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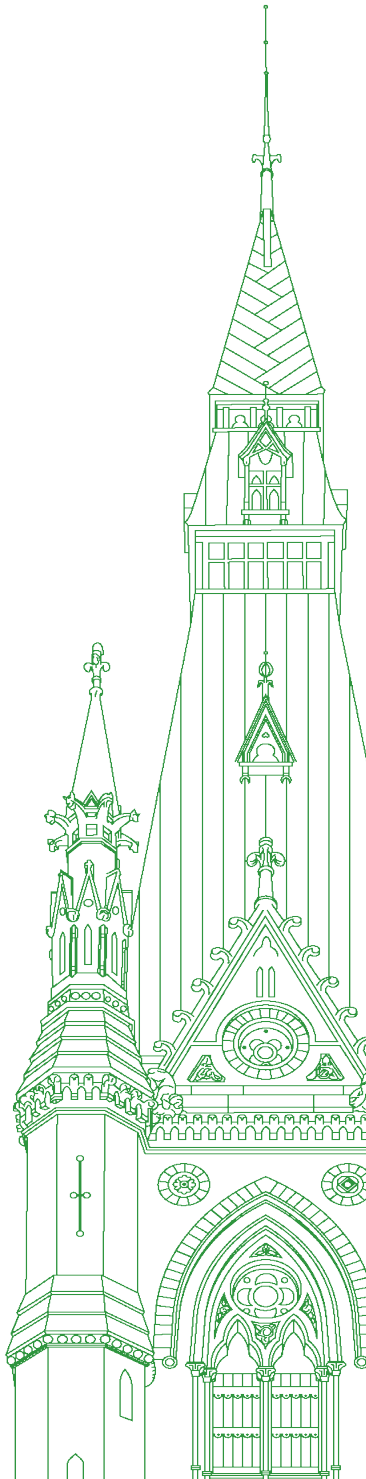
House of Commons Debates

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Speaker: The Honourable Francis Scarpaleggia

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HOUSE OF COMMONS

Thursday, November 5, 2026

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

● (1000)

[*English*]

GOVERNMENT RESPONSE TO PETITIONS

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 36(8)(a), I have the honour to table, in both official languages, the government's responses to five petitions. These returns will be tabled in an electronic format.

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COMMITTEES OF THE HOUSE

FISHERIES AND OCEANS

Patrick Weiler (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the seventh report of the Standing Committee on Fisheries and Oceans, entitled "Review of the Fisheries Act: policy and legislative considerations and recommendations".

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this report.

Mel Arnold (Kamloops—Shuswap—Central Rockies, CPC): Mr. Speaker, I rise to present the official opposition's dissenting opinion for the seventh report of the Standing Committee on Fisheries and Ocean report, entitled "Review of the Fisheries Act: policy and legislative considerations and recommendations".

Conservatives of the official opposition were motivated to submit this dissenting report to ensure that Canadians are provided the whole story of the evidence we received and the whole story of the harms caused by the 2019 changes.

When the Liberals introduced these changes, they said the changes were necessary to restore lost protections, yet when they were asked what harms had been caused by the supposed lost protections, the Liberal government provided no proof. The Liberals charged ahead with changes that have not only hurt harvesters and supply chains that depend on fisheries, but they have also undermined Canada's national interest in our sovereignty and our independence.

At a time when Canadians are concerned for independence and progressive growth, the reality is that major projects and even the government's own strategies for energy emissions reductions and natural resources are directly hampered and put in limbo by Liberal legislation like the 2019 changes to the Fisheries Act.

Conservatives appreciate all participants in the study, especially those who spoke honestly, despite facing possible retributions. I thank all Canadians who participated in this study, because they care. Conservatives also care, and we urge everyone to read this dissenting report. We have made recommendations to strengthen the Fisheries Act and allow for a stronger and more independent Canada.

* * *

PETITIONS

FIRST NATIONS EDUCATION

Brad Vis (Mission—Matsqui—Abbotsford, CPC): Mr. Speaker, since 2012, the First Nations Education Steering Committee, British Columbia and Canada have worked together on the British Columbia Tripartite Education Agreement to promote successful education outcomes for first nations learners.

The petitioners note that education is a fundamental human right, and the BCTEA is the primary source of funding for first nations students of schools based on the public education system in British Columbia. It was expected that renewed funding commitments would be confirmed in the spring economic update, as the agreement is set to expire on June 30, 2026. Canada instead confirmed that the funding for the proposed renewed BCTEA was not secured and that the status quo funding was confirmed for only a one-year extension.

Therefore, the petitioners in Mission—Matsqui—Abbotsford call upon the government to approve the proposed renewed BCTEA and associated funding commitments for a 10-year term in the fall budget to ensure that the education of first nations students is not needlessly disrupted.

● (1005)

ABANDONED VESSELS

Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, it is an honour to rise today to table this petition on behalf of constituents of my riding.

The petitioners cite that Canada's national inventory identifies more than 1,300 wrecked, abandoned and hazardous vessels, including more than 900 in British Columbia. These vessels pose serious risks to marine ecosystems, fisheries, indigenous food harvesting, coastal communities, navigation and public safety.

The petitioners highlight that coastal communities continue to experience vessels grounding, sinking or breaking apart in sensitive marine habitats, resulting in pollution and fisheries closures. Preventing vessels from becoming environmental hazards is safer and less costly than emergency response, salvage and remediation after they sink or break apart; that existing federal vessel removal and disposal programs are inadequately funded, limited in scope or have expired; that Canada lacks a comprehensive strategy and sufficient infrastructure for the responsible retirement, recycling and disposal of end-of-life vessels; and that Washington state demonstrates a proactive approach using dedicated vessel registration revenues to help address vessels before they become abandoned or hazardous.

The petitioners call on the government to establish a permanent national strategy for the prevention, removal, recycling and responsible disposal of wrecked, abandoned and hazardous vessels; create a self-sustaining vessel retirement and turn-in program funded in whole or in part through vessel registration fees; restore and expand federal funding for timely vessel removal; and improve federal procurement and response processes so qualified regional marine contractors can be deployed quickly to prevent environmental damage and invest in Canadian vessel recycling and disposal infrastructure, including capacity in coastal British Columbia.

* * *

QUESTIONS ON THE ORDER PAPER

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

The Speaker: Is that agreed?

Some hon. members: Agreed.

[*For text of questions and responses, see Written Questions website*]

GOVERNMENT ORDERS

[*Translation*]

CONNECTED CARE FOR CANADIANS ACT

Hon. Marjorie Michel (Minister of Health, Lib.) moved that Bill S-5, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors, be read the second time and referred to a committee.

She said: Mr. Speaker, I am very pleased to rise today to speak to Bill S-5, the connected care for Canadians act. Timely and secure access to personal health information is critical to saving lives and improving care for Canadians. This act is part of our government's plan to build up and protect the health care system and empower Canadians to have more control over their health.

The main focus of Bill S-5 is patient safety. When health care systems are not interconnected, they are not only inefficient, but they also pose a clinical risk for Canadians. Things like undetected allergies, incomplete medication history and lost or delayed test results can lead to misdiagnosis and potentially life-threatening consequences.

Even today, fewer than 13% of Canadians say they have electronic access to all their medical records. In Canada, in 2026, the fax machine remains the primary means for sharing health information between health care facilities. Only 52% of health care providers say that they share their patients' health information electronically outside their office. The main obstacle they cite is a lack of interoperability. Consider what that means for patients.

Patients should not have to remember their entire medical history or repeat it every time they consult a new health care provider. Furthermore, health care providers should not have to rely on incomplete information to make clinical decisions. A survey by the Canadian Medical Association found that 92% of practising physicians in Canada said that the lack of coordination between health care systems was hindering their ability to provide care. That is unacceptable, and it needs to change.

● (1010)

[*English*]

Through Bill S-5, we can make technology work for Canadians, improving lives, improving care and building a more efficient health care system ready for the future. Australia and the European Union have already implemented similar legislation or regulations. Their residents have benefited from connected health care for years. If we act now, we can ensure that Canadians have access to the connected care they need and deserve.

[*Translation*]

I would like to clarify what this bill would do. At present, the sharing of health information in Canada is hampered by the lack of common standards across the country. Bill S-5 would promote interconnected health care by requiring IT vendors in Canada's digital health sector to adopt common data standards. It would also prohibit data blocking.

Data blocking means restricting access to, use of or sharing of health information among authorized parties, such as patients and their health care providers, when privacy laws would otherwise permit it.

In other words, Bill S-5 would help identify the barriers preventing patients and their health care providers from securely accessing the health information they need, when they need it.

All of this would be achieved while preserving existing privacy protections and personal information safeguards.

[*English*]

Access to health information is not a matter of convenience. It is a necessity. Data saves lives, especially when a full medical history is needed in an emergency.

Let me share the stories of real patients and their families. They have experienced the devastating consequences of disconnected care in Canada. Theresa lost her son, Dan, who was only 17, after two visits to the emergency department. She believes real-time access to his file would have helped the family flag critical details sooner.

Another patient requiring an urgent surgical procedure outside her home province was compromised because the local medical team could not access vital records from her home province. Without this essential medical history, clinicians were unable to safely perform the procedure.

There is the story of Greg Price, whose legacy has been an inspiration for many of us working on this legislation. Greg was a healthy engineer from Alberta who faced systemic failures in our health care system. Like many others, he experienced delays due to poor coordination and inaccessible health information. He died of cancer in 2012. He was 31.

This is why today's legislation is so important. We need to break down those silos, so we are changing the rules and we are building the health data infrastructure Canadians deserve.

● (1015)

[*Translation*]

Bill S-5 would also reduce the day-to-day administrative burden on our health care professionals. According to a survey conducted by the Canadian Medical Association, physicians report that they waste an average of 86 minutes a day searching for patient data. That is almost an hour and a half a day. Time spent printing and sorting documents is time that health care professionals do not spend on what they should be doing and what they want to do: caring for people.

Several OECD countries modernized their data laws years ago to allow for the secure transmission of health data, but Canada is lagging behind. This is important not only for patient care but also for the future of innovation within our health care system.

Canada has implemented a near-universal medical records system. Things have to change, especially in light of artificial intelligence. Realizing the transformative potential and the growing importance of artificial intelligence, the Government of Canada recently published Canada's new national artificial intelligence strategy, known as “AI for All”. Health and life sciences are one of the priority sectors under the strategy, given AI's potential to improve patient care, accelerate diagnostics and support the development of new treatments.

However, AI's effectiveness depends on the quality of the data it uses. To unleash AI's potential in the health care field, it must have access to anonymized, standardized high-quality data that can be used responsibly and shared in total safety.

With Bill S-5, we can create the standardized database that is essential to a modern health care system.

Fragmented digital health systems lead to costly requirements across various regions. Health information technology vendors have to build customized models to make their products work in every province and territory. This limits their ability to grow in the Canadian market. Vendors have been clear about the need to address interoperability challenges in Canada.

By establishing clear and consistent national requirements, Bill S-5 would make Canada more predictable and attractive for businesses in the digital health sector. Rather than having to adapt to different requirements in each province and territory, vendors could operate within a single internationally harmonized framework. This would reduce complexity while encouraging innovation and investment. It would also help Canadian businesses grow domestically and compete globally.

Canadians must also be able to trust that their personal medical records will be secure and protected. That is exactly what Bill S-5 aims to do. The bill would not amend federal, provincial or territorial laws governing the use of personal health information. Access to personal health information would continue to be governed by existing privacy laws, and only authorized users would be able to access their patients' medical records.

It is important to note that Bill S-5 also respects indigenous data sovereignty and will in no way alter the ownership, control or governance of the health data of first nations, Inuit, and Métis peoples.

As technology evolves, it is essential to protect Canadians' privacy. That is why our government has also introduced Bill C-36, the protecting privacy and consumer data act, to modernize Canada's private sector privacy legislation for the digital age. Bill C-36 reinforces our commitment to responsible innovation, economic growth, and the protection of Canadians' rights in the digital age.

Co-operation with the provinces and territories is key. I am already working with my provincial and territorial counterparts to develop the regulations. However, the federal framework will not apply to provinces and territories that already have similar conditions. I welcome our shared commitment to interoperable digital solutions that enhance connectivity in our health care system.

Gaps in access to and sharing of health data create unnecessary and unacceptable risks. Canadians continue to face challenges when navigating the health care system.

● (1020)

[*English*]

Canadians strongly support change and want better access to their own health data.

[*Translation*]

This bill is part of our government's plan to build up and protect the health care system and empower Canadians to have more control over their health.

This is great news for our country. That is why I am calling on all members of the House to work together to pass Bill S-5.

I want to thank the Senate for voting to pass it.

[*English*]

Tamara Kronis (Nanaimo—Ladysmith, CPC): Madam Speaker, I was really struck by my colleague's comment that 92% of practising physicians have been hampered by lack of access to information about their patients. The Canadian Medical Association and other medical organizations have been calling for this for a decade. The Competition Tribunal, in June 2022, identified the behaviour of electronic medical record providers as being anti-competitive, and of course we had Bill C-72 before the previous Parliament.

My question for the minister, given that the Liberals let Bill C-72 die on the Order Paper when they called an election last January, is, what took them so long?

[*Translation*]

Hon. Marjorie Michel: Madam Speaker, what I can say is that when I took office, work had already been done on the bill. It had died on the Order Paper, but I immediately revived it. We started discussions with the provinces and territories to ensure that we could move the bill forward. The bill was first introduced in the Senate, and now that the Senate has passed it, we are moving it forward in the House.

I understand what my colleague is saying, and I agree that this has taken too long. However, I think now is the time, and we cannot wait any longer. Given all of the technological advances, such as AI, if we do not have good data, then we will be at risk, and Canada will fall even further behind.

● (1025)

Mario Simard (Jonquière—Hébertville—Pays-des-Bleuets, BQ): Madam Speaker, I admit that the bill's objective is laudable, but there is a major problem here. I am sure members know what I am going to say next. This bill fails to acknowledge that health falls under the exclusive jurisdiction of Quebec and the provinces. Quebec already has laws that implements proposals similar to the ones found in this bill. I do not see how the Bloc Québécois can approve a bill like this unless it is amended to explicitly acknowledge that health falls under Quebec's jurisdiction and that it is Quebec's responsibility, not the federal government's.

I would like to hear my colleague's thoughts on that.

Hon. Marjorie Michel: Madam Speaker, I was expecting a question along those lines. My colleague did not hear my speech, but I made it very clear that any provinces and territories that already have their own regulations will not have to opt out of Bill S-5. The federal government will not interfere with the delivery of health care services by the provinces and territories. The law is complementary, applying only in cases where a province or territory does not already have comparable legislation. At present, Quebec and Ontario already have their own legislation in place.

[*English*]

Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, Dr. Margot Burnell, the past president of the CMA, stated:

> When personal health information can travel freely and securely between patients, clinics, hospitals and labs, people will have better health outcomes and doctors will have more time to focus on care. It also makes it easier for patients to manage their own care in partnership with doctors and other health professionals.

I know this is echoed by the new, incoming president.

The government has been working on a pan-Canadian interoperability road map for years. What is the difference this time, and what concrete timeline would the government commit to so Canadians are not still hearing about the promise of connected care in five years or 10 years from now? This is something the NDP has been calling on for a long time, and I have been working with the minister on it.

[*Translation*]

Hon. Marjorie Michel: Madam Speaker, I would like to thank my colleague for working with us to move this bill forward. I know how important this bill is to him.

Today is a positive step forward. The bill has already passed the Senate and is now before the House, which will refer it to a committee. Once the bill has been passed, we will be able to develop the regulations. We have already started working with the provinces and territories, but this will allow us to formalize that work. While it will still take several months to put the regulations in place, if the bill is passed quickly, I expect the entire process could be completed in less than a year.

Hon. Jean-Yves Duclos (Québec Centre, Lib.): Madam Speaker, I would like to begin by congratulating my esteemed colleague, the Minister of Health, for all her leadership on this issue. I can tell her that, yes, we have been waiting a long time for this bill, but now we are truly moving in the right direction, and we are doing so quickly. The Canadian government is playing a leadership role. It is not responsible for managing hospitals, but it has a role to play in health care and public health.

I would like her to elaborate on an issue that we do not talk about often enough: the fact that data is important to health research, which is, in turn, important to clinical care, benefiting both patients and health care professionals.

Hon. Marjorie Michel: Madam Speaker, I have been talking about data ever since I became the Minister of Health.

Reliable data is essential to making good health care decisions with respect to both service delivery and research. When data is harmonized, researchers can collect it in the same way across the country. This bill will help us do that. It will harmonize how data is collected. All the data will speak the same language, and researchers will be able to analyze it in a consistent fashion. This bill will be beneficial in that regard.

● (1030)

[*English*]

Matt Strauss (Kitchener South—Hespeler, CPC): Madam Speaker, I was interested in the point the minister made about Ontario and Quebec already having legislation that this legislation would not supersede.

This interested me in particular because, as a physician practising in Ontario, I know that the clinical notes from one hospital that I worked at over the last few years in Guelph, Ontario, could be viewed in the region west of Toronto, but I also worked in Kingston, Ontario, over that time, and clinical notes from my other work in Guelph could not be viewed in that region. Even Ontario has not resolved this problem within the province.

I wonder if we are talking about whether Ontario has legislation that calls for this, or about whether Ontario has a reality of interoperability between all the regions in Ontario. Would Bill S-5 affect Ontario as it stands today or not?

[*Translation*]

Hon. Marjorie Michel: Madam Speaker, I thank my colleague for the question because it allows me to clarify a few things.

Yes, Ontario and Quebec already have a legislative framework in this area. However, the data is still blocked by the vendors. Unblocking this data will allow us to share it, and that is what makes all the difference, both within a single province and between provinces. Bill S-5 will still have an impact in Ontario.

What I meant to say is that Ontario and Quebec have already adopted legislation to improve the interoperability of their own health care systems. They have already started putting procedures in place. However, Bill S-5 will require vendors to unblock data, and sharing the data is going to change things.

Luc Thériault (Montcalm, BQ): Madam Speaker, my colleague's question is important. Earlier, the minister quoted a passage stating that the bill will not a apply to provinces that have their own system.

Could she table that wording? I cannot find it in the bill.

Hon. Marjorie Michel: Madam Speaker, we can certainly clarify that.

Danielle Martin (University—Rosedale, Lib.): Madam Speaker, I want to thank the hon. minister for her leadership on this very important bill. We all know that this bill is going to save lives across Canada.

I would also like to ask the minister a question about access to our own health data. We know that Canadian patients want access to their own medical records.

How might Bill S-5 facilitate that?

Hon. Marjorie Michel: Madam Speaker, nearly 25% of Canadians currently have access to their health data, and the same mechanism will apply here. Bill S-5 will require vendors to unblock data, which will enable the various health care systems to make the data available to doctors and patients.

[*English*]

Matt Strauss (Kitchener South—Hespeler, CPC): Madam Speaker, the minister's enthusiasm for the bill is very well appreciated. The issue of health information technology is very near and dear to my heart, and not always in a happy way. Without naming any names of any particular institutions, one of the hospitals that I worked at for a long time foisted on physicians a health information technology solution without asking the physicians, the pharmacists or the nurses if they should do this or whether it was a good idea. They spent millions of dollars on it, and it frankly ruined our professional lives when it did not work at all.

It is important to have good intentions. It is important to be enthusiastic about those intentions, but it is really important that the solutions that end up hitting the ground actually work for the people who use them and for the people those professionals serve. We have to be really careful about a bill like this. The possibility of causing more problems than it solves is a real and present danger.

It is always a great honour to be in the chamber. It is always a great honour to speak on behalf of the people of Kitchener South—Hespeler. It is a great honour to give the Conservative response to the minister's speech. This is, I believe, the first piece of legislation pertaining to health care in the 45th Parliament.

It has been a long time coming. It has been a year and a half. I am a bit sad to say this is a bill that is warmed over from the last Parliament, when it somehow did not make it through. It has been years coming, and for that reason I would hold it to an even higher standard than if it were invented *de novo*.

The bill before us today, Bill S-5, has the admittedly laudable goal of making it illegal for health information technology companies to engage in what the bill defines as data blocking, that is, stopping the exchange, or impeding the exchange, of personal health information between authorized health information technologies.

In sharp contradistinction to many of the government bills that we have been debating over this past month, or even this past week, this is a very short bill. I commend it for that reason. It is perhaps only five pages long, in one language. Even though it is easy to read the bill, which I am grateful for, it is very difficult for me to understand how it could, in fact, work.

● (1035)

I spent 95% of my clinical career in hospitals. There are three electronic medical record vendors that hospitals in Canada use very commonly: Epic, Cerner and Meditech. All three, I am sorry to say, are American companies. All three are subject to a 2016 law passed by the Obama administration called the Cures Act. My understanding is that the Cures Act is very similar, both in its intent and its operations, to the bill before us today, Bill S-5.

Of course, it would be ideal, internationally, that all three of these systems be able to transmit patient health information between each other, obviously with the consent of the patient involved, but it is a really hard problem. This morning, for instance, my office printer was on the fritz. I was unable to send data, this speech, from my computer to the printer in my office. I had to get a friend in the lobby to print it for me, and that is a much simpler problem than all of the health information in all of Canada.

Software vendors and Bill S-5 can have the best of intentions, but the problem of data interoperability is just a hard problem. Let us take, for instance, Meditech. Currently, Meditech has multiple products, multiple product families and different versions of each currently operating in the wild. There is Meditech 6.0, Meditech 6.1, Meditech Expanse, Meditech Expanse 2.1, Meditech Expanse 2.2. Different hospitals may choose to invest more or less money, or use one product family over another. They may choose to update whichever product family they are using often or not, depending on their own IT and human resources.

I imagine it is a full-time job, nay several full-time jobs, at Meditech headquarters just to make sure that its own systems can communicate with each other in an interoperable fashion. That is not for a lack of trying. How much work, how many people and how much money will it take to make the Meditech system talk to the Epic system, to make both talk to Cerner and to make all three talk to the 10 to 15 major players in the European market? How much of a barrier of entry to one day starting a Canadian competitor would all of this entail?

Let us drill down on a small part of the problem to understand the full scale of the problem. In my work as an ICU physician, any individual patient might have literally tens of thousands of data points stored in the EMR from just one day. Just their vital signs, such as heart rate, oxygen saturation, respiratory rate, body temperature and blood pressure, might be recorded and time-stamped continuously, providing thousands of data points before we even speak of medications, diagnostic imaging, clinical notes, blood work, etc.

Each of these data points has to be filed or coded in some agreed upon, legible way in order to be interoperable. Even to zero in on just blood pressure, there are multiple numbers that go into a blood pressure reading and different numbers one might want to store, such as the systolic, the diastolic and the mean arterial pressure. There are different ways of measuring a blood pressure, namely a sphygmomanometer or a blood pressure cuff, or invasive arterial monitoring. Sometimes we are measuring both continuously throughout the day.

One system might store, code and display the cuff systolic and the intra-arterial map every 15 minutes. My system might store, code and display only the cuff three times a day, or when an intra-arterial pressure is available, it might store that, superseding the other. It seems almost impossible to have a government regulatory body come in and say which one is correct. The sphygmomanometer, the intra-arterial blood pressure monitor, the EKG and the pulse oximeter all measure a patient's heart rate, and three of the four measure it continuously. How do we impose a system that ensures that each health vendor will store those in mutually comprehensible ways?

Let us consider a patient on continuous EKG monitoring. Literally every beat of their heart comes with multiple measurable waveforms depending on which EKG is looked at. Each monitoring system will come with different alarms and different ways of storing who responded to each alarm, how long the alarm went off, who turned it off and why they turned it off.

I cannot imagine setting one standard for how all of this ought to be captured. This is not like saying all smart phones have to use a USB-C plug. There are so many more inputs and outputs to a human body that constitute health information. When I speak of monitoring vital signs, I am speaking of a fraction of a fraction of all the forms of data that go into health and health care.

● (1040)

I have just now been speaking about electronic medical records, only one of the types of software we would find in a hospital. There are also prescription management systems, diagnostic imaging systems and scheduling systems, all of which contain personal health information. By the way, health care centres like hospitals are just one sort of organization that uses some classes of devices and some sorts of information technology on those devices.

Bill S-5 seems to seek to regulate all sorts of other devices. For instance, I am wearing an Apple Watch. It went off, and the Speaker got mad at me. It also stores personal health information of mine on it, such as my heart rate. If someone has a CPAP machine at home or a blood sugar monitor, the bill would seem to make demands on those device manufacturers as well.

This is just the present state of things. Health information technology is changing now at a faster and faster rate. A friend of mine runs an AI-powered ultrasound diagnostics start-up company for use by combat medics to see if a soldier in the field has a pneumothorax in real time. It is a pocket-sized device. It is an amazing invention. He worked so hard on it. He employs so many fantastic Canadian scientists who are designing it and making it better every day. I understand that he spends about 0% of his time making sure that whatever data is stored on that device in a battlefield somewhere can talk to Cerner, Epic and Meditech. He is trying to save lives by making something that has never existed before. How can he expect that whatever data his invention ends up outputting 10 years from now will be legible by these legacy systems?

I am hoping that this House will take seriously the scale of the problem that Bill S-5 is trying to make go away. As I said earlier in my speech, the bill closely follows the approach that the Obama administration took in 2016, 10 years ago. Did this approach work in that milieu?

If it pleases the House, I would love to table at some point a paper from November 2025 published in the Journal of the American Medical Association and written by Everson et al., entitled "EHR Interoperability Experiences Reported by Family Physicians". The scientists surveyed more than 8,000 family doctors, asking them what their experience with health information interoperability has been like eight years after the Cures Act. I am sorry to say that despite the best of intentions, the results in this paper are dismal. Only 8% of the family doctors surveyed reported ideal interoperability. From my reading of the paper, it seemed that a majority of the doctors went so far as to give up on accessing outside clinical documentation. I hope we can talk more about this study at committee. Perhaps we could invite the authors of it to committee, should the bill succeed at second reading.

If it is the case that the U.S. administration, after eight years of trying, largely failed to regulate the big American health information technology vendors I mentioned, Cerner, Meditech and Epic, how can we expect that the Canadian federal government would succeed in regulating those same American health information technology vendors into making their systems interoperable? As I said, most Canadian hospitals use information technology from these American providers. Many of the Canadian hospitals I have personally worked at, however, cannot afford to use the latest systems or subscribe to the most up-to-date features from each of these vendors.

Is it really possible that Canadian regulators will be able to bully these gigantic corporations? Cerner is, in fact, by the way, the health information branch of Oracle, one of the largest tech companies in the world. Are we going to be able to demand that Oracle change what it is doing into solving what I fear may be an unsolvable problem when we are currently shopping in its bargain bin? Is it the case that the federal government has a good track record generally in the field of IT systems management? Who among us here could forget the $2.6-billion boondoggle that we now call the Phoenix pay system? Who could forget the $60-million arrive scam scandal? Who could forget the most recent scandal of all, the $300 million blown on the unworkable PrescribeIT program?

I, for one, am not going to forget the PrescribeIT scandal. I think anyone who is familiar with my parliamentary work knows about PrescribeIT by now, because it has been the biggest part of what I have been working on over the last year. In brief, not to belabour the point, as I know the health minister is very familiar with it, it was a 10-year-long attempt by an organization called Canada Health Infoway, which receives funding both from provinces and from the federal government, to solve a simple problem.

● (1045)

Ten years ago, when she introduced the legislation that gave the money for PrescribeIT, the minister of health at the time, Jane Philpott, called it the axe the fax program. Members are aware, of course, how much Liberals like rhyming three-word slogans such as axe the fax.

Right now, in our country, physicians fax prescriptions to pharmacies. That was the case in 2016 when Jane Philpott introduced the legislation. Canada Health Infoway spent $300 million and took 10 years to make just this small class of health information transfer digitally between a doctor's office or hospital and a pharmacy. We have investigated this matter at committee in some detail. To this day, I do not understand how it is that Canada Health Infoway invented something other than a digital fax, which has existed since 1998. Indeed, by its own admission, it invented nothing. It gave Telus $80 million to provide and manage the software platform, which already existed. That was a good deal for Telus. To this day, our study of this matter at committee having been truncated, I still have no idea what became of the other $220 million. It had a $300-million budget. It bought the software and had Telus managing it for $80 million. I do not know where the $220 million went.

After all of that money and all of that time, physicians and pharmacists in our country, by and large, refused to use the solution. Canada Health Infoway seems to have spent a decade designing, or not designing but ordering, a software solution from Telus, without bothering to check in with frontline workers whether they liked the product or whether they would agree to use the product. The product was free, and still over 95% of physicians in our country declined to use the product. That is really bad and frankly activates my PTSD from my home hospital, which had foisted an information management system on us all those years ago. Of all the dogs that have never hunted, the PrescribeIT dog really did not hunt. It was a free solution that 95% of physicians and pharmacists declined to take up.

With Phoenix, arrive scam and PrescribeIT, there is not a good track record. Maybe the federal government is about to turn over a new leaf and provide IT systems that work and that people want to use. I wish I could believe that, but do members know who it plans to put in charge of Bill S-5? Can anyone in the House guess? It is Canada Health Infoway, the totally corrupt organization that just blew $300 million on a failed solution. I know this is the Liberals' plan by word of mouth, but I also know it from Senate testimony. This bill is called Bill S-5 because it came from the Senate. It has already gone through Senate committee hearings, and that has been the clear message. They had the now interim CEO of Canada Health Infoway give testimony. It is their intention to oversee the regulation of this perhaps unsolvable problem.

For those who have not heard, Canada Health Infoway just fired its CEO because he came to the health committee to answer questions about PrescribeIT. He refused to answer the most basic questions about what he accomplished with his nearly $1-million salary. He would not even answer what his salary was. We had to get that information by other means. Its current CEO is the former vice-president, whom he hired.

The $300-million PrescribeIT boondoggle is not even Canada Health Infoway's total spend over the last decade. I believe the organization was in receipt of $1 billion of public money over this time, yet when we had the chair of the board at the health committee and I asked him what it accomplished with the other $700 million, he was unable to describe a single tangible achievement. This is a big problem. Even acknowledging that PrescribeIT did not work, acknowledging that the CEO of Canada Health Infoway was a big problem and acknowledging the extent to which the health minister took credit or did not for his dismissal, even after all that occurred, she planned to reward Canada Health Infoway with another $50 million of funding this year.

● (1050)

I came to question period week after week and asked why she would give it this money. To her credit, the minister halted that funding, acknowledging that this organization is in a serious state of disrepair. This is a big problem when we talk about Bill S-5. It is, to my understanding, still the Liberals' intention to have Canada Health Infoway lead the charge on regulating into existence a solution that is maybe not even possible when they have not accounted for the last $1 billion they spent.

Do I support Bill S-5 in principle? Of course I do. Of course health information technology should be interoperable. Of course no patient should ever have their care suffer because data transfer between institutions is hard. Do I believe that the government, with its track record of IT boondoggles and its track record with Canada Health Infoway, will succeed in getting this job done with this piece of very short legislation? I fear I do not. I want to hear more about it at committee. I certainly want to hear more from Canada Health Infoway on what its plan was, but I cannot say that I have great faith that it will work out.

Solving a problem like the one I have described is not a matter of intention. For instance, I do not want anyone in this country to be sad. If we were to make a law that no one is allowed to be sad anymore, it would not work. That was the question I asked the minister. She said it seemed to be the case that Bill S-5 would not even apply to Ontario because Ontario already has legislation with this intention. However, the reality in Ontario, as I described in my question, is not that health information technologies are interoperable. In the discussion and debate we have in this House, I would love for the government to explain why it will succeed where Ontario has failed if it already has similar legislation.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I appreciate that the member clearly indicated that how health information technology is handled is absolutely critical and that he supports the principle of the legislation. I am encouraged by that.

In terms of the whole mismanagement area, it was the Harper government that brought in Phoenix. There is no escaping that. In other words, there are ways in which, no doubt, we can learn from past experiences in order to advance the principle of a good idea.

I appreciate the member's knowledge, I must say. I am quite impressed with his background and his understanding of the urgency of this. I believe that it would be best addressed at the committee stage. I wonder if he could provide his thoughts on whether he thinks this legislation will pass, given that the Senate has already supported it in principle.

Matt Strauss: Madam Speaker, I think this is becoming a bit of a running gag. After literally every speech I give in this House, the member for Winnipeg North stands and says, “but Stephen Harper”. I suspect that he checks under his bed for Stephen Harper before he goes to sleep at night.

In general, I criticized the federal government trying to do things that cannot be done. This is a vast country. If this problem were solvable, it would be solvable close to home at a low level. If a single province cannot get this done within its borders, I do not understand how any federal government, Stephen Harper's or otherwise, would be able to achieve that.

Is it still a good idea to do something that is well-intentioned but doomed to failure? Part of the answer to that is how much money the Liberals plan to spend on their well-intentioned, doomed project.

● (1055)

[*Translation*]

Luc Thériault (Montcalm, BQ): Madam Speaker, looking over the bill, we can see that it will be implemented by order in council.. Looking at the provision governing such orders, we find the following in clause 7:

> The Governor in Council may, by order, make any provision of this Act or the regulations applicable in any province or territory if the Governor in Council is satisfied,

Already, we see that discretionary power comes into play.

> after applying the criteria and the process provided for in the regulations,

We pass the laws, but regulations never come back before legislators.

> that the province or territory does not have requirements that are substantially similar to or exceed those established under this Act.

A moment ago, the minister said the bill would not apply in the provinces or territories that already have legislation. However, through regulations and orders in council, the bill also allows her to satisfy herself that federal action is nonetheless required.

The territories' and the provinces' jurisdiction over health, however, is constitutionally established. Does my colleague not see that as a potentially dangerous discretionary power?

[*English*]

Matt Strauss: Madam Speaker, I think it is dangerous. There are two major dangers that I see. One is to free enterprise. If we have some giant regulator, unaccountable to the House, making decisions about what constitutes interoperability, how is that going to affect my friend? He is a professor of medicine. He is, frankly, a genius. He is trying to develop this ultrasound AI-powered technology. It would be easy for the regulator to put restrictions on him that would make it almost impossible for him to enter the market unless he lives up to the standard that the fat cats like Cerner and Meditech get the regulator to adopt. There is a real risk of protectionism and the choking out of health care innovation.

I have read the Canadian Constitution front to back a few times. It talks about hospitals being under provincial jurisdiction. We have the Public Health Agency, we have Health Canada, and we have the Canada Health Act. It seems that in many ways in this country, health care currently comes under federal jurisdiction, and the words “health care” do not appear in Canada's written constitution, at least.

Jeremy Patzer (Swift Current—Grasslands—Kindersley, CPC): Madam Speaker, it is important to hear from somebody like my colleague, who has the medical professional background that he does. He has very eloquently expressed a lot of the problems that currently exist. It is very reasonable for Canadians to expect that their data and their information would be available to them wherever they may be, and I think this is a problem that needs to be addressed. It has been a problem in Saskatchewan. It has been a problem in Ontario, as he has highlighted very well.

I passed a bill on the copyright side for interoperability, so I appreciate his talking about the need for data interoperability. I am just wondering, on that very specific point, if he has a little more to add to the remarks he made earlier.

Matt Strauss: Madam Speaker, something the member was driving at that I think is really important is the lens I would want this sort of bill to take. In medicine in general, we have struggled over the last several decades to be more patient-centred and less institutionally centred in our approach. I would love it if this health information technology bill put health information technology more in the hands of patients, if it adopted the patient-centred approach. Instead of a bill telling Epic and Cerner that they have to fulfill Canada Health Infoway's requirements on interoperability, I would love to see a bill that asks Cerner and Epic to put the health information in the hands of the patient to whom the information pertains, and then that patient could choose to hand it over to Epic or to Meditech if and when they see fit.

● (1100)

Hon. Jean-Yves Duclos (Québec Centre, Lib.): Madam Speaker, I was also very pleased and very interested by the speech we just heard from someone who obviously knows and cares very much about how health care systems work and should operate. I am curious to hear his point of view on the connection between research, science and health, health data and health clinical work. Does he believe that providing better access to data to researchers, scientists and health experts could lead to better development of technologies and better use of those technologies?

Matt Strauss: Madam Speaker, yes.

Hon. Kevin Lamoureux: Madam Speaker, I have a fairly straightforward question. I hope we get the same sort of an answer.

The member talked originally about the principle of the legislation being something he appreciated. Then, when he answered my question, at the tail end he planted the seed of doubt as to whether the Conservatives would want to see the legislation go to committee. Can the member indicate whether the Conservative Party will be voting in favour of the legislation to go to committee?

Matt Strauss: Madam Speaker, my understanding is that the Liberal government has a majority in the House. The legislation will pass if the Liberal Party wants to pass it. I am honestly befuddled as to why the parliamentary secretary to the government House leader is so interested in whether we support the legislation. I am not in a position to speak for the Conservative Party today. For myself, I can say I have not made up my mind.

Tamara Kronis (Nanaimo—Ladysmith, CPC): Madam Speaker, I am wondering what additional data the hon. member is looking for, in terms of what the government needs to provide in order to give not just Conservatives but Canadians comfort that the legislation would be implemented well and would provide for good, truly interoperable portable systems.

Matt Strauss: Madam Speaker, it comes down to trust. It is my understanding, based on the Senate testimony, that the intent is for Canada Health Infoway to lead this effort. I do not trust Canada Health Infoway.

It is a really, really difficult technical problem. I understand some things about health care. I understand not a lot of things about information technology. There are very few people, I think, who actually could make regulations that make sense. Unfortunately, I feel that many of them are currently in the employ of Cerner, Meditech and Epic. If more meat could be put on the bones regarding who would actually be doing the regulations, thinking about the regulations, and how much money it would cost to get those people to do it, then perhaps I would have some more trust in this approach overall.

[*Translation*]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Madam Speaker, the people who turned on their televisions last night saw us debating. If they tuned in this morning, they would see that we are still here. I say that for those who think we do not do a lot of work. Extended hours, when we finish in the early hours of the morning, means that we need to use our notes to ensure that we stay on topic.

With respect to Bill S-5, I must remind the House of Quebec's responsibility in delivering health care services. To me, that is clear. For the past few weeks, I have been the Bloc Québécois health critic. I have never seen so much pressure from the Conservative Party, senators, the government party and lobbyists to centralize health care powers in Ottawa. Every time, I am told that it would make things so much easier.

Mario Simard: Madam Speaker, I rise on a point of order.

My colleague is a generous woman. I am sure she would be willing to share her time with me.

The Assistant Deputy Speaker (Alexandra Mendès): I believe the hon. member for Laurentides—Labelle is seeking unanimous consent to split her time.

Is it agreed?

Some hon. members: Agreed.

The Assistant Deputy Speaker (Alexandra Mendès): It is agreed.

Marie-Hélène Gaudreau: Madam Speaker, setting aside any knee-jerk reaction I might have as a Quebec sovereignist to Ottawa's centralizing tendencies, there remains the broader issue of administering care and, above all, administering health care. I fully recognize that the sharing of information is critically important in health care. We need to be able to prevent epidemics, understand population movements and anticipate the long-term effects. I fully understand the importance of having an accurate picture of the public health situation. Take HIV/AIDS, for instance. In a study currently being conducted by our committee, officials from the Public Health Agency of Canada told us yesterday that they were having difficulty compiling data on the current situation in Canada.

That is why I encourage the provinces to work together and, with Ottawa's support, establish an effective framework for information sharing and exchange.

Quebec, whether as a province or as a country, has every interest in having access to reliable public health data at the North American level. That said, we should not ask Ottawa to dictate to the provinces how health care should be managed. Let us leave that to the provinces, public health agencies and health departments to determine together whether a common road map is the best way to collaborate.

The ideal would be for them to pool resources and expertise, because responsibilities are shared and solutions are developed collaboratively. That is the beauty of sharing.

Bill S-5 could simply be based on a truly asymmetrical relationship and an uneven partnership, one that is more natural and in keeping with our federation.

In this case, it is the means I am questioning, not the end. Federal legislation that forces us to take on a subordinate role tells Quebeckers that the federal government wants to be the master in their house, whereas we want to be masters in our own house.

On this budget day, I would like to remind the House that "Maîtres chez nous" is more than a slogan. It represents the hopeful spirit of the Quiet Revolution, our collective drive as Quebeckers to assert ownership of the tools to build a modern, forward-thinking state that is committed to social progress.

The Trudeau government essentially stole our ideas. One might say that it drew inspiration from ideas such as child care and pharmacare. What we are seeing from the current government is something altogether different. It is appropriating symbols of national aspiration and collective emancipation. That is profoundly insulting.

When Quebec chose to take its destiny into its own hands, it did not wait for the federal government. It just did it. We have been proving that for decades. We built our own institutions, established our own frameworks and charted our own course. Now that the work is done, the federal government wants to tell us what to do. It should do the opposite and ask the provinces how this worthy objective can best be achieved. Instead, the same old reflexes persist. Unless the government is prepared, and this is important, to amend its bill to include a preamble stating that Quebec remains the primary architect of its health policies, we cannot support such a bill.

It is worth noting that Quebec already has its own digital health information system, known as the Health Booklet. This system allows all Quebec patients to access their list of medications, medical imaging and lab test results, and the services they have received since May 2026. Quebec has begun rolling out digital health records in the Mauricie region, the Centre-du-Québec region, and the northern part of the Island of Montreal. This project will enable the Quebec health care system to gradually phase out outdated technologies such as—I am embarrassed to say—the fax machine, and contribute to the digital transition of Quebec hospitals.

● (1105)

Going forward, patients will be able to access their medical information, appointment history and medical records through Mon dossier santé.

If the federal government really wants to support health care, I have an idea: Release the money. Unfortunately, the federal government cannot manage our emergency rooms, our CLSCs, our labour relations, the delivery of care or the priorities of our health care system, so we have a request. Every single year, we ask for more money in the form of health transfers. We firmly believe that 6% a year, for a total of $14 billion over five years, is not too much to ask, given all the tax dollars collected by Ottawa.

Yes, it is no secret that Quebec's health care system faces challenges, but it is up to the Quebec government to make its own decisions in the best interests of Quebeckers, in consultation with stakeholders on the ground who understand the real needs. My riding of Laurentides—Labelle has three hospitals, the Mont-Laurier hospital, the Rivière-Rouge hospital and the Sainte-Agathe-des-Monts hospital. They have enormous funding needs. In all three cases, private foundations are stepping in to make up for the funding shortfalls. Why? It is because, unfortunately, the federal government is not doing its part.

When it comes to equipment, it is quite remarkable that the community had to mobilize all its efforts just to secure access to an MRI machine, and even a CT scanner, only a few years ago. Rather than allocating funds for patient care, the federal government is just managing programs and telling others what to do. The federal government does not run a single clinic. Everyone has their own area of expertise.

When I talk to people, I ask them whether they would prefer option A or option B. Option A involves adding another layer of administration to Quebec's health care system. Option B involves Ottawa sending Quebec money so that we can provide care. Option B wins every time, both among health care professionals and among the public. People know that they pay more in taxes than what is transferred back to Quebec, so it is simple. Unless amendments are made, the Bloc Québécois will be voting against Bill S-5.

I will conclude as I began it. The government needs to let Quebec and the provinces manage their own health care systems and make their own decisions. Yes, let us work in partnership, but not by making Quebec and the provinces subordinate. Let us not go further down the road of an imposed federalism. We have had enough encroachments on provincial jurisdiction. As I always tell my colleagues, whenever provincial jurisdictions are at stake, I will be relentless, and my answer will always be no.

● (1110)

Hon. Jean-Yves Duclos (Québec Centre, Lib.): Madam Speaker, I thank our colleague for her excellent speech.

I would note two useful points. First, she said that the bill's objective is noble. Second, she said that the Canadian government has to show leadership in health care across the country, including in Quebec.

I would like to ask her whether she has had an opportunity in recent months to speak with researchers or experts in her riding who work on health data about the importance of having access to these data, and about the extent to which technological barriers put in place by large companies—barriers that often transcend the borders of a single province—can make accessing these critical data difficult, knowing full well that data can save lives.

Marie-Hélène Gaudreau: Madam Speaker, my colleague is right to a large extent. Indeed, without data, how can we act? Scientists say that they want to do more, but that we have decades of data to compile before we can make changes.

That said, it matters who has the control. Consider, for example, a father who tells all his kids that he is going to manage everything and keep all the information to himself. We prefer self-determination. We believe that each of the children, the provinces and territories, should be trusted and provided with whatever they need to obtain that data. Then, these data can be pooled together to save lives.

[*English*]

Kelly DeRidder (Kitchener Centre, CPC): Madam Speaker, I appreciate my colleague's speech on this important issue today. I was particularly interested in the part about health care transfers. It is not a big ask for the provinces in order to provide the health care that Canadians deserve. It does fall under provincial jurisdiction, but they are asking the federal government for health transfers.

I would like to know the member's opinion on the fact that we are spending more taxpayer dollars on servicing our debt than we are on health care transfers in this country.

● (1115)

[*Translation*]

Marie-Hélène Gaudreau: Madam Speaker, I would like to take this opportunity to say one thing. We often hear about the desire to build Canada strong, about development and about the need to work together.

I find it hard to understand why, when all the provincial and territorial premiers spoke out so loudly, forcefully and unanimously to say that they needed health transfers, it all came to nothing. It would have been such a great opportunity to show that the government does indeed want to build Canada strong.

Luc Thériault (Montcalm, BQ): Madam Speaker, when the pan-Canadian interoperability roadmap was announced, it was noted that:

> Quebec has not signed any agreement with the federal government and is not bound by the conditions related to the document entitled "Working together to improve health care for Canadians". Quebec remains fully committed to exercise its own responsibilities within its exclusive jurisdiction over health care and has not adhered to the pan-Canadian strategies concerning human resources, data and virtual care and mental health and intends to retain its full autonomy with regard to planning, organization and management of its health system. Quebec remains open, however, to share information and best practices with other governments in these areas.

The minister said earlier that she has the power to decide whether or not to impose the order in council. What I understood from my colleague's speech is that, unless the government explicitly states in the preamble to its bill that Quebec remains in charge of its health policies, she will not support the bill.

Marie-Hélène Gaudreau: Madam Speaker, my colleague has such a way with words. He must have slept longer than I did yesterday, even though we were together.

Some hon. members: Oh, oh!

Marie-Hélène Gaudreau: Madam Speaker, we were together in the House. We did not sleep together.

I want to make this crystal clear: If the necessary firewalls are in place, if our responsibility for delivering services is clearly protected and if data is shared, we will obviously say yes.

Otherwise, there is too much margin for manoeuvre, and the autonomy of Quebec's health care sector could be negatively affected by these orders.

Mario Simard (Jonquière—Hébertville—Pays-des-Bleuets, BQ): Madam Speaker, before I start my remarks, I would like to note a recurring trend. We are seeing more and more bills here in the House that originated in the Senate. As members know, the time allocated for debate on a bill is not unlimited, so I find it somewhat curious that the government continues to place so many Senate bills on the agenda.

Let me turn now to Bill S-5. As my colleague from Laurentides—Labelle said earlier, its objective is certainly commendable. No one can argue with it. Unfortunately, however, this bill reflects a familiar tendency to believe that Ottawa knows best, that Ottawa knows better than the provinces what is good for them in areas under their jurisdiction, and that Ottawa possesses more expertise when it comes to implementing policies. I must say, it is getting a bit tiresome.

There is a major problem, as my colleagues have pointed out. Despite what the Minister of Health said earlier, nowhere does this bill explicitly recognize Quebec's and the provinces' exclusive jurisdiction over the organization of health care delivery or the fact that Quebec can choose to develop its own digital infrastructure. If the Bloc Québécois is to support such a bill, it must include an explicit recognition.

I would like to point out that, as my colleague from Laurentides—Labelle said earlier, the Government of Quebec has already indicated its intention to deploy its own digital health infrastructure. Unfortunately, this bill in no way reflects the autonomy that Quebec claims with respect to health care. Moreover, to my knowledge, Quebec has not committed to following the pan-Canadian interoperability roadmap. The major stumbling block in Bill S-5 is that it does not respect jurisdictions.

To convince my colleagues of this, I will reread clause 7(1), which my colleague from Montcalm referred to earlier. I hope the Minister of Health will listen to us.

> The Governor in Council may, by order, make any provision of this Act or the regulations applicable in any province or territory if the Governor in Council is satisfied, after applying the criteria and the process provided for in the regulations, that the province or territory does not have requirements that are substantially similar to or exceed those established under this Act.

What does that mean, ultimately? It means that Ottawa is leaving the door wide open to tell the provinces how they should act. That is why I said in my introduction that this is, once again, a form of centralizing federalism. I will not use the term "predatory federalism", but this is yet another form of federalism that is heavily focused on allowing Ottawa to define what is right and what constitutes good health care within the provinces' areas of jurisdiction.

This is very clear, and I want to make that point clear to the minister. In theory, Bill S-5 might not apply to Quebec, as my colleague said, but we must still speak out against clause 7, which would allow the government, by order, to effectively override provincial laws in areas that fall under provincial jurisdiction.

Unless the government is willing to amend its bill, I do not see how the Bloc Québécois can support it. At the very least, a preamble should be added that clearly specifies that Quebec remains in charge of its health care.

However, today is budget day, and we are always happy on budget day. This bill gives me the opportunity to talk about something that is central to the Canadian federation, and we will see it reflected in the budget: the perennial problem of health transfers. If we want to fix health care, we need to solve the funding problem. Year in and year out, and during every election campaign, when Quebeckers and Canadians are asked what their priorities are, health care is usually one of their top priorities.

● (1120)

I want to go back to the issue of health transfers because, in the great history of Canadian federalism and the injustices and inequities in relations between Quebec and Ottawa, one thing is glaringly obvious. I am talking about the infamous fiscal imbalance.

For those who do not remember what that is, I will explain. The Government of Quebec delivers virtually all social services and, in fact, Ottawa delivers very few services. There is EI, but that is paid for by workers. There is OAS, which is a social program. Ottawa participates very little in terms of social programs, although it takes up 60% of the tax room.

In the end, Ottawa always has much more money than its responsibilities require, while Quebec and the provinces never have enough because they have a smaller tax base. That is the fiscal imbalance in a nutshell.

Instead of piling on more and more health initiatives, encroaching on an area under provincial jurisdiction, Ottawa should focus on making health transfers more predictable and unconditional.

We will see whether there is any good news in the budget and whether health care transfers will live up to the expectations of Quebec and the provinces. Right now, if we look at the big picture, Quebec is spending about 42% of its total budget on health care. Back in the 1960s, when the public health care system was first established, 50¢ of every dollar invested in health care came from the federal government and 50¢ came from the provincial government. Today, the federal government's share is estimated at barely 22%. That means that, for every dollar invested, 22¢ comes from the federal government. Quebec has to cover the rest, and the infamous fiscal imbalance comes into play, as I mentioned earlier.

That said, 42% of the Government of Quebec's budget is a huge share. That means that Quebec has only about 58% of its total fiscal capacity left to address essential priorities, such as education, poverty, infrastructure, municipalities and support for Quebec businesses. We have been fighting long and hard over health care transfers in Canada. In 1980, the Mulroney government made the first drastic cuts to health transfers.

Then came the famous Liberal era, when there were budget surpluses. Where did those budget surpluses come from? They came from the recurring cuts Paul Martin made to health care. In the wake of the 1997-98 referendum, $2 billion in recurring funding was cut from the provinces. Jean Chrétien boasted to the G7 that he had balanced the budget, which is pretty cynical, really, because he got his surpluses by cutting transfer payments to the provinces. He added that he would not have to pay the political price for this, because the public believed—members may recall Lucien Bouchard's shift toward outpatient care—that the governments of Quebec and the other provinces were to blame for the shortcomings in health care services. However, it was the federal government that had just insidiously cut transfer payments and that was not shouldering its share of responsibility for health care.

It is budget day. I hope the federal government will see the light. It needs to put an end to the predatory federalism and accept its share of responsibility for health transfers.

● (1125)

Guillaume Deschênes-Thériault (Madawaska—Restigouche, Lib.): Madam Speaker, better data collection and interoperability, and therefore better dialogue between systems, will ultimately benefit the health of Canadians, including Quebeckers.

As we know, these things do not happen in a vacuum. Some Quebeckers might have consultations in Ontario or New Brunswick, just as people from other provinces might have consultations in Quebec. I welcome the idea of having a health care system that is more connected in terms of data sharing, because it represents progress. In fact, if we look at the Quebec model for data management, it is already pretty much in line with what is set out in Bill S-5, and it will ensure greater consistency, and therefore comparability, of data right across the country.

I wish I could understand why my colleague appears to oppose improved data collection, which will benefit the entire population.

Mario Simard: Madam Speaker, if somebody is getting their arm taken off, they are not going to worry about the pimple on their nose. In health care, having better data sharing is worthwhile. However, what people want is access to services.

Unfortunately, what we have been seeing within the federation for far too long are cuts to health care transfers. This makes it more difficult to access care, and it makes it harder for the provinces to manage other areas under their jurisdiction.

If my colleague wants to see results in health care, he should convince his government to invest as it should and to increase its participation through transfers. That is the best solution.

Luc Thériault (Montcalm, BQ): Madam Speaker, my colleague was right to raise the whole issue of chronic underfunding in health care, the lack of federal funding, and the federal government's fundamental inability to shoulder its fair share.

Going back to the bill, under clause 7, which my colleague mentioned, the bill would apply, by order, to a province such as Quebec if the minister determines that Quebec's existing measures do not meet the criteria. Whatever she wants to do, she will do by enforcing regulations that we have not seen, that we will never see, and that she can also amend at her discretion, by order.

The minister told us that she respects the way things are being done in Quebec. My colleague argued that the preamble should explicitly state that the minister intends to respect Quebec's constitutional jurisdiction. Can he tell us whether he is convinced that the minister's commitment will lead to a willingness to accept an amendment proposed by the Bloc Québécois?

● (1130)

Mario Simard: Madam Speaker, a little while ago, I was listening to the Minister of Health, who said, in response to a question from the member for Montcalm, that she would table the clause demonstrating that the provinces' areas of jurisdiction will be respected.

After a close reading of the bill, it quickly becomes apparent that, and I can see that my colleague from Québec Centre agrees with me on this, the federal government is leaving the door open to the possibility of assessing the Quebec government's IT policies and deciding whether they are valid. That is completely unacceptable.

I therefore hold out little hope that the minister will see the light and amend the preamble to this bill to clearly affirm that health care falls within provincial jurisdiction and that the federal government should not interfere.

Hon. Jean-Yves Duclos (Québec Centre, Lib.): Madam Speaker, there seems to be some confusion in the remarks made by my colleague, for whom I have a great deal of respect. This has nothing to do with the decisions made by the Government of Quebec. What this bill aims to do is regulate the activities of organizations, including multinationals, that are unfortunately restricting access to data needed by patients and health care professionals.

Does my colleague acknowledge that there is some confusion in what he said? The Quebec government is not the target here; technology companies are.

Mario Simard: Madam Speaker, I admit that I get confused sometimes, but as for this bill, I would invite my colleague from Québec Centre to reread clause 7. He will learn that the government is giving itself the option of enforcing a law in an area of jurisdiction that is not its responsibility.

[*English*]

Maggie Chi (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, it is great to see you here today. I will be sharing my time with the member for Bourassa.

I rise today to support Bill S-5, the connected care for Canadians act, which is crucial to establishing a connected health care system in Canada.

In Canada, health information is fragmented and is scattered among hundreds of health information systems across family doctor offices, hospitals, walk-in clinics and pharmacies. Bill S-5 would break down these digital barriers so a patient's health information could move securely and seamlessly wherever they receive care. It means that patients would no longer have to physically carry medical records from one doctor's appointment to another or repeatedly explain their medical history every time they seek care.

Bill S-5 is also about making the health care system work better for Canadians. It would unlock the potential of standardized and anonymized health data to accelerate medical breakthroughs and improve health outcomes for all Canadians. Health information in Canada is often stuck in separate digital systems that cannot be easily shared, first, because of data blocking, a practice that prevents authorized users from accessing health data even when privacy legislation allows it, and, second, because of a lack of common standards. For example, one hospital's database could record a patient's blood type using a numeric code, another could use an alphanumeric code, and a third hospital might use a written description. All three could mean exactly the same thing, but without common standards, their computer systems might not recognize each other's blood type entries.

To address this, Bill S-5 would require health information vendors in Canada to adopt common standards and would prohibit vendors from data blocking. These standards would be set out and maintained through regulations, with requirements that would ensure secure access for patients within the protection of existing security law. This is the approach used in other jurisdictions as well, such as Australia, the United States and the European Union.

Bill S-5 would build on the shared pan-Canadian interoperability road map, already endorsed by provinces and territories, and on the working together to improve health care for Canadians plan, which committed nearly $200 billion over 10 years, with modernizing health data as one of four shared priorities.

When somebody sees a new doctor, they are asked for their medical history. Bill S-5 would enable patients and their doctors to access health records electronically, no matter where in Canada patients receive care. This is connected care. Doctors' being able to access electronic health records is critical to the continuity of care. Without a seamless exchange of information between systems and providers, the burden of health information falls to patients and their families. Moreover, the lack of access to a patient's medical records increases the risks of misdiagnoses, medication errors, duplicate testing and treatment delays.

Take, for example, patients in rural and remote communities or patients with very complex conditions who are referred to hospitals in major urban centres for advanced diagnostic procedures, complex treatments and highly specialized medical care. Oftentimes these patients arrive in serious condition, usually with photocopies of their health records, and the information is often incomplete. Patients with a language barrier or limited medical familiarity shoulder the burden of coordinating their own care because there is no digital connection between our health information systems. In all these cases, important health information is often missing or inaccessible. Unfortunately, this happens very often.

Bill S-5 would help support these patients with a more coordinated and integrated health care system, with accurate and accessible data so doctors can make clinical decisions with complete information and provide the health care Canadians deserve. In today's rapidly evolving world of medical research and innovation, large, high-quality data sets are the foundation of medical breakthroughs such as accelerating drug discoveries and enabling earlier disease detection. For example, the quality, quantity and representativeness of the data sets largely determines how accurately a health AI model performs in real-world settings.

Our government's national AI strategy, AI for all, recognizes data as a strategic national asset that must be responsibly stewarded and mobilized to support innovation and productivity across the economy. Our health care system generates a vast amount of health data, spanning diverse populations, medical conditions and care settings.

● (1135)

By leveraging our standardized and anonymized health data, Canadian researchers have an opportunity to become global leaders in medical research and health innovation, driving medical breakthroughs and improving health outcomes for all Canadians. Currently, much of this data remains fragmented in disconnected systems. By securely unlocking its potential by applying common standards, our medical researchers can drive breakthroughs in disease detection, treatment and improved hospital efficiency.

For example, in my riding of Don Valley North, we are fortunate to have North York General Hospital, Canada's top-ranked community academic hospital. It partnered with a Canadian health AI company, and by leveraging the data it has collected from the emergency department, it has trained an AI model that analyzes real-time patient vitals, waiting times, triage assessments and hospital capacity to identify where patients can receive care sooner. This has cut the average emergency wait time by nearly 28%.

Data can save lives. The knowledge that can be unlocked from our health data sets has the power to transform our health care system. Better health data means a more accessible and innovative health care system. That is why Bill S-5 is such a consequential piece of legislation, and I believe it is a practical path forward that would serve the best interests of all Canadians.

[*Translation*]

Luc Thériault (Montcalm, BQ): Madam Speaker, setting aside the fact that, as we mentioned earlier, as soon as the pan-Canadian interoperability roadmap was announced, Quebec made it clear that it did not want any part of it, though it was open to data sharing, there is one issue that piques my curiosity from a purely technological standpoint.

This bill is about connecting all health care data from coast to coast to coast. Does my colleague have any technological opinions on how vulnerable this kind of system might be to cyber-attacks, like the one that hit sites like Hugging Face not so long ago?

● (1140)

[*English*]

Maggie Chi: Madam Speaker, that is an excellent question. As I mentioned in my speech, in a rapidly evolving world with a lot of cybersecurity threats, and with the development of AI, security is definitely top of mind for all of us. The legislation, at the core of it, would block the ability of vendors to block data, while respecting provinces' and territories' ability to also operate within their privacy laws and acts. We are very mindful of that. We will continue to work with the provinces and territories as we write out the regulations, while respecting the provincial and territorial jurisdictions.

Eric St-Pierre (Honoré-Mercier, Lib.): Madam Speaker, I am curious as to whether the member for Don Valley North can comment on how a more connected health care system, through Bill S-5, could help Canadians facing barriers to care, especially those living in rural and remote communities across Canada.

Maggie Chi: Madam Speaker, I mentioned a few examples in my speech of frustration with always having to remember one's medical care record or the history of one's procedures. We have all experienced that. Sometimes we forget, sometimes we may have remembered things wrong, and it proves a hindrance to our care. Sometimes it causes delays, really dangerous delays. We heard the minister mention the example of Theresa and her family. We want to avoid that.

As we continue to have discussions with providers, doctors and clinicians are telling us about the importance of having the legislation passed because it would enable data sharing. It would enable more connected care. It would help them facilitate care that is more beneficial to the health outcomes of patients. We are very optimistic about the future of more connected care in Canada that the bill would enable.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I believe it is important that we advance the legislation. Back in the nineties, I was the health care critic in the province of Manitoba. Even back then, we were talking about having better access and about patients being able to see their records. I see the legislation as modernizing something that is long overdue. It is in the patient's best interest. Could my colleague provide her thoughts on the patient's best interest and how the bill would support that?

Maggie Chi: Madam Speaker, I want to thank my friend and colleague for his long-time advocacy for creating this future of connected care in Canada.

Absolutely, that is the goal for all of us, to provide the reality of more connected care in our communities. For far too long, and far too often, we have heard frustrations about remembering one's medical records, having misdiagnoses, having mistreatments or delays. We all want that to improve. This bill would not only provide a path to that for clinicians and health authorities. It would also provide patients with the autonomy of having their personal data and more connected care for everybody .

[*Translation*]

Abdelhaq Sari (Bourassa, Lib.): Madam Speaker, I am pleased to have the opportunity to speak to Bill S-5.

I want to begin by having members imagine the following scene: A mother from Montreal North arrives at the emergency room with her son in the middle of the night. She knows his allergies, medications and most recent visits by heart, but the doctor on duty does not see any of that information on the patient's record. His record exists, but it is somewhere else, in another system, not in the system of this clinic, this CLSC or this hospital. It is in a different software program or sitting on a fax machine somewhere. As a result, his mother has to repeat the information over and over again. While she is doing that, time is being wasted, and sometimes much more than just time is lost.

Today, information can travel around the globe in a second, but it is still difficult for a patient's health records to make it across the street. Bill S-5 seeks to remedy that issue. We are talking here about what I would describe as the cost of working in silos, which can be explained in numbers, and those numbers speak for themselves. Four out of five patients want to be able to access their health care records digitally online. However, only 39% are able to do that, and often they can access only some of the information. In 2023, 42% of Canadians reported gaps in the coordination of their care because of systems that do not communicate with one another. Behind those numbers are tests that had to be redone, delayed diagnoses and doctors who are searching for information instead of providing care. There are also families that carry their own health records around in an envelope or even a plastic bag—I have seen it happen—because the systems do not communicate or share data.

Consider the people who provide care. Our doctors, nurses and pharmacists already work under tremendous pressure. Every hour spent filling out forms, waiting for a fax—yes, I did say a fax—or calling another clinic is an hour less spent with a patient. That is really the important thing. That is the service that we want to provide to our citizens. In a system low on resources, unnecessary paperwork is not just a detail; it is health care time wasted.

I would also call this compartmentalization an "opportunity cost". It is a collective cost. It prevents us from fully understanding which policies work and which performance indicators are best for the work at hand. It prevents us from knowing where shortfalls exist, where to look for the best impact indicator, or how to locate the best efficiency indicator, simply because the systems do not communicate; they exist in silos, with less integration. When systems operate in silos, information is not only less integrated, but the lack of interoperability prevents us from attaining the global perspective we need to measure them properly. Without seeing a situation clearly, it cannot be corrected. Without a global view, improvement is impossible. What cannot be measured is difficult to quantify or even to improve.

Of course, inequalities still remain. Bill S-5 does two simple but essential things.

First, it requires interoperability. Health information technology vendors will need to ensure that the systems they sell, license or supply as a service can talk to each other and communicate according to common Canada-wide standards, including information security standards.

Second, it prohibits data blocking. A vendor will no longer be able to lock a patient's information to keep its clients captive. Health data belongs to a patient's continuum of care, not to a vendor's business model.

Let us consider a simple example. When people switch phone providers, they get to keep their phone number. No one would consider that revolutionary today. It is taken for granted. It is simply the way things work. Why, then, should we accept that a person's medical history remains trapped in a particular software platform or IT solution? If we demand number portability for our phone service, then we certainly can, and should, demand the same for the health of our families.

● (1145)

I have spent a good deal of my career in IT governance and in business and corporate architecture. To be honest, technology is rarely the problem. More often than not, the problem and the challenge are cultural, including the absence of common rules. People build islands and then act surprised when there are no bridges connecting them. Bill S-5 represents an obligation and an opportunity to build those bridges.

Building bridges involves creating connections. However, connecting systems does not mean we want to expose our data. Some people will ask where Bill S-5 stands on privacy. The answer is clear: It makes no amendment to any federal, provincial or territorial privacy law. The current rules on the collection, use and disclosure of data continue to apply as they always have. Only authorized users will have access to records. Bill S-5 does not mandate the sharing of data. It allows for the secure transfer of information where such transfers are already permitted by law.

To reiterate, connecting systems does not mean data will be exposed. On the contrary, data will be better protected. Experts also see data integration as a way to enhance data security. When data is distributed, or even scattered, across multiple siloed systems, redundancy can result in inaccurate information being shared without the knowledge of the individual concerned.

We need to stop relying on a patchwork of systems that, in Quebec and elsewhere, are unfortunately quite outdated. The government is not trying to take control; it is proposing a partnership.

I want to speak directly to my colleagues from Quebec: Health care falls under provincial and territorial jurisdiction, and this bill respects that. It acts as a safety net where similar legislative measures do not exist. Quebec already has a well-developed interoperability regime, and common standards will be clarified in consultation with the provinces and territories.

We are not starting from scratch on this. Federal, provincial and territorial governments are already working together to develop a pan-Canadian interoperability road map, and Bill S-5 does not seek to supplant that. Its purpose is to support, assist and accelerate the process.

There is also a real economic benefit. Adopting common standards reduces barriers to entry and enables Canadian digital health companies to grow, innovate and compete. Greater competition can foster more modern and potentially less costly solutions for our public health systems.

As for my Conservative colleagues, I know they share our commitment to improving the quality of data in order to make better-informed decisions. Bill S-5 is an essential step toward that objective. Let us be clear: The bill does not require anyone to adopt a single system, nor does it replace the tools that are already in use. It requires them to communicate and exchange information with one another. That approach is simpler, more flexible and more respectful of what each province has already built.

For me, this is a matter of fairness, first and foremost. When information does not follow the patient, it is always the same people who bear the consequences: seniors who are seeing multiple specialists; families living in rural and remote communities; and newcomers, including many in my own community. For a family in a rural or remote community, an electronic prescription, a referral to a specialist sent in a matter of seconds or a remote consultation with the correct medical records to hand can save them hours of driving, days of waiting and a great deal of worry.

In closing, let me go back to the mother from Montreal North who went to the emergency room in the middle of the night. Thanks to Bill S-5, she will no longer have to be the system's memory. The doctor will have the information they need and her son will receive safer, faster and better coordinated care. Data saves lives and so does integration.

The Senate has carefully studied this bill. In the House, all the parties are saying that they want modern care. We need to ensure that we have the means to achieve our ambitions. Let us work together to pass Bill S-5 quickly.

● (1150)

Tamara Kronis (Nanaimo—Ladysmith, CPC): Madam Speaker, my colleague gave a good description of how the Liberals have allowed our health care system to fall behind.

Medical associations have been calling for these changes for 10 years. In 2022, Canada's Competition Bureau also highlighted the problems associated with electronic health records. However, the Liberals let Bill C-72 die on the Order Paper when they called the election last year.

I am glad they are finally taking action, but why did they wait so long?

Abdelhaq Sari: Madam Speaker, I would like to thank my colleague for her very pertinent question. I am also very enthusiastic about this bill and am delighted to hear that she supports it.

To answer her question, I would simply say that we no longer want medical records to be sent by fax. We want to modernize. We share the same objectives.

As for the delays, whether they were caused by an election or by other circumstances, we share her frustration and want to see this work advance. As I said earlier, there are several provincial or territorial laws and regulations. As my colleague mentioned, Bill S-5 seeks to speed up the process. That is our government's intention.

● (1155)

[*English*]

Maggie Chi (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, what really resonated with me is what my colleague and friend said about breaking down silos and creating the condition for connected care. That is exactly what this bill is aiming to do.

My colleague mentioned that in Quebec, there is already a system in place for that, so I want to ask him to describe the benefits he is already seeing in his community and the benefits he wishes to see once we have a connected system across the country.

[*Translation*]

Abdelhaq Sari: Madam Speaker, I would like to begin by thanking the parliamentary secretary for her question and for her work both in government and in her wonderful riding.

The first thing I can say about Quebec is that it has already proven itself. It has done its job. Bill S-5 takes nothing away from Quebec. As I said earlier, its purpose is to assist, support and accelerate the work.

Here is an example: A mother in my riding, Bourassa, goes in with an envelope or a bag containing information that she cannot make sense of. Imagine what it must be like for a doctor to go through that information compared to looking at a file that is available directly to them. Obviously, reading it that way is not the same; the jargon is not the same. We want to make that information accessible. The goal is to save time and provide more direct services to people, to patients, because most of the time should be spent with them, and that is where the greatest impact can be made.

[*English*]

Jeremy Patzer (Swift Current—Grasslands—Kindersley, CPC): Madam Speaker, I think there is a reasonable expectation among Canadians that their health data should move with them. I am from Saskatchewan. If I had a health incident here in Ontario, I would want to know that it would be very easy for my health data to be readily available to whoever is providing the service that I needed in that particular moment.

I think it is important that it be up to the individual, in a sense, to decide where that data is available, so I wonder if the member has any ideas, with the bill, on how to make the individual, not so much a company and maybe not even a regional authority, the ultimate person to say that, yes, they want their health data to be available, either across the country or in certain provinces.

[*Translation*]

Abdelhaq Sari: Madam Speaker, what I am hearing is that we share the same objectives. That is really very important.

Health data belong to the patient's own continuum of care. They should not belong to a vendor or to anyone else. This is what we are trying to do, and it is very important that my colleagues opposite know about it. If health care professionals have less paperwork to do, then they will have more time to spend caring for their patients. That is very important.

There may be criticisms from certain organizations. That is normal. It is part of our job to listen to them, but this should not in any way interfere with measures that we want to put in place. This is the solution that we have all agreed on to give everyone access to this data. This is really about integrating health data.

[*English*]

Tamara Kronis (Nanaimo—Ladysmith, CPC): Madam Speaker, I will be splitting my time.

This bill is very easy for the people of Nanaimo—Ladysmith to associate with. To be diagnosed with a chronic illness in Nanaimo—Ladysmith really is to find out how transportation works in British Columbia, because we inevitably need to receive treatment not only in Nanaimo but also in Victoria, in Vancouver or sometimes in other places on the island. We know very well what the consequences are of medical information not being available where we receive our medical care. Those consequences include misdiagnoses, non-diagnoses, wrong medication and lower quality of care as a result.

The reason we need to receive health care all over the island and the mainland, and in some cases why we need to go to other places in our community, is that the Nanaimo Regional General Hospital, which is the main hospital in Nanaimo and the area, has about 345 hospital beds. However, I cannot remember a day when the number of patients in the hospital, when I have been there either visiting someone or for another reason, has been below 400.

This means that we travel for health care, and we know what happens when our medical records are not available. We understand the problems that come with needing to stop, find information and have it faxed over from one place to another. In B.C., in fact, we have more than 40 different electronic medical record systems, which are used across health authorities, specialists and family practices. We understand the consequences when those systems do not talk to each other.

The BC College of Family Physicians reports that more than 78% of doctors use between two and five systems. Believe it or not, that is actually by design, and it puts our lives in danger.

What this bill deals with is a phenomenon known in the health care world as “data blocking”. The minister admitted and said in her speech this morning that 92% of doctors in Canada have said that a lack of access to patient medical records hampers their ability to provide care. Health Canada has reported that only 29% of primary care providers share patient information electronically outside of their practice. That is one of the reasons the Canadian Medical Association and other medical health organizations have been calling for a decade or more for electronic medical records to be available where and when health care providers need them.

Dr. Margot Burnell, who is a previous Canadian Medical Association president, has described this as doctors facing “an uphill battle trying to provide timely patient care when they are routinely dealing with health systems that cannot communicate with each other”. That makes this bill a very long time coming. In fact, it is not the government's first attempt to bring this forward. Bill C-72 died on the Order Paper in the last Parliament because the Liberals decided that it was more important for them to go to an election.

We ask two questions on this side of the House. The first question is, what took the government so long? Why has it taken this long to bring in a bill that Canadians so badly need and that has been called for by patient advocates, by medical professionals and by patients? The other question is, why did it take the government 18 months to introduce this bill in the House when this bill so clearly needs to be implemented to save lives?

● (1200)

The next question we need to ask about a bill like this when it is being brought forward by the government is, what do we need to do to make sure it will get this right? We cannot afford another software debacle or failure in this particular case. We cannot afford for Canadians' medical records to become unavailable or get scrambled the way we have seen with so many other programs the government has tried to implement in the software space. Whether it is PrescribeIT, Cúram, or some of the other problems that we have had, we cannot afford to see that happen in this space.

In that context, it is distressing to have learned from the Senate's testimony here, and I believe my colleague recounted this earlier, that the government is considering hiring Canada Health InfoWay to administer this particular program. That is a situation where, given the management issues and health care issues with that organization, specifically those related to health care software in the past, Canadians may have some very reasonable concerns.

A second issue that I really believe we need to deal with at committee is a number of definitional concerns. The idea of contextual interoperability can mean different things in different circumstances. We must ensure that the data that travels in between systems, when the software interoperability is implemented, is seamless, is not another data dump, is readable on the other end and is usable.

Similarly, we need to ensure that there are clear definitions for terms such as “data blocking”, “good enforcement mechanisms”, and “real remedies for failure”. The Competition Bureau pointed out in 2022, which is another reason why we are asking why this is taking so long, that electronic medical record vendors were, in fact, blocking data deliberately. This bill is now targeting those problems, including vendor lock-in, data blocking and the unreadable data dumps I just discussed, so it is very important that the bill expand the information-blocking penalties to include hospital networks and authorities that sit outside of these systems and may further hamper interoperability.

The Senate committee on this bill recognized that vendors are only one part of a wider health data system and recommended that the government consider extending responsibility as I have described. I would recommend that the House committee that examines this bill take a look at that gap, because software can only make the record available. Someone still has to complete the referral, the transfer, and get it to the clinician who is taking over care.

Privacy is also something that needs a very precise answer with respect to this bill. Section 5 of the bill says that the interoperability duty does not require access, use or exchange where privacy law prohibits it, but clause 6's data-blocking prohibition has no equivalent expressed privacy law exception. I would note here that the Office of the Privacy Commissioner supports interoperability, but recommends that the ban be subject to privacy law. Therefore, the committee should examine and close that gap where appropriate so that a vendor is not treated as blocking information for refusing an exchange the law, in fact, forbids.

There is also a need to ensure that compliance costs are not so high as to prevent entry by new providers.

What I would say in closing, is that Bill S-5 would not build the tower that Nanaimo needs. It would not add the staff beds or the cath lab we need north of the Malahat. I will continue to advocate for those things both here in Ottawa and with provincial decision-makers in Victoria. However, this is a good start. I hope we will see the committee do good things with this bill and that it will come back to the House in a format we can support.

● (1205)

Hon. Jean-Yves Duclos (Québec Centre, Lib.): Mr. Speaker, I want to commend our colleague for her speech. She obviously demonstrated her deep experience and knowledge of how a modern health care system should work, including in her community. It is very clear from what she has said that she really believes in the value of health data to provide better services to Canadians in her community in particular.

Does she have practical experience with respect to the ways in which access to data can improve quality of care and perhaps even save lives?

Tamara Kronis: Mr. Speaker, as the member knows, one of the things that happens in our offices on a regular basis is that people contact us with the experiences they have had with the health care system. As MPs, it is very frustrating for us, because we want to help, but health care delivery is something that is up to the provinces.

Like my colleague, I have heard many stories of parents taking kids to hospitals and finding out that nobody can remember what the medication is and the records are not available. There are also circumstances where seniors who may have dementia or other issues are taken to the hospital by care providers and are not able to provide a full medical health record. Hopefully, this is something this bill would work to address using a federal power in the background.

● (1210)

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I think it is important to recognize that health information technology is all about the patient. For many years, we talked about information from patients and how it contributes to the betterment of health conditions. This legislation would actually save lives. It would improve the conditions.

I am wondering if the member can provide her thoughts on the principle of the legislation. I understand there are some concerns with it, but does she support the principle of the legislation to the degree that she would vote in favour of it going to committee?

Tamara Kronis: Mr. Speaker, I think I explained in some detail in my speech why I do support the objectives of this legislation and why it is particularly important in communities like ours, where the federal government has not provided enough health care infrastructure and health care support to be able to have access to those records when we have to travel between cities to receive care. On the principle side of things, I wonder what took the government so long. In terms of the operation, it is really important that, in committee, we make sure to get the provisions right so we do not have another Liberal health software boondoggle on our hands.

Hon. Kevin Lamoureux: Mr. Speaker, again, I am going to recognize that what we are talking about is doctors, hospitals, institutions and pharmacists, all of which have records. Some provinces are much further advanced than other provinces. I think of the province of Ontario or of Quebec compared to my home province. Having legislation of this nature is ultimately in the best interest of all patients in all regions of the country.

I would like to get the member's thoughts on that issue.

Tamara Kronis: Mr. Speaker, I think we all know that sound travels more slowly than light, so sometimes it takes Ottawa longer to hear the needs of British Columbians. We are looking forward to seeing a time when those records are portable. I cannot say it more clearly than that. Let us get this right, though. Let us get it right, because it would save lives.

Jagsharan Singh Mahal (Edmonton Southeast, CPC): Mr. Speaker, today, I rise on behalf of the great people of Edmonton Southeast to discuss Bill S-5, the connected care for Canadians act.

No Canadian needs reminding of the challenges facing our health care system. On this side of the House, we believe Canadians deserve timely, world-class health care when they need it, regardless of their financial circumstances, yet too many Canadians are waiting for a family doctor, a specialist appointment or a procedure that would allow them to return to work and live without pain. Canadians need better care. In many cases, their lives depend on it. While provinces and territories are responsible for delivering health care, the federal government has a responsibility to work constructively with them to improve access and support better outcomes.

Bill S-5 presents an opportunity to address one part of this challenge, the difficulty of sharing health information between the professionals responsible for a patient's care. The principle of this legislation is common sense. However, much more work is needed to ensure that this bill would deliver meaningful improvements for patients.

In Alberta, we know that a gap in communication can have serious consequences. In 2012, Greg Price died at just 31 years of age. A subsequent inquiry found that poor communication between providers and breaks in the continuity of care contributed to his death. His family has since worked to ensure that others learn from their tragic experience.

More recently, tragedy struck closer to home. Last December, Prashant Sreekumar, a 44-year-old father of three, died at Grey Nuns Community Hospital in Edmonton Southeast after he waited nearly eight hours to see a doctor for chest pain. These cases involved different circumstances, and we should be careful not to suggest that one piece of legislation could have prevented everything that went wrong, but these stories demonstrate why this issue is important.

When patients are referred to specialists, they should know whether their referral has been received and who is responsible for following up. When important test results become available, those results must reach the right professionals and therefore be acted upon. A patient dealing with a serious illness should not have to chase records and coordinate communication between medical offices. That responsibility should not fall on a family already worried about the health of someone they love.

Bill S-5 would require health information technology vendors to ensure their systems can communicate with one another. It would also prohibit data blocking, subject to regulations. Put simply, a patient's information should be able to follow them securely through their care. A commercial interest in keeping customers tied to one software system should not prevent the appropriate sharing of information needed to treat a patient. It is a practical goal that Conservatives support.

According to the Canadian Institute for Health Information, in 2024, only 68% of hip replacement and 61% of knee replacements were completed within the recommended six-month benchmark. Median waits for MRI scans were also 15 days longer than they were in 2019. These delays have consequences. For a person waiting for knee replacement, it may mean months of difficulty in walking, working or caring for their family. For someone waiting for a scan, it can mean prolonged uncertainty about a potentially serious condition.

Better information sharing can help prevent unnecessary repeat tests and the delay caused by missing records, but connecting computer systems will not on its own add more doctors or create additional surgical capacity. Canadians need a broader effort to improve access. The government must explain how this legislation will contribute to that work and how its results will be measured.

● (1215)

We must also consider the people delivering care. Doctors enter medicine to help patients, yet too much of their working time is consumed by unnecessary administrative tasks. A joint survey by the Canadian Medical Association and the Canadian Federation of Independent Business estimated that physicians in Canada spend nearly 20 million hours each year on unnecessary administrative work. Disconnected records are only one part of that burden, but that is a part we should address. When clinic staff repeatedly request the same records or a physician must enter information already held in another system, valuable time is lost. That time could be used to see patients.

The question is whether Bill S-5 would make that work easier. Would referrals become simpler to track? Would doctors spend less time searching for results? Would small clinics receive the training and support needed to adopt new systems? We cannot promise less paperwork while creating another complicated process for doctors to manage. Frontline professionals must be involved in developing these requirements.

Furthermore, Canadians must have confidence that their personal health information is protected. Health records contains some of the most sensitive details of a person's life, including their mental health history, prescriptions and diagnoses. Patients share that information because they trust their health care providers. That trust must be maintained.

Protecting confidential information must not be confused with improperly withholding it for commercial reasons. During the Senate committee review, stakeholders recommended baseline security requirements for vendors, including encryption, strong authentication and records of who accesses information. These recommendations deserve serious consideration. Doctors should not be expected to become cybersecurity experts to determine whether a vendor's product is adequately protected. Vendors must have clear responsibilities for maintaining safeguards, and patients need clear answers about how their information can be used and what happens if it is compromised.

Finally, much of this legislation would depend on regulations developed after it were passed. These regulations would address standards, enforcement and the legislation's application within provinces and territories, which may also require careful examination. Provinces, health care professionals and patients deserve clarity about what would be required, what it would cost and who would be accountable.

Conservatives believe in health care that delivers for its patients, but ultimately what Canadians need are shorter wait times, reliable follow-ups, seamless information transfers, and doctors who have more time to practise medicine rather than working on endless paperwork.

● (1220)

John-Paul Danko (Hamilton West—Ancaster—Dundas, Lib.): Mr. Speaker, this important bill would be a big step forward for the medical system throughout Canada. It seems that doctors still send faxes, which is basically the equivalent of stapling a piece of paper to the back of a dinosaur. It is kind of crazy how backward the health system can be in Canada.

Among the IT interoperability, prohibiting data blocking, protecting access to health information and supporting virtual care, I wonder if there are any specific provisions in the bill that the member opposite sees as being the most helpful for the constituents in his riding.

Jagsharan Singh Mahal: Mr. Speaker, one thing I appreciate about the bill is that it is not too lengthy, but that does not mean it answers all the questions. We want to send it to committee for review so additional loopholes can be looked at. As recommended by the Senate review committee, more work can be done on it so clarity can be found, the paperwork can be reduced and the process can be streamlined.

Harb Gill (Windsor West, CPC): Mr. Speaker, it is always a pleasure to rise on behalf of Windsor West.

Given boondoggles such as the $300-million PrescribeIT scandal that we have faced, how much confidence does my colleague have that this legislation would be able to deliver anything of value to the Canadian taxpayer?

Jagsharan Singh Mahal: Mr. Speaker, that is a really serious question. Given the track record of the government over the last 11 years, a lot of boondoggles have happened that failed to deliver any results needed or promised by the government. However, that does not mean we should not look at the positive side of this bill.

The death of Greg Price is a reminder for the government that, after 14 years, we are still figuring out how we can streamline the process so miscommunication cannot happen and tragedies like his cannot happen again, or can be controlled. I believe we still need to look at the bill from a positive angle, and all the positive suggestions should also be welcomed by the government.

● (1225)

Eric St-Pierre (Honoré-Mercier, Lib.): Mr. Speaker, the member for Edmonton Southeast mentioned in his great speech that the Canadian Medical Association estimates that some 20 million hours are spent on administrative work. I agree with the member that excessive administrative time is often wasted and should probably be spent in other ways. I am curious as to whether the member can comment on how many of those 20 million hours could potentially be reduced through Bill S-5.

Jagsharan Singh Mahal: Mr. Speaker, that is a more technical question that more statistical data could answer if the bill is adopted and royal assent is provided. However, before it gets to that stage, we still need to review how we could make this bill better so all these delays and the jargon could be avoided and streamlining could be established.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I am really encouraged by a number of the words the member has put on the record. I want to pick up on the point about saving lives. The legislation would do more than just save lives. It would also improve many people's current health conditions. Could the member expand on that point too?

Jagsharan Singh Mahal: Mr. Speaker, it is part of the bigger challenge. It is one step towards it. All the professionals' having access to a patient's records is the right step towards streamlining the medical process and the delays that are in the process.

[*Translation*]

Brendan Hanley (Parliamentary Secretary to the Minister of Northern and Arctic Affairs, Lib.): Mr. Speaker, I will be sharing my time with the member for Québec Centre.

[*English*]

I am pleased to speak today to Bill S-5, the connected care for Canadians act, and its role in supporting a more connected health system.

Bill S-5 may seem rather technical, and indeed it is. However, I cannot emphasize enough how important this bill is for patients, physicians and indeed all cadres of health care professionals, for caregivers and for the people responsible for the planning and administering of our health care systems.

What is the bill about? Well, Bill S-5 would advance connected care by mandating the adoption of common data standards for health information technologies used across Canada. It would also prohibit data blocking, the practice of restricting access to health information for authorized users such as providers and patients, when privacy laws would otherwise permit it.

[*Translation*]

In other words, Bill S-5 will allow for the secure sharing of health information between patients and their health care professionals at the time and place that it is needed.

[*English*]

Data that is reliable, accurate and accessible saves lives, and the standards established by this bill would help make that possible. Research shows that patients who have access to their health information are better able to participate in treatment decisions, identify potential errors and manage chronic conditions more effectively. Improved access to health information would also support the more than four million Canadians who serve as informal caregivers in Canada. Today these individuals often devote countless hours to tracking down test results, coordinating records and repeating medical histories on behalf of their loved ones, often while balancing their own work, family and responsibilities.

[*Translation*]

When patients and their caregivers do not have access to their complete medical records, they finds ways to compensate. They rely on memory, keep physical records, take screen shots and repeat their medical history to every health care provider that they see. Canadians do this because the system does not do it for them. These are creative and ingenious solutions, but they are also time-consuming and stressful and they can lead to misdiagnosis, delays in care or worse.

[*English*]

Thirteen per cent of Canadians say their care was negatively affected due to poor information sharing between providers. The consequences can be profound, even tragic. Indeed, according to a recent physician survey conducted by the Canadian Medical Association, 92% of physicians reported that disconnected health systems, such as the inability to share patient records, test results and clinical notes, affected their ability to provide care. Two-thirds of those physicians say this happens often, highlighting the extent to which the lack of interoperability shapes day-to-day clinical practice. When providers do not have access to a patient's complete health history, they are forced to make decisions without the full clinical picture. This increases the risk of delayed care, misdiagnosis, adverse drug interactions and unsafe treatments.

Bill S-5 would enable a seamless and secure exchange of patient health information to support better collaboration among health care providers. For example, a family physician could securely share a patient summary with a specialist, helping support more timely assessments and better continuity of care. The bill would also strengthen team-based primary care, where timely information sharing is foundational to the way care is delivered. Similarly, for Canadians living with complex or chronic conditions and seeing multiple providers across multiple points of care, connected systems are a necessity. This is indeed true for Yukoners, who in many cases are in touch with providers across different jurisdictions.

Harms resulting from disconnected care are especially high for people travelling in Canada, whether from northern, rural and remote communities, across provincial and territorial borders for treatment, or simply for work or vacation. For example, an elderly individual became ill while visiting family in another province. Although antiviral treatment was recommended, it could not be provided, because the lab result required to confirm eligibility for treatment was trapped in the patient's provincial digital health system.

● (1230)

[*Translation*]

One service provider explained that, at a hospital in a border region, patients admitted from a neighbouring province are often seriously ill. However, because the provincial health systems are not connected, patients typically arrive with photocopied and incomplete medical records.

[*English*]

When systems cannot communicate, the result can be duplicated tests, delays in care, unnecessary costs, and frustration for patients and families. Bill S-5 would help bridge these gaps by mandating the standards that enable information sharing across the health care system. Importantly, disconnected data puts health care providers in the position of having to make clinical decisions with incomplete information. Bill S-5 would help to address this by enabling health care providers to access their patients' complete health care information in order to provide safe, high-quality care.

[*Translation*]

The purpose of the bill is to improve patient safety. However, patients are not the only ones who stand to benefit. Bill S-5 also offers significant benefits to our valued health care professionals.

[*English*]

Interoperable health systems can help reduce administrative burden associated with charting, forms, sick notes and tracking down test results. Today, valuable time is spent manually entering data and copying information from one system to another, instead of spending time with patients. Artificial intelligence is already supporting providers by reducing repetitive administrative tasks and improving access to information, and its use will only expand.

However, these tools depend on reliable and connected data systems. Bill S-5 would help establish the secure data foundation needed to support that progress. For example, studies have found that physicians spend an average of 86 minutes a day searching for patient data due to a lack of interoperability. Now, 20 million physician hours are wasted annually on unnecessary administrative tasks. This unsustainable level of administrative work can lead to burnout, fatigue and low job satisfaction. Results from the CMA's 2025 national physician health survey showed that 46% of physicians and residents report high-level burnout.

[*Translation*]

Providers also mentioned the personal distress associated with the fear of making clinical decisions based on incomplete information. This affects their mental health, self-confidence, and ability to provide safe care.

[*English*]

Dr. Ewan Affleck, a physician who has spent most of his career in the north and is a leading Canadian expert in digital health information, likens running a health system without connected data to flying blind, which, in his own experience, has cost patients their lives.

[*Translation*]

To address this crisis, we must transition to working with digital health information within systems that can connect with one another. This will ensure consistent data transfer and reduce errors, which will help health care professionals provide high-quality care and, ultimately, improve patient safety.

● (1235)

[*English*]

Bill S-5 would also support the broader use of digital tools that help patients connect with their providers, including secure platforms for booking appointments, requesting prescription refills and communicating with their care team.

Transformation of any system requires investment. Whatever the cost it takes, the cost of inaction is likely to be far greater than the cost to do this work. As it is, we are already paying a staggering price for disconnected health data, estimated up to $9.4 billion annually. Beyond the financial cost, the consequences I have talked about today can hardly be measured in dollars but in patient safety, quality of care and the well-being of the health care providers who support them.

Bill S-5 is a technical bill but its purpose is straightforward: to connect data to prevent patient harm. Canadians turn to the health care system seeking care and relief. I would encourage my fellow members to join me in supporting the bill so that all Canadians can receive safe health care that is informed by accurate data and is accessible wherever and whenever decisions are made.

Kelly DeRidder (Kitchener Centre, CPC): Mr. Speaker, I completely agree that data sharing is going to prevent harm. I am curious about the data sovereignty aspect of this. What has the government proposed to ensure that Canadians' health care data remains sovereign and protected through the legislation?

Brendan Hanley: Mr. Speaker, this is really all about supporting data sovereignty and interconnectivity at the same time that we support existing privacy protection. Authorized access remains governed by applicable privacy legislation. The bill is really about making information available when it is legally permitted to be shared and not expanding access beyond existing privacy rules. It is really helping to get that balance right, which is really all about data sovereignty.

[*Translation*]

Luc Thériault (Montcalm, BQ): Mr. Speaker, my colleague's speech clearly reflected the concerns of an excellent physician from Yukon. We had the opportunity to serve together on the Standing Committee on Health.

The bill gives the minister the discretion to impose her intentions by order in council. When the pan-Canadian interoperability road map was announced, Quebec indicated that it would not be moving in that direction, while remaining open to the possibility of sharing information.

In keeping with what the Minister of Health said this morning about being determined to respect Quebec's jurisdiction, would my colleague be open to adding a preamble specifying that Quebec remains in control of its health policies?

Brendan Hanley: Mr. Speaker, I thank my colleague for his question, and I acknowledge the work we have previously done together on the Standing Committee on Health.

It is important to recognize that the territories and provinces remain responsible for delivering health care. Bill S-5 does not change anything. It sets common standards enabling different systems to communicate with one another. The goal is not to impose federal control, but rather to ensure that health care professionals have access to the information they need to safely care for patients.

[*English*]

Eric St-Pierre (Honoré-Mercier, Lib.): Mr. Speaker, I have the benefit of being a member of Parliament in an urban riding, where I do hear about concerns around health data. Could the member talk a bit more about the Yukon, which represents a lot of rural and more disconnected communities?

What kind of impact would Bill S-5 have for members of his community in the Yukon?

Brendan Hanley: Mr. Speaker, as I mentioned throughout my speech, Bill S-5 is particularly relevant for more remote and northern rural settings, because so much of the health care depends on the interconnectivity of communities to referral centres. For example, Whitehorse hospital is the referral centre for the territory. It receives a lot of patients and a lot of calls from around the communities, but we also access care in British Columbia, in Alberta and sometimes in other jurisdictions. I cannot tell the House how many times I hear, either personally through my former career or from colleagues, about how the lack of interchangeability of data has affected patient care. I am really looking forward to the implementation of this bill and the subsequent actual interoperability of health systems.

● (1240)

[*Translation*]

Hon. Jean-Yves Duclos (Québec Centre, Lib.): Mr. Speaker, I am pleased to rise and speak to the House on Bill S-5, the connected care for Canadians act, and on the collaborative approach that we intend to use to implement it.

I would like to remind the House that the bill's objective is to establish a connected health care system, in other words, a system that provides fast, easy, reliable and secure access to health information for the people who need it.

To ensure fast, secure access, Bill S-5 requires health information technology vendors to adopt technical and data-related standards and establish clear rules that prevent data blocking. By prohibiting harmful data-blocking practices, this bill will pave the way for health data networking, which offers considerable benefits for patients and professionals, not to mention its social, economic and, obviously, health benefits.

Data saves lives, and it also has the power to transform our health care system. However, our current health care system remains siloed, fragmenting care and putting patients at risk. As a result, 13% of Canadians say that the quality of their care has been compromised by a lack of communication between providers, and 8% report poorer health outcomes because their care team could not access the health information they needed. This situation obviously puts patients' lives and health at risk.

This becomes even more problematic when patients need to seek care in other provinces or territories. Take, for example, patients who rely on cross-border care, such as a truck driver with a chronic illness whose work takes him across provincial borders, a student at an educational institution outside their home province or even just a person who lives in either Gatineau or Ottawa and wants to receive treatment in one province or the other.

Canadians can experience real harm when their health care providers do not have timely access to the information that they need. A lack of connected data exposes patients to increased risks, including misdiagnosis, medication errors, delays in treatment and unsafe procedures. Health care providers regularly express frustration at being unable to access lab reports and results when they need them. Reliable access to this type of information is essential across the country so that health care providers are fully aware of a patient's medical situation when making urgent and often delicate clinical decisions.

This bill also supports research and innovation, which, as we know, lead to new treatments and which will obviously stimulate economic growth in a sector with a very bright future. That is why interoperability is not just about technology. It is a strategic issue that will make the health care system fairer, improve access and enhance its quality and viability.

As part of our efforts to improve access to health data and the sharing and use of such data, the Canadian government is working with the provinces, territories and key stakeholders to move forward and to implement pan-Canadian interoperability. Significant progress has been made to date.

The federal, provincial and territorial governments are working together, and have been for quite some time now, to implement a shared road map. Progress has already been made in Nova Scotia with the One Person One Record initiative and in New Brunswick with MyHealthNB. These collaborative efforts have improved patients' access to their health information, among other things.

However, the progress that has been made at the national level has been variable and inconsistent, and voluntary approaches have their limits. That is why it is essential to pass a law to help the provinces and territories, where appropriate, to harmonize the enforcement of standards and prevent data blocking so that everyone can benefit from health data interoperability.

● (1245)

To fully realize the benefits of interoperability, Bill S-5 will be implemented and operationalized through regulations that will require health information technology vendors to meet a set of data sharing standards; prevent data blocking, which is the practice of preventing authorized users like patients and health care providers from accessing health data when they need it; and establish a system of administrative monetary penalties to ensure compliance.

These regulations will be developed in close co-operation with provinces, territories, indigenous partners, health care system stakeholders, vendors and patients to support a practical and co-ordinated implementation approach that takes Canadians' needs into account and supports interoperability across the country.

In developing this legislation, we looked at examples from other countries with similar approaches. The lessons learned, connections made and discussions carried out with the United States and some members of the European Union focused on the importance of adopting consistent standards and prohibiting data blocking. Based on the experience of these countries, voluntary approaches alone are insufficient to achieve widespread and effective interoperability, underscoring the need for clear legislative and regulatory requirements for these technologies and these companies.

The law will also serve as a safety net in provinces and territories that do not have similar legislation in place. Provinces and territories will have ample time to harmonize their own laws with the objectives of the federal framework, if necessary and if they deem it appropriate.

In closing, one important lesson to be learned from the health care system as a whole in 2026 is clear: Digital systems that are disconnected from one another pose a threat to the health and safety of all Canadians.

I believe that once implemented, Bill S-5 will save lives, improve the quality of care, reduce health care costs, and, more generally, make the work of health care professionals easier across the country.

[*English*]

Kelly DeRidder (Kitchener Centre, CPC): Mr. Speaker, my colleague mentioned a piece on Canadian innovation. I would like his comments on how we are going to ensure through this legislation that we do not add red tape and barriers to smaller entrepreneurs, inadvertently creating a market where only the big players can play and smaller innovators cannot compete.

Hon. Jean-Yves Duclos: Mr. Speaker, that is an excellent question. Data blocking is bad for at least two groups of partners we really need to support and invest in in our health care sector. First, it is bad for researchers who complain, including in Quebec, about data inaccessibility that prevents the development of new technology and connections across health care professionals. It is obviously very bad for patients. Second, it is bad for small businesses that would like to develop software and technologies to compete with bigger businesses. If there is no interoperability, the data controlled by bigger businesses cannot be accessed by smaller businesses, which prevents smaller businesses from competing in this area.

● (1250)

[*Translation*]

Luc Thériault (Montcalm, BQ): Mr. Speaker, we are talking about connecting sensitive data from coast to coast to coast. My colleague concluded his remarks by saying that if the systems were disconnected, it would pose a threat to patients' health.

How did his government ensure the necessary cybersecurity measures were in place to prevent an attack on an interconnected system, a cyber-attack like the one we saw in July, in which autonomous artificial intelligence agents attacked Hugging Face without human intervention?

Hon. Jean-Yves Duclos: Mr. Speaker, my colleague is right to emphasize the importance of security in data sharing. His remarks were very eloquent.

We also need to recognize the importance of making the data accessible across Canada. For example, I could get sick on a trip to Edmonton. If the doctor who cares for me in Edmonton is unable to access important personal data to save my life, that is a problem for me.

I could be a student in Gatineau who lives in Ottawa. I could get sick in Gatineau and may have to be moved to a hospital in Ottawa to be able to access my medical data so that the doctor can treat me. That is a waste of time, and it could also put my health at risk.

Connectivity to support nationwide data sharing is also very important.

Hon. Ginette Petitpas Taylor (Moncton—Dieppe, Lib.): Mr. Speaker, I want to thank my colleague for his great speech.

I know he has previously served as health minister, and I am rather curious to know whether, when he held that position, he had any discussions with provincial and territorial ministers to gauge the level of interest in this interoperability.

Could he also talk about how this interoperability might improve the quality of health care services in Canada?

Hon. Jean-Yves Duclos: Mr. Speaker, I would also like to point out that my colleague herself has also served as health minister and that she contributed to moving this program forward. I tried, to the best of my ability, to follow her example and continue to push it ahead. Indeed, the bill was nearly finished when I was in the post. Things have changed since then.

The good news is that the new Minister of Health is very committed to moving it forward, and rightly so.

The provinces and territories have consistently emphasized the importance of working with the Canadian government because big tech operates across several provinces at once. It is easier, as a country, with the provinces and the Canadian government working together, to put enough pressure on those companies to ensure they do not block the data that is important to patients.

[*English*]

Dan Albas (Okanagan Lake West—South Kelowna, CPC): Mr. Speaker, I would like to thank the member for his intervention today, particularly given that in 2022, when he was minister of health, there was an agreement between John Horgan and Justin Trudeau for health-sharing information. I asked the then minister for some information about privacy, and his office did send a response. I could read it one way, or I could flip it around and read it a different way, so it was good political communication.

Why do we still have the problem in this country that health records cannot be shared between provinces securely?

Hon. Jean-Yves Duclos: Mr. Speaker, since I have to be very brief, I will thank the member for his continuous advocacy. He knows there has been progress over the years, but he also knows really well that we need more progress in order to support all provinces and territories, regardless of where Canadians live, in their ability to access and benefit from the health data that is so important to them.

Dan Albas: Mr. Speaker, I think there is broad agreement in this place about the problem this bill is trying to address. Canadians should be able to access their own health information, and when they seek care, the people treating them should be able to get the information they need securely and with the appropriate privacy protections.

I support interoperability. In fact, I have spoken about this in the House before. In the previous Parliament, the former member for Cypress Hills—Grasslands brought forward Bill C-294. It dealt with the Copyright Act and interoperability, and it eventually became law. I congratulate that member, and I spoke in favour of it at the time.

The example I used in that debate was pretty straightforward. It was about a farmer who could own a tractor or combine and buy an implement made by a different manufacturer. It could hook up just fine. Mechanically, there would be no reason it should not work, but technological protection measures could prevent the two pieces of equipment from communicating with each other.

I said at the time, "real competition pits products and services against one another, rewarding innovation and productivity, not copyright and exclusivity." I also said that the right to interoperability was critical for consumers. I stand by that. I still believe it today. However, health care is obviously different and considerably more complicated.

● (1255)

[*Translation*]

I want to be very clear: I believe in the importance of interoperability. Canadians should be able to access their personal medical information, and health care professionals should be able to get the information they need to care for their patients safely and with respect for privacy.

However, we need to make a distinction: Making software interoperable and making our health care system truly interoperable are two different things. I have some concerns in this regard about this bill.

[*English*]

Bill S-5 is principally about health information technology vendors. It would require the technology covered by the legislation to be interoperable according to established requirements, and it would prohibit data blocking by vendors. Those sound like very reasonable objectives to me. If a vendor is deliberately preventing health information from moving simply to keep a customer locked into its ecosystem, there is a legitimate role for Parliament, but I think we need to be careful about what happens next.

Canada does not just have one health system. We have provincial health care systems, and within those systems, there are health authorities, hospitals, laboratories, primary care providers and other organizations that have brought in different technologies at different times under different contracts to do different things. Some of those systems are relatively new; some are not. Some communicate reasonably well, and some require people to find workarounds just to move fairly basic information. If there were one health care system, one purchaser and one set of specifications, establishing common technical requirements might be simpler, but there is not.

I do not think the answer is to turn the federal government into the health care technology purchaser for the entire country, although I am sure there are some members on the opposite side who would enjoy that. Health care is principally administered and delivered by the provinces, like it or not. The federal government needs to respect that.

I will be fair about the legislation. There are provisions in the bill that recognize that reality. The federal requirements would not simply apply uniformly, regardless of what a province or territory is already doing. The bill would provide a mechanism that takes into account whether a province or territory has a substantially similar or stronger requirement.

I think that is completely sensible, but it also points to a larger problem. The federal government does not run the health care system. I hope we can all agree on that. Some Canadians might reasonably respond that they are not entirely convinced the provinces are running it either. We have seen in Nova Scotia and, more recently, in my home province of British Columbia that the Conservatives of those provinces actively ran for and won majority governments despite the old logic that Conservatives cannot speak to health care issues and only run away.

In my home province, there are wait times at the ER, that is if it is actually open. I heard from the daughter of 90-year-old woman that her mother had been kept in the hallway of the Kelowna General Hospital ER for days. She was literally unable to sleep with all the incoming patients, and the first responders and health care professionals trying to do their job while her mother was waiting for a bed.

Constitutionally and practically, the provinces administer and deliver health care regardless of how badly. They are dealing with hospitals, health authorities, physicians and procurement decisions, and much of the information is already in place. Therefore, I think this House should ask a fairly basic question: Why should we assume that the federal government knows best when it comes to procuring and implementing complex information technology when its own record does not exactly inspire confidence?

Let me give an example. We all remember ArriveCAN. The Auditor General of Canada could not even determine exactly what the application cost because the government's financial records and controls were so poor. She estimated the cost at approximately $59.5 million. She found that federal organizers repeatedly failed to follow good management practices in contracting, development and implementation, and concluded that the application did not deliver the best value for the taxpayer dollars spent. That deserves some reflection.

The federal government is now entering into another debate involving sophisticated information technology and procurement, yet in the case of ArriveCAN, or arrive scam depending on who we talk to, the Auditor General of Canada could not even establish the precise cost of the government's own application because the records were inadequate. That is not an ideological argument, but the Auditor General's finding.

Then we come to PrescribeIT. This example is arguably even more relevant because it was a health information technology project. The objective was straightforward. It is 2026; why are we still sending prescriptions around by fax? The goal of PrescribeIT was to move prescriptions electronically from prescribers to pharmacies. According to public reporting, more than $250 million was spent on PrescribeIT since 2017, yet fewer than 5% of Canadian prescriptions were being transmitted through the system. The centrally operated service ended this year after Canada Health Infoway concluded that national adoption had not been reached to the scale necessary for long-term sustainability. The organization has moved toward an open national e-prescribing standard instead. Let us think about that for a moment. The problem was not that no one could figure out how to make an electronic prescription. They could. The difficult part was getting a complicated health care system to use it. Adoption mattered. Existing information systems mattered. Costs, I would hope, mattered. Provincial participation absolutely mattered. The day-to-day practices of doctors and pharmacists mattered. Implementation mattered. ArriveCAN could teach us something about federal procurement. PrescribeIT should teach us something about health care technology implementation. Both should give the Liberal government a warning to show a little humility.

I am not saying the federal government has no role here. It does. Preventing genuine data blocking can be a legitimate federal role. Working with provinces on common technical standards makes sense. Removing legitimate federal barriers makes sense. The federal government can certainly demand results when it is spending taxpayer money. However, the Liberals on the government benches should be very careful about assuming that because they can pass a law about interoperability, they therefore know how to procure, integrate and operate health information systems better than the people delivering the care. Writing requirements in Ottawa is considerably easier than making technology work on the ground, and Canadians have paid enough money over the years to understand the difference.

I have been thinking of all of this because of two conversations I had on my *Finding Solutions* podcast. One was with Dr. Stuart Edmonds of the Canadian Cancer Society. We were talking about clinical trials and why they matter to cancer patients. I think most Canadians understand generally what a clinical trial is, but it looks rather different when we think about it from the perspective of somebody who has cancer and may be running out of treatment options. There may be a clinical trial available for that person, but somebody has to know that patient exists. They have to know what kind of cancer that person has. They have to know what treatments have already been tried. They may need pathology results, diagnostic information or other testing. Then they have to determine whether that patient might qualify for the trial. At that point, interoperability stops being a debate about software and becomes a question of whether the right information can get to the right people when it matters. With cancer, I do not think I have to tell members, time matters.

● (1300)

I had another conversation on finding solutions with Louise Binder, a long-time patient advocate working with the Save Your Skin Foundation. We talked about the postal code lottery in cancer care. We talked about clinical trials, access to new medicines, families travelling to receive treatment and what that all means for someone who is already dealing with a serious illness. We discussed this legislation on interoperable health information and the importance of a care team being able to see the full picture of the patient. That, to me, is the most persuasive case for what the government is trying to accomplish.

A cancer patient should not have to become the human interface between computer systems that cannot communicate. If someone from my communities in the Okanagan has to go to Vancouver for specialized treatment, that person should not have to reconstruct their medical history every time they encounter another part of the health care system. If someone has to travel to another province for care, that gets even harder. The relevant health information should not simply disappear because people cross the provincial boundary. The technology should work for the patient. The patient should not have to work for the technology to work.

● (1305)

[*Translation*]

I want to come back to the patient, because this law should exist for them. If I am a cancer patient, I do not care which company developed the software used in my hospital. I do not care what government bought the system. I want to know whether my doctor has the information he needs to treat me. That is all. If I need to go to another region or another province to obtain care, I want important information to follow me.

I therefore support interoperability. That said, passing an interoperability act and creating a truly interoperable health care system are two different things.

[*English*]

The government itself says that only 29% of health care providers share electronic information securely and seamlessly outside their offices. Obviously, that is not good enough, but that statistic also raises an uncomfortable question. We have been talking about digital health in Canada for years. We have spent money, billions of dollars. We have developed strategies. We have established organizations. We have announced initiatives. We have negotiated funding agreements. Where are the results?

This is not an argument against doing more. It is an argument for understanding why what we have already done has not produced the results Canadians reasonably expected. It comes down to this old political trap. There is a problem, something must be done and this is something. Therefore, we must do this. That does not mean Bill S-5 is inherently bad legislation. It means Parliament should not confuse legislative activity with health care results. Passing a bill is relatively easy. Writing regulations can be done. Holding a press conference can certainly be done. We know because we see it almost every day with the government.

However, the difficult work comes after that. How does this work with the systems provinces already purchased? What happens to older systems? How much will it cost to make them compatible? What happens when standards change? What happens when one institution is capable of exchanging the information, but another is not? What happens when the barrier is not the vendor? What happens when the problem is an existing contract, an institutional practice, a procurement decision made 10 years ago or simply an old system that is too expensive to replace? Those are not reasons to abandon interoperability. They are reasons to be honest about what this legislation can and cannot accomplish.

[*Translation*]

The federal government has a role to play, but having a role to play does not mean playing all the roles. The provinces administer their health care systems. They know their facilities. They make their own procurement decisions. They are responsible for delivering care. Ottawa can remove certain obstacles. The federal government can work with the provinces to establish common standards. It can prevent unwarranted data blocking. When it spends taxpayers' money, it can certainly demand results. However, a national standard cannot replace co-operation. Federal legislation alone cannot solve all the problems that exist in our health care systems.

[*English*]

There is another contrast that I think is worth considering. The federal government already knows how to sit down with provinces and reach agreements on specific health outcomes. The federal government has agreements with British Columbia, Manitoba, Prince Edward Island and the Yukon, covering a range of diabetes medications and contraception. Those are agreements with provinces and territories, yet there are only four. It seems to me that the government is pivoting away from the kind of approach that costs money and instead trying to find another problem to solve.

Interoperability, as I said, is a problem, but is that the best use of everyone's time? We need to start asking whether or not the Liberal government is seeking results or if it is just seeking to have announcements. I think the same approach should guide interoperability. What do I actually want to know about this bill?

First, would it stop vendors from blocking information that would legitimately be available? If it does, good.

Second, would these standards actually work with systems that provinces and health care providers already have? Telling everyone that tomorrow's technology must comply does not necessarily fix the equipment and the software that were purchased five or 10 years ago.

Third, how would the government work with provinces, not consult them so that someone can put a check mark beside consultation, but actually work with them?

Finally, what would the patient notice? Can they access their information? Can their doctor get the information they need? If I live in the Okanagan and go to Vancouver for treatment, can the professionals treating me see the relevant records? If I end up in an emergency room somewhere else in the country, what happens then? If I have cancer and possibly qualify for a clinical trial, will the information needed to identify that opportunity actually be available? Those are the questions I care about.

Frankly, I am less interested in whether a technology vendor can tell the federal government that it has complied with the regulation. I just want to know whether the thing actually works. Do not come back to Parliament in two years and tell us how many meetings were held. Do not tell us how many vendors submitted compliance paperwork. Do not tell us how many pages of regulations were published. Tell us what happened to the patient.

● (1310)

[*Translation*]

That is how we should measure success. Can patients access that information? Can doctors? If a patient moves away, can their information follow them? If a treatment or clinical trial is available, can the necessary information be accessed in a timely fashion?

Results are what matters. I do not just want to know if software is interoperable on paper. I want to know if the system works in real life.

[*English*]

I would just mention an incident that I had an occasion to ask a former minister of health about. In 2022, the prime minister at the time, the premier of my province, John Horgan, and the health minister, who is still a member today, reached an agreement on health care information sharing. Billions of dollars were announced. Now, that was four years ago and what has changed? Zip.

What I am saying to the government here is that it can make announcements and spend money, but that does not necessarily mean the job gets done. It should start to listen to the people who know the systems, start to put them in charge of the job and make sure that it is seen not only as an announceable, but a deliverable, and make sure the government is behind that.

After speaking with people such as Dr. Stuart Edmonds and Louise Binder, I see a case for this bill in health care very clearly, but we have learned enough from previous digital health projects and, frankly, from federal IT procurement more generally, to know that passing legislation is the easy part. Making it work is the hard part.

Let us make sure that doctors are not relying on faxes. Let us make sure that the government relies on facts. Let us not confuse passing the law with solving the problem.

[*Translation*]

Patients do not need another announcement about interoperability; they need a system that works. When a physician has to make an important decision, they should have access to the right information at the right time. Patients should not have to act as a go-between for two computer systems that cannot communicate with one another. That is the outcome we should be working toward.

[*English*]

Ultimately, this is not about databases. This is about people. I ask the government to really focus on the people more than the data and not to focus on the announcements, but on the actual results.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I genuinely believe that Bill S-5, and what the Minister of Health talked about when she introduced the legislation, is all about the patients. It is all about delivering for patients. It recognizes that health information technology has to play a critical role.

I agree with the member that there has to be a high sense of cooperation. Passing the legislation would not necessarily make it happen on its own. We would need to have the provinces and territories buy in. We have seen that some provinces are further ahead than others.

Would the member not agree that no matter what level of government we talk about, if everyone agrees to the principle of putting the patient first, we should be able to have a better system that would serve those patients?

● (1315)

Dan Albas: Mr. Speaker, I talked a little about the agreement that John Horgan, Justin Trudeau and the former minister concluded. It was for over $26 billion, over a 10-year period, to solve the very basic problem of not being able to access health records in another province. I asked the former minister what was still blocking that. It is not for a lack of money or a lack of consensus. It is implementation.

The member can say, "We're all about interoperability. We're all about data privacy and sharing of information." That is great. I can say bravo. Good on them. However, if it does not happen, if that minister is pulling a lever that goes nowhere, it is all talk. That is a point that the Liberal government could probably learn from.

Harb Gill (Windsor West, CPC): Mr. Speaker, before I ask my question, I want to wish my good friend Dr. Sandeep Sharma, one of the top plastic surgeons in India and past president of the Indian Association of Aesthetic Plastic Surgeons, a happy birthday in advance.

We have seen this movie before. PrescribeIT was supposed to modernize prescription management, but the service ultimately had to shut down. The Minister of Health has consistently and steadfastly avoided questions on PrescribeIT.

Would my colleague agree that before the government embarks on another ambitious digital health initiative, Canadians deserve to know what went wrong, what the cost of that boondoggle was and why the legislation would work this time around?

Dan Albas: Mr. Speaker, I really appreciate the member and his intervention. I think it comes down to one thing. It is really easy to pass legislation that forces other entities, in this case companies, usually very large organizations, to comply with particular standards. Again, whether they actually do it or not, they can send in the paperwork required and say they meet all of the requirements under the interoperability provisions of Bill S-5. That is there.

However, it is different when the rule-maker now has to be the person to deliver. That seems to be where the Liberal government continues to slide. It is like a vacuum that money, good intentions, announcements, meetings, everything gets thrown into, but nothing ever seems to come out. That is what I think Conservatives are opposed to.

Danielle Martin (University—Rosedale, Lib.): I want to thank my colleague for his speech, which I listened to with great interest.

[*Translation*]

I would like to commend my colleague, who spoke in both official languages.

[*English*]

I want to talk a little about data blocking and ask the member opposite whether he believes the banning of data blocking is a good thing. We have seen some very serious instances, in his province and in mine, of companies refusing to let the data be used and refusing to let it exit the electronic systems because they are hanging onto it to monetize it. I wonder if the member thinks it is a good thing that the Government of Canada would put an end to that with Bill S-5.

Dan Albas: Mr. Speaker, if monetizing Canadians' information was important to the government, it would be doing it right across the board.

When I walk, Apple owns my health data. When I spend, my bank owns that particular data. That is the problem here, that the government only tries to pick and choose when it believes there is something politically popular. As I said, in the case of this particular bill, it seems the government wants to do something on health care, so it has landed on something that is germane and, I think, everyone agrees with. Another member of Parliament brought up the issue of interoperability in the agricultural sector.

I think what we need to do more than anything is what the Australians considered, which is the equivalent of a royal commission, where they did intense hearings. I have read through some of their books. They are so far ahead when it comes to the issues of data, monetization, personal privacy and the efficiencies that can be given when consumers are empowered with their own information. There is so much that can be done. I hope the member pushes the government to do more on those things.

● (1320)

Harb Gill: Mr. Speaker, if this bill is about putting patients first, why does the government not establish clear consequences and penalties when health care technology companies fail to protect or properly share Canadians' medical information?

Dan Albas: Mr. Speaker, that is a tough but fair question, and one for which I must show respect to the member. I affectionately call him the sheriff because of his previous career in law enforcement, during which he served his community ably.

I would simply say that we can have a rule, but if we do not have consequences, then people are not going to respect the law. The sheriff is absolutely right. There needs to be more. This is why we should get it to committee, and it is why that member, I hope, will be pushing for those penalties to be clarified.

Hon. Kevin Lamoureux: Mr. Speaker, I wanted to pick up on one of the member's comments on the whole idea of technology, because I really do agree with it. We have to ensure that technology works for people and not the reverse, in terms of having access. I will get the opportunity to expand upon that shortly, but I wanted to amplify just how important it is, in recognizing Bill S-5, that the primary focus is on patients in using technology.

The member seems to imply that he supports the legislation in principle and wants to see it go to committee. Does he believe it is something that could be passed before Christmas?

Dan Albas: Mr. Speaker, I would encourage the member to speak to the hon. Minister of Transport, who in addition to being a part-time minister of that portfolio is also the government House leader. He would probably have a better read on where things are going.

All joking aside, I did not get to address this in my speech, but if we look at Europe, if we look at the United States, that is where most of these companies come from, and really, that is where the big money is spent. I do not know whether Canada would see significant compliance from those companies. I certainly hope those companies would look to do this. I just hope, though, it would not slow the adoption of new technologies as they come out, because, again, differing standards in different regions create a de facto trade barrier whether the government wants to admit it or not. I am hopeful that this bill would be helpful, but let us just say it is not unconditionally positive in all respects.

Danielle Martin (University—Rosedale, Lib.): Mr. Speaker, I will be sharing my time today with the member for Winnipeg North.

When I was a health system and academic leader, we used to talk about having two jobs in health care. First was taking care of the patient of today. To do that work, obviously, we need access to the health data across a patient's journey, no matter where they are in the health care system. We also talked about having a second patient, the patient of tomorrow, and that is the work of supporting research, quality improvement and health system innovation.

Bill S-5 is a critical piece of legislation that would allow us to care for both the patient of today and the patient of tomorrow, and that is why I am proud to rise in the House today to speak in support of it.

All over Canada today, people are going to visit their family doctors. They are going to be talking about their mental health. They are going to be talking about their diabetes and their blood pressure control. They are going to be talking about their cancer journeys. They are going to be getting immunizations, prescriptions and requisitions for medical imaging. They might be getting a referral to a specialist. They might be referred for counselling or for physiotherapy. In pretty much every one of those family doctor's offices today, they are going to find their family doctor sitting and typing away on a computer, generating tasks for the physician or the health care worker and for the patient.

If a referral is made, the doctor is going to be typing away, generating forms inside that computer, and if that patient then goes to see a specialist, they are going to find the specialist sitting at their desk taking notes on a computer. If they end up in an emergency situation and have to go to the hospital, all the notes, the test results and the imaging results are going to be stored in an electronic record.

In my community of downtown Toronto, those places, the family doctor's office, the hospital, the emergency department and the specialist's office, might be just a few subway stops away from each other. Sometimes they are even in the same building, so one could forgive a patient for assuming those computers are talking to each other. However, it turns out that all too often, that is not the case. People could be forgiven for asking why, in a set of single-payer health systems across the country in any given province or territory, the data generated in the hospital, the data generated in the doctor's office and the data generated in the home care interface are sitting in separate silos, not talking to each other.

Bill S-5 seeks to remedy that. By requiring the vendors of the electronic systems we use in our health systems every day to meet interoperability standards and putting an end to data blocking, wherein vendors hold onto the data of Canadians under the mistaken view that they own the data about the health of our people, as opposed to the patient and the health system as a public good, we would be putting in place the necessary infrastructure for a modern health care system across the country.

It used to be that in order for electronic systems to talk to each other in a health care system, they had to actually be on the same system. I am pleased that this is no longer the case. We do not need all of Canada to be using a single electronic health record for data to flow in the ways that patients need, because technology has leapfrogged that requirement. When vendors meet those interoperability standards referred to in this bill, the data would be able to move in order for us to take better care of people. The hospital and the clinic would be able to securely share information that is relevant to the care of the patient.

● (1325)

[*Translation*]

To emphasize the importance of this bill, one need only quote the preamble:

> the health information of Canadians is not easily accessible to them or to their health care professionals, which puts the safety of Canadians at risk;

There is broad consensus among stakeholders that the interoperability between health technologies and health information systems, as well as a prohibition of data blocking, are necessary to ensure patient health and safety, improve health outcomes and promote equitable care for Canadians.

For patients to make informed decisions about their own health, they must have easy, comprehensive and secure access to their health information. Their health care professionals and researchers must also have access to it.

[*English*]

Why does this bill matter? Why do we need health records to be interoperable, and why do we need health data to be treated as a public good?

I want to speak to primary use and secondary use and begin by talking about the delivery of clinical care and access to one's own records. We have covered well in the House today in this debate the necessity of interoperability of health records for patient safety in terms of clinicians being able to access critical information when a person comes in for care, so I want to focus my remarks on the two other critical aspects. First is the ability of Canadians to access their own health records. Second is the ability to use the data for research, quality improvement and system oversight.

The pan-Canadian OurCare consultations, led by Dr. Tara Kiran and an incredible national team of researchers and experts in public engagement and primary care, had conversations with hundreds of people living across Canada to understand what Canadians wanted from a better primary care system. In their conversations, a core refrain arose again and again: People in Canada are frustrated that they do not have access to their own medical information. People shared how not having access to their own medical records made it challenging to get the care they need when they had an emergency, when they moved to a different province, when their doctor moved or retired, when they did not have a doctor or when they were just trying to advocate for themselves or for their loved ones.

Through the OurCare consultations, people in Canada spoke clearly and consistently. They want access to their own health records online in a format they can share with clinicians and loved ones and where they can have confidence that the information will be kept private and secure, which is not a very radical or unusual idea. Countries around the world have already given people access to their own health records through an app, like the Nordic countries, for example, but also Estonia, Spain, Portugal, France, England and Australia, just to name a few.

As we look to build national infrastructure and to become more self-reliant as a country and as we look to create the conditions for our country to thrive in the years to come, we need to invest in the most foundational of assets: the health of our people. Bill S-5 would open the door for people being able to access their own health records by ensuring that their data would be liberated from the vendors who may be holding on to it.

That brings me to secondary use and the patient of tomorrow. This is an aspect of data interoperability we should not neglect, because beyond the care of individual people, we need health data to do quality improvement, to do groundbreaking research, to engage in health system oversight and to develop artificial intelligence and apply it to the biggest problems facing the health of Canadians.

This is what we call secondary use of data, because health data is the raw material for improving care. Research and quality improvement teams use data to track people's health outcomes over time, to measure the impact of our interventions and to ask important questions that will lead to the next generation of breakthroughs.

Health data also contains the stories of important inequities and outcomes across the country. It helps us to understand whether people living in rural communities, people experiencing homelessness, indigenous people, Black Canadians and other groups are getting the care they deserve. This information can then drive our investments and programs as a government, but to understand the story, we need the data. Our superb Canadian researchers and health system leaders cannot do their jobs without it, and if it is being blocked sitting inside a vendor's records, we are going to be in trouble.

Finally, I want to say a few words about artificial intelligence. We are obviously at a new frontier. If we want to use AI to reduce wait times in emergency departments or wait times for specialist care, and if we want to use AI to improve the quality of care being provided to seniors in long-term care, to cancer patients in our cancer centres or to children in our family doctors' offices, we are going to need data and the data will need to be linked in order for us to do it.

● (1330)

Bill S-5 would regulate vendors. It would require them to play ball in ensuring that data can be shared across our health systems. Once the data is unblocked and interoperable, a lot of work still remains to be done. This bill would not replace the work ahead on sovereignty, commercialization, data export approaches and indigenous data sovereignty, all of which have been flagged by our colleagues in the Senate, but it would lay the foundation for all those things. Bill S-5 would lay the foundation for us to care for the patient of today and tomorrow. I am proud to support it.

Harb Gill (Windsor West, CPC): Mr. Speaker, I can sense the passion in my colleague's voice. I want to thank her for her over two decades' worth of service as a family physician.

She knows first-hand where the system breaks down. If she could fix one particular thing in this bill, what would it be and how would it help regular Canadians?

Danielle Martin: Mr. Speaker, in my colleague's riding today, as in mine, there are family physicians like my colleagues who are spending an inordinate amount of time chasing results, trying to figure out what happened to their patient when they were admitted to the hospital and what changes were made to their medications, and calling the pharmacy to try to figure out what occurred. This bill would lay a foundation. It would open the door for the kind of information data flow that is truly necessary to fix these problems. A lot of work would have to happen after that. The bill would not magically fix everything, but if we do not pass it, we will not have the infrastructure necessary to address these important issues.

Sonia Sidhu (Brampton South, Lib.): Mr. Speaker, I thank my colleague for her service for two decades. She knows exactly about one patient, one data.

Can my colleague tell us how the bill would reduce barriers to care? Also, we heard that there is workforce pressure. How would it be more helpful for the patient and reduce the burden of administrative work?

● (1335)

Danielle Martin: Mr. Speaker, I think we all know that the barriers for health care workers in the system today are considerable. There is a lot that artificial intelligence, for example, can do to improve the productivity of our health systems and reduce administrative burdens on our health care providers, whether they are a home care worker in a home, a PSW in long-term care or a nurse practitioner in primary care. AI can help all those people spend their time taking care of patients instead of running around trying to access information. It can reduce the administrative burden, whether it is from filling out forms or getting appointments for patients. However, all of that requires that the data be accessible, that it be linked and interoperable and that it not be blocked by the vendors of electronic medical records and electronic health records. That is why this bill would make a difference for the workers in our health systems across Canada.

Kelly DeRidder (Kitchener Centre, CPC): Mr. Speaker, I agree wholeheartedly that data transfer between departments and interchangeability are extremely important to help reduce harm in Canada. One thing the member mentioned in her speech is that the bill would lay the foundation for data transferability within Canada, but it would not complete the conversation on data sovereignty. How can we lay the foundation for data transfer but not at the same time lay the foundation for data sovereignty? If we are not doing that, are we not be putting health data in Canada at risk?

Danielle Martin: Mr. Speaker, it will be critical, in order to do this work, for the data to flow. The data needs to be linked so that across different parts of the health care system, we can follow a patient's journey over time. Once that occurs at the technical level, we have to figure out how we will govern the data, how we will make sure that privacy is protected and how we will ensure that the data is available to the people who need to use it and have permission to use it, but not misused by others, whether that would happen through the regulations coming out of this bill or, more likely, at the level of the health systems as people work through this over time. Right now, people across Canada doing health care leadership cannot even begin those conversations because they cannot access the data because it is being blocked. This is a necessary step on the journey to health system transformation across Canada.

Hon. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it is a pleasure to rise and speak to Bill S-5 today. If we take a look at information nowadays, it has never been easier to access. It has become critically important that when we take a look at our health care system, we look at ways in which we can improve upon it.

I want to reflect on some of the days, going as far back as when I was the health care critic in the province of Manitoba, when I was meeting with patients and stakeholders. Even back then, they were talking about information gathered on behalf of clients or patients and how that information is retained and ultimately shared.

I remember that when I had to change my family doctor, as my first one made the decision to retire, I was given a yellow envelope to bring to my new doctor. A year ago or so, when I was with my family doctor inside the checkup room, he was sitting at a computer, which I could watch. It was truly amazing how he was able to connect my health care needs through the computer. I did not have to get a prescription issued from the doctor or a piece of paper. Rather, he told me that I could go to X place and that my prescription would be ready.

When I take a look at what Bill S-5 is all about, it is all about patients, whether directly or indirectly. That is why I would like to think that all members of the House will see the value of supporting the legislation.

I have listened to members opposite all morning talk about the concerns they have, and I am not going to marginalize their concerns. I suspect that all members have some concerns as we move into this area. It is a very challenging area; there is no doubt about it. Someone mentioned that while we could bring in legislation, it would not guarantee that the system is going to work and the patient is going to benefit. There are jurisdictional issues. To individuals who are genuinely concerned about the issue of which level of government is responsible for what, I will say that instead of that being the primary concern, the primary concern should be the patient.

If we view this through that lens, I believe we will see more cooperation taking place among institutions, private companies, nonprofit companies and the different levels of government, if we are prepared to do what the minister has made very clear. In her statement, she talked about working with provincial and territorial jurisdictions and indigenous communities.

At the end of the day, information does matter. What takes place in our doctors' offices, our hospitals, our care facilities and our pharmacies really does matter, as does a person's ability to go into a facility, whatever type of facility it might be, and have a sense that a health care provider has access to the information that is so very important for that patient. If that were to be done right, where we get collaboration and get all systems onside moving in one direction, with the priority being the patient, we would see less duplication.

● (1340)

People would understand the differences in medications that might be being taken at one end versus at the other end. Some testing may not have to take place, or in some cases testing would take place, such as an x-ray, a lab test or whatever it might be. The different types of medications an individual takes throughout the year would be known. These are all important pieces of information. In working collaboratively with other jurisdictions, I would argue, as I said at the outset, and putting the lens on the patient, it is the patient who would benefit with the passage of Bill S-5.

I had the opportunity to ask members opposite some questions regarding the principle of the legislation. I am encouraged by the Minister of Health and the government's agenda to get this legislation through with fantastic support from the Senate of Canada. I am pleased with the general approach of the opposition, as the principle of the legislation appears to have been accepted. That being said, I suspect there might be a number of issues, based on what I have heard, that would come up at the committee stage.

I am sure there would be representation at the committee stage about issues related to things such as data blocking, which has been talked about a great deal. Data blocking is done far too often. Because of a vested interest, information is being retained by one vendor for reasons I will not go into today, but much of it would be driven by the dollar. Data blocking would be directly dealt with in this legislation, which is a very good thing.

Then there are interoperable issues. For example, in the province of Manitoba, there might be a care facility using a different technology system from what is being used at the Health Sciences Centre. Because of that, it is the patient who loses the most. That is one of the reasons the compatibility of technologies is so important in the legislation. The data would be able to be transferred. We hear a great deal about data, records and so forth, and it is important for us to recognize that with regard to data and technology, the government is very concerned with ensuring that privacy is respected. As we know, Canadians are very concerned about the issue of privacy, and understandably so.

Some provinces are further advanced than others, and I recognize that, but as we roll this out, what would end up happening is that the quality of health care services would improve for all Canadians. The health care worker, be it a nurse or a doctor, would have better opportunity to provide bedside care or to provide consultation, as a direct result of moving forward with Bill S-5. That is not to mention, as some have already pointed out, that it would also save lives.

● (1345)

Someone asked why it is taking us as long as it is. I think it is important to recognize that we have a very substantial legislative agenda. In the last 18 months, we have been pushing forward on a series of legislative initiatives. This bill is an important piece to it, because our health care matters in Canada. Canadians want us—

The Assistant Deputy Speaker (John Nater): Questions and comments, the hon. member for Kitchener Centre.

Kelly DeRidder (Kitchener Centre, CPC): Mr. Speaker, one thing in particular the member opposite said that I would like to concentrate on is that we have to look at this through the lens of the patient. I wholeheartedly agree with that, and the lens I am going to look through is data security. If this is implemented across Canada in partnership of course with the provinces, how would we ensure that, first, it would still be the patient who would decide whether the data is going to be transferred, and, second, how would that data be protected?

Hon. Kevin Lamoureux: Mr. Speaker, the member, in posing the questions, highlighted something I had indicated. If everyone would do exactly what she did with respect to her question, which is to put the patient first and look at it through that lens, I suspect that the debate would be well served not only on the floor of the House of Commons but also in committee. I can assure the member that it does not matter what side of the House one looks at. I believe every member wants to ensure the privacy and protection of data. There is no doubt whatsoever in my mind on that.

[*Translation*]

Mario Simard (Jonquière—Hébertville—Pays-des-Bleuets, BQ): Mr. Speaker, the member for Winnipeg North has often oversimplified things in the past, but I found it especially interesting today when he said that people should care more about patients than about jurisdictions.

If my colleague were consistent and really cared about patients, he would not accept that his party is making cuts to health transfers, and he would not accept this disgraceful situation where, year after year, the federal government underfunds health care. Right now, the federal government is barely covering 22% of health care costs. If the member really cares about patients, then he should try to convince his government to be less stingy when it comes to health care funding.

● (1350)

[*English*]

Hon. Kevin Lamoureux: Mr. Speaker, there is a long story with respect to health care transfers. We could go back many decades to when the provinces and the federal government made the decision that they wanted some change in tax points to the provinces in favour of having direct cash going to them. I was never a big fan of that. I believe that the federal government needs to not only have a strong, healthy Canada Health Act but also to maintain a basic level of health transfers. That is something the government, under the Prime Minister, has committed to do.

In addition to that, I would recognize that the Prime Minister came up with a $5-billion fund to build Canada's capital health infrastructure. I look forward to those health care dollars' being spent across the country.

Eric St-Pierre (Honoré-Mercier, Lib.): Mr. Speaker, I just learned that the member for Winnipeg North is a former Manitoba health critic. His comments on a stronger collaboration are well noted. However, I wonder if my colleague can elaborate a bit more on data blocking and vested interests. Why is data blocking important?

Hon. Kevin Lamoureux: Mr. Speaker, the simple reason is that often data blocking is not done in the interests of the patient but in the interests of some vendor that has a vested interest, and often that vested interest is driven by money. Whether it is the Prime Minister or any member of the Liberal caucus, what we are saying is that we need to put the patient first. If we put the patient first, we will have a better, stronger and healthier health care system.

Kelly DeRidder (Kitchener Centre, CPC): Mr. Speaker, it is an honour to rise on behalf of Kitchener Centre to speak to this really important issue.

I think we can all agree that every Canadian should be able to access quality health care when they need it, without waiting and regardless of where they live and what they earn. Unfortunately, that is not the reality of our current health care system. Canadians are struggling to find a family doctor. They are waiting months if not years to see specialists. They join long wait lists for surgeries and imaging. Emergency rooms are overcrowded, and patients spend hours waiting even to be assessed. For too many Canadians, the challenge is simply accessing health care. While we can all agree that our health care system is worth protecting, it cannot mean defending something that is failing too many Canadians.

Canadian taxpayers spend an enormous amount of money on their own health care. Taxpayers will spend $57 billion in 2026-27, and Canadians are still left waiting for proper care for their investment. Do members know that Canada ranks last among 10 similar countries with respect to timely access to health care? Only one in four Canadians gets an appointment with a doctor or nurse the day they need it. Most Canadians wait two months or longer to see a specialist.

We have to ask ourselves how we can make our system work better. It is not just about how much money we put into health care. It is about its effectiveness. How do we support health care professionals, and how do we improve the outcomes for all Canadians?

Let us imagine that somebody from Kitchener decides to travel across this beautiful country to Alberta. Maybe they are visiting family, enjoying a family vacation or travelling for work. Then, unexpectedly, they have a heart attack. They are taken to the ER, and the doctors treating them need to know their medical history, such as what medications they are taking, if they have any allergies, if they have had any previous surgeries or if there are any underlying issues or conditions that could affect their treatment. The patient is lucky enough to have a family doctor in Ontario, but their medical records are not in the same system as Alberta's, and the hospital cannot access them.

What happens now? The patient literally cannot provide their health information if they have had a heart attack. They cannot give their history. They cannot give their allergies or the pertinent information the doctors may need in that exact moment. The doctors now are spending time trying to access the patient's information instead of immediately caring for them. Tests may be needed or repeated, and information is not available. All this is happening while the individual is not getting the care they need. Would it not make more sense if the patient's medical information could just follow them so surgeons would immediately be able to operate on them, potentially saving lives?

A colleague just shared a story with me. A man and his wife were travelling across the country, and they got in a car accident. Because of that car accident, the gentleman needed immediate surgery, and his wife was unconscious. Right on the roadside, penicillin was administered to the man during the operation, but unfortunately he was allergic to the penicillin and passed away. Data transfer can literally save lives in this country.

We have already invested in medical records across this country. More than 95% of physicians use electronic medical records today, but that is not the same as having a connected system. A doctor might have a patient's entire medical history on their computer, but if the doctor treating them next door does not have that same information, we have a problem. Only 29% of primary care providers make patient information available outside their own practice. Only a quarter of practitioners make that information available outside that practice. This leaves 75% of the population without records that can be immediately accessed so patients can get immediate care in the times they need it.

This costs Canadian taxpayers an extra $9.4 billion a year. Let us think about that. Billions of dollars are being lost because the information that already exists on a system somewhere is not being accessed by someone right next door. Patients are undergoing repeat tests. Health care professionals are spending extra time tracking down records. Important information is being missed when patients move between providers.

● (1355)

Doctors, nurses, pharmacists and other health care professionals should be spending their time caring for patients, and that is it. They should not be spending their time trying to access information that already exists on another system. It is a complete waste of, first, the physician's time and, second, the immediate access to care for patients who immediately need it. Not having to chase down medical records or repeat work that has already been done would only help the care of patients here in Canada. We should be giving physicians the tools they need to do their jobs, not making their jobs more difficult by repeatedly investigating the care that a particular person may need.

There is a tremendous opportunity with the bill, but there are a lot of questions behind the scenes. We do need to make sure that the details are right with this piece of legislation, because Canadians need to be able to access their own data, and we do need actual improvements for Canadians. This cannot just be another measure where we are saying that we are going to be doing something in Parliament but not actually working with the provinces and territories to make sure that it is implemented across Canada.

We have questions that we need to ask, and as we move forward, we will ensure that we ask these questions in committee.

Provinces and territories are responsible for their own health care systems. As the federal government, we need to respect the role of the provinces. We should be working with them to make sure that health information can be shared across provinces in a way that all provinces agree with. We have to ensure that we are not going to be encroaching on provincial territory when we are trying to implement a system to access care across systems. This is a key important piece of this legislation that we need to look at.

We need to understand how the bill would work with the systems that are already in place and make sure provinces still have a say in how these changes are made. We know that different practitioners use different systems, so what does that mean for the current systems that practitioners are already using? Are they going to be able to keep these systems or are they going to need to move to a different system? None of these questions have any answers to them yet, and these are the things we are going to look at.

STATEMENTS BY MEMBERS

● (1400)

[*English*]

AEROSPACE INDUSTRY

Doug Eyolfson (Winnipeg West, Lib.): Mr. Speaker, I rise today to recognize the 55th anniversary of Boeing Winnipeg, located in my riding of Winnipeg West.

Established in 1971 with just 57 employees building Boeing 747 components, Boeing Winnipeg has grown through five major expansions into Canada's largest aerospace composite manufacturing facility. Today, nearly 1,500 skilled workers operate across its 700,000 square foot facility, producing critical components for Boeing commercial aircraft, including the 787 Dreamliner, as well as the P-8 Poseidon, Canada's next multi-mission aircraft.

With an extensive local supplier network and a recent $36-million investment supporting research, development and robotics, alongside its contributions to STEM education and veterans' opportunities, Boeing Winnipeg remains an important anchor of Manitoba's aerospace sector.

Please join me in congratulating Boeing Winnipeg and, most importantly, its dedicated workforce, on 55 years of innovation, excellence and contributions to our community and economy.

* * *

THE ECONOMY

Clifford Small (Coast of Bays—Central—Notre Dame, CPC): Mr. Speaker, families and seniors across Coast of Bays—Central—Notre Dame are working hard and doing their best to live within their means, yet they are struggling to make ends meet.

The Liberal Prime Minister promised Canadians affordability, but the reality is that we have higher costs and growing financial pressure on households. In Newfoundland and Labrador, food security affects more than one in four residents. Food bank usage across our province has increased by 44% since 2019. These are not just statistics. These numbers represent real people making impossible choices between groceries, heating their homes and putting fuel in their vehicles.

As Liberals prepare to table their budget, Canadians deserve action, not more spending and debt. The government needs to cut waste and restore fiscal responsibility, instead of spending and making more debt. The government needs to eliminate all taxes on gas and diesel. It is high time that the Prime Minister lives up to the expectations of those who voted for him—

The Speaker: The hon. member for Hochelaga—Rosemont-Est.

* * *

[*Translation*]

BPW MONTRÉAL

Marie-Gabrielle Ménard (Hochelaga—Rosemont-Est, Lib.): Mr. Speaker, I want to take members on a trip down memory lane.

In 1926, seven visionary and determined women founded BPW Montréal, a business and professional women's network. For the past 100 years, BPW Montréal has played an important role in advancing gender equality and promoting women's professional development.

To the many CEOs and dedicated board members who have served the organization over the past century, congratulations on this remarkable milestone. While some are no longer with us and are watching over us today, I am certain they would be immensely proud of all that has been accomplished.

To the tireless, the passionate, the go-getters: Your contributions have left an indelible mark on the organization as we celebrate it today.

My colleagues and I have great admiration for all that has been achieved, and we fully appreciate the strength and collective power of women.

I wish BPW Montréal a very happy centenary.

[*English*]

ROYAL CANADIAN AIR FORCE FOUNDATION

Blake Richards (Airdrie—Cochrane, CPC): Mr. Speaker, as we begin Veterans' Week and we approach Remembrance Day, I had the privilege of co-hosting a reception this afternoon for the Royal Canadian Air Force Foundation under the leadership of Jeremy Diamond.

When Canadians think of veterans, minds can often drift to historical black and white photos. We remain deeply appreciative of the freedoms that they fought for, but there are also heroes who walk among us today. They are our neighbours, parents of young children and colleagues that we work with, and they bore heavy burdens in modern conflicts like Afghanistan, the Gulf, and many other missions.

By supporting modern veterans and inspiring tomorrow's aviation leaders, the Royal Canadian Air Force Foundation bridges our history with our future through STEM scholarships, with recipients joining us today, including Anjana Ramaswamy, Clare Balkissoon, Arabella Allen, Nehsy Poinen, Declan McCloskey, Virajdeep Rattan, Lucy Levy and Vincent Bujold-Roux.

Let us stand united behind our veterans, past and present, and remember that a life of service is the only life worth living.

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● (1405)

ERIC BAUZA

Doly Begum (Scarborough Southwest, Lib.): Mr. Speaker, I rise to mourn Eric Bauza, Scarborough's very own Emmy Award-winning voice actor.

Eric attended St. John Henry Newman Catholic High School in my riding of Scarborough Southwest, and from those hallways he went on to become the voice of Bugs Bunny, Daffy Duck and many other beloved characters. A proud Filipino Canadian, Eric broke barriers in an industry where very few look like him, inspiring young people across our communities. During the pandemic, he joined our virtual New Year's celebration, bringing laughter and joy when we needed it the most.

I want to quote Eric's parting message from his high school yearbook: “Well, b4 I go, I'd like 2 say thanx 2 every1 who thought I was funny, & if I ever do b-come famous, party at my house!”

I call on the members of the House to join me in offering our deepest condolences to Eric's family and loved ones. Eric's legacy lives on through the laughter that he gave to this world.

MARGARET HEINMILLER

John Nater (Perth—Wellington, CPC): Mr. Speaker, as we begin Veterans' Week, I rise to pay tribute to World War II veteran Margaret Heinmiller.

Marg passed away this week at the age of 101. Born in Berkshire, England, she came to Canada at the age of four, and when World War II broke out, she was determined to serve. She joined the Royal Canadian Navy, the senior service, as she was quick to tell us, and almost joined the air force. Like so many of her great generation, when Marg's service in uniform ended, her service to the community continued. She was the first woman to join the Listowel Legion in 1947 and was the first woman president of the Palmerston Legion.

Even at 101 years old, Marg was quick with a witty joke, often delivered while on one of her daily walks down Main Street in Palmerston. Our hearts are with Marg's family and loved ones.

On behalf of a grateful nation, Bravo Zulu, Marg. I thank you for your service.

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[*Translation*]

SERVICE DE POLICE DE LA VILLE DE MONTRÉAL

Abdelhaq Sari (Bourassa, Lib.): Mr. Speaker, since June, certain facts have been coming to light about the Service de police de la Ville de Montréal. A team at station 39 was disbanded, allegations of racist acts were made, and evidence of domestic violence provided by a victim was allegedly destroyed.

On Monday, we learned that the police force had fired seven police officers. That response was necessary. However, for the riding of Bourassa, it is neither a finish line nor the end of the matter.

I am telling the police force that it needs to meet the moment. Montrealers are entitled to transparency and public accountability. I am thinking about the people who were affected, the families who were afraid and the police officers who had the integrity to break the silence.

I want to remind all of those people that they are not alone. In Canada, safety is not a privilege, dignity is not negotiable, and a person's background should not determine how they are treated.

* * *

[*English*]

AUTOMOTIVE INDUSTRY

Chris Lewis (Essex, CPC): Mr. Speaker, I rise on behalf of the 6,000 auto workers in Windsor-Essex at the Windsor assembly plant. Next week, these workers will be laid off by Stellantis, marking the fourth shutdown before Christmas.

The Liberal government has handed more than $6 billion to Stellantis, yet these workers are still without work. The government is also spending billions in foreign aid abroad and opening our market to state-subsidized Chinese EVs that compete with our own vehicles.

The Prime Minister promised a deal with the U.S. by 2025. Instead, families in Essex are losing faith because they are losing their jobs. No deal means no jobs. These workers are not asking for government handouts. They are asking to work and provide for their families.

The Liberal budget should put Canadian workers first, reduce foreign aid spending, stop opening our market to state-subsidized Chinese vehicles and take action to prevent Canada's auto industry from being hollowed out. Essex workers have paid the price for the government's failures for far too long.

* * *

[*Translation*]

CANADIAN ARMED FORCES LEGEND

Mario Simard (Jonquière—Hébertville—Pays-des-Bleuets, BQ): Mr. Speaker, today I want to talk about a strong, larger-than-life man who has become a legend in the Canadian Armed Forces: Chief Warrant Officer Marco Côté.

This guy from back home began his military career in 1988 with Le Régiment du Saguenay. In 1999, he was selected to join Canada's elite special operations unit, where he served for more than 20 years.

Following the events of September 11, 2001, he was deployed to Afghanistan and was awarded the highest U.S. military honour, the Presidential Unit Citation. In 2003, he completed sniper training, and in 2010, he became the warrant officer in charge of the sniper team. In 2017, he was promoted to chief warrant officer and became the regimental sergeant major of the Canadian Special Operations Regiment.

It would take too long to list all the awards he has earned, but I can say that Marco Côté is an exceptional leader, capable of the greatest sacrifices and endowed with a talent and courage that would put Rambo and Chuck Norris to shame.

Mr. Côté, we are all very proud of you.

* * *

● (1410)

[*English*]

PATRICIA MAY MARTYN

Peter Fragiskatos (London Centre, Lib.): Mr. Speaker, it is a great honour to rise to honour the life of Patricia May Martyn, who passed away recently at the age of 86.

Married for 66 years to her best friend, Harold, together they raised four children, Paul, Linda, Anne and Karen. Karen, of course, is our former colleague, Karen Vecchio, who served the House so ably and with such great talent and dedication from 2015 through 2025.

Adored by her children, of course, her grandchildren and many great-grandchildren, Patricia May Martyn was an outstanding Canadian, someone who loved her community and her family. She is someone who will be deeply missed.

Our country is a great place, a great country for so many reasons, but it is unsung heroes like Patricia May who made it so. It is an honour to speak about her today. May she rest in peace.

* * *

THE ECONOMY

John Williamson (New Brunswick Southwest, CPC): Mr. Speaker, lobster season opens November 10 in southwest New Brunswick. Fishing families along the Bay of Fundy are ready to work, but many are worried about making ends meet. Before setting day, diesel is already up 50% in a year. It is made worse by the Liberals' clean fuel tax that adds 19¢ a litre to diesel and 15¢ a litre to gasoline. Every boat carries hundreds of lobster traps; they have now been hit with a Canadian tariff.

Our fishermen are literally paying their own government in Ottawa just to go to work. These men and women work hard, follow the rules and pay their taxes. They are the backbone of coastal communities. They work as hard as ever, pay more and fall further behind.

This is a story across Canada, worsened by 11 years of massive deficit spending. It is a government that spends well beyond its means and passes the costs to Canadians. The budget must cut taxes, stop inflationary money printing and end its wasteful spending. Canadians deserve nothing less.

* * *

HAMILTON CARDINALS

Lisa Hepfner (Hamilton Mountain, Lib.): Mr. Speaker, it is official. The Canadian Baseball League's top executive in 2026 is Hamilton's Eric Spearin. Fans packed into Bernie Arbour Stadium in Hamilton Mountain all season long to watch the Hamilton Cardinals play with a talent-packed roster. The Cardinals are among the city's oldest sports teams, but their last championship game was in 1978. For a long stretch, the team struggled until Eric Spearin became owner in 2022. His vision brought the team a real winning culture and, for the first time, the Cardinals were on top heading into the championship series.

The team's impact goes much deeper than winning ball games in Hamilton. When 80 children were suddenly left without a way to get to the Salvation Army summer camp, Eric Spearin dispatched the Cardinals team bus to make sure no one missed out. We are grateful and proud.

Congratulations to the Cardinals.

* * *

THE ECONOMY

Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, after more than a decade of inflationary Liberal policies, Canadians are concerned with the direction our country is going. News of Canada's inflation rate rising is sad confirmation they have every reason to be. While the Prime Minister promised affordability, Canadians are watching the cost of housing, groceries, fuel, insurance, utilities and everyday living rise to increasingly unsustainable levels. Even though they are working full time at good-paying jobs, they are still struggling to afford necessities. Recent reports of increased food bank usage and people skipping meals because they cannot afford groceries are further confirmation of this sad reality.

The Prime Minister is out of touch, his spending is out of control and Canadians are out of money. In today's budget, Conservatives are calling on the Liberals to cut wasteful inflationary spending, keep their promised debt anchors and save Canadians money by reducing the cost of gas, groceries—

● (1415)

The Speaker: The hon. member for Vaudreuil.

* * *

[*Translation*]

MILLE ET UNE HUÎTRES EVENT

Peter Schiefke (Vaudreuil, Lib.): Mr. Speaker, this Saturday, I will have the pleasure of marking the 10th anniversary of Mille et une huîtres, an oyster dinner fundraiser organized by the Fondation Paul-Leboeuf.

For 10 years now, this event has been bringing our community together to give children and adults with special needs a chance to enjoy adapted and inclusive camp experiences at the Centre Notre-Dame-de-Fatima. Thanks to the generosity of the attendees over the past decade, more than 20,000 camp days have been offered, supporting 1,398 campers with special needs and their families.

I would like to thank Steven Grenier, Guillaume Roberge, France Pomminville, and the entire team and board of directors for their hard work year after year, not to mention all the donors whose generous contributions continue to support this important work in our community of Vaudreuil.

May this extraordinary camp continue to thrive for years and decades to come.

* * *

THE ECONOMY

Gérard Deltell (Louis-Saint-Laurent—Akiawenhrahk, CPC): Mr. Speaker, the budget will be tabled in less than two hours, and we, the Conservatives, want Canadians to have more money in their pockets. That is why we are proposing to eliminate gas taxes, which have a real impact on the cost of food and other goods, to reduce wasteful and inflationary spending and to save Canadians money at the pumps, at the grocery store and everywhere else.

For businesses, we want what they want: less bureaucracy. Incidentally, I commend the representative of the Association hôtelière de la région de Québec who came to Ottawa to highlight the hotel industry's contribution to Quebec's economic growth. Six hundred million dollars in spinoffs is good, but too much bureaucracy is not.

Although the Prime Minister, the prominent banker, promised affordability, everything has become more expensive since he took over. For the sake of all Canadians, we are hoping for a responsible budget.

* * *

[*English*]

ORDINE AL MERITO AWARD

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I rise today to recognize an extraordinary member of our community, Danny Montesano, who will soon be honoured with the Ordine al Merito award by the National Congress of Italian-Canadians.

I have known Danny for decades and have seen first-hand his kindness, generosity and dedication to helping those around him. A respected business leader and successful entrepreneur, he has never lost sight of the importance of giving back. Through his long-standing record of charitable donations, including generous support for local hospitals and many other causes, Danny has made a meaningful difference in the lives of countless families across the community.

This recognition by the national congress is a testament to a lifetime of hard work, leadership and service. I extend my heartfelt congratulations from my family to his. To Danny, on this well-deserved honour, bravo.

I thank him for all that he does for our community.

ORAL QUESTIONS

[*Translation*]

TAXATION

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, one in three Canadians are skipping meals because groceries are too expensive. The number one job of the budget is to save Canadians money.

Will this Prime Minister get rid of all of his 20¢-per-litre taxes on diesel and gasoline to help Canadians save money at the pump and at the grocery store?

[*English*]

With one in three Canadians skipping meals because they cannot afford groceries under this Prime Minister, job one for the budget is to save Canadians money.

Will he get rid of his 20¢-a-litre tax on gas, to save Canadians at the pump and at the grocery store?

[*Translation*]

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, in a few hours, we will unveil the budget so that Canadians can become masters of our destiny, and therefore masters of their own destiny, through affordability, opportunities and, above all, sovereignty, so that we can live our lives as we choose.

* * *

[*English*]

IMMIGRATION, REFUGEES AND CITIZENSHIP

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the Prime Minister cooked the books on immigration. He either lost count of, or lost altogether, 300,000 people in this country. Last year, the Liberals announced a cut in levels, only to bring in two backdoor programs to sneak in thousands more. Therefore, the population is again growing and levels are again at historic pre-Trudeau levels, or higher than pre-Trudeau levels.

Will the Prime Minister cook the books again today to hide the number of people he is bringing in to profit big corporations with lower wages and higher rents?

● (1420)

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, the Leader of the Opposition needs a little work on his maths. The population growth in Canada was the lowest rate in decades. This government has taken back control of immigration. The number of asylum seekers is down by 70%; temporary foreign workers, down by 60%; foreign students, down by 80%; and permanent residents, down by 100,000. In a few hours, they will see the next phase of that immigration platform.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, that is cooking the books. When they compare themselves to insanity, it is insanity. He is comparing the numbers to the Trudeau-era levels.

Let us compare them to the Conservative government. The asylum claimants backlog is up from 10,000 to 259,000, a 2,500% increase. The number of temporary foreign workers is up to 166,000 from 71,000, a 130% increase. The number of temporary residents is up 300% and he has 700,000 people here on work permits, even though there are thousands of youth who cannot find jobs.

Will he stop cooking the books, and put Canadians first?

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, I am not comparing myself to insanity. I am comparing myself to conspiracy.

We have taken back control of immigration. The number of non-permanent residents has slowed from over 7% to just above 5%. We believe in this country. We are building Canada strong.

Oral Questions

FINANCE

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the numbers I cited are from his government, so he must be in on it then. He cooked the books on immigration. He cooked the books on debt. He will stand up now and give fake and phony statistics on debt and deficit, but that is because he is dividing his expenditures onto not one, not two, but three different credit cards, using accounting rules that no one else in the world uses. If a company did it, they would be criminally charged for defrauding their shareholders.

The Parliamentary Budget Officer says that the Prime Minister will add $700 billion of new debt over the next five years. How much will Canadians pay?

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, we will see in a few hours how to manage the government's finances and the country's finances. We will see a government that is taking control of spending, that has slowed it from over 8% to less than 2%. We will see a government that is balancing the operational budget. We will see a government that knows how to invest in the future of this country because that is what Canadians want.

I understand the Leader of the Opposition, who has only ever torn things down, does not understand how to build things up at this time.

* * *

PUBLIC SERVICES AND PROCUREMENT

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, I will confess that I have no idea how to build up $733 billion of new debt, which is what he is planning to do, and it is going to the Liberal club.

The Prime Minister has attempted to distract using the Trump card to justify the 2.3 billion tax dollars he has given to Telesat, the company of his friend Dan Goldberg, but the excuse does not work, because Telesat is giving a billion of those dollars to Elon Musk's SpaceX for launch capabilities.

Has the Prime Minister ever discussed Telesat with his public servants, his ministers or his staff, yes or no?

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, I have not been involved in any decisions related to contracts with Telesat or the financing of Telesat. Those decisions began with the Conservative government in 2007. They ran through the public procurement process.

The final decision was made by the Secretary of State for Defence Procurement. I had no knowledge of those decisions. I did not participate in those decisions. I am proud of Canada, however.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, how he chooses his words so very carefully. Earlier on, his government claimed he did not have any discussions about Telesat, and now he has deleted that word, just as he deleted mention of his friend and that company from a later edition of his book.

The company got the contract in August of this year, a decade after the Conservatives left office. Here is the question for the Prime Minister: Did he ever discuss Telesat with any public servant, any staff member or any minister, yes or no?

● (1425)

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, I was not involved in any decisions related to that company—

Some hon. members: Oh, oh!

The Speaker: It is getting too loud.

The right hon. Prime Minister, from the start.

Right Hon. Mark Carney: Mr. Speaker, I was not involved in any decisions related to that company, but if the Leader of the Opposition would like to learn something, he might want to read the national security strategy. He might want to recognize that one of the key determinants of this country's sovereignty, which this budget is going to help deliver, is control of space. We will build Canada strong in space.

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[*Translation*]

THE ECONOMY

Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, the National Women's Liberal Commission—

Some hon. members: Oh, oh!

The Speaker: I would ask the hon. member for Beloeil—Chambly to repeat his question from the top. We had to wait until the noise died down enough to hear him.

The hon. member for Beloeil—Chambly.

Yves-François Blanchet: Mr. Speaker, the Liberal Party's National Women's Liberal Commission submitted a brief that is strongly opposed to Bill C-39. This group is the official women's wing of the Liberal Party of Canada. Among other things, they condemn the excessive and permanent powers that weaken environmental protections and consultations with indigenous peoples.

Will the Prime Minister listen to them, or will he claim that he alone makes all the decisions?

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, what Quebeckers and Canadians want is to build this country with high standards. We will do that, and we can do that with Bill C-39: one project, one review, one year, one stronger country.

LABOUR

Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, Magali Picard of the Fédération des travailleurs et travailleuses du Québec, the FTQ, has also spoken out against Bill C-39. Ms. Picard criticized the Prime Minister for the provisions limiting the right to strike. She announced that the FTQ will challenge Bill C-39 in court because it is unconstitutional and is the most restrictive anti-worker law in the G7. The Prime Minister previously asked Magali Picard to advise him on Canada-U.S. relations. I, for one, wish him good luck.

Will he listen to Ms. Picard, or will he ask her to pipe down?

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, I have a great deal of respect for Ms. Picard. I listen to all of Ms. Picard's advice. I listen to what she has to say about the bargaining process between workers and corporations. The best agreements are reached at the bargaining table. That is the objective of the amendments to Bill C-39. We will maintain high standards when it comes to unions and bargaining.

* * *

INDIGENOUS AFFAIRS

Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, the chief of the Assembly of First Nations, Cindy Woodhouse Nepinak, has criticized Bill C-39, saying that it violates the United Nations Declaration on the Rights of Indigenous Peoples. We are hearing the same thing from the Native Women's Association of Canada, which has also expressed concerns about the environmental impacts of the bill and the potential repercussions for women. Except for the government members, no one really agrees with Bill C-39.

Will the Prime Minister also tell indigenous peoples to keep quiet?

Right Hon. Mark Carney (Prime Minister, Lib.): Mr. Speaker, last week, I had a big meeting with all of the first nations chiefs and most of the provincial and territorial premiers. We had discussions about the need for projects here in Canada and about the importance of having real participation from indigenous and first nations partners, and that was with the agreement of Ms. Woodhouse Nepinak.

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[*English*]

PUBLIC SERVICES AND PROCUREMENT

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, I asked the Prime Minister if he had ever talked to a minister, staff member or public servant about Telesat. He got very nervous. He refused to answer the question, and he talked in generalities about his budget—

Some hon. members: Oh, oh!

● (1430)

The Speaker: I would ask the member to start over.

Hon. Pierre Poilievre: It looks like they are all getting very nervous over there, Mr. Speaker.

Let us look at the reality. It is illegal under the Conflict of Interest Act, section 9, for the Prime Minister to in any way discuss matters that could favour the interests of a friend. Dan Goldberg is his friend of 20 years. The company got a $2.3-billion taxpayer-funded contract in August of this year, and contracts have exploded under the Prime Minister.

Again, did the Prime Minister ever discuss Telesat with a public servant, a minister or a staff member? Did he ever discuss Telesat, yes or no?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as the leader well knows, because he is subject to the same rules, Canada has world-leading rules in terms of ethics, disclosure and compliance. Of course, we will always at all times comply with the legal provisions of the Conflict of Interest Act and other applicable laws. We have the most stringent rules in the world, and obviously every member on this side of the House spends a great deal of time devoted to complying with those regulations.

* * *

FINANCE

Hon. Michael Chong (Wellington—Halton Hills North, CPC): Mr. Speaker, the government needs a serious fiscal anchor, less debt and a path to balanced budgets. That is what Kevin Lynch, former finance deputy minister and clerk—

Some hon. members: Oh, oh!

The Speaker: There's competing shouting from this side to that side and back. Let us keep the level of noise down so that we can hear the questions and answers. It is on both sides.

The hon. member for Wellington—Halton Hills North, from the beginning, please.

Hon. Michael Chong: Mr. Speaker, the government needs a serious fiscal anchor, less debt and a path to a balanced budget. That is what Kevin Lynch, former deputy minister of finance and clerk, said today. It is what economist Chris Ragan said yesterday. It is what former finance official Don Drummond has been saying for months. The PBO has said that the interest on the national debt has doubled since 2021 to $60 billion a year, more than health care or defence.

Will the Prime Minister deliver a credible fiscal anchor in today's budget to reduce the debt and skyrocketing interest payments?

Hon. Wayne Long (Secretary of State (Canada Revenue Agency and Financial Institutions), Lib.): Mr. Speaker, while the leader cannot master his own caucus, in a few hours we are going to table budget 2026, "Masters of our destiny". We are going to build Canada. We are going to bring down barriers to investment. We are going to double non-U.S. exports. We are going to invest in major projects, in housing and in infrastructure. We will also do what they never do. We are going to make sure we look after the most vulnerable.

Hon. Michael Chong (Wellington—Halton Hills North, CPC): Mr. Speaker, borrowing costs are rising, growth is stagnating and risks are tilted to the downside. Canada's fiscal buffers are depleting, leaving us unable to deal with the next major crisis that the Prime Minister's own national security strategy says could be coming.

The government's fiscal anchors have done little to rein in government spending and borrowing, so will the Prime Minister ensure a credible fiscal anchor in his budget, and more importantly, will he ensure a full accounting in the budget so we do not have to learn about things at some future investment conference?

Hon. Wayne Long (Secretary of State (Canada Revenue Agency and Financial Institutions), Lib.): Mr. Speaker, despite the fake rage, we have a plan to build our economy. The fundamentals of our economy are extremely strong: the best net debt to GDP in the G7, one of the strongest fiscal positions in the G7, wages outpacing inflation and a AAA credit rating.

Despite them wishing it is not so, we have a plan to build Canada strong. We are going to invest in our country and our economy.

Sandra Cobena (Newmarket—Aurora, CPC): Mr. Speaker, the Liberals are masters of illusion. They say, "Look over here at the operating budget, but do not look over there, where we are taking on unprecedented levels of debt." They say, "Look at the operating budget, but do not look over here, where we are hiding billions of dollars in Crown corporations." They say, "Keep looking over here at the operating budget, not at the billions of dollars being relabelled into capital investments."

Who is going to pay for all this debt and how?

● (1435)

Ryan Turnbull (Parliamentary Secretary to the Minister of Finance and National Revenue and to the Secretary of State (Canada Revenue Agency and Financial Institutions), Lib.): Mr. Speaker, the Conservatives are so committed to their pessimistic world view that they cannot see past the paper that was handed to them in their lobby to read off these QP questions that are repetitive every single day and punching down the Canadian economy.

We are here to promote Canada. We are here to invest in Canada. That is exactly what our government is doing, supporting people with affordability measures, growing the industries of tomorrow and creating jobs for tens of thousands of Canadians. That is what we were elected to do. We will not apologize for being positive about the prospects of this country.

Sandra Cobena (Newmarket—Aurora, CPC): Mr. Speaker, there was a lot of shouting, but if you noticed, there was still no answer.

The Liberals are masters of fiscal illusion. They are hiding behind the net debt-to-GDP ratio so they can borrow even more. What they do not tell us is that that calculation subtracts Canadians' pensions, money that Canadians worked decades to save for retirement. That money is not for the finance minister to spend or borrow against.

When will they stop using Canadians' pensions to justify the amount of debt they are leaving for our children and our grandchildren?

Ryan Turnbull (Parliamentary Secretary to the Minister of Finance and National Revenue and to the Secretary of State (Canada Revenue Agency and Financial Institutions), Lib.): Mr. Speaker, it is well known everywhere but the Conservative caucus that Canada has the strongest fiscal position in the G7. That is not an exaggeration. That is the IMF, a world rating agency. We have a AAA credit rating. We had the strongest second quarter growth in the G7. We have the lowest net debt-to-GDP ratio by far.

We are not compromising that fiscal position in strength. We are leveraging it to the hilt to get the best results for Canadians, to get returns for Canadians. Those dividends will be jobs for the future and higher-rising incomes.

Dan Mazier (Riding Mountain, CPC): Mr. Speaker, Canadians cannot afford another inflationary Liberal budget. Under the Liberals, millions of Canadians are lined up at food banks. According to a report from the Daily Bread Food Bank, 38% of food bank users are employed. That means even a paycheque no longer guarantees a full fridge under the government. While Canadians are working harder to get ahead, they keep falling further behind.

Will the Prime Minister end this inflationary spending in today's budget, or will Canadians keep paying the price?

Hon. Rebecca Chartrand (Minister of Northern and Arctic Affairs and Minister responsible for the Canadian Northern Economic Development Agency, Lib.): Mr. Speaker, Manitoba is a powerhouse for aerospace, the third-largest in Canada, and the member opposite keeps voting against every measure to support it. Magellan and StandardAero are creating good jobs in Manitoba. We just invested $8.8 million in the University of Manitoba to support research and create jobs. These are all measures we are taking to support the work to grow the economy in Manitoba, and the member opposite keeps voting against them.

[*Translation*]

Luc Berthold (Mégantic—L'Érable—Lotbinière, CPC): Mr. Speaker, in two hours, the prominent banker that is the Prime Minister will table his budget.

Some hon. members: Oh, oh!

The Speaker: I will interrupt the member for a moment to call the House to order.

I invite the hon. member to start again so that we can hear what he has to say.

Luc Berthold: Mr. Speaker, in two hours, the Prime Minister will table yet another budget and become Canada's undisputed champion of deficits. That is less than two hours away. He will ensure that all Canadians are forced to pay more interest on the debt.

That is money that will not go toward supporting families. It is money that Canadians will send to the government instead of spending it on groceries, housing or everyday necessities.

Can the Prime Minister at least guarantee that his budget will reduce the deficits and cut costs, so that Canadians can finally save some money?

● (1440)

Hon. Joël Lightbound (Minister of Government Transformation, Public Works and Procurement and Quebec Lieutenant, Lib.): Mr. Speaker, I would like to thank my colleague for the compliment he paid to the Prime Minister. He called him a prominent banker.

Canada has one of the strongest fiscal positions in the G7, the second-lowest net debt-to—

Some hon. members: Oh, oh!

The Speaker: Order.

Normally, it is the opposition that makes it impossible to hear the answers, but in this case, it is MPs from the minister's own party.

I will ask the minister to continue, although not from the beginning.

Hon. Joël Lightbound: Mr. Speaker, I note that, in his question, he referred to taking money away from families.

They are experts at taking money away from families. For example, in his riding, Mégantic—L'Érable, $100 million is distributed to 24,000 children through the Canada child benefit. This has reduced child poverty by nearly 40%.

He voted against providing an average of $3,500 per child.

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OIL AND GAS INDUSTRY

Mario Simard (Jonquière—Hébertville—Pays-des-Bleuets, BQ): Mr. Speaker, while Quebeckers are struggling with the cost of living, the greedy oil companies continue to rake in record profits from the war in Iran. In nine months, Suncor made nearly $10 billion. That is more than it made in its best year ever. Its refining margin shot up 260%, which means that, yes, it is ordinary people who have been paying the price. The greedy oil companies are getting richer than ever at Quebeckers' expense.

Will the government finally cut off their supply of public funds in the budget?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, we will continue to invest in clean and renewable energy, as we did with the then premier of Quebec and the Premier of Newfoundland and Labrador by investing in Churchill Falls. We will continue to invest in heat pumps for households. We will continue to invest in wind and solar energy. In short, we will continue to invest in technologies that will ease the burden that fossil fuels place on the backs of Canadian consumers.

Mario Simard (Jonquière—Hébertville—Pays-des-Bleuets, BQ): Mr. Speaker, at the rate they are going, heat pumps will end up running on gas.

Oil companies are posting record profits again this year because of the war in Iran. Meanwhile, the Liberals want Canadians to foot the $40-billion-plus bill for a pipeline out west. We are already forking out tens of billions of dollars in fossil fuel subsidies, and now we are learning that the upcoming budget will overhaul exploration deductions for oil and gas companies. I would bet an old two-dollar bill that the goal is not to reduce those deductions.

When will the Liberals stop making Canadians pay to help the greedy oil industry?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, let us talk about energy investments that benefit Quebec and Canadian consumers.

We are providing $6 billion in refundable tax credits to move the Churchill Falls project forward and secure a supply of renewable green energy for future generations of Quebeckers.

Let us talk about energy investments and Quebec consumers. We are very much looking forward to this debate.

* * *

[*English*]

IMMIGRATION, REFUGEES AND CITIZENSHIP

Brad Redekopp (Saskatoon West, CPC): Mr. Speaker, last year, the Liberals set the immigration levels and then promptly added a couple of side programs to inflate their numbers nearly 40% higher, a classic Liberal smoke-and-mirrors confusion campaign. Even worse, they blew through their targets. Instead of 385,000 temporary residents, they have issued permits for 950,000. They planned for 60,000 temporary foreign workers, but they have issued permits for 120,000. Today, the government will issue a new immigration levels plan with more smoke and mirrors.

Does the immigration minister really think Canadians do not see when she cooks the books?

Hon. Lena Metlege Diab (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, as the Prime Minister and I have said a number of times, we will not budge from sustainable levels.

We have acted on the mandate that Canadians gave us to restore sustainability and durability to the immigration system, and the results are clear. The temporary resident population has dropped. We have stabilized levels, and as a result Canadians are seeing lower prices. I very much look forward to tabling our government's immigration levels plan later today.

● (1445)

Brad Redekopp (Saskatoon West, CPC): Mr. Speaker, Canadians do not believe that. That is why they are asking for lower immigration levels. The government likes to pretend the numbers are coming down, but they are comparing them to the highest levels in Canadian history, created by the Minister of Justice over here.

What really matters? On housing, our housing starts are decreasing. The levels plan will not consider where those people will live. On jobs, unemployment is rising, especially for our youth. The levels plan will not consider where they work. The current plan is adding a city the size of Saskatoon every year.

Where will these people live, work and find a doctor?

Hon. Lena Metlege Diab (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, we have made reforms to the immigration system to restore sustainability, stability and balance. These reforms are working.

As the Prime Minister said and as I have said, we will not budge from sustainable levels. While the Conservatives are focused on division, our government is focused on building a strong Canada and a sustainable immigration system. Again, I look forward, very shortly, to tabling our next immigration levels plan.

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AGRICULTURE AND AGRI-FOOD

Tony Baldinelli (Niagara Falls—Niagara-on-the-Lake, CPC): Mr. Speaker, grape growers and wineries in my riding are anxious about their future. Many have completed their harvest not knowing if the wine sector support program will be renewed for this or future vintages. Worse, they fear changes could force wineries to reduce Canadian wine production, purchase fewer Canadian grapes and cancel contracts with local farmers.

Today is the federal budget. Will the government commit to extending the wine sector support program to provide the certainty our grape growers and wineries so badly need?

[*Translation*]

Daniel Gobeil (Parliamentary Secretary to the Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I invite my colleague to take a look at today's budget.

Our government will always be there to support all producers in value-added sectors in order to have the strongest economy in both rural and urban areas, to develop the economy and to produce quality Canadian products.

[*English*]

FINANCE

Tony Baldinelli (Niagara Falls—Niagara-on-the-Lake, CPC): Mr. Speaker, after 11 years of Liberal government, food affordability continues to get worse. A recent Salvation Army report found that one in three Canadians is skipping meals. In Niagara Falls, visits to Project Share increased by 23.7%, while visits to Newark Neighbours in Niagara-on-the-Lake have doubled since 2022.

Will the Liberal government's budget deliver tax cuts to help Canadians who are struggling right now?

Leslie Church (Parliamentary Secretary to the Secretaries of State for Labour, for Seniors, and for Children and Youth, and to the Minister of Jobs and Families (Persons with Disabilities), Lib.): Mr. Speaker, the very first day that the government formed, we delivered a tax cut for 22 million Canadians, and affordability has been at the top of our agenda ever since.

We are going to continue making progress when that member gets to see the federal budget later this afternoon. We are going to be committed to the programs that we have created and brought forward, things like our national school food program and our groceries and essentials benefit. These are programs that are helping put food on tables and ensure that Canadians have the support they need in their lives.

Anna Roberts (King—Vaughan, CPC): Mr. Speaker, my team and I recently volunteered at the North York Harvest Food Bank. We witnessed first-hand the growing hardship facing Canadian families. One in four food bank clients is a child, and 53% of clients have skipped meals to afford other necessities. The Salvation Army reports that 31% of Canadians are skipping or reducing meals, because they simply cannot afford groceries.

Will the Liberal government finally get its spending under control and cut taxes, instead of forcing struggling families to pay the price for another unaffordable budget as its programs are not working?

Hon. Adam van Koeverden (Secretary of State (Sport), Lib.): Mr. Speaker, I think my colleague knows this, but the number one way to help out Canadians with affordability is to ensure that they have a safe and affordable home to live in. That is why our government has thousands of shovels in the ground.

We have a budget today that will build more affordable homes for all Canadians, homes like the Lou Fruitman Reena Residence in that member's riding, in Vaughan, where 138 of her constituents live. Despite her opposition to supportive housing, we are getting the job done.

Her Conservative leader has a record on building housing; he built six when he was the minister of housing. Not only that, he stands in front of people's homes, embarrasses them and shames them. The Conservatives have a bad record on housing—

The Speaker: The hon. member for Davenport.

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FOREIGN AFFAIRS

Julie Dzerowicz (Davenport, Lib.): Mr. Speaker, we are focused on strengthening Canada's sovereignty so that Canadians can continue to live as they choose and be free to determine their own future. True sovereignty requires greater strategic autonomy, built on a secure and growing economy, and a disciplined foreign policy rooted in our national interests. We are moving quickly.

Can the Minister of Foreign Affairs take a moment to update Canadians on recent developments and how they are advancing Canada's sovereignty and strategic autonomy?

● (1450)

Hon. Anita Anand (Minister of Foreign Affairs, Lib.): Mr. Speaker, this has been a landmark week in Canadian foreign policy. From releasing the national security strategy to the Canada-EU Summit to the G20 and the Commonwealth, we are forging relationships around the world, securing over 20 security, defence and trade agreements in the last year alone. We are deepening our national resilience. We are strengthening our strategic autonomy and, through budget 2026, we are masters of our own destiny.

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PUBLIC SERVICES AND PROCUREMENT

Michael Cooper (St. Albert—Sturgeon River, CPC): Mr. Speaker, Telesat received a $2.3-billion contract from the government. The CEO of Telesat just happens to be a close personal friend of the Prime Minister. Section 9 of the Conflict of Interest Act states that a public office holder shall not influence a decision to further the interests of a friend.

Did the Prime Minister discuss, and I emphasize the word discuss, this $2.3-billion contract with his staff or anyone in government, yes or no?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as the member well knows, Canada has among the most stringent ethics guidelines and laws in the world. These measures and these rules are followed rigorously by all members on this side of the House and, indeed, I assume, all members of the House and all senior officials. The Conflict of Interest Act and other measures are constantly followed and constantly updated. We will continue to follow them.

Michael Cooper (St. Albert—Sturgeon River, CPC): Mr. Speaker, that was a yes-or-no question. The Prime Minister has a blatant conflict of interest in relation to his friend, the CEO of Telesat, which received a $2.3-billion contract.

Again, did the Prime Minister discuss any aspect of this contract with his staff or anyone in government, and why did he not issue a public declaration of recusal as required by law?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the Prime Minister, like, I assume, all members of the House, rigorously follows all of the various kinds of ethics requirements that are in place.

Jamil Jivani (Bowmanville—Oshawa North, CPC): Mr. Speaker, hello, everyone. It is nice to be here with all of us—

Some hon. members: Oh, oh!

The Speaker: That is eating into the member's time.

The member may continue.

Jamil Jivani: Mr. Speaker, the AI minister, the Prime Minister and the Telesat CEO are all buddies. They sent their kids to the same elite private school. They are in the same book and running club. They even ran a marathon together. The AI minister took the correct steps of adding Dan Goldberg to his ethics screen.

Why will the Prime Minister not do the same?

If the AI minister can do it, why can the Prime Minister not do it?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, no one in the House will ever match that member for describing his friendships to the world.

Jamil Jivani (Bowmanville—Oshawa North, CPC): Mr. Speaker, we see another example of the Liberals deflecting and dodging a very important question about $2.3 billion of taxpayer money. What we are pointing out is that the AI minister took the correct steps of adding Telesat CEO Dan Goldberg to his ethics screen. The question is why the Prime Minister cannot do the same.

Their personal friend Dan Goldberg has been personally enriched by a government contract and Canadians deserve to know why the Prime Minister will not acknowledge his friendship in his conflict of interest ethics screen.

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as that member knows, Canada has among the most stringent ethics requirements in the world. Those requirements are followed rigorously by the Prime Minister and all members on this side of the House at all times.

● (1455)

[*Translation*]

Gabriel Hardy (Montmorency—Charlevoix, CPC): Mr. Speaker, Telesat has over $3 billion in debt that is coming due soon. The company itself is saying that it does not think it will be able to pay its creditors.

Hold on a minute. They have a card up their sleeve. Mr. Goldberg, the CEO of Telesat, is a good friend of the Prime Minister. What is the result? The government just awarded Telesat the largest contract in the company's history. This contract is worth $2.3 billion, and there was no competitive bidding process.

Can the Prime Minister explain how a company led by one of his buddies can obtain billions of dollars from Canadians without any competition?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Canada has some of the highest standards, rules and laws when it comes to ethics. The Prime Minister follows them rigorously, as do all members on this side of the House and, I assume, all members in the House.

Gabriel Hardy (Montmorency—Charlevoix, CPC): Mr. Speaker, there are other facts to consider. We know that the CEO of Telesat is a long-time friend of the Prime Minister. He attended the Prime Minister's swearing-in and went to visit him in England. They even run marathons together. How nice for them.

The Minister of Artificial Intelligence is also a buddy of Mr. Goldberg's, but he had to recuse himself from matters involving Telesat to avoid a conflict of interest. Apparently, the Prime Minister is under no obligation to do the same.

Can the Prime Minister guarantee that he never participated, directly or indirectly, in the discussions that led to a $2.3-billion contract being awarded to one of his buddies? If he did, that would be illegal.

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Canada has among the strictest ethics standards, rules and laws in the world. We adhere to them rigorously, and we always will.

[*English*]

John Brassard (Barrie South—Innisfil, CPC): Mr. Speaker, Telesat was not legally bankrupt, but it was facing severe financial distress, insolvency warnings and an immediate risk of defaulting on its massive debt obligations. The Prime Minister's buddy Dan Goldberg, the CEO of Telesat, received 2.3 billion Canadian tax dollars just as $1.71 billion U.S., or roughly $2.3 billion Canadian, in debt was coming due on December 6. Is it a coincidence? Perhaps.

To the Prime Minister, does “masters of our own destiny” apply only to his club of well-connected Liberal insiders taking care of themselves while those not in the clubs, such as hard-working families, seniors and single-income moms, pay the price?

[*Translation*]

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Canada has the most stringent standards, laws, disclosure requirements and regulations in the whole world.

[*English*]

Canada will always have extremely high, if not the highest, standards of ethical behaviour for public officials. That will continue to be the case, and we will continue to live by those standards.

John Brassard (Barrie South—Innisfil, CPC): Mr. Speaker, I have two questions.

Can the Prime Minister explain why hard-working, taxpaying Canadian families, seniors and single-income moms gave $2.3 billion to his CEO friend and Liberal Party fundraiser at Telesat with a big government contract just as a nearly identical amount of debt was approaching maturity?

I would also love to have the Prime Minister answer this one. Can he also explain what safeguards were put in place to ensure that these tax dollars are not being used to relieve the company of his lifelong buddy, a well-connected Liberal insider and fundraiser for the Prime Minister, of its financial pressures near insolvency?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Canada has among the highest ethics—

Some hon. members: Oh, oh!

The Speaker: The hon. government House leader has the floor.

Hon. Steven MacKinnon: Mr. Speaker, Canada has among the highest ethics standards in the world. Those will continue to be maintained and vigorously adhered to.

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[*Translation*]

MAJOR PROJECTS OFFICE

Jason Groleau (Beauce, CPC): Mr. Speaker, the Prime Minister is completely lacking in transparency. At the Major Projects Office, employees work for the government but are paid by private companies that could benefit from decisions that are, shall we say, favourable to them.

Who pays whom? Who decides what? Who keeps an eye on all these people? Who benefits? Above all, who is lining their pockets? The Liberals refuse to answer simple questions like those. Then they ask Canadians to trust them.

What is the Prime Minister hiding from us?

Hon. Dominic LeBlanc (President of the King's Privy Council for Canada and Minister responsible for Canada-U.S. Trade, Intergovernmental Affairs, Internal Trade, and One Canadian Economy, Lib.): Mr. Speaker, I understand why our colleague is spouting phrases like "lining their pockets". He is desperately hoping to make it onto the evening news tonight. He should think twice before using words that he knows full well are not true.

He referenced the Major Projects Office. Yes, employees from the private sector are seconded to work at the Major Projects Office.

This program has been around for over 50 years. It is transparent and rigorous, and the rules are always followed.

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● (1500)

[*English*]

STEEL AND ALUMINUM INDUSTRY

Terry Sheehan (Sault Ste. Marie—Algoma, Lib.): Mr. Speaker, this week Algoma Steel marked a major milestone deal with Seaspan Shipyards from beautiful B.C. This deal is a record-breaker for Sault Ste. Marie producer Algoma Steel in polar steel, and it is going to begin pouring the steel in 2027. This comes at a critical time, as the unjust, unfair tariffs from the Americans have virtually shut down the market.

Can the Secretary of State for Defence Procurement please update the House on how the steelworkers in the Soo are going to benefit and how they are going to contribute to Canada's Arctic sovereignty?

Hon. Stephen Fuhr (Secretary of State (Defence Procurement), Lib.): Mr. Speaker, I want to thank the member from Sault Ste. Marie for his strong advocacy for all the hard-working steelworkers in his community.

I do not know if the House knows this, but Canada is one of only a handful of nations that can design and build a heavy and medium-sized icebreaker. That is something we should all be very proud of. Our steel companies, like Algoma Steel, will now provide the steel we need to build these ships, strengthen our supply chains and keep more of our procurement dollars here in Canada.

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MAJOR PROJECTS OFFICE

Shannon Stubbs (Lakeland, CPC): Mr. Speaker, the Liberals promised to get projects built faster. Instead, they built an expensive office but will not tell Canadians which companies help pay its staff who may influence decisions about those companies' projects.

Yesterday, the Minister of Energy dismissed questions about potential corporate conflicts as "conspiracy theories", but what is suspicious is the refusal to disclose which corporate interests pay government employees and which projects they assess. With both public and private financing involved, Canadians deserve transparency, not secrecy.

If there is nothing to hide, why will the minister not just name the companies?

Hon. Tim Hodgson (Minister of Energy and Natural Resources, Lib.): Mr. Speaker, the exchange program has been in place for over a decade. It has been used by governments on both sides to build this country strong. The Major Projects Office is creating jobs, thousands and thousands of jobs, in Alberta, in British Columbia and all across this country. Rather than talk down the office that is creating those jobs, why do the Conservatives not help celebrate the hard-working men and women who are working in that office to build Canada strong?

Shannon Stubbs (Lakeland, CPC): Mr. Speaker, that answer is exactly why the Liberals should clear this up, because the public interest must be protected in an office that advises on projects potentially worth $200 billion. However, the Liberals will not name the companies that help pay MPO staff, so Canadians cannot tell whose interests come first in government decisions worth billions of dollars. "National interest" is not an excuse to hide private interests when staff may assess projects that involve their employers and competitors.

Will the minister table the company names, salary arrangements and recusal records so Canadians can know exactly whose interests are protected?

Hon. Dominic LeBlanc (President of the King's Privy Council for Canada and Minister responsible for Canada-U.S. Trade, Intergovernmental Affairs, Internal Trade, and One Canadian Economy, Lib.): Mr. Speaker, the interests that are protected are those of Canadians by these hard-working men and women. Some of them come from the private sector, two-thirds come from the federal public sector, and some of them are loaned from other orders of government.

I had a conversation with the colleague who just asked the question at a committee this week. We undertook to provide the committee with all available information on this practice. We look forward to doing exactly that.

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JUSTICE

Brad Vis (Mission—Matsqui—Abbotsford, CPC): Mr. Speaker, in 2022, Arnold and Joanne De Jong were brutally murdered and tortured in their Abbotsford home by three men, one of whom had arrived in Canada on a student visa less than a month before the killings. Despite this senseless act of violence, a B.C. judge ruled that the killers could apply for early parole. Weak Liberal policies have created an environment where violent offenders feel emboldened and their interests are put ahead of victims' rights.

Can the Liberals explain how giving convicted murderers an earlier path to freedom protects the safety of Canadians?

Hon. Gary Anandasangaree (Minister of Public Safety, Lib.): Mr. Speaker, first of all, let me express my condolences to the family impacted by this horrific crime, but let me also say that since taking government last April, our government has brought in transformational legislation on criminal justice. That includes bail as well as sentencing reform. That includes ensuring the rights of victims. We will continue to ensure the safety and security of Canadians by bringing forward additional measures to support—

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● (1505)

[*Translation*]

REGIONAL ECONOMIC DEVELOPMENT

Steeve Lavoie (Beauport—Limoilou, Lib.): Mr. Speaker, I recently organized a round table with my colleagues, the members for Louis-Hébert and Québec Centre, to speak with Quebec region businesses about their needs and realities in light of the U.S. tariffs.

One question cropped up again and again during our discussions: today's unpredictability, which is making investment, production and diversification decisions all the more complicated.

Can the Minister of Government Transformation, Public Works and Procurement and Quebec Lieutenant explain how our government is working to provide our businesses with greater predictability so that they can focus on their growth and diversify their markets?

Hon. Joël Lightbound (Minister of Government Transformation, Public Works and Procurement and Quebec Lieutenant, Lib.): Mr. Speaker, I want to thank my colleague from Beauport—Limoilou for his question and for his leadership within Quebec City's business community.

Our government focuses on the things within its control, which includes improving our productivity, resilience and sovereignty. Among other things, this means the productivity mega deduction, which is available to businesses of all sizes across the country.

As the Bank of Canada said this week, the increase in business investments fostered by Canadian fiscal incentives, like the productivity mega deduction, is going to support productivity at work and production in Canada. We are talking about a $22-billion annual increase in the GDP and 80,000 jobs.

That is how the government is supporting businesses and building Canada strong.

* * *

[*English*]

JUSTICE

Dalwinder Gill (Calgary McKnight, CPC): Mr. Speaker, since the Liberals took office, violent crime is up 35% and extortion is up 330%. Last month in Calgary, a man charged with robbery was released on bail. Just two days later, police found him with a firearm and arrested him again. Canadians have a right to feel safe in their homes and communities.

Will the government support the Conservatives' safe at home act and actually fix the bail system to keep repeat violent offenders off our streets?

Hon. Ruby Sahota (Secretary of State (Combatting Crime), Lib.): Mr. Speaker, crime is down across the country, and the crime severity index is lower year by year. Extortions are down. We have not had an instance of extortion like we have seen in previous years. That is because our government has made the changes that are necessary and has also removed people who were not supposed to be in the country, and that is why we are seeing the good results we are seeing when it comes to extortion.

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FINANCE

Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, people across Canada are struggling with the high cost of living. Food is expensive, housing is out of reach, and gas prices are out of control. Families are having to choose between paying rent and filling their prescriptions, but instead of providing real relief to Canadians, Liberals are wasting hundreds of billions of dollars on corporate handouts, excessive military spending and oil pipelines the private sector will not touch.

Will the government change course and deliver meaningful investments in non-market housing, affordable groceries and better health care in today's budget?

Ryan Turnbull (Parliamentary Secretary to the Minister of Finance and National Revenue and to the Secretary of State (Canada Revenue Agency and Financial Institutions), Lib.): Mr. Speaker, in just over an hour, the finance minister will deliver budget 2026 in the House. I know we are all very excited, including the member opposite, who I know cares about a number of issues that are affecting Canadians.

We too, on this side, care about Canadians. We are stepping up to support them with affordability measures. We have cut taxes on income, housing, fuel and new business investment. We have stepped up with the groceries and essentials benefit. We have made the national food program permanent, saving families hundreds of dollars per month all across the country. I know the member opposite supports that program, and it is great to see him so excited to—

The Speaker: The hon. member for Edmonton Strathcona.

ARTIFICIAL INTELLIGENCE

Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, the Prime Minister is pushing a massive expansion of AI, but data centres powering it come at a cost to our environment, our communities and our electrical grid. Americans overwhelmingly voted to put a pause on these projects, demanding protections for their communities. American tech giants are coming to Canada. They are looking for cheap water, power and public subsidies.

Will the Prime Minister guarantee that Canadian families will not see their electricity bills increase to subsidize big tech?

● (1510)

Hon. Evan Solomon (Minister of Artificial Intelligence and Digital Innovation and Minister responsible for the Federal Economic Development Agency for Southern Ontario, Lib.): Mr. Speaker, as my colleague knows, permitting for data centres is the purview of the provinces. However, the federal government has come forward with key principles of responsible data centre construction, which include making sure ratepayers never get impacted from a data centre, the responsible use of water and energy, investment in local communities, and transparent ways to monitor these things.

We are going to build the economy of the future the right way: responsibly and with communities involved.

* * *

[*Translation*]

BUSINESS OF THE HOUSE

Luc Berthold (Mégantic—L'Érable—Lotbinière, CPC): Mr. Speaker, I know this is an eagerly awaited moment for the people watching us on CPAC. I realize that it is a little less so for our colleagues who were invited to leave the chamber before I asked the Thursday question, but that is okay because what I am about to say is still very important. We have one more day to go tomorrow. Moments from now, we will hear about a budget that I hope will save Canadians money. We sent the government our proposals this week, and I hope those ideas will be reflected in the budget.

One very important thing is that we will be going home to our families next week to take some time for ourselves and to talk to people in our ridings. I think that matters a lot. Most importantly, there will be a lot of ceremonies to honour veterans. Remembrance Day is coming up on November 11. I think that each one of my colleagues will have the opportunity to pay tribute to our veterans and to all those who have served our country.

Since next week is a break week, can the Leader of the Government in the House of Commons tell us what is on the agenda for tomorrow? Will he also be attending Remembrance Day ceremonies next week? What will be on the agenda when we return?

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, of course, we are all very proud to wear a poppy, while remembering those who served our country during times of war and those who continue to serve. I would like to acknowledge the people of Gatineau, many of whom work for the Department of National Defence or serve in the Canadian Armed Forces with pride and distinction. I will definitely be attending the Remembrance Day ceremonies in my riding of Gatineau on Sunday. The Norris and Pointe-Gatineau branches of the Royal Canadian Legion will both be holding dignified ceremonies, as they do every year, and I will be proud to attend.

[*English*]

This afternoon we will continue with second reading debate of Bill S-5, the connected care for Canadians act, and as all hon. members know, at 4 p.m., which is very soon, the Minister of Finance and National Revenue will deliver the budget speech. Tomorrow we will resume debate on the budget.

[*Translation*]

On the Monday following the constituency week, we will resume consideration at second reading of Bill C-41, the medical assistance in dying safeguards act. Tuesday, Wednesday and Thursday of that week will be spent examining the budget.

GOVERNMENT ORDERS

● (1515)

[*English*]

CONNECTED CARE FOR CANADIANS ACT

The House resumed consideration of the motion that Bill S-5, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors, be read the second time and referred to a committee.

Kelly DeRidder (Kitchener Centre, CPC): Mr. Speaker, I would like to reiterate that there is tremendous opportunity behind this bill to ensure that we would have data transfer of our health information, but at the same time, we have quite a few questions we need answered to ensure that we would remain sovereign, would be protecting our innovation and that it would still be within the jurisdiction of our provinces. We need to make sure these details are right, because Canadians need actual improvements. They do not need announcements or grand gestures. They need real improvement to a system in which our data is not being transferred between jurisdictions.

Provinces and territories are responsible for making their own health care systems. As a federal government, we need to respect the role of the provinces in this discussion. We should be working with them to make sure their health information can be shared across other provinces but that we would not be creating more red tape in doing so and that provinces would actually have their say on how this needs to operate.

We need to understand how the bill would work with the systems that are already in place and to make sure provinces would still have a say in how these changes would be implemented. If one province is using one system and another province is using another system, we have to ensure that there would be compatibility between the two and that they have a say, instead of arbitrarily saying that there is another provider to use and everybody has to make the adjustment to a new system This would cost the taxpayer entirely too much money as we try to implement this across Canada.

The other thing we need to talk about is making sure we would not make it harder for small businesses and start-ups to compete in this industry. We do not want so many rules and regulations, so much red tape, that the biggest companies would be the only ones able to develop the softwares that would be used for the data collection and transfer as we move forward. Our innovators and entrepreneurs have great ideas and amazing solutions, but they need a fair chance to compete. We should be encouraging more competition and innovation, not creating barriers that protect the biggest players and keep the little guys out.

The third thing we need to talk about is privacy and security. Canadians share some of their most personal information with the health care system, and they need to know that this information is protected. Imagine someone with a communicable disease who does not want everyone to know about it. Some hacker gets in, and then all of a sudden everyone knows about something the person has held very private, kept to themselves. We need to ensure that this information would not get out to the general public. We need to make it easier for doctors and hospitals to share important records and information, but at the same time ensure that they would be the only ones that could access them. They have to be protected, sovereign and secure.

Better information sharing is important, absolutely, but it would not fix every problem in our health care system. It would not put more family doctors in communities that desperately need them. It would not shorten the wait times for hip replacements or get someone into the emergency room faster. These challenges still need to be addressed, but this does matter. We need to make sure that the changes would lead to actual results for Canadians. This is one of the things on which we would hold the government to account should the legislation go through the steps and pass: that the government implement something and truly make a change for Canadians, not just another grand gesture with Liberals' saying they did something, but then nothing ever came of it.

Another important discussion we need to have is about data sovereignty. As we connect more of our health care systems, we need to think about who controls Canadians' data and health information. Where would the information be stored, who would have access to that information and which country's laws would apply to our Canadian health care data? This is extremely important. We cannot be dependent on foreign companies to operate the technology that our health care systems rely on, because then we could need to answer to the U.S. CLOUD Act or other provisions that would allow the U.S. to take control of our Canadian citizens' health care data.

We have to ensure that we remain sovereign, take a very sovereign approach to our Canadian data and protect the most vulnerable information of our citizens. There is absolutely nothing wrong with embracing new technology or working with companies that have offered the technology and can share that information, but we cannot put ourselves in a position where we would lose control over these systems or no longer be able to protect that information at the same time.

● (1520)

Canada needs to build its own expertise, strengthen our digital infrastructure and make sure we have the ability to protect our information under Canadian laws. This is the key part. Our data has to be protected under Canadian laws, especially when it comes to our health care data. Being sovereign in today's world means more than just where a company is operated or being on Canadian soil. It also matters where the data is being stored and what server is being used. Is it the cloud? Is it on the premises? How is this information being stored to protect Canadian data?

We should be embracing innovation and should be looking for ways to make our health care system more efficient and better connected, absolutely, but we must do this by having control over our own data, not by compromising Canadians' health data. Privacy, security and control matter in this conversation, and we have to make sure we discuss it.

Bill S-5 is an opportunity to make progress on an issue that is holding our health care system back. That does not mean we open our data to non-protections to move forward with data transfers. It does not mean that we will not have questions to bring forth as this policy moves forward.

When it comes down to it, Canadians are not worried, really, about which software their hospital uses or how systems communicate. What they want to know is that when they need medical care, their doctor has the information they need, they can get their services fast and their personal information will be protected. That is what Canadians care about. That is what this bill should be about, not just better information sharing, but better care, better access and better outcomes for Canadians.

Grant Jackson (Brandon—Souris, CPC): Mr. Speaker, I want to commend my colleague from Kitchener on her great speech. I wonder if there is anything specific she hears from her constituents, with some examples perhaps, about frustrations with accessing their health care data. Is there something that she really feels could be added to this bill to improve their daily lives?

Kelly DeRidder: Mr. Speaker, we get emails all the time about how people go to one practitioner and then have to go to the hospital and re-explain their entire medical history. Then they go back to their practitioner to get a referral and go to the specialist with the referral, and they end up on the operating table if need be. They have to share their information across all those different avenues. That is happening all the time. I get emails all the time from constituents who ask why they cannot do it once to make sure they mark the right leg and move forward.

Yes, I think this is going to help in specific situations like that.

Jenny Kwan (Vancouver East, NDP): Mr. Speaker, the bill would give the government the power to establish administrative monetary penalties for health IT vendors that do not comply. I wonder what would stop these penalties from simply being another cost of doing business. How can we ensure that the penalties are strong enough to actually deter data blocking?

Kelly DeRidder: Mr. Speaker, these are the questions we will have to bring up at committee, absolutely. How are we going to prevent data blocking? What regulations are going to be put in place? How would we ensure that it would not just be the conglomerates that are able to play in this game anymore? We have to make sure the start-ups, the innovation and the free market can still compete in this area at the same time as we hold regulators accountable to make sure they are sharing that information.

Anna Roberts (King—Vaughan, CPC): Mr. Speaker, as we can see, my hon. colleague is an expert in the field, being an engineer.

My concern is this: How do we protect victims of violence to ensure that their perpetrators do not have access to this information? What controls do we have to ensure that this information is kept secret?

● (1525)

Kelly DeRidder: Mr. Speaker, this is one of the sensitive topics that we absolutely need to address when this bill moves forward, because there are going to be perpetrators out there who want to access personal health information, as in the trafficking world. We have to make sure that we are able to protect that data, that the data remains sovereign and that it is up to an individual to share that data. How is the government going to make sure that all those things are in place as it moves this bill forward?

[*Translation*]

Andréanne Larouche (Shefford, BQ): Mr. Speaker, I will be brief.

Health is a jurisdiction that belongs to Quebec and the provinces. We fail to see how this bill can truly establish data interoperability while also respecting Quebec's jurisdictions. The Bloc Québécois is issuing this fairly serious warning given that we have not yet received sufficient guarantees.

Has my colleague also noted the risks involved in failing to properly connect the pieces across the provinces, Quebec and the federal government?

[*English*]

Kelly DeRidder: Mr. Speaker, it was the member opposite who mentioned that if we look at this through the lens of the client, the patient, we will be able to come to a consensus on how it needs to work.

Absolutely, this falls under provincial jurisdiction, and we have to make sure that we are maintaining that jurisdiction as we move forward. However, the conversation would become easier between the provinces if we looked at it through the mindset of the patient. That is where we really need to focus in this legislation.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): Mr. Speaker, I appreciate my colleague's explanation. She is an expert in this field.

What would the member say is the most important thing here? If and when this bill goes to committee, what would be the most important thing that would need to be addressed or changed in this bill?

Kelly DeRidder: Mr. Speaker, I want to thank my colleague for the gravitas for my expertise.

There are some key elements here that we need to discuss. Number one, would we stifle innovation and free market through it? Number two, would the data be protected? Number three, would it be up to the individual to even share their data in the first place? These are three questions that I have, and as we move forward, I will be continually asking them.

Jenny Kwan: Mr. Speaker, I wonder if the member could comment on how we can ensure that interoperability will not come at the expense of privacy and that the government commits to involving the Privacy Commissioner in developing the regulations and security standards under this legislation.

Kelly DeRidder: Mr. Speaker, it is extremely important that we protect data as we move forward with this legislation. It is going to be up to the government to answer the question of how data would be protected and what regulations it would put in place. It is the number one thing we need to focus on to make sure that our data is secure so that someone cannot just hack in and get access to our most critical information, our personal critical information, and so that our data remains sovereign and falls under Canadian law, not under a foreign jurisdiction or a foreign country's law.

Helena Konanz: Mr. Speaker, I thank my colleague for her in-depth explanations.

Has data sovereignty been an issue in other countries? I am sure we are following and are quite a bit behind some other countries on this issue. Does my colleague know of any other countries that had problems with their data being hacked or their health system being hacked when they were proceeding with interoperability?

● (1530)

Kelly DeRidder: Mr. Speaker, I am not 100% sure of other countries that have had their data hacked, but we do hear in the news all the time about different companies that have been hacked. Even AI has been, so there is a real risk there and an opportunity for this information to be hacked. As my other colleague brought up earlier, it could even be a perpetrator who wants information from someone, so they hack into the system and specifically target one individual.

There are lots of scenarios we can talk about. We have to really make sure that our data is secure as we move forward with this bill. At the same time, we need to move forward with this legislation. We need to have conversations surrounding it, and we have to make sure we get it right for the interests of Canadians and health care across Canada.

[*Translation*]

Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, as drafted, clause 7 of the bill puts Quebec and the provinces under federal control, although such responsibility is by no means within the federal government's purview. Health is the exclusive jurisdiction of Quebec and the provinces.

Does my colleague support amending clause 7 to recognize Quebec's jurisdictions?

[*English*]

Kelly DeRidder: Mr. Speaker, this needs to remain under provincial jurisdiction. Nothing needs to change there, but I think the provinces need to work together to make sure that data can be interchanged.

It is extremely important to reduce harm and save lives. As I mentioned in my speech, I know of someone who was given penicillin by accident and died because their information was not transferred from province to province. They had gotten into a car accident. The provinces need to work together to ensure we have a transfer of data, but I absolutely do not think this should be removed from provincial jurisdiction.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): Mr. Speaker, I rise today on behalf of the residents of Similkameen—South Okanagan—West Kootenay to speak to Bill S-5. I am always honoured to speak in the House for my communities.

Bill S-5 is an act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors. I am pleased to speak to this legislation as a member of the Standing Committee on Health. It has been a great honour, in my time in the House, to provide oversight of our health care system. Canadians are proud of our health care system, and for good reason. However, most Canadians and most members in this House agree that it needs improvement.

There are many issues, too many for me to even list here, that we are addressing in our committee. To name one, the Canada health transfer has risen substantially, yet access remains poor. In fact, the Canada health transfer increased from $37.2 billion in 2017-18 to $57.4 billion in 2026-27, a 55% increase in nominal terms. Despite this increase, Canadians are still waiting longer for several priority surgeries and diagnostic tests than before the pandemic. Canada continues to rank poorly, internationally, for timely access.

Younger Canadians face particularly poor access to primary care. In 2023, more than one in four Canadians aged 18 to 34 did not have a regular health care provider. One in five Canadians aged 35 to 49 lacked a regular health care provider. We have a gateway system in our health care, and it did work for quite a long while. However, it does not work unless Canadians have a health care provider or a family doctor. Canada ranks last among 10 peer countries examined for timely access to care and, of course, the lack of that initial provider is one of the reasons.

In 2025, the C.D. Howe Institute analysis ranked Canada 10th out of 10 countries for timeliness. Again, I know everyone in this House who has had to wait in line or bring a loved one to a hospital for any kind of testing would not question that data. Only 86% of Canadians reported having a regular doctor or place of care, and just 25% can see a doctor or nurse the same day. In the communities that I represent in Similkameen—South Okanagan—West Kootenay, it is not 86% that have a doctor. I know a lot of these stats are different for rural communities like mine that have a severe lack of family doctors and specialists. Thousands in Similkameen—South Okanagan—West Kootenay right now have no family doctor.

Forty-seven per cent of Canadians waited two months or longer for a specialist, and 59% waited two months or longer for an elective surgery. In 2024-25 at least 23,000 patients died in Canada while on wait-lists for surgeries or diagnostic scans. We have to wonder if that number is even accurate because there are a lot of people who might not be included who died of other issues they were having while waiting. It is hard to know if it is even much more than that; I am sure it is.

● (1535)

Emergency rooms are under significant pressure. In 2024, 1.2 million emergency department visits, or 7.7% of all reported visits, ended with the patient leaving before being seen and assessed by a physician.

Canadians are spending longer in emergency departments. In 2024, half of emergency patients waited just under two hours for an initial physician assessment, while one in 10 waited more than five hours. Of course, some of this can be attributed to what we are talking about today and the issues that Bill S-5 is trying to solve. One in 10 patients waited more than 14 hours in an emergency department overall. That is a 28% increase from 2018.

Hospital capacity is contributing to extreme delays for patients who need to be admitted. In fact, in 2024-25, one in 10 admitted patients waited more than 36 hours for an in-patient bed after the decision to admit them had been made. That is a 45% increase from 2018.

Surgical and diagnostic waits remain worse than before the pandemic. In 2024, only 68% of hip replacement patients received surgery within the 26-week benchmark. That is down from 75% in 2019. Only 61% of knee replacement patients met the benchmark, down from 70%.

The most important thing is there are people behind the statistics. There are people who are extremely active, who want to stay active, who do not want to go into a home and do not want to be a burden to their families. They cannot get that hip surgery in a timely manner. They cannot get that knee surgery. They want to continue to play tennis, to play pickleball, to go running, to go walking on trails, and they cannot because they are in extreme pain for months. It is really not fair.

Let us go to MRI waits, which are 15 days longer right now than they were in 2019, while waits for CT scans are taking three days longer. The Standing Committee on Health is studying these wait times currently. Knowledge is power and the more we know exactly what is going wrong compared to other countries, the more we will be able to resolve this problem.

Waits for specialist care and treatment remain lengthy. The Fraser Institute 2025 physician survey reported a median 28-week wait for referral by a family doctor to receipt of treatment. Again, I believe those numbers are even higher in rural areas that have an even greater shortage of specialists. Canada spends heavily on health care and continues to struggle with access and capacity. Among the 31 high-income countries with universal health coverage, Canada ranked third-highest for health spending as a share of GDP, but 27th of 30 for the availability of doctors, 27th of 31 for MRI machines and 28th of 31 for CAT scan machines.

These are things that Bill S-5 would address. Being able to communicate is one of the issues, obviously, with Canadian health care, and that is why I do support much of what is in this bill. It attempts to improve our system by making our health care data accessible beyond our own home province. We are travelling more within the country now. We are buying Canadian, we are travelling Canadian, and we are vacationing Canadian.

● (1540)

We need to be able to cross provincial boundaries, into any province, and if there is any kind of situation where we need to see a health care provider, which of course happens all the time, we need them to have our information available, to know, as my colleague mentioned, whether we are allergic to any kind of medication or need some operation, and to know what is happening at home with our home doctor. If we cross provincial boundaries at this point, there is no information available most of the time.

We are exploring our great country. We are hiking the Rockies north of the border or we are heading for Montreal instead of Palm Beach now. As more Canadians are exploring the country, they will need to interact with other provincial health care systems. Re-injuring an existing injury or refilling a prescription has become more common. People across our country move between family doctors, community clinics, hospitals and diagnostic labs, yet in far too many cases, their medical history fails to follow them. Systems remain trapped behind digital walls and information remains fragmented. We cannot allow provincial silos to limit our medical services in Canada.

Obviously, this runs counter to the spirit of the Canada Health Act and to our health accords. Again, there are people behind all these statistics. The number one thing is that we need to keep the Canadian people healthy.

I represent one of the country's eldest regions. Our communities are also full of young families, alongside many recent retirees and long-time residents. Generations of wisdom are always on display, and we are fortunate that so many Canadians from every province choose to make Similkameen—South Okanagan—West Kootenay their new home in their golden years, but as they bring their cherished mementos, they can also bring complex medical histories, long-term prescriptions, diagnostic scans and test results.

Seniors should not be made solely responsible for ensuring that their medical history is properly updated with local health care professionals, not in a country where our health care is supposed to be universal.

I can give two examples in my region that illustrate this need. Penticton Regional Hospital recently lost its entire staff of neurologists, even though our region is home to more seniors than anywhere else in the country and it is one of the eldest regions in our country. Neurology is a vital service to ensure seniors' aging brain and nervous system changes are properly screened, cared for and managed. The loss of these neurologists will mean more seniors will have to travel further for screenings and speak with neurologists many hundreds of kilometres away about the care they received in Penticton. If they need to go to another health authority for specialized screening, it is not always guaranteed that they would be able to see the testing history from their former hospital. We all know that this is true, because sometimes we can drive from one pharmacy on one side of town to another pharmacy on the other side of town, and they have no idea what prescription we are on.

If these seniors go to another province, and I have spoken with residents who have seen specialists in Alberta, their data is not available. Similarly, the emergency room in the town of Oliver, has seen sudden, random closures repeatedly over the past few years, more than 40 times, or almost once a week in a calendar year.

● (1545)

I would like to take this time to thank the former mayor of Oliver for his service over the past eight years and for sitting as a witness before the Standing Committee on Health to talk to members of Parliament about what it is like for a small community to have their emergency room close randomly, sporadically, multiple times a year. It is more than 40 times a year. I thank Martin Johansson for the service he has given to our communities and for putting those first.

Let us remember that, when a small community like Oliver's emergency room closes randomly, it has a domino effect throughout the whole region, because not only is it an emergency that needs to be attended to, but the other hospitals these people have to go to will get extremely backed up.

I have received so much mail about the health care system, so much mail and so many calls about how broken the system is.

I am going to read a short letter from one of my constituents, Marie-Louise, who says the following:

“I am writing to express my concern about the lack of timely medical care in the Emergency Hospital in Penticton.

“In the Similkameen—South Okanagan this sad situation is not new....

“Unfortunately, long delays in seeing a doctor can leave all patients, and especially parents of babies and young children, frightened, helpless and anxious.”

When a person goes to the hospital's ER, prompt attention from a doctor is expected and needed. Marie-Louise continues:

“This happened to our family on Monday of a long weekend. We had our three-month-old baby granddaughter go to the emergency room. The doctor came in to see the baby 3 hours later, and she came after the shift switch. Meanwhile the baby had arrived 3 hours earlier and apparently the emergency room was fairly quiet on that early morning.

“These delays in seeing the doctor in due time are not new.

“These delays are not acceptable....”

This is especially true with a three-month-old baby.

I want members to think about the stories of Canadians who check in at one ER in one province and are dismissed, only to end up in the care of another hospital in another province with a checkered history at best of what prior tests were done or of any prior observations by doctors.

In its current form, Bill S-5 is intended to address the concern that many electronic health records and health IT systems cannot easily communicate with each other because of data blocking. Data blocking is when health IT vendors restrict access or the exchange of health data to protect market shares or extract licensing fees. This is not acceptable. We cannot allow big tech to act as an armed bandit when it comes to accessing health care records. Other jurisdictions have moved to prohibit this practice, and I am glad we have the opportunity to do that right here.

Getting health data right is not something for computers. It is for patients. It is for the people. It is for Canadians. This means fewer duplicative tests and fewer bad diagnoses made with incomplete information. It must mean making Canada's 13 different health care data systems able to connect to one another and not be at the mercy of health tech companies setting costly and artificial restrictions on Canadians' most sensitive information. In other words, legislation must be a win-win for those working in health care and those who need health care.

I do want to say, as a member of the health care committee who helped lead the investigation into the PrescribeIT scandal, I can say with some expertise that allowing Infoway to handle the regulations for shared health care records would be a costly and futile disaster for taxpayers, patients and doctors. Even our health minister has agreed that this agency needs an audit as soon as possible. We are waiting for that audit. Infoway should not be put in charge of this new program. Basically, I would like to say I believe the minister knows it is not fit for that—

● (1550)

The Deputy Speaker: I will have to interrupt the hon. member as the time for her speech has elapsed.

[*Translation*]

The hon. member for Shefford.

Andréanne Larouche (Shefford, BQ): Mr. Speaker, my colleague herself raised the issue of health transfers. In a few minutes—we can hear the buzz in the House—the budget will be presented. We know that Quebec's request, made earlier this week, has two priorities. Quebec's new finance minister has asked for the current health transfer agreement to be renewed. It is set to expire next spring. Minister Marceau is also asking that the agreement include a minimum annual growth rate of 5%.

What does my colleague think of this entirely legitimate request from Quebec, given that health care falls within its jurisdiction?

[*English*]

Helena Konanz: Mr. Speaker, it is very important that health care in this country, in every province, has the appropriate funding, yet we have to make sure that money is well spent. If we do not have our health information going between provinces, or even within provinces, our health care will only get worse.

I believe that we can throw as much money as we want at all the provinces to improve their health care, but if the money is not spent appropriately, it is of no use. Right now, the communication is blocked. That is why we need a bill like Bill S-5. I am looking forward to it going to committee so we can scrutinize it even further.

Brad Vis (Mission—Matsqui—Abbotsford, CPC): Mr. Speaker, during the member's remarks, she reflected on the challenges that many rural Canadians face in accessing health care services that the average Canadian in a large urban area would take for granted.

Could the member comment more on the challenges that rural Canadians face in equity with respect to health care?

● (1555)

Helena Konanz: Mr. Speaker, I know much of my colleague's riding is rural, so his constituents have many of the same issues that rural communities have across the country. They cannot access a family doctor. They cannot access specialists.

A good example is the Penticton hospital, which is a regional hospital. It services thousands of people and, by the way, it services thousands of seniors, many of whom have neurological issues. All three neurologists at the hospital quit or stepped down, so we do not have a neurologist in our regional hospital. I do not think that would happen in an urban centre. We are going to be in a lot of trouble if that is not corrected. That is just an example of a problem faced in rural Canada right now with health care.

Grant Jackson (Brandon—Souris, CPC): Mr. Speaker, I want to thank and congratulate my colleague on her excellent speech. I think she highlighted our broad support for the bill, and the goals and objectives of the bill, while still making it very clear that there are a number of clarity points that we will be discussing with the government at committee when the bill moves to that stage.

I wonder if my colleague would provide a bit more clarity and detail on her experience with the Health Infoway scandal. I know we are awaiting the results of the audit, but I would like to hear some more thoughts from her on that.

Helena Konanz: Mr. Speaker, I really appreciate that the Prime Minister is sitting in the House. Oh, I do not think I am allowed to say that.

I really appreciate that most of the Liberal Party is here, so we can go over, again, the scandal of PrescribeIT and Infoway, as $300 million has been lost into thin air. We do not know why because the health minister refuses to come speak to the committee about it. Also, the health minister has even said that Infoway needs to have an audit and does not want to secure its regular funding until there is an audit. There is no way that an organization like Infoway can run the program that is described in Bill S-5. I appreciate the fact that most of the Liberal Party is in the House right now and will address, hopefully soon, the problems with Infoway and PrescribeIT.

Frank Caputo (Kamloops—Thompson—Nicola, CPC): Mr. Speaker, it is always a pleasure to rise on behalf of the people of Kamloops—Thompson—Nicola, and I am going to take this last opportunity to hope that the budget includes funding for things in Kamloops—Thompson—Nicola like the rebuilding and fast-tracking of the Red Bridge. The Liberals can groan all they want about the funding of the Red Bridge, but I will fight every single day for that funding, or for a new Barriere fire hall. It is always wonderful to ask for these types of things. The Liberals may groan, but I am here to fight for my constituents and common-sense measures.

My colleague talked about the PrescribeIT scandal. The minister has not appeared at committee. What does it say to Canadians when a minister refuses to go to committee?

● (1600)

Helena Konanz: Mr. Speaker, I think there are a lot of things that Canadians are looking for in their health care system, but what they are really looking for is trust. They want to be able to trust everyone in the House. They want to be able to trust the system. If they cannot depend on a program, for example, PrescribeIT, which wasted $300 million, run by Infoway, how can they trust any new program that comes forward from the Liberals?

We need to, as a House, rebuild the trust of the entire Canadian people and put in new programs like those described in Bill S-5. We need to first rebuild the trust that has been lost by the public, which has read and learned about what has happened with the scandal of PrescribeIT and Infoway.

[*Translation*]

The Speaker: It being 4 p.m., the House will now proceed to the consideration of Ways and Means Motion No. 12 concerning the budget presentation.

GOVERNMENT ORDERS

[*Translation*]

THE BUDGET

FINANCIAL STATEMENT OF MINISTER OF FINANCE

Hon. François-Philippe Champagne (Minister of Finance and National Revenue, Lib.) moved:

That this House approve in general the budgetary policy of the government.

He said: Mr. Speaker, pursuant to Standing Order 83(1), I would like to table, in both official languages, the budget documents for 2026, including the notices of ways and means motions. The details of the measures are contained in these documents.

Pursuant to Standing Order 83(2), I am requesting that an order of the day be designated for consideration of these motions.

[*English*]

Mr. Speaker, it is budget day, and I will try to make this speech only half as long as last year's, but with the same level of ambition and optimism, while bringing good news to Canadians.

The moment in front of us is serious. Canadians know it. Our new government knows it. The moment demands an ambitious plan to be masters of our own destiny, *maîtres chez nous*.

Canadians know that we are living through extraordinary times. The rules we counted on no longer seem to hold. The global trading system that brought stability for decades is being rewritten. Wars and geopolitical competition are reshaping supply chains. Artificial intelligence is transforming our economies at breakneck speed.

For many Canadians, this uncertainty affects them daily. It means wondering whether their job or their children's jobs will be secure, whether their business can survive another shock, and whether they will be able to afford a home, raise a family or build the life they have worked so hard for. However, Canadians have met moments like this before, and as the Prime Minister reminded the nation and the world, "Nostalgia is not a strategy." As Canadians, we know how to turn global volatility into national opportunity.

[*Translation*]

Let us remember that we are a nation of builders. We built railways from coast to coast and a seaway connecting our industries to the rest of the world. We founded leading universities, research centres, businesses and public institutions—pillars of knowledge and drivers of prosperity. We leveraged Canadian ingenuity to fight for freedom during both world wars and to explore outer space.

● (1605)

[*English*]

We built a country in which generation after generation could aspire to something better, and every time the world changed, Canadians adapted. We do not retreat. We lead with purpose, determination and ambition because we are Canadians.

[*Translation*]

In the face of adversity, we are seizing opportunities and working together to rebuild stronger.

I sincerely believe that in a few years, Canadians will see this moment as another turning point in our history. Our ambition is clear: accelerate growth through an investment supercycle; make life more affordable for Canadians; and defend our sovereignty while celebrating our rich cultural heritage.

[*English*]

One thing is clear: Our country is more united than ever in the face of these challenges. As Lester B. Pearson said in the House on November 28, 1967, "The future of Canada, Mr. Speaker, will be decided in Canada, by Canadians."

I even thought for a moment that the Conservatives would applaud for this part.

This is the essence of who we are as a people. This is the essence of being masters of our destiny, *maîtres chez nous*. We have the strength to build, the discipline to deliver and the values to take care of each other.

Canada enters this defining moment in history with every reason to be confident. We have one of the most highly educated workforces in the world. We have the energy and the critical minerals the world needs. We are a leader in key industries such as artificial intelligence, quantum technologies, nuclear energy, mining, agriculture, agri-food and advanced manufacturing. We have preferential market access to 1.5 billion consumers, and we will soon double that number and reach three billion consumers. This is the Canada of the 21st century. We also have the strongest fiscal position in the G7, with the lowest net debt-to-GDP ratio, and we are projected to have the second-fastest-growing economy in the G7 in 2027.

However, our greatest strength, as the Prime Minister said, is something that cannot be found on a balance sheet: trust. Trust is what defines Canada in an uncertain world.

Some hon. members: Oh, oh!

Hon. François-Philippe Champagne: Mr. Speaker, the Conservatives can laugh as much as they want, but Canadians know it. They know that what defines Canada is its values. The fact is that the world wants to engage with Canada, so they had better listen, because there is more good news.

To inspire trust, we need a solid foundation. Through fiscal discipline, budget 2026 keeps us on track to meet both fiscal anchors by balancing day-to-day operating spending with revenue by 2027-28, a full year ahead of schedule, and by keeping the deficit-to-GDP ratio on the declining path, while unlocking Canada's full growth potential.

I even see in the members' eyes and in their hearts how pleased they are.

We are seeing what happens around the world when governments lose their fiscal room to manoeuvre. Choices become harder.

Some hon. members: Oh, oh!

Hon. François-Philippe Champagne: Mr. Speaker, the Conservatives are so excited about the budget that they are already commenting, but they should wait a bit, because there is more good news.

In Canada, our fiscal strength is giving us the freedom to live our life as we choose, to be masters of our destiny. With solid revenue growth and a shift toward capital investment and clear strategies, we are in a position to transform our economy toward stronger growth and productivity.

Budget 2026 is the next step in our ambitious plan to help businesses of all sizes invest and grow, to help Canadians get ahead and to build a stronger, sovereign Canada. Let me start with the first pillar: economic growth. Investing in our future means having an ambitious growth agenda. We need the mines, the transmission lines, the ports and the trade corridors, the nuclear reactors, the electricity dams, the AI infrastructure and the factories to power our future.

First and foremost, we need Canadian workers and Canadian companies building them, and we need to build faster. That is why our government will propose amendments to the Impact Assessment Act to bring greater legal certainty and predictability to projects, consistent with a "one project, one decision, one year" process, while maintaining environmental protections and upholding indigenous rights.

● (1610)

Last year, budget 2025 laid out a generational plan to build a stronger Canada. The plan is working and is already paying dividends. We are already moving major projects forward, with 28 nation-building initiatives that have been referred to the Major Projects Office, including projects in energy, critical minerals and transportation, and with budget 2026, we are building on that progress.

For too long, a lack of access to growth capital has held Canadian companies back. Too often, Canadian talent and Canadian ideas have had to look elsewhere to scale. Budget 2026 changes that with the most comprehensive revamp of business incentives in generations. At the heart of it is the new productivity mega deduction, which will boost Canada's investment supercycle. Businesses, both large and small, will be able to immediately deduct the full cost of most new investments. That is a game-changer for small businesses across our nation. Over the next 10 years, this should expand Canada's productive capacity by adding about $22 billion a year to GDP and supporting up to 80,000 jobs. This is a game-changer. This is how we boost the investment supercycle.

The productivity mega deduction is available to a manufacturer buying more efficient machinery, such as the shoemaker Pajar, whom I visited in Montreal yesterday; a farmer purchasing newer silos and a combine harvester; or a mine adopting new technology to reach deposits. Let me be clear. We are making it easier for businesses to choose Canada, and we are also making Canada the global partner of choice. This country is going to grow like never before.

Again I can see in the members' faces and hearts how happy they are going to be next week to tell their constituents all this good news.

We are not stopping there. With the Canada growth incentive, we are backing Canadian innovators and start-ups so they can grow their business here at home in Canada, allowing builders and key employees to keep more of the benefits when a business succeeds.

With the enhanced small business rollover, we are making it easier for successful entrepreneurs to reinvest in the next generation of Canadian businesses. By expanding the scientific research and experimental development program to support commercialization, we are helping Canadian ideas become reality.

By pursuing a balanced immigration policy, we are attracting the talent that our growing industries need, supporting communities and families and retaining the Canadian tradition of welcoming people fleeing conflict, while ensuring that we keep immigration levels at a sustainable level.

This is Canada. Through the most ambitious efforts in decades to simplify Canada's tax system, we are making it easier to invest, to grow and to do business in Canada.

Not every Canadian business is in a position to invest today. Many have been hard hit with unjustified U.S. tariffs. I think tonight about the steelworkers in Hamilton.

Some hon. members: Oh, oh!

Hon. François-Philippe Champagne: Mr. Speaker, instead of shouting, they should probably listen to this.

I am thinking about the aluminum workers in Saguenay, the forestry workers in British Columbia and the auto workers in Windsor and Oshawa who are affected and understandably worried. Canada's new government has one simple message for them today: We will be there for them with whatever it takes and for as long as it takes. This is our commitment to their family and their community.

● (1615)

To date, we have provided $44 billion to help our workers and businesses protect jobs, retool and find new markets. Colleagues have been doing great work to help our workers, our industries and our sectors. The measures in the budget will help them further, to adapt and compete for the long term.

[*Translation*]

Our message to Canadian businesses is simple: We are behind them. Are they going through a difficult time? We will be at their side for as long as it takes. Do they have a great idea? They can bring it to life here, in our communities, in Canada. Are they ready to grow? We are here to support them. Are they a successful entrepreneur? We want them to reinvest in the next generation of small and medium Canadian businesses.

I come from a family of entrepreneurs, and this budget is designed to help young people succeed in the new economy.

I am also from Shawinigan, a town that was at the cutting edge of economic development more than 125 years ago. Shawinigan showed Canada what is possible when energy meets ambition. Our ancestors harnessed the power of the Saint-Maurice River to build entire industries, create thousands of jobs and foster the economic prosperity of their region and province—and of our country.

The same ambition guides our electrification strategy today, because the countries with abundant electricity will be the leaders of the 21st century. As we electrify our economy, demand for electricity will increase. Canada has a head start: Our grid is already 80% clean, and our electricity is among the most affordable in the G7.

We are working with provinces, territories and indigenous partners to double Canada's grid capacity by 2050. We will connect provincial grids. We will build thousands of kilometres of transmission lines. We will develop the nuclear energy sector. We will build Canadian, buy Canadian and create good jobs for Canadians.

This is what it means to be masters of our destiny.

[*English*]

These measures, as the Prime Minister said, also prove that we do not have to choose between the economy and the environment. The two go hand in hand. Our climate plan is built on four priorities: build more clean and affordable power, make it easier for Canadians to switch to electricity, transform how we use energy so we waste less and do more, and innovate and invest in Canadian clean tech right across this great country.

● (1620)

[*Translation*]

Canada has had to think big in the past. It is time to think big once again, because we want to be masters of our destiny.

[*English*]

Economic growth gives us the means. Our plan is to turn that growth into greater opportunity, greater security and a better life for all. I know that Canadians are watching. It is to deliver on what matters most: giving Canadians the opportunity for a better life. That means lowering the cost of living, making it more affordable to buy a home and ensuring that no Canadian is forced to sleep on the street because they do not have a place to call home. I even see the leader being very much interested in that.

That is what the second pillar of budget 2026 addresses: making life more affordable for Canadians. Budget 2026 provides over $22 billion over five years in new measures to ease the day-to-day financial pressures on Canadians. This winter, the new 2027 Canada groceries and essentials benefit supplement will give more than 12 million Canadians a 50% boost to their benefit, which is $4.1 billion in extra help with groceries and essentials in 2027.

We are investing more than $610 million to strengthen and expand the nutrition north program, helping lower the cost of food, supporting local harvesting and distribution, and reaching more communities across the north. We are launching the build Canada workers benefit to support 1.9 million workers, including 180,000 additional recipients, because hard work should always pay. We are also making the Canada caregiver credit fully refundable. That means more than $1,000 a year in support for 585,000 caregivers, including 180,000 who will get it for the first time. This is what I call making Canada stronger.

This builds on the help we have already delivered in recent months to Canadians. We have suspended the federal fuel excise tax through January, reducing Canadians' bills at the pump by up to 10¢ per litre on gasoline and four cents per litre on diesel. We are helping more than a million households retrofit their homes and lower their energy bills, saving a Canadian family an average of $1,400 every year afterward. We are also helping first-time homebuyers with the cost of a new home, saving them up to $50,000.

By making life more affordable for Canadians and taking care of each other, we are masters of our destiny.

[*Translation*]

The measures presented in budget 2026 could lift hundreds of thousands of people out of poverty in 2027.

The new Canada groceries and essentials benefit supplement alone could lift 120,000 people out of poverty. I sincerely hope that all the members of this House will vote in favour of this budget so that we can show our unanimous support for the Canadians who need it most.

With budget 2026, we are helping Canadians today and giving them a bridge to a better future by building more housing, by producing more renewable energy, by increasing competition and by building an economy where salaries and opportunities continue to grow.

However, this also means facing a harsh reality. Tonight, sadly, thousands of Canadians will sleep in shelters or on the street, with none of the security or stability that adequate housing provides. We can do better. We must do better. We will do better.

With budget 2026, we are putting Canada on a path to end homelessness within 10 years. We will renew the Reaching Home program and the veteran homelessness program. We will work with provinces, territories and indigenous partners to link housing with mental health, addiction and community care services. Through Build Canada Homes, we will build more affordable housing.

The investments we make today will define our society tomorrow, a society where every Canadian has a safe and affordable home where they can thrive and make their dreams come true. To truly be masters of our destiny, we must make sure our prosperity benefits everyone.

● (1625)

[*English*]

Finally, being masters of our destiny is about a safe and sovereign Canada, one where we celebrate who we are. Canada is an extraordinary country. We span three oceans, six time zones, two official languages and thousands of communities with different traditions and stories to tell. We have built something together, something beautiful, something inspiring. We have grown to be a strong and successful nation, one greater than the sum of its parts. That is worth protecting, and it is worth celebrating.

In 2027, Canada will mark its 160th anniversary. It will be a moment for Canadians to come together to celebrate our communities, to discover more of our country and to pass on what we love about Canada to the next generation. This is why budget 2026 will invest in the places and experiences that bring Canadians together, the community spaces where neighbours meet and newcomers find their footing, the festivals where communities celebrate their traditions and the museums, parks and historic sites where Canadians discover their country. We will also revitalize the arenas and rinks where generations of Canadians have learned to skate, play and dream. This is Canada at its best.

We will do more. We will renew the Canada strong pass for another year so that more families can discover their country, and we will make our national museums permanently free year-round for young Canadians so that young Canadians can discover our museums and history and dream. A strong country is one where people feel connected to it and to each other, and that connection comes from the stories we tell.

[*Translation*]

However, today, a large part of what Canadians watch, read, and listen to comes from outside Canada. Canadian creators are among the best in the world, attracting the attention of increasingly connected consumers. Our writers, musicians, filmmakers, journalists and artists are carrying Canada's voice to the four corners of the country. This is why we want to give them the best chances of succeeding at home.

Budget 2026 will make it easier to discover and borrow books by Canadian authors through a new national digital collection. We will support the publishers, local journalists and cultural institutions that bring our stories to life. We will develop a new tax credit for Canadian creators, which will provide a tax relief of up to $45,000 on income derived from original works. This is our way of giving a shot in the arm to all artists across the country. Let us celebrate together.

The unity of our vast country also depends on the ability of Canadians to travel and gather together. Our railways, roads, ferries and bridges have always represented more than just infrastructure. They connect families. They connect communities. They connect and unite our vast country. This is why we are investing in railways and ferries across the country to bring communities together.

● (1630)

[*English*]

Building a strong and united Canada also means continuing the important work of reconciliation. It means ensuring that indigenous communities across our nation have the same foundations that every community needs to thrive: safe housing, clean water, good schools, reliable infrastructure, stable and culturally responsive policing services and the ability to shape their own future. It means advancing reconciliation with more than $50 billion in stable and predictable funding over 10 years for indigenous people in this country.

It means we are providing stable and predictable funding, but we are also including a dedicated amount for first nations off-reserve, Inuit and Métis, and modern treaty and self-governing partners to invest in affordable, supportive and transitional housing, because being masters of our destiny must mean having the tools to shape a better future together.

Yes, sovereignty also means being able to defend the country we are so proud to call home. At a time when the world is more dangerous and divided, Canada is rebuilding its armed forces. We are investing in the capabilities we need to defend our country, particularly in our north and in the Arctic, and we are strengthening our defence industry here at home so that Canada makes more of what our forces, and our allies, need to do the job. We are taking greater responsibility for our own security, just as we are for our economic future, because sovereignty ultimately comes down to the same idea: having the confidence, the capacity and the freedom to live our lives as we choose, to be masters of our destiny.

As we speak about the men and women who serve our country, I want to pause to reflect on the tragedy in Wainwright. I want to draw attention to those who lost their lives and to those who were injured and are recovering. I think I can speak on behalf of all members of the House in saying that our thoughts are with them, their families and the entire community. We will honour their courage by providing $25 million to further support members of the Canadian Armed Forces, their families and local communities affected by this tragedy. We will also provide $3 million directly to the Wainwright Military Family Resource Centre. We are thinking about them.

● (1635)

[*Translation*]

Finally, my thoughts are with the people at the heart of budget 2026. My thoughts are with Michèle Lafontaine from *J'ai mon appart'* in Shawinigan, who is with her son Félix on Parliament Hill today. She works with vulnerable adults every day so they can have a place to call their own.

[*English*]

I also think of Rachel Reid, Louise Penny, Barbara Fradkin and Fred Pellerin, some of Canada's writers and storytellers who remind us that sovereignty also means having the confidence and the means to tell our own stories. I think of all the workers who, day to day, are building Canada strong. We have some great examples of those hard-working Canadians on the very first page of the budget. To all of them, to those watching at home and to Canadian workers across our great country, this budget is about them and what we can build together. I think they deserve a big round of applause.

More than three decades ago, another finance minister came before Parliament at another moment of profound economic change. His message was that Canada has to confront the the world as it is, not as it wished it to be. This is one of those times for our nation. The world around us is changing. We must change to lead with purpose and ambition.

[*Translation*]

We must have confidence in what Canada can become. We must build at an unprecedented speed and scale. We must take care of one another. We must defend our sovereignty.

With budget 2026, we will build the strongest economy in the G7. We will make life more affordable for Canadians, and we will defend our sovereignty while celebrating who we are.

[*English*]

This is the essence of being masters of our destiny. Let us seize the moment, let us be ambitious, and let us build Canada strong together.

[*Translation*]

Long live Canada!

[*English*]

Hon. Michael Chong (Wellington—Halton Hills North, CPC): Mr. Speaker, this budget would be better titled “masters of increasing debt and interest payments”. The budget fails to establish a credible fiscal anchor to reduce the debt and balance the budget. The national debt on the government's own plans is increasing over the next five-year horizon, interest costs are starting to take off, and there is no plan to balance the budget.

All this borrowing is making life more unaffordable for individuals, families and companies because it is increasing the cost of capital. We have all seen the five- and 10-year bond yields over the last several years increase, increasing the costs of mortgages, car loans and lines of credit. It is also reducing the flexibility of the federal government to deal with a major crisis that the Prime Minister's own national security strategy says is coming, including a potential war.

Finally, all this borrowing is not showing up in the numbers. Business capital formation has declined in five of the last six quarters, unemployment remains a full per cent above pre-pandemic highs, and GDP is flatlining, estimated to be less than 1% this year.

Would the minister comment?

Hon. François-Philippe Champagne: Mr. Speaker, let me try to help the member because I appreciate that he only had a few hours to read the budget. We had a lower deficit last year, we have a lower deficit this year, and we will have a lower deficit during the fiscal period. That is number one.

Number two, we are bringing direct program expenses from 8% in the last decade to 2%. We are kick-starting an investment supercycle, we are investing $400 billion in capital investment over the framework, we are putting forward $22 billion to make life more affordable for Canadians, and the Canadian economy is going to be $4 trillion by the end of this decade. We are going to build Canada strong. Canadians understand that.

On this side of the house, we understand that every day is a good day to fight for Canadians.

● (1640)

[*Translation*]

Gabriel Ste-Marie (Joliette—Manawan, BQ): Mr. Speaker, this budget does not reimburse Quebec for the costs it has incurred in taking in asylum seekers, which represents approximately $700 million. Ottawa has been dragging its feet on this issue since 2024.

Ottawa is also staying the course with its plan to reduce the annual escalator on health transfers from 5% to 3% starting in 2028, even though Quebec is calling for an increase in health care funding. Quebec cannot afford a federal budget cut in health care.

On the one hand, Ottawa is reducing Quebec's fiscal room by $1 billion a year through its mega deduction. On the other hand, it is reducing its financial contribution to health care. Ottawa is undermining Quebec's financial independence. Ottawa is investing heavily in the symbolism of its “Canada strong” agenda as a way of pushing back against Quebec nationalism, yet it has no money to repay what it owes Quebec.

Why did the government not listen to or consult Quebec?

Hon. François-Philippe Champagne: Mr. Speaker, I have a great deal of respect for my colleague. I have known him for a very long time. However, I can say that, on this side of the House, with more than 40 members from Quebec, we have a strong voice for Quebec.

I listened to Quebeckers. That is why we are investing in our artists, in our culture and in our SMEs, which from the backbone of Quebec's economy. That is why we renewed funding for mental health.

Instead of criticizing, my colleague should join us and applaud what we have done to help all Canadians. This will benefit Quebeckers. The Bloc Québécois even talked about the Canada groceries and essentials benefit. We are here for Canadians, and we have enhanced that benefit.

We will always be here for Quebeckers.

[*English*]

Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, Christmas came early for CEOs, thanks to the Liberal government. This budget puts corporate interests over those of struggling Canadians. There is $36 billion for a business mega deduction but only half of that for affordability measures. Liberals are allocating one in five tax dollars to military spending today, increasing to a staggering one in four dollars in 2030. They have $55 billion for a pipeline the private sector will not touch but not one extra dime for pharmacare, dental care or child care, and they admit they will not even come close to meeting their own housing targets.

Will the finance minister explain why he is choosing the interests of big business over the welfare of working Canadians?

Hon. François-Philippe Champagne: Mr. Speaker, we are choosing Canadians. What the member failed to mention is that we are investing up to $30 billion on measures to help with ending homelessness in this country. This is a national endeavour. We are going to work with provinces, territories and municipalities.

Instead of complaining about what we are doing, why do they not join us and help us to end homelessness in this country? This is one of the greatest endeavours this House has ever taken, and it is under this new government and this Prime Minister that we are doing that. I hope he is going to remember that.

[*Translation*]

Luc Berthold (Mégantic—L'Érable—Lotbinière, CPC): Mr. Speaker, how can Canadians be masters of their own destiny when they lack even the means to fill their refrigerators? This budget tells us that the government is going to get $30 billion in new revenues from Canadians, with absolutely nothing for the middle class. Deficits will reach $62 billion in 2026-27, $62 billion in 2027-28, $57 billion in 2028-29, $53 billion in 2029-30, and $52 billion in 2030-31.

The debt is going to soar to astronomical levels. Interest is going to reach an all-time high. Who is going to pay for it all? Canadians are going to pay, especially the middle class.

Why did you leave out the middle class?

The Speaker: I would remind the member that questions must be addressed through the Chair.

The hon. Minister of Finance.

Hon. François-Philippe Champagne: Mr. Speaker, Canadians watching at home are probably wondering whether the hon. member has read the right budget. The 2026 budget we have just presented contains $22 billion in measures to make life more affordable for Canadians, on top of the $100 billion in affordability measures already in place.

On this side of the House, we know that more needs to be done on housing, and that is exactly what we are doing. We recognize that we need to help Canadians cope with the cost of groceries, because this is a weekly concern for people. We recognize that we need to do more to help people by reducing the gas tax. That is exactly what we have done. We have taken action on the three affordability challenges facing Canadians. We will continue to be there for them every step of the way.

The Budget

● (1645)

[*English*]

Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I have gone through the budget. I appreciate the opportunity, and I say to the hon. minister for heritage, good job on heritage, with creative work.

My question is to the Minister of Finance. Is accounting now a creative industry? On page 352, we see that capital investments are defined broadly as including any expenditure, which is basically anything. This is the most bizarre description of a capital cost. The Minister of Finance might turn to his colleague on his left. If he were a banker and someone showed up and said, "I want this money for advertising because it is going to end up making more money for me, so therefore, it is a capital expenditure and I can write it off right now", would any banker give them the money? Apparently, this deduction would.

Hon. François-Philippe Champagne: Mr. Speaker, I have enormous respect for my colleague, but I thought she would talk about the $50-million investment in our national electricity strategy, doubling the electricity generation in this country. I thought she would talk about our climate plan. I thought she would talk about our ocean plan. I am sure she will have other opportunities to rise in the House and to say we are seizing the opportunities to build a stronger Canada.

[*Translation*]

Patrick Bonin (Repentigny, BQ): Mr. Speaker, this budget is a continuation of the betrayal on climate action.

After rolling out the red carpet for oil and gas companies and pipelines, the government continues to subsidize oil and gas. It is weakening industrial carbon pricing. It is weakening regulations on clean electricity. It is removing the zero-emissions mandate for electric vehicles. It is freezing emissions mandates for light-duty vehicles. There is no money for public transit or for climate adaptation.

Can the government explain to us why it is sacrificing our children's future and the Paris agreement, all for the sake of the oil and gas companies?

Hon. François-Philippe Champagne: Mr. Speaker, I know there are several pages in the budget, but I think my colleague missed a few. Let us talk about heat pumps instead. A historic investment will help millions of people across the country use electricity.

Let us talk about charging stations. I am sure he has not gotten to that part yet. There is going to be some good news about charging stations.

Let us talk about our climate plan, which will transform growth across the country. There is a lot of good news in this budget, which the member has not had a chance to see yet, but we will help him out.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the budget's number one job should have been to save Canadians money.

The reality, however, is that $765 billion in debt is going to get piled on over the next five years. It is a credit card budget that is going to blow up interest rates, inflation and the cost of groceries, gas and housing. This budget is going to make life more expensive for single mothers, small businesses and seniors.

For that reason, the Conservatives are going to vote against the budget. We want to save Canadians money and make life more affordable.

[*English*]

The minister should have more aptly named this budget "mastered by debt", mastered by debt that will inflate the cost of food, fuel and housing. The first priority of this budget should have been to save Canadians money, but by adding $765 billion in new debt, a record-smashing sum, over the next five years, the Prime Minister will inflate the cost of fuel, food and homes. This is a costly credit card budget that Canadians cannot afford, and Conservatives will vote no.

Let us go through the facts one by one.

First are our demands. We asked the Prime Minister to cut gas prices by 20¢ a litre and $1,200 per family by eliminating all federal taxes at the pump. Not only did the Prime Minister fail to do that, but he intends to raise gas taxes early next year, which will mean that Canadians will pay more not only at the pump but also for every single item that arrives at the grocery store.

Second, we asked the Liberals to cut waste. Instead, the Prime Minister is growing spending in this budget by an eye-watering $150 billion.

Third, we asked the Prime Minister to keep his promise from the election to lower the debt-to-GDP ratio so that our debt no longer gobbles up so much of the resources needed for health care and other basic benefits. Instead, the Prime Minister has officially broken that promise today.

As I said, the Prime Minister will add $765 billion to our national debt, the single biggest borrowing binge in Canadian history, more than Trudeau, more than during COVID and more than any other government in the history of this country, an amount that will lead to higher inflation and interest rates today and higher taxes down the road. The single biggest item of spending growth in this budget is not seniors programs, not health care, not security and not sovereignty, but the opposite: It is interest on the national debt. In fact, seniors, single moms and small businesses will now have to spend about $60 billion every year on interest to bankers and bondholders. That is right. It is money for bankers and bondholders instead of nurses and doctors.

Every family of four will spend $6,000 this year on interest alone, an amount that rises to $8,100 annually by the year 2030-31. In fact, by that year, the government will be spending $17 billion more on debt interest annually than on health care.

To cover up the growing cost of the Prime Minister's costly credit card budget, he has cooked the books. He has divided the spending onto three separate credit cards: operational, capital and Crown corporations. The only problem is that he has no rule to determine which expense goes where. There is no other government anywhere on earth that follows the accounting practices the Prime Minister is introducing. They violate the generally accepted accounting principles that apply to corporations. If he were to do this with any private company, that company would be charged with defrauding its investors and its workers. Furthermore, the Parliamentary Budget Officer says that there is no defining rule to determine what is operating capital or a Crown corporation, and by putting billions of dollars into the latter category, it is effectively like gambling away a fortune on the company credit card and then pretending one does not have to pay it back.

● (1650)

To understand the scale of the financial engineering in which the Prime Minister is engaged, let me put this into perspective. The budget forecasts an already staggering series of deficits of $289 billion over the next five years, but that does not include non-budgetary transactions over the same period of $476 billion, which means that the government will borrow $765 billion over that period, of which two-thirds is hidden from the budget books.

Let us get this clear. The Prime Minister intends to borrow half a trillion dollars off the budget books. Here is the bad news for everyone else: They have to pay interest whether the government puts it on the books or not. The Prime Minister can mock Canadians, the single moms, the seniors and the small businesses, as he is doing now, who will have to pay that interest, but none of them will collect the interest on that debt. The Prime Minister should show Canadian taxpayers some respect.

The budget should have been about real people with real problems in the real world in their real lives, people like Sally, a single mom and waitress I met at the restaurant in my hotel in Windsor. She works full-time as a waitress, and then she goes over to another hotel and works full-time again, in charge of all the laundry at that other hotel. On the weekends, in her spare time, she has a catering business. She tells me that even with those three jobs, she is not able to get ahead, and she wonders if her three boys will ever be able to afford a home, as I hear Liberals giggling and laughing at her misery on the other side of the House of Commons. That is the callous and cruel mentality that they have toward suffering single moms who cannot afford to pay their bills in this country.

There are the young guys I met the other day at a southwestern Ontario pub who work at a GM dealership non-stop. All of them, despite being in their early thirties, believe they will never be able to afford a home. There is the small business owner who has a gym. He came here as an immigrant and opened up a small business with the dream that his family would get ahead, but every year the costs imposed by inflation make it impossible for him to maintain his business and keep his employees going, wondering if he will even be able to stay in business.

That is why Conservatives said a week ago that the single job of the budget should be to save Canadians money. We do not do that by adding $765 billion of debt on the backs of Canadians.

Then there is the theatre. They claim they are going to help small businesses on capital gains. They listed this new capital gains break, and they said that everyone qualifies, except if they are in agriculture, mining, retail, restaurants, manufacturing or transportation. In other words, everybody qualifies except for everybody. I suspect that if someone wants to qualify, they will have to apply for a special carve-out at the Major Projects Office. Maybe companies that have employees on their payroll can get themselves a tax carve-out. Everyone else will be paying more, will be filling out more forms and will be burdened with even more costs.

The only thing worse than the Prime Minister cooking the financial books is his cooking of the books on immigration. We know that he did that last year when he claimed that the population of Canada was 300,000 fewer people than it actually was. We have to wonder: Is it incompetency or is it dishonesty that would have the government lose track of 300,000 people?

● (1655)

Today, yet again, the Prime Minister used a side window to increase the number of people who can come in through new programs who are not counted by existing ones. New Canadians and those born and raised here, both of them, deserve an immigration system that works. We need to ensure that we always have housing, health care and jobs by getting immigration back under control.

[*Translation*]

We presented the Prime Minister with a plan to save Canadians money. It started by cutting waste. We proposed approximately $200 billion in savings by cutting bureaucracy, consultants, foreign aid and corporate welfare, as well as by cancelling the Alto project. That project is a waste of money that will only serve to line the pockets of Liberal friends.

We proposed these cost-saving measures to reduce the size and cost of government, which weighs heavily on small and medium-sized businesses and ordinary Canadians, like the single mother I spoke about or the young men who want to own a home. We proposed eliminating all taxes on fuel to save 20¢ a litre at the pump and reduce the cost of all products arriving by truck. We asked that the Prime Minister at least keep the election promise he made a year and a half ago to lower the debt-to-GDP ratio. However, the Prime Minister rejected these proposals and jeopardized our financial system. We will continue to fight for Canadians.

I would like to share a message of hope with everyone: It is not too late. We can still change the budget. We can replace this credit card budget with one that will save Canadians money. However, that is if and only if the government is prepared to agree to our amendment, which we are proposing in good faith. With this amendment, we will save Canadians money and fill our country with hope.

● (1700)

[*English*]

We put forward a plan that would have saved Canadians money by cutting waste, by getting rid of all taxes on gas and by reducing the debt-to-GDP ratio, as the Prime Minister had promised. We put forward a clear plan to save money by cutting bureaucracy, consultants, foreign aid and handouts to fake and phony refugees, and by cutting back on corporate welfare, money that is going to the little club of Liberal insiders, like those at Telesat, one of whom is the Prime Minister's very close personal friend, whom he helped out with a $2.5-billion handout. Yes, he did. I know he is getting very nervous and agitated about it today, just as he did earlier.

By stopping handouts to the big AI giants, which take tax dollars from single moms and small business people, and by cutting back the waste and corruption in the government, he could have taken up our plan to reduce taxes, debt and inflation, but I bring to the government some hope. It is not too late. The Liberals can reverse their costly plan today. They can replace the costly credit card budget with a budget that saves Canadians money, if only they accept our amendment, our friendly amendment, which is brought forth in good faith. I know the Prime Minister will be glad to receive it, so I move:

That the motion be amended by deleting all the words after the word “That” and substituting the following:

this House rejects the government's budget because:

(a) This costly credit card budget should be titled “Mastered by Debt”;

(b) it inflates the cost of gas, groceries, homes and interest;

(c) it fails to save Canadians money and instead costs them more;

(d) it fails to take all taxes off gas and diesel and instead raises taxes even further;

(e) it adds $765 billion in new borrowing over five years, totalling $44,000 per family;

(f) It increases the money spent on debt interest, more than what is spent on health care or the military, totalling $6,000 per family of four;

(g) it fails to keep the Prime Minister's promise to reduce the debt-to-GDP ratio;

(h) it excludes major regional economic drivers like agriculture, forestry, minerals and fisheries from the capital gains tax exemption;

(i) it fails to reduce immigration targets to match the rate of growth in the number of houses, doctors, and jobs; and

(j) it fails to eliminate wasteful spending, increases spending on bureaucracy, consultants, corporate handouts, tax havens, foreign aid, deluxe benefits for false asylum claimants and the ALTO Rail boondoggle.

This is an amendment brought forward in good faith that will actually save Canadians money and fill this country with a sense of optimism, hope and freedom. I call on the Prime Minister to adopt this motion and put our country first.

● (1705)

The Speaker: The amendment is in order.

Questions and comments, the hon. government House leader.

Hon. Steven MacKinnon (Minister of Transport and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I hope the House will forgive me for not being filled with optimism and a sense of freedom after those remarks. One of the things missing from that speech is that not once, and I think we all suspect why, but not once did that leader acknowledge the unjustified and illegal trade war that has been inflicted on us by our neighbours to the south. We are responding by controlling the things we can control and building the things we can build, such as a pipeline to the west coast, a mega port, energy projects and renewable energy all over the country.

Does that leader consider those projects, that growth and the jobs that will come from those projects to be inflationary spending? Where is the vision? Where is the growth vision from that Leader of the Opposition? Where is his build Canada strong agenda?

Hon. Pierre Poilievre: Mr. Speaker, again they expect me to praise them for unkept promises. This is billions of dollars in promises that they have not realized. Speaking of the trade dispute, the Prime Minister promised he was going to have that resolved a year and a half ago, yet he has not achieved anything except seeing the American tariffs double and broaden on Canada. He has failed on his single biggest promise.

We understand that he is not in any personal rush to get the tariffs removed. After all, 91% of his personal investments are in the United States of America. While Canadians are losing jobs and paying higher prices here at home, he is unmoved to take real action. We will not take any lessons on patriotism from a prime minister who puts his money abroad while taxing Canadians here at home and making it unaffordable for them to live their lives. Our mission for this budget is to save money for Canadians here at home.

[*Translation*]

Gabriel Ste-Marie (Joliette—Manawan, BQ): Mr. Speaker, Quebec asked Ottawa to increase its share of health care funding, but Ottawa reduced it. Quebec asked that the $700-million debt related to asylum seekers be repaid, but there is not a single word on the subject. We have a centralizing government that is meddling in this budget, with the electricity grid for example. Furthermore, there is an announcement regarding immigration targets on which Quebec was obviously not consulted.

According to the leader of the Conservative Party, why did this centralizing government refuse to listen to or negotiate with Quebec before drafting this budget?

● (1710)

Hon. Pierre Poilievre: Mr. Speaker, Liberals are centralizers. They want to build a bigger, stronger and more costly state on the backs of Canadians and Quebeckers across Canada.

This is a $765-billion debt-financed budget. When billions of dollars are put on the national credit card, it drives up today's interest rates and inflation, as well as tomorrow's taxes. That is why this is one of the most costly budgets in our country's history.

They should have listened to our request to have a budget that would save Canadians money. That should have been the priority, and the Conservatives will continue to fight to lower the cost of living for Canadians.

[*English*]

Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, the mental health crisis touches everyone in this place. It touches every single family in this country. We need a compassionate, coordinated response where help is ready when people are ready.

The Mental Health Commission of Canada puts the cost of mental illness at nearly $200 billion a year, or roughly 6% of our GDP.

The Parliamentary Budget Officer estimates that ensuring mental health and addictions care under our universal public health care system would cost the federal government an average of $4.9 billion a year. Instead, what does the government do? The Liberals chose to provide $36 billion in business tax incentives over the next five years instead of addressing this crisis.

Nation building is not just about what we build; it is about the people we invest in. Mental health is health.

Do the Conservative leader and his party support our call for parity so Canadians can get the care they need? They should be getting care with their health card, not their credit card. People need help now. This is a national crisis.

Hon. Pierre Poilievre: Mr. Speaker, the member is absolutely right. There is a mental health crisis in this country. He mentioned credit cards. Let us be honest, the two are linked. When people are forced to put their groceries on their credit card, when they are plunging into their savings just to keep the heat on in the winter, when they are falling behind on mortgage payments and when one in three of them is skipping meals because they cannot afford to eat, do we think that does not affect someone's mental health? Of course it does.

There are two economies in this country. There is one for the suffering people who are overcome with the anxiety that they cannot get by and they worry about their children's future and one for the club of Liberal insiders who are looting the public treasury with the help and aid of the Prime Minister. It is time that we had one Canada for all Canadians, for the people who work hard, pay their taxes and play by the rules.

Jacob Mantle (York—Durham, CPC): Mr. Speaker, the Prime Minister promised Canadians a declining debt-to-GDP ratio. He promised fiscal prudence, especially for the next generation.

Can the Leader of the Opposition tell me what the budget says? Did the Prime Minister keep that promise and will Canadians be spending more or less on debt?

Hon. Pierre Poilievre: Mr. Speaker, no, the Prime Minister broke that promise. He said that he was going to reduce the debt-to-GDP ratio and it is actually rising. By the way, I should point out it is not as bad as it sounds; it is far worse, because the debt that is in fact calculated into the debt-to-GDP ratio does not include the hundreds of billions of dollars that he is keeping off the budget with unprecedented financial engineering.

This budget seeks to put $465 billion of off-budget spending on the backs of Canadians. In other words, two-thirds of the new debt the Prime Minister would add is unbudgeted and uncounted in the spending system. Just because someone gambles away a fortune in Vegas on the company credit card does not mean that somebody does not have to pay it back. Canadians are going to be stuck paying it back. It is time to take the load off the backs of Canadians and fight to save them money.

[*Translation*]

Tatiana Auguste (Terrebonne, Lib.): Mr. Speaker, while we are stepping up to help young Canadians become masters of their own destiny and masters in their own home, the Conservatives seem to want to abandon them.

For once, can they put slogans and partisanship aside and stand up for our businesses, our workers and young Canadians?

● (1715)

Hon. Pierre Poilievre: Mr. Speaker, the member started off her statement with a slogan, then condemned the use of slogans. She said “masters in their own home”, then had the nerve to talk about young people.

How can young people be masters in their own home if they have no home of their own? Young Canadians cannot afford a home. In fact, Habitat for Humanity Canada surveyed 22 countries and found that Canada had the highest percentage of people who believe they will never own a home.

If the hon. member wants young people to be masters in their own home, she should adopt Conservative policies to build housing for young people so they can have a place to call home.

Patrick Bonin (Repentigny, BQ): Mr. Speaker, I know that the Leader of the Opposition is concerned about the scale of the deficit and the waste of public funds. However, a closer look at this budget shows that the government is continuing to hand out billions of dollars in subsidies, particularly for carbon capture projects undertaken by billionaire oil companies. While these companies continue to generate substantial profits, Canadians are paying nearly $2 a litre at the pump.

Does the Leader of the Opposition agree that the government should continue providing billions of dollars in subsidies to oil companies?

Hon. Pierre Poilievre: Mr. Speaker, I will answer the question once again because it is simple. The oil industry does not need subsidies. It is an exceptionally profitable industry that has no need for them.

That is true. If we remove government barriers from their path, oil companies can build pipelines, mines and natural gas liquefaction plants.

We need to do away with taxes and barriers and put an end to corporate handouts for all businesses in all sectors. That is the free enterprise we want to see.

Jean-Denis Garon (Mirabel, BQ): Mr. Speaker, last year, the Minister of Finance, whom I would like to acknowledge, chose the title for his budget, and I guess he realized after tabling it that there was a translation error in the title of the French version. He had taken the English version and plugged it into Google Translate to translate the title. This year, the Liberals decided to ransack the history of the Quebec nation to find a new title for their budget, and they realized that there was no good English translation for “Maîtres chez nous”. I will be delighted to talk about that.

Earlier, I listened to the speech given by the minister, who certainly did not listen to the Government of Quebec. He told us that his party represents Quebeckers because there are 44 Liberal members from Quebec. This is their cue to applaud. I will wait.

Some hon. members: Hear, hear!

Jean-Denis Garon: I congratulate them, Mr. Speaker. Do you know why?

The Minister of Finance loves the history of the Quebec nation. In 1982, there were 74 Liberal members representing Quebec. They stood up and betrayed Quebec by voting for the Constitution put forward by Jean Chrétien, who is here on the Hill today. That is Liberal history. That is Liberal betrayal.

What are Quebeckers and the Government of Quebec seeing today? They are seeing that Quebec is the province that has been hit the hardest by tariffs, with 0% economic growth, rising inflation and rising interest rates.

What are Quebeckers saying? They are saying that the government needs to focus on Quebeckers' priorities and fund the health care system properly. They feel so strongly about it that Quebec's democratically elected government called for health transfers to be increased. When Quebeckers read this budget, they will understand that what the federal government is saying is that, as of next year, its refusal to increase transfers will cost Quebec's government, sick people and patients between $2.5 billion and $3 billion, even though Quebec was asking for the opposite.

Quebeckers know that the federal government owes Quebec $689.9 million for asylum seekers, and we know that the federal government is fully aware of this because it has already paid a very small portion of the bill. That money belongs to Quebeckers. That money was requested by Quebec's democratically elected government. It was not just the Government of Quebec that requested it. The National Assembly of Quebec spoke unanimously. Quebeckers will realize that the members on the other side of the House are great at applauding on cue, but not so great at supporting motions unanimously adopted by the Quebec National Assembly.

The same goes for the $814 million for the phony carbon tax rebates. Quebeckers want the government to stop using Quebeckers' money to pay oil companies. That industry is not facing any tariffs. It is the Americans' favourite Canadian industry. Investors in the oil and gas industry are American, and the dividends from these Canadian oil companies go to the United States. Quebeckers wonder why the federal government is underfunding Quebec's health care system while sending their tax dollars to oil companies. That is what Quebeckers are thinking, regardless of how many Liberal members from Quebec there are here in the House.

Quebec's finance minister recently made some remarks. He is taking over the reins of public finances, and he said that the federal government's mega deduction will create a shortfall of more than $1 billion in Quebec's public finances, affecting its ability to fund services, and that it is a headache. Quebeckers know that they should listen to the Government of Quebec. They do not want the federal government to make this deduction a “giga” deduction and to rob Quebec of another $1 billion for the next fiscal year and beyond.

I am not talking about the quality of the deduction. I am not talking about whether or not it is appropriate to have accelerated depreciation. What I am saying is that, today, as I speak, Quebec's finance minister is finding out that, for the next fiscal year and beyond, he will have to cut $1 billion somewhere in Quebec, raise taxes or put future generations in debt because of these 44 members, who clap when they are congratulated for existing. That is exactly what we are seeing today.

● (1720)

The phrase “masters of our destiny” really does have a certain appeal. It is important to be the master of our own destiny. They like being masters of their own destiny. I understand why. In Quebec, we figured that out back in the 1960s. However, being masters of our destiny means not bowing down to President Trump when it comes to the digital levies.

There are American companies in Silicon Valley that do business in Canada and do not pay their fair share of taxes. Being masters of our destiny means the first thing we should want is a level playing field in terms of tax fairness among all companies, including those that are friends with President Trump. We should not back down on this.

When we talk about a global minimum tax, why should Americans and American companies get preferential treatment? Why is there a special arrangement for them?

Why are the Americans calling the shots here, or rather, why are they calling the shots over on that side of the House? That is a valid question.

Why do we have the same environmental policies as President Trump? Why are we backtracking?

Many members in that caucus across the aisle know how bad things are and realize that they are betraying their own principles. They know it and they say so. They are not being masters of their destiny. They are backing down. The government backed down on the digital services tax, the levies and the CRTC's decisions to please the U.S. President.

Quite apart from what Quebeckers might think, the title is garbage. It is very sad.

I want to come back to the issue of health care and services.

What is the Quebec government asking for? It wants an increase of at least 5% in health transfers after 2027-28. However, not only are we being told that funding will be reduced, but also that it will be unpredictable.

They will tell us they brought in a one-time transfer, that they renewed the mental health transfer. Sure, but they also devoted an entire section of the budget to explaining how they want to make the government more efficient. They are talking about Crown corporations and reducing the number of public servants. They want to cut 15%. Now they are even making cuts to the Translation Bureau staff working for the House of Commons.

When it comes to mental health transfers, they claim they want to make government more efficient. They are telling Quebec City that they intend to draw up sector-specific agreements and are asking for floors full of civil servants in Quebec City to manage those health care agreements.

If the government truly believes in those values and principles and wants to streamline government, those principles should apply at all times and in all circumstances. Efficiency is not achieved by Ottawa micromanaging provinces, centralizing everything and restricting the provinces' ability to act.

If the government genuinely believes in these principles and is in favour of efficiency, it should always be in favour of efficiency.

The government is intervening in the oil industry while refusing Quebec's demands. Perhaps it is because there is a legitimately elected sovereigntist government in Quebec City. The government says it wants to promote Canadian unity and is committed to that objective. In the past, that led to all sorts of scandals. We hope they do better than they have in the past.

It is almost like a bad movie that drags on and on, only to end on a flat note. They are bringing back *Heritage Minutes*. They are offering skating rinks for the 160th anniversary. The provinces asked for $100 billion in infrastructure over 10 years. The minister magnanimously gave them half of what they had asked for. I have nothing against skating rinks, though they are a municipal jurisdiction in a lot of ways, but the government is investing billions in promoting Canadian unity. These are not small amounts; it is spending billions of dollars.

The government is bringing back military history. Of course, Remembrance Day is fast approaching, and those who followed a higher cause and gave their lives or served in the military must be honoured in a strictly non-partisan way. However, do we have to bring back Stephen Harper's beloved War of 1812, like the government did in the budget? Give me a break.

I do not know whether the Liberals read it, because not all of them were at the lock-up, but I hope they get a chance to discuss it in caucus.

● (1725)

They went to the trouble of including in the budget their plans to review the standards for manufacturing the flag of Canada. The government has time on its hands and grand plans. I am not disputing the importance of this to the government, but I would love to see the government apologize to Quebeckers and explain that health transfers will have to wait until another day, another time, and their surgery will have to wait too because the government needs to review the Canadian flag manufacturing standards. I would love to see that.

Now I want to talk about airport privatization. The Prime Minister was in Antigua and Barbuda with Australian officials. Did he seal the deal to sell our airports to Australians? Will they release the white paper on airport management that the department is working on? Was Quebec consulted? Will the Caisse de dépôt et placement du Québec be able to participate? Do we have any information on that? Does the Government of Quebec have any information on that? Can we challenge the way airports are managed? That would be perfectly fine, since it is our job to do that. Airport authorities need to be consulted in some way. Airports are drivers of economic development, not just runways and infrastructure that transport people from point A to point B. Can we do that?

What we are witnessing is anything but a “masters of our destiny” approach. This is especially true if the rumours turn out to be true and Australian investment funds end up buying our airports. Those same investment funds drove up the cost of air travel in Europe. Is that the fate that awaits us? I would like to know more about how selling our strategic assets to foreigners makes us masters of our destiny.

There is also the public finances. According to the minister's bookkeeping, there is going to be a $4.4-billion net surplus of investments next year, but the debt will increase by almost $60 billion. The minister made up a new kind of investment that is not recognized by the private sector. He is trying to disguise his deficits. If someone tries to use this definition of “investment” in their financial statements, the Canada Revenue Agency will be all over them and they might end up in jail. If a business does something like that, it is called fraud.

What is in there? It is tax expenditures: 40% of the investments are deductions. Nothing of the sort exists anywhere else in the world. The Liberals say that it is done in England, in the U.K. and in Singapore, but it does not exist. They say these are investments, but there are no asset maintenance programs that take depreciation into account. When investments are made in assets, depreciation has to be taken into account. If these were investments, the Liberals would realize that there is nothing to maintain because there is no capital. That means these are not investments.

What is in there? They are listing the cost of spies for the Canadian Security Intelligence Service, or CSIS, as investments. They are counting that as capital. The member for LaSalle—Émard—Verdun will like this. I know him and I know that he will like this. He comes from the private sector. He is looking at me skeptically. They want to pay CSIS spies to better protect the public against terrorism, espionage and other evolving threats, and they are listing that as an investment. They are not including the salaries of their public servants. They are making cuts everywhere. Public servants' salaries? Now that is a problem. They have reduction targets for the public service. They are saying that the people who will work for the new Crown corporations do not count. It is no big deal to hide that, and apparently the spies who work for CSIS are not even real people, based on the way the accounting is being done.

When we look at the public finances, we see that we are facing a deficit of over $60 billion. Basically nothing that the government is categorizing as an investment is actually an investment, simply because what the federal government considers capital is already accounted for in private sector accounting. We are talking about airports, ports and so on. The Minister of Transport knows that. The federal government basically has no public capital left.

● (1730)

The Liberals are going to tell us that everything is fine. Why are public finances better than they thought? Inflation, that is why. Inflation juiced government revenues this year. It provided a tiny, short-term band-aid. Then there is oil, which is doing extremely well. That is what saved them today.

This government loves to talk. Hardly any measures are listed at the end of the chapters, but there is no shortage of text, a true reflection of the Minister of Finance. When he bought his new shoes, I expect he said he wore size 58. He likes to indulge in verbal inflation. First, there was the superdeduction. This year, we have the mega deduction. We can only wonder what the next superhero will be called, maybe “batdeduction” or “spiderdeduction”. For equality's sake, it could well be a “wonderdeduction”. We can only wonder what they might come up with.

As for the structural measures that Quebec needs, ones that serve a purpose other than funding the oil industry, it is a drop in the bucket. They are going to talk to us about clean electricity. Their $50 billion is spread out through 2042. For clean electricity production over the next five years, there is $2.5 billion, but they have included gas and nuclear power in that figure. How much money has been allocated for clean electricity generation over the next two years? It is not $2 billion. It is not $1 billion. There is not a single cent set aside for clean electricity this year or next year. The Liberals took a whole host of measures that already existed, added them all up, lumped them all together, and now we are left with practically nothing for the next five years. Now they are travelling all over Canada saying the words “heat pump”. They are practising in front of the mirror, repeating “heat pump” over and over. They tell us there is $50 billion, but over the next five years, it is going to be $2.5 billion.

We were expecting some of these measures, like the GST credit, the credit for artists, the $600 million, but that does not negate the need for the digital levy. We recognize that these measures represent progress, and we think that is good. It is good that the government listened to our suggestions. I myself have had several conversations with the Minister of Finance.

It is important to understand that the Government of Quebec is no less legitimately elected. If anything, it is is even more legitimate, because it is our nation's parliament. The Liberal members believe that, because they were elected here, the Government of Quebec should take a back seat. We in the Bloc Québécois believe that, here in this Parliament, the voice of Quebec, no matter how many people represent it, must not be silenced in favour of a pan-Canadian partisan line. That is our job, it is the core of our efforts, and it is what we will do by voting against this budget.

Now, seconded by the hon. member for Joliette—Manawan, I would like to move the following amendment to the amendment:

> That the amendment be amended:
>
> (a) by deleting paragraphs (a), (d) and (j); and
>
> (b) by adding the following:
>
> "(h) it reduces the health transfer escalator, which will significantly increase health care costs for the Government of Quebec and the provinces;
>
> (i) it increases spending on federal propaganda by reinstating Heritage Minutes and wasting taxpayers' money on celebrations marking Canada's 160th anniversary;
>
> (j) it acts irresponsibly by failing to take concrete action to combat climate change; and
>
> (k) it fails to reimburse Quebec and the provinces for the increased costs associated with processing asylum claims.".

● (1735)

The Deputy Speaker: The amendment to the amendment is in order.

The hon. member for Mont-Saint-Bruno—L'Acadie.

Bienvenu-Olivier Ntumba (Mont-Saint-Bruno—L'Acadie, Lib.): Mr. Speaker, the members from Quebec on this side of the House and all of my colleagues have been listening to what Quebeckers have to say. Even the Premier of Quebec, Mr. St-Pierre Plamondon, made a commitment similar to ours to eliminate homelessness. Our government set a goal to end homelessness in 10 years.

I would like to ask my colleague opposite this question: Does he support that commitment? What specific solutions does he suggest to help meet this objective?

Jean-Denis Garon: Mr. Speaker, I thank my colleague. He knows I really like him.

There is indeed a homelessness crisis. In Quebec, we are showing strong leadership. Ms. Marois spearheaded an initiative, and there will be a summit on homelessness. The Premier of Quebec is the minister responsible for the fight against homelessness.

We asked the government to extend some important transition programs in the budget, including the Reaching Home program, and those programs have been renewed. We are happy about that, but homelessness falls mainly under Quebec's jurisdiction in many ways. Quebec is responsible for rehousing people, Build Canada Homes, mental health and public safety issues. Quebec has that expertise. Because the homelessness situation is becoming more urgent with winter approaching, we asked for an unconditional transfer to Quebec, which developed expertise in this area some time ago, whether my colleagues like it or not.

When reading the budget, I noticed that there was zero dollars in unconditional transfers.

Luc Berthold (Mégantic—L'Érable—Lotbinière, CPC): Mr. Speaker, I would first like to congratulate my colleague from Mirabel on his speech. His knack for dazzling us with unusual imagery was on full display again today, so I congratulate him.

I want to direct my remarks specifically to the member for Mirabel, who is a fellow member from Quebec. People need to know that a budget contains legislative measures. It is basically an omnibus bill that slips all kinds of changes in through the back door. Here is what it says about the Alto project on page 367:

> In Budget 2026, the government proposes to introduce new legislation that will support accelerating the construction of Alto High-Speed Rail.

How are they going to do that?

> Legislation will streamline expropriation activities and enable early preconstruction work.

I am very interested in hearing what my colleague from Mirabel has to say about that.

● (1740)

Jean-Denis Garon: Mr. Speaker, I have a message for the people of Mirabel today. I will not do like the Minister of Transport, who had to hide when he visited the area. I will do it out in the open.

What the government is doing today is accelerating the expropriation of the land in Mirabel, steamrolling over the people of Mirabel and moving its project forward more quickly, a project that has no social licence and no cost-benefit analysis.

When cabinet picked the high-speed train option, the consortium submitted a different option without level crossings. Now, I can accept that they acted in good faith and were misled. With a proper cost-benefit analysis and proper assessments, this project could be re-evaluated.

The government decided to forge ahead and infringe on people's rights. It chose to reopen an old wound that is among the most painful ever inflicted in the history of Canada and Quebec. Allow me to point out that the House adopted a unanimous motion calling for the government to apologize to the people of Mirabel. In spite of this unanimous support, the apology has yet to come.

Gabriel Ste-Marie (Joliette—Manawan, BQ): Mr. Speaker, I congratulate my colleague and friend on his excellent speech.

In his speech, he said that there was zero economic growth in Quebec. We are being hit hard by the U.S. government's tariffs. Even though it has just lost its majority in both chambers, the tariffs remain in place.

I would have expected this budget to include strong measures to support our struggling sectors in order to ensure their long-term viability. I am thinking of the forestry sector in the northern part of my riding. I am thinking of the steel, aluminum and metalworking industries in my city, the kind found throughout Quebec. I am thinking of all the strong sectors we have in Quebec that are being hit hard by tariffs.

What measures would my colleague say are included in this budget to help them?

Jean-Denis Garon: Mr. Speaker, in all fairness, some measures have indeed been introduced, often at the urging of the Bloc Québécois. However, they do not go far enough. We had called for a wage subsidy. Measures have been put in place through the EI system, but we also asked for a provision to replenish the fund if necessary. That measure is not in the budget.

We also called on the government to give our forestry companies an advance to offset the countervailing duties. Doing so would not cost the government a single dollar, since the advance would simply become an asset on its books. Of course, the budget includes measures to support investment, but there is nothing better than investing with cash. Instead, companies are being offered tax credits and incentives while their own money remains tied up in a trust in the United States, pending a resolution that will take several years.

I believe this proposal would be good for the forestry sector, and I expect we will continue our discussions with the government.

I am hopeful that this will eventually happen. I am just worried there will not be many forestry companies left in Quebec by then.

[*English*]

Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I would like to ask the member a question about housing. The budget talks about the ambition of ending homelessness, yet the investment does not match that ambition. It talks about 24,000 units a year of non-market housing. Does the member think that kind of investment would actually end homelessness, or is it yet another false promise?

[*Translation*]

Jean-Denis Garon: Mr. Speaker, as far as this issue is concerned, I believe it is primarily Quebec's responsibility to take action.

There are some positive elements in the budget. More non-market housing is a good thing. Strengthening programs that help people experiencing homelessness move into transitional housing is also welcome. We know that Quebec has signed an agreement with the federal government under Build Canada Homes because it is now recognized that Quebec is the level of government best positioned to build this housing more quickly.

Obviously, what we would like to see is a streamlined process and for as much of that funding as possible to flow to Quebec. As for the homelessness crisis, with winter approaching, we want recognition of Pauline Marois's leadership on this issue, recognition of the upcoming homelessness summit in Quebec, and recognition that the leadership on this file lies with Quebec.

Today, to use a railway analogy that might please the Minister of Transport, Quebec finds itself in the second or third car of the train. All the necessary tools and resources must be transferred to Quebec without delay.

● (1745)

Sophie Chatel (Parliamentary Secretary to the Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I would like to know what my colleague thinks about the investments in culture.

As a member from Quebec, I believe that culture and the francophonie are absolutely fundamental. I would like to know what he thinks about the Canada creative credit and the fact that it will make $45,000 of artistic earnings tax free.

We are also renewing the local journalism initiative. It is extremely important for culture; it allows us to tell the stories of people's everyday lives. There is also the Canadian journalism labour tax credit. These are all very important measures.

I would like to know what my colleague thinks about this contribution to Quebec's francophone culture.

Jean-Denis Garon: Mr. Speaker, I would like to thank my colleague for her excellent question.

I also noticed in the budget that there was nearly $400 million earmarked for the Sommet de la Francophonie, which is to be held here. Perhaps this will allow the Prime Minister to find more time to meet with the Premier of Quebec before the summit.

Joking aside, there are certain things we have been calling for for a long time. The Canadian journalism labour tax credit is being increased by 35% and will be expanded to include digital media. We had been advocating for that change, and we believe it is long overdue, so we welcome it.

Take the $600 million announced for artists. The same problem will arise next year because the government has still not reinstated the CRTC levy. The cultural sector does not need a one-time payment. It needs funding to stay afloat. The money still has not been paid out, by the way. The money promised has yet to be paid out. The government must reinstate the digital tax. The government must reinstate this levy. We need structural measures.

As I have said before, even a bad movie can have two or three good scenes. That does not mean that, taken as a whole, this is enough to convince us that this government supports culture to the extent that we would like.

For the past year, they have been accusing us of not submitting any budget requests for culture. That is not true. I am disappointed that the members opposite who are saying this cannot seem to read more than two pages, because we submitted a very comprehensive document. It saddens me, because I think that if they had read the entire document last year, the Canadian journalism labour tax credit might have been introduced a year earlier.

[*English*]

Hon. Jill McKnight (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I rise on a point of order.

There have been discussions among the parties, and if you seek it, I think you will find unanimous consent for the following motion.

I move:

That this House do now adjourn.

The Deputy Speaker: All those opposed to the hon. minister's moving the motion will please say nay.

It is agreed.

The House has heard the terms of the motion. All those opposed to the motion will please say nay.

(Motion agreed to)

The Deputy Speaker: Accordingly, the House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 5:50 p.m.)

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