on this, especially at the invitation of my friend and colleague, Dr. Ellis.

Look, I haven't been intervening a lot in today's clause-by-clause debate because my constituents are asking me to support pharmacare and get this critical legislation passed.

I do think, with all respect, that there's a little bit of a “Trust me—I'm a doctor” tone to what Dr. Ellis and colleagues have been saying. Of course physicians practise with patients' best interests in mind. That's a given. We're all trained to do the best we can, as do the vast majority of health professionals in general, whether we're talking about OTs, nurses, pharmacists, lab techs, all the providers in the system.

However, we all contribute to a system where errors and over-prescribing occur. I was thinking, when my colleague quoted a great Dr. Harvey, that there's another, Dr. William Harvey, who said:

> As art is a habit with reference to things to be done, so is science a habit in respect to things to be known.

I think we just have to look at a little bit of what the science is telling us. For instance, nearly 70% of Canadians over 65 take five or more medications, and about 10% take 15 or more. That's a recipe for a higher risk of harm, hospitalizations, other reactions, injuries, potentially avoidable hospitalizations, and even deaths. There are many, many studies and much evidence to document polypharmacy, over-prescribing and inappropriate use. It doesn't mean that physicians aren't working hard or prescribing diligently, but mistakes do occur. I think of this as a kind of a system error or a way of errors, and we need system approaches.

For example, there was a U of T program to provide tools to practitioners to recognize inappropriate medication use as a result of prescribing cascades. In other words, you participate in a system where more and more medications potentially get added on to a patient's prescribing risk, and no one really has the tools, the time or maybe even the knowledge to really take a look at de-risking and having that holistic approach to reducing the risk of adverse effects by re-examining the whole list of medications.

Alberta even has an appropriate prescribing and medication use strategy for older Albertans. Most physicians in practice know—and I'm sure Dr Ellis knows very well—the Choosing Wisely program, with which the Canadian Medical Association is a strong partner. Really, it's looking at increasing physician knowledge in recognizing where there are common pitfalls, whether in the way we use diagnostic strategies or in prescribing.

Further to all that body of evidence, I just don't see where it says that the minister, the CDA or the government is going to tell physicians what to do. What I see are principles. Really, what the clause says is that "The Minister is to consider the following principles". I won't read the whole thing—it's before all of you—but it specifically says that the minister will:

> (c) support the appropriate use of pharmaceutical products — namely, in a manner that prioritizes patient safety, optimizes health outcomes and reinforces health system sustainability — in order to improve the physical and mental health and well-being of Canadians

I don't know a physician who is not going to support that principle and who does not want to participate in a system that helps improve patient safety through rational and appropriate prescribing. That's why I will not be supporting this amendment.

Thank you.

The Chair: Dr. Powlowski is next.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): In keeping with much of what Dr. Hanley said, I support the section as presently worded. I don't think it needs to be amended.

I certainly do not think the purpose of this section is to establish a federal bureaucracy to decide on what is and isn't the appropriate prescribing of medications and pharmaceutical products. That kind of decision or judgment is rightly left to institutions like the college of physicians and surgeons of the individual provinces, medical advisory committees, chiefs of staff and chiefs of department. Again, I don't see this as an attempt to encroach on that jurisdiction or make those kinds of decisions, which are appropriately left to doctors. There is appropriate oversight within the medical community.

Again, as Dr. Hanley suggested, these are things for a minister to consider when working towards implementing national universal pharmacare. Certainly, the minister and the whole system would want to consider what is and isn't an appropriate use of medications when setting up such a system, along with safety.

I would put the emphasis on sustainability. Those of us who have been practising medicine for a long time all learned, when we were clerks and interns, that we should always take the cheaper option when available. Similarly, in setting up a national pharmacare system, if there's a choice between drug A and drug B, and both of them work just as well, we want to be able to use the cheaper medication when it has equal outcomes, in order to make a more affordable system—which I think all Canadians want, as we don't want to be paying all our money in taxes.

Again, although I understand where the concern is coming from in the Conservative party, I do not see that as the intention of this clause.

Thanks.

● (1940)

The Chair: Mr. Julian, go ahead, please.

Mr. Peter Julian: Thank you, Mr. Chair.

I note that Conservatives have squandered our time today. We have been here for over four hours now, voting on three amendments. I really regret that. This is one of the most important bills ever to come before the health committee, certainly since universal health care was adopted in the 1960s because of Tommy Douglas and the work of the NDP in a minority Parliament. I am very saddened that Conservatives have squandered four hours of committee time, at the cost of thousands of dollars, to consider three amendments that don't seem to have been made in good faith, either.

If we're talking about patient safety, I'm almost tempted to ask our witnesses about the number of Canadians who die every year because they can't afford to pay for the medication their doctors prescribe. It would be a rhetorical question. The Canadian Federation of Nurses Unions and Linda Silas already spoke on that. Six hundred Canadians die every single year because they can't afford to pay for their medication. Their doctors, in good faith, prescribe the medication. The patient leaves the doctor's office and can't afford to pay for it. Every two days, on average, we lose three Canadians because of that.

The pharmacare bill meets, at least to start—as a first phase—that important need. When it comes to diabetes medication, it will save a couple of hundred lives every year. As it moves in phase two to heart medication and other types of medication, we'll talk about many more lives being saved.

Through you, Mr. Chair, I would call on my Conservative colleagues to stop blocking the legislation, stop filibustering tonight and stop raising points that can be readily answered just by reading the legislation and by understanding the dynamic that kills 600 Canadians a year because we don't have universal pharmacare in place. That's why it's so important to get through this legislation tonight.

Fortunately, the House of Commons had the presence of mind to think ahead. They thought the Conservatives would filibuster, as they have. That's why we will be able to complete the clause-by-clause consideration tonight. It's because of the House of Commons voting to say, to this committee, "You have to keep sitting until all the amendments are passed." I would have preferred that the Conservatives allowed debate on the amendments, rather than filibustering each one. That would have allowed us to move through. We would be in the process of looking at the final few amendments at this point. That's not what happened tonight, and I regret that.

This is too important for Conservatives to filibuster and block. I know the member for Carleton hates the idea that Canadians will be helped, but they will be helped because I think a majority of members around this committee table believe profoundly in stopping that horrible death rate of 600 Canadians a year.

● (1945)

The Chair: Dr. Ellis is next.

Mr. Stephen Ellis: Thanks very much, Chair.

It's interesting. Through you, Chair, I would never, ever suppose to know what is inside Mr. Julian's head. It fascinates me to no end that he would suppose to know what the member for Carleton thinks—that he doesn't think pharmacare should exist or 600 people a year should die or anything like that. That's utter nonsense.

If you want to talk about the numbers of people dying, I mentioned people not being able to access the system for which this NDP-Liberal coalition government promised 7,500 doctors, nurses and nurse practitioners. We all know that's the purview of the provincial governments, but they promised it nonetheless. There were 17,000 to 30,000 people—because not all provinces and territories reported the deaths—who died every year because they couldn't access practitioners and/or services.

We have a system that is on the brink of collapse, and Canadians should appropriately question whether to trust the NDP-Liberal coalition to create another system. It is quite fascinating to me to suggest that we need this national system simply to protect the NDP-Liberal costly coalition.

Everybody in Canada knows that is the only reason this piece of legislation has reached the floor of the House of Commons. Everybody in Canada knows that the coalition is what has caused pharmacare to come to the floor of the House of Commons. Mr. Julian might say this is his greatest crowning achievement and the most important thing since Tommy Douglas created medicare and all those things, but what we know is that Canadians want a functioning health care system first and foremost. That's the counter to his argument.

Conservatives, on behalf of Canadians, are mounting a specific and robust opposition to what the costly coalition has provided Canadians over the last nine years—a doubling of rent, a doubling of mortgages, the fastest interest rate increases in 40 years and the greatest amount added to Canada's debt in the entire history of the country—and to say we should entrust them with very specific and other far-reaching bills is, in my mind, hogwash.

Going back to talking about the autonomy of physicians, on behalf of Canadians, through you, Chair; I don't want to say something disparaging, but I wish I could share Dr. Powlowski's and Dr. Hanley's ability to forgo a rigorous scientific examination of what the government has done already in the past and say we should simply trust them. Of course, they're part of the government. They're part of the costly coalition. It doesn't matter how much I like them; they're still a part of it.

If you want to be, in French, a *béni-oui-oui* and suggest that everything is good and shake your head yes, you can continue to do that. That is the prerogative of members of Parliament, but when we know.... If there's no nefarious purpose, why would this particular paragraph, under “Principles”, suggest that “The Minister is to consider the following principles”, and this is what they can do? This is the power that the minister has specifically asked to be outlined in this bill.

Of course, we have a system that's not perfect. I understand that. Do mistakes happen? Yes. I've already admitted that they happen. There are times when things are not appropriate. However, that being said, having a government agency interfere with the self-governing autonomy of, for instance, physicians in this country.... Who would want to practise medicine here?

Think, “Don't worry. You can trust the government.” What's the Ronald Reagan saying? He said, “The nine most terrifying words in the English language are I'm from the Government, and I'm here to help.” I just don't buy that.

● (1950)

People who really want their freedom and the ability to practise in the manner in which they have been trained, in which they continue to have their continuing medical education updated on a regular basis, for them to have that curtailed, perhaps.... I'm sure Mr. Julian is down there saying: “Oh, this is a tinfoil hat idea, of course; why would the government want to do that?”

Well, why would you put it in here? If you're not going to give the minister that type of power, then why would you do that? That would be.... Any self-regulated profession that would agree to that.... To me, this is the writing on the wall to say, “Guess what? You don't have the ability to regulate yourselves and therefore you should just trust the government to look after you. Don't worry yourself over that. The government will be more than happy to take care of your every want and need.” This is exactly what we hear from this NDP-Liberal costly coalition every single day, who say, “Don't worry. We're going to build more houses. We'll just invest some money.” What happens? They build fewer houses.

This is the classic for me: Don't worry, because in their platform in 2021, the costly coalition said they were going to invest $4.5 billion in the Canada mental health transfer. How is that going for you? How many dollars have been invested in mental health through the Canada mental health transfer? It's a very simple answer, because the answer is zero. It's zero. They are very good at making lots of announcements and taking lots of pictures and saying, “Look at what we are going to do for you.” You know what they end up doing? Making things worse. It's worse than nothing; it's making things worse. How can they possibly know that there's a housing crisis, which again is not the responsibility of the federal government, and then go on and say they're going to spend billions of dollars and build more houses, and then build less? It's nonsensical. It's beyond belief.

Our colleague from the NDP, part of the costly coalition, suggests that this is a filibuster. This is a serious and significant defence of Canadian principles that somebody has to save. Mr. Julian would simply love for us just to go on and say, “Just pass it. Just go ahead. No problem. We don't need any debate. We don't need any witnesses. The costly coalition knows best.” Again, that overriding and overarching principle is exactly what underscores my fear around this proposed paragraph 4(c) in suggesting that the autonomy for Canada's frontline health care providers is going to be interfered with by a federal government, which I think is the absolute travesty.

It's interesting. My colleagues talked about patients, that this is going to be about the primacy of patients. There's nothing in here. It does mention the “well-being of Canadians”, but it doesn't mention that there's going to be a patient ombudsperson. It doesn't mention that patients being part of the decision-making is in there. There's none of that wording, which we also heard significant testimony about, suggesting that there should be an ombud related to patient affairs and that patients should be part of the decision-making in going forward.

Not only did this bill not use Canada's two leading experts in pharmacare, both of whom had the ability to testify but were not asked to have input on the bill before it was created; they didn't ask any patients to be a part of it either. That cry has been going out for a very long time. There's no mention here of a patient ombud to allow patients to be part of that decision-making.

Do I trust this government? No. Do I have a distrust of most governments? Not in the sense that I don't believe that they have some good things in their mind or good intentions, but do I trust in their ability to act on them and make them reality? The answer there, of course, is a resounding no, because we see that through the examples that I've been able to provide here.

For that reason, I would implore my colleagues to support this amendment on behalf Canada's excellent and highly trained health care practitioners who exist in the system now.

● (1955)

Thank you, Chair.

The Chair: The speakers list is now exhausted.

Are there any further interventions with respect to CPC-12?

Mr. Doherty, you have the floor.

Mr. Todd Doherty: Thank you, Mr. Chair.

It's nice to have the floor after having to sit for almost four hours, listening to our NDP colleague filibuster every one of the CPC amendments. He likes to point fingers, and say the CPC are filibustering, but in reality we're the only party that put forth any amendments to this bill.

I will challenge Canadians that whenever a bill comes forward, it is the opposition's job to review pieces of legislation. As the government always says, “Let's not let perfection get in the way of progress.” It says, “Just trust us. Let's get it to committee, and we will work with all parties to make this bill better.”

The Conservatives rolled up their sleeves. If Canadians have been listening in for the last four hours, they will see that we have put forth some common-sense amendments, non-partisan amendments, that would make this bill clearer and more concise and would tell Canadians all about Bill C-64.

Unfortunately, after every discussion regarding the CPC amendments, our colleague from the NDP wants to filibuster. He goes on and on and on, and blames filibustering for four hours on Conservatives. I would assume... Well, pardon me; I won't say “assume”. You never want to assume anything. However, I would bet, Mr. Chair, that our colleague from the NDP will probably raise his hand and want to filibuster my intervention for the remaining minutes of this committee meeting.

What's sad is that the NDP had an opportunity, with its coalition, to really make something that would be beneficial for so many Canadians. Instead, it bowed down to its Liberal colleagues in the coalition. It's desperate to try and keep the Prime Minister in power, instead of fighting for Canadians and a true pharmacare program.

Mr. Julian spoke about his constituent who had cardiac issues. I spoke about my former constituents who succumbed to a terrible disease, ALS. There are millions of Canadians struggling because of the lack of access to a pharmacare program or affordable drugs. The NDP did not fight for a true pharmacare program; it settled on contraception and diabetes. Ultimately, we are left with a two-bill drug that really doesn't include any other Canadians who—

Mr. Peter Julian: You mean a two-drug bill.

Mr. Todd Doherty: I'm sorry; it's a two-drug bill. Thank you.

You see, he is listening, so that's good. Thank you, Mr. Julian, for that.

He's taking notes because he's going to filibuster the rest of the remaining minutes. Trust me. I'd be surprised if he didn't. He's laughing down the way.

Mr. Chair, it's been hard sitting here for me and my colleagues, listening to him going on for... It would be four hours at this point right now, and no doubt he'll go on for four hours and more after I'm done.

Mr. Chair, all Conservatives wanted to do with the 43 amendments that we worked tirelessly on in good faith, along with the witnesses who were unable to come to this committee and were not allowed to be heard, was to put forth amendments that would make this legislation better and truly represent the intent of this piece of legislation.

● (2000)

We heard testimony from constituents, all along the way, talking about the concerns that they have. We heard testimony from insurers, who have some very real concerns as to what's going to happen with the existing plans and coverage that so many Canadians have. What will be covered in this pharmacare?

We heard, during Mr. Julian's filibuster earlier, that this is just phase one and that phase two is coming—“Just wait, the cheque's in the mail”—so Canadians will have to wait yet a bit longer for that. It remains to be seen what that will be: Perhaps at that time it will be those drugs for cardiac patients, or maybe a rare disease strategy or access to those medications that so many Canadians are unable to receive or afford and for which they have to go to other jurisdictions to get coverage and treatment.

I mentioned earlier that we have three physicians on this committee, whom I deeply respect in terms of their points of view—well, we heard some from Mr. Hanley; Dr. Powlowski is not speaking up tonight. I appreciate his voice of reason, at times. Today he's, sadly, a little quiet.

Mr. Chair, I see that it is about five minutes after eight or thereabouts. I will cede the floor to my colleague from the NDP. I don't know whether I saw his hand come up or not.

Mr. Julian would like to filibuster the remaining 27 minutes. He's not making eye contact with me, but I know that he's probably cooking something up right now with his coalition partners, so with that, I'll cede the floor.

The Chair: That exhausts the speakers list.

Are we ready for the question?

An hon. member: Can I have a recorded vote, please?

The Chair: A recorded division has been requested on CPC-12.

(Amendment negatived: nays 7; yeas 4)

The Chair: That brings us to CPC-13, in the name of Dr. Ellis.

Would you like to move CPC-13, Dr. Ellis?

● (2005)

[*Translation*]

Mr. Stephen Ellis: With pleasure, Mr. Chair.

[*English*]

Here, once again, what we see is the original clause stating, “provide universal coverage of pharmaceutical products across Canada”. It's an aspirational goal; it's just not the truth. I think we've heard this resounding over and over and over again, and the reasoned argument that we have presented is that in Bill C-64, clause 4 will be amended by replacing line 30 on page 3 with the following “(d) make progress on providing universal coverage of pharmaceutical” products across Canada.

You know, Chair, I think it important again that this is about having Canadians understand that transparency and sunny ways are something that, at the current time, very sadly for Canadians, do not exist with this NDP-Liberal coalition government. What we are seeing is a lack of transparency.

They are spending money at the risk of insulting drunken sailors. To say that they are spending money “on behalf of Canadians” is in line with the problems that they have already created. We've heard the number of people who are living in food insecurity because of the spending of this NDP-Liberal costly coalition. Then what do they say? The statistic is that 26% of Canadians are going without food. Those are mostly parents who are going without food so that their children can eat. They're skipping meals, going to food banks, etc. They have food insecurity so that their children can eat.

What do we see now? We see that the government that created this problem is going to swoop in and save Canadian children by creating a national school food program. Well, let's be honest. If they hadn't created the problem in the first place, such that Canadians couldn't afford to feed themselves, they wouldn't have to create a national school food program.

This is like if I have a prosthetic business and I remove one of Mr. Doherty's legs, and then I sell him a prosthesis. It's not a funny analogy. It's something that's shared between Mr. Doherty and me. I apologize for being rather graphic, but it just makes no sense. It's like I rammed into his car when I have a car business, and I sell him a new one. I mean, I am creating a problem for him and then selling him the solution. Canadians who are no longer ready to be fleeced by the costly coalition know what lies at the heart of the spending addiction that this government has.

The cost of mortgages has doubled. The cost of rent has doubled. The number of homeless encampments is beyond imagination.

You know, it's always interesting to be in the House of Commons and listen to question period without answer. Folks ask, “Well, back when Pierre Poilievre was the minister of housing, how many houses did he build?” He didn't have to build houses, because there wasn't a housing crisis. The federal government didn't have to step in or didn't have to try to step in, as they have tried to do now, and they have failed miserably by building fewer houses and spending more money. The economy of the country worked in the way that it was imagined to work, such that people who are house builders were building houses. Permits were granted by municipal governments, and Canadians had money in their pockets that allowed them to afford to pay their mortgage. Interest rates were not out of control, while now they are rising the most rapidly that they have in the last 40 years.

In the economic situation that has been created by this costly coalition, they have the audacity to say that they will step in and solve your problem, even though it's a problem that they have created.

You can't afford your medications. What we heard some of the testimony talking about was that Canadians are choosing between eating and paying for their medications. Well, if the cost of food wasn't so high, then they could pay for their medications. If the leader of the NDP's brother were not a lobbyist for Metro, then maybe the cost of food would be less.

● (2010)

If we didn't have a carbon tax, the dreaded tax on everything.... I know that Canadians have heard this before, but it bears repeating. If you tax the farmer who grows the food and the trucker who ships the food, then the people, like all of us who buy the food, are going to have to pay more.

As we see that cascading effect, then we know that is where the problem lies. It's the spending addiction. It's the $10-a-day day care program, again, that can't be delivered. We know there are not spots out there for Canadian working families in which both people have to work because of the costly coalition and the cost of everything. They are unable to find a day care spot for $10 a day.

Again, they have the.... I can't even explain it. They have the anti-Midas touch. It's not that things turn to gold; it's that things turn to something else in a very different colour when they touch them, which again doesn't allow people to have appropriate access to the things they need in this country.

Allowing the costly coalition to create another costly program for two medications, two conditions, in this country would be a significant jeopardy. To go on and again suggest that this is more than what it is, which is what line 30 is suggesting with "providing universal coverage of pharmaceutical" products.... This is not doing any such thing.

I know that every other time we have brought this up, pointing out that all of the testimony was directed exactly towards contraceptive pills and devices and diabetic medications and devices, this costly coalition today has voted it down, because they do not want Canadians to know that what they are attempting to create here is very limited in scope and does not fulfill the needs of all Canadians.

Further to that—I'll say it again—this does not mean that Conservatives are against medications or against contraceptives or against the good health of Canadians. That is not what this means. What it means is that the way they are going about it, without transparency, without accountability and with the background of spending money foolishly on things like consultants.... We're seeing hundreds of millions of dollars being spent there that could be spent elsewhere. I clearly outlined previously the money that was wasted on the Medicago fiasco—half a billion dollars—and now we have the Novavax fiasco at another $130 million, with a recurring cost of $17 million to Canadians without anything at all to show for it—nothing.

It's not their money they're spending. It's our money. This is our money. What we're asking for is accountability and transparency, and we're telling the truth and pointing out that what is happening is not the way they're portraying it. This is about contraceptives and diabetes medications. That's what this is about. This is not a universal pharmacare program in which it doesn't matter where you go. You probably won't even have to show a card, if everything's free. You just have to have your prescription—boom, everything is free.

Nothing is free. There's no such thing as a free lunch. This is coming out of the pockets of every Canadian. With the amount of debt and the debt servicing costs that are happening now in this country, the debt servicing costs are more than $1 billion, with a "b", every single week—every week—which, sadly, we know is more than the Canada health transfer. It is more than that because this Prime Minister of the costly coalition believed that interest rates would never go up. Of course, there's the infamous quote that budgets balance themselves.

We know that this costly coalition continues to have an ongoing deficit spending position, which was never the expectation of any government in the history of the free world. That's not their expectation.

● (2015)

Folks out there listening, think of it from your own perspective: If you're making $500 per week and you're spending $600 per week every single week, then it becomes very difficult—

Mr. Yasir Naqvi: I have a point of order.

I kind of fail to see the relevance of the top-of-the-charts best slogans and talking points of my CPC colleagues across the way that are being recited at this moment with regard to CPC-13, so I'm sure, Mr. Chair, that you'll remind Mr. Ellis to find some sort of relevance to the amendment that has been presented as he goes on and on about things that.... It's their usual talking points.

Thank you.

The Chair: As I follow the argument, the amendment is about providing universal coverage of pharmaceuticals, which is an expenditure. He's talking about expenditures, so I don't—

Mr. Naqvi: Everything has expenditure.

The Chair: —see it as being far from the amendment at all, with respect, Mr. Naqvi.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Mr. Chair.

There's a very old saying, Mr. Chair, that the truth hurts. When we understand on behalf of Canadians that the costly coalition wishes to spend more money than it takes in, then we also know that there are going to be ways in which it is going to raise taxes.

The carbon tax is the biggest tax grab. We hear now that as relevant as it is to this particular bill, they want to increase capital gains on professionals, including physicians, people we lack in this country. Some estimates would suggest that we are short approximately 30,000 family doctors in this country. Then when you begin to do the math and look at the capital gains tax increase that they wish to do, it's a 6% tax grab.

The audacity is that.... People say 6% is not that much, but it is, considering that physicians who are either retired or are close to retirement will have to pay it out of the savings that they have calculated that they would need to fund their own retirement. As we begin to consider that and as we hear the statements now coming out of the Canadian Medical Association to suggest that the fiscal practices and policies of this government are incredibly inappropriate and short-sighted, then yes, the truth can be hurtful to the costly coalition in understanding that this year they will run another deficit of approximately $60 billion in perpetuity. We don't see an end to this.

Look at the debt clock for Canadians—you can look that up on the Internet if you want—to understand on behalf of every single person in Canada how much is owed, on behalf of yourselves, because of allowing the costly coalition free rein and the ability to decide how to spend money in a manner that is not responsible.

Whether my colleague opposite wishes to hear these points repeated or not, do you know what? I think that if you hear them over and over again, then maybe at some point they'll sink in. Then the next time that he's sitting around with his caucus mates, maybe he'll say, “Wow. Hey, wait a second. Maybe we shouldn't spend $2 billion more.” A billion here or a billion there is not much money to think about, but I hope that maybe he will hear my voice resonating in his head, saying that he probably shouldn't vote for spending this money. However, I don't hold out a whole lot of hope for that, Mr. Chair.

The point of CPC-13 is really related, again, to providing clarity to Canadians that this is about progress on providing universal coverage of pharmaceutical products; this is not a pharmacare bill. It is a pharmacare pamphlet of four pages.

Once again, as we heard through testimony from multiple witnesses.... I also would suggest that what we are seeing here is that the costly coalition wants to disregard or disrepute the testimony of many of the witnesses we heard that this is purely about contraceptives and diabetes. That is what this is about. It's not about other medications. There's no other mention. There's no other witness testimony related to it. That is not to mention the fact that there was really no witness testimony related to an expert helping to create this bill, which is why it's such a disaster.

At that point, Mr. Chair, I'm happy to cede the floor and hear what others may have to say.

Thank you.

● (2020)

The Chair: Ms. Sidhu, please go ahead.

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

Mr. Chair, I want to remind colleagues about the testimony of a patient, Mr. Bleskie, last week. He told us that universal coverage that includes diabetes medication would be simply life-saving. No one can deny that. We have three doctors on this committee, and no one denies that untreated diabetes costs millions of dollars and causes serious consequences.

With that said, Mr. Chair, I want to make a comment on this amendment. This provision talks about the principles in addition to the Canada Health Act. The first three principles refer to “accessibility”, “affordability” and “the appropriate use of pharmaceutical products”. These are the goals and the principles, not descriptions. Removing the word “provide” would weaken the principles, so, Mr. Chair, I oppose this amendment.

The Chair: Mr. Julian, please go ahead.

Mr. Peter Julian: Thank you, Mr. Chair.

We are coming up to four and three quarter hours for three amendments in the Conservative filibuster. I do need to respond to the “drunken sailors” component, because to compare Conservative governments to drunken sailors does a disservice to drunken sailors.

Mr. Stephen Ellis: I have a point of order, Chair.

If you check the record, that's exactly what I already said, so that is not that funny.

The Chair: Go ahead, Mr. Julian. I didn't hear a point of order there.

Mr. Peter Julian: The Conservatives, when they were in power, put in place the infamous Harper tax haven treaties, which the PBO tells us cost over $30 billion each and every year. I think, Mr. Chair, you and I would probably agree that the Liberals should have ended those practices, but they've kept them, which has led to a tremendous fiscal problem that is still unresolved.

However, the Conservatives, when they were in power, gave $116 billion in liquidity support to Canada's big banks. They doled out billions of dollars every year to oil and gas CEOs, and that amount, over that dismal decade of the Harper government, was about $100 billion. In short, Conservatives themselves are responsible for about half the structural deficit that we have in our country, so when Conservatives talk about fiscal management, there's only one way to put it: Conservative fiscal management is an oxymoron. They are absolutely terrible at managing money. They throw money at lobbyists and at corporate CEOs, but they don't throw money at people, and this is why I'm opposing CPC-13.

What are they proposing here? They're proposing to move from what is very clearly stated in the bill, which is the purpose and the principle of providing universal coverage of pharmaceutical products across Canada. Instead, they want to put in the weasel words “make progress on providing universal coverage of pharmaceutical” products.

They have no hesitation about massive subsidies to the corporate sector and corporate lobbyists, but when it comes to people who are struggling, like my constituent Amber, who is paying $1,000 every month for her diabetes medication, Conservatives say, “Whoa. No, we can't afford that. We can't afford the things that actually benefit people.”

This is a ridiculous amendment and it shouldn't have been tabled, but I understand the Conservatives just want to block this bill. Fortunately, with the House motion, within the next half-hour we will actually move to consider these amendments that Conservatives have been blocking for the last five hours and we'll be able to get this bill through this committee.

I find it passing strange that the Conservatives don't even understand their own lamentable history when it comes to managing money and paying down debt. If they want to inform themselves, I would suggest, through you, Mr. Chair, to the Conservative members of the committee that the fiscal period returns issued annually by the ministry of finance actually show which governments are best at managing money and paying down debt. Every single year over the last 40 years, NDP governments at the provincial level have been the best. If you look at the fiscal period returns, you'll see that compared to Conservative governments and Liberal governments, the NDP is best at managing money.

There's a simple reason, Chair, and it is that NDP governments put people first. We would put pharmacare before massive bailouts to the banks. We would put in place dental care rather than the splurging on oil and gas CEOs that we saw under the Conservatives. Rather than putting in place a structural deficit of $30 billion a year through the infamous Harper tax haven treaties, we believe that money actually needs to go to people to make sure they have an adequate income, affordable housing and all those things that most Canadians agree should be the priorities of any government.

I take absolutely no lessons from the Conservatives. They are horrible at managing money, and their track record shows it.

● (2025)

The Chair: Mr. Doherty, go ahead, please.

Mr. Todd Doherty: Thank you, Mr. Chair.

For over five hours we have had to listen to the multiple interventions of filibustering by our NDP colleague there. If you believe our colleague, he has the medication to make everything better. The NDP are the saving grace for our country, apparently. That's what Mr. Julian is saying, which I have to disagree with vehemently.

It's interesting. We're debating CPC-13, and the line is "make progress on providing universal coverage of pharmaceutical". I believe we're probably the only party that's talking about providing universal coverage of pharmaceuticals, because Bill C-64, as we have talked about tonight, is truly only about providing access to contraception, as well as providing medication for those struggling with or living with diabetes.

It is a common-sense amendment. It's one of 43. Sadly, we only got to CPC-13 because of the interventions and the filibustering of our NDP colleague who, every chance he got, made sure.... He could not put any amendments forth to try to make this bill any better, which is deeply disappointing. I know him to be a decent man, but he sure likes to hear himself talk. I hope Canadians were paying attention to that.

There's no doubt that he will probably try to get a little bit of extra time in after I cede the floor, Mr. Chair. I'm imploring you to please.... We've had enough of his interventions. For over five hours we have had to listen to him. It's deeply disappointing, because we could have got to more of the CPC amendments. There are over 43.

I want it on the record that Conservatives rolled up their sleeves and got to work on this, while our NDP and Liberal colleagues said that they were not going to do it. All we have heard is rhetoric from our colleague down the way, who has tried to block any of the common-sense amendments that the CPC put forth in good faith.

They told Canadians in the House during debate just to trust them and they would get this bill: "Let's let Conservatives and the House pass this bill to get it to committee and we will do good work."

Well, there was one party that came to work tonight—

Mrs. Laila Goodridge: Didn't the Bloc...?

Mr. Todd Doherty: Yes, there's the Bloc. I'm sorry; two parties came to work. I stand corrected by my good colleague Mrs. Goodridge.

Sadly, our colleague down the way from the NDP wasted over five and half hours on this, Mr. Chair.

The Chair: There's a point of order from Mr. Naqvi.

Mr. Yasir Naqvi: I find this so shameful. Both the Conservatives and the NDP are thinking this is some funny game. They're going on and on and back and forth as to who's filibustering while they're preventing us from doing important work.

Do you know what? A better way to spend my time would have been with my children right now, putting them to bed, as opposed to being here listening to members being foolish. That's as opposed to working on a very important piece of legislation that will help hundreds of thousands of Canadians—millions of Canadians.

That's shameful.

● (2030)

The Chair: Thank you, Mr. Naqvi.

Mrs. Laila Goodridge: I have a point of order.

The Chair: There's a point of order from Mrs. Goodridge.

Mrs. Laila Goodridge: That was very clearly not a point of order. I understand that Mr. Naqvi doesn't like to listen to the truth, but—

The Chair: Neither is what you're saying, but fortunately it is now 8:30. I shall now interrupt the proceedings.

I'll first thank our witnesses for being with us today. You are welcome to stay, but you are free to leave. We very much appreciate your being with us and hope the rest of your week goes as well as Monday evening has. Thanks again.

It being 8:30, pursuant to the order adopted by the House on Wednesday, May 22, I have now interrupted the proceedings. Please note that all remaining amendments submitted to the committee are now deemed moved.

I will now put the question forthwith and successively without further debate on all remaining clauses and amendments submitted to the committee as well as each and every question necessary to dispose of clause-by-clause consideration of the bill.

Shall CPC-13 carry?

Mr. Stephen Ellis: Excuse me, Chair. If you really want to get through these things quickly, it's quite clear that nobody's going to vote for the CPC amendments. We're happy to vote for all of them and they can vote against them, but I'd like that recorded.

It's a bit unusual, I agree, but I'm happy to do that.

The Chair: Are you asking for a recorded division or are you asking that they be negatived on division?

Mr. Stephen Ellis: I would suggest something in between that, Chair. I know that it's probably not in line with the rules, but what I would suggest—

An hon. member: [*Inaudible—Editor*]

The Chair: I can do it by a show of hands.

An hon. member: [*Inaudible—Editor*]

Mr. Stephen Ellis: Can you just wait until I'm done talking?

My suggestion is—

An hon. member: [*Inaudible—Editor*]

Mr. Stephen Ellis: Go ahead

The Chair: Go ahead. Do you have a point of order?

Mr. Yasir Naqvi: Thank you.

I was going to say that I know that Mr. Ellis is down on his own amendments, but there may be an amendment of Mr. Ellis's that we support.

Mr. Stephen Ellis: I'm not down on them. I'm happy to vote. I'm going to vote for all of them, but you're going to vote against them.

Mr. Yasir Naqvi: You know, we give due consideration to all the amendments. There's one that may be worthy of support.

Mr. Stephen Ellis: Okay. Well, don't say I didn't offer you the chance to put your children to bed.

The Chair: I think Mr. Julian wants in on the point of order.

Mr. Peter Julian: Very clearly, the motion of instruction gives you the authority to move through each of the amendments. I don't think it will take very long.

The Chair: Right.

Shall CPC-13 carry?

Mr. Stephen Ellis: I request a recorded division, please, Chair.

The Chair: We'll have a recorded division on CPC-13.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: Shall CPC-14 carry?

Mr. Stephen Ellis: I request a recorded division, Chair.

The Chair: Madam Clerk, we will have a recorded division on CPC-14, please.

(Amendment negatived: nays 6; yeas 5 [*See Minutes of Proceedings*])

● (2035)

Mr. Stephen Ellis: Excuse me, Chair. With unanimous consent, I will withdraw CPC-15 and CPC-16.

The Chair: Thank you. We'll get to it in a minute, but I appreciate that. Hold that thought.

(Clause 4 agreed to on division)

(On clause 5)

The Chair: Dr. Ellis wishes to withdraw CPC-15 and CPC-16.

Do we have unanimous consent for CPC-15 to be withdrawn?

I see unanimous consent.

(Amendment withdrawn)

The Chair: Do we have unanimous consent for CPC-16?

[*Translation*]

Mr. Maxime Blanchette-Joncas (Rimouski-Neigette—Témiscouata—Les Basques, BQ): No, Mr. Chair.

[*English*]

The Chair: CPC-16 is not withdrawn.

Shall CPC-16 carry?

Would we like a show of hands on CPC-16?

All those in favour of CPC-16, please raise your hands.

(Amendment negatived [*See Minutes of Proceedings*])

The Chair: Shall CPC-17 carry?

Mr. Stephen Ellis: I request a recorded division, please, Chair.

The Chair: We'll have a recorded division on CPC-17, please, Madam Clerk.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: Shall clause 5 carry?

(Clause 5 agreed to on division)

We're on new clause 5.1. That is the subject of CPC-18. Shall CPC-18 carry?

Mr. Stephen Ellis: I request a recorded division, please.

(Amendment negatived: nays 7; yeas 4)

(On clause 6)

The Chair: That brings us to CPC-19.

Shall CPC-19 carry?

Mrs. Laila Goodridge: I request a recorded division.

(Amendment agreed to: yeas 11; nays 0 [*See Minutes of Proceedings*])

The Chair: That brings us to CPC-20.

Bill C-64, an act respecting pharmacare, authorizes the Minister of Health to make payments to a province or territory, if an agreement has been entered into with that province or territory, in order to increase any existing public pharmacare coverage. The amendment seeks to broaden those payments to provide Canadians with public pharmacare coverage, which would have the effect of extending payments to a new group of Canadians not already covered by the royal recommendation.

As *House of Commons Procedure and Practice*, third edition, states on page 772:

> Since an amendment may not infringe upon the financial initiative of the Crown, it is inadmissible if it imposes a charge on the public treasury, or if it extends the objects or purposes or relaxes the conditions and qualifications specified in the royal recommendation.

In the opinion of the chair, the amendment proposes a new scheme, which would impose a charge on the public treasury. I therefore rule this amendment inadmissible.

That brings us to CPC-21. This is going to sound familiar to you.

Bill C-64, an act respecting pharmacare, authorizes the Minister of Health to make payments to a province or territory if an agreement has been entered into with that province or territory. The amendment provides for payments from the minister to the province or territory, even if no agreement has been entered into.

As *House of Commons Procedure and Practice*, third edition, states on page 772:

> Since an amendment may not infringe upon the financial initiative of the Crown, it is inadmissible if it imposes a charge on the public treasury, or if it extends the objects or purposes or relaxes the conditions and qualifications specified in the royal recommendation.

In the opinion of the chair, the amendment seeks to alter the terms and conditions of the royal recommendation and could impose a new charge on the public treasury. Therefore, I rule the amendment inadmissible.

That brings us to CPC-22. Shall CPC-22 carry?

● (2040)

Mr. Stephen Ellis: I request a recorded division, please.

The Chair: We'll have a recorded division on CPC-22, please.

(Amendment negatived: nays 6; yeas 5 [*See Minutes of Proceedings*])

The Chair: CPC-22 is defeated.

[*Translation*]

The next amendment is BQ-1.

Bill C-64, An Act respecting pharmacare, authorizes the Minister of Health to make payments to a province or territory if an agreement has been entered into with that province or territory. The amendment provides for payments from the minister to the province or territory, even if no agreement has been entered into. *House of Commons Procedure and Practice*, third edition, page 772, states, “Since an amendment may not infringe upon the financial initiative of the Crown, it is inadmissible if it imposes a charge on the public treasury, or if it extends the objects or purposes or relaxes the conditions and qualifications specified in the royal recommendation.”

In the opinion of the chair, the amendment seeks to alter the terms and conditions of the royal recommendation and could impose a new charge on the public treasury. Therefore, I rule this amendment inadmissible.

Mr. Maxime Blanchette-Joncas: Mr. Chair, I challenge your ruling.

● (2045)

The Chair: Okay.

Shall the ruling of the chair be sustained?

[*English*]

We'll have a recorded division on that, I presume.

(Ruling of the chair sustained: yeas 6; nays 5)

The Chair: That brings us to clause 6. Clause 6 has been amended by the unanimous vote on CPC-19.

Shall clause 6 as amended carry?

Some hon. members: On division.

(Clause 6 as amended agreed to on division).

(On clause 7)

The Chair: Since NDP-1 was moved, CPC-23 cannot be voted on as it is identical to NDP-1.

We are now on NDP-1. Shall NDP-1 carry? Do we have unanimous support for NDP-1?

Some hon. members: Agreed.

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

The Chair: That takes us to CPC-24.

Shall CPC-24 carry?

Mr. Stephen Ellis: I request a recorded division, please, Chair.

The Chair: We'll have a recorded division on CPC-24, please.

(Amendment negatived: nays 6; yeas 5 [*See Minutes of Proceedings*])

The Chair: That brings us to clause 7 as amended.

(Clause 7 as amended agreed to on division [*See Minutes of Proceedings*])

(On clause 8)

The Chair: That brings us to clause 8 and CPC-25.

Mr. Stephen Ellis: I request a recorded vote, please, Chair.

The Chair: We'll have a recorded division on CPC-25, please.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: That brings us to CPC-26. If CPC-26 is adopted, CPC-27 cannot be moved due to a line conflict. As *House of Commons Procedure and Practice*, third edition, states on page 769:

> Amendments must be proposed following the order of the text to be amended. Once a line of a clause has been amended by the committee, it cannot be further amended by a subsequent amendment as a given line may be amended only once.

Shall CPC-26 carry?

● (2050)

Mr. Stephen Ellis: I request a recorded division.

The Chair: We'll have a recorded division on CPC-26, please.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

Mr. Stephen Ellis: Chair, we request the unanimous consent to withdraw CPC-27.

The Chair: We have a request for unanimous consent to withdraw CPC-27. Do we have unanimous consent to withdraw CPC-27?

Some hon. members: Agreed.

(Amendment withdrawn)

The Chair: That brings us to CPC-28.

Mr. Stephen Ellis: I request a recorded division.

The Chair: We'll have a recorded division on CPC-28, please.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

(Clause 8 agreed to on division)

(On clause 9)

The Chair: That brings us to clause 9 and CPC-29.

Mr. Stephen Ellis: I request a recorded division, Chair.

The Chair: We'll have a recorded division on CPC-29, please.

(Amendment negatived: nays 6; yeas 5 [*See Minutes of Proceedings*])

The Chair: That brings us to CPC-30.

Mr. Stephen Ellis: I request a recorded division.

(Amendment negatived: nays 6; yeas 5 [*See Minutes of Proceedings*])

(Clause 9 agreed to on division)

The Chair: That brings us to clause 10 and CPC-31.

Shall CPC-31 carry?

Mr. Stephen Ellis: I request a recorded division.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: That brings us to CPC-32.

Shall CPC-32 carry?

● (2055)

Mr. Stephen Ellis: I request a recorded division.

(Amendment negatived: nays 6; yeas 5 [*See Minutes of Proceedings*])

(Clause 10 agreed to on division)

(On clause 11)

The Chair: That brings us to clause 11 and CPC-33.

Shall CPC-33 carry?

Mr. Stephen Ellis: I request a recorded division, sir.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: That brings us to NDP-2.

Shall NDP-2 carry?

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

(Clause 11 as amended agreed to on division [*See Minutes of Proceedings*])

(On clause 12)

The Chair: That brings us to clause 12.

Shall CPC-34 carry?

Mr. Stephen Ellis: I request a recorded division, please.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: CPC-34 is therefore defeated—

Mr. Stephen Ellis: Excuse me, Chair. I would like unanimous consent to withdraw CPC-35, please, and CPC-36.

The Chair: Dr. Ellis, hold that thought.

I'm going back now to the definitions section, which we had agreed to postpone. Then we'll come back to the preamble.

(On clause 2)

The Chair: As members had earlier agreed to postpone clause 2, the committee will now consider clause 2 and its proposed amendments, which can be found on pages 1 to 6 in the package of amendments. Therefore, we're now considering clause 2, and we're on CPC-1.

Shall CPC-1 carry?

Mr. Stephen Ellis: I want a recorded division, please.

The Chair: There's a recorded division for CPC-1.

(Amendment negatived: nays 6; yeas 5 [*See Minutes of Proceedings*])

The Chair: We're on CPC-2. This amendment seeks to make a substantive modification to the definitions clause by adding a definition of “Indigenous governing body”, a term that is not used—

● (2100)

Mr. Stephen Ellis: Excuse me, Chair. We request unanimous consent to withdraw the amendment.

The Chair: Do we have unanimous consent to withdraw CPC-2?

(Amendment withdrawn)

The Chair: That brings us to CPC-3. If CPC-3 is adopted, CPC-4 can't be moved, because they both define the term “national bulk purchasing strategy”.

The question for the committee is whether CPC-3 shall carry.

Do you want a recorded division?

Mr. Stephen Ellis: Yes, please, Chair.

The Chair: Call CPC-3, please.

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: We're on CPC-4.

Shall CPC-4 carry?

Mr. Stephen Ellis: I'm sorry, Chair. There appears to be a bit of confusion. We didn't want CPC-4 in there, so I'll request unanimous consent to withdraw it.

The Chair: Do we have unanimous consent to withdraw CPC-4?

(Amendment withdrawn)

The Chair: Shall CPC-5 carry?

Mr. Stephen Ellis: I want a recorded division, Chair.

The Chair: Could we have a recorded division on CPC-5, please?

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: That brings us to CPC-6. Shall CPC-6 carry?

Could we have a recorded division on CPC-6, please?

(Amendment negatived: nays 7; yeas 4 [*See Minutes of Proceedings*])

The Chair: Shall clause 2 carry?

(Clause 2 agreed to on division)

The Chair: That brings us, then, to the preamble.

We have an indication from Dr. Ellis that he intends to seek unanimous consent to withdraw CPC-35. Is that still the case, Dr. Ellis?

Mr. Stephen Ellis: Could we do both CPC-35 and CPC-36 at once, Chair?

The Chair: Do we have unanimous consent to withdraw CPC-35 and CPC-36?

Some hon. members: Agreed.

● (2105)

(Amendments withdrawn)

The Chair: That brings us to CPC-37.

The amendment seeks to make a substantive modification in the preamble by deleting the words “and carried out in accordance with the recommendations of the Advisory Council on the Implementation of National Pharmacare;”. *House of Commons Procedure and Practice*, third edition, states on page 774, “In the case of a bill that has been referred to committee after second reading, a substantive amendment to the preamble is admissible only if it is rendered necessary by amendments made to the bill.”

In the opinion of the chair, the proposed amendment is substantive, and since no amendment has been adopted to warrant this deletion, I declare the amendment inadmissible.

That brings us to CPC-38.

In connection with CPC-38, I have the exact same comments and the exact same conclusion, so I will spare you the reading of the details and simply indicate to you that I find that since the proposed amendment is substantive and no amendment has been adopted to warrant the decision, I declare the amendment inadmissible.

That brings us, then, to CPC-39.

My ruling on CPC-39 is identical to that on CPC-37 and CPC-38. For the reasons previously stated in connection with CPC-37 and CPC-38, I declare this amendment inadmissible.

That brings us to CPC-40.

It is the same ruling, the same logic and the same conclusion. I declare CPC-40 inadmissible.

That brings us to the preamble.

Shall the preamble carry?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: That brings us to the short title.

CPC-41 is the first amendment of the short title. This amendment seeks to make an amendment to the short title. As a *House of Commons Procedure and Practice,* third edition, states on line 775, “Titles, whether it be the long, short or alternative title, may be amended only if the bill has been so altered as to necessitate such an amendment.”

In the opinion of the chair, no amendment has been made to the bill that would necessitate a change to the short title; therefore, I rule the amendment inadmissible.

That brings us to CPC-42. CPC-42 seeks to amend clause 1, the short title, by adding content that appears to relate to another clause. As *House of Commons Procedure and Practice,* third edition, states on page 772, “An amendment is also out of order if it is moved at the wrong place in the bill, if it is tendered in a spirit of mockery, or if it is vague or trifling.”

In the opinion of the chair, the proposed amendment seeks to modify the wrong clause of the bill. I therefore rule the amendment inadmissible.

Shall the short title carry?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: That brings us to the title. There is an amendment from the Conservatives, CPC-43. This amendment seeks to make an amendment to the title. As *House of Commons Procedure and Practice,* third edition, states on page 775, “Titles, whether it be the long, short or alternative title, may be amended only if the bill has been so altered as to necessitate such an amendment.”

In the opinion of the chair, no amendment has been made to the bill that would necessitate a change to the title. I therefore rule the amendment inadmissible.

Mr. Stephen Ellis: Chair, I would like to challenge the ruling, please.

The Chair: The ruling of the chair has been challenged. The question for the committee is: Shall the ruling of the chair be sustained?

Can we have a recorded division, please?

(Ruling of the chair sustained: yeas 7; nays 4)

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.

An hon. member: On division.

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

Some hon. members: Agreed.

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

Some hon. members: Agreed.

The Chair: We're adjourned.

Published under the authority of the Speaker of the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: https://www.ourcommons.ca

Publié en conformité de l'autorité du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante : https://www.noscommunes.ca