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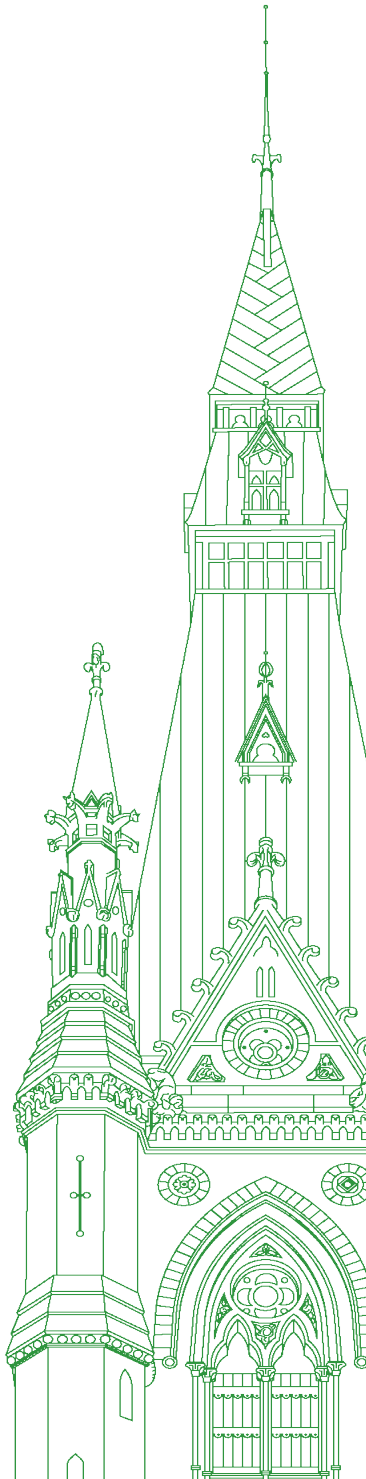

Chair: Hedy Fry

Standing Committee on Health

Thursday, February 5, 2026

● (1530)

[*Translation*]

The Chair (The Hon. Hedy Fry (Vancouver Centre, Lib.)): Good afternoon, everyone.

I call this meeting to order.

[*English*]

Welcome to meeting number 20 of the House of Commons Standing Committee on Health.

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders.

[*Translation*]

I would like to remind the participants of the following points.

[*English*]

You know them. I can repeat them for you. For those of you who are witnesses, raise your hand and let me, the chair, recognize you before speaking. For those participating by video conference, like Sonia, please make sure that you click on the globe at the bottom of your screen to turn on interpretation and that you click on “raise hand” if you want to speak.

For members in the room, as I said, you can raise your hand, and the clerk and I will try very hard to give the first hand up the first place, but that may not be possible.

I want to give you a bit of housekeeping before proceeding with the witnesses. Any proposals or amendments you wish to submit as part of the study of Bill C-15 must be forwarded to the committee clerk. The clerk will compile them and transmit them to the Standing Committee on Finance no later than February 27. Members have until February 26 to submit their amendments. Please remember that.

Pursuant to the order of reference for the House and the motion adopted by the Standing Committee on Finance on Wednesday, December 10, 2025, the committee will commence the study of the subject matter of clauses 400 to 456, division 25, of Bill C-15, an act to implement certain provisions of the budget tabled in Parliament on November 4.

Today, we have the Minister of Health here for the first hour. The Minister is the sole witness.

Minister, welcome to the committee. You have five minutes to make your opening statement, and then we will have the questions and answers. You know the drill.

Please begin, Minister. You have five minutes.

[*Translation*]

The Hon. Marjorie Michel (Minister of Health): Thank you, Madam Chair.

Ladies and gentlemen, members of the committee, thank you for inviting me again today.

Thank you very much for the work this committee is doing.

Today, I’ll speak about the role of the health portfolio in supporting the Budget 2025 Implementation Act, No. 1.

● (1535)

[*English*]

The economic and social benefits of a strong, universal public health care system make every one of us stronger and more resilient, both as individuals and as a country.

[*Translation*]

Before going any further, I would like to note that we introduced a bill yesterday aimed at creating a more connected health care system in Canada. Timely and secure access to personal health information is essential to save lives and improve care for Canadians.

This legislation is part of our government’s plan to strengthen and protect the health care system, and to give Canadians more control over their health. This is excellent news for Canadians, patients and doctors, and I look forward to working with this committee to move forward with the implementation of this legislation.

To have the future we want, we must start by building the communities we want. That’s why some of the most significant investments in budget 2025 focus on local infrastructure, including a new fund to build strong communities, totalling $50 billion. Of this amount, $5 billion is invested in health infrastructure. In many communities, hospitals built in the 1970s now serve double the population for which they were designed. This investment will help provinces and territories build more health care facilities, and renovate hospitals, emergency rooms, urgent care centres and medical schools.

In budget 2025, we are also investing in health research and supporting world-class Canadian talent, to build both a stronger economy and a better health care system. A resilient Canadian economy must advance research, in addition to attracting and retaining the best talent in the field, to drive growth.

Furthermore, we will conduct a comprehensive assessment of infrastructure and health care needs in the north, to improve access to health care for northern communities.

[*English*]

Our long-term health resilience also depends on having reliable access to life-saving vaccines and medications, because vaccines save lives. This is especially important in the event of a health emergency. Biomanufacturing is key, and that is why we are creating the conditions that will allow this industry to thrive.

[*Translation*]

While vaccine production is a health imperative, it is also an economic imperative. In addition to contributing to the health and safety of Canadians and being a driver of innovation, a robust biomanufacturing industry in Canada will boost our economy and create well-paying jobs.

[*English*]

The Government of Canada is helping this important sector grow with investments through the biomanufacturing and life sciences strategy. As a result, more Canadian scientists are at work in more labs across the country, doing research that will make life better and safer for Canadians, because better health care begins with better research and because in Canada, we believe in science and we value our scientists.

With this growth and an evolving threat landscape, new biosafety and biosecurity considerations have emerged. We now need to strengthen oversight to address these concerns.

[*Translation*]

In this respect, the budget implementation act proposes several amendments to the Human Pathogens and Toxins Act that allow us to more quickly address biosafety and biosecurity risks in the biomanufacturing sector.

[*English*]

In conclusion, as Canadian biomanufacturing continues to evolve, the way we oversee and regulate the industry must evolve with it.

[*Translation*]

I would now be pleased to answer your questions.

[*English*]

The Chair: Thank you, Minister. As you know, you can elaborate on what you want to say during the question-and-answer period.

However, before I move to that, I would like to introduce your officials, who are here to give you support if you need it. I'd like to introduce Shalene Curtis-Micallef, deputy minister; Jocelyne Voisin, senior assistant deputy minister of the health policy branch; Pamela Aung-Thin, assistant deputy minister of the health products and food branch; Matt Jones, assistant deputy minister of the healthy environments and consumer safety branch; Kendal Weber, assistant deputy minister of the controlled substances and cannabis branch; and Ryan Higgs, acting assistant deputy minister and chief financial officer.

From the Canadian Food Inspection Agency, we have Robert Ianiro, vice-president of policy and programs. From the Canadian Institutes of Health Research, we have Dr. Paul Hébert, president. From the Public Health Agency of Canada, we have Nancy Hamzawi, president, and Kimby Barton, director general of the centre for biosecurity in the regional operations and emergency management branch.

● (1540)

In the second hour, I will introduce Dr. Natasha Crowcroft.

Right now, Minister, we're ready for the question-and-answer rounds. The first round of questions is a six-minute round, and the six minutes are for the question and the answer. I will give you a little shout-out when you have a minute or 30 seconds left, so you can get in everything you want as soon as you possibly can.

I will begin with the Conservatives and Dan Mazier for five minutes.

Dan Mazier (Riding Mountain, CPC): It's six minutes. Thank you, Chair.

The Chair: I thought it was five minutes. I'm sorry.

Dan Mazier: Thank you, Minister and officials, for attending today.

Minister, in May, the Ottawa police chief sent a letter to your government raising child care safety concerns about the federally approved injection site on Nelson Street in Ottawa. Has your department briefed you on this letter? Answer yes or no.

Hon. Marjorie Michel: Yes.

Dan Mazier: Have you read the letter?

Hon. Marjorie Michel: Yes.

Dan Mazier: This letter stated that the Ottawa Police Service is "especially troubled by the unintended but serious consequences, such as the closure of nearby childcare facilities due to safety concerns, a situation that is without [precedent] in our city."

Were you aware that a child care facility was closed next to this injection site because of safety concerns? Answer yes or no.

Hon. Marjorie Michel: I am working very closely with the province on that specific matter.

[*Translation*]

We adjust to all regulations put in place by the provinces. When a province needs to renew a site, if a province wants to renew a site, we always work with the provinces.

[*English*]

Dan Mazier: You obviously read the letter. In that letter, the police chief said that they were concerned about the closure of a site. To answer the question, were you aware that this child care site was closed, yes or no?

Hon. Marjorie Michel: Was I aware that the...?

Dan Mazier: You said you read the letter, so you were obviously aware that the child care site was closed. Is that correct?

Hon. Marjorie Michel: Yes.

Dan Mazier: Minister, law enforcement asked your government to move the injection site to protect children, but on November 28, 2025, you renewed the permit for this injection site. Why did you ignore law enforcement?

[*Translation*]

The Hon. Marjorie Michel: I'll ask Ms. Curtis-Micallef to answer the question.

[*English*]

Shalene Curtis-Micallef (Deputy Minister, Department of Health): The process by which the Government of Canada and Health Canada look at safe injection sites is multifactorial. That would have been a part of the considerations—

Dan Mazier: This question was for the minister. I'm aware of the process. The minister signs off on this—

[*Translation*]

The Hon. Marjorie Michel: No.

[*English*]

Dan Mazier: Health Canada approved these sites. The minister is the head of the department. At the end of the day, the buck stops with the minister.

I don't understand why you approved a site after.... The community and the chief of police were asking for you to reconsider the renewal and move the site, but you said no.

Why would you reapprove the site when everybody was screaming...asking for you to move the site?

The Chair: I think the minister had referred to her official because her official understands the process by which sites are chosen.

● (1545)

Dan Mazier: The minister doesn't?

The Chair: The minister does, but the nitty-gritty of a lot of these details can be answered by the official.

Dan Mazier: Can the minister just—

The Chair: She can if she wants to do it herself, but she referred to her official.

Dan Mazier: That's all right, I have another—

Hon. Marjorie Michel: Do you want the answer?

Dan Mazier: Yes, please.

[*Translation*]

The Hon. Marjorie Michel: Okay. What I'm going to explain to you is that when we received the letter from the chief of police—

[*English*]

Dan Mazier: The question was, why did you ignore law enforcement?

[*Translation*]

The Hon. Marjorie Michel: Do you want an answer or not? If you want an answer, let me answer.

[*English*]

Dan Mazier: The question was, why did you ignore law enforcement?

The Chair: She's trying to answer, if you'll let her.

[*Translation*]

The Hon. Marjorie Michel: I am answering you now. My answer is, yes, I have seen the letter from the police chief, but the letter from the police chief is not the only factor that goes into the approval process. As you know, he expressed his concerns about the site. Health Canada has in fact been to the facility to work with the site managers to implement much stricter measures. I must tell you the site was open. As far as we're concerned, we don't fund the sites. That's important to keep in mind. We provide exemptions, but it's the provinces that fund the sites.

As long as the province wants to fund a site, we will be there to conduct the consultations.

[*English*]

Dan Mazier: Okay, thank you.

Minister, have you personally visited a federally approved, supervised consumption site as health minister?

[*Translation*]

The Hon. Marjorie Michel: Yes. I just returned from Vancouver, where I visited the Downtown Eastside accompanied by the police. I spent four hours there. I know exactly the magnitude of the phenomenon.

[*English*]

Dan Mazier: From what you saw, would you want one of these sites next to children?

[*Translation*]

The Hon. Marjorie Michel: I say this all the time, I repeated it in 2025 and I'm not going to change my stance in 2026: the drug crisis is a serious issue. It involves multiple factors, so we'll need to do more. There's no one-size-fits-all solution.

[*English*]

Dan Mazier: Thank you.

Minister, does Health Canada set an age requirement on who can access all federally approved supervised drug consumption sites, yes or no?

[*Translation*]

The Hon. Marjorie Michel: No.

[*English*]

Shalene Curtis-Micallef: We provide the exemptions. The operators determine the process under which they provide services.

Dan Mazier: That's a no. Is this correct? That's okay. I take it as a no.

Minister, if a 16-year-old enters a federally approved drug consumption site, is there any requirement from Health Canada that prohibits that minor from injecting fentanyl at that site, yes or no?

[*Translation*]

The Hon. Marjorie Michel: We just told you that we don't manage supervised consumption sites. They're managed by the provinces, so it's not our responsibility. We aren't on the ground; that's what I mean.

[*English*]

The Chair: I'm sorry. You're now 30 seconds over time, Mr. Mazier. I allowed you some leeway.

Now I'll go to the Liberals.

Ms. Jaczek, you have six minutes, please.

Hon. Helena Jaczek (Markham—Stouffville, Lib.): Thank you so much, Madam Chair.

Thank you, Minister, for coming to speak with us today.

I would like to hear a bit more about the Canadian dental care plan and how it's rolling out across the country. It was a piece of legislation in the last Parliament that I was particularly happy to support. As we know, this provides dental coverage for the first time, or for the first time in a very long time, for many Canadians. It's a significant change for families that have been postponing or avoiding care because of the associated costs.

Could you provide an update on access to dental care, including how many Canadians are currently covered and how implementation and uptake are progressing across the various provinces and territories?

[*Translation*]

The Hon. Marjorie Michel: I have an update on dental care. As of today, 5,844,000 Canadians are enrolled in the Canadian dental care plan, 2.8 million have already received care, 27,600 oral health professionals provide services to Canadians, and 95% of dental care providers regularly bill the Canadian dental care plan, meaning that patients have access to a wide range of providers across the country. That said, the results are truly extraordinary.

We must continue to promote the program. According to estimates, 10 million people could be covered by the Canadian dental care plan. This means that some Canadians still don't know about the program, so we need to continue promoting it.

I'd like to take this opportunity to remind you of another thing: Enrolment in the Canadian dental care plan must be renewed every year. Starting in March, people will need to renew their card to access dental care.

I assume I've answered your question.

● (1550)

[*English*]

Hon. Helena Jaczek: Yes, absolutely.

Actually, I'd like further information.

The majority of the provinces and territories are enthusiastic about this program. It's something that you've discussed, I have no doubt, with provincial ministers of health, and they have received this very well.

[*Translation*]

The Hon. Marjorie Michel: Absolutely. The program is good news for Canadians. It's an addition by the federal government to the services provided to Canadians. Oral health falls under the field of health. We help the provinces, and I think they realize that the program is very beneficial for their populations, so they appreciate it.

[*English*]

Hon. Helena Jaczek: Another program that our government has introduced addresses food security.

Of course, it is absolutely vital that people have good nutrition to have good health, so we've announced a number of measures to improve food affordability, including a boost to the GST rebate, significant capital investments to support food businesses and targeted funding for food banks.

How do you see these initiatives strengthening food security? What do you feel is going to be, in essence, the health outcome for Canadians? Do you see this as an important piece that is part of your responsibility?

[*Translation*]

The Hon. Marjorie Michel: In this period of economic uncertainty, any assistance the government can provide to the public is welcome. It's true that we're providing a rebate for vulnerable individuals, but supply is also important. People need to have access to healthy food to nourish themselves.

In that respect, I made an economic announcement last week, on the north shore of Montreal, in Thérèse-De Blainville. I visited a grocery store that sells affordable and healthy products for the community, and I met a mother there. She told me that she was happy about the announced measure, because she had two jobs and it would at least help her buy better products for her two children. This measure will really help families. It's to make groceries more affordable and encourage them to eat better.

[*English*]

The Chair: You have 30 seconds.

Hon. Helena Jaczek: I think I'll leave it at that.

The Chair: Are you fine? Okay. Thank you.

I will go to the Bloc Québécois.

Monsieur Blanchette-Joncas, you have six minutes, please.

[*Translation*]

Maxime Blanchette-Joncas (Rimouski—La Matapédia, BQ): Thank you, Madam Chair.

Welcome to the witnesses.

Minister, out of simple curiosity, how many hospitals are there in all of Canada?

The Hon. Marjorie Michel: I don't know.

Maxime Blanchette-Joncas: You're the Minister of Health, aren't you?

The Hon. Marjorie Michel: Yes, but I don't manage hospitals.

Maxime Blanchette-Joncas: Does anyone have that information?

The Hon. Marjorie Michel: No. Maybe you have the number.

Maxime Blanchette-Joncas: No. It would still be good if you could reassure us, because—

The Hon. Marjorie Michel: Listen, it's certainly a very interesting question, but I don't have the answer.

Maxime Blanchette-Joncas: Okay.

In your introduction, you said that your government was proud to announce an investment of $5 billion over three years for new health infrastructure.

How much new health infrastructure do you think a $5-billion investment over three years represents?

● (1555)

The Hon. Marjorie Michel: It depends on the choices of the provinces, since it's a program that will be implemented jointly with the provinces. In fact, it's a $10-billion program, given that $5 billion will come from the provinces and $5 billion will come from the federal government. It will therefore depend on what the provinces decide to propose as projects. In some cases, it will involve the construction of new infrastructure, and in other cases, it will involve expansions or repairs. It will depend on the priorities of the provinces.

Maxime Blanchette-Joncas: Minister, I'll mention a project that you're quite familiar with, seeing as you're the member of Parliament for Papineau, on the island of Montreal: the Maisonneuve-Rosemont hospital.

How much do you think the construction cost?

The Hon. Marjorie Michel: That project wasn't part of the program.

Maxime Blanchette-Joncas: It's $3.6 billion for one hospital, and you're giving $5 billion over three years. Do you think that's enough for all of Canada?

The Hon. Marjorie Michel: It's an investment that will be spread over three years, and it's a very good start. At least, the government is aware of the provinces' requests; certainly, the provinces have raised the issue with the Prime Minister. Gradually, we are helping them with infrastructure.

Maxime Blanchette-Joncas: Minister, according to the latest estimate, the reconstruction of the Maisonneuve-Rosemont hospital will cost $5 billion, with inflation.

I'll reiterate what your government said in its budget: "Recognising the critical need to strengthen health infrastructure across the country…". That's what's written in chapter one of the budget, on page 102.

Are we building Canada strong—that's the title of your budget—when we invest only $5 billion in infrastructure, knowing that the reconstruction of just one hospital, Maisonneuve-Rosemont, which was supposed to cost $3.6 billion, will now cost $5 billion with inflation?

It's critical, Minister, and your own government says so.

The Hon. Marjorie Michel: You know, in the investments we're making, we're working together with Quebec, in your case, and with the provinces and territories in general. You're surely not forgetting that we do health transfers. The money is additional funding that the federal government has decided to include in budget 2025.

Maxime Blanchette-Joncas: We can talk about health transfers, Minister: 3% until 2028. What will it be after that?

You know that the costs of the health care system in Quebec will be higher than the money we receive from the federal government. Do you acknowledge that there's an imbalance between the amount the federal government sends to Quebec and the cost of administering the health care systems?

The Hon. Marjorie Michel: I work closely with the Government of Quebec. I'll be meeting with my counterpart from Quebec next week, and I'll tell you that Quebec also signed the agreements on health care transfers in the last agreement.

Maxime Blanchette-Joncas: You acknowledge, then, that it costs more.

The Hon. Marjorie Michel: We will always reach agreements with Quebec.

Maxime Blanchette-Joncas: Madam Minister, you do recognize that there's an imbalance. There are people who are paying the price.

In my area, the emergency department at the Trois-Pistoles hospital is currently struggling. The same is true for the emergency department in Pohénégamook. The one in Mont-Joli has already reduced staff, cut services and shortened its hours.

The Hon. Marjorie Michel: You know that the federal government is not involved in the delivery of health services.

Maxime Blanchette-Joncas: Yes, that's correct. However, allow me to remind you that the initial agreement between Canada and Quebec and the provinces was that the federal government would cover 50% of health care costs. Currently, you're paying 22%.

Do you understand that this imbalance and this shortfall have consequences, particularly on the health care services that can be offered in the regions of Quebec?

The Hon. Marjorie Michel: As I told my colleague, I work closely with my colleagues from the provinces and territories on all health-related issues. We're all here to see how we can do better for the health of Canadians.

Maxime Blanchette-Joncas: You say your government believes in science. I'm on the Standing Committee on Science and Research, and we heard from the chief science adviser on November 26. I asked her a question about your Bill C-5, a bill concerning projects of national interest. She told us that she had not been consulted concerning the list of projects that your government has established.

For a government that believes in science, how is it that you don't consult your own chief science adviser before stating which projects are in the national interest? Explain that to me. You don't know, right?

The Hon. Marjorie Michel: I'm not going to make a statement about something when I don't know what you're talking about.

Maxime Blanchette-Joncas: Science is important, but only when reading speeches and testifying before committees.

Do you know what the science adviser told us, Minister? She told us it was a nightmare that your government created a law to bypass all laws, except the Criminal Code, for three years, in order to push through your projects of national interest.

I'd like you to tell us, as the Minister of Health, if you are concerned about this abuse of power and the fact that it could have consequences on people's health, when the evidence and scientific analyses from your own government are not even consulted, or are ignored.

● (1600)

The Hon. Marjorie Michel: I don't even understand what you're saying. Honestly, all our decisions are based on science. I don't understand what you're referring to.

Maxime Blanchette-Joncas: I invite you to consult the evidence given by Canada's chief science adviser, Mona Nemer, when she appeared before the Standing Committee on Science and Research on November 26. She told us what I just mentioned to you. You're telling me that—

The Hon. Marjorie Michel: I'm going to read the evidence because, honestly, I'm—

Maxime Blanchette-Joncas: Do you have an opinion on that?

The Hon. Marjorie Michel: No.

Maxime Blanchette-Joncas: Does it not bother you that your government doesn't consult the chief science adviser, when you're telling me today that your government believes in science?

[*English*]

The Chair: Thank you, Mr. Blanchette-Joncas. Your time is up.

[*Translation*]

The Hon. Marjorie Michel: I told you I'm going to read the evidence.

[*English*]

The Chair: You've gone over the time. I'm sorry.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I will request a written response because it is difficult to get a verbal response.

[*English*]

The Chair: All right. The minister is aware, and we will send that answer to the clerk and pass it on to everybody.

Now I will go to the second round. It's a five-minute round.

Mr. Bailey, for the Conservatives, you have five minutes, please.

Burton Bailey (Red Deer, CPC): Thank you, Chair.

Minister, on October 13, the immigration department made a social media post to promote Canadians' public health care system for people interested in coming to Canada. I realize that this post came from IRCC, but the reason I bring it up is that the committee received a written response from the immigration department confirming that the post was not shared with their minister for approval.

My question is for you, as the Minister of Health. Were you aware that the immigration department would be advertising to foreigners and inviting them to come to Canada to use our public health system? Are you aware of this post?

[*Translation*]

The Hon. Marjorie Michel: No.

[*English*]

Burton Bailey: If you weren't aware, should the health department not be informed if other departments in the government are intruding on your jurisdiction and taking the liberty of advertising our health care system without the health department's knowledge? Were our departments not in communication with each other? Was anyone aware?

Shalene Curtis-Micallef: I don't have specific information with respect to what information the Department of Health was aware of. We can take it back and see. I don't know what consultations were made.

Burton Bailey: Obviously, nobody's been disciplined for this, for putting non-Canadian health care before Canadians and literally advertising this to non-Canadian citizens. At a time when 6.5 million Canadians are without family doctors and when wait times for health care are skyrocketing, do you think it is appropriate that the immigration department is advertising to foreigners that Canadian public health care is open to them?

Shalene Curtis-Micallef: I haven't seen the advertisement, so I can't comment on an advertisement I haven't seen. However, we will definitely look at the advertisement that you're referring to and get back to you.

Burton Bailey: Well, the question is for the minister: Will you commit today that your government will no longer advertise our health care system to the rest of the world while Canadians are struggling with health care access?

Hon. Marjorie Michel: I didn't advertise, and I will not start advertising in any way.

[*Translation*]

We didn’t do any advertising. It doesn't come from me or the Department of Health. I can tell you that, no, I don’t intend to advertise.

[*English*]

Burton Bailey: You spent $900 million on health care for asylum seekers, and this type of advertising just balloons that problem. We, as Canadians, are receiving worse health care than people who aren't even from this country. Are you aware of that? Are you aware of the $900 million that was spent on asylum seekers?

[*Translation*]

The Hon. Marjorie Michel: Indeed, I know that Immigration, Refugees and Citizenship Canada receives money for asylum seekers. I know that. However, it’s not a file that I manage in my department.

[*English*]

Burton Bailey: It's a big budget item, and it's something that really needs to be looked at. Again—

Maggie Chi (Don Valley North, Lib.): I have a point of order.

Are we allowed props in the committee? I believe the member just pulled out a prop.

Burton Bailey: No, that's for the House. This is a piece of paper.

The Chair: You're allowed [*Inaudible—Editor*].

Maggie Chi: I was just double-checking.

Burton Bailey: I'd like to ask you a brief question on sealed vaccine reports and the access to information request.

A written request from a Conservative colleague revealed that an access to information request on vaccines and adverse drug reactions since 1998 has been pushed back for 15 years.

Are you aware of this?

● (1605)

[*Translation*]

The Hon. Marjorie Michel: Yes, I read that, obviously. I know my files. I read the briefings every morning when they come in. Yes, then, I was informed about that recently, when the access-to-information request was made. What I can tell you is that the requests are very complex. They’re enormous. The department is working hard to resolve the issue as quickly as possible.

[*English*]

The Chair: You have 40 seconds.

Burton Bailey: What would it take to get this request for documents fulfilled faster? Should we be asking for these documents at committee? We can do that if it would speed things up.

Nancy Hamzawi (President, Public Health Agency of Canada): I'm happy to provide additional clarity on that.

This request came in early in the pandemic, so we're a few years in, and the portfolio is not planning on taking 15 years to respond to this request. We anticipate that the response will come during this calendar year. We have been in close discussions with the requester to scope it so that we can move through the millions of pages of documents to make sure that we respond to our obligations under the Access to Information Act in as timely a way as possible and provide the information to Canadians.

The Chair: Thank you very much.

Your time is up, Mr. Bailey.

We now go to Ms. Chi for the Liberals.

You have five minutes, please.

Maggie Chi: Thank you, Madam Chair.

Thank you to the minister and all the officials for appearing today.

Minister, for years, Canadians have carried their health information from appointment to appointment, repeating their medical history, managing paper records and hoping that the systems would talk to each other.

It was exciting to see that the connected care for Canadians bill was introduced in the Senate yesterday. Could you let the committee know how this bill changes the day-to-day experience for patients and their families?

[*Translation*]

The Hon. Marjorie Michel: It’s good news for patients to have a connected health care system.

I’ll give you an example. I always tell the story about when I went to Val-d'Or and I got to see what it meant to have unconnected care. A doctor who was seeing a patient in one city and wanted to refer them for treatment in another city had to print out the file and give it to the patient, who then had to bring it to the other doctor in the other city. Furthermore, the pharmacist on the ground floor could not send his prescription just one floor up because the systems were not connected.

We talked to patients, and I had a lot of conversations with stakeholders like the Canadian Medical Association, and we realized that having connected care would really save lives. Indeed, it will prevent people from slipping through the cracks because their results didn’t arrive in time for them to receive the best care. I think it’s really going to improve health care in Canada.

I must also say that I discussed it with my provincial and territorial counterparts during my last meeting with them, in October, and they were generally in agreement on moving forward with this bill.

[*English*]

Maggie Chi: Thank you, Minister. That's great to hear.

My next question is for the officials.

We know the pan-Canadian interoperability road map is under way, but the bill goes farther and faster.

Could one of you help explain how this piece of legislation accelerates connected care across provinces and territories?

The Chair: The minister is the witness here, Ms. Chi.

Perhaps you can ask the minister, and she can refer it to the appropriate official.

Maggie Chi: Absolutely.

The question is directed to the minister.

Jocelyne Voisin (Senior Assistant Deputy Minister, Health Policy Branch, Department of Health): Thank you, Chair, for the question.

The bill enables technology exchange among systems. The interoperability road map sets those standards voluntarily with vendors, provinces and territories across the country. The bill mandates that use.

● (1610)

It also prevents data blocking. This is a practice we see done by vendors, but it can also be done by health authorities or others who are unintentionally blocking data. It accelerates adherence to the standards, which are already international.

Maggie Chi: That sounds good.

Further to that, how do you see this sparking innovation and technology in the field?

Jocelyne Voisin: Doing this unlocks the potential of data currently locked in electronic medical records—across the health care system and in hospitals—that are not being connected across health care settings.

It also does so for innovators who want to use synthetic data or anonymized data for innovations. The use of AI in the health care system has enormous potential, really, to transform how health care is delivered and provide better outcomes for patients.

Maggie Chi: Thank you.

To your point, the bill would definitely establish a new foundation to support digital tools in health and responsible AI in health care.

I think you partly answered this: Why is it important to pair data sharing with innovation, and what kinds of breakthroughs could Canadians see as a result?

The Chair: You have 51 seconds left.

Jocelyne Voisin: One key objective is making sure patients have access to their own health data. In the same way as you have access to your bank account and can do your banking online, a patient would have access to their comprehensive patient record so that they don't need to repeat their story every time they go to a different specialist.

That's one of the key objectives, but it would also be a more efficient health system.

Then, of course, it would also enable innovation.

Maggie Chi: Thank you so much.

Minister, one concern Canadians often raise—

The Chair: You have 20 seconds left.

Maggie Chi: —is that where you live determines the type of care you receive.

How does the bill help those in remote and rural areas feel connected, compared with urban centres?

The Chair: The minister has eight seconds to answer.

Maggie Chi: I'm sorry.

Burton Bailey: It's yes or no.

Some hon. members: Oh, oh!

Hon. Marjorie Michel: Can I answer?

The Chair: Yes. You have eight seconds.

Hon. Marjorie Michel: First, we need to first make sure that all remote communities have good access to the Internet. It will be a game-changer for them. I saw on the ground that remote communities are starting to use AI tools.

I think that with technology, in two or three years, we'll have a very different health system. Things are moving very fast in the right direction.

Maggie Chi: Thank you, Minister.

The Chair: If I give you a time limit, I would ask members not to ask a question that requires a long answer, please. It could come in another round. Otherwise, we're never going to have the time for everyone to ask the minister questions.

Mr. Blanchette-Joncas, go ahead.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I want to let you know that I have my stopwatch, and I don’t need you to tell me how many seconds I have left.

[*English*]

The Chair: You have six minutes. Go ahead.

[*Translation*]

Maxime Blanchette-Joncas: Yes. My point is—

[*English*]

The Chair: Obviously, I will make sure you do not exceed that, Mr. Blanchette-Joncas.

Burton Bailey: Is it six? I thought it was five for the second round.

The Chair: Actually, this is a five-minute round, but we usually give the Bloc a second six-minute round when we're doing a two-hour session.

Burton Bailey: Thank you for the clarification.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I simply ask that you not intervene to tell me how many seconds I have left, because it can disrupt the discussion with the witnesses.

[*English*]

The Chair: I am sorry, Mr. Blanchette-Joncas.

I will not let you go over the time, though. Just remember that. I will just have to cut you off if you continue to speak.

[*Translation*]

Maxime Blanchette-Joncas: Do you understand the translation correctly, Madam Chair? That's not what I said.

[*English*]

The Chair: You're saying not to give you a time limit, but most people get it and they can still speak and listen.

I'm supposed to keep the time, Mr. Blanchette-Joncas. You have six minutes. It hasn't started yet. If you exceed your six minutes, I will tell you so.

Go ahead.

[*Translation*]

Maxime Blanchette-Joncas: Minister, why is the government refusing to honour the applications pre-approved by Sun Life under the Canadian dental care plan? It forces patients to pay amounts that were not anticipated because of a change in rules without notice.

Are you aware of that?

The Hon. Marjorie Michel: No, I'm not aware of the changes without notice that you're talking about. I'm going to turn to my officials.

Maxime Blanchette-Joncas: The Department of Health, is that you? Do you talk about dental care at the department?

The Hon. Marjorie Michel: Yes, absolutely.

Maxime Blanchette-Joncas: Sun Life is a private company that you've hired to administer the Canadian dental care program. On October 17, the rules for the reimbursement of laboratory fees were changed without notice. That is forcing patients to pay higher amounts.

Are you aware of that?

The Hon. Marjorie Michel: I know that there are sometimes patients who raise several issues that still exist in the dental care system, but I'm not really aware of the changes that require patients to pay more for laboratory fees.

● (1615)

I have to say I do a lot of fieldwork and visit many dental clinics, and it hasn't been brought up even once.

Maxime Blanchette-Joncas: Okay.

I invite you to speak with the Association des chirurgiens dentistes du Québec, because—

The Hon. Marjorie Michel: I have spoken with the Association des chirurgiens dentistes du Québec.

Maxime Blanchette-Joncas: —or talk to your constituency office, because I've received dozens of letters about it in recent weeks.

The Hon. Marjorie Michel: Maybe they should be sent to us as well. I invite you to get in touch with my office.

Maxime Blanchette-Joncas: I'd be delighted to.

Are you aware at Health Canada that nearly 200,000 people were approved as being eligible for the Canadian dental care plan, but ultimately received a letter saying they were not eligible for the plan?

Shalene Curtis-Micallef: Excuse me, but are you asking me whether there are people whose eligibility has been denied?

Maxime Blanchette-Joncas: Yes, 200,000 people.

Shalene Curtis-Micallef: I don't know the circumstances of those people, but if they don't meet the criteria, they'll be denied. We can discuss it to see whether there's an amount—

The Hon. Marjorie Michel: It's the number I'm not sure about.

In any case, you know that eligibility for the Canadian dental care plan is based on income.

Maxime Blanchette-Joncas: Yes.

The Hon. Marjorie Michel: Some people were probably not eligible, so their application was rejected by the—

Maxime Blanchette-Joncas: I'll explain the situation that's been reported to us.

People were pre-approved normally by the Canadian dental care plan and they started receiving treatments. Finally, Health Canada sent them rejection letters stating that they had mistakenly been deemed eligible, but that, ultimately, their eligibility was being denied.

Do you understand this situation?

The Hon. Marjorie Michel: Absolutely.

Maxime Blanchette-Joncas: Okay.

I will ask you the following question: Why is the government doing this? We're talking about nearly 200,000 people who have apparently received these rejection letters.

The Hon. Marjorie Michel: Even if these people received treatments, the minute the government realizes that they shouldn't have access to this free care, they must be denied access.

Maxime Blanchette-Joncas: Okay.

Do you find it logical that someone starts receiving dental care, but the government ultimately admits its mistake and tells them to stop treatment?

People have had all their teeth pulled, but it's no big deal that they won't be able to get them replaced; they can just continue to live like that. Is that logical to you?

The Hon. Marjorie Michel: It's very simple: as you know, dental care is provided based on income. The person had probably exceeded the income limit to be eligible for dental care.

Maxime Blanchette-Joncas: I'm not talking about income, Minister. I'm talking to you about people who've been pre-approved by your plan—

The Hon. Marjorie Michel: That's exactly the case.

Maxime Blanchette-Joncas: —and who were ultimately refused. That is affecting their quality of life right now, because they no longer have the means to pay for the care and continue their treatment.

You don't understand that. Is that what you're saying?

The Hon. Marjorie Michel: You're talking about people who were approved and then later were not approved. I don't understand.

Shalene Curtis-Micallef: If there are changes to the programs, notices are provided.

Maxime Blanchette-Joncas: I'm wondering whether it's intentional that you're not understanding.

The Hon. Marjorie Michel: No, but honestly, I don't know.

Maxime Blanchette-Joncas: You don't understand it. Is that what you're saying?

The Hon. Marjorie Michel: Are you talking about people who had been pre-approved and who did not receive the services?

Maxime Blanchette-Joncas: Yes, they started receiving treatments and, eventually, they were denied. Other people had not yet received treatments. We're talking about 200,000 people.

This situation doesn't ring any bells. Is that what you're saying? Am I the one informing you of this?

The Hon. Marjorie Michel: No, I know that there were people who had received pre-approvals and were told afterward that they no longer qualified for the program. That refusal was related to their income. That's the situation.

You're telling me about people who have had their teeth removed and so on.

Maxime Blanchette-Joncas: I'm giving an example. You also like to give examples, when you talk about your field visits, right? I find that important.

At least, I'm explaining to you what people are telling me.

The Hon. Marjorie Michel: Again, I would say that I have done a lot of field visits, and people didn't mention that to me.

Maxime Blanchette-Joncas: Health Canada doesn't know today how many people have been pre-approved and subsequently denied.

Do you know or not?

Shalene Curtis-Micallef: I don't have the figures in front of me.

Maxime Blanchette-Joncas: Can you respond to us in writing?

Shalene Curtis-Micallef: We could respond to you in writing, but I'd say to—

Maxime Blanchette-Joncas: You are the one promoting your dental care system right now, but you are unaware of its flaws.

I don't expect it to be perfect, but right now, it seems like you don't know what we're talking about. I'm telling you that—

The Hon. Marjorie Michel: I know exactly what you're talking about, but I'm telling you that I'm not sure about the 200,000 people. I don't know the number. I know there have been cases, but what you need to understand is that this program is also linked—

Maxime Blanchette-Joncas: Minister—

The Hon. Marjorie Michel: Hold on. Let me speak.

We provide a dental care program through dentists—

● (1620)

[*English*]

The Chair: The time is now up. I'm sorry.

Minister, I will let you answer, but the time is up.

[*Translation*]

The Hon. Marjorie Michel: —but the approval is tied to the person's income.

Maxime Blanchette-Joncas: Okay, but it's Health Canada that manages the program, right?

The Hon. Marjorie Michel: It's not us, the approval based on income, no.

[*English*]

The Chair: Thank you.

Ms. Konanz, it is your turn. You have five minutes, please.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): Thank you, Chair.

I have some questions for the minister. I'm following up on my colleague Mr. Mazier's questions about drug consumption sites.

I know that Canadians are concerned about your department's approving supervised drug consumption sites across the country. Your department approved a consumption site in Kelowna, up the highway from my riding, that's only 60 metres from a day care, from children.

Would you listen to parents and agree with me that no supervised drug consumption sites should be opened that are close to a day care or young schoolchildren?

[*Translation*]

The Hon. Marjorie Michel: As I already told your colleague, we work according to the standards set by the provinces and municipalities.

Now, when Health Canada receives a request—

[*English*]

Helena Konanz: I heard that. You did answer my colleague. Thank you for that.

I'm asking you if you believe it's safe for children to be near a drug consumption site. You have the power. Is it safe?

Hon. Marjorie Michel: I have the power.

Helena Konanz: You have the power to do something about it, as the minister.

Okay, that's funny, but not really, because there are children near drugs.

[*Translation*]

The Hon. Marjorie Michel: No. Listen, supervised consumption sites are one of the ways we have to manage the drug crisis, whether we agree on that or not. Now—

[*English*]

Helena Konanz: With children nearby....

[*Translation*]

The Hon. Marjorie Michel: You should know that, for those sites to be open, a whole series of consultations had to be conducted with the communities. Now, if there are any problems—

[*English*]

Helena Konanz: Thank you.

You think that maybe at times it is safe for children to be around drugs.

[*Translation*]

The Hon. Marjorie Michel: Maybe at the time the centre opened, no one saw a problem with it. However, now people may see issues with it.

When Health Canada approved the opening of these sites, at the request of the province, after consultations had been conducted, there were no issues with it.

[*English*]

Helena Konanz: Kelowna has just been approved...near a day care. I'm asking about safety.

You mentioned, Minister, that you visited a Vancouver drug consumption site for four hours.

My question for you is, did you have a police escort?

Hon. Marjorie Michel: Yes, I was with the police.

Helena Konanz: You were with the police.

Hon. Marjorie Michel: Yes. They were showing me—

Helena Konanz: Why would you have to be with the police if it's safe?

Do we want children near drug consumption sites if you need to be with the police as an adult? Why did you need a police escort?

[*Translation*]

The Hon. Marjorie Michel: No. The police were not accompanying me because I needed to be escorted. The police were there because they were doing their job. They're the ones who intervene. The fentanyl czar was there too.

[*English*]

Helena Konanz: Why did the police need to be there if it's a safe place to be?

Are you saying there are police at all drug consumption sites?

[*Translation*]

The Hon. Marjorie Michel: We need to remember that, in the Downtown Eastside, there are people everywhere on the streets as well. We're not just talking about supervised consumption sites.

[*English*]

Helena Konanz: There are drug addicts on the street around the drug consumption site. That's why police needed to be there, and that's why you needed an escort.

Okay. Thank you.

The Chair: You have one minute.

Helena Konanz: I have another quick question. It's about crack pipes. My colleague Mr. Mazier asked your official, Ms. Weber, on December 9, if Health Canada funds are used to purchase crack pipes. She told us that, yes, the organizations are funded to purchase pipes, but when he asked you in the House on December 11, you said that the government does not fund crack pipes.

The Chair: You have 20 seconds.

Helena Konanz: Who is telling the truth here, Minister? Is the government funding crack pipes? We have two different answers. It's very important, because crack pipes are littering the streets of my community and others, around drug consumption sites in particular, and elsewhere.

I've asked the minister for the answer too, because Ms. Weber and you have answered differently. I just want to know. As a minister, what's your answer?

● (1625)

Shalene Curtis-Micallef: We provided a written answer to this committee, which reflects the funding agreements we have—

Helena Konanz: Even though there are two different answers, and we had one from the minister—

The Chair: I'm going to cut you off because you're now 10 seconds over.

I cannot continue to have people go over time. I'm trying to run a meeting to end at a certain time.

Guys, you have to work with me here. I'm giving you a warning. You seem to think that as long as you want answers to questions and to ask questions, you can continue.

Helena Konanz: I was 10 seconds over.

The Chair: I know. You're now 32 seconds over, but I'm not counting my intervention.

You were 10 seconds over, but the minister still hadn't answered. Remember that when you're going to ask a question. Don't spend a lot of time using up the time so that the person cannot answer it. That's all I'm trying to get people to understand. I'm just really having to keep the time here, guys. I'm sorry.

I have Ms. Sidhu, for the Liberals, for five minutes, please.

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

Thank you, Minister and officials, for joining us.

My question is for the minister and is about the 988 suicide crisis helpline.

Minister, how does sustained funding for 988 strengthen Canada's mental health system and ensure support remains accessible to Canadians in moments when they really need help?

[*Translation*]

The Hon. Marjorie Michel: The renewal of funding for the 988 helpline is very good news. It will allow us to continue supporting Canadians in distress. As you know, the 988 helpline has fielded over 700,000 calls since its creation, which is really huge. The good news is that people, especially young people, are asking for help. The federal government is there to ensure that this helpline continues to operate and will always be there to support Canadians when they need it.

[*English*]

Sonia Sidhu: My next question, Minister, is on budget 2025's focus on modernizing Canada's health system and strengthening patient safety. You've said that data saves lives.

How does Bill S-5, the connected care for Canadians act, complement budget 2025 by improving secure information sharing, supporting better care coordination and helping to build a health system that is ready for the future?

[*Translation*]

The Hon. Marjorie Michel: Bill S-5 will mainly help us stop working in isolation and will allow information to reach the right people, so we can provide Canadians with the health care services they deserve.

As I explained just before my colleague asked her question, this bill aims to free up data, while protecting personal information, so the data are available to the health care system and individuals, for the benefit of their health.

[*English*]

Sonia Sidhu: Canadians need family physicians. How is the federal government working with the provinces to help Canadian physicians trained abroad or in the U.S. return to practise and train in Canada? How will this improve access to care for patients and help Canadians?

[*Translation*]

The Hon. Marjorie Michel: There are several ways.

Firstly, there are Canadians who've studied abroad and need to have their credentials recognized. We're working on that with the provinces, and the program is working very well. More and more, some provinces are participating in the program to help foreign graduates become accredited.

Secondly, the Department of Citizenship and Immigration has created a program with 5,000 spots for health care professionals from outside the country. There are many Canadians who were abroad and are returning to the country through this expedited processing program.

[*English*]

Sonia Sidhu: My next question is about personal support workers, who play a critical role in long-term care and community care. How does the tax credit fit into the government's broader health workforce strategy?

● (1630)

[*Translation*]

The Hon. Marjorie Michel: I think it was a good approach because the tax credit provides direct assistance to those who support the most vulnerable people in our society. It's money that goes directly into their pockets, rather than institutions. It's good news for them because, when they file their tax return, they'll see that $1,000 the government gave them.

[*English*]

Sonia Sidhu: Madam Chair, do I have any more time?

The Chair: You have 30 seconds.

Sonia Sidhu: Minister, if you want to say anything, my last question is about whether safe consumption sites are saving the lives of Canadians.

[*Translation*]

The Hon. Marjorie Michel: That's why they were created, to save lives. They are saving the lives of people who could die on the street.

[*English*]

The Chair: We started at 3:32, so there's an extra two minutes on the clock before the minister leaves. If the minister wants to elaborate on that answer, she can.

I don't know.... Do you want to ask a question for two minutes?

Dan Mazier: I have a point of order.

The Chair: No. You are not in the lineup, sir. We're going according to the lineup—

Dan Mazier: I have a point of order.

The Chair: —and the lineup is that the minister leaves at 4:32, and then we go back to the list I have in front of me that you all submitted.

Thank you.

Dan Mazier: On a point of order, would the minister be willing to stay so that we can ask a complete round of questions?

The Chair: That means the minister would have to stay for—

Dan Mazier: I'm asking the minister.

The Chair: I want to tell her what you're asking her to do.

Doug Eyolfson (Winnipeg West, Lib.): That's not a point of order.

The Chair: She'd have to stay an extra 25 minutes. That's what you're asking her to do.

Now, there was a point of order. Somebody raised a point of order. Who was it?

Doug Eyolfson: I simply said this was not a point of order. The minister is here for a scheduled time, and her time is up.

The Chair: It's not a point of order. Exactly. You're asking the minister for a favour.

Dan Mazier: Yes. That's exactly what I was asking.

The Chair: You're asking her to stay an extra 25 minutes.

Dan Mazier: No, I'm asking for 10 minutes.

The Chair: That's what you're asking her to do. Another round is 25 minutes.

Dan Mazier: Minister, all I'm asking for is another 10 minutes. The longer we take with this, the longer it takes.

The Chair: Mr. Mazier, I'm quoting you: You asked the minister if she could stay for "a complete round of questions". A round is 25 minutes.

Dan Mazier: I asked for 10. That was clarification.

Anyway, Minister, can you or can you not stay?

Hon. Marjorie Michel: I can't stay.

The Chair: No, the minister cannot stay.

Dan Mazier: Okay, thank you.

The Chair: We're going to suspend before the second hour.

● (1630)

_____(Pause)_____

● (1635)

The Chair: I call the meeting to order.

Dan Mazier: I have a point of order.

Can you just—

The Chair: Mr. Mazier, let me call the meeting to order first. Nobody's sitting down yet. We don't have people sitting.

Come on, for crying out loud; what's wrong with you guys today? Seriously.

A voice: It's the moonlight.

The Chair: I don't know; it must be something.

Okay, is everyone ready to sit down to start the meeting? It's begun again.

What I would like to say before you call a point of order, Mr. Mazier, is that the people here are the officials from Health Canada plus one new official, Dr. Natasha Crowcroft, who is the acting chief public health officer. That's for the information of the committee.

Do you have a point of order, Mr. Mazier?

Dan Mazier: Yes, it's a question for the clerk.

Was Mr. Strauss on the speaking list?

The Chair: I think your staffer has been dealing with this. He is on the list—

Dan Mazier: He was, but you stated he wasn't.

The Chair: —and he has now been moved.

Dan Mazier: This is just for clarification: He was on the list in the last round, right?

The Chair: Yes, but that is not a point of order, by the way. I'm giving you leeway.

Dan Mazier: It's a point of clarification.

The Chair: Thank you.

We will resume the meeting, but before we do, I would like to let everyone know the reason I give you a shout-out of a minute or 30 seconds. It is so that you can find a way to use your time; you can shorten your question to get the answer. If I allowed everyone to go a minute or 30 seconds over time, it would mean that not every member in this room would get a chance to ask a question. That is the reason the chair allocates time. That's the reason committees allocate time.

In the last session, we didn't have questions; we had debates, which allowed everybody to go well over time and created a bit of a problem. Therefore, I am going to give you a one-minute shout-out and a 30-second shout-out.

If Mr. Blanchette-Joncas does not want me to do that, he will have to be cut off when his time is up.

I will not give you time allocations, but you are going to be cut off when your time is up.

I hope we're aware of what the rules are. I'm setting them out very clearly.

We will begin the question-and-answer session starting with Mr. Mazier for five minutes, because this is an actual continuation of the two hours.

Dan Mazier: Okay. Thank you, Chair.

Thank you, officials, for coming here in the second hour.

Ms. Weber, does Health Canada set an age requirement for access at all federally approved supervised drug consumption sites, yes or no?

Kendal Weber (Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): Health Canada approves the exemption request, which is an exemption from the CDSA, or the Controlled Drugs and Substances Act. This allows an individual to go to the site in possession of a substance and use it in a supervised location.

Dan Mazier: Is there an age requirement for that?

Kendal Weber: Health Canada does not set an age limit. Some of the sites may have policies and procedures—

● (1640)

Dan Mazier: Yes, but they are not federal regulations. There are no—

Kendal Weber: Health Canada provides the exemption to be allowed to have possession of the product in the site—

Dan Mazier: There is no—

Kendal Weber: —but we do not determine an age.

The Chair: Mr. Mazier, would you let the witness answer? It's not reasonable to ask your question and not let the person finish their sentence. It quite rude, actually.

Ms. Weber, finish your sentence, please.

Kendal Weber: Health Canada does not have an age limit in legislation.

Dan Mazier: Thank you.

If a 16-year-old enters the federally approved drug consumption site, is there any requirement from Health Canada that prohibits that minor from injecting fentanyl at that site, yes or no?

Kendal Weber: If there's an individual who's seeking help from a supervised consumption site, there are health practitioners and individuals at the site who will support them and help prevent an overdose.

Dan Mazier: If a 16-year-old or a 17-year-old comes in, there are no requirements around age. Is that correct?

Kendal Weber: When an individual—

Dan Mazier: I'm asking about federal requirements.

Kendal Weber: —in need goes to a supervised consumption site to prevent an overdose, they are not asked their age.

Dan Mazier: Can minors consume hard drugs in a federally approved consumption site?

Kendal Weber: If there is an individual going to seek help....

A supervised consumption site also provides wraparound services. It can be an entranceway into treatment, recovery and housing for that individual, regardless of their age.

Dan Mazier: What happens if someone shows up at a supervised site without ID? Are they allowed to come into the site?

Kendal Weber: If someone comes to the site looking for help and a place to be supported when they're using a substance, there is no requirement for ID.

If there is a policy or procedure at an individual site, I would not be aware of it. There is nothing set in federal legislation.

Dan Mazier: We just heard that the minister is approving sites beside day cares and schools. They're within steps of these sites. Someone can walk out of a school, below age—there is obviously no age restriction—and go in and say, “I need to have a fix here.” They're going to be in and supervised.

Are there no federal regulations on that?

Kendal Weber: Organizations determine the locations of supervised consumption sites. Then they send in an exemption request.

Dan Mazier: What about the federal government...on age?

Kendal Weber: They come to the federal government to seek an exemption from the act. That act allows an individual to be in the site and supervised while using a substance to prevent an overdose.

Thousands of overdoses have been prevented. Lives are saved at supervised consumption sites in Canada.

Dan Mazier: Ms. Weber, Health Canada gave the Parkdale Queen West Community Health Centre over $1 million, through the substance use and addictions program, to fund its services. The centre's own website lists “Harm Reductions kits” for “Booty bumping” as one of its funded services.

What does Health Canada understand “booty bumping” to involve?

Kendal Weber: Health Canada funds harm reduction, treatment and prevention under the substance use and addictions program. There are different eligible expenses under the contribution agreements.

We fund some sites, but that is not their entire source of funding. Some—

Dan Mazier: I was asking in particular, Ms. Weber, about “booty bumping”.

Kendal Weber: I am not familiar with that eligible expense, or even that activity in the site.

Dan Mazier: According to a foundation in San Francisco, “Booty bumping involves mixing drugs (usually meth or cocaine) with water and squirting it into your butt through a syringe”.

Why is Health Canada funding an organization that enables drug use instead of preventing it?

Kendal Weber: Parkdale is funded by a number of different sources, including the province, so a variety of different health care services are offered there.

A supervised consumption site—not to be mixed up with the funding provided to organizations—is not funded by the Government of Canada. A supervised consumption site is an exemption provided by the Government of Canada for the possession of a substance.

Health Canada does not fund the actual supervised consumption, but it does fund—

Dan Mazier: I'm really glad.

That's my follow-up.

Thank you, Ms. Weber. This leads to the next one.

The Chair: I'm sorry, Dan. You've finished your time. I let you go 10 seconds over.

Dan Mazier: Thank you for that, Chair.

The Chair: I usually do that. Everybody gets the ability to get that done. I let Ms. Konanz have another 10 seconds as well.

The next person is Mr. Eyolfson for five minutes, please.

● (1645)

Doug Eyolfson: Thank you, Chair.

I'd like to thank you all for coming.

To follow up on Mr. Mazier's previous questions, I'll go to you first, Ms. Weber, because you were the one being asked. Like the health minister, I have toured Insite in Vancouver. I've toured a similar site in Calgary. One question that came up is whether they ask for ID. To the best of your knowledge, are there not large numbers of unhoused people who are addicted to substances and don't have ID?

Kendal Weber: Regardless of the ID, the sites are there to support individuals who are in need.

Doug Eyolfson: Exactly.

Kendal Weber: At the sites, the individuals, as I've noted, have responded to over 65,000 overdoses, with over 624,000 referrals to health and social services, which can also be housing supports for individuals who are without housing.

Doug Eyolfson: Thank you. Yes.

If there was a policy in which you couldn't access these services without ID, would it be reasonable to assume that the patient would simply say, “Well, then, I'm just not going to inject this”, or would it be more likely that, if turned away from consuming in this safe centre and without access, they would do it in an unsupervised place, with a higher risk of dying?

Kendal Weber: Using substances alone, not in a site, will definitely increase the chances of overdose and death. At the site, someone is there, and the services are there for support.

Doug Eyolfson: All right. Thank you.

In regard to some of the criticisms on location, is this not based on recommendations of the provincial and local authorities? They make the decision: This is required here.

Kendal Weber: The sites are determined by the organizations and the communities. They come forward and seek the exemption. In some cases, a province will write a letter to support the actual location or the site. In other cases, provinces have legislation to indicate the amount of distance between a school and a site. I believe that, in Quebec, it's 150 metres. In Ontario, it's 200 metres. When a province has a distance in legislation, the organizations in those provinces must respect that legislation.

Doug Eyolfson: Thank you.

We've been reminded frequently that the administration of health care is purely a provincial jurisdiction. In fact, for my previous tenure in Parliament, on attempts by the federal government to even so much as direct funding, we were told you can't do that, because this is managed. Given that, would you not say that these decisions—where the sites are, how they operate, whether they need ID, whether they have an age limit—would all be health care decisions under provincial jurisdiction?

Kendal Weber: Some sites are not provincially funded. Some of them are independently.... A few are privately funded. For the ones that are privately funded, if they're in a jurisdiction where there's provincial legislation that sets the distance.... As I've mentioned, in Ontario they would have to respect the 200 metres as set by the Province of Ontario. In Quebec they would definitely have to respect the 150 metres set by Quebec.

Doug Eyolfson: I apologize. I guess I hadn't worded it clearly. I wasn't talking about funding. I was just thinking of the locations: where they are and under whose jurisdiction the management of the health care is.

The Chair: You have 43 seconds.

Doug Eyolfson: Thank you, Madam Chair.

They put these places where this is happening, do they not? This is my understanding from talking to experts in drug addiction. They don't generally say they're going to put this in a place where no one is using drugs: Build it and they will come.

Kendal Weber: The question is related to the legislation. There are criteria set in the legislation, and one of the pieces of information that a site must submit is the local conditions indicating a need for the site. That is one of the legislated requirements when a site comes in to seek an exemption.

● (1650)

Doug Eyolfson: Thank you. I believe that's my time.

The Chair: Yes, it is. Thank you very much, Doug.

I'll go to Mr. Blanchette-Joncas for two and a half minutes, please.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Madam Chair.

Ms. Curtis-Micallef, the minister spoke earlier about saving lives through a connected health care system. I would like us to talk about another thing that saves lives: vaccines. Allow me to remind you that Canada is the only G7 country that was unable to produce its own vaccine.

In the latest federal budget, titled “Canada Strong”, what investments have been planned to enable Canada to produce its own vaccine if, unfortunately, we were to face another pandemic one day?

Shalene Curtis-Micallef: I will let my colleague respond.

Nancy Hamzawi: We’re now able to produce our own vaccine. With the capabilities of Quebec and Ontario, we’re already able to produce mRNA vaccines here in Canada.

Maxime Blanchette-Joncas: What did you do differently between 2020 and 2026 that you’re now able to produce a vaccine to respond to another pandemic?

Nancy Hamzawi: In terms of what's been done over the past six years, there has been the

[*English*]

biomanufacturing and life sciences strategy.

[*Translation*]

Maxime Blanchette-Joncas: What is it, in French?

I can't hear the interpretation, Madam Chair.

[*English*]

The Chair: Let us find out what the problem is.

[*Translation*]

Maxime Blanchette-Joncas: It's just that if the witness uses a word—

[*English*]

The Chair: I will suspend, so the time left is going to be your time left.

Are we ready to go? Okay, let's see if it works. Begin again.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Madam Chair.

How much time do I have left on your official timer?

[*English*]

The Chair: You have 59 seconds.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much.

What investments were provided in the last budget to improve the supply chain for vaccine production?

Nancy Hamzawi: I don't have the exact figures for budget 2025, but it includes very significant investments in the field of research that concern our colleagues from the Canadian Institutes of Health Research. Maybe my colleague Dr. Hébert could tell you about it.

Maxime Blanchette-Joncas: That's fine, you can respond to me in writing. It's still important to know.

Nancy Hamzawi: Okay. There's also funding for clinical trials.

Maxime Blanchette-Joncas: I'll now address Ms. Crowcroft.

Since the pandemic, we know that public health relies on the speed of incident reporting and on the trust between researchers and institutions. I want to talk to you about Bill C-15.

If the perception of severe penalties makes an institution hesitant to quickly report an incident, do you acknowledge that this regime that's to be implemented undermines the public health it claims to protect?

[*English*]

Natasha Crowcroft (Acting Chief Public Health Officer, Public Health Agency of Canada): I apologize. That was a bit quick for me in French. I'm sorry.

Can I have it again in English, with the interpretation?

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, it would be important to tell the witnesses that what the committee members have to say in French is important.

[*English*]

The Chair: I don't know that anyone is questioning that. Is somebody questioning that?

[*Translation*]

Natasha Crowcroft: I completely agree, but you were speaking too fast for me. I'm sorry.

Maxime Blanchette-Joncas: Madam Chair, now I have to suffer because the witness didn't have her earpiece in and did not understand my question.

[*English*]

The Chair: We've given you your time back, sir.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much.

[*English*]

The Chair: [*Inaudible—Editor*] take it away from you.

[*Translation*]

Maxime Blanchette-Joncas: How much time do I have left?

[*English*]

The Chair: The clerk is checking it.

Maxime Blanchette-Joncas: I have 30 minutes? Okay.

Some hon. members: Oh, oh!

The Chair: No, I'm sorry.

Last time we spoke, you had 59 seconds. You now have about 45 seconds, sir.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Hébert, have you measured the chilling effect the regime being implemented through Bill C-15 will have on international scientific collaboration, yes or no?

Paul Hébert (President, Canadian Institutes for Health Research): I'm sorry, but I didn't understand the question.

Maxime Blanchette-Joncas: I'd like to ask questions, Madam Chair, but—

Paul Hébert: I'm sorry.

● (1655)

Maxime Blanchette-Joncas: I understand. We're all tired.

Paul Hébert: Could you repeat it, please?

Maxime Blanchette-Joncas: It's not the interpretation, Madam Chair.

[*English*]

The Chair: Go ahead and ask a question. We're waiting to get interpretation now.

Mr. Hébert, you—

[*Translation*]

Paul Hébert: Mr. Blanchette-Joncas, it's the beginning of your question that I missed.

Maxime Blanchette-Joncas: Is it all right, Madam Chair?

[*English*]

The Chair: Well, go ahead.

As I said before, you have 45 seconds. It's still there.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Hébert, have you measured the chilling effect of the regime set out in BillC-15, which we're studying today, on international scientific collaboration?

Paul Hébert: I'm sorry. Are you talking about the law—

Maxime Blanchette-Joncas: Currently, we're studying Bill C-15.

Paul Hébert: Okay, my apologies. I understand the question now.

Are you talking about the $1.7-billion investment to attract talent?

Maxime Blanchette-Joncas: No, not at all.

Paul Hébert: Our federal investments continue to increase. There's a decrease of 2% in the latest budget—

Maxime Blanchette-Joncas: Mr. Hébert, we are studying clauses 400 to 456 of division 25 of Bill C-15 today. That is today's study. Do you know that? Were you informed?

Paul Hébert: Yes, I was informed, but unfortunately, I will need to send you a written response, because I don't exactly understand the nature of the question.

[*English*]

The Chair: We're now 15 seconds over time.

Thank you very much, Mr. Hébert.

[*Translation*]

Maxime Blanchette-Joncas: I'd like to raise a question of privilege, Madam Chair.

I regret to inform you that, today, I'm a bit shocked. We're studying a bill today and the witnesses are confirming that they don't know we are studying this bill.

[*English*]

The Chair: At the very beginning, we talked about it. I cannot answer for the witnesses, sir.

You made your point, though, and it's clear. The point is noted by everyone.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, do you find it normal that the witnesses who come before the committee don't know what the topic of discussion will be?

[*English*]

The Chair: I think the witnesses have heard you. They accept that they should have answers for this. If they don't, I cannot control that, sir. The point is made and well noted. Thank you.

Now I'll go to Mr. Bailey for five minutes, please.

Burton Bailey: I'd like to go back to the sealed vaccine reports.

I understand that it may take time to pull millions of pages together. Given the government's bungling of the vaccine injury support program, which saw two-thirds of the $50 million go to consultants rather than injured Canadians, I think it's fair to approach the government with skepticism on this matter.

My question is, what was the rescoping of this request? When can the requesters expect to have their access to information request answered? I would like a simple answer please. Is it one year, two years or...?

Nancy Hamzawi: My understanding is that it's one year.

Burton Bailey: Excellent.

How many Canadians have reported vaccine injuries since the VISP began?

Nancy Hamzawi: In terms of the VISP specifically, as of June 1, which is what is in the public record, 3,317 claims have been submitted.

Burton Bailey: As of December 1, 2025, about $18 million have been paid out to claimants. How many claimants have received compensation from this $18 million?

Nancy Hamzawi: The $18 million is for June 1, not December 1. There is new data for December 1. My understanding is that the third party provider will be releasing data shortly.

In fact, the amount paid to claimants as of December 1 is $21,474,722.

Burton Bailey: How many individuals are still waiting to receive their due compensation from the government?

Nancy Hamzawi: I will stick to the December 1 data. From the December 1, 2025, data, 3,557 claims were received. Of those 3,557 claims, 2,061 are pending review.

Burton Bailey: Your website says there are 2,700 Canadians at some stage of the review process.

Nancy Hamzawi: There are 2,061 claims pending review. There are 1,433 that have been reviewed by the medical review board. Rejected by the medical review board were 1,181.

Burton Bailey: Excellent.

What is the average time that individuals wait to have their claims processed?

Nancy Hamzawi: It is a broad range, depending on the complexity. My understanding is that it's 12 to 24 months. I understand that some of them are for extended periods of time, which is very important and frustrating.

● (1700)

Burton Bailey: This has not improved since OXARO—the boondoggle—was exposed to the media and your department took it back over. It's still taking that long.

Nancy Hamzawi: Madam Chair, thank you very much for this question. I think it's an important clarification.

To clarify, the Public Health Agency of Canada has not yet taken over administration of the program. This will take place on April 1.

Burton Bailey: It will take place on April 1. Is OXARO still running this program?

Nancy Hamzawi: At this time, yes, it is.

Burton Bailey: Oh, my goodness—I'm shocked. Okay. Well, that is something.

I'm going to switch over to the connected care bill, Bill S-5. Is this the same as CONNECT, which has been developed in the United States?

Shalene Curtis-Micallef: The legislation that was tabled yesterday is a facilitative piece of legislation; it is not the product.

Burton Bailey: It's not. Okay.

Shalene Curtis-Micallef: It is not a product. It is a framework that allows the development of regulations and consultations with provinces, territories and standards agencies.

Burton Bailey: Thank you. That's excellent.

One of my concerns about this is the burden it places on physicians. Currently, we have a shortage of physicians. Alberta has just gone through this MR restructuring process, and they spent over $1 billion on it.

I really hope the government takes the time to learn about some of the struggles that Alberta went through in implementing this over the last 15 years, because this system of connecting individuals—

The Chair: You have forty-five seconds.

Burton Bailey: —does not happen overnight. It is a very long process. One thing they learned in Alberta was that a lot of the hospitals didn't have Internet service for it to even work.

I bring that to your attention, and I look forward to learning more about it.

I have one last question. I understand you said that 5,000 spots were going to be made available for international medical graduates. Is that correct, yes or no?

Jocelyne Voisin: I don't know about the 5,000 spots you're talking about. We did talk about budget 2024 funding from Health Canada that is supporting 120 new training spots.

Burton Bailey: Then there are 120 new training spots. All right.

Thank you, Chair.

The Chair: You've just gone 10 seconds over.

Burton Bailey: That's perfect.

The Chair: There you go. It was very well done, Mr. Bailey.

Now we have Ms. Jaczek.

Hon. Helena Jaczek: Thank you, Madam Chair.

Thank you to all the officials here today.

I would like to ask a few questions about Bill C-15, which, as my colleague has pointed out, was what we were going to be considering today.

First, I'd like to understand what motivated the need to amend the Human Pathogens and Toxins Act in the first place. I know that you're addressing biosecurity issues, but could one of you—whoever would be most appropriate—elaborate on the motivation to make this change?

Kimby Barton (Director General, Centre for Biosecurity, Regional Operations and Emergency Management Branch, Public Health Agency of Canada): Certainly. Thank you very much for the question.

A number of factors have contributed to the need for the amendments to the Human Pathogens and Toxins Act, not the least of which has been significant investments in the biomanufacturing and life sciences strategy of the federal government, which has led to a significant increase in the number of facilities that are seeking to work with higher-risk pathogens and toxins.

The other piece that really contributed to it is an evolving threat landscape. There has been awareness of state actors and non-state actors who are interested in exploiting Canada's open science approach and are doing extremely good research in science, biotechnology and biomanufacturing. Awareness of this increased threat has led to some requirements to amend the legislation.

Hon. Helena Jaczek: We heard about a situation in one of the labs—I believe it was in Saskatchewan—during COVID-19. There was some questioning about some individuals, and I believe researchers from China had been investigated. Was that part of the kind of suspicion leading to these amendments?

Kimby Barton: A number of factors contributed. We've certainly taken into account the experience in Canada with respect to some of the situations that you're referring to. We've also commissioned reports. For instance, we've worked with the Communications Security Establishment. Through a threat assessment, it had identified that some of Canada's high-containment facilities were very likely to be targets for espionage from foreign state actors.

We learned from experience in other jurisdictions as well. For example, in 2022, there was a report published by some American scientists that documented their ability to hack into the heating, ventilation and air conditioning system for a lab to reverse the airflow, which would create significant safety issues for workers within the lab.

● (1705)

A variety of different scenarios all contributed to some of the proposed amendments we've put forward.

Hon. Helena Jaczek: I see. It sounds as though the threat was considerable, and it was obviously very important to put these amendments forward, as you have.

As I understand it, an advisory committee was established by the Public Health Agency of Canada back in 2015 to give the kind of advice you're talking about. Could you talk about the role of the advisory committee, how that works, how often it meets, how the Public Health Agency receives the information, etc.?

The Chair: You have one minute and 30 seconds to do that.

Kimby Barton: Thank you. I tend to speak quickly.

The advisory committee meets in person once per year, and it often has an ad hoc meeting a second time per year that occurs virtually. It tends to provide advice more on pathogen risk assessments. We have pathogens that are broken down by risk group, so it tends to provide more information related to biocontainment and biosafety.

We are increasing the biosecurity expertise, however, on that panel as well so that it's better able to provide us with advice on that. As it relates to other biosecurity expertise, we often ask for input from other parts of the federal government.

It is there as a resource, and we use it frequently as we look at things like changes to our incident reporting and anything we're looking at in terms of changing pathogen status.

Hon. Helena Jaczek: Is that my time?

The Chair: You have 36 seconds.

Hon. Helena Jaczek: I have just a bit.

I understand that you've added some particular definitions. On the definition of “sensitive information”, could you very quickly tell us what you've been doing?

Kimby Barton: The specific definition for “sensitive information” will probably be finalized when we go through regulatory consultations, but as an example, the location of high-risk pathogens within a facility and the type of high-risk pathogens within a facility are both examples of what we would consider sensitive information.

The Chair: Thank you very much. That's excellent. You're bang on time. Extremely well done to both you and Ms. Barton.

I'll go now to Ms. Konanz for five minutes, please.

Helena Konanz: Thank you, Chair.

I'm just following up on my question for the minister and asking the question of Ms. Weber.

When you came to the health committee, you confirmed that Health Canada funds are used to purchase crack pipes, but when we asked the minister on December 11, she said the government does not fund crack pipes.

Who is telling the truth? You can't both be right, and you can't both be wrong. Who's right on this?

Kendal Weber: Thanks for the question.

It's an important point to clarify. Health Canada doesn't purchase harm reduction tools under our substance use and addictions program. What Health Canada does is provide transfer funding to community groups, municipalities, other levels of organizations and indigenous communities.

I think—

Helena Konanz: Excuse me. You're saying that crack pipes are considered to be harm reduction, and the government supplies the funds, but it doesn't follow up on exactly what is being bought.

Crack pipes have been bought. For example, SUAP gave $190,000 to a meth pipe pilot project in Manitoba.

Why would the minister not know that?

● (1710)

Kendal Weber: On the point that I made, there is a clarification. Health Canada doesn't purchase them under the program. There's that understanding. What Health Canada does is transfer funding to communities.

Communities in crisis, under our emergency treatment fund or substance use and addictions program, recognizing what they're seeing in their community, may come forward with a proposal. That often includes harm reduction—

Helena Konanz: When communities say they need crack pipes, they—

Kendal Weber: It includes safe inhalation kits to minimize the risk of infectious diseases, such as HIV, hepatitis C—

Helena Konanz: Crack pipes are considered to be harm reduction in communities. Okay. That's—

Kendal Weber: Safe inhalation kits are used to prevent the transmission of infectious diseases, such as HIV, hepatitis C—

Helena Konanz: Okay. Thank you. It's safe inhalation—or crack pipes.

My next question is for Ms. Weber again.

Now that the government's decriminalization program with British Columbia has finally ended—in disaster, as many will say—will Health Canada be reporting any results on the effects of decriminalization on addiction and overdose rates in British Columbia?

Kendal Weber: I'm sorry. Could you repeat the question? I thought you were asking whether they were going to evaluate the actual exemption, but I think you were asking....

Helena Konanz: Now that the pilot program has ended, will Health Canada be reporting any results on the effects of decriminalization on addiction? We saw 6,000 overdose deaths in British Columbia. I'm wondering what the follow-up is going to be.

Kendal Weber: There are two elements to this. The Public Health Agency of Canada has surveillance of overdose deaths, and it reports on a quarterly basis. However, in addition, I would say, with regard to the decriminalization, we are receiving a final report from British Columbia that we will be able to add value with.

Helena Konanz: That's on whether it was successful.

Kendal Weber: There is also independent research happening by the Canadian Research Initiative in Substance Matters, CRISM. It's undertaking—

Helena Konanz: Is there a deadline for that report?

Kendal Weber: Yes, there is. It's a five-year, arm's-length evaluation of the exemption and its implementation.

Helena Konanz: It'll take five years.

Kendal Weber: We started it at the beginning.

I'm sorry to interrupt.

Helena Konanz: We won't know for five years the devastation that it's caused. In other words, there could be another pilot program starting. Why not?

Even Premier David Eby said a year ago that it wasn't working, yet it continued and continued.

Will Health Canada, upon completing this report, present it to this committee?

Kendal Weber: The arm's-length evaluation did not start today. It started midpoint or earlier in the exemption. Once Health Canada completes its full five-year review of looking at the data during the exemption and then following the exemption, it will deliver a report, and this could be shared.

Helena Konanz: It needs to be shared, I believe, with this committee.

The Chair: You have 15 seconds.

Kendal Weber: Yes.

What's also important is that the Province of British Columbia posts on its website the quarterly reports that it sends to us, Health Canada, and those are available today.

Helena Konanz: Over 6,000 people died. I think we need to accelerate the report so that this doesn't happen again.

The Chair: Thank you, Ms. Konanz.

Ms. Chi has the floor for the Liberals for five minutes, please.

Maggie Chi: Thank you, Madam Chair.

My question is for the official from CIHR.

We know that CIHR has invested heavily in digital health and data innovation. I want you to speak to how the connected care for Canadians bill will help turn that research into really great tools using clinics, hospitals and communities across Canada.

Paul Hébert: Member Chi, I would say that you've already heard my colleagues speak to what it means for doctors in our country. It is one of the tools that we hope will facilitate the care we give.

I live this every day as a practising physician when I'm out there. The fact that we're still sending faxes to one another is not a great idea.

What we want to do—all of us, I think—is build interoperability to start connecting the dots an awful lot more. We want to have a pipeline of information that we collect once, collect well and use responsibly to effectively make every possible use of it that we can.

The simple way to think of the bill is to change from an attitude of data hoarding to one of public trust in public good. We want our data to be useful every chance we get.

In research, what this means for us is largely that we use it to do clinical trials better and release the data. It also means that we can connect—as we were talking about before—our early-term screening. We start thinking about using the data all the way from preconception to death in a way that we not only can help our patients but also transform our economy. One can easily think of generating tools and approaches, predictive algorithms—that's what our research is about—to be useful in a way that changes our medicine of the future.

● (1715)

Maggie Chi: Thank you.

You alluded to the fact that the bill really creates a foundation for—

Paul Hébert: It's one of the pieces, yes.

Maggie Chi: —great data, trustworthy data, with the foundation supporting responsible AI in health care as well.

In your opinion, what are some of the promising areas of research that CIHR has already seen, whether in early diagnosis, personalized treatment or system planning?

Paul Hébert: I was talking to someone the other day, and the term used was “soup to nuts”. We do research on almost anything. The 18,000 scientists we just funded—as you can imagine—would do almost anything in your sphere of interest.

To be honest, data is everything we do. Science is about generating data, whether it's clinical science to improve the care we give or to image better...and everything.

I'll give you one example. Unfortunately, it's not Canadian, but this is where we want to be.

This past week, in The Lancet, our Swedish colleagues published a trial in a public health domain. They randomly allocated one group versus another and compared the use of AI-supported evaluations of breast screening against the standard of care, which is two doctors. In that, the AI-supported evaluation came out ahead. It decreased the workload of doctors by 44%. It decreased the rates.... Well, it found more cancers early on, with interval screening between two points in time. It found cancers earlier, and these were more treatable.

We want to do those kinds of studies in Canada. At this point, we are still wishing we could.

Maggie Chi: Thank you.

Earlier, you spoke a little about creating jobs and stimulating the economy.

With this bill and with our investment in science research, how do you see Canada's life sciences sector growing to create those high-quality jobs?

Paul Hébert: I do life sciences research, so thank you.

I would support all research.

The Chair: You have 43 seconds.

Paul Hébert: In my view, the idea is that everything we do in this sector will make a huge difference to Canadians in every way.

In 15 seconds, I can't do much better than that.

The Chair: You still have 27 seconds left.

Paul Hébert: I would say that we need to put a lot of pieces together.

The first big piece is functioning with an all-of-Canada and all-of-government approach. In our government today, all of us have things we want done with data. The big thing we have to do is start working together to bring it together.

As we think through data infrastructure and data governance.... We have organizations to do that. Our compute in AI strategy and programs have to collectively work together to generate what I just said.

The Chair: Thank you very much.

I will now go to Monsieur Blanchette-Joncas for two and a half minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Madam Chair.

My question is directed to the deputy minister and concerns clauses 400 to 456 of Bill C-15.

Is there an impact assessment specific to universities, hospitals and public research centres?

Shalene Curtis-Micallef: Which clause are you referring to?

Maxime Blanchette-Joncas: I'd just like to inform you, Deputy Minister, that we're studying clauses 400 to 456 of Bill C-15 today.

Shalene Curtis-Micallef: I haven't memorized the content of the clauses. The clause related to investments—

Maxime Blanchette-Joncas: My question is this: Is there a specific impact assessment on universities, hospitals and public research centres?

Shalene Curtis-Micallef: We don't have an assessment. I'll give the floor to my colleague.

Maxime Blanchette-Joncas: There's no assessment, then. Okay.

Kimby Barton: Thank you for the question.

[*English*]

I think you're speaking to division 25, the amendments to the Human Pathogens and Toxins Act. Certainly, we have been conducting some consultation on the Consulting with Canadians site.

Part of the consultation has informed the approaches we put in the amendments. We are trying to target a risk-based approach, in which the most stringent requirements will be on the facilities that are working with the highest-risk products.

● (1720)

[*Translation*]

Maxime Blanchette-Joncas: That means you are making significant amendments to the Human Pathogens and Toxins Act, but you don't have an impact assessment on that.

[*English*]

Kimby Barton: No, it's not currently on the facilities themselves.

Many provisions that will have an impact on these facilities will come through regulations. As part of the regulatory consultations, we'll be conducting a cost-benefit analysis and further consultations with the facilities themselves.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Higgs, still in relation to clauses 400 to 456 of Bill C-15 that we're discussing, have you estimated the compliance costs public institutions will incur?

[*English*]

Ryan Higgs (Acting Assistant Deputy Minister and Chief Financial Officer, Department of Health): No, I would not have that information with me right now.

[*Translation*]

Maxime Blanchette-Joncas: If I understand correctly, then, Deputy Minister, we're currently assessing a bill for which no impact assessment has been conducted. We don't know how much it will cost, but you want us to adopt this as legislators.

Shalene Curtis-Micallef: I will let my colleague speak on this matter.

Maxime Blanchette-Joncas: That doesn't reassure me.

Shalene Curtis-Micallef: Are you talking about the fact that we don't have a cost assessment or the fact that we don't have an assessment of the effects that the bill will have once it's implemented?

Maxime Blanchette-Joncas: Both. You want to amend a law, but you don't know the consequences of doing so or how much it will cost. That's what you're telling me.

Shalene Curtis-Micallef: No, I wouldn't say that we don't know the consequences. I think you want to know whether we've already done an assessment, but until the bill is passed and the implementation work has been done, there's no assessment of its effects.

[*English*]

The Chair: Thank you, Deputy Minister.

We are now moving on. We're 19 seconds over.

I'm going to Mr. Strauss for five minutes.

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

Ms. Weber, I have some big picture questions for you.

It's our understanding from news reports that over the last 20 years, there have been increasing overdose deaths in Canada due to what is called a “toxic drug problem”, or crisis. Where do the toxic drugs come from generally?

Kendal Weber: There are different sources. They can be domestically produced. They can also come across borders illegally.

Matt Strauss: Which countries in general have the precursors and the finished products come from over the last 20 years?

Kendal Weber: I'd say that largely they're domestically produced.

Matt Strauss: Are they domestically produced from precursors also produced in Canada? Or do the precursors come from elsewhere?

Kendal Weber: They're largely domestically produced. There are some illicit precursors that would cross the border.

Matt Strauss: From where, if the illicit precursors are coming here?

Kendal Weber: We would see them coming from Asia. We would see them—

Matt Strauss: Are there any specific countries in Asia that they come from? Do they come from Japan or Taiwan?

Kendal Weber: We have seen precursors come from China.

Matt Strauss: Okay. Thank you.

What is your understanding of what the rate of overdose deaths in Canada has done over the last 10 years?

Kendal Weber: The volume...? The numbers...?

Matt Strauss: It's the rate, the per capita death rate from opioid toxicity.

Kendal Weber: I'll turn it over to my colleagues. The Public Health Agency of Canada tracks the surveillance of the drugs.

Matt Strauss: Yes, please. Thank you.

Nancy Hamzawi: The total deaths since January 2016 to June 2025 would be 53,300.

Matt Strauss: How has the yearly rate changed over that period?

Nancy Hamzawi: Right now we're seeing, I would say, that since 2020—

Matt Strauss: No. I'm asking for the rate over 10 years.

Nancy Hamzawi: Over the past 10 years, it has been up and down. I would say over the past year, we're seeing a significant—

Matt Strauss: It's been markedly up and then slightly down, so it tripled, and now we're at about 2.5...from the rate back then.

Ms. Weber, my understanding is that you have carriage at Health Canada over illicit substances. Which countries in the developed world have the lowest rates of overdose death—let's say, in the OECD?

Kendal Weber: That's a good question. I don't have that. I'll have to come back with a written answer.

Matt Strauss: I can let you know. It's Turkey, Israel and Japan.

Do Turkey, Israel and Japan have supervised consumption sites?

Kendal Weber: That's a good question.

Matt Strauss: They do not.

When did supervised consumption sites start being introduced en masse in Canada?

Kendal Weber: We have seen the increase over the past 15 years—

Matt Strauss: You were going to say 10—but it is 10.

Kendal Weber: It's also important to understand that the drugs being used globally are different.

North America is experiencing a very different drug crisis than is experienced in eastern Europe. The fentanyl crisis that North America is facing is quite unique, and the types of drugs that are being used in North America are different from what we're seeing in Europe.

● (1725)

Matt Strauss: Why is it unique? Turkey, Israel and Japan are much closer to China than Canada is.

Kendal Weber: Your first question goes back to the sources. One concern that we were seeing in this space in the 2000s and the 2010s was over-prescribing. We also saw concern with pain medication, and this continues to be a concern.

In Canada and North America we have seen prescribing of opioids, and there's been an evolution in the types of opioids. As prescribing practices evolved in the 2010s, we then saw individuals move to fentanyl.

The Chair: You have one minute.

Kendal Weber: They found the source of fentanyl as illicit fentanyl.

Matt Strauss: I'm sensitive to the fact that it is multifactorial, but one factor is that your department adopted supervised consumption sites as a way of addressing this. However, we're seeing the rates get worse.

I'm wondering what it would take to acknowledge that this has not been a terrific use of resources. This has not changed the game here.

Kendal Weber: The earliest supervised consumption sites go back to the transmission of HIV and infectious diseases.

We saw in recent years—and we've talked about the overdose rates—supervised consumption sites for which communities come forward and request an exemption, because that's what they see is helpful for their communities.

You noted the question about resources. Health Canada does not fund supervised consumption sites. We provide an exemption from the act to enable the possession of the substance so that individuals can go into the site and have oversight of the use of the—

Matt Strauss: May I interrupt you for just one second—

The Chair: Thank you. We're nine seconds over.

I'll now go to Ms. Sidhu for five minutes, please.

Sonia.

Sonia Sidhu: Thank you, Madam Chair.

My question is for Health Canada.

Yesterday was World Cancer Day, and Canada has continued to approve new cancer treatments, including therapies for early-stage breast cancer and other cancers.

Can you tell us how Health Canada's approval of innovative cancer drugs, including treatments from companies that are improving outcomes, expanding options for patients or giving early detection...? Can you elaborate on what is out there?

Pamela Aung-Thin (Assistant Deputy Minister, Health Products and Food Branch, Department of Health): Thank you for the question.

I will just refer to a program that we have called project Orbis, in which we work with other regulators that approve these products to expedite the number of products that come to Canada specifically for cancer treatments.

Over the last year—2025—for example, 16 of these products have been approved, and over the last six years, 94 of them have been approved. These are all oncology products that have been approved for the Canadian market and eventually made available to Canadians.

Sonia Sidhu: Thank you.

My colleague talked about Bill C-15. I want to talk about division 25 replacing existing schedules with a publicly accessible registry.

How would this registry improve transparency and allow Canada to respond more quickly to emerging biosecurity risks?

Kimby Barton: Thank you very much for the question.

Currently, when we wish to make any changes to the status of various pathogens or toxins, it requires going through a full regulatory process. There are about 6,000 pathogens that have been assessed by the Public Health Agency, and about 2,000 of them are currently regulated by us. Having a registry that is an evergreen list enables us to make much more rapid changes to the potential status of a pathogen in response to evolving scientific evidence and/or potentially to make changes to the nomenclature of the pathogen—the names of them—as they evolve through science. It's a much more rapid and effective process for us to make those changes.

We currently have ePATHogen. That is not the formal registry, but it is publicly accessible. For any changes moving forward, it becomes the official registry. It will be open and transparent to researchers, as well as to the Canadian public. They'll have real-time insight into the risk groups for the various pathogens and whether there are any changes.

● (1730)

Sonia Sidhu: Budget 2025 continues to invest in life sciences and biomanufacturing. How do clear and modern oversight rules help researchers plan long-term, high-impact and results-driven projects?

Paul Hébert: We have had two spectacular years of investment in research—budgets 2024 and 2025. Those investments will allow us to increase our rates of discovery in all forms of our science.

I would say that we're investing in the infrastructure programs around that. This is through the Canadian Foundation for Innovation. The last budget had $400 million. We are investing in talent—$1.7 billion—related to attracting the best and brightest to join what I consider to be the best scientists in the world, here in Canada. We continue to increase our core budgets. The government has been very generous in that regard. Because of budget 2024 increases, we'll continue to do that.

Those investments in infrastructure, in programs and in all kinds of other strategies around biosecurity and everything else will help us have a secure environment for science in Canada.

The Chair: You have 30 seconds, Ms. Sidhu.

Sonia Sidhu: Thank you. I have one last question.

How can we secure public trust, especially in health research?

Paul Hébert: How can we increase public trust? Was that the question, Madam Chair?

Sonia Sidhu: Yes—when we are supporting students, trainees or early career researchers.

Paul Hébert: I think you're answering the question for me, in a sense. What we have to do and continue to do is believe in science and evidence-informed public policy, which we support.

There are many organizations that engage our students—Support Our Science and others. I'm trying to remember the name of the organization that goes out into high schools. It's not a matter of just our agency. It's a matter of getting them young and really training them up.

What was the name?

A voice: Let’s Talk Science

Paul Hébert: Yes, that's it. There's a lot of that. We're investing in that as well.

The Chair: Thanks, Dr. Hébert.

Thanks, Ms. Sidhu.

I just wanted to ask one question. Can you tell me how many overdose deaths there have been at safe injection sites?

I was the one who started the first injection site in Vancouver when I was minister, based on work that we had seen in Europe. It was a two-year pilot project. Since then, how many overdose deaths have you seen at safe injection sites?

Kendal Weber: To my knowledge, there have been none—zero—unless there is reporting that I am not aware of in recent time. My understanding is that there have been none.

The Chair: Safe injection sites save lives.

Kendal Weber: They save hundreds of thousands of lives.

The Chair: Thank you very much.

Now, we have another three minutes, and I have some homework to do.

Before we go there, I would like to thank all of the witnesses for coming and giving us your insights and valuable information. Thank you very much.

As you leave, I will put forward a couple of housekeeping things to the committee.

First, today the clerk circulated a budget of $500 for the next meeting, on the national emergency strategic stockpile. Is everybody cool with that?

An hon. member: Yes.

The Chair: Nobody is saying no.

I also want you to know that the deadline for the public to submit briefs for the study of antimicrobial resistance is on Tuesday, March 3. I'm just giving you the deadlines, guys.

Did somebody put their hand up.

I have Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, the date you mentioned is indeed March 3, is it not?

[*English*]

The Chair: Pardon me?

[*Translation*]

Maxime Blanchette-Joncas: Is the date you mentioned March 3?

[*English*]

The Chair: It's March 3, 2026, yes.

[*Translation*]

Maxime Blanchette-Joncas: Who decided that?

[*English*]

The Chair: Actually, it's at the pleasure of the committee to decide if you agree with it, but it will give the clerk adequate time to call witnesses. That's why.

● (1735)

[*Translation*]

Maxime Blanchette-Joncas: My question is who suggested the date of March 3.

[*English*]

The Chair: The clerk and I work on these things to look at the timelines needed to call people and get people to come. Otherwise, we can have a meeting with one witness. That's it.

Is there anything else? I now—

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I would simply like to suggest the date of March 15.

[*English*]

The Chair: You would like to see it moved to March 15. Is that what you're suggesting?

[*Translation*]

Maxime Blanchette-Joncas: Yes.

[*English*]

The Chair: Will that give us enough time, Catherine? Okay.

Does everybody agree with March 15?

Some hon. members: Agreed.

The Chair: Okay. It's March 15. So be it.

All right. That's good.

[*Translation*]

Maxime Blanchette-Joncas: Thank you.

[*English*]

The Chair: I now adjourn this meeting. Thank you.