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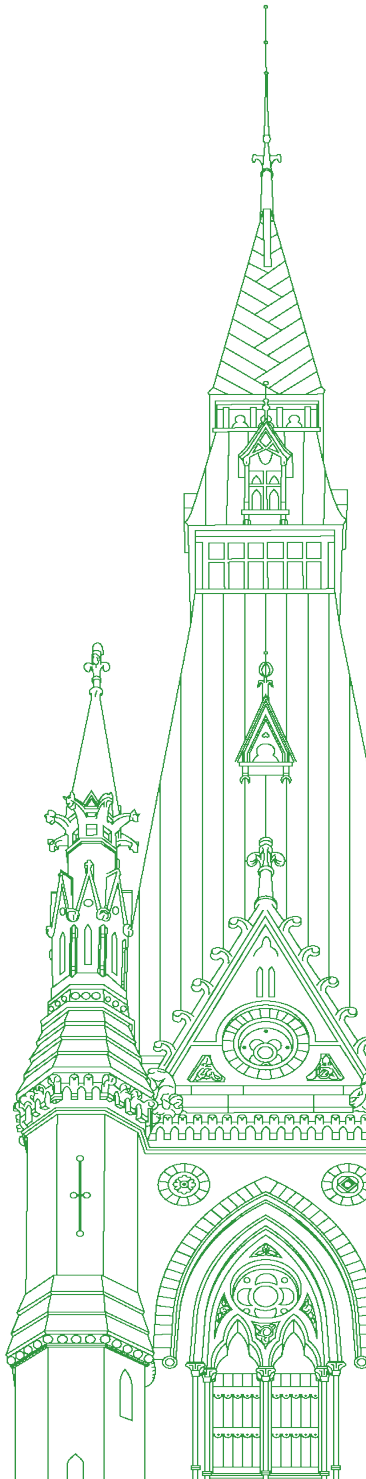

Chair: Hedy Fry

Standing Committee on Health

Thursday, October 9, 2025

● (1105)

[*English*]

The Vice-Chair (Dan Mazier (Riding Mountain, CPC)): I'll call this meeting to order.

Welcome, everyone, to meeting number five of the House of Commons Standing Committee on Health.

Pursuant to the motion adopted on Tuesday, September 23, 2025, the committee shall commence with a briefing session with the Minister of Health and Health Canada officials.

I'd like to welcome our witnesses.

Minister, you will have five minutes for opening remarks, after which we will open the floor to questions.

As you've all noticed, I am the chair today. Our usual chair, Hedy Fry, is sick. I am going to be taking my questions from the chair today as well, if everyone is in agreement with that, instead of switching back and forth. Thank you.

Welcome, Minister.

[*Translation*]

Hon. Marjorie Michel (Minister of Health): Thank you.

[*English*]

Mr. Chair, honourable members, thank you for inviting me today.

Having spoken with many of you over the last few months, I recognize the important work that you are all doing. I also recognize the important work you are doing as a committee.

Access to care and internationally educated health professionals is one of my priorities.

First of all, I believe it is important and fair to admit the biggest challenge we have inside our health care system is access to care. Too many people struggle to get inside the system and end up in the emergency room for non-urgent health care issues or worse, a problem that could have been treated earlier by a family physician or a group practice. We need to work in collaboration with provinces and territories to see how we can collectively make things better for patients. I know my provincial and territorial counterparts are working on increasing the number of professionals trained in their regions.

[*Translation*]

However, while the supply of professionals is increasing, demand is growing even faster.

About one third of internationally trained health professionals work in a different field. We need to do a lot better than that.

In a week, I will be meeting with my provincial and territorial counterparts in Calgary for our annual meeting. I sincerely hope that we will make progress in improving credential recognition and mobility for professionals across provinces. I have already had discussions with them, and I am very hopeful.

[*English*]

Next is modernizing regulations.

[*Translation*]

Last month, I visited Moderna's new plant in Laval with Minister Joly. We need more investments like this here in Canada.

That's why we're cutting unnecessary red tape and speeding up and updating approval processes. We're doing this for drug approvals.

Investments in health care in Canada protect patients and increase access to care. They also create growth and good jobs and reduce our reliance on other countries.

We are also working with the Pest Management Regulatory Agency and the Canadian Food Inspection Agency to reduce red tape for farmers.

[*English*]

Next is digital health.

[*Translation*]

While people are at the heart of our health care system, tools and innovations also play an important role.

Even though 95% of doctors use electronic medical records, they are often not integrated with each other or with the rest of the system. This creates unnecessary barriers and burdens, particularly in isolated rural communities and indigenous communities.

[*English*]

Data saves lives and, by leveraging AI, we can make technology work for people, improve lives, improve care and build a health system ready for the future. I look forward to working with you on passing legislation to improve connectivity and data sharing across this country.

On mental health—

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): Excuse me. I think there might be a problem.

A voice: We're getting French on the English channel.

Hon. Marjorie Michel: Is this good?

Helena Konanz: Thank you.

Hon. Marjorie Michel: Before closing, there is one issue I would like to raise with this group. This summer, I did a tour, and there was one topic that came up again and again: mental health.

Mental health has been putting immense pressure on our health care system over the last few years.

[*Translation*]

We are facing a mental health and addiction crisis here in Canada. There is no quick fix, but we must do something to improve the situation. It is essential for the well-being of Canadians, and also for building a stronger Canada.

Mental illness costs an estimated $65 billion a year in Canada alone. We must all work together—parliamentarians, doctors, nurses, community organizations, provinces and territories—to address this issue.

I would also like to talk to you about the Canadian Dental Care Plan.

Exactly one week ago, we announced that over 5 million Canadians were now enrolled in the program and eligible for dental care, including over 2 million people in Ontario alone, 1.5 million in Quebec, 138,000 in Manitoba, 338,000 people in Alberta and 685,000 people in British Columbia. Of the Canadians enrolled, 2.8 million have already received care, and the program saves them an average of $800 per year.

In addition, 98% of dentists across the country participate in this program.

This is good news for Canadians across the country.

In closing, I would like to point out that in 2024, the health sector in Canada contributed $301 billion to our GDP. This sector accounts for 3.5 million jobs, or 15% of the Canadian workforce.

Let's not forget that to contribute to their communities and keep our economy strong, Canadians must be healthy. I am here today surrounded by several health officials so that we can work together to achieve this goal.

I would be happy to answer your questions.

Thank you very much for your attention.

● (1110)

[*English*]

The Vice-Chair (Dan Mazier): Thank you, Minister.

We'll start with a round of questioning by me for six minutes.

Minister, Health Canada approves supervised consumption sites across Canada. Do you personally review the applications before they're approved by the department, yes or no?

[*Translation*]

Hon. Marjorie Michel: Supervised consumption sites receive an exemption from Health Canada. These programs are funded by the provinces and territories.

[*English*]

The Vice-Chair (Dan Mazier): Do you personally review the applications, yes or no?

[*Translation*]

Hon. Marjorie Michel: Applications submitted to the department are evaluated on a case-by-case basis, always in consultation with the provinces, territories, organizations in the field and public safety and security officials.

[*English*]

The Vice-Chair (Dan Mazier): Okay. There's something going on with my mic here too, so I'll ask the question again.

Do you personally review the applications before they're approved by the department, yes or no?

[*Translation*]

Hon. Marjorie Michel: Applications are reviewed by the departments.

[*English*]

The Vice-Chair (Dan Mazier): You've never seen them.

[*Translation*]

Hon. Marjorie Michel: I just told you that applications are reviewed by the departments. There is a process in place. They are reviewed one by one.

[*English*]

The Vice-Chair (Dan Mazier): Okay, so you do not personally review those applications.

Minister, are you aware that fentanyl is the most used drug in the supervised consumption sites that your department approves, yes or no?

[*Translation*]

Hon. Marjorie Michel: According to the figures we have seen, which have also been made public, fentanyl is one of the most commonly used drugs in supervised consumption sites.

[*English*]

The Vice-Chair (Dan Mazier): How much fentanyl is consumed in the federally supervised consumption sites?

[*Translation*]

Hon. Marjorie Michel: At supervised consumption sites, people do consume illegal drugs. However, you must understand that supervised consumption sites were created first and foremost to save lives. I would say that they have prevented 68,000 deaths.

[*English*]

The Vice-Chair (Dan Mazier): That wasn't the question.

How much fentanyl is consumed in federally approved supervised consumption sites? Do you know?

[*Translation*]

Hon. Marjorie Michel: As I just told you, fentanyl is the most commonly used drug in these sites, but there are certainly other drugs that are used there. I would say that—

● (1115)

[*English*]

The Vice-Chair (Dan Mazier): You don't know the amount. You don't know how much.

[*Translation*]

Hon. Marjorie Michel: —the federal government grants exemptions. These sites are administered by the provinces and territories.

[*English*]

The Vice-Chair (Dan Mazier): How much fentanyl is used in these sites?

[*Translation*]

Hon. Marjorie Michel: I will ask the deputy minister if he can answer that question.

[*English*]

Greg Orencsak (Deputy Minister, Department of Health): The sites are operated by independent—

The Vice-Chair (Dan Mazier): I'm not asking if they're operated. I want to know how much fentanyl is used by these sites.

How much is the federal government supplying fentanyl into these sites?

[*Translation*]

Hon. Marjorie Michel: What I can say to my colleague, in any case, is that there are too many of them.

[*English*]

The Vice-Chair (Dan Mazier): Minister, are you aware that your department is approving supervised consumption sites next to day cares, schools and playgrounds?

[*Translation*]

Hon. Marjorie Michel: As I said, supervised consumption sites were created to prevent overdose deaths. We are now reviewing all applications based on criteria. The process involves the provinces, territories, community organizations and public safety and security services in each province.

[*English*]

The Vice-Chair (Dan Mazier): Minister—

[*Translation*]

Hon. Marjorie Michel: These sites are administered by the provinces and territories, which have their own rules.

[*English*]

The Vice-Chair (Dan Mazier): Minister, I asked a question. Are you aware that the department is approving supervised consumption sites next to day cares, schools and playgrounds? Are you aware? That's all the question was. It's yes or no.

[*Translation*]

Hon. Marjorie Michel: Like you, I read articles reporting that some sites are located near schools. The provinces and territories set the rules, since they are the ones who administer supervised consumption sites. They set the rules based on their own criteria and the problems they are experiencing on the ground.

[*English*]

The Vice-Chair (Dan Mazier): How many supervised consumption sites approved by your department are next to day cares?

[*Translation*]

Hon. Marjorie Michel: I think there are a total of 33 that are currently open, but I couldn't tell you exactly how many are located near schools.

[*English*]

The Vice-Chair (Dan Mazier): That was next to day cares. How many are next to schools?

[*Translation*]

Hon. Marjorie Michel: I think there are 33 in total.

In reality, we only grant exemptions after conducting an analysis based on our criteria and consulting with the provinces, public safety and security officials and community organizations.

[*English*]

The Vice-Chair (Dan Mazier): You are aware that they're next to playgrounds, schools and day cares, but you don't know how many.

[*Translation*]

Hon. Marjorie Michel: I see that, yes—

[*English*]

The Vice-Chair (Dan Mazier): Can you table that information?

[*Translation*]

Hon. Marjorie Michel: I can't say that this is not the case, since I also see the articles in the press. However, this does not fall directly under my responsibility.

[*English*]

The Vice-Chair (Dan Mazier): Could that information be tabled to the committee?

Greg Orencsak: We can share the information about the community consultations that are considered as part of the approval of supervised consumption sites.

The Vice-Chair (Dan Mazier): Minister, can you commit today that your department will no longer approve supervised consumption sites next to day cares or schools, yes or no?

[*Translation*]

Hon. Marjorie Michel: Mr. Mazier, I just told you, but I'll say it another way—

[*English*]

Sonia Sidhu (Brampton South, Lib.): I have a point of order, Mr. Chair.

I think that's going to be six minutes. It's over.

The Vice-Chair (Dan Mazier): She has five seconds to answer with a yes or no.

[*Translation*]

Hon. Marjorie Michel: Could you repeat your question?

[*English*]

The Vice-Chair (Dan Mazier): Can you commit today that your department will no longer approve supervised consumption sites next to day cares or schools, yes or no?

[*Translation*]

Hon. Marjorie Michel: I will confirm that my department will continue to work to protect the health of Canadians.

[*English*]

The Vice-Chair (Dan Mazier): Thank you, Minister.

We'll go to Ms. Sidhu for six minutes.

Sonia Sidhu: Thank you, Mr. Chair.

Thank you, Minister and all the officials, for being with us.

Tomorrow is World Mental Health Day. I would like to thank all of the professionals for what they do in providing mental health care. I also want to recognize the people in need.

Minister, thank you for recognizing the federal leadership and how it's a pressing issue. I really want to recognize the federal leadership in providing services and care to people in need. Thank you for recognizing that it is an essential issue. Mental health is health.

My questions are on AI adoption in the health system and increasing diagnostic efficiency within the primary care and emergency settings. Do you think it helps reduce costs and optimize the allocation of medical resources?

● (1120)

[*Translation*]

Hon. Marjorie Michel: There's no doubt that artificial intelligence is becoming an increasingly common tool in the health care industry. It not only reduces administrative work, but also allows for much more specialized care for patients, including those with mental health issues. As you know, there are more and more applications being developed.

Now we all need to work together to get better data. And the more accurate and consistent the data collected is across the country, the more artificial intelligence can be used to provide better health care services to Canadians.

[*English*]

Sonia Sidhu: Minister, many talented Canadians are completing their medical training, including family medicine and residency programs, in the U.S., but they face barriers when returning home to practise.

Can you share what steps the federal government is taking in collaboration with the provinces and territories to make it easier for these physicians trained abroad to return and serve our communities? Canadians need more family doctors. What steps is the federal government taking?

[*Translation*]

Hon. Marjorie Michel: As I mentioned in my opening remarks, one of my priorities is to increase access to care, and that inevitably means increasing the number of health care professionals. People who have been trained abroad are also part of this number. In that respect, I am working closely with the provinces and territories, and they are being very open, given the needs.

That said, this issue does not fall directly under the jurisdiction of the federal government. What we can do is accelerate the process of recognizing credentials. As you know, Employment and Social Development Canada has a program for that. We are also working with the Federation of Medical Regulatory Authorities of Canada to develop a national license to address the issue of credential recognition.

We must remember that, on this issue, we always have to work with the provinces and territories. This will be one of the topics discussed at our meeting next week.

[*English*]

Sonia Sidhu: Minister, you toured the new Toronto Metropolitan University school of medicine in Brampton. It is a major step forward in expanding training opportunities for future physicians. It is such an exciting opportunity and development for Brampton residents and all of us.

How is the federal government continuing to support new and existing medical schools, like TMU's, to ensure that we are increasing the number of Canadian medical graduates, particularly for family medicine in underserved areas?

[*Translation*]

Hon. Marjorie Michel: I did visit Toronto Metropolitan University and was very impressed with the entire infrastructure of its medical school.

As I said earlier, we are working with the provinces. We have programs specifically designed to work with them to increase the number of doctors in the field.

This medical school could therefore work with the province of Ontario and the federal government to move forward in this direction.

[*English*]

Sonia Sidhu: Thank you.

Minister, you talked about how we can collect the data. We often hear about the pressures on health systems from staffing shortages or ER blockages. Could you talk about how Health Canada is working with the provinces and territories to align investments with shared priorities in order to help deliver measurable improvements for patients?

We talked about AI reducing wait times and lessening the burden in administrative work, but what else can we do to reduce the pressure on the health system?

[*Translation*]

Hon. Marjorie Michel: We will continue to work closely with the provinces and territories. They are the ones providing the services, so we need to streamline the way we receive data in order to use it in the best possible way.

● (1125)

[*English*]

The Vice-Chair (Dan Mazier): Mr. Thériault, go ahead for six minutes.

[*Translation*]

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

Before I ask my questions, I have a request. The minister mentioned the Canadian Dental Care Plan. I would like to remind you that in December 2024, I asked Health Canada to provide the committee with the Sun Life contract, but we still have not received anything. Last week, I asked Mr. Orencsak to do so, but we still have not received it. The minister said she has a lot of respect for the work we do, so it would be a sign of respect if this document were tabled this week. Thank you.

In November 2023, the Standing Committee on Health tabled a unanimous report entitled "Strengthening the Oversight of Breast Implants." It is now 2025, Minister. One of the recommendations in that report was to recognize diseases caused by breast implants. Health Canada responded that, based on its research, there was no causal link.

Can you tell us what research Health Canada based this claim on? Will you provide this information to the committee?

Hon. Marjorie Michel: I will ask the deputy minister to answer your question.

Luc Thériault: Do you commit to tabling this information?

Hon. Marjorie Michel: If the research exists, I see no problem with sending it to you. Of course, if the people at Health Canada say so, it's because they're basing their findings on the data, so they'll send it to you.

I will ask the deputy minister to answer your question. He may have more information than I do on this subject.

Luc Thériault: I apologize, Madam Minister, but I will likely have the opportunity to revisit this issue with him later. Unlike you, the deputy minister will still be here for the second hour, so he will have time to answer my question.

The report's first recommendation was to create a breast implant registry. First, this would allow information to be collected so that women, and others, could be better informed about the risks and make a free and informed decision. This registry would also make it possible to issue recalls in the event of a problem. In addition, this registry would make it possible to collect reliable data that could be used for research and to monitor the long-term safety of breast implants.

What are you waiting for to do this? Apart from a few small interprovincial meetings, nothing is being done. It's been two years already. Yet there are examples in the Netherlands and Australia. When will the registry be set up? When will you take real steps to make it happen?

Hon. Marjorie Michel: The file is progressing. The committee is in place and we are looking more and more at data from other countries to align ourselves with them and see how we are going to move forward. At the very least, we will certainly make sure that we provide information to Canadian women about the potential risks associated with breast implants.

Luc Thériault: That's not very convincing.

You say that you respect the work of the committee, so will you commit to ensuring that this registry, which was unanimously recommended by the committee, is set up as soon as possible? Will you also set up the committee that was suggested by the Standing Committee on Health, instead of your committee of public servants? Our committee suggested a joint committee, but it still hasn't been created. It's important that it be established, because Health Canada is trying to lose us in the intricacies of federal-provincial relations and jurisdictions.

It's been two years since the report was released. If you have been unable to move forward in two years, perhaps setting up this committee, which we asked to be established as quickly as possible, would allow you to implement the registry immediately.

How soon will the joint committee and the registry be established?

● (1130)

Hon. Marjorie Michel: I can assure you that your committee's unanimous recommendations are being taken into consideration. I am committed to looking into this matter and providing you with much clearer answers next time.

You also mentioned provincial and territorial intricacies. On that subject, I would just like to say that we have to work with the provinces and territories, despite the complexity of the issue. I think you know that better than anyone.

Luc Thériault: That's why I don't understand the delays involved.

How much time do I have left, Mr. Chair?

[*English*]

The Vice-Chair (Dan Mazier): You have 40 seconds.

[*Translation*]

Luc Thériault: Okay. I'll come back to that later because I'd like to address another issue.

You spoke about access to health care and the need for this access. But if health is really a priority, how come there's nothing specific about it in the Prime Minister's mandate letter, especially since we're just coming out of a pandemic?

Did you set your own mandate?

Hon. Marjorie Michel: The Prime Minister's letter was a mission statement. He asked all ministers to set their priorities in line with the government's mission, and that is what I have done.

[*English*]

The Vice-Chair (Dan Mazier): You're out of time, Minister.

[*Translation*]

Luc Thériault: Can you table your list of priorities to the committee?

Hon. Marjorie Michel: I have just outlined them to you, but I can give you them in writing if you like.

[*English*]

The Vice-Chair (Dan Mazier): Thank you.

Mr. Strauss, you have five minutes.

Matt Strauss (Kitchener South—Hespeler, CPC): Thank you, Chair.

Welcome, Minister.

My questions today are regarding the vaccine injury support program. I'm speaking about it largely because of a very excellent Global News investigative report. In that report, they interviewed the widow of Stephen MacDougall. He is confirmed to have died of vaccine-induced myocarditis. He leaves behind two little children.

Do you know how much money his family would have received to compensate for his death?

[*Translation*]

Hon. Marjorie Michel: First, it is clear that for all those who have been negatively affected by vaccines, this has had a major impact on their families.

The program you mention was set up after the pandemic, as you know, and the government had turned over its management to a third party, Oxaro. Now, I won't tell you that we were satisfied with what Oxaro was doing. That's why we decided to hand the program back to the government.

[*English*]

Matt Strauss: I'm sorry to interrupt, Minister.

I think we all agree on the point that the program has been unsatisfactory. It sounds to me like perhaps you're not aware of how much the family would have been compensated. CBC reports that the maximum compensation allowable under the program as it stands is less than a federal minister's salary.

I'm just asking for your reflections on that. Was his life worth less than a year's salary for a minister?

[*Translation*]

Hon. Marjorie Michel: I am not aware of the details regarding the amounts granted to each patient and the associated criteria. I do not know whether it is a single amount or different amounts. We will be able to provide you with more details later.

[*English*]

Matt Strauss: I would suggest that his family should be compensated more than they have been. I would ask you to reflect on that and perhaps at another engagement undertake to compensate them more than they have been.

[*Translation*]

Hon. Marjorie Michel: Excuse me, I have the figures: The amount ranges from $493,000 for the spouse to $78,000 for the children.

In the case you mentioned, I don't know how much money the person received or what the reason was. Requests are evaluated on a case-by-case basis, so I cannot provide you with the details of each case. However, I do know that the amount runs as high as $493,000.

[*English*]

Matt Strauss: Thank you, Minister.

This committee was briefed previously by Stephen's twin sister in the last Parliament. She asked for transparency with this vaccine injury program.

Will you undertake to provide the transparency that she asked for?

[*Translation*]

Hon. Marjorie Michel: Yes, absolutely.

Yes, absolutely.

[*English*]

Matt Strauss: Thank you.

She also asked that the vaccine mandates for employment and engagement in society be removed. They have been.

Will you commit today to not instituting further vaccine mandates of that nature?

● (1135)

[*Translation*]

Hon. Marjorie Michel: I would say that vaccines, in any case, protect lives. This has been proved by the science.

It all depends on where we are. I can't stand here today and say that I'll never put certain things back in place. That's impossible. We will have to base our decisions on the situation at that time and on what science tells us.

I also think that, after the pandemic we have been through, we are ready if something else were to happen. We are also in a position to see the impact on people, since we have had experience. Of course, we will look at the whole situation before making any decisions.

[*English*]

Matt Strauss: Thank you, Minister.

There's science, and of course you must listen to science. Of course vaccines save lives, but every medical manoeuvre can also cost lives, as it unfortunately did in Stephen's case.

If you had a time machine, would you go back and tell Stephen not to take that vaccine?

[*Translation*]

Hon. Marjorie Michel: As I said, the pandemic hit every country. It wasn't just us. But I think vaccines saved lives during the pandemic. I know you've already seen the figures. Thanks to modelling, we were able to see if it weren't for the vaccines there would have been many more deaths and many more cases.

It's always unfortunate when people experience negative effects from a vaccine, but that can also happen with many other types of treatment. It's really unfortunate.

[*English*]

Matt Strauss: Thank you, Minister.

It is regrettable. I think that I would have advised him not to take it, but hindsight is 20/20.

When will the audit of the vaccine injury support program be completed? Is the current program still processing claims while that audit is under way?

The Vice-Chair (Dan Mazier): That's your last question.

[*Translation*]

Hon. Marjorie Michel: It will be done as soon as possible.

[*English*]

The Vice-Chair (Dan Mazier): Could you table those results to the committee, please?

[*Translation*]

Hon. Marjorie Michel: Yes.

[*English*]

The Vice-Chair (Dan Mazier): Thank you.

We are on to Mr. Eyolfson for five minutes.

Doug Eyolfson (Winnipeg West, Lib.): Thank you, Mr. Chair.

Thank you, Minister, for coming.

There are a number of questions that come up. I have a few areas that I'm curious about.

In regard to supervised consumption sites, is there any evidence that more drugs are being consumed because of the presence of these sites?

[*Translation*]

Hon. Marjorie Michel: No.

[*English*]

Doug Eyolfson: I want to clarify a comment that was made earlier.

It said that there are people being supplied fentanyl at these supervised consumption sites. Do people not bring their own and then take them in the supervised place? Is that not the case?

[*Translation*]

Hon. Marjorie Michel: That is exactly why supervised consumption sites were created. They are meant to ensure the safety of people who are using illegal drugs anyway. Their drug use is unfortunate. No one should take or sell illegal drugs, but these people, for all sorts of reasons, do consume illegal drugs. Supervised consumption sites were set up for the very purpose of preventing overdoses and saving these people's lives. That is the ultimate goal.

[*English*]

Doug Eyolfson: Thank you.

We're in agreement that these sites are not supplying the drugs. Is that correct?

[*Translation*]

Hon. Marjorie Michel: Exactly.

[*English*]

Doug Eyolfson: Thank you.

Are supervised consumption sites generally approved or requested in places where intravenous drug abuse is not already going on? Do the provinces request approval in areas where this is already happening, or do they request it in areas where this isn't going on at all?

[*Translation*]

Hon. Marjorie Michel: I would say that it is really up to the province. It is the province that submits a proposal to us. We then have our own processes, which involve consulting organizations in the field and public safety and security officials. Sometimes, the exemption may not be granted if the consultation with the various stakeholders does not produce an acceptable outcome.

● (1140)

[*English*]

Doug Eyolfson: All right. Thank you.

I want to change gears a little bit. We talked about funding for mental health.

I work in the emergency department. Mental health plays a tremendous part in what we do in emergency. People come in with mental health crises. People with severe mental health issues also don't look after their other medical issues, and they often will not take their insulin if they're disorganized—these sorts of things.

In 2016, I know that the federal government attempted to give targeted funding to the provinces specifically for mental health. I know that a lot of provinces were resistant to this. They said that directing this funding was interfering with provincial and territorial jurisdiction.

What steps will you and your department take to get co-operation with the provinces, so that between you and the provinces we can increase the levels of support for mental health?

[*Translation*]

Hon. Marjorie Michel: I believe that $25 billion was added to the latest health transfer agreements we signed with the provinces specifically to address mental health. The provinces therefore had additional money to combat mental health issues. We are working closely with them.

In fact, next week, at the meeting of federal, provincial and territorial health ministers, I will be meeting with my mental health counterparts to discuss how to improve the situation.

You mentioned emergency rooms. I can start by saying that, in my opinion, prevention and front-line work need to be strengthened. That's why one of my priorities is to work with the provinces to improve access to primary care, because that would prevent hospitals from becoming overwhelmed.

[*English*]

Doug Eyolfson: Thank you, Minister.

I believe that's my time.

The Vice-Chair (Dan Mazier): That is true.

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

[*Translation*]

Luc Thériault: Thank you, Mr. Chair.

I would like to return to the report tabled by the Standing Committee on Health in 2023. Recommendation 10 suggested that the government fund research on breast implants to better understand their long-term effects on women's health.

Health Canada required companies to conduct research on long-term effects, but this research was shelved without Health Canada even responding or taking action.

In fact, two years after beginning the data analysis it was supposed to conduct on long-term effects, Allergan had lost track of 40% of the women participating in the study. Mentor, which was supposed to do the same, had lost track of 80% of the participants in its study after three years. Furthermore, no other studies on long-term effects were required by Health Canada. In addition, there is still no breast implant registry that would allow such studies to be conducted. It's like the chicken and the egg.

Health Canada is responsible for ensuring that breast implants are 100% safe. How can you look women in the eye and tell them with a clean conscience that Health Canada is fine with them getting implants when we don't know anything about the long-term effects because we don't have any data on it? That was your job. This problem has been around for 30 years, and it still hasn't been addressed. Aren't you ashamed?

Hon. Marjorie Michel: The provincial and territorial committee will consider the issue you are talking about to get the data.

Luc Thériault: Health Canada must ensure the safety of high-risk medical devices, but the department does not know what it is doing. Why don't you apply the precautionary principle, since you have no studies on the long-term effects?

However, numerous studies around the world demonstrate the effects of these implants. For one, they cause cancer. There is even what is known as breast implant illness. If you need references for research conducted on this topic around the world, I can provide them.

Health Canada has been dragging its feet on this issue for 30 years. How can it be that we still haven't made any progress?

● (1145)

[*English*]

The Vice-Chair (Dan Mazier): The time is up, unless you were looking for a response there.

[*Translation*]

Hon. Marjorie Michel: I would just like to say to my colleague that Health Canada released a review of the safety of breast implants in 2024. I assume my colleague has seen it.

[*English*]

The Vice-Chair (Dan Mazier): Thank you. We have to move on to the next one.

[*Translation*]

Luc Thériault: What were the findings?

[*English*]

The Vice-Chair (Dan Mazier): Please table those conclusions.

[*Translation*]

Hon. Marjorie Michel: We will submit this document to the committee.

[*English*]

The Vice-Chair (Dan Mazier): Thank you.

Ms. Konanz, you have five minutes.

Helena Konanz: Minister, in your introduction, you mentioned that the drug addiction crisis had no clear solution, but I believe there are some things that you can do to help.

In 2023, British Columbia received an exemption from the Health Canada Act, under subsection 56(1) of the Controlled Drugs and Substances Act, for what we know of in B.C. and throughout the country as the decriminalization of drugs pilot program. Can you confirm that this exemption is still in effect, yes or no?

[*Translation*]

Hon. Marjorie Michel: The British Columbia government did receive an exemption, and it is still in effect.

[*English*]

Helena Konanz: Okay. Thank you.

Do you have the ability to suspend it at any time, yes or no?

[*Translation*]

Hon. Marjorie Michel: We are working closely with the British Columbia government to determine what the next steps will be.

[*English*]

Helena Konanz: You do have the ability.

[*Translation*]

Hon. Marjorie Michel: By working with the province of British Columbia, we can collectively make a decision.

[*English*]

Helena Konanz: I'm sorry, just one moment.

You can't make the decision to end that right now, yes or no?

[*Translation*]

Hon. Marjorie Michel: I work closely with British Columbia. As I just mentioned, health services are provided by the provinces, and I work with them.

[*English*]

Helena Konanz: Perfect. Thank you, Minister.

Last Friday, the Premier of British Columbia, David Eby, who once requested this policy, now says he was “wrong on drug decriminalization...it wasn't the right policy.” Six thousand people have died since the beginning of that pilot program.

Do you agree with Premier David Eby, that this decriminalization pilot program should stop?

[*Translation*]

Hon. Marjorie Michel: One overdose death in this country is one too many.

You mentioned this statement made by the Premier of British Columbia. He was the one who initially called for decriminalization. I am here to work with the British Columbia government to tackle the opioid crisis.

[*English*]

Helena Konanz: Excellent.

Now that you know that he would like to end this program, will you work with him to end that today?

[*Translation*]

Hon. Marjorie Michel: The British Columbia government has already requested changes. It has not requested renewal. I will continue to work with them and will keep you informed when a decision has been made.

[*English*]

Helena Konanz: We know that Premier David Eby would like to end this program. Six thousand people have died since it started. Your fellow Liberal colleague, Mr. Danko, said in the House of Commons last Thursday, “after reflecting on the British Columbia example of decriminalizing illegal drugs, I completely agree that it was a terrible policy decision. We have seen the fallout in municipalities across Canada”.

Do you agree with your colleague, Mr. Danko?

● (1150)

[*Translation*]

Hon. Marjorie Michel: As I mentioned earlier, every death tied to the opioid crisis is deeply regrettable. I am working with British Columbia, which now wants to move in a different direction. I am here to support it.

[*English*]

Helena Konanz: Now you know that David Eby, the Premier of British Columbia, and the people of British Columbia don't want anyone else to die as they have. There have been 6,000 who have died since this program started. Even some of your colleagues believe—at least Mr. Danko who spoke in the House of Commons—that it was a terrible policy. We have a few months left of this program.

Could you end it now so that fewer people die needlessly in the drug addiction crisis, which I know you hold as a priority?

[*Translation*]

Hon. Marjorie Michel: The program was implemented by British Columbia. If it is going to end, we have to work with British Columbia. That province seems to want to go in a different direction, and I am here to work with it.

[*English*]

Helena Konanz: Minister, thank you. I don't have much time.

Will you stop this program today, knowing that all sides want it to stop and end the endless deaths in British Columbia?

[*Translation*]

Hon. Marjorie Michel: Providing services is the responsibility of the British Columbia government, not the federal government.

[*English*]

Helena Konanz: Is it yes or no?

[*Translation*]

Hon. Marjorie Michel: I told you: providing services—

[*English*]

Helena Konanz: They would like to end it.

[*Translation*]

Hon. Marjorie Michel: Providing services is the responsibility of British Columbia, not the federal government.

[*English*]

Helena Konanz: Okay. David Eby would like to end it.

Thank you.

The Vice-Chair (Dan Mazier): Thank you.

Ms. Chi, you have five minutes.

Maggie Chi (Don Valley North, Lib.): Thank you, Chair. You're doing a fantastic job. Thank you for stepping in on short notice. I appreciate your doing this.

Thank you, Minister, for coming to present to committee, and thank you to all the officials who are here today to help us understand the mandate and the health issues that are impacting all Canadians.

To follow up on my colleague's line of questions, I want to clarify. In order to make a decision on safe consumption sites or some of the strategies or policies around them, does it take the province to formally make a request on something like this?

Hon. Marjorie Michel: Yes. It requires that the province make a request.

[*Translation*]

It is important to understand that the provinces are the ones that provide funding, not the federal government. All we do is grant the exemption. We must first receive a request from the province.

For example, some provinces that had approved supervised consumption sites have decided to stop funding them. So, automatically, these sites are closing.

[*English*]

Maggie Chi: Thank you, Minister.

This question might be for one of the officials.

Have you received a request from the B.C. government to stop the program or to extend...?

[*Translation*]

Hon. Marjorie Michel: Are you talking about British Columbia's pilot project to decriminalize drugs?

[*English*]

Maggie Chi: Yes, it's about the decriminalization program in B.C.

[*Translation*]

Hon. Marjorie Michel: No, we have not yet received a request.

[*English*]

Maggie Chi: Thank you.

I will shift gears, because, Minister, you mentioned that mental health is one of your top issues. Indeed, I've had many conversations in my riding and across the board in the province about mental health issues in youth, especially after coming out of the pandemic. It's impacting a whole generation of young people quite a bit, and it is definitely a top concern of mine.

I also wanted to ask you to expand a bit on your top priority in mental health and how that ties into the Prime Minister's mandate. I know it's a short mandate, but it really impacts many areas. I just wanted you to expand a bit on that.

[*Translation*]

Hon. Marjorie Michel: One of my priorities is the mental health of Canadians, particularly young Canadians, and I would say even more so young Canadian men, since the suicide rate among young men is currently much higher than among young women. This priority is fully in line with the mandate given to us by the Prime Minister to protect Canadians. It also has a direct impact on the productivity of all Canadians. The more people are affected, the less productive they are for the economy, of course.

Following research conducted by the Canadian Institutes of Health Research, a model for young people emerged. This is the integrated youth services model. The equivalent in Quebec is called the aire ouverte. These are centres created by and for young people, where young people can go not only for services, but also for broader medical support, for example from social workers, or simply to hang out. It's a model that works very well. I have visited several of these facilities across the country. I encourage you to do the same. My belief is that, in the long term, we need to increase the use of these centres. The closer they are to communities, the more accessible they are to young people.

In addition, as you know, the 988 helpline also exists as a preventive measure. More than 600,000 people have already used it. It is definitely another tool that allows people to quickly access services in a crisis.

● (1155)

[*English*]

Maggie Chi: Earlier, my colleague mentioned accessing primary care. Primary care physicians and emergency doctors end up being the first point of contact for a lot of people in crisis. There is a capacity issue. There is a triage that has to happen at the first stage. Sometimes the decision is very quick. Our capacity in the system can also be.... What can I say? There is a lot of improvement to be made.

We talk about prevention, and we talk about catching people early on in the stage. How have your conversations been with the provinces and territories?

The Vice-Chair (Dan Mazier): If you could table responses, that would be great, Minister. Thank you.

We will go on to our third round. Mr. Bailey has five minutes.

Burton Bailey (Red Deer, CPC): Minister, are you familiar with Canada's tobacco strategy, yes or no?

Hon. Marjorie Michel: Yes.

Burton Bailey: Excellent. Are you familiar with its four main themes, yes or no?

Hon. Marjorie Michel: Yes.

Burton Bailey: One theme is helping Canadians quit by providing info and access to less harmful nicotine sources. Are nicotine pouches less harmful than cigarettes, yes or no?

Hon. Marjorie Michel: They're more harmful. It's not the same.

Burton Bailey: I'll reread the question. Are nicotine pouches less harmful than cigarettes, yes or no?

Hon. Marjorie Michel: They don't have the same purpose.

[*Translation*]

It's not the same thing.

[*English*]

Burton Bailey: Your deputy minister testified last week that they are a less harmful source of nicotine, which means they are a great method of smoking cessation.

If nicotine pouches are less harmful than smoking cigarettes and the Government of Canada's tobacco strategy is to reduce tobacco use to less than 5% by 2035, why is the government making it more difficult to access less harmful sources of nicotine, like pouches, over cigarettes?

[*Translation*]

Hon. Marjorie Michel: I think nicotine pouches are kept behind the counter in pharmacies to prevent young people from using them. It's a protective measure for young people.

Nicotine pouches are a way to help people quit smoking and are available in pharmacies. These products are readily available, as they can be found in pharmacies.

[*English*]

Burton Bailey: Thank you for your answer.

How does that make sense when children can order these pouches online? Why aren't we regulating the pouches the same way we regulate cigarette sales through convenience stores, making it more convenient for smoking cessation?

[*Translation*]

Hon. Marjorie Michel: This is because it is a smoking cessation aid, and smoking cessation products are available in pharmacies.

[*English*]

Burton Bailey: That's not true. Smoking cessation products are found in places other than pharmacies. This particular nicotine pouch is actually behind the pharmacist's desk, whereas you can find Nicoderm, Thrive and other products right around the till or in other places in the pharmacy.

Will you look at reversing this order and allowing regulated sales, as for cigarettes, in convenience stores to make it easier to quit smoking?

[*Translation*]

Hon. Marjorie Michel: For the time being, the decision is to keep nicotine pouches behind the counter in pharmacies to protect young people. We will continue to base our decisions on the science and the data.

● (1200)

[*English*]

Burton Bailey: Minister, we can agree that we're trying to protect youth, but right now they can buy pouches online. Wouldn't it be common sense to regulate pouches as done for cigarettes, with age verification at the same point of sale, to help Canadians who want to stop smoking?

[*Translation*]

Hon. Marjorie Michel: I don't see why a Canadian who wants to use nicotine pouches to quit smoking shouldn't be able to get them at the pharmacy. I really don't.

[*English*]

Burton Bailey: For simple hours of operation, simple availability, convenience stores and gas stores are much more available to someone who is trying to stop smoking. I'll give you another example. It could be somebody who has possibly been tempted to start smoking by somebody around them and the convenience of being able to go get something to curb the Nicorette....

I'm going to move on. I would tend to ask you to reverse the order and allow regulated sales as for cigarettes.

In the beginning, you spoke about mental health. I feel that the Liberal government needs to focus on recovery. I feel that you're enabling. On October 15, when you meet with the other ministers, I hope this is a topic that is discussed with other health ministers: how this federal government can work with the provinces to start to deal with the opioid epidemic.

Will you please bring it up with your colleagues in Calgary?

[*Translation*]

Hon. Marjorie Michel: Yes, that is already planned.

[*English*]

Burton Bailey: Thank you, Minister.

You speak about helping the provinces with doctors. When you meet with the ministers, would you please discuss getting more physicians, helping them with university and allowing the universities to have more specialist spots for Canadian students?

[*Translation*]

Hon. Marjorie Michel: As I have already told you, this is already on the agenda for the discussion I will have with my provincial and territorial counterparts at our meeting next week. We will discuss every aspect of it.

[*English*]

Burton Bailey: Thank you, Minister.

[*Translation*]

Hon. Marjorie Michel: We are here to support them as much as possible so that there are more health professionals in the system.

[*English*]

The Vice-Chair (Dan Mazier): Thank you, Minister.

Ms. Sidhu, you have five minutes.

Sonia Sidhu: Thank you, Chair.

Minister, we hear about some cancer drugs that are approved and funded in provinces like B.C. but not yet in Ontario. If a drug is already safe and effective in one province, shouldn't there be a way to speed up the access in other parts of the country? Can you or your officials just explain that?

[*Translation*]

Hon. Marjorie Michel: Health Canada grants approval, of course, but it is the provinces that make their own choices and decide which drugs to pay for. I'm not just talking about cancer drugs, but drugs of all kinds.

This is really work that needs to be done with the provinces and their residents. The provinces determine the priorities. For our part, we grant approval, but the provinces can decide whether or not to cover the drug.

[*English*]

Sonia Sidhu: Thank you.

[*Translation*]

Hon. Marjorie Michel: That is what a federation is.

[*English*]

Sonia Sidhu: Thank you.

Now I want to talk about dental care. I know I received very positive feedback in my riding, Brampton South. Last week, you announced that over five million Canadians are now covered under the CDCP and can receive the dental care they need. Millions of Canadians who previously could not afford a dentist now have coverage. In some cases, for the first time in years, they have been able to see oral health professionals.

Could you speak to how this plan is improving access and strengthening the health and well-being of Canadians?

[*Translation*]

Hon. Marjorie Michel: First of all, the Canadian Dental Care Plan is one of the largest social programs and one of the largest health programs we have in this country. We are already seeing that far fewer people are going to the emergency room for mouth problems than before, simply because they have access to a dentist. This program is clearly helping the population get better care. It must be said that oral health is also part of overall health.

● (1205)

[*English*]

Sonia Sidhu: Thank you.

I just want to talk, Minister, about the opioid crisis.

You know, the mission is to save lives and help Canadians affected by the toxic drug supply. From your conversations with medical professionals and community organizations, what steps do you see as the most important to prevent deaths and protect Canadians?

[*Translation*]

Hon. Marjorie Michel: As I said earlier, the reality is that we cannot take a one-size-fits-all approach to treating addiction and mental health issues. There are so many factors that can lead to these kinds of problems, so there are many different ways to address them. Supervised consumption sites and treatment are avenues to explore. In addition, drugs are becoming more and more complex over time. So we need to look at that.

Honestly, we will have this conversation with our provincial counterparts. I believe that the provinces are trying different things. In fact, we must not be overly dogmatic at this time, but simply try different approaches. When something does not work, we must be honest enough to acknowledge it and continue working to find the best solution. I have already discussed this with my provincial and territorial counterparts, and one positive development is that they are willing to look at who has tried what and what the best practices are to see how we can achieve better results.

It is certainly a scourge; no one wants to see people dying, and no one wants to see people struggling with addiction. I think that's true for all of us here in the federal government, but also for people in the provinces. However, people in the provinces have to deal with the complexity of what they are seeing on the ground.

[*English*]

Sonia Sidhu: Minister, I know you are leaving after this round, but quickly, can you talk about how you and your team are integrating youth services, which are becoming an important way to support young Canadians with their mental health by bringing different supports together under one roof?

I know there has been a federal investment in the helpline. How would it help to expand these services? Could you share why this model is so important and how it is helping young people especially?

[*Translation*]

Hon. Marjorie Michel: I believe we need more and more of them. I hope I can continue to fund these centres. I think we currently have 108, and 30 more are in the process of opening. The provinces are asking me for more because they see the impact they are having on the ground.

The important thing is to set up these facilities as close as possible to communities so young people can access them. They need to be easily accessible and provide a place where young people can get together.

[*English*]

The Vice-Chair (Dan Mazier): Thank you, Minister.

[*Translation*]

Hon. Marjorie Michel: That's why—

[*English*]

The Vice-Chair (Dan Mazier): I'm sorry, Minister—

[*Translation*]

Hon. Marjorie Michel: —these integrated centres are developed with young people in mind.

[*English*]

The Vice-Chair (Dan Mazier): Thank you, Minister.

We will move on to Mr. Thériault for two and a half minutes.

[*Translation*]

Luc Thériault: Thank you, Mr. Chair.

Madam Minister, earlier you rightly said that it was necessary—

[*English*]

Maggie Chi: I have a point of order, Chair.

It's well over an hour now, and I understand the minister needs to leave.

The Vice-Chair (Dan Mazier): That's up to the minister. If she can stay, that would certainly be appreciated.

[*Translation*]

Hon. Marjorie Michel: I will answer Mr. Thériault's question, then I will have to leave.

[*English*]

The Vice-Chair (Dan Mazier): Wonderful.

Go ahead, Mr. Thériault.

[*Translation*]

Luc Thériault: Can I begin my remarks again?

[*English*]

The Vice-Chair (Dan Mazier): Your time is at zero. Yes, we'll start again.

[*Translation*]

Luc Thériault: Has the timer been reset?

[*English*]

The Vice-Chair (Dan Mazier): The clock is starting at zero.

[*Translation*]

Luc Thériault: Thank you, Mr. Chair.

Madam Minister, you rightly spoke about access to care. You mentioned a potential solution, namely credential recognition. I agree with that.

However, how do you reconcile that with the lack of investment? The indexation thresholds under the health transfer agreement are decreasing over the years, so that after 10 years, the federal share will be 19%. The provinces will therefore have to foot 81% of the bill.

If we are unable to pay the costs of the system and we fall to 3%, how do you expect us to hire people?

Hon. Marjorie Michel: Mr. Thériault, you should know that this is part of my discussions with the provinces. The federal government has made a commitment regarding the health transfer amounts for the next cycle.

I believe that all the provincial health ministers and I agree that we need to take a fresh look at the health care system. Given the complexity of the needs, we will have to think about providing services in a different way.

● (1210)

Luc Thériault: Quebec is already into its sixth reform on this issue. As a Quebecker, you know what I'm talking about.

What I am asking you is how the provinces, coming out of the pandemic, can hire more people when the indexation of system costs, which are used amongst other things to pay employees, will decrease over the next 10 years. How can we hire more people who will have their credentials recognized if your share decreases and, in 10 years, 19¢ of every dollar will come from the federal government?

Hon. Marjorie Michel: The provinces have signed the agreements that we have reached with them, and we will continue to work with them in the coming years.

Thank you.

[*English*]

The Vice-Chair (Dan Mazier): Are you all done? You have time left.

[*Translation*]

Luc Thériault: Do I still have time to speak?

[*English*]

The Vice-Chair (Dan Mazier): Yes, you have 20 seconds now.

[*Translation*]

Luc Thériault: So I'm going to add a comment.

The provinces may have signed the agreements, but what they were asking for was 35¢ per dollar. They also asked for $28 billion in new funding a year, or $280 billion over 10 years, and the federal government gave them $4.6 billion a year, or $46 billion over 10 years.

How do you expect us to be able to provide early prevention in critical areas such as cancer and cardiology in the wake of the pandemic? Currently, because of this federal decision—

[*English*]

The Vice-Chair (Dan Mazier): Mr. Thériault—

[*Translation*]

Luc Thériault: —there are people who are getting cancer and will die from it.

[*English*]

The Vice-Chair (Dan Mazier): Now you're 20 seconds over.

[*Translation*]

Hon. Marjorie Michel: As I said, the provinces have signed the agreements. I am working closely with them. The provinces know that the federal government is there for them. Whatever the case, I am here to work with all the provinces as best I can, given the limits of the fiscal envelope available.

Luc Thériault: So there is no additional money. That's why it wasn't in Mr. Carney's speech.

[*English*]

The Vice-Chair (Dan Mazier): Come on, Mr. Thériault, we have more questions here.

Thank you very much, Minister.

[*Translation*]

Hon. Marjorie Michel: Thank you very much.

[*English*]

The Vice-Chair (Dan Mazier): Thanks for extending too.

We'll take a break for a couple of minutes to let the minister leave the room, and then we'll move to the officials.

I'm up next for five minutes.

● (1210)

_____(Pause)_____

● (1210)

The Vice-Chair (Dan Mazier): We start the next round with the officials.

Ms. Weber, do the supervised consumption sites that Health Canada approves distribute needles and pipes, yes or no?

Kendal Weber (Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): Health Canada does approve the exemption request that comes in from the community, and some of the sites—

● (1215)

The Vice-Chair (Dan Mazier): I asked about needles. I asked, specifically. It's just a yes or no answer.

Kendal Weber: We don't approve the needle distribution. Some of the sites that come forward to seek an exemption offer programming in which they have harm reduction tools, which would include clean needles and syringes for the individuals who come in, bring their own substances to the site and are overseen by health practitioners to avoid overdose.

The Vice-Chair (Dan Mazier): I'll ask the question again because I'm confused here. Do the supervised consumption sites that Health Canada approves distribute needles and pipes, yes or no?

Kendal Weber: Some sites will offer harm reduction tools for the individuals—

The Vice-Chair (Dan Mazier): Yes or no, do they distribute?

Kendal Weber: There are sites that do provide harm reduction tools, including—

The Vice-Chair (Dan Mazier): Are those needles?

Kendal Weber: They do include needles.

The Vice-Chair (Dan Mazier): Do they include pipes?

Kendal Weber: They do include pipes.

The Vice-Chair (Dan Mazier): Thank you.

How many pipes were distributed through these federally approved supervised consumption sites last year?

Kendal Weber: Thank you for the question. I should also note, though, that restrictions with SCS regarding inhalation do depend on whether there's a bylaw in that jurisdiction—

The Vice-Chair (Dan Mazier): How many pipes? The question was this: How many pipes were distributed through this federally approved site?

Kendal Weber: Thank you for the question. I'll make the point that we don't actually have a lot of SCS that have approved inhalation. I would have to come back to you with that answer about pipes, because inhalation and smoking in SCS is very limited across the country due to municipal bylaws.

The Vice-Chair (Dan Mazier): The crack pipes and the needles, do you collect that data?

Kendal Weber: No.

The Vice-Chair (Dan Mazier): You don't.

Kendal Weber: The exemption is for the use of a controlled substance—

The Vice-Chair (Dan Mazier): Do you not collect that data?

Kendal Weber: —in a supervised consumption site.

The Vice-Chair (Dan Mazier): Yes.

Kendal Weber: The supervised consumption site exemption is separate from the provision of harm reduction supplies in the supervised consumption site and the health services. We provide an exemption for the use of a controlled substance that the individual brings into the site to reduce overdose, and then those services will also—

The Vice-Chair (Dan Mazier): I know, but that wasn't my question.

Kendal Weber: I'm sorry.

The Vice-Chair (Dan Mazier): How many needles were distributed through the federally approved supervised consumption sites last year? Do you collect that data?

Kendal Weber: The needle distribution is separate from the actual supervised consumption site exemption, so—

The Vice-Chair (Dan Mazier): Do you collect that data, yes or no? It's one question.

Kendal Weber: It's unrelated. The supervised consumption site—

The Vice-Chair (Dan Mazier): It doesn't matter that it's not related. Do you collect the data? This is a simple question.

Kendal Weber: The supervised consumption site is an exemption for the use of a controlled substance. Under the practitioner—

The Vice-Chair (Dan Mazier): That isn't the answer to my yes-or-no question.

Maggie Chi: I have a point of order, Chair. Can we just let the witness speak so we can...?

The Vice-Chair (Dan Mazier): She's not answering my question, and I'm the chair, so I guess I have a say in this.

Maggie Chi: Maybe she's getting there. Just giving her an opportunity to get to her thought out would be appreciated by both sides. Thank you.

The Vice-Chair (Dan Mazier): I'll move on, Ms. Chi.

Ms. Weber, Canadians want to know what drugs are being used in supervised consumption sites next to their children's schoolyards and playgrounds. Is crack cocaine allowed to be used in a federally approved supervised consumption site, yes or no?

Kendal Weber: The supervised consumption sites—

The Vice-Chair (Dan Mazier): Yes...?

Kendal Weber: —receive an exemption for the use of controlled substances.

The Vice-Chair (Dan Mazier): Okay. Is that correct?

Kendal Weber: Cocaine is a controlled substance.

The Vice-Chair (Dan Mazier): Is meth allowed to be used in those sites?

Kendal Weber: Meth is a controlled substance, and we give an exemption for the use so that a health practitioner is there—

The Vice-Chair (Dan Mazier): Meth is allowed to be used in these sites. Is that a yes?

Kendal Weber: Individuals come in and use meth, and they use other controlled substances. They're under the oversight of a health practitioner, so that if there is an overdose, they can prevent death.

The Vice-Chair (Dan Mazier): My next question is for the deputy minister.

The government is planning to allow 395,000 permanent residents and 673,000 non-permanent residents into Canada this year alone. Can our health care system handle the government's record levels of immigration, yes or no?

Greg Orencsak: We continue to work with provinces and territories in respect of their health systems and the provision of health services, and provinces are one of the stakeholders that are consulted on the government's immigration plans.

The Vice-Chair (Dan Mazier): Has your department conducted an analysis of this?

Greg Orencsak: We would be relying on provinces and territories as part of the health system planning, and they are directly in conversation with our colleagues from Immigration, Refugees and Citizenship Canada.

● (1220)

The Vice-Chair (Dan Mazier): Do you collect that data, though, for the provinces? Immigration is a federal responsibility. Do you collect that data on the impacts on the health care system?

Greg Orencsak: That would be information the provinces would be supplying to us and would raise with us and our colleagues at Immigration, Refugees and Citizenship Canada.

The Vice-Chair (Dan Mazier): If you could table that information, that would be very helpful to the committee.

I have to suspend for a second.

● (1220)

_____(Pause)_____

● (1220)

The Vice-Chair (Dan Mazier): We're back in session.

Mr. Powlowski, you have five minutes.

Marcus Powlowski (Thunder Bay—Rainy River, Lib.): We just heard a question about making needles available at safe injection sites as though this was somehow a bad idea. I think the evidence is overwhelming that clean needles lead to decreased mortality and morbidity, decreased transmission of things like HIV, hepatitis B and hepatitis C. Otherwise, these people are sharing needles and ending up with these diseases. The cost to the health care system, treating someone with HIV or hepatitis, is obviously enormous.

Providing clean needles would seem to be a very wise intervention. Perhaps you could comment on the wisdom of providing clean needles to users.

Kendal Weber: Thank you for the question.

Harm reduction supply tools are exactly that: designed to minimize the negative effects associated with substance use. They provide safer practices and reduce the risks of infectious diseases, overdoses and other harms. These can include syringes, and it can also include a number of harm reduction tools. It prevents infection and infectious disease, and it keeps the individuals who are using the substances alive.

Marcus Powlowski: Thank you.

There was also the suggestion made in a question that the health care system was being overburdened by the number of immigrants. As someone who has worked my whole life in the health care system, I would say that if it wasn't for immigrants, our health care system would be totally overrun. Many doctors, nurses and PSWs working in hospitals and in chronic care homes are immigrants to this country. They're really, I would suggest, the backbone of the health care system. Without them, the health care system couldn't continue to function.

Would Health Canada or the Public Health Agency of Canada have any figures as to the number of people, foreign graduates, for example, who are currently employed as PSWs, nurses or doctors in Canada?

Greg Orencsak: There are about 200,000 internationally educated health professions in Canada, and we recognize that immigration is a vital tool for addressing some of the health workforce shortages that exist in the country.

Marcus Powlowski: I'd like to just personally thank all the immigrants who came here and who have helped our health care system, rather than trying to demonize them as being the problem.

I'd like to make clear the whole issue of decriminalization and where B.C. is with decriminalization. I asked this previously, but my understanding was that B.C. asked us to decriminalize, which means an exemption under the Controlled Drugs and Substances Act. However, later, B.C. said that, from my understanding and from your reply, they wanted the exemption to be removed for public places, meaning that you're still allowed to use drugs in private. There was decriminalization in private but no longer in public. I think that's the case.

Do I have that right?

● (1225)

Greg Orencsak: That's correct.

Marcus Powlowski: I know Premier Eby came out with some remarks recently saying that decriminalization was a mistake.

Has he formally asked for that decriminalization or that exemption that still exists for private use to be removed as well, to your knowledge?

Greg Orencsak: At the moment, to my knowledge, we have no further requests from the B.C. government to change or amend the exemption. The existing exemption does expire at the end of January.

Marcus Powlowski: On dental care, I have a lot of elderly people who come to my office and say that they have dental insurance and, therefore, they can't access the government plan. They're told that even if they get rid of their insurance, they still won't be able to access the government plan. It seems kind of unfair to elderly people on limited incomes that this is the case.

Can you verify that this is actually true or does the government actually...? How's the government going to know whether you have private insurance or if you recently stopped your private insurance?

Greg Orencsak: We have now over five million Canadians who have signed up for dental care. I think the number is up to 5.3 million. A significant share of that is seniors. Seniors were the first ones able to sign up for the program.

If a senior has access to dental insurance through, for example, a benefit plan associated with their retirement supplementary health benefits, then they would not be eligible for the Canadian dental care plan. If they have no access to that kind of private insurance, they would be eligible to apply.

The Vice-Chair (Dan Mazier): Very good. Thank you.

We'll go into the fourth round with Mr. Strauss.

Matt Strauss: Thank you, Chair. It's nice to see the officials again.

Madam Hamzawi, we had a discussion about the PHAC scientific strategy report the last time you were at committee. I had one more line of questions regarding that report.

The report uses the term “humility” many times. It says PHAC recognizes the importance of “humility in the discovery and use of [scientific] evidence”.

Part of humility might be for an organization to acknowledge when it gets things wrong. Do you have any examples of things that PHAC has gotten wrong over the last few years?

Nancy Hamzawi (President, Public Health Agency of Canada): Thank you very much for the question.

Perhaps what I might do, actually, to recognize the fact that October is Breast Cancer Awareness Month, is reflect on the data that we have available with respect to the age for breast cancer diagnosis by race and ethnicity.

For example, the study by Anna Wilkinson, Carmina Ng, Larry Ellison and Jean Seely in The Oncologist in 2024 breaks that down. What you see in that series of bell curves is that the peak for the age of breast cancer diagnosis for white women is around 65 years of age in terms of the final peak. However, when you look at the data for Métis, Black, South Asian, Chinese, Filipina and first nations women, the peak is actually earlier.

As we reflect on how we provide information to individuals in Canada to make the proper decisions for themselves, we have to make sure that we really drill down in terms of the disaggregated nature of that data and provide nuanced guidance and information for Canadians and all people living in Canada, so they are able to protect their health.

Matt Strauss: That's terrific. I take your answer as saying that, yes, PHAC has erred in not disaggregating data sufficiently when it has given its recommendations over the last few years.

May we look forward to PHAC doing a better job of disaggregating this data under your leadership?

● (1230)

Nancy Hamzawi: Thank you for the question.

The way I would describe it would be that the science strategy outlines four key priorities for the agency. The first is “Advancing data science and the science of public health surveillance”. It is a continued journey for us in terms of making sure we have access to disaggregated data in as comprehensive a manner as possible.

Matt Strauss: Terrific.

I'm not sure which official could best answer these next questions.

Returning to the vaccine injury support program, when I asked the minister how long the audit will take, she said it will be done as soon as possible. Does anyone on the panel have more precise information or a ballpark on how long this audit will take?

She also didn't answer the second part of my question. Is Oxaro, the consulting firm, continuing to process claims while the audit is under way?

Nancy Hamzawi: I would just note that we recognize and have heard very clearly the frustration and hardships of claimants through the program. We are highly focused on making sure that we modernize the program in a very careful and informed way. We are very much looking forward to the audit being concluded as soon as possible. The audit, at this point in time, is well under way.

On the second part of your question—

Matt Strauss: The first part wasn't really answered. Ballpark, how long will the audit take?

Nancy Hamzawi: I do not want to set a firm timeline for the auditors. I want to make sure that the proper due diligence is done so that we have the best possible advice—

Matt Strauss: Is Oxaro continuing to process claims while the audit is under way?

Nancy Hamzawi: Yes.

Matt Strauss: I understood from Global News reporting that 1,500 cases hadn't even been processed. Are you willing to set a timeline on how long it will take for those Canadians who feel they've been vaccine-injured to have their claims even heard?

Nancy Hamzawi: As of June 1, 2025, the last report we received from Oxaro, a total of 3,317 claims have been received, of which 1,227 claims have been reviewed by the medical review board. We understand that 2,303 claims are pending review by Oxaro and the medical review board.

Matt Strauss: How long will those Canadians be waiting for that review?

Nancy Hamzawi: My understanding is that it takes 18 to 24 months, on average. However, again, this process is managed by Oxaro.

The Vice-Chair (Dan Mazier): Thank you, Mr. Strauss.

Ms. Sidhu, you have five minutes.

Sonia Sidhu: Thank you, Mr. Chair. I will be sharing my time with my colleague.

Could you speak to how Health Canada and the federal government are working with the provinces and territories to ensure more consistent and timely access to approved and funded treatment across Canada, especially for cancer treatment drugs, so that patients do not face delays just because of where they live?

Greg Orencsak: Thank you. I will take that question.

We are working with provinces and territories as well as Canada's Drug Agency, which is the health technology assessor, on ways in which we can accelerate our processes. Health Canada is responsible for reviewing the safety and efficacy of a drug, but there are steps being taken to accelerate some of the health technology reviews, sometimes in parallel with the work that Health Canada is also doing.

We're also working, for example, with international partners. Oncology drugs are a good example of that in respect of an initiative called project Orbis. The initiative is to help accelerate the approval and review of those drugs so that provinces can make faster decisions to add those to their formularies, as the Province of Ontario has committed to do just recently.

Sonia Sidhu: Do you think if there's no national framework for that, if some drug is offered in B.C. but not in Ontario, it's not fair or equitable to Canadians? What do you think about that?

● (1235)

Greg Orencsak: There is a high degree of co-operation and information sharing, I think, amongst provinces and territories as well as the entities that are involved in the review of drugs. Ultimately, at the end of the day, it is the province or territory that determines what drugs are listed on their formularies. That authority and responsibility continue to rest with provinces and territories.

As I said, there is a high degree of co-operation and information sharing. I do think that's helpful in terms of how the system works.

Sonia Sidhu: This is my last question.

I know next month is Diabetes Awareness Month. Are there any programs from Health Canada on diabetes awareness? Can you elaborate on that?

Nancy Hamzawi: Sure. Thank you very much for the question.

In terms of diabetes, there is the “Framework for Diabetes in Canada”, which was tabled in Parliament on October 5, 2022. It provides a common policy direction to address diabetes and lays the foundation for collaborative and complementary actions by all sectors of society.

In 2023-24, we at the agency conducted a scan on diabetes in Canada. Through investments of budget 2021, there has been $35 million provided over five years. This went in part to the Canadian Institutes of Health Research, of which $15 million was matched by Breakthrough T1D to support type 1 diabetes research through CIHR's “100 Years of Insulin” initiative.

We have a type 2 diabetes prevention challenge prize, which is $10 million over five years with Impact Canada. We had seven finalists, who were announced in July 2024. This upcoming winter, we look forward to results being submitted to the panel of judges for review and assessment. There will be up to two winners selected to receive a $1.5-million grand prize.

We also have $5 million that has been allocated to the enhancement of surveillance capacity and the development of the framework to really make sure that we have clarity in terms of trends across the country in a disaggregated way. There's $1 million in funding over three years for Diabetes Canada to develop an inventory of successful diabetes programs. We have $1.5 million over four years for the National Indigenous Diabetes Association. We have $250,000 to Diabetes Québec to develop a diabetes awareness and education program for individuals of north African descent living in Quebec and allied health professionals.

All of that is in addition to the support that we provide through the healthy Canadians and communities fund, which is a $20-million-per-year program.

The Vice-Chair (Dan Mazier): There you go. Thank you.

Well done. You were only a second over in that sentence.

Mr. Thériault has the floor, for four minutes.

[*Translation*]

Luc Thériault: Thank you, Mr. Chair.

Mr. Orencsak, you have set up a committee of public servants to look into establishing a registry. How many experts are on this committee?

[*English*]

Greg Orencsak: The committee is made up of provinces and territories. There are, to my knowledge, nine provinces and territories participating—

[*Translation*]

Luc Thériault: Am I to understand that there are no experts?

[*English*]

Greg Orencsak: They are—

[*Translation*]

Luc Thériault: Are there any, yes or no?

[*English*]

Greg Orencsak: The committee has the ability to ask for expert advice, but the committee members are provinces and territories.

[*Translation*]

Luc Thériault: That's not the question I'm asking you.

It would be nice if you could answer the questions promptly. I only have four minutes of speaking time. Okay? Stop beating around the bush. Thank you.

How many long-term independent industry studies did you refer to or base your conclusion on that there is no causal link between breast implants and breast implant illness? I want to know how many. That's the question.

[*English*]

Greg Orencsak: I apologize. Can you repeat your question?

[*Translation*]

Luc Thériault: How many long-term, non-industry-sponsored studies did you consult to determine that there is no causal link between breast implants and breast implant illness?

[*English*]

Greg Orencsak: Health Canada has put out a safety review that is public, and—

● (1240)

[*Translation*]

Luc Thériault: That is my question.

How many studies have you looked at or done? How many studies did you base your findings on? Tell me how many.

[*English*]

Greg Orencsak: I will have to get back to you in terms of how many studies were reviewed as part of the safety review.

[*Translation*]

Luc Thériault: Thank you.

At this point, I can only assume that you are unaware of how many long-term studies may have led you to dismiss a causal link between breast implants and breast implant illness.

Let's now move on to the issue of breast cancer guidelines.

The Standing Committee on Health tabled a unanimous report calling on the Canadian Task Force on Preventive Health Care to reverse its decision not to recommend expanding breast cancer screening to women in their 40s. The minister took action. We urged him to intervene.

What about that recommendation? What did you do with it?

The Canadian Task Force on Preventive Health Care current website still has the same recommendations: It does not recommend screening for women in their 40s.

Nancy Hamzawi: This working group has been put on hold. That decision was made in the spring.

With regard to those guidelines specifically, discussions were ongoing when that study group was put on hold. So everything is on hold at the moment and will remain so until the working group's modernization process is complete.

We have learned a great deal through this decade of experience, including in the context of these guidelines specifically. This issue will be revisited when the working group is reinstated.

[*English*]

The Vice-Chair (Dan Mazier): That's it. She burned up your last question.

Ms. Konanz, go ahead for five minutes.

Helena Konanz: Thank you, Chair.

I have a couple more questions concerning decriminalization. There are some MPs around the table who might feel that this isn't important, but I think that this is of very high importance in British Columbia. This is what is being spoken about on the streets and in the stores. People are extremely worried about this. I think that shows that this is a very serious situation.

I will ask Ms. Weber this: Have any other provinces applied to join this program or asked for this exemption?

Kendal Weber: We do not have any other exemption requests in for review at Health Canada.

Helena Konanz: Can you stipulate why there might be no other requests at this time?

Kendal Weber: Each jurisdiction is taking a unique approach to how they're addressing the overdose crisis depending on the needs of their communities. In B.C., when they came in, it was to put forward a comprehensive approach that included treatment, recovery and harm reduction. Coming in for the exemption for personal possession was something that the province felt was important to its response. Each province comes in based on its needs.

Helena Konanz: Okay. It looks as if no other provinces are interested, and I think it's because it's been a disaster in British Columbia. I think we all know that. That's been repeated by Premier Eby, but also by MP Danko in the House of Commons last Thursday, who said it was a terrible policy.

I have another question for Ms. Weber. I did want to ask this of the minister, but unfortunately I ran out time.

I went to your website and, according to the subsection 56(1) class exemption that British Columbia is now following, under "Suspension or Revocation", it says, "This exemption may be suspended without prior notice if the Minister determines that such suspension is necessary to protect public health or public safety."

The minister has the ability to stop this at any time. I was wondering if you were aware of this, Ms. Weber, and if you believe that the minister is aware, because she did repeat over and over again that she had to collaborate with the province on this. However, on your website, it says that she can make that decision herself.

● (1245)

Kendal Weber: For these types of exemption requests, it is important that we hear from the jurisdiction and the organization when they seek the exemption. In B.C., we've made two amendments to the exemption at the request of B.C., and we've acted very quickly in response to those requests—

Helena Konanz: Excuse me; I don't have a lot of time.

You're saying that, even though it says on your website that the minister can make that decision, she's not going to because...so that needs to come out of there or be changed. It looks like it's in stone here that the minister can make that decision without consulting with the province.

Kendal Weber: It's important that we hear from British Columbia. They came forward with two amendment requests. We acted very quickly—

Helena Konanz: Thank you. I will cede my time to Mr. Strauss. Thank you.

Matt Strauss: Thank you, Chair.

In the Global News report, it says that the vaccine program company that was contracted by PHAC took $50 million that was supposed to go to harmed individuals. They kept $36 million and just the scraps went to vaccine-injured individuals. Meanwhile there were reports that they were watching Netflix at the office or playing ping-pong; they were drinking. It sounds to me like these guys are swindlers. I was really dismayed to hear that they are still processing these claims from patients who've waited years.

Why don't you terminate the contract right now?

Nancy Hamzawi: Thank you very much for the question.

We are very much looking forward to the conclusion of the audit to inform us on appropriate actions we can take with respect to the legal agreement we have in place with Oxaro.

Matt Strauss: I'm sorry not to have heard an answer. I would like to see that contract terminated immediately.

The other question is this. We're all here talking about it because Global News did this investigative report, but why doesn't PHAC monitor these programs while they are under way? Why did it take an intrepid reporter to find out, please?

Nancy Hamzawi: Thank you very much for the question.

We have been monitoring this program. An evaluation was concluded back in April. An international review of best practices in terms of vaccine injury programs has also been concluded to help inform the next steps with respect to the program.

A number of actions have been taken by the agency to monitor the progress and to inform the way forward, always reflecting the key design elements of the program—an open and transparent claims process, rigorous causality assessment, efficient administration of financial support payments to beneficiaries and the availability of an appeals process to the decisions that are made.

The Vice-Chair (Dan Mazier): Okay. Unfortunately—

Nancy Hamzawi: A number of interim measures have been taken including a decision by the minister to move the program into the agency. We are working very hard on this within the agency but also tapping expertise across the federal government to make sure we have the best possible program moving forward. On issues that are raised with us by claimants, we are working directly with Oxaro to make sure they address the very important issues that claimants are raising with us.

The Vice-Chair (Dan Mazier): Thank you.

Now we have Mr. Eyolfson.

You have five minutes.

Doug Eyolfson: Thank you, Mr. Chair.

There was a reference made before on the distribution of needles at the supervised consumption site. Are these needles given out to people to use in the community, or are these not used and disposed of on site?

Kendal Weber: Thank you for the question.

The supervised consumption sites and also health and community centres do provide sterile equipment such as syringes and needles. They can be used on site for the substances they bring with them. Some may leave with them. In those cases, it's encouraged that safe disposal does take place. If there is disposal outside the site, the sites work very closely with community groups and with their own employees to do safe pickup. Also, municipalities have programs in place for safe pickup of discarded substance use equipment.

● (1250)

Doug Eyolfson: All right. Thank you.

Do you know how much any one given safe consumption site might actually spend on supplying these safe needles? Do you have any sort of ballpark figure as to what they would cost?

Kendal Weber: No, I don't have a ballpark figure. For the supervised consumption sites, the organizations come in and seek an exemption for the possession and the use of the substances in their locations. We do get a sense of how much it costs to run the actual site, but the needles and the distribution are separate programs. Funding is provided by the community, by the municipality, by the province. The needle distribution programs are separate from supervised consumption sites in that they have different sources of funding, but they are often done in a site or in a community health centre.

Doug Eyolfson: Thank you.

Now, again, is this all ballpark as to how much one of these sites would cost per year to run?

Kendal Weber: I don't have that with me.

Doug Eyolfson: All right.

I've been looking up some treatments. We do know—this is established—that this provision of clean needles does prevent bloodborne diseases. When someone is infected with HIV, the cost to our health care system for this patient is between $15,000 to $25,000 a year. One case of hepatitis B can cost $60,000 a year. Hepatitis C costs about $84,000 for a 12-week treatment. We're not spending large numbers of that multiplied by that on these programs.

I guess what I'm getting at is this. Would you not be saving more than you're spending on these programs just in health care savings on the treatment costs for these diseases you're preventing?

Kendal Weber: Thanks for the question.

Health Canada doesn't fund the projects. They are funded by health care systems for that exact same reason: They see harm reduction as a tool to prevent infectious disease and death. When we do not have harm reduction tools in those facilities, the numbers that have been quoted for the harms and costs associated with disease and death are significant.

Health Canada doesn't fund supervised consumption sites. It is the community, province or territory through the health care system budget.

Doug Eyolfson: All right. Thank you.

The issue of crack pipes came up. A lot of eyebrows were raised about that.

Correct my memory. This is something I read a few years ago now. Was that program not started because of an outbreak of invasive streptococcus pneumoniae among certain vulnerable populations inhaling drugs?

Kendal Weber: Thank you for the question.

That could be the case or the source. You're right. It's one of the reasons. Harm reduction tools are used to prevent such an outbreak.

The Vice-Chair (Dan Mazier): Mr. Eyolfson—

Doug Eyolfson: I still have 40 seconds.

The Vice-Chair (Dan Mazier): Okay.

Doug Eyolfson: Thank you.

We've talked about certain programs in the past, like decriminalization or other things like that.

Would you not agree that data changes over time? What seems like a good plan.... It's a bit of a leading question because I know that much of what I was taught in medical school 30 years ago is now obsolete. Do we not make these decisions because the available data at the time suggests that this is the best policy?

The Vice-Chair (Dan Mazier): You're out of time.

You can table those comments, Ms. Weber.

Doug Eyolfson: I have a point of order, Mr. Chair.

A number of speakers have been allowed to answer the question even once the time was up.

The Vice-Chair (Dan Mazier): I know. That's the problem. We all have meetings to go to.

Doug Eyolfson: I understand that, but you've allowed a number of other witnesses, if the speaker asked the question within their time, to answer.

The Vice-Chair (Dan Mazier): Do you realize that you're taking up more time so that you can't find your answer?

Doug Eyolfson: No.

Maggie Chi: I have a point of order.

Doug Eyolfson: I have a point of order.

Once other speakers finished their questions, even if the time was up, witnesses have been allowed to answer the question.

The Vice-Chair (Dan Mazier): Please go ahead and answer the question briefly. You have 15 seconds.

Doug Eyolfson: Thank you.

Kendal Weber: Thank you.

When B.C. came in to seek an exemption, it was part of a comprehensive approach. We put in place requirements in a letter from the minister to B.C. to monitor, very closely, the progress on decriminalization as it related to the uptake of background services.

● (1255)

The Vice-Chair (Dan Mazier): You got your answer.

I would ask again to please table those remarks and all the results from that study, please. .

Mr. Bailey, you have five minutes.

Just so everybody knows, it'll be Mr. Bailey, Ms. Chi and Mr. Thériault for two and a half minutes, and that will be the end of the round.

Burton Bailey: Deputy Minister, you testified last week that nicotine pouches are less harmful sources of nicotine.

If using nicotine pouches is less harmful than smoking cigarettes and if the Government of Canada's tobacco strategy is to reduce tobacco use to less than 5% by 2035, why is the government making it more difficult to access less harmful sources of nicotine, like pouches, over cigarettes?

Greg Orencsak: Nicotine pouches continue to be available for those seeking them, but the decision—

Burton Bailey: The minister gave us that answer before. I know about youth.

What I'm looking for is the answer that you're looking at reintroducing them into convenience stores.

Greg Orencsak: The answer I can give, through the chair, is that we'll continue to monitor the situation.

If there's evidence that the concerns expressed by health professionals around unintended use by youth are no longer an issue, Health Canada would review the oversight mechanisms that currently exist for the sale of nicotine replacement therapies.

Burton Bailey: Mark Holland was on a personal crusade to ban pouches except at pharmacy counters. This makes it much easier to purchase a pack of smokes than it is to find alternatives to cigarettes like pouches so that Canadians can quit smoking.

How does that make any sense, Deputy Minister?

Greg Orencsak: At the time of the former minister's decision, there were concerns expressed about the appeal of these products and the availability of products to youth. The minister took some steps in response to that.

Burton Bailey: His personal crusade, yes....

Given the Liberal government and the minister have identified speeding up drug approvals as a priority of national and economic significance, what has the department done to pursue regulatory reform and speed up drug approvals in Canada?

Greg Orencsak: Thank you for the question.

We have made a number of commitments in respect of continuing to support increased access to treatments for Canadians. One of the initiatives we're committed to is to work more closely with our international regulatory partners in terms of work sharing and reliance, and we'll be taking further steps in that regard.

Burton Bailey: Thank you.

It's working with other countries, so it's not really Canadian-based. That was the answer I was looking for.

I'm going to jump around to Oxaro again. Are we going to claw back any money for their failures, or are we just going to allow them to have the $36 million that they took to the bank and allow them to laugh at us? Are we clawing back that money, or are we just allowing them to keep $36 million of taxpayer money?

Nancy Hamzawi: Thank you very much for the question.

We have an audit in place right now that is looking very carefully at all of the expenditures and processes. We look forward to the results of that audit to inform appropriate actions moving forward.

Burton Bailey: All I can say is, when? I think Canadians deserve more of an answer. The fact that they are still running this is appalling.

I'm going to go to another question.

Again, is it easier to pick up a pack of cigarettes? Why are you so against the appeal of convenience stores selling nicotine replacement pouches? You keep telling me that it's about youth, but I don't buy that. I think of the person who has quit smoking and needs a nicotine replacement.

Why won't you allow the convenience stores to sell this?

Greg Orencsak: The pouches continue to be available through pharmacies, as we've discussed around this table—

● (1300)

Burton Bailey: Yes, and alcohol is sold in stores. You've told us the same answer now three times. I'm going to quit asking it.

I'm going to move over to the Canada Health Act again. The minister indicated that she is looking at access, which is one of the five pillars of the Canada Health Act. Are you aware of any things you've been looking at in terms of changes to the Canada Health Act?

The Vice-Chair (Dan Mazier): Answer very quickly, please.

Greg Orencsak: The government remains committed to publicly funded and universal health care for everyone, which the Canada Health Act protects.

Burton Bailey: That wasn't the question.

The Vice-Chair (Dan Mazier): That's okay. That's what you get for an answer.

Could you table any of those results of the question?

Greg Orencsak: I think I've answered the question.

The Vice-Chair (Dan Mazier): Please table what you've referred to.

Ms. Chi, you have five minutes.

Maggie Chi: Thank you, Chair.

I have a couple of follow-up questions on a few programs and issues that I raised earlier.

With regard to the vaccine injury support program, while the audit is being conducted, I was wondering what interim measures are in place to ensure the program is delivered in a timely manner and is supporting folks who really need access to it.

Nancy Hamzawi: Thank you very much for the question.

With the benefit of the analysis that has been undertaken over the past several months—over a year—a number of actions have been taken.

One, the minister has already taken the decision to move the program within the Public Health Agency of Canada. We are working very closely and very hard on this to prepare to take on the program. April is when we are currently targeting to onboard the program, but I can tell you that this is a very active phase for us. We're working very closely with colleagues interdepartmentally to take advantage of their expertise. For example, we're working with Service Canada and with our colleagues at Innovation, Science and Economic Development, which has comparable programs that we are absolutely learning from and building upon.

We also, in parallel, absolutely recognize and have heard from claimants who are experiencing frustration and hardship through the claims they currently have submitted to the program. We are following up directly with Oxaro through their pre-existing governance, which protects the third party nature of the program at this point in time. Recognizing the independence of the program, we are still working with Oxaro through the appropriate governance to make sure these issues are carefully considered by the program.

Maggie Chi: Thank you so much. You will have one last question from me, and then I'll be sharing my time with my colleague Dr. Powlowski.

My understanding on the nicotine pouch issue is that Minister Holland's decision was due to the flavour component that would impact youth. Is that true?

Greg Orencsak: There were a number of reasons youth found these products appealing, including the flavours they were made available in. Some of the packaging and the promotion of these products were also appealing to youth.

Maggie Chi: Thank you.

I will cede my time to Dr. Powlowski.

Marcus Powlowski: I thought a corollary to that was that kids would start by vaping, and there was the possibility they would move on to smoking as a result. There was a concern that it was the entry level for a much greater problem.

Is that not what was on the minds of those who were trying to regulate access to these products?

Greg Orencsak: When it comes to the availability for youth, these pouches contain nicotine, and the concern was that the widespread use of pouches could lead to nicotine dependency among youth.

Marcus Powlowski: I want to ask a follow-up question on the dental care issue. I understand, in your response, that if it is part of my employment benefit plan, I get dental insurance when I'm retired, and our government program shouldn't supplant that.

However, there are quite a few people I've heard about in my riding who continue to pay for their dental plans. They had a dental plan before our program came out. They were paying into it. Now they're being told that they won't be covered. If they stop paying into their program, they still won't be covered, because once they've had insurance, they can't just cancel the insurance and get the government plan.

Is that true?

● (1305)

Greg Orencsak: If there are specific issues with your constituents, we are happy to look at them on a case-by-case basis, obviously. In respect of the way we assess compliance and availability of dental plans for individuals, there's a requirement for employers or pension plans or benefit providers who issue T4 and T4A slips to indicate whether that individual—your constituent—has existing access to a dental care plan. That's how we determine eligibility for the Canadian dental care plan.

The Vice-Chair (Dan Mazier): Thank you.

Mr. Thériault, bring us home. You have two and a half minutes.

[*Translation*]

Luc Thériault: Thank you, Mr. Chair.

Mr. Orencsak, we know that breast implants cause cancer, autoimmune diseases and breast implant illness. Yet for the past 30 years, Health Canada has approved these high-risk medical devices and allowed them to be implanted without ever having conducted long-term, non-industry-sponsored studies. Is that correct?

[*English*]

Greg Orencsak: Thank you for the question.

Through the chair, from the information that was available and that the department was able to review, it was not possible to determine whether there is a direct relationship between breast implants and some of the symptoms and diseases that have been reported.

[*Translation*]

Luc Thériault: However, for 30 years, you have never had independent industry analyses. So, on what basis do you approve these high-risk medical devices?

Given that you have no scientific data establishing a causal link between these high-risk medical devices and breast implant illness, why don't you apply the precautionary principle? A directive could be sent to family doctors so that they can verify this causal link, rather than simply treating women's symptoms in silos. It would cost nothing extra to do this.

[*English*]

Greg Orencsak: Health Canada has been proactive in informing Canadians and medical practitioners about the risks associated with breast implants. They've made more information available to the public and to practitioners based on the studies and the information the department had reviewed.

[*Translation*]

Luc Thériault: There are no long-term studies or industry data. These are just compiled facts.

[*English*]

Greg Orencsak: The department, to my understanding, reviewed a number of different sources of information, but it was also advised at the time by a panel on women's health made up of experts, including the department's medical adviser.

The Vice-Chair (Dan Mazier): Very good. That brings us to the conclusion.

Thank you very much to the witnesses for coming out today.

I have some housekeeping items before we take off. Looking at our calendar, when we return after our constituency week, the committee will finalize the women's health study and then commence its study on the impact of immigration policy on health care. We'll finish the report, and then we'll go on to that one.

I'll remind you that the witness lists for our immigration study are due tomorrow at 5 p.m. I understand that there are not many names sitting in the docket for the clerk to work on, so please forward those witness lists by tomorrow.

Thank you. Have a good day.