HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

44th PARLIAMENT, 1st SESSION

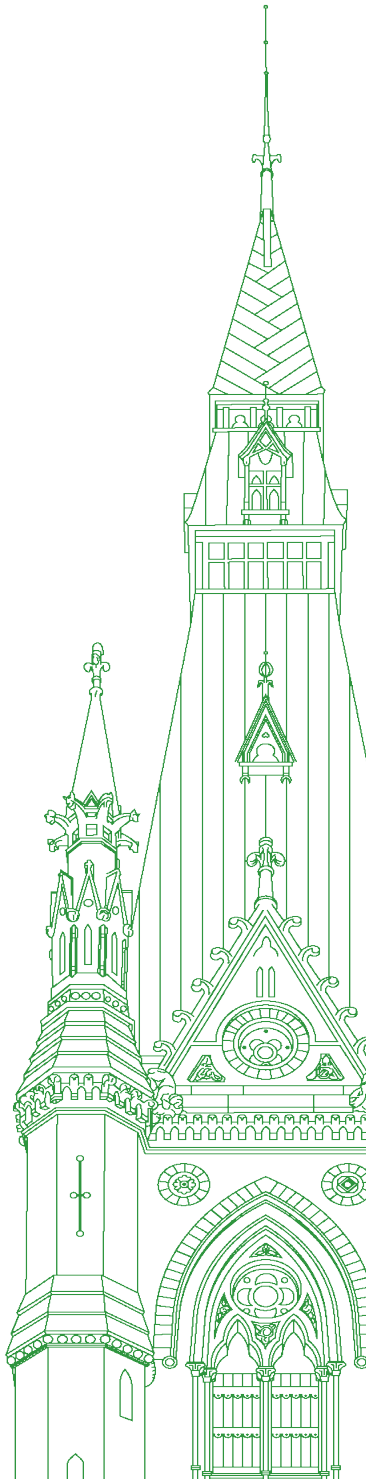
Standing Committee on Health

EVIDENCE

NUMBER 124

PUBLIC PART ONLY - PARTIE PUBLIQUE SEULEMENT

Monday, June 17, 2024



Chair: Mr. Sean Casey

Standing Committee on Health

Monday, June 17, 2024

● (1610)

[*English*]

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

Welcome to meeting number 124 of the House of Commons Standing Committee on Health.

Before we begin, I'd 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 that are in place to protect the health and safety of all participants, including the interpreters.

Please use only the black, approved earpiece. The former grey earpiece must no longer be used. Please keep your earpiece away from all microphones at all times. When you're not using your earpiece, place it face down on the sticker on the table for that purpose. Thank you, all, for your co-operation.

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

Colleagues, before we get started, there are a couple of housekeeping matters that we absolutely need to get cleared off today. I'm hoping we can do it expeditiously so we can get to the minister. It should be a straightforward administrative matter for study budgets.

The first budget is in the amount of $1,000 for the study we're doing today, supplementary estimates (A). That budget has been circulated. It is simply for a couple of headsets and the wonderful meal you have back there. We need to pay for that.

Is it the will of the committee to adopt the budget as presented?

Some hon. members: Agreed.

The Chair: I see consensus. That is adopted.

The next is the proposed budget in the amount of $11,500 for the study on breast cancer screening guidelines. People have already appeared on this study, so there is urgency in this. We won't be able to pay them until this budget is approved, and that would be the right thing to do.

Is it the will of the committee to adopt the budget for breast cancer screening guidelines in the amount of $11,500, as presented?

Some hon. members: Agreed.

The Chair: Thank you. It's adopted.

Finally, we have the proposed budget in the amount of $38,000 for the study of the treatment and prevention of cancer. This one is looking forward to the fall.

Is it the will of the committee to adopt this budget as presented?

Some hon. members: Agreed.

The Chair: It's adopted.

Thank you so much, colleagues. That's going to make our lives much simpler.

We have bells. We require the unanimous consent of the committee to proceed through the bells.

Could I have the unanimous consent of the committee to proceed at least through the minister's opening statement, until, perhaps, 10 minutes before, so people can get over to the House if they wish? I see some thumbs up.

Do we have unanimous consent?

Some hon. members: Agreed.

The Chair: Thank you, everyone.

Pursuant to Standing Order 108(2) and the motion adopted on May 30, 2024, the committee is commencing its study on the subject matter of supplementary estimates (A) 2024-25.

I'd like to welcome our panel of witnesses.

We have the Honourable Mark Holland, Minister of Health.

From the Canadian Food Inspection Agency, we have Robert Ianiro, vice-president of policy and programs. From the Canadian Institutes of Health Research, we have Dr. Tammy Clifford, acting president. They are appearing by video conference.

In the room, accompanying the minister, we have Eric Costen, acting deputy minister. From the Public Health Agency of Canada, we have Heather Jeffrey, president.

Welcome, Minister Holland. Thank you for your patience while we worked through some of the administrative details, and for sitting through the votes.

You know the drill. You have the floor.

Hon. Mark Holland (Minister of Health): Thank you very much, Mr. Chairman. It's a pleasure to be before this committee yet again, and in this instance to take questions relating to the supplementary estimates (A).

Maybe, if I could, Mr. Chairman, just before we begin, I'd like to give a bit of an update on where we are, as we're going through a very challenging time for the world, frankly, in dealing with health. We know that coming out of the pandemic, the health system was under enormous strain, with people burning out, long wait times and significant human resource challenges that were felt here and around the world.

Rising to meet those challenges is an exceptionally important priority for this government, working in collaboration with provinces and territories, and it was in your home province, Mr. Chairman, nearly a year ago, that we had the opportunity to meet with all health ministers in a spirit of co-operation and to lay out an agenda for how we might work together, in the aftermath of the pandemic, on the challenges facing our health system.

In the time that has followed, we have been able to see 26 agreements signed, with all provinces and all territories, dealing with health workforce issues, dealing with aging with dignity, dealing with mental health and many other aspects of our health system, and there has been continued progress on pharmacare and dental care. On dental care, I can say in this moment that in just the opening six weeks, we saw 200,000 seniors receive care across the country.

I'd be happy to go into greater detail, but we already have over 40% of providers participating. July 8 will be an important date, because that will be the point at which providers will be able to participate on a one-off basis. They will not be required to sign up in advance. We've also just seen the passage in the House of Commons—and I want to thank the health critics for the NDP, both current and past, Don Davies and Peter Julian, for working at cross-purposes and finding common ground on pharmacare. I've been having very productive conversations with all provinces and territories, and I'm very anxious to begin that work, to build upon their jurisdiction and to work with them collaboratively.

● (1615)

[*Translation*]

We must respect provincial and territorial jurisdictions. That's vital. For example, my discussions with Minister Dubé make it clear that we can improve the overall quality of the health care system by embracing a spirit of co-operation on both sides.

[*English*]

Some really important things have to be done on things such as drugs for rare diseases. We're now able to move forward, and I hope that imminently we will be able to see progress on those.

You can see that there are dollars in the supplementary estimates for personal support workers. It's absolutely critical that we work collaboratively with provinces and territories to make sure those extraordinary individuals, who were so critical during the pandemic and who are critical today in our health system, are paid a fair wage and that we as the federal government do our part in that process.

As well, there's health data legislation. That data legislation will be coming before this committee. I look forward to the conversation that will happen on that. Having our systems interconnected and recognizing that data saves lives are absolutely critical things to taking blindfolds off our health care providers, making sure the data is used to its greatest effect to save lives and helping make our health system work efficiently. It's totally unacceptable that we still see fax machines and that physicians have to fill out forms four or five times. We have to get to the bottom of that.

I hope to see the same spirit I've seen with provincial and territorial colleagues, whereby we recognize that health is bigger than partisanship and that we have to find ways to talk about solutions, and I would invite members to share their ideas. We have a huge number of seniors, for example, who don't have dental care but who are going to get it.

For anyone who is against that, I would ask what they think the alternative is. If you're against somebody getting diabetes medication or contraceptives, what do you say to somebody who needs diabetes medication or needs contraceptives? What's your solution?

Similarly, with our health workforce issues, we've been able to make extraordinary progress, Mr. Chairman. Working collaboratively we have seen, for example, the service standard for foreign credential recognition in Charlottetown go from 90 days, or processes with the College of Physicians and Surgeons go from many, many, many months to being reduced and contracted to a matter of days.

I look forward to a solutions-based conversation where we can debate the very challenging global circumstance that we're in and how Canada can lead the way with a world-class health care system.

That concludes my opening remarks.

With that, Mr. Chairman, I'm happy to take questions.

The Chair: Thank you, Minister.

We're going to begin rounds of questions with the Conservatives for six minutes.

We'll start with Dr. Ellis, please.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Mr. Chair.

Minister, thanks for being here.

Perhaps you could tell us—we've tried this questioning before—how many Canadians don't have a family physician.

● (1620)

Hon. Mark Holland: Well, as I indicated before, it's difficult to get an exact number. It's between 12% and 14%, but again, it's difficult to know with precision.

Mr. Stephen Ellis: Just the number perhaps, Minister? How many?

Hon. Mark Holland: As I've indicated before, it's impossible to give an exact number. I'd say in a ballpark range that it would be between 12% to 14%.

Mr. Stephen Ellis: Are you telling Canadians out there that you, as the Minister of Health, really have no idea?

Hon. Mark Holland: What I'm saying is that the health data, which is collected by provinces and territories, is not as clear as it should be. What we get from provinces and territories leaves some ambiguity and, as a result, we are best left to speculate as to what that number would be and—

Mr. Stephen Ellis: Thanks very much, Minister.

So it's really six to seven million—

Hon. Mark Holland: —the federal officials responsible...the 12% to 14%—

Mr. Stephen Ellis: —Canadians without access to primary care.

That's six to seven million.

How many doctors will Canada be short in 2028?

This is recent stuff. I don't know if you've read it, but these are important numbers. You could share that with Canadians.

Hon. Mark Holland: Yes, I would posit to you, you know, if you're going to advance deep cuts to the health system, then that number is going to grow exponentially. It's incredibly important not to allow cuts to occur to our health system. We've signed—

Mr. Stephen Ellis: Thanks, Minister.

I didn't say anything about cuts. I asked you for a number.

How many doctors will we be short in this country by 2028?

Hon. Mark Holland: I'm not going to engage in a hypothetical. I think that trying to guess what that number might be.... I imagine that you have some figures—

Mr. Stephen Ellis: Once again, you have no clue. That's what you're telling Canadians.

Hon. Mark Holland: No.

I would say that I'm not here to play *Jeopardy* with you. If you have questions to which you have the answers—

Mr. Stephen Ellis: You really have no idea—

Hon. Mark Holland: No, because frankly it depends upon what happens in the next election.

Mr. Stephen Ellis: It's 44,000.

Hon. Mark Holland: No. That's a ridiculous number—

Mr. Stephen Ellis: What your government has done is increase taxes on health care: the capital gains changes. It comes into force next week.

How many more Canadians will be without a family doctor based on these changes?

Hon. Mark Holland: Having a more fair and balanced tax system where doctors still have—

Mr. Stephen Ellis: I didn't ask you about taxes. I asked you how many more....

Maybe you're having trouble hearing, but I can say it again for you. I'll say it slower: How many Canadians, because of your tax changes, will be without a physician?

Hon. Mark Holland: I would say that the menace to our health system is the cuts that you would propose to it.

Is it not a more fair and equitable tax system that asks those who make the very most to pay a little bit more so that we can have a safe and secure health system?

Mr. Stephen Ellis: Just the number, Minister—

Hon. Mark Holland: If you want the opportunity—

Mr. Stephen Ellis: How many more Canadians will be without a physician because of your tax increases. How many?

Hon. Mark Holland: I reject the premise of that question. I think that what is a menace to our health system is the cuts that you would impose to that system.

A doctor still has huge advantages under our tax system to be able to use—

Mr. Stephen Ellis: As we said, Minister, right now—

Hon. Mark Holland: —incorporation as a tax deferral vehicle—

Mr. Stephen Ellis: —six million Canadians don't have access to primary care. How many more, when you increase taxes, will not have access to a family physician?

These are not hard questions.

Hon. Mark Holland: Well, they are, because they're not rooted in reality.

Mr. Stephen Ellis: They're difficult for you. I get it.

Hon. Mark Holland: You have some bizarre thing you're doing. I don't know what you're doing.

I'm trying to answer rooted in reality. The reality of our health workforce crisis is the investments that we're making both to accelerate foreign credentials and other forms of credentials—

Mr. Stephen Ellis: Maybe, Minister, we'll try it a different way for you.

Hon. Mark Holland: —and to make sure, in the other instances—

Mr. Stephen Ellis: Estimates would say—

Hon. Mark Holland: Well, you're not interested in answers....

Mr. Stephen Ellis: Minister, I'll say it slower for you, because you're struggling. I get it. Estimates would say that the doctor shortage will be 44,000 by 2028—

Hon. Mark Holland: I reject that. I think the work we're doing in —

Mr. Stephen Ellis: Excuse me, Minister. I'm not finished. Just listen. I know it's hard.

How much worse will the shortage get when the tax changes take effect? It's a simple question.

Hon. Mark Holland: I reject the premise of that question. I don't think it's true or accurate, and I can walk through the tax advantages that continue to remain for doctors, which are very significant, and that asking for a more just tax system is not the menace to our health care system. Your cuts, sir, are. The cuts that you wish to impose upon our health care system are a clear and present threat to our being able to ensure that people have the health care they need.

Mr. Stephen Ellis: You know, Minister, the fascinating thing is that you keep talking about cuts, but what I keep talking about is the tax changes, the tax hikes that you are promoting for health care. Did your government complete an analysis on the tax hikes before implementing the change?

Hon. Mark Holland: Asking those who are making more than $250,000 from capital gains—

Mr. Stephen Ellis: That's not what I asked you. I said, did you complete an analysis?

Hon. Mark Holland: I don't agree. Look, I'm not here to play your bizarre game.

Mr. Stephen Ellis: This is not a game—

Hon. Mark Holland: I'm here to try to answer questions rooted in reality.

Mr. Stephen Ellis: Minister, if you think that—

Hon. Mark Holland: If you want to issue a press release with your thoughts, I welcome it.

Mr. Stephen Ellis: —Canadians not having a physician is a game, then you're in the wrong job. It's sad.

Hon. Mark Holland: I think that cutting dental care, cutting pharmacare and cuts to health care—

Mr. Stephen Ellis: So I guess the question today is, Minister—

Hon. Mark Holland: —are the things that are menacing our health care system. Asking for a more equitable tax system—

Mr. Stephen Ellis: Are you really going to just never answer any questions? Is that your plan?

The question really is this: Did your government complete an analysis on the tax increases before you implemented the change? Yes or no?

Hon. Mark Holland: I think the analysis of the tax changes demonstrates very clearly that we're asking those who have made an extraordinary amount of money through capital gains and have had an incredible last five years to pay a little more—

● (1625)

Mr. Stephen Ellis: So, Minister, the question is—

Hon. Mark Holland: —so that a nurse isn't paying a higher marginal tax rate than somebody else.

Mr. Stephen Ellis: Minister, the question is this: Did your government complete an analysis on the tax change, yes or no? And if you did—

Hon. Mark Holland: I've answered that question. There was, absolutely, an analysis done to make sure that this is more equitable and more fair.

Mr. Stephen Ellis: If you did, then please table it with the committee. I'd love to see it.

The Chair: We have a point of order from Ms. Kayabaga.

Go ahead.

Ms. Arielle Kayabaga (London West, Lib.): Thank you so much.

First, I just want to say that I could barely hear folks in the room. If they can increase the sound volume, it would be great. My volume is set pretty high.

I'm calling a point of order because the minister is here to answer questions. If he is asked questions, give him time to answer questions, and don't speak over him. It's really hard to hear what they're saying when they're speaking over each other like that.

If he's asked a question, I would say that it would be great for us to hear the answer as well.

The Chair: Thank you, Ms. Kayabaga.

What we try to do here is allow the person answering the question to have as much time to answer it as was spent posing the question. We've come to learn that that's exceptionally difficult, but it's also the fairest way we can do it.

Thank you for that.

Mr. Doherty, do you have something you want to say on the point of order?

Mr. Todd Doherty (Cariboo—Prince George, CPC): I only want to say, Mr. Chair and our colleagues who are in there, that you're coming through crystal clear on my end. The volume is loud enough, and it's very clear, so the issue might be on Ms. Kayabaga's end.

The Chair: It could be two people talking at once, as well.

Dr. Ellis, you have 25 seconds left for the question and the answer. You have the floor.

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

Perhaps I'll try one final time, Minister. I'll say it slowly again, because you're struggling, I know.

Did the government or Health Canada, which is part of the government, complete an analysis on this government-implemented capital gains tax hike before implementing the change? If so, could you table it with the committee, please?

Hon. Mark Holland: Well, insulting me isn't going to help ameliorate the answer.

The answer is that, yes, we've looked at it, and it was very clear that a nurse shouldn't be paying a higher marginal tax rate than a multi-millionaire, and asking folks who've done exceptionally well in capital gains over the last number of years to pay a little more so that we can have a healthy, stable health system, I think, makes a good deal of sense.

I understand your ideological opposition to it, but personally insulting me doesn't improve your argument.

The Chair: Thank you.

Colleagues, we have 14 minutes before the vote. Can I suggest that we do the next round and then suspend? That would be one six-minute turn for the Liberals. Is everybody okay with that?

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Let's do two rounds. We can all vote here.

The Chair: Well, okay. We'll have one, and then I'll come back to you.

We have Ms. Kayabaga up next for six minutes.

Ms. Arielle Kayabaga: Thank you, Mr. Chair.

I also would like to thank the minister for taking the time to answer the questions of our committee.

Minister, I just want to ask you this. The Conservatives continue to vote against funding or initiatives that help actual Canadians, and then they turn around and state that we're not doing enough for the health care system and the workers. Could you elaborate on the past year with respect to the bilateral Working Together and Aging with Dignity agreements and the work that you've been doing with the provinces and territories to work toward the assured health priorities of expanding health services and modernizing health care systems across Canada?

Hon. Mark Holland: I think Canadians have an expectation, and I see it, frankly. I had a meeting last week with Adriana LaGrange. We have different political views, but we're able to have civil conversations in which we are solutions-focused. I think that's where Canadians expect us to be, particularly on health.

Even in the House, the work that was done on dental care or pharmacare across partisan lines matters, working with New Democrats to find common ground to make material improvements to the conditions of Canadians' health.

Frankly, googling what's wrong in the world and parroting it adds nothing. It is an act neither of courage nor of intelligence to reflect what's not working in the world. What require work and courage are solutions.

The only time in the House when the Conservatives have ever asked about health care was when we were asking for the wealthiest in this country to make a small additional contribution. I think it's important to recognize that in the last five years, capital gains and capital wealth have expanded vastly.

I don't hear the Conservatives asking about how we improve the wages of a personal support care worker. I don't hear the Conservatives talking about the wages and working conditions of a nurse. However, when it comes to somebody who is making more than $250,000 a year and the fact that they're going to go from 50% tax off to one-third tax off over $250,000, suddenly they're interested. I think that is concerning. It's a difference, frankly, in philosophy and where I think we need to be spending our attention.

On health workforce issues, what's going to get us to a point of coming out of the difficult situation we were in during COVID and into a circumstance whereby we are able to stabilize our health workforce is the $200 billion in investments we've made with the provinces and territories in those 26 agreements. It is accelerating the support for internationally educated health professionals. It is opening medical residency spots, reducing administration and working collaboratively with provinces, not seeking out fights or partisan differences to put things on social media, but instead finding common ground and solutions.

The thing that frustrates me about the Conservatives is there are no solutions. There's what they would cut. There's what they wouldn't do. They criticize the challenges going on in the world, but when it comes to solutions and practical things that Canadians can see they would do to improve the health care system, there's nothing there.

● (1630)

Ms. Arielle Kayabaga: You touched on the PSWs. In this year's supplementary estimates, there was funding toward improving the working conditions for PSWs so that they can continue to support the critical role of providing care for Canadians.

Can you elaborate on that and tell us a bit about the challenges we're aiming to address?

Hon. Mark Holland: Absolutely. That's a critical question.

We saw, particularly in the pandemic but even today, the work that personal support workers do day in and day out in our health care system. It's heroic. They're up against incredibly difficult circumstances and step in in ways that are absolutely critical to our health system. It's fair that they get a strong living wage. The conversations I've been having with the provinces and territories to make sure we do that collaboratively are extremely important.

The money that is earmarked here will allow us to sign those agreements and be able to announce, in every province and territory, a really important improvement not only to their wage, but to their living conditions. It's fundamentally important that the people who are taking care of people be afforded the support that they need, both in the system and in their salaries, which is why we have to guard against the types of cuts that are being contemplated by the Conservatives.

Ms. Arielle Kayabaga: Knowing that you have to collaborate with the provinces and territories to make sure that we're actually able to support PSWs across Canada, can you talk about the coordinated approach and how you're going to ensure that happens? What are you looking to see in those collaborations with the provinces and territories?

Hon. Mark Holland: In the first order, it has to be built on mutual respect for jurisdiction, the need to find common goals and to work together. When I talk to Canadians, it doesn't matter where they are, but they want to know how their governments are working together, how we're setting aside differences and finding solutions and how we're reaching across the aisle to find a way to smooth out differences rather than just insult or criticize.

That is what's characterized all of our discussions. We just met as health ministers about a month ago. It simply doesn't matter what party they're with. I can have a very constructive conversation in Saskatchewan with Everett Hindley, or I could talk to Bruce Fitch in New Brunswick or Adrian Dix in British Columbia. It doesn't matter that they're in different parties. They understand there's that expectation of us, particularly in health.

With a spirit of co-operation and recognizing that we have to put the health of Canadians first, it's exactly why we've been able to sign so many agreements successfully and why we've been able to navigate many of the challenging issues with respect to jurisdiction.

The Chair: Thank you, Minister.

There are seven minutes until the vote. Do you wish to continue, or do you wish to suspend? We need unanimous consent to continue.

Some hon. members: Agreed.

The Chair: We have unanimous consent to continue.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you, Mr. Chair.

Welcome, minister.

Following my study on the need for a breast implant registry and for Health Canada to recognize breast implant illness, you said in a letter that the committee would be created in due course.

When is due course?

● (1635)

Hon. Mark Holland: The committee will be set up as quickly as possible. It isn't about how quickly I can act, but about the speed of our system.

Mr. Luc Thériault: What has been done since your letter? You responded on time, but only just, even though we unanimously felt that it was important to look into the matter and to set up this committee quickly.

What have you done since you gave your answer?

Hon. Mark Holland: Especially when dealing with such a sensitive matter, we must follow the science and data and ensure that all decisions are made on this basis. For this reason, I want to make a decision as quickly as possible. However, I don't want to sacrifice the integrity of the decision-making process.

Mr. Luc Thériault: When is due course? It obviously isn't now. You don't yet know for sure that our report is based on a scientific perspective. Read the report again, minister.

You said that you would take the recommendation on the recognition of breast implant illness into account. Where do things stand in your reflection process?

Hon. Mark Holland: We'll keep working with all the partners involved and the scientific community to find solutions.

I'm more than willing to work directly with you on this matter. We share the same goal. I would like to get this done as quickly as possible, but we must follow the science.

Mr. Luc Thériault: Thank you.

However, the American Food and Drug Administration, or FDA, has recognized this for a few years now. I don't know what more you need. The recommendations and a report were adopted unanimously here. I imagine that you'll speed up your reflection process.

I have a second question for you. A number of issues have come up with the Cannabis Act. An expert panel has made some recommendations. One recommendation called for Health Canada to limit the number of registrations for personal or designated cannabis production, because it became apparent that far too many licences had been issued.

Another recommendation called for Health Canada to further scrutinize health care professionals who authorize high daily amounts and to use its regulatory authorities to refuse or revoke applications deemed to pose a risk to public health or safety.

Health Canada must do its job. What do you make of these recommendations?

Hon. Mark Holland: First, the good news about the first recommendation is that the illegal market has shrunk enormously. Crucially, around 70% of the cannabis market is currently legal. Of course, the report contains many recommendations and we'll be following up on them. Your comments also matter.

Mr. Luc Thériault: I'm not talking about the illegal market.

Hon. Mark Holland: We'll be responding to this matter shortly.

Mr. Luc Thériault: I'm not talking about the illegal market. I'm talking about licences issued too permissively for medical purposes. That's the key issue.

I have another question about this topic. The expert panel also made the following recommendation:

> Health Canada should revise packaging and labelling rules to allow the use of QR codes on product labels to convey factual information to [cannabis] consumers, within the constraints of what is currently permitted on labels or in cannabis promotions.

Do you find this recommendation useful?

Hon. Mark Holland: A number of recommendations will soon be implemented, even the recommendations concerning packaging, for example. It's vital to protect people from substance abuse. There are many other things to do, and in the coming—

Mr. Luc Thériault: Are you for or against the use of a QR code on cannabis product labels? Would you consider implementing one?

● (1640)

Hon. Mark Holland: I'll get back to you on that later.

Mr. Luc Thériault: We'll be expecting your written answer on this topic.

I hope that we can talk again about your vision for working with the provinces and Quebec. I don't get the impression at all that you're on the same wavelength as the Quebec authorities, particularly when it comes to implementing pharmacare.

I'll tell you right now what my next question will be. I hope that your answers will be more specific than your previous responses.

Hon. Mark Holland: In Quebec, there are two major agreements. We're having good discussions with Minister Dubé and the Legault government. We're also discussing dental care. In Quebec, over 60% of professionals are currently enrolled in the programs. They have also been participating in the program for many years. This is good news for the health of Quebeckers.

We're having good conversations about pharmacare. I'm sure that we can come to an agreement in that area too.

The Chair: Thank you, minister.

[*English*]

Colleagues, we're going to be voting momentarily, so I'm going to suspend the meeting pursuant to an agreement among the whips. Once a meeting is suspended because of the bells, the meeting is to resume 10 minutes after the vote is completed. If it is the will of the committee to resume before that, let me know. I'm going to be here. We can do it by unanimous consent and authorize it after the fact.

Mr. Julian, do you have something you need to say?

Mr. Peter Julian (New Westminster—Burnaby, NDP): Yes. I think you could get unanimous consent to reconvene after all members of the committee have voted.

The Chair: If somebody has technical difficulties and ends up having to run over to the House, we're going to have to wait for them, so I would like people during the suspension to come to me to say, "I'm good to go." When I've heard from everyone, we'll go. If not, we'll respect the agreement.

Minister, I know you have a hard stop at five o'clock. There's still a chance that we can get Mr. Julian's time in before that. If we can't, we'll absolutely respect the deadline that you have. Thank you.

The meeting is suspended.

● (1640)

_____(Pause)_____

● (1645)

The Chair: I call the meeting back to order.

During the suspension, I had an opportunity to consult with every member of the committee. They have confirmed to me that they have all voted and wish to start the meeting right away, in view of the timelines faced by the minister.

We are back in session by unanimous consent of the committee.

Next up is Mr. Julian for six minutes.

[*Translation*]

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

I gather that about 49.1% of Quebeckers don't have dental insurance. I would like to know how many Quebeckers have signed up for this new dental care program proposed by the NDP. I think that we need to see the level of interest in this program on the part of Quebeckers.

Hon. Mark Holland: In Quebec, over 700,000 seniors aged 65 and over have signed up for the program. The number is probably higher now, since these aren't the most recent figures.

Mr. Peter Julian: You said that 700,000 Quebeckers have signed up. Is that right?

Hon. Mark Holland: Yes.

Mr. Peter Julian: Wonderful! It's good to see that the NDP's proposed dental care program is generating so much interest.

● (1650)

[*English*]

I note that it was three years ago yesterday that Jack Harris for the NDP brought forward the dental care motion that failed. The Liberals and the Conservatives voted against it. However, in this minority Parliament, we're now seeing real interest in dental care.

I'd like to ask you this, Minister: Over two million seniors have already signed up for the dental care program the NDP pushed so hard for. The next stage is June 27, I believe, when kids under 18 and people with disabilities will be able to join the program. There is absolutely no doubt there is an intense need for dental care. The reality is that it saves money in the acute care system, because people no longer need to go to emergency wards when they have a dental emergency. That is very important.

What measures will the government take to ensure there is as much uptake among people with disabilities and kids under 18 as there has been among seniors, who were given information and told they could apply for the program? What is the government going to do to ensure that same level of participation for these other groups at the end of the month?

Hon. Mark Holland: It's an important question. We've seen incredible uptake among seniors. We estimated that about three million folks are eligible. In just a couple of months, over two million signed up. That has been exceptional. We've been able to connect with the people who need that care.

Now, for those under 18 and for persons with disabilities eligible for the tax credit, that's June 27, as you mentioned. We're looking at how to communicate to see a similar strong uptake. The point is well taken that we need to be aggressive in making sure folks know about it, because it is an essential matter of prevention, not just social justice. When people are getting dental care, they're not winding up in emergency rooms. They're not costing the health system more money.

Mr. Peter Julian: I was knocking on doors this weekend in Newfoundland and Labrador, and also in Montreal. People were talking about the program. There's been a magnificent uptake. The more publicity and information sent out the better.

I'd like to move on to pharmacare now. It passed through the House of Commons. It has not passed through the Senate yet, which is disturbing and concerning, because there are so many people who have diabetes, in particular. My constituent Amber pays $1,000 a month for diabetes medication. This pharmacare program for people with diabetes will make a huge difference.

I'm interested in knowing how many provinces are ready to talk about pharmacare, now that it's through the House, while we await Senate approval? To what extent are provinces interested in stepping up?

Hon. Mark Holland: The interest has been very strong.

In your home province of British Columbia, Adrian Dix would be ready to sign now if we had royal assent, I think. We've had the opportunity to talk about what that range of action might look like.

Your point around the need for medication is important. It's not just a preventative health measure. You're absolutely right about that. There are all kinds of people who, if they don't have access to diabetes medication, could be in a situation where they lose a limb or have a cardiac event, a stroke or a kidney failure. It's also critically important because what we're looking at is cost. In the last estimate in 2018, diabetes cost our health system about $27 billion. By 2028, that figure is expected to be $37 billion.

Not actioning in a preventative way isn't just unfair in terms of bad patient outcomes. It's also dumb in terms of money.

Mr. Peter Julian: I want to come to the task force on preventive health care and its recommendations that breast cancer screening not take place until after the age of 50. We know that for racialized and indigenous women, the prevalence of breast cancer is much higher in their 40s.

Have you lost confidence in the task force on preventive health care? How can we get to the point that the task force makes recommendations that pass the nod test with Canadians and ensure that we're saving lives? They admit that it will save one in a thousand, which is saving hundreds of women's lives every year. How could they make a recommendation when it doesn't match the evidence?

Hon. Mark Holland: I've stated publicly that I was disappointed in the recommendations, and I've heard shared disappointment very clearly from stakeholder groups and experts.

I think it's extremely important that we have that process be examined by an expert panel, so we're accelerating the review to be done by an expert panel to do that right away. We're stepping up, with Theresa Tam leading an effort to convene experts to make sure that we hear from everybody provincially and territorially in terms of health experts and that they're well heard in this space, so that we can have the review period of those recommendations appropriately challenged. In the first order, we'll make sure that we get those recommendations right, and, in the second order, we'll accelerate that review so that we can scientifically arrive at a point of answering the question you've asked.

● (1655)

The Chair: Thank you, Minister.

Thank you, Mr. Julian.

Next we have Mrs. Goodridge, please, for five minutes.

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

The Canadian Medical Association said that the tax increase "jeopardizes the stability of our struggling health care system. The risk of already over-stretched physicians leaving the profession or reducing their hours in response to heightened taxation is real".

Do you disagree with the Canadian Medical Association?

Hon. Mark Holland: I do. There are a couple of really important tax benefits that are retained.

One is that, if you incorporate, you still have the opportunity to shield and, unlike with an RRSP, there's no limit to that, so you can shield and incorporate your gains and allow them to compound.

Second, when you remove money, you continue to enjoy a capital gains exemption, and it will move from 50% to one-third.

Again, the important point here is that a nurse who is—

Mrs. Laila Goodridge: Thank you.

To quote from the Canadian Medical Association again:

> Given the current economic climate, the tax changes, coupled with a housing crisis and rising student debt, will also impact young physicians and medical learners who find themselves in a much tougher financial position than they would have been in 10 to 15 years ago. This will create another disincentive to becoming a community-based doctor at a time when there is a grave shortage.

We need community-based doctors, Minister.

What analysis did Health Canada do on these proposed tax changes before moving forward with this reckless implementation?

Hon. Mark Holland: We absolutely need community doctors. That's why we're investing in doing exactly that with provinces and territories. If you're a young doctor starting out, you're not sitting on large—

Mrs. Laila Goodridge: Okay, what specific analysis—

Hon. Mark Holland: I'm sorry, Mr. Chair; I don't believe there was an equivalency of time there.

The Chair: That was about a 40-second question and about a four-second answer before you interrupted there, Mrs. Goodridge.

Go ahead. You have another 30 seconds to answer that question.

Hon. Mark Holland: Thank you, Mr. Chair.

A young doctor doesn't have huge accumulated capital assets. We're not talking salary here; we're talking capital assets.

In the last five years, those people who had the money to have capital assets have made an extraordinary amount of money, and I think it's fair to ask them to pay a bit more.

You know who hasn't made an extraordinary amount of money on capital assets? They are personal support workers, nurses and plumbers, and those folks are looking at the marginal tax rate they pay and asking why they should pay a higher tax rate than somebody else.

Mrs. Laila Goodridge: Thank you, Minister.

Hon. Mark Holland: I think that's unjust, and I think having a fair system enables—

Mrs. Laila Goodridge: No, Minister, now this is my time.

Hon. Mark Holland: —us to make the investments that we need in our health care system.

The Chair: Minister, please....

Mrs. Laila Goodridge: Minister, respectfully, I appreciate that you think you can just talk over everybody, because that's what you've been doing so far, but I'm going to say that this is my time.

I've asked very specifically what analysis Health Canada did on the number of doctors who would flee our borders and go practise elsewhere as a direct application of implementing these reckless tax changes.

Hon. Mark Holland: I've just explained that I see no evidence of that and that the equity that I just stated is very clear. Asking a nurse to pay a higher marginal tax rate than a millionaire—

Mrs. Laila Goodridge: Thank you, Minister.

Are you saying that Health Canada—

Hon. Mark Holland: —isn't fair, and we need a fair tax system, and we need to make investments in our health care system, and we need revenue to do that.

Mrs. Laila Goodridge: Minister, again, this is my time, not yours.

Are you saying that Health Canada did not do any impact analysis on doctors who would flee because of these tax changes, yes or no?

Hon. Mark Holland: I just said that I don't believe at all that there is any evidence—

Mrs. Laila Goodridge: I didn't ask what you believe. I asked if there was—

Hon. Mark Holland: Again, you're criticizing me for talking over you—

Mrs. Laila Goodridge: —economic analysis.

Hon. Mark Holland: —but you're the only one talking over somebody, with all due respect.

The Chair: There is a point of order from Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Chair, interruptions are incredibly difficult for our interpreters, too. We all want to listen, thank you.

The Chair: Go ahead, and provide a brief answer, please.

Hon. Mark Holland: Well, the brief answer is that you've concocted a narrative, and you're looking for evidence that doesn't exist for the narrative. If you want to know what menaces our health system, it's cutting dental care, cutting pharmacare, cutting health care.

Mrs. Laila Goodridge: Thank you, Minister.

Hon. Mark Holland: That's what's going to menace our health care system.

Mrs. Laila Goodridge: Effectively, Canadians get to hear that there was no analysis. This is all based on your beliefs, your hopes and wishes, and unicorns. It's not actually based on any economic analysis, or if there is economic analysis, you won't share that with us. You continue repeating all of the same talking points, yet you will not provide any analysis, so how can we trust you?

● (1700)

Hon. Mark Holland: I say that if you're talking to a nurse, and you say to a nurse that a doctor will continue to be able to have a tax-sheltered vehicle to allow their gains to multiply upon themselves without taxation, and that when they pull money out, it will be taxed at a preferential rate, that is still a major advantage. I think we have to be able to look into the eyes of personal support workers and nurses and have a just health care system—

Mrs. Laila Goodridge: Minister, I'm going to give you one more opportunity.

Hon. Mark Holland: —and that's important.

Mrs. Laila Goodridge: Is there evidence, and did you provide any kind of analysis as to how many doctors would leave as a result of this policy change, yes or no? If so, table it with the committee.

Hon. Mark Holland: I just stated very clearly that your ideological belief doesn't conjure into reality something that you want it to. Having a more equitable tax system is not a menace to our health care system. Cuts are. The deep cuts that you want to impose on our health system will menace our health system. That is exactly the thing that we are most concerned about.

Mrs. Laila Goodridge: Thank you, Minister.

Hon. Mark Holland: I do not agree that changes to have an equitable health system will menace our health system.

Mrs. Laila Goodridge: Thank you, Minister. The menace to our health system is moving forward with policy changes without actually doing any impact analysis as to whether it's going to impact the doctor shortage crisis that we already have in our country. I truly do not understand how this wasn't something that you would have demanded Health Canada move forward with, but clearly it's something that you're wanting to do.

You claim that there is something.... Did you do it by province? Did you do it by territory? Is it all based on your beliefs?

Hon. Mark Holland: Again, anybody who has made capital gains over the last five years has done extraordinarily well. Asking people who made a bit more to pay some of those extraordinary capital gains so that we can have a health system, so that we can pay nurses, so that we can pay personal support workers, I think, is fair and makes sense. I understand your ideological objection against asking those who—

Mrs. Laila Goodridge: Minister, do you know what's not fair?

Hon. Mark Holland: —make the most to pay a little more, but I don't share it. I don't know what more to say to you other than that you have a different position from mine.

The Chair: Mrs. Goodridge, that is your time; and I understand, Minister, that that is your time, so thank you so much for being with us. We wish that the circumstances were such that you could stay longer, and I think you probably do too. Once again, thanks for being with us.

We're going to suspend, colleagues, while the minister takes his leave and the next minister takes her place.

Hon. Mark Holland: Mr. Chair, may I just read one thing into the record in fairness to the question that was asked—

Mrs. Laila Goodridge: No—point of order.

Hon. Mark Holland: —by Mr. Thériault on the QR code issue? Yes, we are moving forward with that. I can say that publicly. It will be in the next couple of weeks.

The Chair: Thank you. We are suspended.

● (1700)

_____(Pause)_____

● (1705)

The Chair: I call the meeting back to order.

I'd like to welcome our second panel of witnesses. We have with us this evening the Honourable Ya'ara Saks, Minister of Mental Health and Addictions. With her, representing the Canadian Institutes of Health Research, is Dr. Samuel Weiss, scientific director, Institute of Neurosciences, Mental Health and Addiction. Dr. Weiss is with us by video conference.

For the Department of Health, Eric Costen, acting deputy minister, is still here. We also have Michelle Boudreau, associate assistant deputy minister, health policy branch; and Jennifer Saxe, associate assistant deputy minister, controlled substances and cannabis branch.

Also in the room, representing the Public Health Agency of Canada, are Nancy Hamzawi, executive vice-president, and Michael Collins, vice-president, health promotion and chronic disease prevention branch. Thank you for your patience. Thank you for being with us.

Welcome to the committee, Minister Saks. You have five minutes for your opening statement.

Hon. Ya'ara Saks (Minister of Mental Health and Addictions): Thank you, Mr. Chair and honourable members. It is lovely to be back with you again at the HESA committee.

Since being named minister, and even prior to that time, my priority has been to ensure that Canadians have access to the mental health and substance use services they need, both when they need them and where they need them.

In recent weeks, I've been meeting with young people and their families across the country to talk about mental health. They have shared their stories with me and spoken poignantly about the challenges young people face today. I have also spoken with mental health practitioners, researchers and service providers. They have offered valuable insights into how we can work together to better support youth as they navigate the transition to adulthood.

With the new youth mental health fund, our government is investing $500 million over five years to enhance youth access to mental health care. This fund will help community organizations provide more care options for youth that are timely and accessible. It will help broaden our support network and better equip organizations to refer youth to other mental health services within their networks and partnerships.

Community organizations are a lifeline when it comes to mental health care. They provide direct support to people in need. They are trusted by the people they serve. They have first-hand knowledge, which is much needed to make a real difference, especially among equity-deserving groups and youth.

It is so important for us to remember what it means to be Canadian right now. We hold each other together. We are holding each other through many challenging things right now, including the lives tragically lost through the overdose crisis. This is where we step up and throw everything we have in our tool box at saving lives.

On the other side of the bench, unfortunately, there is much stigmatization. They talk about the overdose crisis in terms of our loved ones being criminals. They want to stigmatize our loved ones back into the dark corners and criminalize them. People should not have to hide their struggle with substance use and the disease of addiction. This is the ideology of the failed war on drugs. We cannot go back to that way of thinking.

We know that needle exchanges and safe consumption sites bring people into health care. It gives them another day, a day towards living and thriving. They walk into those places knowing that they will get the help they need. We're not just talking about saving lives. We're talking about getting people the health services they need with the compassion and care that they deserve.

Last September we launched a national call for proposals under Health Canada's substance use and addictions program. This program supports community-based organizations in delivering innovative prevention, harm reduction, treatment and recovery, and other evidence-based health interventions. Our $144-million investment in SUAP is an important part of a comprehensive response to problematic substance use.

We are also investing more than $20 million in a new youth substance use prevention program. This program will support the implementation and adaptation of the Icelandic prevention model right here in Canada, a model that has been highlighted multiple times in studies from this committee.

In addition, budget 2024 includes $150 million over three years for a new emergency treatment fund. This fund is designed to meet urgent needs on the front lines by providing support for municipalities and indigenous communities facing an acute increase in substance use harms and deaths related to the overdose crisis.

Mr. Chair, we are stepping up and looking at all options, but we cannot do this work in isolation. We recognize that it's incumbent on the provinces and territories, as the main health care service providers, to identify their needs and their priorities. Our historic investment of close to $200 billion over 10 years will improve health services across the country, with $25 billion being provided through tailored bilateral agreements. This funding will help integrate mental health and substance use services as a full and equal part of our universal health care system.

So far, more than a third of the bilateral funding has been allocated to mental health and substance use services. This is good news. It will strengthen the capacity of family health care providers to offer mental health and substance use support to patients all across the country. This is essential, because mental health and substance use care should never be an afterthought. Our mental health and well-being are integral to who we are, and the health care system must reflect this.

● (1710)

The Government of Canada will continue to work with its partners to ensure that mental health and substance use services are built into the very foundations of that system. With a strong foundation in place, Canadians can count on having access to a full range of high-quality, culturally informed, timely health care services that are accessible to them. This is what they expect, and they deserve nothing less.

Thank you.

I'm now happy to answer your questions.

The Chair: Thank you, Minister. We're going to start with those rounds of questions with Dr. Ellis for six minutes, please.

Mr. Stephen Ellis: Thanks very much, Chair.

Thanks, Minister, for being here once again.

I have a question.

Did we hear testimony in this committee that the deputy chief of the Vancouver Police has testified that 50% of the Dilaudid seized is diverted from so-called safe supply?

Hon. Ya'ara Saks: I am familiar with the testimony of Fiona Wilson. However, she did state that "we strongly support the notion of not trying to arrest ourselves out of this crisis." She also referred to the importance of having a system where—

Mr. Stephen Ellis: Thanks very much, Minister.

Is it true that in November 2021, Fair Price Pharma imported 15 kilograms of heroin into British Columbia?

Hon. Ya'ara Saks: It seems that the member is out of date with his facts. Fair Price Pharma removed that tweet and also had discussions with Health Canada, verifying that they did not.

Mr. Stephen Ellis: Are you suggesting, Minister, that there is no heroin imported legally into this country?

Hon. Ya'ara Saks: Heroin is imported legally into this country under strict licensing and permit regimes.

Mr. Stephen Ellis: Okay, well, whatever.... Sunshine Earth Labs, a Canadian-based biosciences company, announced in March 2023 that it "received an amendment to its Controlled Drug and Substances Dealer's License to legally possess, produce, sell and distribute Opium and Morphine and" heroin on January 12, 2023. It received a similar amendment for the sale of cocaine in November 2022. Is that true?

● (1715)

Hon. Ya'ara Saks: I would have to refer to our officials on that, but I will emphasize that any company in this country that has a licence has it for medical use and research purposes.

Mr. Stephen Ellis: Minister, that's fine. If you don't know the answer, just please get someone. You know that we have a short time. Just find someone who can answer.

Hon. Ya'ara Saks: I have a point of order, Mr. Chair.

The Chair: Yes, go ahead, Minister.

Hon. Ya'ara Saks: I think the framing of what companies do when they have licences to import controlled substances.... This is important for the record—

Mr. Stephen Ellis: Oh, come on....

The Chair: I tend to agree with you, but the time for this exchange is complete. I expect that perhaps one of the other questioners will allow you to come back to that topic.

Go ahead, Dr. Ellis.

Hon. Ya'ara Saks: Then I will defer to the experts to answer Dr. Ellis's question.

Mr. Stephen Ellis: Thanks very much.

You know, I guess it's.... All we get in this committee from the ministers is non-answers. If there's nobody down there who can answer a question, why do they even agree to come?

Hon. Ya'ara Saks: I will defer to one of our health committee officials to answer the specific question on that licence.

Mr. Stephen Ellis: I asked you a very specific question. Anybody down there can answer it.

Mr. Eric Costen (Acting Deputy Minister, Department of Health): I think we would have to get back to the member on his question with respect to the specific company information that he's looking for. We don't have it on hand.

Mr. Stephen Ellis: Certainly. Table it with the committee. We'd appreciate that.

Is it also true that the Safe Supply Streaming Company announced on January 30, 2024, that they underwent an official inspection by Health Canada for the acquisition of a dealer's licence, yes or no?

Hon. Ya'ara Saks: I defer to officials who met with them.

Mr. Stephen Ellis: Minister, are you confirming that your officials have met with this company that has a dealer licence for opium, morphine, heroin and cocaine?

Hon. Ya'ara Saks: No, but I will confirm that they will answer your question.

Mr. Stephen Ellis: Have they met with this company?

Mr. Eric Costen: Again, Mr. Chair, I think that with respect to specific meetings with specific companies, we'd be happy to get back to the member with the details, but we don't have them on hand.

Mr. Stephen Ellis: It's interesting that the website of Safe Supply Streaming Company talks about a market of $360 billion in legal narcotics, including cocaine.

Minister, it seems interesting that now we have companies in Canada getting licences to, as I said, possess, produce, sell and distribute opium, morphine, heroin and cocaine, all under your Liberal government's idea of legalization. Is that true?

Hon. Ya'ara Saks: Mr. Chair, all of the narcotics listed by Dr. Ellis are legal and restricted and are under strict regulations. They're also used for medical purposes in hospitals and in research settings.

Mr. Stephen Ellis: That's interesting. What I said specifically, Minister, is that they can legally possess, produce, sell and distribute these drugs. Is that true?

Hon. Ya'ara Saks: Clearly, Dr. Ellis isn't interested in the importance of research science and medical treatment use of these highly regulated narcotics.

Mr. Stephen Ellis: That's excellent. What you're telling me is that these drugs will never be legal to be used outside of research settings in our country. Is that true?

Hon. Ya'ara Saks: That is correct.

Mr. Stephen Ellis: Oddly enough, it's stated that Health Canada licences are for research purposes only, as you attempted to say. However, the CEO of Sunshine Labs—

Hon. Ya'ara Saks: I did say that. It was not “attempted”.

Mr. Stephen Ellis: —says, “Since inception, we have been proactively pursuing amendments to our Dealer's License to include MDMA, Coca Leaf, Cocaine, Opium, Morphine, and [heroin] to position ourselves as a legitimate safer supply partner.”

Have you or your officials had meetings with this company?

Hon. Ya'ara Saks: Jennifer Saxe can answer with regard to meetings.

Ms. Jennifer Saxe (Associate Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): We have met with Sunshine Labs. Sunshine Labs is a licensed dealer. However, they published misinformation.

We followed up last spring when that misinformation regarding selling to the public was published. They are not authorized to sell to the public. Licensed dealers can conduct certain activities with controlled substances for medical and research purposes, depending on the substance and depending on their licence.

Mr. Stephen Ellis: Don't you think it's very concerning for Canadians that a former medical officer of health in B.C. set up a company to import heroin into this country? Now the current minister of health there—with your co-operation, Minister—is attempting to legalize other substances in this country.

Is that not concerning to you? Should Canadians be concerned about that? I know I am.

Hon. Ya'ara Saks: I think it's important to address the facts with regard to Fair Price Pharma, not speculate.

Dr. Perry Kendall is an esteemed and well-respected physician. Fair Price Pharma is an early-stage company looking at research potential in addressing substance use and addiction. It consults with Health Canada on what the proper channels and regulatory bodies are.

● (1720)

The Chair: Thank you, Dr. Ellis.

Thank you, Minister.

Next, we have Ms. Sidhu for six minutes.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

I would like to thank the minister and all the officials for being here with us today.

First, Minister Saks, I believe you wanted to add more information with regard to Dr. Ellis's question. I would like to give you a few seconds to answer that.

Hon. Ya'ara Saks: Thank you.

Through you, Mr. Chair, to clarify, any company that seeks to engage with Health Canada with regard to an inquiry on licensing or permitting in what is an extremely rigid regime—with which we must comply, according to international treaties with the INCB—is required to comply with all regulatory standards in place.

They can import or export only for medical treatment use or research.

Ms. Sonia Sidhu: Thank you.

Minister Saks, my next question is this: Recently, I had a meeting with my youth council. They clearly told me about the need to have mental health tools available to them.

Could you expand on our youth mental health fund program? Could you also talk about increased funding for the recently announced integrated youth services collaboration centre?

Hon. Ya'ara Saks: Thank you to the member.

Through you, Mr. Chair, I'd like to say that the integrated youth services program is a hallmark of what we can do to help youth in every part of this country and meet their needs in the community with a full range of services, including primary care, counselling and support for families.

With regard to the youth mental health fund, we are very excited to be working with a youth-led and expert-led consultation process right now. This will be a “once in a generation” investment in our young Canadians. We know mental health challenges have been growing among our youth. We also know we need to meet them where they are, so we can offer them the services they need and deserve in order for them to succeed and thrive. We know that when our young people thrive, Canada will succeed. This is exactly why these investments are needed at this moment, particularly after COVID.

With regard to recent investments, we've been building out the integrated youth services program for quite a number of years. There are now 48 hubs throughout the country, gathering data and knowledge and working with youth every single day. Now we have made a $59-million investment to “network the network”, so knowledge exchange, increased support and an evidence-driven approach to addressing youth mental health, wellness and well-being will be the future for young Canadians.

I would like to defer—

Ms. Sonia Sidhu: Thank you.

My next question is for Ms. Jeffrey.

Could you please talk to this committee about the work of your department in implementing the national framework for diabetes?

Hon. Ya'ara Saks: Can you specify to whom that question was directed, Ms. Sidhu?

Ms. Sonia Sidhu: It was for PHAC, Minister.

Hon. Ya'ara Saks: Ms. Nancy Hamzawi is here on behalf of PHAC. Perhaps she can answer your question, if you don't mind repeating it.

Ms. Sonia Sidhu: Could PHAC tell us what's happening with the implementation of the national framework for diabetes?

Ms. Nancy Hamzawi (Executive Vice-President, Public Health Agency of Canada): Back in October 2022, the framework for diabetes in Canada was released, marking a major milestone to better support Canadians. Through budget 2021, the government committed $20 million to research through the Juvenile Diabetes Research Foundation and the Canadian Institutes of Health Research partnership to defeat diabetes, including $15 million matched by the JDRF.

Since February 29, you all have been having discussions on Bill C-64 around national universal pharmacare, with diabetes being a very important pillar to that bill.

Thank you very much.

● (1725)

Ms. Sonia Sidhu: Could you expand on the conversation with the provinces and territories as they work on implementing their own plan in aligning with this?

Ms. Nancy Hamzawi: We work very closely with our colleagues in the provinces and territories. We have a public health network, as well as the council of deputy ministers, ultimately leading to support for the ministers across the country. We've had several conversations and have exchanged best practices and experiences to make sure we have that coverage from coast to coast to coast.

Ms. Sonia Sidhu: Thank you.

I'll come back to Minister Saks. Can you talk about the bilateral agreement with the provinces and the historic investment in mental health care, and elaborate on that?

Hon. Ya'ara Saks: Over the past year, with Minister Holland, we've signed 26 agreements in total for provinces and territories, totalling $200 billion in investments into the health care of Canadians. Part of that work was based on four key principles, one of them being mental health and substance use. The cumulative result of that has been that, with those agreements, over a third of the funds allocated across provinces and territories is dedicated to mental health and substance use services.

As I said in my opening remarks, the federal government is a partner with provinces and territories, understanding that their jurisdiction is responsible for delivering health care services, mental health services and substance use services. We work with them to support them in what they need for their communities.

The Chair: Thank you, Minister.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

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

Madam Minister, welcome.

I would like to address the toxic drug crisis.

The last time that I asked you questions, we talked about the amount of drugs seized by the RCMP. According to certain allegations, some of the drugs seized were counterfeit. However, they came from a diversion of drugs used in supervised supply programs. At the time, you didn't have all the answers to my questions.

Could you shed light on the outcome of this seizure and the source of these drugs?

Were you able to obtain these answers?

[*English*]

Hon. Ya'ara Saks: As the member knows, diversion of all drugs is illegal, whether they are ADHD medication, hydromorphone or oxycodone, which was also commented on recently in the media. All prescribed drugs that are not used for their intended use by their intended user are illegal.

[*Translation*]

Mr. Luc Thériault: Excuse me, Mr. Chair. I'm having trouble hearing the interpretation. I don't think that the interpreter is speaking into the microphone. It's really difficult for me to hear what the minister is saying.

Sorry, Madam Minister. Please continue.

[*English*]

Hon. Ya'ara Saks: Is there an issue?

[*Translation*]

The Chair: Is the issue resolved now, Mr. Thériault?

[*English*]

Okay. Go ahead.

Hon. Ya'ara Saks: As I was saying, Mr. Chair, the diversion of all prescribed medications anywhere for use that is not their intended use is illegal.

We know, through the RCMP, that in the seizures it has conducted, there has been no increase—according to DAS, which is the main data source we use—of hydromorphone in diversion and seizure operations. That being said, it is certainly an issue of concern for me, and we have worked very diligently with the department to oversee what mitigation measures we can use when it comes to our safer supply programs.

[*Translation*]

Mr. Luc Thériault: Okay. You're talking about a mystery, from what I heard in the interpretation. You haven't clarified the situation yet or you can't say where the drugs came from. We know that some of these drugs come from a diversion of the safe supply.

Is that what you said, or did you say it wasn't certain?

● (1730)

[*English*]

Hon. Ya'ara Saks: Obviously, I can't speak to the specifics of an investigation that's being done by law enforcement. However, there is no mystery here. Diversion does take place. As a matter of fact, Fiona Wilson, when she was here, talked about the fact that diversion is a reality, which is why law enforcement has to play an important role in our full set of pillars of how we address the illegal toxic drug supply.

If the question is how much more, or if there is more—there have been allegations made by the Conservatives—we know from both the RCMP and DAS that there is no evidence of a systemic diversion of safer supply.

[*Translation*]

Mr. Luc Thériault: I agree. At the time, it wasn't clear whether a systemic diversion had occurred.

That said, I gather that there may be an investigation.

Do you know how this investigation is going? Without giving us any details, can you say whether progress has been made? At some point, will we see the matter resolved? This has been going on for a few months now. Is this an isolated issue? What information can you provide?

Enforcement of the law is a key pillar of the Canadian drugs and substances strategy. Hence my questions. We tend to forget that some witnesses told us that we wouldn't win the war on drugs, that we had never won this war and that neither prohibition nor coercion would help us win it.

At the same time, it's part of the national strategy and it rarely comes up in that context.

I have another question about enforcement of the law.

Have you set up any initiatives to regulate or limit the availability of precursors, which help fuel clandestine laboratories and manufacture the harmful and toxic drugs that kill people?

[*English*]

Hon. Ya'ara Saks: Through you, Mr. Chair, I would agree with the member. The concern of precursors is one that we are definitely occupied with. As a matter of fact, both last year and this year I signed off on new regulatory regimes on recent precursors we have seen coming into effect on the streets and through seizures.

To be frank, this is what we are most vigilant about in making sure that we highly regulate precursors. It is a complex—

The Chair: Excuse me, Minister.

The bells are presently ringing. That is the end of Mr. Thériault's turn. The minister can finish her answer if we have unanimous consent to continue.

Is it the will of the committee to keep going for 20 minutes, at least, and then I'll check back in with you?

Are you able to do that, Madam Minister?

Hon. Ya'ara Saks: Of course.

The Chair: Okay. If you can briefly complete your answer to Mr. Thériault, we'll then go to Mr. Johns. Thank you.

Hon. Ya'ara Saks: To be succinct on this, what I will say is we are in a constant process of evaluating and highly regulating precursors when that is needed, and we know it is needed. However, I would also highlight that the complexity of regulating precursors is that they are found in other industrial products that we use every day, such as paints and other products.

We need to be vigilant, and we are being vigilant. We are also part of the international drug coalition on synthetic drugs, which addresses precursors, as well as the trilateral fentanyl group, to be on top of it.

The Chair: Thank you.

Mr. Johns, go ahead, please, for six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Minister, in the past you've agreed that the toxic drug crisis is a health issue. Is that still the case?

Hon. Ya'ara Saks: Absolutely.

Mr. Gord Johns: Minister, you know that it's illegal for people to have personal use of illicit substances, or to even have illicit substances on them, in Canada everywhere east of the Rockies. You're aware that that's the case right now.

Hon. Ya'ara Saks: Yes, I'm aware.

Mr. Gord Johns: That being said, it's a criminal issue in this country, would you not agree?

● (1735)

Hon. Ya'ara Saks: I would say that, at this point in time, decriminalization is available in British Columbia only to refer people to health services.

Mr. Gord Johns: Okay, so, you agree that it's a health issue. Your government, the Privy Council, went out and did polling to see whether the Canadian public supported decriminalization. The polling was mixed. If the polling was really high in support of decriminalization, would your government have gone ahead and moved decriminalization sweepingly across Canada?

Hon. Ya'ara Saks: First of all, thank you for the question, and I want to thank you for your advocacy.

As I've said, both in this committee and in the House, as we move to address this health crisis, we also have to make sure we have all tools in place from both a public health and a public safety lens. This means that we have to ensure that full wraparound health services are in place as we move forward with other tools, such as decriminalization.

Mr. Gord Johns: Minister, I can't think of another health issue where the government is going out and doing polling, whether it be heart disease or liver disease, on what decisions they're going to make or how they're going to manoeuvre around health. Can you think of one?

Hon. Ya'ara Saks: The Privy Council Office does polling on a myriad of issues.

Mr. Gord Johns: Has the Privy Council Office done polling of the 42,000 families who lost loved ones on whether it should ramp up and scale up a safer supply of substances to replace the toxic drug supply?

Hon. Ya'ara Saks: I can't speak to whether such specific polling was done, but what I will say is that I meet with families across the country constantly, unlike the opposition, who refuse to meet with families, including Moms Stop the Harm.

Mr. Gord Johns: Do you believe that this is an addiction crisis or a poisoned toxic drug crisis?

Hon. Ya'ara Saks: This is an issue of a poisoned toxic drug crisis that is leading to an addiction crisis.

Mr. Gord Johns: That's right.

Right now, your government is making policy decisions, health policy, on polling. This is absolutely cruel and harmful. The stigma is so real, just by doing the poll on decriminalization. Do you not agree? Do you not see this?

Hon. Ya'ara Saks: I find the question, first of all, rather odd. We base our policy on evidence, science and interactions with health experts from across the country, so that we have a full and robust understanding. I don't think any responsible government addressing health care would guide its policy strictly on polling, so I take issue with that, Mr. Chair.

Mr. Gord Johns: Well, I can't think of any government doing polling on health care policy and health care decisions. That's my response to that.

Now, we know that there is nowhere in this country—no territory or province, even the Alberta model, which has one therapeutic centre built out of the proposed 13—where we have treatment on demand. I don't think we need to go and poll the public to see that we need to scale it up.

Why has your government not found a way through the jurisdictional quagmire, like you did through COVID, to ensure that we have a treatment and recovery program on demand to meet people where they're at now?

Hon. Ya'ara Saks: As I stated earlier, this is exactly why, in addition to the $200 billion of agreements, of which $25 billion is towards mental health as a key principle, we're making these investments in health jurisdictions. This is why we put $595 million towards over 400 projects through the SUAP. This is why this government has put $1 billion on the table to address substance use and the overdose crisis in this country since 2016.

Mr. Gord Johns: You have the Canada drugs and substances strategy, and it's just that: a strategy. There is no timeline; there are no dollars tied to that timeline. Portugal took an approach where it had a timeline and had resources tied to the timeline. Minister, you have still not laid out a plan. We had an auto summit. I asked you repeatedly when we're going to have a first ministers' summit on this crisis. I'm not saying that auto theft isn't an issue, but this is a real issue.

You said that you were going to reinstate the expert task force. We have not heard explained or been told how that's going to roll out. When is the expert task force going to roll out? When are we going to have a first ministers' meeting? When are you going to actually table a plan with a timeline? People are dying rapidly. You don't need to do more polling to figure that out.

Hon. Ya'ara Saks: Through you, Mr. Chair, I thank the member for his question.

I believe we are on a plan. The CDSS is exactly that. However, every agreement that has been signed with every jurisdiction is attached to a work plan—their plans of what they know best for their communities and the investments they need to make in addressing the mental health and substance use crisis.

That being said, we continue to work with them. We continue to add additional investments, whether it's through SUAP in the most recent round of $144 million or whether it's through the emergency treatment fund, which will be rolling out in the fall. We have to work with jurisdictions and we have to work with communities. They know best.

● (1740)

Mr. Gord Johns: Minister, it's still spending less than 1% of what your government spent in response to COVID. Why? It's because of the stigma. That is so clear and evident right now.

The Chair: Minister, please make your response brief. We're out of time.

Hon. Ya'ara Saks: We are addressing this as a public health crisis with the utmost priority.

The Chair: Thank you.

Next is Ms. Goodridge, please, for five minutes.

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

[*Translation*]

Madam Minister, a supervised injection facility recently opened in Montreal's Saint-Henri neighbourhood, a stone's throw from a school and day care centre. Children must take detours to avoid people who are shooting up drugs on the sidewalk. A lawyer familiar with the matter has described the situation as a “circus.”

When my colleague, Gérard Deltell, asked you about this, you said that you didn't know about the site.

What can you tell parents who are understandably worried?

[*English*]

Hon. Ya'ara Saks: Through you, Mr. Chair, I thank the member for her question.

The member should know that this is a provincial safe consumption site that was authorized. It is regulated and operated by the province. In my own perspective, and certainly as a mother and as minister, as I've said repeatedly and say here now, public health and public safety are a priority in addressing the overdose crisis. However, in doing so, we also have to meet people where they're at—in the community—to have accessible health care, which is what safe consumption sites are.

[*Translation*]

Mrs. Laila Goodridge: Thank you, Madam Minister.

The Maison Benoît Labre, the safe consumption site that I just referred to, isn't on the list of authorized sites on Health Canada's website. Instead, it's on the list of sites still awaiting authorization. Is this site not authorized?

[*English*]

Hon. Ya'ara Saks: It currently has an open application, yes.

Mrs. Laila Goodridge: Effectively, there are these injection sites that require having an exemption under section 56.1 of the Controlled Drugs and Substances Act. It can have an open application with Health Canada, not be approved by Health Canada and be allowed to operate. Is that correct?

Hon. Ya'ara Saks: As I stated, this site is operated and was authorized under provincial jurisdiction.

Mrs. Laila Goodridge: Has an exemption been given to La Maison Benoît-Labre?

Hon. Ya'ara Saks: I believe the member answered her own question when she referred to the website.

Mrs. Laila Goodridge: How is it allowed to legally operate if there has not been an exemption given?

Hon. Ya'ara Saks: Safe consumption sites are part of health care. Harm reduction is health care. I feel that I may need to remind the member of that.

Mrs. Laila Goodridge: I would also remind the minister that words matter. It is not safe; it is supervised. Her own website actually even says it is supervised.

Effectively, there are injection sites operating that do not have the legally required exemptions through the Controlled Drugs and Substances Act, and you're completely A-okay with this.

Hon. Ya'ara Saks: I will remind the member that from the health care lens we are operating in, harm reduction is a key pillar of health care service provision, which does include safe consumption sites and overdose crisis sites. That being said, with regard to her specific question on this site, I will defer to officials.

Ms. Jennifer Saxe: Thanks very much.

I'll just clarify that for the exemptions, there are individual site-specific supervised consumption sites that can be authorized under section 56.1, as you noted.

There are also class exemptions that have been provided to each province and territory to enable them to authorize urgent public health needs under their own authority. Health Canada has issued a class exemption to provinces and territories, Quebec included. It is under that class exemption that the current supervised consumption site or overdose prevention site that you're referring to is operating.

Mrs. Laila Goodridge: The City of Montreal made a request to go towards the British Columbia model. Has that been rejected?

● (1745)

Hon. Ya'ara Saks: I believe the mayor of Montreal was very clear in her public media statements that there is no such request at Health Canada.

Mrs. Laila Goodridge: How many applications are in to Health Canada to adopt a B.C.-like model of legalization of hard drugs and are currently sitting with your department?

Hon. Ya'ara Saks: I'll ask an official to answer that, but to my knowledge there are none.

Do you want to say that is correct?

Mr. Eric Costen: That's correct, yes. There are none.

Mrs. Laila Goodridge: There are currently no applications whatsoever that have been received by Health Canada.

Will you commit now to rejecting any future applications that will go forward?

Hon. Ya'ara Saks: I don't deal with hypotheticals. I address each community and their requests in addressing the overdose crisis in their community and their knowledge and understanding of what they deem is best. Then we trust evidence, science, expertise and health care service provision.

Mrs. Laila Goodridge: Thank you.

The Chair: Thank you, Minister.

Thank you, Ms. Goodridge.

Mrs. Laila Goodridge: Given the large workload the committee has on the docket and the—

The Chair: We're going to go to Dr. Hanley, please, for five minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you very much, Minister and officials, for appearing.

We have just heard in the last questions what I think is an ongoing stigmatization of drug use, in this case around an exempted supervised consumption site in proximity to public settings. I feel this is one part of confusing the public usage of drugs and decriminalization, and trying to establish a causation between the two.

I also hear blaming the toxic drug crisis on diverted hydromorphone. I've also heard of demonizing the use of diacetylmorphine as an example of, under very strict conditions, using medical therapy for addiction.

Can you comment on the role of disinformation and how this is affecting our ability to work with partners, provinces and territories to address the toxic drug crisis?

Hon. Ya'ara Saks: Certainly, my department and I are focused on saving lives and connecting people to health care. That is our first priority. We don't subscribe to the Conservatives' ideological and often ignorant approach when it comes to the overdose crisis and the illegal toxic drug supply. It's frankly—

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

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: I think this meeting has been going reasonably well. I think that using inflammatory remarks, such as the word the minister has chosen to use at the current time, really is not conducive to furthering this conversation, especially when the member opposite has raised the sensitive topic of disinformation.

I would suggest that just because someone doesn't agree with the minister, it doesn't make them ignorant. If we're going to be doing name-calling here, I think we could descend very quickly into a state of back-and-forth, which will not be productive.

Thank you.

The Chair: Do you also have a point of order, Ms. Kayabaga?

Ms. Arielle Kayabaga: I think that our colleague opposite has been making similar comments. The minister is making her comments, and I would like to hear from her.

Thank you.

The Chair: This has been a charged meeting from the get-go. This is for the minister and for the people posing questions: Let's all see if we can turn down the temperature in selecting our language. I'm not necessarily singling you out, Minister, because some of the questions have been fairly sharp as well, but we all have a role to play.

Do you have another point of order, Ms. Kayabaga?

Ms. Arielle Kayabaga: I do.

Our colleague has also.... He did call the minister clueless prior to his comments. I think that we should rein in those comments.

The Chair: I'm cognizant of that, which is why I phrased my response in the way that I did.

Thank you.

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

Mr. Brendan Hanley: I have a point of order, Mr. Chair.

The Chair: We have points of order from Dr. Ellis and Dr. Hanley, but we're now descending into debate. I've made my ruling. I've asked people to tone it down. I don't think we need to beat this to death, but I'll hear you out.

Go ahead.

● (1750)

Mr. Stephen Ellis: Thanks very much, Chair.

I would suggest that if someone doesn't know the answer to a clearly answerable question, then they are actually clueless.

The Chair: That's debate.

Dr. Hanley, go ahead.

Mr. Brendan Hanley: My point was just that I wanted to preserve my five minutes of question-and-answer time.

Thank you.

The Chair: I think where we left off, the minister was in the middle of answering a question from Dr. Hanley.

Dr. Hanley, you are one minute and 50 seconds into your five-minute turn, so you still have three minutes and 10 seconds.

The minister has the floor.

Hon. Ya'ara Saks: Thank you.

Through you, Mr. Chair, I'll try to be succinct and accurate in answering Dr. Hanley.

To be frank, there's a false debate brewing regarding harm reduction versus treatment. It's a distraction, because we're focused on saving lives. We are focused on those who use substances and have the disease of addiction and on getting them to health care services. We know this is where we need to stay, within the evidence and the science.

Professor Benjamin Perrin has also raised the issue of disinformation, calling out the Leader of the Opposition on his claims about hard drugs—crack, heroine and cocaine—being decriminalized and resulting in a 380% increase, which was false. Dr. Perrin, who is a former Conservative staffer, outlined this and called the Leader of the Opposition out on what he said were the lies he was spreading.

I would encourage all of us to focus on what's most important: We can't treat someone if they are dead. That is why harm reduction is health care. It is a door to the system. That is why we need to use every tool available to us to save lives, to get those we love into the treatment and health care services they deserve.

Mr. Brendan Hanley: Thank you, Minister.

I hope I have a little time left. I just want to focus quite specifically on SUAP. I really welcome the refunding of SUAP. I've also heard from some organizations that they have been waiting a long time, particularly to renew successful projects, whereas the focus on SUAP has always been on new, innovative projects. Of course we want to support innovation, but we also want to support ongoing success.

Could you comment on that aspect?

Hon. Ya'ara Saks: Thank you.

Through you, Mr. Chair, we know how much there is a need for the SUAP stream. This last round of $144 million in funding saw over 700 applications, with asks of over $2 billion in cumulative totals. That being said, we have to find a balance between making sure we are reaching as many communities as possible around the country, including rural and remote communities, and ensuring that there are low-access and barrier-free options for those who are seeking health care services. We continue to innovate, and we continue to try out new tools, but we also want to see what is scalable among those that are successful. We do try to find the balance between them.

The Chair: You have 30 seconds, Dr. Hanley.

Mr. Brendan Hanley: That's great.

Perhaps I'll jump quickly to the emergency treatment fund. Again it's welcome news that this will be occurring. I know this is scheduled for implementation in the fall.

You've already had consultations. Can you give me a couple of concrete examples of what this could look like for a rural northern community, such as one in my riding?

The Chair: Be brief, please.

Hon. Ya'ara Saks: It will include looking at what the immediate needs are on the ground, whether those are drug-checking services, additional training in naloxone or hiring of nursing staff and other health care staff on an as-needed basis if there is a crisis.

The Chair: Thank you.

We have nine minutes to vote. Is it the will of the committee to continue?

Some hon. members: Agreed.

The Chair: Are you okay to stay and vote here, Minister? Okay.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

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

Madam Minister, in another component, you had the opportunity to talk about harm reduction by answering some of the committee members' questions.

The experts who appeared before the committee told us that harm reduction was the first step in treatment. Incidentally, the Maison Benoît Labre is a supportive housing facility with two injection rooms. When we travelled across Canada, people told us their stories. We discovered that supportive housing played a role in helping people successfully get off drugs. It's a harm reduction measure.

Could you talk about harm reduction? Do you agree with the experts who appeared before the committee and who said that harm reduction was the first step in treatment? Do you agree that there aren't just two paths, contrary to what Alberta's Minister of Mental Health and Addiction said? There aren't just two paths, which are misery and harm reduction or mandatory treatment.

What are your thoughts on this?

● (1755)

[*English*]

Hon. Ya'ara Saks: Through you, Mr. Chair, I want to thank the member for the question and for outlining the importance of harm reduction in offering a full continuum of care to those who use substances and struggle with the disease of addiction.

I know that Dr. Rob Tanguay also subscribes to the importance of supervised consumption services as being an entry point into treatment. He has stated that it is probably one of the very best entry points we could possibly have for individuals who are most vulnerable. We need to have more.

There isn't a one-size-fits-all when it comes to substance use and addiction. In order to meet people where they're at in community, we have to be able to open the door to show them that there is help available to them. Harm reduction is one of those entry points that is probably most critical for the most vulnerable, because they have been ignored, shunned, stigmatized and, in many cases, criminalized rather than getting the health care they deserve.

[*Translation*]

The Chair: Thank you, Mr. Thériault.

[*English*]

Mr. Johns, you have two and a half minutes, please.

Mr. Gord Johns: Thank you.

Thank you, Minister, for being here.

As the process to develop a road map for the development of national mental health and substance use health standards wraps up, how does the federal government intend to address the persisting and serious gaps in the collection of quality, comprehensive and coherent data across jurisdictions?

Hon. Ya'ara Saks: Through you, Mr. Chair, I'll say that we are always guided by evidence and data. Through CRISM and CIHR we have a robust system of collecting data and evidence, including through our SUAP projects themselves, as a lever of assessment. Without that data, we can't know what communities need. That data is guiding us to understand the best tools we can offer Canadians when they struggle with substance use.

Mr. Gord Johns: Minister, an analysis of the bilateral agreements shows that less is being spent through those agreements than through the promised Canada mental health transfer. In the wake of the closure of Wellness Together Canada and gaps in consistent reporting to the Canadian Institute for Health Information on mental health and substance use health indicators, what is the federal government doing to hold provinces and territories accountable to ensure consistent reporting on indicators and transparency in regular reporting on spending against priorities identified in the action plans?

Hon. Ya'ara Saks: The Wellness Together portal was a once-in-a-generation or once-in-a-century investment whereby the federal government partnered in the unique situation and the demands and needs of Canadians for their mental health during the pandemic. It was never meant or intended to be an ongoing program.

That doesn't mean the need is not there, which is why, in the bilateral agreements, we ensured that mental health services were a key pillar in the provision of those agreements. Health care belongs in the jurisdiction of the provinces, and that is why we worked very carefully with them before shutting down the Wellness Together portal.

Mr. Gord Johns: I have one question in my very last bit of time.

We had Dr. Sharon Koivu testify here at committee. She said that she would table documents within a couple of weeks. They've come to the committee. I want to make sure that those documents are available to the public.

Can I seek unanimous consent from the committee to allow those documents to be released publicly to be examined by experts?

● (1800)

The Chair: No, we don't have unanimous consent, Mr. Johns.

Mr. Gord Johns: Mr. Chair, can I get an explanation on the rules for when this committee asks for documents from an expert witness? When should that information be public? It wasn't an in camera meeting, and the request was not made in camera.

Can I get some clarification?

The Chair: I'm going to invite the clerk to step in here, because the rules around the production of documents are a bit complicated, depending on the wording. There are three ways a committee can compel documents.

I'm going to ask the clerk to help us with that.

The Clerk of the Committee (Ms. Aimée Belmore): I will be very quick, given the time before the vote.

The document, to my knowledge, was not requested through an order for the production of documents. It was requested for further information or as a question taken as notice. Documents tendered to the committee are the possession of the committee. The committee can do with them as it wishes during the sitting. At the end of the sitting, all of the documents, unless they have been deemed by the committee to be confidential, are made public, and they are available to be searched.

If the committee wishes to discretionally not release the document at this point but have it be public only at the end of the sitting, that is certainly within its rights. If the committee wants to render it public at any point, it can. It can choose to publish it on the website, or it can choose to designate it as confidential.

All of these are options for the committee to consider.

The Chair: Okay, Mr. Johns. That's your time. We can continue this conversation off-line, I suppose.

We have about a minute before votes. I think we can get in one more turn, if the committee is okay with that. Then we'll suspend to vote.

Is everybody okay with that?

Mrs. Goodridge, go ahead for five minutes, please.

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

I'm going to move a motion that I put on notice on Friday, June 14.

It reads:

> That, given the large workload the committee has on the docket, the committee instruct the chair to book five meetings between July 8, 2024, and September 13, 2024, to deal with unfinished business and pressing matters facing Canadians, [notably] doctor shortages and the addiction crisis.

Mr. Chair, we have been hearing, very clearly, some very serious concerns. As such, I think it is incumbent on each and every one of us to roll up our sleeves and get to work for Canadians. That is exactly what they expect.

The Chair: Thank you, Mrs. Goodridge. Your motion is in order.

The debate is on the motion.

I have Dr. Hanley, then Mr. Johns.

Mr. Brendan Hanley: Thank you, Mr. Chair.

I have seen similar motions presented in many committees, so I suspect there is a partisan motivation behind this motion, and that it's not....

We all face many pressing issues, both in our jurisdictions and as a country. We also have obligations to our constituents over the summer. I noticed that the member making the motion posted some commentary about people taking a break over the summer—a summer vacation. Although I hope we all take some rest over the summer, we all have work to do over the summer.

Therefore, I do not support the motion.

I also move to adjourn debate.

The Chair: A motion to adjourn debate is not debatable and goes directly to a vote.

Mrs. Laila Goodridge: I request a recorded division.

The Chair: We have a recorded division on the motion to adjourn debate.

(Motion negatived: nays 6; yeas 5)

The Chair: Next on the speaking list, I have Mr. Johns, Dr. Powlowski and Dr. Ellis.

● (1805)

Mr. Gord Johns: Mr. Chair, the reason I voted no is that I want to speak to this. We had a study, a tour across Canada, that went to 13 different meetings, and the Conservatives failed to show up for 11. They talk about rolling up their sleeves. I can understand individual circumstances surfacing, Mr. Chair. We have that all the time. We've had colleagues lose family members and had to find subs. We have 25 members. They have 118 members, Mr. Chair. However, I find it interesting that the Conservative leader held a press conference in Vancouver with other MPs during one of the days of study at HESA. They were able to find time to do a press conference on legislation that actually already exists, and then they favourably showed up at a meeting that was held by the Alberta government and provincial-run facilities, but not at the rest of the meetings across Canada.

Mr. Chair, I will say this. When the Conservatives go and meet those 11 organizations that took time out of their lives and days of saving lives—because that's what those organizations and people do—then I'm willing to talk about this motion; I'm willing to work with them on getting back to continuing the work we need to do. However, before any further conversation about more meetings, I think the Conservatives owe it to those individual organizations and individuals and Canadians to go and meet with those organizations and listen to them. That's rolling up their sleeves, Mr. Chair.

Mrs. Élisabeth Brière (Sherbrooke, Lib.): I have a point of order.

The Chair: We have a point of order from Ms. Brière. Go ahead.

[*Translation*]

Mrs. Élisabeth Brière: Can we let the minister go if we discuss—

The Chair: Of course.

[*English*]

Colleagues, the vote is under way. I am quite concerned that if we don't suspend the meeting and somebody has technical difficulties, they're going to be denied their chance to vote. The minister has also reached the one hour that she had committed to us, so I'm going to thank the minister for being with us and give her the opportunity to vote, and then I'm going to ask to suspend the meeting until we're finished voting. We'll follow the same procedure as last time. If there's a will to come back before the normal time, I'll canvass the room. We do have some committee business to deal with.

Minister Saks, thank you so much for being with us. Make sure you get your vote in. That's why the good people elected you to be here. We appreciate, as always, your appearance, your flexibility with respect to the timing, and the patience that you showed in responding to our questions.

The meeting is suspended.

● (1805)

_____(Pause)_____

● (1815)

The Chair: I call the meeting back to order.

I can confirm that during the suspension there were discussions, with all members present indicating a willingness to reconvene the meeting a bit earlier than normal. We're here with the unanimous consent of the committee to resume the meeting.

We were debating Mrs. Goodridge's motion. Mr. Johns had ceded the floor.

Next on the speaker's list is Dr. Powlowski, please.

● (1820)

Mr. Stephen Ellis: I think I'm next.

The Chair: No. You're after Dr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I'd like to state that I appreciate the motion and I appreciate the severity of the problem we have of not having access to doctors. Certainly, many people in my riding are in that situation, and I'm very cognizant of the importance of that.

It turns out that my blood pressure got high. It was probably because of too much time in these meetings. They've driven my blood pressure high. As a doctor, I knew it was high, but the chronic management of high blood pressure is not my area of expertise. I was an emergency doctor.

I know, as a doctor and as an MP, about the problems of even getting in to see a doctor. There are a lot of people who just never have their blood pressure checked until they go to the emergency room because they're having a hemorrhagic stroke or something.

I understand the importance of getting doctors. I also certainly understand the importance of the opioid crisis. The question is, should we meet during the summer in order to try to solve this problem?

As a lifelong doctor who still practises medicine, I've been up many nights, looking after people when they're sick. I did it because I had to. I've operated on people in the middle of the night and I've done procedures in the middle of the night—not particularly because I like working in the middle of the night, but because I had to. I'm certain there are other doctors here who feel the same way.

The question is: Do we have to? Is it going to change anything?

I'd like to say I think our committee has moved the dial on various subjects recently. One of them was the health care workforce shortage. I think the work of the committee has contributed to addressing that issue and some of the issues around legalization and safe supply. Perhaps the view on those has been changing. I think, in part, it's because of the work of this committee.

However, how much more are we going to change over the course of the summer? I don't think it will be very much.

On the other hand, we have other duties. We have duties to our own constituents. I have 90,000 constituents, and I'm their only MP. They deserve the time to be able to talk to me about their problems, and the summer is a big part of my time to do that.

With all this in mind, I have to say I disagree with the motion. Furthermore, given the time of day, I will try again to move a motion to adjourn.

The Chair: Is it a motion to adjourn the meeting, or are you moving to adjourn debate on the motion?

Mr. Marcus Powlowski: I'm moving to adjourn debate on the motion.

The Chair: That needs to go straight to a vote. It's non-debatable.

Mr. Stephen Ellis: Can we have a recorded division please, Chair?

(Motion agreed to: yeas 7; nays 4)

The Chair: The debate on the motion is terminated, suspended and adjourned.

According to our notice of meeting, the remainder of the agenda requires us to go in camera. At this point, we'll need to suspend the meeting to go in camera and deal with the drafting instructions and the other things that are listed on the notice of meeting.

That's going to take five to 10 minutes. We have resources only until 6:45, but we'll be done at that point, if we're not done sooner.

The meeting is therefore suspended to go in camera.

[*Proceedings continue in camera*]

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