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# Standing Committee on Health

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Chair: Hedy Fry





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Thursday, February 12, 2026

• (1605)

[English]

**The Chair (Hon. Hedy Fry (Vancouver Centre, Lib.)):** I would like to call the meeting to order please.

[Translation]

I call the meeting to order.

Welcome to meeting number 22 of the House of Commons Standing Committee on Health.

[English]

We recognize that we meet on the unceded territory of the Algonquin Anishinabe people.

I want to remind participants of the following points. Please wait until I recognize you by name before you speak. For those in the room, including the witnesses, please make sure that you wear your headsets so that you can hear the interpretation. I know that some of you may think you are fluently bilingual, or you may be fluently bilingual, but the bottom line is that putting on your headsets allows you to hear what the other person is saying, in terms of the volume.

You can choose whatever language you prefer: English, French or floor, and the volume control is at the very top. I would suggest that the witnesses do that because we had some problems when people did not wear their headsets and couldn't hear what was said.

Also, as a reminder, all comments should be addressed through the chair. For members in the room, if you wish to speak, raise your hand, and both the clerk and I will try to recognize your hand as soon as it goes up. We will try to manage the speaking order that way.

Pursuant to Standing Order 108(2) and the motions adopted on Tuesday, September 23, 2025, and Thursday, November 20, 2025, the committee will resume the study on the impact of immigration policy on health care and barriers to integrating internationally trained professionals.

I would like to welcome our witnesses, and I want to thank them for allowing us to read their report so that we could digest it before we came to this meeting today.

We have, from the Office of the Parliamentary Budget Officer, Jason Jacques, interim Parliamentary Budget Officer; Louis Perreault, director of policy; Caroline Nicol, adviser-analyst; and Jason Stanton, adviser-analyst.

The usual routine here is that you get five minutes.

You will have a lot of time to answer questions. You will have a lot of time to make points you might not have been able to make within the five minutes of your presentation when we have the question and answer period.

I'm going to begin with Monsieur Jacques for five minutes.

**Jason Jacques (Interim Parliamentary Budget Officer, Office of the Parliamentary Budget Officer):** Thank you, Madam Chair and committee members.

We appreciate the invitation to appear before you this afternoon as part of your study.

This morning, we published our report entitled "Projecting the Cost of the Interim Federal Health Program", the acronym is IFHP.

As many of you know, this program provides limited and temporary health care coverage to certain groups of foreign nationals who are not eligible for health insurance from provinces or territories.

I am accompanied today by the authors of this report.

I want to say at the outset that we thank the committee for requesting this analysis, and we will be very pleased to undertake further work, if so desired by the committee.

Before I outline our findings, I want to quickly establish what our modelling can and cannot say.

I'll start with the can. Our modelling includes all beneficiaries of the program, regardless of their claim status. It assumes that the law and the parameters of program administration are respected. It assumes that intake and exit flows of program beneficiaries are consistent with those observed in 2025. Finally, it places IFHP beneficiaries into three general claim baskets: asylum, overseas resettled refugees and in-Canada resettled refugees.

At the same time, our model does not identify the specific duration of asylum claims, the specific stage of IFHP beneficiaries in the asylum claim process or the specific types of treatments provided to IFHP beneficiaries, such as dental care or vision care.

• (1610)

[*Translation*]

According to the Parliamentary Budget Officer, or PBO, total IFHP costs will reach almost \$1 billion in 2025-26 and rise to over \$1.5 billion by 2029-30. The PBO projects that the annual increase in IFHP health expenditures will, on average, be well below the average growth observed over the past five years, reflecting both a moderate rise in the number of beneficiaries and a more gradual increase in annual costs.

Budget 2025 indicated that a “modest co-payment model” will be introduced to the IFHP for supplemental health products or services. This change to the program is not reflected in our projection. Including this measure would reduce our estimate of the total cost for the IFHP. Our projection does not include the proposed legislative changes in Bill C-12.

In closing, I'd like to say that my office remains determined to provide you with clear, timely and impartial analyses to help you in your study of federal expenses and budgetary policy.

We would be pleased to answer your questions.

[*English*]

**The Chair:** Thank you very much, Mr. Jacques. You are well under five minutes.

We're going to the question and answer section. The first round is a six-minute round for everyone. That six minutes includes questions and answers. I try to give you the chance to finish your sentence, but I don't want people to go too much over their time. It's not fair to the others.

We begin with the Conservatives and Mr. Mazier.

**Dan Mazier (Riding Mountain, CPC):** Thank you, Chair.

Thank you very much for coming out here today. I really do appreciate you stepping up and getting this report done very quickly. We'll soon get to the bottom of this program.

In 2016, the interim federal health program cost taxpayers less than \$80 million a year. What do you project the program will cost by 2030?

**Caroline Nicol (Advisor-Analyst, Office of the Parliamentary Budget Officer):** Our projection assumed that for the fiscal year 2029-30, the cost will be about \$1.5 billion.

**Dan Mazier:** Is that \$1.5 billion every single year?

**Caroline Nicol:** That's the cost for that specific fiscal year.

**Dan Mazier:** That's \$1.5 billion a year for every single year. Am I correct?

**Caroline Nicol:** Yes.

**Dan Mazier:** In 2016, the Liberals expanded this program to cover supplemental health benefits for asylum seekers. According to the government, these benefits include vision care, counselling, assistive devices, home visits, nursing homes, transportation, taxes, physiotherapy, occupational therapy, speech therapy and interpretation services.

Is it your understanding that these supplemental health benefits are covered for asylum claimants under the program?

**Caroline Nicol:** Yes.

**Dan Mazier:** Are these supplemental benefits a major contributor to the program's \$1.5-billion projected cost?

**Caroline Nicol:** The information we received says that for the last fiscal year, 2024-25, the supplemental benefits represented a bit over 50% of the total health expenditure of the program, and that category was growing as a contributor. In our projection, that proportion would grow.

**Dan Mazier:** Wow.

The government's website states that refugee claimants remain eligible for supplemental health benefits even after their claim has been rejected by the Immigration and Refugee Board.

Is that your understanding in the report?

**Caroline Nicol:** Like we mentioned in our opening remarks, our cost estimate includes the cost for all eligible beneficiaries, no matter where they are in the process. We've modelled according to the guidance we've received from IRCC about when beneficiaries would exit the program.

In the case of successful claimants, that would be when they become eligible for provincial or territorial health benefits. In the case of unsuccessful claimants, that would be when they leave Canada after exhausting all avenues of appeal, are judged ineligible at the IRB and ineligible for a pre-removal risk assessment, or have withdrawn or abandoned their claim.

• (1615)

**Dan Mazier:** They've been rejected. This is including rejected claims.

**Caroline Nicol:** Yes, some of those beneficiaries would have had their claim rejected.

**Dan Mazier:** When an asylum seeker is rejected but remains in Canada, they continue receiving benefits that are better than what most Canadians receive and what they are entitled to. That continues to increase the cost of the program. Is that correct?

**Caroline Nicol:** I'm not going to state about qualifying the benefits, but it's true that until someone leaves Canada, after exhausting all the avenues for appeal, it's our understanding from the guidance we've received that they would still receive those benefits.

**Dan Mazier:** According to the government's website, refugee claimants remain eligible for supplemental health benefits through this program “until they leave Canada”. What happens if they don't leave Canada?

**Caroline Nicol:** I'm not necessarily an expert in how the program is administered for specific cases, but the exercise that we've done considered the fact that it's when an individual leaves Canada that their coverage would end.

**Dan Mazier:** Yes, once they've left Canada, but if they're still in Canada, they would still continue to receive benefits, right? There's nothing really stopping them from receiving benefits.

**Caroline Nicol:** I suppose that's implied from the information we've received, yes.

**Dan Mazier:** Mr. Jacques, CBC reported this:

Mostafa Eldidi came to Canada as an asylum seeker in 2020 and was granted refugee status [in 2022]. He does not hold Canadian citizenship.

He is now facing terrorism charges and is set for trial in 2026.

Would a refugee status holder in that situation remain eligible for supplemental health benefits through this interim federal health program?

**Jason Jacques:** I believe he would, based upon our understanding of the information provided to us by IRCC.

**Dan Mazier:** He's suspected of terrorism and he's still on this program. That is your understanding, right? That's what I'm reading. Can you understand why Canadians are really frustrated and mad about this program?

When you were doing this report and you came across these kinds of numbers and what was going on here and all these ineligible, bogus-type asylum claims, what was...? Do you think this program is totally out of control? What is your view of the program in general?

**Jason Jacques:** Well, certainly something that we noted in the report is that it's clear and it's evident that the costs for this program are growing very quickly and growing more quickly than overall federal spending.

I think that's certainly something that's widely recognized, which potentially was the motivation in budget 2025 for the government to come to the table with proposals around copayment to potentially address some of the costs or slow the cost growth associated with the program.

**Dan Mazier:** Thank you, Chair.

**The Chair:** Thank you.

I'm going to go to the Liberals with Mr. Eyolfson for six minutes, please.

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

Thanks to all of you for coming.

You made a reference to something that I thought was germane to this. We talked about how in budget 2025 there are these copayments that are estimated to save somewhere between \$127 million to \$232 million a year. You said those were not included in your projections.

**Jason Jacques:** No.

**Doug Eyolfson:** Why were those not included in the projections?

**Louis Perrault (Director of Policy (Costing), Office of the Parliamentary Budget Officer):** It's based on the timeline and also the information we received, and it fit with the parsimonious approach we used to be able to explain the cost drivers as well as have a credible forecast.

• (1620)

**Doug Eyolfson:** Thank you.

You talked about your estimate for 2030 and how much this program is expected to cost per year. There has been, in the last year, a drop of about one-third in the number of asylum seekers. Does this account for that drop or is this on the existing numbers before that drop?

**Caroline Nicol:** No, that includes that drop. Our ongoing assumption about the intake, the new entrants into the program, continues that trend and keeps the level we've seen in 2025 constant in terms of inflow.

**Doug Eyolfson:** Would you not think that with the changes with Bill C-12, like the copayments for instance, another analysis should be done to take the effect of those copayments into account?

**Louis Perrault:** To definitely take in the impact of copayments and Bill C-12, that's something we could do. We just need more granular data to attack the problem.

**Doug Eyolfson:** What would you say is the primary driver of this expenditure growth? What's the main reason that this expenditure is growing?

**Caroline Nicol:** We looked at that question from two aspects. One was in pure economic terms, called volume and price, which is the growth in beneficiaries and the growth in the costs associated with beneficiaries. It's coming from both sides, so we're expecting a growth in the number of total beneficiaries over the production horizon as there's a greater number of asylum claimants who would receive coverage from the IFHP.

In terms of cost, we also expect there to be growth there, with the growth coming closer to what we see on average for expenditures per capita for Canadians, but staying slightly elevated.

**Doug Eyolfson:** You're basing this on assumptions of future surges in asylum claimants. Is that correct?

**Caroline Nicol:** No, we actually assume that the inflow of asylum claimants will remain at the level we've seen this year, in 2025. It's just that given the constraint of processing capacity, there's an increase in beneficiaries because there's more entry into the program than exiting from the program.

**Doug Eyolfson:** One of the things we deal with in health care costs is the short-term costs and the long-term costs. A lot of diseases, if treated earlier, can be treated at a low cost. A lot of disease processes can be treated initially at a low cost. However, if not treated and allowed to become worse, the problems become more complicated and much more expensive to treat. Particularly, this would be a financial burden on our health care system if these people were to then become full citizens and stay.

Has there been any analysis of the potential consequences of removing these upfront costs in treatment versus the long-term costs of more expensive clinical outcomes in the future?

**Caroline Nicol:** That's not an aspect.... I think it's an interesting point.

In terms of the cost per beneficiary, we don't necessarily make assumptions, underlying, about the type of care or the types of services rendered. We really just look at historical trends and project from there.

**Doug Eyolfson:** I just wanted to clarify. You said that you're assuming that the number of asylum seekers will remain the same.

**Caroline Nicol:** It's the number of new claimants.

**Doug Eyolfson:** Does this take into account the changes in the processes that are going to put downward pressure on the number, as in Bill C-12, by closing loopholes and decreasing the number of potential asylum seekers?

• (1625)

**Louis Perrault:** No, it does not, but it's an analysis we can do for the committee.

**Doug Eyolfson:** I would suggest you do that. Thank you.

I believe that's my time.

**The Chair:** Thank you

We now go to the Bloc Québécois and Monsieur Blanchette-Joncas for six minutes, please.

[*Translation*]

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

I commend the Parliamentary Budget Officer and his team. I thank them for being with us.

My first question is about growth and processing capacity, between 2016-17 and 2024-25. In Quebec, the number of IFHP users has risen from 11,900 to 108,891. I'd like to understand something.

Has the Immigration and Refugee Board of Canada's processing capacity increased by a comparable proportion?

**Caroline Nicol:** I'd approach this question from two angles.

During that period, we noticed a significant increase in the capacity for processing claims. However, we still see a difference between the number of claims received and the number processed, hence the backlog.

**Maxime Blanchette-Joncas:** If I understand correctly, the number of beneficiaries has risen much faster than the increase in federal administrative capacity.

Is that correct?

**Caroline Nicol:** Yes. More people joined the program than left it.

**Maxime Blanchette-Joncas:** Now I'd like to talk about the process backlog.

Since coverage ends only when the file is finalized, can you confirm that each additional month of delay automatically results in an additional month of coverage?

**Caroline Nicol:** In effect, yes.

**Maxime Blanchette-Joncas:** Each additional month of delay automatically results in an additional month of costs for the IFHP.

Is that right?

**Caroline Nicol:** Yes, exactly.

**Maxime Blanchette-Joncas:** If the intake volumes increase without a proportional increase in processing capacity, will the effect on costs be proportional, or will it be greater?

**Caroline Nicol:** That's an interesting question.

We could conduct additional analyses to provide you with a more detailed response, but certainly, as soon as there are more people entering the program than leaving it, costs increase.

**Maxime Blanchette-Joncas:** Perfect. That answers my question.

Let's talk now about the explosion in spending. Program-related expenses in Quebec have risen from about \$10 million to over \$200 million, a 3,000% increase—I'm rounding—over 10 years.

Is that growth related primarily to the increase in the number of beneficiaries and the longer duration of coverage?

**Caroline Nicol:** That is indeed a source of growth. We also saw an increase in the cost per beneficiary during that period.

**Maxime Blanchette-Joncas:** Okay.

Are there other provinces where the percentage of increase in spending was as catastrophic as 3,000% over 10 years?

**Caroline Nicol:** I can't say right now, but we'll be able to answer you once we've looked into it.

**Maxime Blanchette-Joncas:** Thank you. You can respond to us in writing.

You also stated that the average cost per beneficiary was rising more rapidly than what is seen within the Canadian population of the same age group. This trend could exert additional pressure, even if volumes stabilize.

Is that correct?

**Caroline Nicol:** Yes. In our analysis, it's certainly a source of growth that we've identified in the past, and our projections indicate that it will continue.

**Maxime Blanchette-Joncas:** In short, even with consistent volumes, budgetary pressure could continue to increase.

Is that right?

**Caroline Nicol:** Yes, in effect.

**Maxime Blanchette-Joncas:** Okay.

Do you have any data or projections on what this additional budgetary pressure could represent?

**Caroline Nicol:** We anticipate annual costs per beneficiary in Canada to rise about 8%.

**Maxime Blanchette-Joncas:** Thank you.

Earlier, you mentioned a co-payment model for beneficiaries of certain services. They will have to cover 30% of the costs for certain supplemental services.

Have you conducted a formal analysis to assess whether this could lead to a service delay for provincial plans, particularly the Régie de l'assurance maladie du Québec?

**Louis Perrault:** We haven't done any specific analysis for this type of service, but we could look into it.

• (1630)

**Maxime Blanchette-Joncas:** What's your hypothesis at this time?

If there are cuts somewhere, someone else will probably offer that care. Other provinces or territories may have to provide services to people who can no longer access them.

Is that right?

**Louis Perrault:** That's an excellent question.

We'll pay attention to that. The change will take effect on May 1, and then we'll be able to monitor the situation closely.

**Maxime Blanchette-Joncas:** Okay.

From 2017 to 2024, Quebec received more asylum claims than Ontario. On average, however, we received 28% of the funding allocated under the program, and we consistently received half the funding of our neighbour, Ontario.

How do you explain this difference in the allocation of funding?

**Caroline Nicol:** As we understand it, the costs are related to billing. When an asylum claimant sees a doctor, the doctor submits a request for reimbursement under the program, and that's where the costs are calculated.

As for the difference in funding between Ontario and Quebec, we don't really have any details to provide you about what happened, but it relates mainly to billing.

**Maxime Blanchette-Joncas:** The allocation of funding isn't necessarily consistent with the distribution of asylum claims.

Did I understand correctly?

[English]

**The Chair:** Thank you. Your time is now up.

Maybe we can follow that question up in another round.

I'll go to the second round. This is a five-minute round.

We begin with the Conservatives and Mr. Strauss for five minutes, please.

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

Thank you, officials, for being here. Thank you for the study that you've done.

My colleague Mr. Mazier pointed out that, in 2016, the cost of this program was \$86 million, and this year, according to your projections, the cost will be \$1 billion. That's more than a 10-time increase in just 10 years.

I'm new to government but, in looking at that myself, even in terms of government standards, I would use adjectives like "run-away", "unsustainable" and "reckless". What words would you use to describe that sort of cost increase over 10 years based on your experience in government?

**Jason Jacques:** Oh, I think we've used quite a few words in the report. In the English version, there are about 1,800 words that we've used to explain it and, in the French version, there are close to 2,000 words.

Something I've mentioned at other committees is that it is a very challenging fiscal time for the federal government and for Canadians. There's an affordability crisis. The government, as part of budget 2025, has a plan to cut \$60 billion worth of spending and lay off 40,000 public servants. As part of budget 2025, they're also looking at this program as well. Obviously, the government potentially shares some of your concerns about the need to slow the growth in spending in this specific area.

**Matt Strauss:** Thank you. I definitely hope that is the case.

This past December, Global News reported that Canada Border Services Agency was doing an extortion investigation and found 15 individuals who they were investigating for deportation because they were engaged in the violent crime of extortion. Immediately after that investigation started, 14 of the 15 individuals claimed asylum. An immigration lawyer who Global News interviewed for the story said that these 14 gentlemen had just bought four years of subsidized health care.

Is that true to your understanding of the program? Do these 14 individuals who were set to be deported now get four years of free health care under this program?

**Jason Jacques:** While anyone has made a claim and while that claim is being adjudicated, they are eligible for the program, to the best of our knowledge.

**Matt Strauss:** On the government's website for this program, it says that, even after the claim is deemed ineligible, individuals continue to receive supplemental health coverage, which senior citizens in Kitchener do not receive, until they leave the country. From my understanding, if you are ordered deported and you don't show up to the deportation, you're still in the country, and you would still be covered for these supplemental health services. Is that your understanding of the program?

**Caroline Nicol:** As we've mentioned before, our assumption for this costing is from the guidance we've received. The criteria that was highlighted is that the coverage ends when an unsuccessful claimant leaves Canada after exhausting all appeals.

**Matt Strauss:** Even if the government orders you to leave Canada, until you actually physically leave, or if you go missing, you would continue to have your insurance covered.

**Caroline Nicol:** According to this guidance.

**Matt Strauss:** That's incredible.

We talked about the cost increase. Previously, during our study on immigration and health care policy, this committee heard that anaesthetists in Alberta are routinely charging five times the going rate, the Alberta Health Services rate, for procedures to this program. Indeed, the Alberta Medical Association recommends that physicians charge two to five times the rate. The OMA, I believe, recommends 2.9 times the rate.

If it is the case, as we've heard, that physicians are charging more for a service given to somebody covered under this program than a Canadian senior, would that contribute to the overall costs of the program?

• (1635)

**Caroline Nicol:** In our analysis, we didn't make specific assumptions about billing or the cost structure; we really just looked at the cost per beneficiary. What I can say is that we have seen that those costs, while remaining on a nominal level below the Canadian average per capita, are growing significantly faster over history.

**Matt Strauss:** Okay.

Your projections show that the cost will increase another 50% over the next five years. My understanding is that is because new claimants enter the system faster than claimants are leaving the system, that is, being deported. We can project that even further to say that, if nothing changes, the costs will continue to grow indefinitely. Is that correct, as long as there's that basic imbalance between processing and new incoming claimants?

**Jason Jacques:** That's correct, and at the same time, if something can't go on infinitely, it will come to an end at some point.

**Matt Strauss:** Surgeons say that all bleeding stops.

Thanks.

**The Chair:** Thank you very much.

I'm now going to go to Ms. Chi for the Liberals for five minutes, please.

**Maggie Chi (Don Valley North, Lib.):** Thank you to the officials for appearing today.

To begin, could you clarify for the committee the fundamental design of the interim federal health program, specifically whether it's intended to provide full health insurance equivalent to provincial coverage, or whether it's structured as a limited and temporary bridge while individuals await a legal determination?

**Jason Jacques:** I believe in my opening remarks I characterized it more in terms of the latter. It's supposed to be providing a temporary bridge to individuals, while their claims are being adjudicated or while they're being resettled in the country.

**Maggie Chi:** In the report it indicates that the annual average cost per IFHP beneficiary remains well below the average per capita public health expenditure for Canadians of similar age.

Can you please confirm whether this is accurate, and explain what types of services are included or excluded under the program that accounts for the lower cost profile?

**Caroline Nicol:** The number of per capita...for Canadian...refers to all public health expenditures on a per capita basis. The costs for beneficiaries include both basic health services, which would in-

clude doctor visits, hospital visits, etc., and also supplemental health benefits.

**Maggie Chi:** Thank you. Just to confirm, you weren't able to project based on the changes proposed in budget 2025 and all the changes included in Bill C-12. Is that correct?

**Jason Jacques:** In terms of the changes in budget 2025, the details were only published in late January, so we weren't able to incorporate that in the analysis, and we did not include Bill C-12, because it's still under consideration by the Senate, so hasn't yet received royal assent. We would be very happy to extend the analysis to incorporate those two elements.

**Maggie Chi:** Okay. You didn't have enough time to take a look at the fulsome picture. Budget 2025 came out last November with the high-level details, so it's concerning that it wasn't included in the report, because it was already provided in the budget document. It really didn't give us a clear picture, because a lot of the assumptions that were made in the report didn't account for the changes. I would say to everybody to take the projection number with a grain of salt.

**Jason Jacques:** I'm sorry, because I think that might have been a question. I would disagree with you.

Again, I would go back to what I said about 45 seconds previously. The actual details around the copayment information were only released by the government in January. Production was well under way by then, and given the timelines for actually furnishing the committee with our analysis, there wasn't sufficient time to incorporate it—

**Maggie Chi:** No, I take your point. That's fair.

**Jason Jacques:** — rather than the November date that you cited.

**Maggie Chi:** Yes, that's totally fair, and I appreciate it.

The report suggests that the recent growth in overall program costs has been driven by both increased intake and an extended determination timeline. From a fiscal perspective, how significant is the duration of eligibility as a driver of total program expenditure?

• (1640)

**Caroline Nicol:** Our modelling very much focuses on the number of beneficiaries, and it doesn't directly model duration. Essentially, because the length of coverage for an asylum claimant beneficiary is a direct function of how long their determination process is, the longer the determination process, the higher the health care cost associated with that beneficiary.

**Maggie Chi:** If intake levels exceed processing capacity at the Immigration and Refugee Board, would it be fair to say that individuals remain in the program longer than originally intended, and that this dynamic alone increases the total cost, even if per person spending remains modest?

**Caroline Nicol:** That's correct.

**Maggie Chi:** In other words, is the more prudent policy question not whether temporary bridge coverage should exist, but how to align intake processing capacity in system design so that temporary programs do not become prolonged programs?

**Jason Jacques:** We don't...so the mandate of the parliamentary budget officer, interim or otherwise, is not to opine upon policy. We only crunch numbers.

**Maggie Chi:** Okay.

**Jason Jacques:** Policy is done by members around this table.

**Maggie Chi:** I think that's my time. Thank you.

**The Chair:** Thank you.

I'm going to go now to Monsieur Blanchette-Joncas for six minutes, please.

[Translation]

**Maxime Blanchette-Joncas:** Thank you, Madam Chair.

I want to return to my question about the share of funding that Quebec receives with respect to asylum claimants.

In comparison with Ontario, for example, Quebec receives many more asylum seekers than its demographic weight. As for the allocation of program funding, Ontario's share is double that of Quebec, which nonetheless receives a lot of asylum claimants.

Can you explain this?

**Caroline Nicol:** You're talking about the costs per province for the program.

Is that right?

**Maxime Blanchette-Joncas:** That's correct.

**Caroline Nicol:** Costs are related to billing requests. It's related to the invoice. If costs are higher in Ontario, the assumption would be that billing per asylum claimant in Ontario is higher than in Quebec.

**Maxime Blanchette-Joncas:** We see in the data that Ontario surpassed Quebec only in 2024.

**Caroline Nicol:** I don't have the data on those billing dynamics, but that would be my assumption.

**Maxime Blanchette-Joncas:** According to my hypothesis, either asylum claimants in Ontario get sick more often, or treatments and health care in Ontario are more expensive.

How can we confirm whether Quebec or other provinces are being penalized in terms of the allocation of funds?

It's a matter of fairness within the federal government.

**Louis Perrault:** To address this issue, we would definitely need much more granular data if we are to provide you with explanations and answers to your questions. For now, this isn't something we've looked at in the time frame that—

**Maxime Blanchette-Joncas:** That's understood.

I want to talk now about pre-departure care outside the country. The federal government now covers some care outside Canada before individuals arrive.

Do you have data on the impact that these costs have on the entire IFHP budget?

**Caroline Nicol:** Yes, the portion of health care costs for that part of the program was about 3% for the 2024-25 fiscal year.

**Maxime Blanchette-Joncas:** Okay.

Can we have a breakdown of costs by country, by region of origin or by type of pre-departure care covered?

Do you have any data on that?

**Caroline Nicol:** We don't have a breakdown of the costs, but as we understand it, the main expenses are related to pre-departure medical examinations and public health care.

**Maxime Blanchette-Joncas:** Okay.

A portion of the program's expenses is incurred abroad even before these people arrive in Canada.

Is that right?

**Caroline Nicol:** Yes.

**Maxime Blanchette-Joncas:** Okay.

Now, I'd like to talk about the changes that took place from 2016 to 2025.

In 2016, the federal government did not cover any pre-departure care outside the country. In 2025, approximately 50,000 people benefited from it, at a cost of approximately \$22 million.

In your opinion, what specifically changed in the policy or administration of the program to explain this growth?

**Caroline Nicol:** For this particular category, the demand is related to immigration targets. These are candidates who will obtain permanent residency, but who are not yet in Canada. According to the policy, these people can receive coverage, primarily for medical examinations.

• (1645)

**Maxime Blanchette-Joncas:** Okay.

It's not just an increase in volume. There was a change in the parameters of the program.

Is that right?

**Caroline Nicol:** I don't necessarily have the details on the policy changes. For now, that's how it is.

**Maxime Blanchette-Joncas:** Okay.

If you could give us a response in writing about that, we would be grateful.

I want to talk to you about administrative and processing costs.

Beyond the costs for care, administrative costs related to the program and the processing of applications have also increased.

In your opinion, what are these increases mainly attributable to?

[English]

**Jason Stanton (Advisor-Analyst, Office of the Parliamentary Budget Officer):** As part of the administration costs, a lot of it would be the agreement with a third party. Blue Cross would be administering it, so that would be a portion of the administration costs. As more people make claims and there's more billing, there would be an increase in administration costs.

[Translation]

**Maxime Blanchette-Joncas:** Okay.

I just want to fully understand certain things.

Is it related primarily to the addition of staff, overtime or external contracts?

Is it due to the increased complexity of processes? Do you have any information about that?

**Jason Jacques:** No, we don't have any information concerning administrative costs.

**Maxime Blanchette-Joncas:** Okay.

However, we agree that the fiscal trajectory also greatly depends on management choices and administrative capacity. It's not just about the care provided.

Is that right?

**Jason Jacques:** That's right.

**Maxime Blanchette-Joncas:** Great.

In recent years, have the actual costs of the program exceeded the initial projections?

**Caroline Nicol:** We don't necessarily have specific data on past projections. They weren't available. However, we can note that there are references to additional funding for the program in various budget documents.

I think Mr. Stanton can provide more details on that.

**Jason Stanton:** Amounts were allocated to the program in the 2023, 2024, and 2025 budgets. It was really temporary. It may have been for the current year and the following year. It was like a top-up to offset the increase in costs.

[English]

**The Chair:** Thank you, Mr. Blanchette-Joncas.

I go next to Mr. Bailey for the Conservatives.

You have five minutes, please, Mr. Bailey.

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

First of all, I want to thank each of you for your work on this document. It really has clarified some of the questions I have.

I have just a few brief questions.

Over six million Canadians are lacking a family doctor, and it's growing. The committee got testimony from health care professionals indicating that billing for asylum seekers under the interim fed-

eral health program can be up to five times higher than it is for Canadians.

Mr. Stanton, you indicated that Blue Cross is in charge of the billing. Did I hear you correctly, or is it just administering the program and the physicians are billing directly to the federal government?

**Jason Stanton:** It would be the latter. They would be administering it.

**Burton Bailey:** That's what I thought, but I wanted to clarify it.

This points to the Liberal government's lack of oversight and accountability, potentially incentivizing abuse, providing inflated bill amounts and prioritizing IFHP patients, while claimants could stall their own process to extend their stay and eligibility. As a result, bogus asylum claims could receive superior health care through the supplementary coverage—like physiotherapy, home care, counselling and many other health services that taxpaying Canadians and seniors don't even receive.

In your analysis, did you observe any accountability or oversight measures to ensure that bogus asylum claimants would not be abusing this program?

**Jason Jacques:** A key part of the analysis—I mentioned it in the opening remarks—is that we are observing, as part of the historical data, total spending and total billing on the program. We didn't go through the details regarding whether or not any of that might be ineligible or might be overbilled. We also assume that the program is being administered in a manner consistent with its intended purpose.

**Burton Bailey:** In April 2025, it was reported that a Mexican national with alleged cartel ties crossed into Canada through an unofficial port of entry and then claimed refugee status. A decade earlier, this individual told an undercover B.C. RCMP officer that he had worked as a hit man for hire. At one point, he was also arrested for possession of a controlled substance.

If this person were to claim refugee status, is it your understanding that he would be eligible for Canadian taxpayer-funded health care under the interim federal health program?

• (1650)

**Jason Jacques:** Do you mean while the claim is being adjudicated? Yes.

**Burton Bailey:** Okay.

My understanding is that we still don't know, from your analysis or from any data that we've seen from the immigration department, how many eligible IFHP beneficiaries have been denied their asylum claims and how many denied asylum claimants are still in Canada.

Did the department provide data on these denied claimants? Is there any transparency from the department on this, or does it even know?

**Jason Jacques:** Jay, do you want to take this question?

**Jason Stanton:** We didn't necessarily seek that information. We just looked for a number of annual beneficiaries, not necessarily at where they were in the process.

We didn't ask for the data from IRCC in terms of those specific cases, so it did not provide it. This was just because it wasn't what we sought as part of the information to do this report.

**Burton Bailey:** In the analysis, you stated, "Since 2016-17, the cost per in-Canada beneficiary has increased at a significant pace." What is the relative medical cost increase for an asylum-seeking IFHP beneficiary as compared to the health care cost increases for the average Canadian?

**Caroline Nicol:** Over the last five years, the per capita health expenditure for a core age Canadian grew by an annual average of 5%, and the average cost in Canada for IFHP beneficiaries grew by 14% annually.

**Burton Bailey:** Thank you.

**The Chair:** I go next to Ms. Jaczek for the Liberals for five minutes, please.

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

Thank you to the officials for being here.

Now, I'm relatively new to this committee, and I'm not really familiar with the background of requesting the officials to be here today.

What has struck me is that what we're being presented with does not in any way reflect what was in the 2025 budget in terms of cost constraints, particularly as they relate to the supplementary benefits, copayments and so on. This is clearly a study based on data that preceded those changes that our new government has made.

I think you said that, Mr. Jacques. Could you confirm that this simply does not include some of the changes that our government is proposing to make?

**Jason Jacques:** That's correct. That formed part of my opening statement.

**Hon. Helena Jaczek:** Having said that, I presume we're here to dig a bit into the data you used, obviously excluding, as we've said, the new provisions.

MP Strauss, as an example, gave you some information that he apparently has about how billing is not necessarily consistent in anesthesiology, in accordance with the Alberta Medical Association billing code. Were you aware that there could be issues with patients in Alberta being billed a certain amount, or they are insured for that amount, and the federal government is paying in excess of that type of standard billing?

**Jason Jacques:** Again, I believe in my opening statement, I indicated that we assumed the program was being administered in the manner the government intended. In terms of the billing records, we did not request them, nor did we go into them.

In cases of potential malfeasance, that's more of an issue that is under the purview of the Auditor General of Canada.

**Hon. Helena Jaczek:** Would you be able to look into that, as an example? Now you've heard about it, you might want to inform the government of your findings.

**Jason Jacques:** Again, with a motion from the committee, we'd be happy to undertake additional work and an additional analysis.

**Hon. Helena Jaczek:** Okay. I think this would be very helpful, because what we have in front of us was based on old data, and obviously we're here to potentially make some recommendations.

When it comes to supplemental coverage, is there any particular aspect of that coverage—physio or drugs—that stands out as being different from coverage, perhaps, in the general population? I presume you compare them in some way.

• (1655)

**Louis Perrault:** For this analysis, we didn't request a very granular breakdown of the supplementary spending, so we haven't done any analysis.

**Hon. Helena Jaczek:** You don't know. I see.

It really is quite preliminary, isn't it?

There has also been an assertion that coverage would extend for four years. I presume this is an average for all beneficiaries. Is that correct?

In that case, Madam Chair, we would assume that if someone has been charged criminally, as described by a member opposite, their removal from this country might be considerably shorter than four years. I suppose that's not an area of your expertise.

**Jason Jacques:** No, we don't have—

**The Chair:** You have one minute.

**Jason Jacques:** That's a question better put to the CBSA officials.

**Hon. Helena Jaczek:** What were those four years of coverage based on?

**Caroline Nicol:** In the information we got from the IRCC, we asked for the average duration of coverage for the fiscal year 2024-25. They indicated that the average coverage duration is four years.

**Hon. Helena Jaczek:** Is that for all claimants?

**Caroline Nicol:** It's for asylum claimant beneficiaries.

**Hon. Helena Jaczek:** I see. Okay.

In your analysis, is there any—

**The Chair:** You have 30 seconds.

**Hon. Helena Jaczek:** Do you look at inflationary costs or something? You projected through to 2029-30. Did you consider the rate of inflation in any of these costings?

**Caroline Nicol:** Yes, absolutely. That's definitely something we looked at when deciding how to project that forward. Our projection includes inflationary pressure and usage pressure, and it also adds to the additional trends we've been seeing in cost increases historically.

**Hon. Helena Jaczek:** Thank you.

**The Chair:** I'll now go to a third round with the Conservatives and Ms. Helena Konanz for five minutes, please.

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

Thank you all for this report, which seems to be, up to this point...I think everyone around this table would agree it is only the tip of the iceberg, but there are some amazing stats, for sure.

The federal government's interim federal health program, which you're projecting will cost \$1.5 million annually by 2030 and cost \$211 million in 2020, offers taxpayer-funded coverage for a wide range of health care services to asylum seekers and refugee claimants. As soon as someone makes an asylum or refugee claim, they enter the process and become eligible for health services. Is that correct? Is that what you based your date on?

**Jason Jacques:** That's our understanding.

**Helena Konanz:** I know the residents in my riding want Canada to assist real refugees fleeing persecution abroad, obviously, but they also see a situation where, for example, in British Columbia, two non-Canadians were charged with extortion-related shootings and are now trying to claim refugee status from India.

Until that refugee process is completed, these individuals could have access to taxpayer-funded vision care, home care, physiotherapy, etc. That is what we've determined here. Is that correct?

**Jason Jacques:** That's our understanding, based upon the information provided to us by IRCC.

**Helena Konanz:** These health benefits are available for coverage as soon as the claim is made. That's all that's required in this claim. Is that correct?

**Jason Jacques:** That is correct.

**Helena Konanz:** It looks like we have an idea of how many people, refugee claimants, are seeking asylum. For asylum seekers and refugee claimants, would you say one of the big issues here is that there's no way of knowing how many people who are rejected are leaving or whether they've left? There doesn't seem to be a process for knowing those numbers.

**Jason Jacques:** There seems to be a lot of interest around the table with respect to where people are in the process and moving from averages down to more granular data to identify specific cases for individuals. That's work we would be very happy to undertake with the motion from the committee to go into some additional details, including looking at the impacts of the copayment information and Bill C-12.

• (1700)

**Helena Konanz:** For these services that the asylum seekers and refugee claimants are seeking, there are a lot of seniors in my riding who don't have those right now. We know that the rise in asylum cases is coming from failed economic streams, not warfare or per-

secution. How long will the claimants I mentioned who are charged with crimes have access to this type of specialized health care? How long did IRCC say the processing time is at present for these asylum claims?

**Jason Jacques:** We didn't go into the specifics. The analysis of the information we did is, again, based upon the averages. For the specific subgroups that you identify who may have engaged in criminality, we didn't identify those specific individuals, or we can't tease them out based on the information that we have.

**Helena Konanz:** I'm going to cede the rest of my time to Mr. Mazier.

**The Chair:** Mr. Mazier, you have one minute and 29 seconds.

**Dan Mazier:** Thank you.

With that, Chair, I'd like to move the following motion. I move:

That, the committee request the Parliamentary Budget Officer provide the committee with an updated report on the interim federal health program within three months and that the report include further in-depth analysis of the following:

- (a) the fiscal impact of the changes announced in 2025 to the interim federal health program, including the copayment policy and any related measures;
- (b) a detailed breakdown of supplemental health benefits by category, province, utilization and contribution to overall program growth, including utilization rates;
- (c) cost implications across different asylum claim pathways and outcomes, broken down by province;
- (d) the financial sensitivity of the program to changes in IRB processing times;
- (e) the relationship between intake levels, backlogs and projected IFHP expenditures;
- (f) risks that could materially impact long-term program costs beyond current projections;
- (g) an analysis on the distribution of IFHP usage and costs across provinces, highlighting impact of the program on specific hospitals/regions;
- (h) an analysis of changes in the average cost per beneficiary and its contribution to the overall growth of the program;
- (i) an analysis of alternative scenarios taking into account variations in intake volumes and processing times; and
- (j) any other elements deemed relevant by the Parliamentary Budget Officer to ensure a comprehensive analysis of the factors influencing the program's fiscal trajectory;

And that, upon the completion of this report, the Parliamentary Budget Officer, officials from Health Canada and officials from Immigration, Refugees and Citizenship Canada be invited to testify separately before committee on the subject of the report.

After all those points, we went around here, and obviously the PBO needed some more time and more data to complete it with the complement. Of course, there's been a new trajectory taken by the federal government, and that should, in all fairness, be reflected in there as well, but there are still lots of holes in the analysis from this first report. That's why we're bringing it forward today. I'm looking forward to seeing if, hopefully, the committee can support it.

**The Chair:** Do you need some time to look at it?

**Maggie Chi:** Can we suspend and take a look?

**The Chair:** We'll suspend.

• (1700) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1725)

**The Chair:** The committee is resuming.

We have a motion on the floor, and I would like to preface the motion with something. When the motion to bring the Auditor General was first proposed by the Conservatives, I said that some of it may not pertain to health and may just be for the immigration committee. I was promised that this would stick only to health. This new motion today tends to wander slightly off that path. I am wondering if it is appropriate for this committee to continue to study this particular motion or whether we should send it on to citizenship and immigration.

I would like to hear the committee discuss that. I'm asking whether you feel that this is sticking to the concept of health or whether you believe this has moved on to a further extension that does not belong to the mandate of this committee.

Go ahead, Ms. Chi.

**Maggie Chi:** Thank you, Chair.

I think you really hit the nail right on the head there. We've been studying this particular subject since the beginning of this session, since last year. We've really spent a lot of time talking about the subject. If I remember correctly, it has been eight or nine meetings already.

I do want to, first of all, thank the officials for coming in a clutch. I do appreciate that you produced a report on such short notice.

You probably know that we've spent nine meetings in the health committee talking about the impact of immigration, which I agree is an important issue. That's why we included it in budget 2025: about reducing the levels, to really take a lot of action and approaches to normalize the levels that match the demand and the needs, including of the rural community. I think some of the members made a point there as well.

What I would like to say is that the report doesn't have a lot of information that the committee is looking for. Through the line of questioning we've heard here, it was very evident. The projection was based on numbers that didn't include the new measures in budget 2025 and some of the new measures that will be included in Bill C-12, the border bill, which will also bring down the levels of migrants or immigrants.

On top of that, I also want to really re-emphasize the mandate of HESA, with emphasis on health. The explicit mandate of HESA—and this is really pulling out the exact wording that we have, based on the home page—is, “The House of Commons Standing Committee on Health...is empowered to study and report on all matters relating to the mandate, management, and operation of Health Canada.” I think the emphasis is on Health Canada.

It “includes its responsibilities for the operations of the Pest Management Regulatory Agency (PMRA), an internal Health Canada body. The committee is also responsible for the oversight—

• (1730)

**Dan Mazier:** I have a point of order.

**The Chair:** Excuse me; there's a point of order.

Go ahead, Mr. Mazier.

**Dan Mazier:** Are the Liberals filibustering?

**The Chair:** Mr. Mazier, that's not a point of order.

**Maggie Chi:** I'm on the list to speak.

**The Chair:** [*Inaudible—Editor*] permission to be on the list to speak to the motion, Mr. Mazier.

**Dan Mazier:** She has nothing to.... I wish she would start doing that, actually.

**The Chair:** Mr. Mazier, this is not a debate. That was not a point of order.

Continue, Ms. Chi, please.

**Maggie Chi:** Thank you, Chair.

I think it's very important that we address this issue. It's the Standing Committee on Health. “Health” is in the name of the committee. When we talk about calling officials and having a topic on the table, are we utilizing the talents here? We have three physicians on the committee. That could really bring a lot of benefit, studying topics in the committee and subjects relating to health.

**Some hon. members:** Oh, oh!

**The Chair:** Order.

**Maggie Chi:** Thank you so much.

It says, “The committee is also responsible for the oversight of four agencies that report to Parliament through the Minister of Health”. These agencies are very important to the health of Canadians, which fits the mandate of the committee. They include the Canadian Institutes of Health Research, CIHR. They were here last week, and they were excellent in answering some of the questions we had regarding health and health care research, which I'm personally very excited about because Bill S-5, the connected care for Canadians act, will really enable a lot of great research and technology. That will really improve care and the outcome of care.

Next is the Patented Medicine Prices Review Board, PMPRB. It is very pertinent as well. The Canadian Food Inspection Agency, CFIA—

**Some hon. members:** Oh, oh!

**Maggie Chi:** Chair, I'm speaking...

**Burton Bailey:** I have a point of order.

**The Chair:** I will call order.

**Maggie Chi:** I can't hear myself anymore.

**The Chair:** The heckling cannot continue, please.

**Maggie Chi:** This is not the House of Commons.

**The Chair:** A member of the committee is speaking. Please allow her to speak and give her respect when she is speaking. We will do the same for you when your speaking time comes.

Go ahead, Ms. Chi.

**Maggie Chi:** Thank you so much, Chair.

I'm a little disoriented because there is a lot of noise. I'm used to heckling in the House of Commons, but not in the committee room because it's so small. If we can all respect each other's speaking turn, I would appreciate that. I respect when people make a motion and I would appreciate the same respect—

**Dan Mazier:** On a point of order, how is this relevant to the motion?

**The Chair:** The question is whether this motion should be accepted by this committee as part of its mandate or whether it should be sent on to another committee.

That is the point that Ms. Chi is talking about.

**Dan Mazier:** That's not what she was saying, Chair.

**The Chair:** I'm sorry, Mr. Mazier. She is speaking to that particular point.

• (1735)

**Dan Mazier:** Now you're filibustering.

**The Chair:** Mr. Mazier, it is not up to you to make a decision. The member is trying to make a point. She has the place to speak. She is speaking. In fact, I want to put this to the committee. As we continue this discussion and I have a list of one, two, three—

**Helena Konanz:** Are you filibustering?

**The Chair:** The chair is not filibustering. I'm trying to explain to the committee, Ms. Konanz, so we can make a decision here.

You have to know that the committee started at 4:05. It means that we should finish at 6:05. I'm looking at the clock, as the chair, and I'm saying that with the number of people I have here to speak on this motion and adding the 23 minutes of suspension, it means that we should be going to 6:28 for this committee to end.

Before we continue any further, I need to ask the clerk if we have resources and if the interpreters and everyone can stay here until 6:28.

**Burton Bailey:** We're all here until Friday, so—

**The Chair:** Can you tell us, Clerk, if this is possible?

We can continue with the debate in the interim, but if we're going to go to 6:28, she will have to tell us if the resources can be here until then.

In the interim, Ms. Chi, go ahead.

**Maggie Chi:** Thank you, Chair.

I just need to collect my thoughts a little bit. That was a long interruption, but I appreciate you standing up for the rights of committee members when we're speaking to a motion. I believe it's absolutely within the right of committee members whenever there is a motion on the table.

We're parliamentarians. We need time to review. We need time to access. We also need time to think about the ramification of motions and things that are put on the table.

**Helena Konanz:** I have a point of order, Madam Chair.

**Maggie Chi:** I really appreciate your help—

**The Chair:** Go head on the point of order, please.

**Helena Konanz:** This is not relevant to the motion. This is a \$1.5-billion cover-up.

**The Chair:** Ms. Konanz, this is not a political issue. She is speaking—

**Helena Konanz:** This is a very political issue.

**The Chair:** Please, I expect some order.

I am suggesting that Ms. Chi—

**Helena Konanz:** It's a \$1.5 billion cover-up. This is a filibuster because they don't want to continue this—

**The Chair:** Ms. Konanz, you do not have the floor. This is not a point of order. I'm sorry.

The member is speaking about whether this motion should be continued by this committee or whether it should be moved to another committee. That's very relevant.

**Helena Konanz:** Are we not going to go to a vote? Why can't we go to a vote?

**The Chair:** We're debating the motion. When there's a motion on the table, the debate has to continue until the last speaker has been given the opportunity to debate. I'm sorry. Those are the rules.

Ms. Chi still has the floor. I'm sorry. I will not entertain this question as a point of order.

Go ahead, Ms. Chi.

**Maggie Chi:** Thank you, Chair.

I really appreciate it because I've been interrupted about three or four times now—

**Dan Mazier:** That's because you weren't talking about it.

**Maggie Chi:** I think I've been very respectful of all members here by giving them space and time to ask their questions and to speak up.

As a fellow member, I think I deserve the same level of respect. I would really appreciate no more frivolous points of order because, as a member, I really want to be respectful—

**Dan Mazier:** It's \$1.5 billion worth of points of order.

**The Chair:** Mr. Mazier, you're out of order. This is not a debate. A member is speaking. You may not agree with her, but you will have time, because you're on the list, to disagree with her.

Go ahead, Ms. Chi.

**Maggie Chi:** Thank you, Chair.

Yes, absolutely. This is why I respect our democracy so much. It's because we have healthy debates.

**Dan Mazier:** On a point of order, get back to the motion, please.

**Maggie Chi:** I am getting back, Mr. Mazier.

To the point of the mandate of the Standing Committee on Health, the last agency I want to mention is the Public Health Agency of Canada, PHAC. These agencies are absolutely essential for protecting the health and safety of Canadians.

**Dan Mazier:** On a point of order, that wasn't in the motion. PHAC was not mentioned.

**The Chair:** Mr. Mazier, that is not a point of order. A member can speak to the motion, and she's making points that she thinks are relevant. I think they're relevant.

I'm sorry. I will make a decision on whether the member can continue speaking or not. She's not out of order. I'm sorry.

Go ahead, Ms. Chi.

**Maggie Chi:** Thank you, Chair.

Coming back to the mandate of the Standing Committee—

**Dan Mazier:** —to the motion.

**Maggie Chi:** —which speaks to why I think the motion really doesn't fall within the mandate, I will read the mandate of the Standing Committee on Health.

This “includes reviewing and reporting on matters referred to it by Orders of Reference from the House of Commons relating to Health Canada and its associated agencies such as health-related bills”. Our “budgetary estimates of Health Canada and associate agencies”, which we did last time with the minister and officials, was a very great meeting just to learn more about what the government is doing—

• (1740)

**Dan Mazier:** How about the motion? Is it a good motion?

**Maggie Chi:** Chair, I think the heckling is enough.

**The Chair:** You're out of order, Mr. Mazier.

**Dan Mazier:** You're not talking about the motion.

The cost implication is \$1.5—

**The Chair:** Mr. Mazier, you are out of order. This is not a debate.

**Helena Konanz:** This is our health system.

How embarrassing is this?

**The Chair:** I'm sorry, Ms. Konanz. This is not a debate. Go through the chair, please.

This is not a debate. I'm sorry.

Go ahead, Ms. Chi.

**Helena Konanz:** It should be a debate.

**Maggie Chi:** Thank you so much.

Through—

**The Chair:** It's not across the floor. It goes through the chair—

**Maggie Chi:** The Conservatives are so disorganized, they cannot even heckle in unison. I'll give them the space for now.

Let me come back to the Standing Committee on Health. It “may also study matters the committee itself chooses to examine...holds public meetings and considers evidence from witnesses”, which has been very helpful, right? We've spent nine meetings, Madam Chair, in total on this subject.

We have a lot of important studies on the agenda that still haven't been considered. They are within the mandate.

The question first is whether or not the motion is even within the mandate of the committee, which I will question. I think, Chair, that you had an excellent point about whether or not it should be the mandate of health. We have three physicians on committee. We should be holding everybody to account for the time that we spend here to examine the health and safety of Canadians.

For example, we spent meetings on the antimicrobial resistance study, AMR. That was a very eye-opening—

**Dan Mazier:** I have a point of order.

**Maggie Chi:** It was enlightening for me.

It's one of those—

**Dan Mazier:** I have a point of order.

**The Chair:** Yes, Mr. Mazier. This is no longer a point of order, unless....

I'm going to listen to you because I don't know what you are going to ask. I will rule on it once you ask it, but do not bring up the same points you've been bringing up. They were not points of order.

Thank you.

Go ahead, Mr. Mazier.

**Dan Mazier:** Thank you, Chair.

I guess it's a point of clarification.

As chair, you have a duty to decide whether what Ms. Chi is going on about is relevant to the motion.

I have not heard anything about points through a) talking about fiscal impact. I have not heard anything about a detailed breakdown. I have heard nothing about the cost implications of \$1.5 billion to this program. I have not even heard the name of the program, Chair.

What I'm asking for is clarification. When we're talking about the motion in front of us, what is Ms. Chi's...? I would like a decision on that.

**The Chair:** Well, I put this earlier on before the debate began. When this motion to ask for the Parliamentary Budget Officer to appear was brought forward, I said that we should be careful that it remained within the realm of health.

I was promised by you, Mr. Mazier, that it would. I am now looking at this expanded motion that you've brought today. Some of it does not belong within the realm of health. This is what is being debated. Does this motion belong in the realm of health or not? That is what Ms. Chi is speaking to.

She's suggesting, if I listen to her, that she thinks some of it does not belong in the realm of health.

Before I go any further—Ms. Chi, I will come back to you in a minute—I am waiting to hear about the resources, not only the resources in this room until 6:28 but whether we need to tell our witnesses that they should be able to leave. Can they stay any longer than five minutes after six?

We have a lot of other people's time to consider here.

Shall I dismiss the witnesses, because we're certainly not going to come back to questioning them? I have a long list—

**Burton Bailey:** That would be a shame.

**The Chair:** I have a long list to debate. It would not be a shame if we have not got resources, Mr. Bailey. We're waiting—

**Burton Bailey:** Well, then we're wasting—

**Dan Mazier:** I have a point of order.

**The Chair:** We do not have resources, Mr. Bailey. You may think it's a shame, but people are not able to stay that long. I don't know if the witnesses can, and that's all I'm asking. It's not a shame to ask if people have something else and cannot stay longer than the time allocated.

**Dan Mazier:** I have a point of order.

**The Chair:** The resources, the interpreters, etc., cannot stay until 6:28, and I'm asking the witnesses if they want to stay until 6:28. Then the question would be, if we do not have resources, as I am just told by the clerk, that we may not be able to carry this on until 6:28. I think we have an issue here.

• (1745)

**Dan Mazier:** I have a point of order.

**The Chair:** When can the resources go to, Clerk?

**The Clerk of the Committee (Catherine Ngando Edimo):** It's just the two hours of the meeting that we have, with 15 minutes. That's it.

**The Chair:** All right, so we only have 15 minutes.

**Dan Mazier:** I have a point of order.

**The Chair:** Mr. Mazier, I am giving you information. We only have 15—

**Dan Mazier:** We're still waiting for a decision from you, Chair.

I asked for your decision that... When Ms. Chi was talking about whether her points were relevant to the bill, I did not hear a yes. I am—

**The Chair:** Mr. Mazier, we have to decide whether we have time to continue this meeting or not.

**Dan Mazier:** Did you make decision on that, Chair? I just want clarification on that.

**The Chair:** No, because I have to listen to the debate on that question, and I'm doing that right now, but by the way, Mr. Mazier—

**Dan Mazier:** I'm asking you whether Ms.—

**The Chair:** Allow me to finish speaking, please. You're out of order.

I have to ask a question about whether people can stay. We only have resources for 15 minutes after 6:05, and that would mean that we can only go to 6:20. Therefore, I am making that suggestion, and I have this long list of names here of all of you who wish to speak.

Now, at the moment, we are discussing whether this motion even belongs here. Ms. Chi is trying to make her points. She does not think it belongs.

We will then go to a vote when everyone—

**Dan Mazier:** I was asking if you made a decision that you thought it was inside of the motion. That was your decision.

**The Chair:** No, Mr. Mazier, when I spoke originally after the motion, I said I thought this motion has expanded to something that is beyond the health mandate, and that is what people are debating now. Is it beyond the health...? If you want, I can just say, "This is not within the health mandate," and that's it; I will not accept the motion.

Is that what you want, or do you want a debate on it?

**Dan Mazier:** I'm challenging the chair. I think it is.

**The Chair:** You think it's—

**Dan Mazier:** Yes, so I call for a vote. I'm challenging the chair.

**The Chair:** I have not made a decision. Mr. Mazier, what are you challenging?

**Dan Mazier:** This is within our rights.

**The Chair:** I have not made a decision whether—

**Dan Mazier:** You just said you did.

**The Chair:** No. Honestly, Mr. Mazier, either you will listen to what I'm saying... I think I speak English. The bottom line here is this. I could make a decision that it's outside the mandate. You can challenge the chair then. I have not made that decision. I am actually listening to whether the committee believes that it wants to carry on with this motion.

**Matt Strauss:** I have a point of order.

**The Chair:** This is an important thing to get a democratic position—

**Matt Strauss:** I have a point of order.

**The Chair:** —around the room.

Go ahead, Mr. Strauss.

**Matt Strauss:** The chair's decision is not for debate. The chair has decided to make a decision, so—

**The Chair:** No, I know, but I haven't made a decision.

**Matt Strauss:** I would ask the chair to take a decision, please.

**The Chair:** You would like me to take a decision?

**Matt Strauss:** Yes, please.

**The Chair:** Then I think this motion is outside of the mandate of this committee.

**Dan Mazier:** I challenge that.

**The Chair:** You challenge it.

Now there is not a debate yet. We have to call a question, a vote.

**Dan Mazier:** Can you please explain which way the vote goes for and against?

**The Chair:** You either decide you agree with the chair of the committee, or you disagree with the chair. Mr. Strauss asked me for an opinion, and I gave an opinion: that I think this particular expanded motion has now moved outside the health committee's realm.

**Maggie Chi:** As a point of clarification, Chair, are we voting on whether or not this is within the mandate?

**The Chair:** We're voting on whether or not you will sustain the chair's ruling that this is outside of the mandate.

**Maggie Chi:** Got it.

**The Chair:** The clerk is going to call that vote.

(Ruling of the chair overturned: nays 5; yeas 4)

**The Chair:** The chair's position is not sustained by the committee, so therefore we will have to continue. Ms. Chi has the floor still.

**Maggie Chi:** Thank you so much.

**A voice:** No, she doesn't.

**The Chair:** We are now debating whether the committee wishes to discuss this motion.

**Burton Bailey:** We just voted on it.

**The Chair:** I am—no you did not—

**Burton Bailey:** No, Chair.

**The Chair:** No, you disagreed with my ruling that it does not belong, so obviously it belongs. Obviously, we're discussing the motion.

I'm sorry, but we're discussing the motion. It does belong. You've said it belongs. I accept—

**Maggie Chi:** I have a point of clarification.

• (1750)

**The Chair:** Can I clarify? If you all speak while I'm speaking, obviously you're not listening to what I'm saying.

The chair said that this motion did not belong. The committee voted against the chair's decision, so now the motion is being debated. I have a list of people to speak to the motion—no longer to whether it belongs or not, but to the motion itself.

Ms. Chi, you've finished your time, because we're discussing something different now. We're actually discussing the motion.

Ms. Jaczek, go ahead.

**Hon. Helena Jaczek:** Thank you so much, Madam Chair.

As I expressed when we were questioning the witnesses, I was certainly feeling that we needed a lot more information in terms of the way forward, given, as was said by Monsieur Jacques, that they had not had time to include budget 2025 and they had not had an opportunity to look at copayments for supplementary benefits.

Certainly in terms of the motion itself, we can see that some of those points are reflected and there's a desire for more information.

I have a feeling that, as it relates to the three months that I think was in the motion, during which perhaps a new report would be available, this might not be sufficient time. I believe that some of the new types of conditions that are being proposed would not have actually come into force. Just as something of an observation, I'm wondering if that three months is in any way doable or appropriate or whatever.

I do have to say that, as I'm new to this committee, I was astonished to find that we were engaged in this particular exercise today. There has been some discussion about the relevance to this particular committee. Notwithstanding what has just happened with the vote, I would simply reiterate that I consider myself—as I said, I just started in December—someone who has literally been astonished that we're considering this.

The Department of Health is obligated to pay these funds based on IRCC policy, so as for the relevance for our continuing discussion at this particular committee, when apparently we have many committees studying immigration as an issue itself, I would have thought it might be far more appropriate for this particular investigation to go forward to another committee.

There are some of these suggestions that I think deserve some conversation and further discussion before we vote on this particular motion.

I see Ms. Chi apparently also wants to intervene.

**The Chair:** It's not Ms. Chi's turn on the list. She's on the list down here. We have to follow the list. I'm sorry.

Finish your point, Ms. Jaczek.

**Hon. Helena Jaczek:** We have a list of studies that have been approved that I feel would be extremely interesting. When I started here, we were talking about antimicrobial resistance, which is very appropriate for the health committee to study. I'm particularly looking forward to the pharmaceutical sovereignty report. I met recently with the Canadian Manufacturers and Exporters. I would have thought that would be of great interest to everybody.

Having something so extraneous to the actual business of this committee strikes me as really quite unfortunate, notwithstanding that the actual content of the motion seems to want to delve a lot deeper and quite possibly would be of great interest to many members of Parliament in other committees.

Madam Chair, I feel very strongly that this is not part of what we should be looking at.

**The Chair:** You're speaking against the motion.

**Hon. Helena Jaczek:** Yes. In essence, I'm speaking against the motion in this committee.

• (1755)

**The Chair:** I go to Ms. Konanz.

**Helena Konanz:** Thank you.

First of all, these professionals took time and energy to put together a very professional report.

Chair, we sat here as every single one of these Liberal representatives or MPs talked about how they needed to further this report—that it needed to be continued. Every single one of them said that there wasn't enough information and that they needed more in order to get the proper numbers. Some of them were questioning the numbers. Each one of them said how important it was that we continue a study to look into this more.

I know that \$1.5 billion out of our budget toward health is important, whether it's health for people who are new to our country.... We're questioning possibly some of the \$1.5 billion going to people who are maybe not actually deserving of that support, which would be those who have been convicted of a crime or have not passed the asylum and refugee system.

Every single one of these Liberal members who has spoken today has said that we need to continue this report. That is on record. Thank you.

**The Chair:** Thank you, Ms. Konanz.

I go to Mr. Bailey.

**Burton Bailey:** Thank you, Madam Chair.

I apologize to you and to the members here for losing my cool.

I take this study very seriously. When we talk about our doctor shortage, from what I've learned about this study, \$1.5 billion would give us 1,500 more specialists in this country.

When programs like this are being abused, it puts a strain on our health care. We are the health committee. These types of things are very important. I'm not talking about the immigration aspects. I'm not talking about the housing. I am talking about the strain on health care, the doctor shortage and the five times the billing.

This study is important. These people need to complete what they have been doing. We rushed them in the first place—even yourselves in the beginning. I am not going to waste the committee's time reading this motion again, but I ask you all to reconsider and look at the \$1.5 billion of health care money being wasted.

**The Chair:** Thank you, Mr. Bailey.

I now go to Mr. Eyolfson.

**Doug Eyolfson:** Thank you, Chair.

We need to keep in mind that there are a number of studies that are very worthwhile studies. I think we have had some very worthwhile information from this study, but there have been nine meetings so far on this study. For meetings for other topics, we've had six. We have given more than enough goodwill to keep entertaining extensions of this. Every time it appears to be done, there's one more motion to extend this.

We have a number of very important studies. It's one thing to want to take a topic and study it to its conclusion. It's another matter to keep adding on more motions, adding on more reasons to extend it and putting other studies on the back burner, particularly when we're talking about issues that are the responsibility of other departments. Quite frankly, this is a waste of parliamentary resources and a waste of taxpayers' money.

**The Chair:** Are you finished, Mr. Eyolfson?

**Doug Eyolfson:** Yes, thank you.

**The Chair:** Go ahead, Mr. Mazier.

**Dan Mazier:** I can't believe I just heard that \$1.5 billion.... We've heard that five times the charging rate is coming out of these provinces. Quebec is paying through the nose on this. I can't believe that it's a waste of time to look at the spending that's going on here.

**An hon. member:** It's not a health issue.

**Dan Mazier:** It's out of control, and it's not a health issue.

**Maggie Chi:** I have a point of order—

**The Chair:** I'm sorry. You do not engage in debates across the floor. You go through the chair. You have a responsibility, Mr. Mazier, to speak to the motion. That's what you're speaking to.

**Maggie Chi:** I have a point of order.

**The Chair:** Yes, go ahead.

• (1800)

**Maggie Chi:** I hope I can sound like a doctor, but I'm not there.

The point of order is with regard to Mr. Mazier's characterization of my colleague's comment. That's not what he said at all—

**Dan Mazier:** That's not a point of order.

**Maggie Chi:** —and I think it's irresponsible to characterize my colleague's comments like that—

**Dan Mazier:** Is \$1.5 billion not irresponsible?

**The Chair:** When a person is speaking on the floor, I would like to ask this committee to please refrain from speaking over them. Allow them to finish. You can disagree with them. When you have your turn, you can say what you want.

You had your turn, Mr. Mazier. Ms. Chi is now commenting.

Ms. Chi, that is not a point of order. I'm so sorry.

Let us move on.

Mr. Mazier, continue.

**Dan Mazier:** Thank you, Chair.

This is not continuing on with the study. This is asking the PBO to do a report on a \$1.5-billion boondoggle cover-up of the interim federal health program. That is what this is about.

I do not know why the Liberals are so in objection to this. They spent the first hour saying we need more details. My gosh, you haven't included everything—

**Maggie Chi:** On a point of order—

**The Chair:** Go ahead, Ms. Chi.

**Maggie Chi:** Thank you, Chair, for acknowledging me.

With regard to the projection, I just also want to say to my colleague that the PBO office has said repeatedly that it wasn't accounting for the changes in the 2025 budget and Bill C-12.

**The Chair:** Ms. Chi, I'm sorry. That's not a point of order.

**Maggie Chi:** I'm sorry. I do apologize, Chair.

**The Chair:** Go ahead, Mr. Mazier.

**Dan Mazier:** Thank you for pointing that out, Ms. Chi, because that's exactly why we introduced the motion.

**The Chair:** Mr. Mazier, please refrain from speaking to Ms. Chi. Speak through the chair.

Continue speaking to the motion, please.

**Dan Mazier:** Actually, through the chair, I just want to follow up on what Ms. Chi said, and that's fair.

**The Chair:** Yes.

**Dan Mazier:** Chair, she did actually refer to their need for more details. She actually admitted that. That's exactly what this motion is going to be doing.

**The Chair:** Thank you, Mr. Mazier.

Continue.

**Dan Mazier:** That's good. That's all I wanted to say. Thank you.

**The Chair:** Can I go to Mr. Bailey?

No, Mr. Bailey, you'd be here twice. Would you like to go back, or should I go to Ms. Chi? She's the next one after you. Are you ceding the floor, Mr. Bailey, or are you going to speak?

**Burton Bailey:** That's a difficult question, but thank you for the offer, Chair. I will cede to Ms. Chi.

**The Chair:** Go ahead, Ms. Chi.

**Maggie Chi:** Thank you, Chair, but I believe my colleague Sonia Sidhu was also on the list.

**The Chair:** Can you see that I have the list?

**Maggie Chi:** Oh, you have the list. I think Sonia also wanted to be added.

**The Chair:** Ms. Chi, will you allow me to call the names in order on my list?

You're next.

**Maggie Chi:** Thank you, Chair. I do apologize for misusing points of order. I do feel very strongly when—

**The Chair:** Ms. Chi, I will decide on a point of order.

**Maggie Chi:** Oh, thank you.

**The Chair:** Make them and I'll tell you if they are points of order or not.

**Maggie Chi:** Okay, that sounds good.

**The Chair:** We're speaking to the motion on the table.

**Maggie Chi:** Thank you for the guidance.

I'll go to the motion itself. It reads:

That, the committee request the Parliamentary Budget Officer provide the committee with an updated report on the interim federal health program within three months and that report include further in-depth analysis of the following:

- (a) the fiscal impact of the changes announced in 2025 to the interim federal health program, including the copayment policy and any related measures;
- (b) a detailed breakdown of supplemental health benefits by category, province, utilization and—

**Dan Mazier:** I have a point of order.

**The Chair:** Mr. Mazier, please go ahead.

**Dan Mazier:** This is repetition. It's repeating the facts.

**The Chair:** Mr. Mazier, I decide. In debate, a person is allowed to say what they wish as long as they stick to the topic.

Ms. Chi is not out of order. She's reading the motion.

**Maggie Chi:** I'm literally reading your motion.

I'm going to start again from paragraph (b). It reads:

- (b) a detailed breakdown of supplemental health benefits by category, province, utilization and contribution to overall program growth, including utilization rates;
- (c) cost implications across different asylum claim pathways and outcomes broken, down by province;
- (d) the financial sensitivity of the program to changes in IRB processing times;
- (e) the relationship between intake levels, backlogs and projected IFHP expenditures;—

**Dan Mazier:** You don't want to touch the backlogs.

• (1805)

**Maggie Chi:** I'll continue:

- (f) risks that could materially impact long-term program costs beyond current projections;
- (g) an analysis on the distribution of IFHP usage and costs across provinces, highlighting impact of the program on specific hospitals/regions;
- (h) an analysis of changes in the average cost per beneficiary and its contribution to the overall growth of the program;
- (i) an analysis of alternative scenarios taking into account variations in intake volumes and processing times; and
- (j) any other elements deemed relevant by the Parliamentary Budget Officer to ensure a comprehensive analysis of the factors influencing the program's fiscal trajectory.

Chair, I need to reiterate that I really agree with my colleagues' assessment and their point about whether this is the appropriate committee to study this motion. We really spent a long time and had countless witnesses. We have a lot of testimony on studying the impact of immigration on health care.

I do empathize with the office of the PBO that they didn't have sufficient time to analyze the report.

I do remind the committee that it was a Conservative motion to call the office of the PBO in such a short timeline that they couldn't take into account the changes, which does mean that some of the numbers really are not representative—

**Dan Mazier:** Maybe you ought to correct that.

**Maggie Chi:** —and some of the projections are not representative.

Excuse me. I'm sorry.

I'm speaking here, Mr. Mazier. Do you have a point of order, or do you want to interrupt me?

**The Chair:** I'm the chair. I will decide.

Mr. Mazier, can you refrain from editing aloud when she's to speak?

**Maggie Chi:** Yes, I give you the time of day, and I expect the same thing.

**The Chair:** Ms. Chi, continue speaking.

**Maggie Chi:** In the estimates here, in the first page of the highlights of the report, it literally says, "Budget 2025 indicated that a 'modest co-payment model' will be introduced to the Interim Federal Health Program for supplemental health products or services. This change to the program is not reflected in our projection. Including this new measure would reduce our estimate". I repeat that the change is "not reflected".

I really want to remind committee colleagues here that when they keep on repeating or quoting a number that didn't even account for these measures, it is really not an accurate representation of the projection.

**Dan Mazier:** I have a point of order.

**The Chair:** Explain, Mr. Mazier, your point of order.

**Dan Mazier:** I think it's just a point of clarification for Ms. Chi and all the committee here. That's exactly why we introduced this motion.

**The Chair:** Mr. Mazier, that's not a point of order or a point of clarification. You're just debating your motion, and you had your time to do that already.

**Maggie Chi:** I was just trying to make a point that whenever members quote reports, I really hope people understand the context behind a number, because that matters.

When you are quoting something to the public, it's so important to take into account the context, because that matters. When you repeat a figure that hasn't really taken into account the projections with accurate information, I think that's really harmful to the dialogue. This is why I really want to emphasize to the PBO that I think that's a really responsible thing you did on the first page to account for the missing components and context in the report. I thank you for highlighting that.

I want to remind folks about quoting a number that really didn't have the most accurate projection. That's no fault of anybody, because we called you in too early. That's a Conservative motion. They really didn't have the consideration for some of the changes that we are seeing.

There's a lot of noise in the committee right now. I really would like to focus on making my point.

Back to the motion itself, when you look at some of the pieces here in the relationship between intake levels, backlogs and projected IFHP expenditures—I'm speaking to the motion. This is actually in the motion. It's line (e). This is an IRCC issue. This is an immigration issue. They have the numbers. They have the expertise. They are accounting for the numbers and expertise. This is why I think our committee may not be the most appropriate—this motion is not the most appropriate for the Standing Committee on Health, and I would really encourage folks to think about that.

• (1810)

When we are looking at studies and motions—

**Dan Mazier:** I have a point of order.

**Maggie Chi:** —are we utilizing our time in the most efficient way?

**The Chair:** Mr. Mazier, go ahead.

**Dan Mazier:** That was already debated and lost. We decided as a committee that wasn't relevant.

**The Chair:** We're debating the motion on the table, Ms. Chi, and not whether it should or should not be here. We already decided that. Let us discuss the motion.

**Maggie Chi:** Okay.

I do have another point to make, especially when the report itself referenced that it really didn't take into account the recent changes. As of January 27, 2026, this is on the Government of Canada website right now. It's titled "Changes to the Interim Federal Health Program". If you search it, you will find it, and it gives more detail about the program.

Can I please outline what is in the program without being interrupted? I would really like the indulgence of the committee for that:

As announced in Budget 2025, Immigration, Refugees and Citizenship Canada will introduce co-payments—

—which was mentioned in the report—

—for supplemental health products and services for eligible people (beneficiaries) covered under the Interim Federal Health Program...

The IFHP is the subject of the discussion here.

The [Interim Federal Health Program] provides limited and temporary coverage for urgent and essential health products and services for eligible beneficiaries until they transition to provincial or territorial health care programs.

It gives an outline and it's also outlined in the report.

A co-payment is the portion of the cost that a beneficiary pays directly to their health care provider, with the remaining cost covered by the IFHP. Introducing co-payments—

—which was outlined in budget 2025—

—will help keep supplemental health care accessible for eligible beneficiaries while responsibly managing growing demand.

I think we recognize there is a growing demand, and this really helps manage that piece.

This change supports the long-term sustainability of the IFHP so it can continue providing essential support to current and future beneficiaries.

The part that is changing is in the next section, where it says, “What is changing”.

As of May 1, 2026, IFHP—

**Dan Mazier:** I have a point of order.

**The Chair:** Can you please stick to the motion?

**Maggie Chi:** Yes, I'm speaking to the—

**Dan Mazier:** Thank you, Chair.

**The Chair:** Is this contained in the motion in any way? I didn't see it in the motion.

**Maggie Chi:** It's referencing the program.

**The Chair:** You're speaking to the program. Are you speaking to the motion?

**Maggie Chi:** I'm getting to my point, but I keep getting interrupted.

**The Chair:** Nobody's interrupting you right now. Continue, Ms. Chi.

**Maggie Chi:** Chair, indulge me in this conversation.

**The Chair:** Ms. Chi, I can indulge you as much as you want, but you need to speak to for or against the motion, please.

**Maggie Chi:** That's fair. I will get to my point very quickly.

“As of May 1, 2026, IFHP beneficiaries will be responsible for the following co-payments”.

**Dan Mazier:** I have a point of order.

**Maggie Chi:** The first is, “\$4 for each eligible prescription medication filled or refilled—”

**The Chair:** Mr. Mazier, go ahead on your point of order.

**Dan Mazier:** This is not speaking to the motion.

**Maggie Chi:** I can speak to the motion.

**The Chair:** We are discussing the motion, Ms. Chi.

**Maggie Chi:** The motion speaks to “the fiscal impact of the changes announced in budget 2025 to the interim federal health

program, including the copayment policy and any related measures”.

The folks here, the fine folks from PBO, really outlined that they weren't able to get the information that they needed during this period. I really don't think there—

**Helena Konanz:** I have a point of order.

**Maggie Chi:** —was a lot of time for them to gather this information.

**Helena Konanz:** I have a point of order.

**Maggie Chi:** We are looking at, first of all—

**The Chair:** Go ahead, Ms. Konanz.

**Helena Konanz:** It's repetition; she's repeating herself over and over again, through the chair.

**The Chair:** Ms. Konanz, if a member is speaking on a debate, they can—

**Helena Konanz:** They're not allowed to repeat.

**The Chair:** —repeat themselves as much as they want.

**Helena Konanz:** No, standing order... No repetition...

**The Chair:** As long as it's made to the order of the day, which is a motion...

**Helena Konanz:** It's Standing Order 11.

**The Chair:** That's what a point of order means. Are we straying from the orders of the day? The order of the day is a motion we're discussing. Ms. Chi is reading components of the motion and then debating them. I think she's in order with what she's doing.

Mr. Bailey, do you have a point of order?

• (1815)

**Burton Bailey:** I just want to get on the clerk's list, please.

**The Chair:** Thank you.

All right, continue, Ms. Chi.

**Maggie Chi:** There are a lot of disruptions and interruptions.

**The Chair:** Continue, please.

**Maggie Chi:** I really question the point that the members of the opposition are making about how we're discussing the relevancy of the motion. The chair makes the decision.

I am on topic. I really believe that I am on topic when I discuss the program. That's the program, the subject of the study. I really question that, first of all.

The point—

**Dan Mazier:** I have a point of order, Chair.

**Maggie Chi:** I keep getting interrupted.

Once again, Mr. Mazier, I'm getting interrupted.

**The Chair:** Mr. Mazier, do you have a point of order?

**Dan Mazier:** Chair, will you please...?

It is not relevant to the motion. I don't know how many times I have to say this. She's talking about what's allowed or not.

**The Chair:** Mr. Mazier, I will decide what is relevant to the motion. We are sticking to the motion.

Ms. Chi is reading a piece of the motion. Now she's discussing why she doesn't like it and what she feels is wrong with it. This is speaking to the motion. She's relevant, Mr. Mazier.

Thank you.

Ms. Chi, go ahead.

**Maggie Chi:** I'm just going point by point here. I feel like I really need to address my last point again.

To the point that was discussed in the motion, it says, "the fiscal impact of changes announced in 2025 to the interim federal health program, including the copayment policy and any related measures". I was halfway through going through the changes to the program.

As the Parliamentary Budget Officer and the fine folks here have highlighted, the changes are coming in. There are changes that will bring the cost down, but I still question whether or not it's appropriate for this committee to study and not another committee like OGGO or—

**The Chair:** We've already decided on that position.

**Maggie Chi:** I'm just speaking to the point.

**The Chair:** We're not debating whether this is appropriate anymore.

**Maggie Chi:** I'm not debating that. I'm just opining.

I'm still going. I feel like my time has been taken away by a lot of these interruptions.

**The Chair:** Ms. Chi, speak to the motion, for or against it, please. Thank you.

**Maggie Chi:** I will.

Point (a), I'm not supporting that. Is it clear that I'm speaking to the motion?

**The Chair:** Yes, you are.

**Maggie Chi:** This is why I don't support it: Point (a) is.... This is a program administered by IRCC. Immigration oversees the level of asylum seekers and refugee claimants. It is the one that controls the numbers. It is the one that is administering the program.

I'm opining on this point: I think the health committee is not the most appropriate committee to study this, because we have a mandate to study things that are health related. We did that for AMR. We studied the impact for immigration or foreign credentialing. We had a lot of great testimonies on that, and that's relevant to this committee.

I feel that point (a) is more appropriate to be studied either at the immigration committee or at OGGO.

To that point, we're making changes through budget 2025. There will be a decrease of cost. The level projection will change as well.

Point (b) is "a detailed breakdown of supplemental health benefits by category, province, utilization and contribution to overall program growth, including utilization rates". I think this is a good point. Again, study it at another committee. This data, this information, provided by IRCC, would be really better studied at a different committee. Whether health is impacted or not impacted.... When the driver is the number of claimants and the number of refugees, I think the immigration committee or OGGO would really give a deeper analysis on that point.

Point (c) is "Cost implications across different asylum claim pathways and outcomes, broken down by province". With regard to the different asylum claim pathways, that's immigration; that's IRCC. That's all information coming from them. Are we the most appropriate committee to study that?

This is the subject of a lot of people's interest. However, again, it's more appropriate to be studied somewhere else so that we can really do the deeper dive on the program, which we all have an interest in.

Again, with the mandate of this committee, I feel like this may not be the most appropriate setting. I find a lot of members agree that our resources could be better used. We have various upcoming studies that I really believe can be beneficial to Canadians.

• (1820)

**Matt Strauss:** I have a point of order, Madam Chair.

I believe the committee is about to run out of resources. Could we just suspend until the next meeting?

**The Chair:** The committee will run out of resources at 6:28 p.m.

I'm keeping my eye on the clock, Mr. Strauss. I will adjourn at 6:28 p.m., regardless of who is speaking.

**Burton Bailey:** No, can we suspend?

**Dan Mazier:** We can suspend right now.

**Maggie Chi:** Madam Chair, I have the speaking—

**The Chair:** We have to adjourn at 6:28 p.m. because of resources.

Go ahead, Ms. Chi.

**Maggie Chi:** I find a lot of these out-of-order, suspending without—

**The Chair:** Ms. Chi, I decide what's out of order.

**Maggie Chi:** I know.

**The Chair:** Okay. Go ahead.

Speak to the motion, please, Ms. Chi.

**Maggie Chi:** I feel not really well respected around here. When it's my turn to speak, I really appreciate not being cut off by things like a suspension of the meeting. Please respect the order of the speakers.

**The Chair:** Ms. Chi, you should know that I will adjourn this meeting exactly at 6:28 p.m. I just need you to know that. That's all I'm saying.

**Maggie Chi:** Yes, I'm just making a point.

**The Chair:** Go ahead. Make your point.

**Maggie Chi:** I appreciate that, Madam Chair.

Point (c) on asylum claim pathways is not administered by Health Canada. This is immigration. This is IRCC. Again, is this program more appropriately studied at immigration or OGGO? Take your pick. I think those committees are more appropriately positioned to study this.

Point (d) is on the financial sensitivity of the program to changes in IRB processing times. Again, that's not the mandate of Health Canada. This is an IRCC program.

For the committee to continue to study programs and things that are administered by immigration.... Again, is this an appropriate use of the committee's time when we have other studies lined up?

Did I mention "relationship between intake levels, backlogs and projected IFHP expenditures"? That's processing.

As well, in the report itself... I do want to bring it back because of what I noticed. I think the PBO noticed that the processing time was part of the reason for some of the costs. It even says here, "Projecting the number of annual beneficiaries receiving the IFHP benefits is highly dependent on estimating both the annual inflows and outflows of beneficiaries receiving the IFHP."

It also says that their "projection for inflow of beneficiaries is consistent with the Government's Immigration Levels Plan (ILP) and PBO's demographic projection used in [their] economic model. However, annual intake of asylum claimants and refugees is difficult to forecast and can be...affected...."

There is another point about the processing time. "The number of beneficiaries exiting the program depends on the processing capacity of several organizations—most notably—"

**Matt Strauss:** I have a point of order.

**The Chair:** Yes, MP Strauss.

**Matt Strauss:** Please Chair, I'd just like to bring the chair's attention to my understanding that we do not have the committee's consent to adjourn. I hope that we'll suspend at 6:28 rather than adjourn because I don't understand there to be committee consent for adjournment.

**The Chair:** Well then, you may make that motion if you wish, but I am going to be adjourning because we have no resources left—

**Matt Strauss:** Thank you, Chair. I move to suspend presently, until the next meeting.

**The Chair:** You move to suspend this meeting right now?

**Matt Strauss:** Yes.

**The Chair:** That motion is on the table, and it's therefore not debatable.

Is there unanimous consent to suspend?

**Maggie Chi:** I have a point of order.

I challenge the procedure.

**Some hon. members:** Oh, oh!

**Maggie Chi:** He didn't have the floor.

**The Chair:** Ms. Chi, he did not have the floor, but he moved to suspend. It takes precedence over anything else.

**Maggie Chi:** Oh, okay. Is there no discussion?

**The Chair:** No, you don't debate it.

We'll call a vote, please.

**Maggie Chi:** Can you move a motion on a point of order?

**The Chair:** Well, he did not.... I'm sorry. He just said he wanted to suspend the meeting. We have exactly two more minutes left.

• (1825)

**Maggie Chi:** Can you move a motion on point of order, though?

**A voice:** Are you telling the chair how to run the meeting?

**Maggie Chi:** Can the clerk chime in on this, please?

**The Chair:** You cannot, theoretically, move a motion, but it wasn't a motion.

I had said that I would adjourn, and he suggested that he would like to suspend instead of adjourning.

**Maggie Chi:** However, that technically is a motion. Am I right?

Can you move a motion on a point of order?

**The Chair:** You can't really, theoretically, and I don't know as this is so very technical right now.

Did he move a motion on a point of order, Clerk? I didn't think he did.

**Maggie Chi:** He moved to suspend.

**Matt Strauss:** On a point of order—

**The Chair:** All right, let us go ahead and finish, Ms. Chi.

I am just telling you all that I will adjourn in—

**Matt Strauss:** I have a point of order, Chair.

**The Chair:** You cannot move a motion on the point of order, Mr. Strauss. You've just—

**Matt Strauss:** I understand that, Chair, but you recognized me. You told me that if I wanted to move a motion, to go ahead and move a motion. You recognized me. I had the floor when you recognized me.

**The Chair:** I am sorry. I was wrong. I should not have allowed you to move a motion.

**Matt Strauss:** But you did. It happened. I had the floor.

**Dan Mazier:** Challenge the chair.

**The Chair:** It happened, so....

No, you cannot move a motion on a point of order.

**Dan Mazier:** Chair, on a point of order, I challenge you on that decision.

**The Chair:** You challenge that he cannot move a motion on a point of order?

**Dan Mazier:** No. He had the floor.

**The Chair:** He did not have the floor. Ms. Chi had the floor.

**Dan Mazier:** Yes, he did. You recognized him.

**Maggie Chi:** You didn't have the floor. I was speaking.

**The Chair:** When you ask for a point of order, it is a point of order. Moving a motion to suspend was not a point of order. I'm sorry. You cannot move—

**Dan Mazier:** I'm challenging you, Chair. I'm challenging that decision.

**The Chair:** You're challenging my ruling. I think I will ask the clerk to rule on this motion.

Can you, on a point of order...?

**Dan Mazier:** No.

**The Chair:** Mr. Mazier, allow me to finish. Every time somebody says, "Point of order", I'm supposed to stop what's going on, listen to what the point of order is and then rule on it.

Mr. Strauss moved a motion on his point of order. He's not allowed to do that, according to the rules, so it was not a point of order. He could not move the motion.

Ms. Chi has two more minutes to finish what she was saying.

**Maggie Chi:** Thank you, Chair.

I move to adjourn the meeting. Thank you.

**The Chair:** Okay. We have a motion to adjourn. We do not debate that either.

**Dan Mazier:** No.

**The Chair:** Ms. Chi had the right to say she wishes to adjourn because she had the floor.

**Dan Mazier:** Just like Mr. Strauss on the—

**The Chair:** No, he didn't have the floor. He asked for a point of order. He did not make a point of order.

**Dan Mazier:** We're going to have a vote.

**The Chair:** I'm sorry.

We will vote on the motion to adjourn. It's not debatable, though.

(Motion negatived: nays 5; yeas 4)

**The Chair:** We cannot stay when the two minutes of our resources are over.

**Dan Mazier:** I have a point of order.

**The Chair:** You can all stay and discuss it, but nobody will be here to serve you. Just remember that.

Ms. Chi—

**Matt Strauss:** No. I have a point of order, Chair. The floor goes to me.

**The Chair:** Ms. Chi moved to adjourn. It was defeated.

I will now go to Mr. Strauss, who is on the list.

**Matt Strauss:** Thank you, Chair.

I move to suspend until the next meeting.

**The Chair:** The meeting is suspended. Thank you.

[*The meeting was suspended at 6:28 p.m., Thursday, February 12*]

[*The meeting resumed at 3:42 p.m., Tuesday, February 24*]

• (30340)

[*Translation*]

**The Chair:** We are resuming our work as part of meeting number 22 of the House of Commons Standing Committee on Health that we began on February 12, 2026.

[*English*]

We meet on the unceded territory of the Algonquin Anishinabe people.

Today's meeting is taking place in a simple format with everybody being in the room.

I want to remind you of the following points.

Please remember the little decal here and do not cause feedback to the interpreters.

Wait until I recognize you by name before speaking.

Remember that all comments should be addressed through the chair.

Members, if you wish to raise your hand, I will recognize the first hand up.

We are continuing the meeting from where we left off. We suspended the meeting and it continues exactly where we left off with the list we had on the debate on the motion moved by Mr. Mazier.

Ms. Sidhu has the floor.

**Dan Mazier:** Madam Chair, could you read who is on that list, so that all the committee members can prepare?

**The Chair:** The list is Ms. Sidhu, Mr. Bailey, Mr. Mazier, Ms. Konanz and Ms. Chi.

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

I move that the motion be amended in the last paragraph by removing the words “officials from Health Canada” and after the word “separately” adding the words “for one hour each”. The last paragraph of the motion would now read, “And that, upon the completion of this report, the Parliamentary Budget Officer and officials from Immigration, Refugees and Citizenship Canada be invited to testify separately for one hour each before committee on the subject of the report.”

• (30345)

**The Chair:** Good.

I just want to be very clear that we are debating the amendment to the motion.

Please put your hand up if you would like to speak to the amendment.

We have a new list.

We will start with Mr. Mazier.

**Dan Mazier:** I don't agree with removing the Health Canada officials. This is the health committee. This does impact our health system. I don't see any use in removing them. In fact, the health officials should be here to talk about the impacts this program has on our whole health care system.

I would oppose that type of amendment.

**The Chair:** Mr. Eyolfson.

**Doug Eyolfson:** Thank you, Chair.

I agree with the honourable member that, yes, this is worth talking about at this committee. However, the program is not administered under the auspices of the health ministry. This is under the ministry of immigration. They would have the most useful information for that. It would not be fruitful to have the health minister speak on a program that is not administered by health.

**The Chair:** Mr. Strauss.

**Matt Strauss:** Thank you, Madam Chair.

I just wanted to make the point that when we originally spoke with the PBO officials, I think the other physicians on this committee were all on the Liberal side.

We're really interested in this aspect of how the same procedure costs up to five times as much on this program than it does on the provincial budget. It seems to me that this has implications on our universal health care system, which is governed by the Canada Health Act, which is administered by the Minister of Health through the health bureaucracy at Health Canada. It seems to me that the officials should be here to speak to this concern that I legitimately think we all share.

**The Chair:** Are there any other speakers on the amendment?

Seeing no hands, I will call the vote on the amendment.

(Amendment negatived: nays, 5; yeas, 4)

**The Chair:** We now go back to continuing the debate on the motion on the floor. It doesn't mean people cannot bring up further amendments if they wish. I'm just letting everybody know that, because we're now debating the motion that was originally put forward.

I'm going to go to Mr. Bailey.

**Burton Bailey:** I cede my time.

Thank you.

**The Chair:** Go ahead, Mr. Mazier.

**Dan Mazier:** This is a great motion. If we were to pass it, that would be fantastic.

Nothing else needs to be said.

**Maggie Chi:** Is this speaking to the motion?

**The Chair:** Yes, it's speaking to the original motion.

**Maggie Chi:** Is there a possibility for Health Canada and IRCC to appear together, as a small amendment to the motion? Right now, I'm not too sure about the wording.

• (30350)

**The Chair:** You're saying that you agree with the completion of this report, and that the Parliamentary Budget Officer and officials from Health Canada and officials from Immigration, Refugees and Citizenship Canada be invited.

Is that what you're suggesting?

**Maggie Chi:** It's just a small amendment of them appearing together.

**The Chair:** We now have another amendment on the table, so we're going to speak to the amendment.

Go ahead, Mr. Mazier.

**Dan Mazier:** I would have to disagree with this.

The whole idea is more transparency with Health Canada. The motion is very well detailed out, so that the Parliamentary Budget Officer can actually seek details from whichever department is basically hiding something here. We can then get to the real details of what's going on with the interim federal health program.

I know we've been going back and forth in the House. Liberals seem to be of the opinion that there are new changes made in the budget that are going to save this program and save Canadians a bunch of money. Yet, it can be proven out by the Parliamentary Budget Officer and he can prove all that stuff out.

I don't think it needs to be changed. I don't think Health Canada should be removed from this. I would vote against this amendment.

**Maggie Chi:** Just to clarify, that's not what I'm suggesting. I'm not suggesting that Health Canada be removed. I'm suggesting that Health Canada and IRCC appear together.

**The Chair:** Maybe you could read out the amendment you're trying to put forward, so everyone is clear, Ms. Chi.

**Maggie Chi:** Can we suspend for a few minutes?

**The Chair:** Yes, absolutely.

We will suspend for a few minutes.

• (1550) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1600)

• (30400)

**The Chair:** We're ready to resume the meeting.

Ms. Chi said she would like to withdraw the amendment.

You need unanimous consent to do that, Ms. Chi, so I will ask the committee.

Are you all in favour of removing the amendment?

**Some hon. members:** Agreed.

(Amendment withdrawn)

**The Chair:** We now go back to debating the motion.

Next on my list is Mr. Blanchette-Joncas.

[*Translation*]

**Maxime Blanchette-Joncas:** Thank you, Madam Chair.

I'd like to propose an amendment. The motion lists the items in alphabetical order, so I would be adding the following paragraph: "(k) The contribution of asylum seekers and refugees in terms of federal and provincial taxes."

Then, in the following paragraph, after the words "upon completion of this report that the Parliamentary Budget Officer," I would add, "the minister of Health, the minister of Immigration, Refugees and Citizenship".

I have also forwarded the text of the amendment to the clerk electronically, so it can be distributed to the members of the committee.

[*English*]

**Maggie Chi:** Can we suspend for a moment to review the amendment?

Thank you.

**The Chair:** We are suspended.

• (1600) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1605)

• (30405)

**The Chair:** We are resuming debate.

We now have one amendment on the floor that adds a paragraph (k) and it adds a personal paragraph at the end after paragraph (k) that decides what we're going to do.

We have a speakers list for the amendment only.

Mr. Mazier, go ahead.

**Dan Mazier:** I have a subamendment to add to this.

In the last paragraph, it says, "And that, upon the completion of this report, the Parliamentary Budget Officer appear for one hour and the Minister of Health, the Minister of Immigration, Refugees and Citizenship and officials from Health Canada...". That's all the same.

It says, "Refugees and Citizenship Canada be invited to testify". My amendment would take out "separately" and add "for a total of two hours before committee on the subject of the report".

It would strike "separately" and put in—

**The Chair:** I understand.

We have a proposed subamendment. If you look at the very last paragraph in Mr. Blanchette-Joncas' amendment, it says to add, after the term "Parliamentary Budget Officer", "appear for one hour". It continues on, and in the last part of the sentence, "to testify separately" is removed. Then it carries on with "before committee for a total of two hours on the subject of the report". Is that clear to everyone?

We now are dealing not with the amendment but with this subamendment only. Is there any debate on this?

Mr. Mazier.

• (30410)

**Dan Mazier:** Is that "a total of three hours"? That is what—

**The Chair:** Mr. Mazier, you're now changing your subamendment. You said "a total of two hours". I wrote it down when you were speaking. Are you changing it to "a total of three hours"?

**Dan Mazier:** Can we suspend for a second?

**The Chair:** We'll suspend.

• (1610) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1610)

**The Chair:** Is there anybody opposing the subamendment?

(Subamendment agreed to [*See Minutes of Proceedings*])

**The Chair:** Now we're going to vote on the amendment as amended by the subamendment, which will add (k) and read, "and that upon the completion of this report the Parliamentary Budget Officer appear for one hour and the Minister of Health, the Minister of Immigration, Refugees and Citizenship, officials from Health Canada and officials from Immigration, Refugees and Citizenship Canada be invited to testify before committee for a total of three hours on the subject of the report."

Does anyone wish to debate this amendment?

**Dan Mazier:** Just for clarification, what does the clerk have in front of her?

**The Clerk:** The one I have says "a total of two hours".

**The Chair:** He's changed it to "a total of three hours".

Make up your minds; this is getting to be ludicrous. I can write, and I can listen. I was told it's now "a total of three hours". If that's changed, I need to know.

**Dan Mazier:** It's "a total of three hours". You're correct.

**The Chair:** This is the amendment that we have on the table. Anyone wishing to speak to the amendment that I just read, which includes "a total of three hours", please put up your hand. If I see no hands to speak, I will call the vote.

(Amendment as amended agreed to [*See Minutes of Proceedings*])

**The Chair:** Now we're going to the motion as amended.

Ms. Chi, do you wish to speak to the motion as amended?

• (30415)

**Maggie Chi:** I don't want to speak to the motion. I thought the motion had passed.

**The Chair:** No, we're now voting on the motion as amended.

**An hon. member:** I would like a recorded vote.

(Motion as amended agreed to: yeas 9; nays 0 [*See Minutes of Proceedings*])

**The Chair:** Before we go any further, there is a budget matter that we need to quickly pass. The clerk circulated it yesterday. It's a budget of \$500 for the meeting that we're going to undertake for Bill C-234.

Is everyone in favour of that?

**Some hon. members:** Agreed.

**The Chair:** I just want to inform members that PHAC, if you recall, had told us they would send us various responses that you had asked for. The person writing those responses was not in the in camera meeting, so PHAC is asking if that person can get access to the clerk's notes from the in camera meeting. That's the first thing. Secondly, when they send the report to us, it has to be sent in an in camera way because we're still dealing with an in camera meeting.

Do I have agreement from everybody to do that?

**Some hon. members:** Agreed.

**The Chair:** We can get the clerk to let PHAC know that this is going to be so. It will mean that you're going to have to be sent personally and confidentially all the bits that you asked PHAC to send us.

Let's get back to the business of the day.

Ms. Chi, go ahead.

**Maggie Chi:** Thank you, Chair.

I'd like to move the motion I put on notice last Friday.

I move:

That, given the motions adopted by the Standing Committee on Health on September 23, 2025, granting one topic of study to each party, the committee now proceed to the study on pharmaceutical sovereignty; and

that the committee proceed with the following orders of business in the following order:

1. The committee dedicate its meeting on Thursday, February 26 to consideration of Bill C-234;

2. The committee dedicate four consecutive meetings, starting on Tuesday, March 10, to the study on pharmaceutical sovereignty in accordance with the motion the committee adopted on September 23, 2025;

3. The committee consider any other order of business only after a minimum of four meetings of witness testimony on the topic of pharmaceutical sovereignty have been heard.

**The Chair:** Does everyone have a copy of that motion?

I want to let you know that this means we are deciding on a new order of business rather than the one the subcommittee had agreed on, which included things like looking at the opioid study and getting drafting instructions. This is a very clear process that we're going to go through—a procedure of different things.

Is there any debate?

Go ahead, Mr. Mazier.

**Dan Mazier:** Thank you, Chair.

As far as this motion is concerned, we did agree on a schedule on September 23. I think it's a little bit too prescriptive. We do have a lot of other things. As the chair mentioned, we do have drafting instructions that we should get on with, so we can finish up those studies.

I think that's more of the way we would like to see it move. I'll have to say that I'll end up voting against this motion.

• (30420)

**The Chair:** Now I'll go to Mr. Eyolfson.

**Doug Eyolfson:** Thank you, Madam Chair.

I'd like to propose amendments to the motion.

The first is to amend the motion by removing the words "in the following order" from the preamble.

In part 2, remove the word "consecutive".

In part 3, remove everything and replace it with, "The meetings to be scheduled following the meetings specified in part 2 of this motion shall be on the following topics, with the order determined by the chair in consultation with the clerk: (a) the Canadian Centre on Substance Use and Addiction, in accordance with the motion adopted by the committee on January 27, 2026; (b) drafting instructions for the antimicrobial resistance study; (c) drafting instructions for the impact of the immigration policy on health care and barriers to integrating internationally trained professionals study; and (d) drafting instructions for Canada's pharmaceutical sovereignty study."

Then add, “4. The Minister of Health, along with the appropriate officials from the Department of Health, the Public Health Agency of Canada and the Canadian Food Inspection Agency, be invited to appear on the supplementary estimates (C) 2025-26 for two hours, and this meeting take place at least five calendar days before the supplementary estimates are to be reported to the House”.

Then add, “5. If legislation is referred to the committee by the House of Commons during the timeline set out in this motion, the committee, (a) recognizes that legislation should be given priority, and (b) commits to reconsidering this schedule at a time so that legislation can be considered by the committee in a timely manner.”

**The Chair:** Thank you.

I'll suspend while the amendments are sent to you.

• (1620) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1620)

**The Chair:** We are debating Mr. Eyolfson's amendments to Ms. Chi's motion.

Mr. Blanchette-Joncas, do you wish to speak?

[*Translation*]

**Maxime Blanchette-Joncas:** Yes, Madam Chair.

[*English*]

**The Chair:** Okay, Maxime.

[*Translation*]

**Maxime Blanchette-Joncas:** Madam Chair, I'd just like to ask my colleagues—

• (30425)

[*English*]

**The Chair:** Then Ms. Chi.

I am sorry.

[*Translation*]

**Maxime Blanchette-Joncas:** May I speak, Madam Chair?

[*English*]

**The Chair:** Yes.

[*Translation*]

**Maxime Blanchette-Joncas:** Thank you.

I'd simply like to ask my colleague to explain the reason for these amendments to the motion.

[*English*]

**The Chair:** Go ahead, Mr. Eyolfson.

**Doug Eyolfson:** Thank you, Madam Chair.

The purpose is basically to help improve the comprehension of the terms and help make things flow better in accordance with normal committee business.

**The Chair:** I appreciate that, Mr. Eyolfson.

Is that okay, Maxime? Did you get your answer?

[*Translation*]

**Maxime Blanchette-Joncas:** Not really, Madam Chair.

Am I to understand that a motion is needed to ensure that things run smoothly in committee?

[*English*]

**The Chair:** If I may be so bold, the subcommittee came up with a process and an agenda for what we should be studying. It was agreed at the subcommittee that each party would take one study.

The first one was a Conservative study on immigration. The second one was the study from your colleague, Luc Thériault, and we finished that. The third one is meant to be the Liberals' motion on pharmaceutical sovereignty, which we are talking about.

In the interim, there are other things that we have to do first. We have to tidy up what we've been doing. There are reports. We have to do all kinds of things. I think that's what Mr. Eyolfson is trying to address.

Go ahead, Doug.

**Doug Eyolfson:** Thank you, Madam Chair.

To further clarify, it adds some things that some have said were missing. I believe Mr. Mazier said some of these things were missing from the original motion, if I'm not wrong. Basically, we want to make sure that the input of all members is included, as discussed in previous subcommittees, so that we're all more or less on the same page on how we can go forward with the current study and future studies.

**The Chair:** That agenda was unanimously agreed upon by this committee from the subcommittee's report. We're going back to the agenda that Mr. Eyolfson has put forward.

Maxime.

[*Translation*]

**Maxime Blanchette-Joncas:** Thank you for the clarifications, Madam Chair.

I'm all for us working together to come up with a game plan, except that right now, our hands are sort of tied. It's as if we're being asked to schedule specific dates. That seems unrealistic to me.

If there are urgent topics to discuss, we won't even be able to do so, because we'll have already adopted this motion.

I'd like my colleague to explain to me how it's realistic to plan for things we don't yet know about.

[*English*]

**The Chair:** Mr. Eyolfson, go ahead.

**Doug Eyolfson:** It accommodates what was decided in the subcommittee and allows for the flexibility should other priorities come about. This is basically putting together all the feedback from all parties so that we can move forward.

**The Chair:** He's trying to get back to the original subcommittee's decision that was unanimously agreed to.

Mr. Blanchette-Joncas, are we ready to move on? Did you get your answer?

[Translation]

**Maxime Blanchette-Joncas:** Not really, Madam Chair.

I'm still trying to understand the reasons. I understand that we're trying to establish a course of action and an order for the work in the upcoming meetings, but again, I fail to understand why it takes a motion to adopt a schedule. This is the first time in six years that I've seen this in a committee.

I understand that there were subcommittee discussions and that there's a desire to plan things. That said, once again, it forces us to respond to certain things when there's a requirement to adopt a motion stating in concrete terms that, although it's recognized that bills should take priority, there's a commitment to re-examining certain elements.

I just want to ensure that we'll have some flexibility with respect to the schedule, if there are urgent issues to address or things we need to do.

[English]

**The Chair:** I think Mr. Eyolfson is just trying to get back to the subcommittee's agreement that the committee agreed to originally. That's all he's trying to do.

Ms. Sidhu.

**Sonia Sidhu:** I've been on the health committee since 2015, and we did an amazing job with collaboration. This is something I want to make a point on. In subcommittee, we put their study first, because we want to show Canadians, everyone, that every party has a priority, too. In the subcommittee, that motion passed. If any emergency comes, then we will push those studies back. That was that study... This is our study, and we want to do it. Today, whatever amendment you present, we'll try to incorporate. We said yes. We have to think about the health of Canadians. This is an important study. That motion passed in subcommittee. This is our turn, and when any emergency comes...and then we'll push this through.

• (30430)

**The Chair:** Ms. Chi.

**Maggie Chi:** Maybe I will speak to Maxime's question about things coming up.

We've surveyed the motion with members as well. We've incorporated suggestions from members including some of the points such as the Canadian Centre on Substance Use and Addiction, drafting instructions for the antimicrobial resistance study and drafting instructions for the first CPC study, the immigration policy study.

There is one study missing, as you can see here. We've gone through the CPC study and the BQ study. There is one missing from the Liberal side. The committee does great work and we have great people on the committee. So far, we've only done two studies that were originally agreed upon at the subcommittee last year.

First of all, we're not prescribing very restrictive terms. It's really just making sure that all parties have their studies on the table, and on the agenda, so we can at least get the first round done.

The second point is about legislation coming up. For example, we're studying the private member's bill, Bill C-234, which is coming to committee this week. I understand legislation from the House does take precedence, which is already added as part 5.

If you look at the final point, Maxime, it's added to part 5 as well. Anything with regard to that is already accounted for.

I really want to advocate for finishing what we agreed on in September when the session first started by making sure that every party is fairly represented. It doesn't preclude any emergencies that could happen. Hopefully, things will go smoothly. Again, it's not as prescriptive or restrictive as you had mentioned. I just want to make sure that is clarified.

Thank you.

**The Chair:** We've completed two studies, but we have not written the report, and we have not drafted anything on it. We can't just study without continuing the flow of a report coming from the study. Those are missing from Ms. Chi's motion and we're putting those back in because that is necessary.

I think that any work we do is subject to change if something occurs and we want to change the agenda. It's up to the committee to say, hey, this has come up, let's deal with this, it's an emergency. All this is doing is laying out what we need to do, etc.

Are you happy, Mr. Blanchette-Joncas? Do you want to say anything?

[Translation]

**Maxime Blanchette-Joncas:** Thank you for the clarifications, Madam Chair.

I'd still like to revisit what my colleague Ms. Sidhu said about the fact that she's been on the committee since 2015 and that it works exceptionally well.

Quebec's motto is *Je me souviens*. On February 12, I was sitting here, paid by taxpayers, and it was her party, the government, that decided not to co-operate on supporting a motion. You know what they did. They talked for several minutes, hours even, until we suspended the meeting. This is commonly referred to as a filibuster. Today, we're resuming the work of the committee.

I'd invite her to reflect. Was she interested in the health of Canadians on Thursday, February 12? Was co-operation important to her then?

As you know, this is a public meeting. Today, I'm not ashamed to say that I worked on Thursday, February 12, because people put their trust in me and because they pay me to do that. However, that wasn't the government's intention on February 12. When they say there's a genuine spirit of co-operation, that's not true. We had proof of that on Thursday, February 12. We wasted time because these people didn't want to co-operate, while honest taxpayers get up every day to go to work. House of Commons resources were wasted, when they are supposed to be used to get work done for people's well-being. I don't think that was the case.

They really shouldn't underestimate our intelligence. I invite our colleague to recognize what was done on February 12. Again, committee meetings are public and can be viewed. It's free. I'd like to point out to her that when she tells us today that there's a genuine spirit of co-operation, I find that to be quite untrue based on what I observed on February 12.

● (30435)

[*English*]

**The Chair:** Thank you.

I'll go to Mr. Mazier.

**Dan Mazier:** I agree with the Bloc. A lot of times we talk about getting along and everything's supposed to work out like this. This motion will basically handcuff the committee even more. I think it is not a very productive way of going about this.

Just so you folks know, we have no problem with doing the pharma study next, as well. I guess if you want it in writing, I think this is handcuffing the committee a little bit more.

**The Chair:** You're speaking to the amendment.

Ms. Chi.

**Maggie Chi:** I'm happy to accept amendments as well, because I think when....

Excuse me?

**Dan Mazier:** Let's just vote on this one first.

**The Chair:** Can we just allow the person who has the floor to speak? Thank you.

Go ahead, Ms. Chi.

**Maggie Chi:** I am happy to work together to make amendments as well, as we have discussed. If members have suggestions, I am happy to hear those as well. We circulated this a while back, so if folks have suggestions, I am happy to hear them out.

**The Chair:** Thank you.

Mr. Eyolfson.

**Doug Eyolfson:** Thank you, Madam Chair.

I fail to see how it handcuffs the committee to simply agree to the agenda that was agreed on by the subcommittee while leaving the flexibility should new legislation come up. This basically says we're going to get back on track, back to what was decided months ago.

**The Chair:** Ms. Sidhu.

**Sonia Sidhu:** Thank you, Madam Chair.

I just want to remind members that at the beginning of this committee's work, all parties agreed at the subcommittee on agenda and procedure that each party would be granted one dedicated topic of study. That agreement was adopted on September 23. Even today we had collaboration. This is a perfect example.

The agreement was adopted on September 23, 2025. This amendment simply respects the implementation of that decision. It provides a clear and structured path forward by confirming that we will proceed with the pharmaceutical sovereignty study, as agreed, while also dedicating February 26 to Bill C-234. I just want to remind the members that we are not just making this up. This is a decision we all took together.

**The Chair:** Thank you, Ms. Sidhu.

I shall call the question on Mr. Eyolfson's amendment.

(Amendment negatived)

**The Chair:** We go back to Ms. Chi's motion, which is unamended. If you want to speak to it, please put your hand up so that we can put you on the list.

Mr. Mazier.

● (30440)

**Dan Mazier:** Thank you.

I'd like to move the following amendment.

To start at the very beginning, "That, given the motions adopted by the Standing Committee on Health on September 23, 2025...", I would strike out, from the words "granting one topic", all the way to the end of that semicolon.

Then, where it reads, "that the committee proceed with the following orders of business in the following order: 1. The", I would strike the words, "committee dedicate its meeting on Thursday, February 26 to consideration", so that it would read, "1. The consideration of Bill C-234;".

Then, under part 2, it would be "the meeting with the order in council appointments to the Canadian Centre on Substance Use and Addiction's board;".

Under part 3, it would read, "four meetings to the study of pharmaceutical sovereignty, in accordance to the motion the committee adopted on September 23, 2025;" and "that any further business adopted by or referred to the committee be undertaken as required, including, but not limited to the following: (i) the drafting instructions for the study on immigration policy impacts on health care, in addition to the study on antimicrobial resistance, be submitted in writing, by all parties, by March 6, 2026, and (ii) that the Minister of Health, along with appropriate officials from the Department of Health, the Public Health Agency of Canada and the Canadian Food Inspection Agency, be invited to appear on the supplementary estimates (C), 2025-26, for two hours; and that this meeting take place at least five calendar days before the supplementary estimates are to be reported to the House."

**The Chair:** I will suspend until everyone has a copy of this.

• (1640) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1650)

• (30450)

**The Chair:** I call the meeting back to order.

We are discussing Mr. Mazier's amendment to Ms. Chi's motion.  
Ms. Jaczek.

**Hon. Helena Jaczek:** I have a subamendment to Mr. Mazier's amendment.

This is in the second section and number one, which talks about drafting instructions. It starts with “drafting instructions” for the study on immigration policy impacts, etc. I'd like to add, after “by March 6, 2026”, “that the drafting instructions for the study on pharmaceutical sovereignty be submitted in writing within two weeks of the conclusion of the study”.

**The Chair:** Is everyone clear on that?

[*Translation*]

**Maxime Blanchette-Joncas:** Is it possible to get the translation in writing and have it distributed by the clerk?

[*English*]

**The Chair:** I will suspend while we distribute it.

• (1650) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1700)

• (30500)

**The Chair:** We are on the subamendment by Ms. Jaczek.

(Subamendment agreed to)

**The Chair:** Now we're going to go to Mr. Mazier's amendment as amended by the subamendment from Ms. Jaczek.

(Amendment as amended agreed to [*See Minutes of Proceedings*])

**The Chair:** Then we're going to go to the motion from Ms. Chi as amended by Mr. Mazier's amendment and Ms. Jaczek's subamendment.

Mr. Mazier would like a recorded vote.

(Motion as amended agreed to: yeas 9; nays 0 [*See Minutes of Proceedings*])

**The Chair:** Mr. Strauss.

• (30505)

**Matt Strauss:** I move to adjourn.

(Motion agreed to)





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