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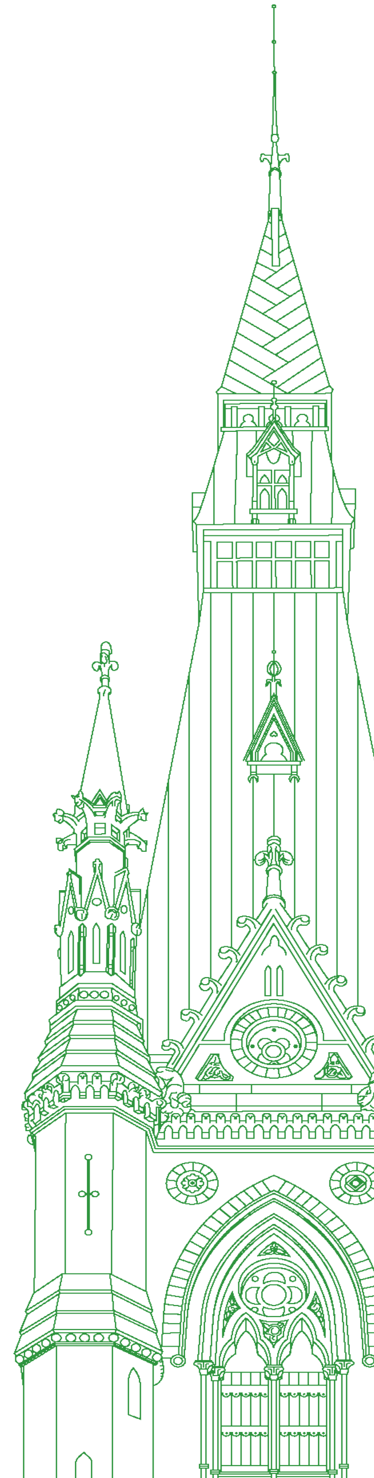

Chair: Hedy Fry

Standing Committee on Health

Thursday, March 12, 2026

● (1535)

[*English*]

The Vice-Chair (Dan Mazier (Riding Mountain, CPC)): Good afternoon, everyone. I call to order meeting number 25 of the House of Commons Standing Committee on Health.

We have some special guests here today. Of course, we have the minister, and I'm in the chair today. Ms. Fry is sick, unfortunately. She was going to the plane and realized she wasn't that well again, so we're all wishing her well, that's for sure.

We all know why we're here today. I know the minister has lots to tell us, and we have lots of questions for her.

With that, Minister, the floor is yours for five minutes.

[*Translation*]

Hon. Marjorie Michel (Minister of Health): Thank you very much, Mr. Chair.

Honourable Members of Parliament, as you know, our public health care system is a great source of national pride and a pillar of our Canadian identity.

I'm pleased to speak to the supplementary estimates today.

Some of the initiatives being discussed today include: $400,000 to support the National Consensus Conference on Hemovigilance; $4.2 million for the Thunderbird Partnership Foundation to distribute naloxone to indigenous communities; Health Canada transfers to support chemical management activities, as well as work related to the World Health Organization's Expert Committee on Food Additives; and $1.5 million for an awareness and prevention campaign on the rise in measles cases in Canada.

[*English*]

Before answering your questions on the Supplementary Estimates (C), let me say a few words about one initiative that is currently under way. When we talk about health in this country, we cannot leave anyone behind.

[*Translation*]

Boys' and men's health and mental health need our attention.

[*English*]

Supporting men's well-being not only improves their lives but also strengthens families, communities and workplaces to positively impact all Canadians. That's why last month we launched a national conversation on men and boys' health. The input we'll gather will shape Canada's first men and boys' health strategy, to be released later in 2026. Again, I would like to invite everyone to join in on this important conversation by visiting Canada.ca/HealthyMen. I am grateful for the conversations I've had with many of you. Thank you for your support.

I also want to provide a brief update to this committee about the toxic drug crisis. While the numbers show that overdose deaths have been going down, it is essential that we continue the fight against the toxic drug crisis; if we want to build Canada strong, we must confront the toxic drug crisis together. This starts with ensuring that communities have the resources they need to support people in ways that reflect their lived reality.

Through the emergency treatment fund, our government is providing urgent support to communities on the front line of this crisis. Since October 2025, we have announced 35 new projects for $35 million in Ontario alone, and we recently announced 29 new projects in western Canada, including many indigenous-led projects.

New projects funded under the 2025 call for proposals are set to begin in the coming weeks, and just yesterday, we announced permanent controls for five fentanyl precursor chemicals.

Every community is different, and there are no one-size-fits-all solutions. Our job is to listen to local communities, work with provinces and territories, and respond.

[*Translation*]

By investing now, we can ensure a prosperous Canada for many years to come. This is about protecting Canadians. This is about building Canada strong.

Thank you very much.

I look forward to your questions.

[*English*]

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

As I am the chair, I'm going to use the chair's prerogative and ask the first round of questions. We're in our first round. It will be for six minutes. Away I go.

Minister, a peer-reviewed study published this week in the Addiction journal found that after a supervised consumption site closed, deaths did not increase. Are you aware of the finding, yes or no?

Hon. Marjorie Michel: Excuse me, Mr. Chair. Can you please repeat your question?

The Vice-Chair (Dan Mazier): Sure.

A peer-reviewed study published this week in the Addiction journal found that after a supervised consumption site closed, deaths did not increase. Are you aware of the finding, yes or no?

Hon. Marjorie Michel: I already answered this question yesterday, and I will repeat the answer for the committee.

[*Translation*]

As I said yesterday, there are a number of studies on the issue of addiction.

[*English*]

The Vice-Chair (Dan Mazier): I'm talking about a first of its kind in Canada. Are you aware of this study and its finding, yes or no?

● (1540)

[*Translation*]

Hon. Marjorie Michel: You mentioned this to me yesterday, and what I'd like to tell you today is that we know this study exists, but there are others as well that are yielding different results.

[*English*]

The Vice-Chair (Dan Mazier): The question is whether you are aware of the finding, the finding that deaths actually did not increase when they closed the site. Are you aware of the finding?

[*Translation*]

Hon. Marjorie Michel: In any case, whether the sites are open or closed, the direct link to deaths is not necessarily proven, neither in this study nor in others.

[*English*]

The Vice-Chair (Dan Mazier): Okay, I guess you're not aware of the finding.

Minister, the same study found a statistically significant increase in people using life-saving addiction treatment after the site was closed, meaning that more people got treatment when the consumption site shut down. Are you aware of this finding, Minister, yes or no?

[*Translation*]

Hon. Marjorie Michel: As I have already explained, there's no one solution to the drug crisis; there are several. In the search for solutions, I always work with the people on the ground, that is to say the provinces and territories.

[*English*]

The Vice-Chair (Dan Mazier): Ms. Michel, it's a very particular question.

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

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

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

Sonia Sidhu: Let the minister speak. This is not a yes-or-no answer. Let the minister speak. We want to hear the answer too.

Thank you.

The Vice-Chair (Dan Mazier): I take it that, again, you're not aware of the finding.

Maggie Chi: I have a point of order.

Can we let the minister finish? Some of these questions you may frame as having yes-or-no answers, but they really need time to explain. If you can let her explain, it would be great, because the whole committee deserves to hear the answer.

Thank you.

The Vice-Chair (Dan Mazier): Actually, you interrupted the minister while she was talking. I was trying to get an answer out of her, and you interrupted her answering.

I'm fine. We're having a great conversation here, and I'm sure the minister is quite capable of answering your questions for her department.

Minister, if closing an injection site gets more people into treatment and doesn't increase deaths, will you commit to pausing consumption site approvals while your department reviews this new evidence?

[*Translation*]

Hon. Marjorie Michel: As I've told you many times before—and I will continue to do it as long as I'm in charge of this portfolio—there is no single solution. I'm considering all options. I'm working closely with my partners in the provinces and territories. As you know, I don't open supervised consumption sites. The provinces fund them. The organizations and the provinces manage them. I grant exemptions because I'm a partner—

[*English*]

The Vice-Chair (Dan Mazier): I'll stop you right there, Minister. You do approve them. You know that.

[*Translation*]

Hon. Marjorie Michel: You're not letting me finish.

[*English*]

The Vice-Chair (Dan Mazier): It's under subsection 56(1) of the substance use—

[*Translation*]

Hon. Marjorie Michel: You asked me a question. I'm trying to finish—

[*English*]

The Vice-Chair (Dan Mazier): You stated something that was not true, Minister.

[*Translation*]

Hon. Marjorie Michel: You don't like my answer, but you have to let me finish—

[*English*]

Maggie Chi: I have a point of order.

Can we take turns, please? I also think it's difficult for the interpreter to catch up on the....

Thank you.

[*Translation*]

Hon. Marjorie Michel: Mr. Mazier, you asked me a question; let me answer it.

[*English*]

The Vice-Chair (Dan Mazier): How about we go on to another question?

Minister, you are responsible for approving or rejecting supervised consumption sites under the Controlled Drugs and Substances Act. Do you agree with that? You're nodding your head. That's agreement, right?

[*Translation*]

Hon. Marjorie Michel: Yes.

[*English*]

The Vice-Chair (Dan Mazier): Since 2015, Canada received 230 applications for supervised drug consumption sites. Of the 230, do you know how many were rejected?

Hon. Marjorie Michel: I will turn to Kendal. I was not there.

Kendal Weber (Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): We provided a written response. I think it has been tabled. I can try to find it quickly right now, but I think you have it. It was provided following the last meeting.

Some of them were submitted. Some of them were withdrawn. Some of them—

The Vice-Chair (Dan Mazier): I have the answer here: The answer is one.

Your department has rejected one supervised consumption site out of 230, Minister—one. Have you ever rejected a supervised consumption site as minister, yes or no?

[*Translation*]

Hon. Marjorie Michel: The decisions are made by the department. I don't think I have had to approve or reject anything at the moment.

[*English*]

The Vice-Chair (Dan Mazier): Therefore, it's the department, not you.

[*Translation*]

Hon. Marjorie Michel: No, I am telling you that, since I have been in office, I have not had to approve or reject any new sites. Those approvals were already in progress.

What I am telling you, and what you refuse to grasp, is that we are working. The provinces and territories are responsible for the services. Even Ontario, which is a province—

● (1545)

[*English*]

The Vice-Chair (Dan Mazier): I have one burning question for you, Minister.

[*Translation*]

Hon. Marjorie Michel: Yes.

[*English*]

Doug Eyolfson (Winnipeg West, Lib.): I have a point of order. You're over time.

The Vice-Chair (Dan Mazier): I have a question, and I have the floor.

Doug Eyolfson: On a point of order, you're over time, Mr. Chair.

The Vice-Chair (Dan Mazier): No, I'm not.

Doug Eyolfson: Yes. You're at six minutes and 22 seconds.

The Vice-Chair (Dan Mazier): Is injecting fentanyl safe, Minister, yes or no?

Doug Eyolfson: I object. On a point of order, it is now six minutes and 30 seconds since you started asking questions.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): I have a point of order, Chair. I have a question.

The Vice-Chair (Dan Mazier): Yes, ma'am.

Helena Konanz: When there is a point of order, does the clock stop?

The Vice-Chair (Dan Mazier): Yes.

Helena Konanz: Thank you.

The Vice-Chair (Dan Mazier): I reject—

Doug Eyolfson: That was my error. I apologize.

The Vice-Chair (Dan Mazier): Yes.

Minister, is injecting fentanyl safe, yes or no?

[*Translation*]

Hon. Marjorie Michel: I would say that supervised consumption sites—

[*English*]

The Vice-Chair (Dan Mazier): It's a simple yes or no.

[*Translation*]

Hon. Marjorie Michel: … are there to save lives and they do save lives.

I know that you are going to tell me that treatment saves lives. I agree that treatment saves lives but supervised consumption sites save lives too. I have seen them—

[*English*]

The Vice-Chair (Dan Mazier): I'll ask the question one more time. It's a very—

[*Translation*]

Hon. Marjorie Michel: ... with my own eyes, in Vancouver. I have seen—

[*English*]

The Vice-Chair (Dan Mazier): Yes, and what you saw—was it safe?

[*Translation*]

Hon. Marjorie Michel: ... ambulances come to the sites.

[*English*]

The Vice-Chair (Dan Mazier): Was what you saw in those fentanyl injection sites safe? Was injecting fentanyl safe?

[*Translation*]

Hon. Marjorie Michel: I cannot *inaudible* fentanyl in particular. I have not seen injections of that kind.

[*English*]

The Vice-Chair (Dan Mazier): That's it. I'm over time.

Thank you very much.

Ms. Chi, you're next for six minutes.

Maggie Chi: Thank you, Minister, and thank you, officials, for attending today. I really appreciate your time.

Minister, we are seeing artificial intelligence being increasingly integrated into health care, from medical imaging and clinical decision support tools to drug discovery and population health analysis. These technologies have the potential to transform how care is delivered across our health system.

From your perspective, what are the most promising ways in which health AI can improve care for patients and support health care providers in their day-to-day work?

[*Translation*]

Hon. Marjorie Michel: I have travelled all across the country. I have visited a lot of hospitals and a lot of companies. As you know, artificial intelligence is already well developed in health care. I often tell people that, despite the challenges that we are seeing today in a health care system under pressure, major changes to the health care system are coming soon, in a few years. Artificial intelligence, which is a tool, will help. I always say that it is a tool and it is going to help to solve a lot of problems. As I said, it will help to fill gaps on the ground. Sometimes, we do not have enough people but we also have advanced technology.

Take regions in Canada's north as an example. When I was in Saskatchewan, I visited an organization that had portable instruments that it was sending to the north. For doctors, that was like tele-medicine. It was really extraordinary to see what they were doing.

When I went to Brampton recently, I saw that they were using robots in operations. Robots are also being used in the Jean Talon Hospital in Montreal and the Toronto General Hospital. You can see how the technology is developing and how it can help to ease some of the stresses in the health care system.

[*English*]

Maggie Chi: Two weeks ago, there was an announcement on cancer prevention research, which is very exciting. My mom is a cancer survivor. I think a lot of us have loved ones, friends or family who are going through treatments. Prevention is one of the most powerful tools we have in health policy. The number is pretty staggering—40% of cancers are preventable—and investments in research can dramatically improve outcomes for Canadians.

A $41-million investment to support cancer prevention research across Canada through CIHR and other partner organizations was announced. Can you speak to why prevention is so important and how investments such as this help build a healthier Canada while also strengthening our research ecosystem?

● (1550)

[*Translation*]

Hon. Marjorie Michel: I made that announcement and I would say that the proof of its importance was that we had a survivor with us. She explained precisely the impact of the research on her life. It is often said that, in a number of areas, certainly in health care, we are reactive.

However, in health care, and more particularly in health research, we can show that we are proactive, because of the work done and the funds allocated to that cancer research by the Canadian Institutes of Health Research. We are working on prevention by conducting the most groundbreaking research, with the best researchers and the best teams, in order to ease the burden of cancer on those afflicted by it and on their families.

I put a lot of hope into that funding. Later, Mr. Hébert, from the Canadian Institutes of Health Research, will be able to give you more details on the various projects. I believe that 19 projects were funded in that announcement.

[*English*]

Maggie Chi: I also want to ask you about the national conversation on the well-being of men and boys, recognizing the growing concerns around mental health, social isolation and access to services. Could you explain why the conversation is so important at this juncture and how the health portfolio can help improve mental health outcomes for men and boys across the country?

[*Translation*]

Hon. Marjorie Michel: Thank you for the question. I also mentioned that in my opening statement.

As I said, this initiative is very important for me, for the simple reason that, when I became responsible for this portfolio and toured around, people expressed a lot of concern on the health and mental health of men and boys. The conversation was so prevalent everywhere I went that I decided that we must consider what we were going to do. In our discussions, my provincial counterparts have confirmed that there are indeed some concerns and that solutions have to be found.

[*English*]

The Vice-Chair (Dan Mazier): The time is up.

Are you good? Okay. Thank you.

Go ahead, Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas (Rimouski—La Matapédia, BQ): Thank you very much, Mr. Chair. You are kind.

Good afternoon, Minister.

Welcome to the witnesses joining us today.

Minister, here is my first question for you. I want to know who made the decision to cap laboratory fees in the Canadian Dental Care Plan, starting on October 17, 2025. Was it the department, the program's administrator, or your office?

Hon. Marjorie Michel: I am going to turn to the department.

Shalene Curtis-Micallef (Deputy Minister, Department of Health): Sir, do you want to know who decided on the amount of the cap?

Maxime Blanchette-Joncas: That's right. On October 17, there was a change that adjusted the laboratory fees.

Shalene Curtis-Micallef: It was October 17. I must check this, but I think that, as part of the changes to the program, we held consultations with dentists and others.

Maxime Blanchette-Joncas: Can you reply in writing and give us the details, please?

Shalene Curtis-Micallef: Yes, I can cetainly do that.

Maxime Blanchette-Joncas: Thank you.

Do you feel that any internal analysis justified that decision? Can you send it to the Committee?

Shalene Curtis-Micallef: We can provide you with all the information we used in establishing the amounts.

Maxime Blanchette-Joncas: Thank you.

Minister, to your knowledge, before that change was introduced, had the department assessed the impact on the patients who had already received approval for a treatment?

Hon. Marjorie Michel: The patients who had received—

Maxime Blanchette-Joncas: On October 17, 2025, the Canadian Dental Care Plan changed the cap on laboratory fees.

Hon. Marjorie Michel: I know that at one point the laboratory fees were excessive. I believe that the department met with dental associations and with Sun Life and they decided to reduce the amounts. Then, I believe they realized that they were too low. I think that they are now looking at it again.

Maxime Blanchette-Joncas: We want to understand, so I would like you to send us your deliberations in writing.

● (1555)

Hon. Marjorie Michel: Yes, we will reply in writing.

Maxime Blanchette-Joncas: I would also like to find out how many patients were affected, according to your internal analysis, if there was any, of course.

To continue, at the last meeting of the Committee, I told you that, according to our information, more than 200,000 Canadians had received a letter advising them that they were not eligible for the Canadian Dental Care Plan. They were eligible to start with but their status then changed. You confirmed that the figure was 300,000.

Of those 300,000 Canadians who received the letter saying they were ineligible, how many lost their coverage? We just want to know. Can the department send those detailed figures to the Committee?

Shalene Curtis-Micallef: We can send you data to show how many people are no longer eligible for the dental plan.

Maxime Blanchette-Joncas: Thank you.

Here is an easier question for you, Minister. Do you know what percentage of dental clinics in Canada currently participate in the Canadian Dental Care Plan?

Hon. Marjorie Michel: It's 98%.

Maxime Blanchette-Joncas: Did you say 98%?

Hon. Marjorie Michel: Yes.

Maxime Blanchette-Joncas: That's good.

Does the government consider that that level of participation is enough to ensure access to care?

Hon. Marjorie Michel: For a program that started fairly recently, I find it quite positive that 98% of dentists, denturists and all the other oral health professionals are taking part. I am very satisfied.

Maxime Blanchette-Joncas: Okay.

People are telling me that their clinic is registered with the Canadian Dental Care Plan but that they are not able to book an appointment. So, could you explain how many of those 98% are really able to provide appointments in a reasonable time?

Hon. Marjorie Michel: The program exists and people have access to the service. I often tell people that, if they do not have a dentist already, they have to get one in order to have access to the service. But with almost seven million people eligible for the plan, some clinics may be more booked-up than others. That is why we also have training programs. We provide money to train more denturists and dentists because we know that we are going to need more and more of them.

Maxime Blanchette-Joncas: Message received.

Let's move on to another topic. Before the decision was made to close the Canadian Food Inspection Agency's laboratory in Longueuil, not far from where you live, did the government analyze the risks for public health?

Hon. Marjorie Michel: Let me turn to the people from the department.

[*English*]

Robert Ianiro (Vice-President, Policy and Programs, Canadian Food Inspection Agency): Thank you, Mr. Chair, for the question. Although we vacated our space in the Longueuil lab, the tests conducted at those labs have been shifted to other laboratories that we have. There are no risks or impacts with the closure of the Longueuil lab. I'll also add, I understand that the current tenant, which is Health Canada, will be taking over the space.

[*Translation*]

Maxime Blanchette-Joncas: Okay.

Let me continue with you, Mr. Ianiro. Was there any internal analysis or investigation before it was decided to close that food inspection centre?

[*English*]

Robert Ianiro: I would say that, in the analysis, we looked at what types of tests were being done at the facility, and there was no introduction of any food safety or public health issues. I would say the answer is yes to that question.

[*Translation*]

Maxime Blanchette-Joncas: Can you send the Committee all the documents, the data and the analysis that led to that closure?

Robert Ianiro: Yes.

Maxime Blanchette-Joncas: Thank you.

[*English*]

The Vice-Chair (Dan Mazier): That's it for this round.

We have Mr. Bailey for five minutes, please.

Burton Bailey (Red Deer, CPC): Minister, because I didn't understand or get the full answer to my colleague's question, I'd like to re-ask it. Is injecting fentanyl safe?

Shalene Curtis-Micallef: Thank you, Mr. Chair, for the question.

I believe it—

Burton Bailey: The question is for the minister. Thank you.

[*Translation*]

Hon. Marjorie Michel: I am going to repeat once more that supervised injection sites save lives. But there are no federal services in those centres. It depends on the province in which a centre is located. I can't give you an answer because—

● (1600)

[*English*]

Burton Bailey: Okay. This is why I asked the question. I was trying to go about it in a nice way, but I saw this CoRE report.

Now, as you know, I'm from Red Deer. Red Deer shut down the opioid injection site. They paired it with another site that was still open, and they did this study. Have you gone through this study? Has your department seen it? I brought copies, if anyone would like one.

This injection site decimated Red Deer's downtown. The damage it did to Red Deer over the last 10 years has changed the way Red Deer people walk around.

My point is that the Alberta recovery model is working well in Alberta. Will the federal government look at this model and start to implement it in other provinces?

You're shaking your head. Is that a yes or a no?

Hon. Marjorie Michel: I'm listening to you. I'm listening to your ideas.

Burton Bailey: With this study telling you that opioid injection sites are not doing what everyone says they should—I can give you examples, if you like, but I'm not sure whether you've read it—will you look at the Alberta recovery model and start to implement it in other provinces by shutting down opioid sites?

[*Translation*]

Hon. Marjorie Michel: Yes, I am familiar with the model in Alberta. But it is Alberta's model, not the federal government's. As I have already told you, at the last meeting of federal, provincial and territorial ministers, we decided to share best practices. So the provinces did share their best practices. The decision to provide treatment is provincial. I am here to work with the provinces as best I can.

[*English*]

Burton Bailey: Thank you.

We, as the federal government, then, are not going to give the provinces any direction. They are on their own.

It's evident that drug consumption sites are not only making communities worse. They're making Canadians suffering from addiction worse. I'd like to know why the government keeps promoting this when evidence shows they don't help Canadians break free from addiction.

As my colleague pointed out, you have the power to close these sites. Why wouldn't you be advising the provinces that this is the direction we're going in, that we're not going to enable anymore, that we're going to focus on recovery?

[*Translation*]

Hon. Marjorie Michel: As I have said several times, I think prevention must be done, lives must be saved and treatment must be provided, all at the same time. I think that you are talking about one study. I will look at it closely and the department will analyze it as well. But I should tell you that, not so long ago, I read studies proving that—

[*English*]

Burton Bailey: Thank you.

[*Translation*]

Hon. Marjorie Michel: They proved the extent to which supervised injection sites could save lives. I don't approach this with a closed mind.

[*English*]

Burton Bailey: No studies have ever compared two identical communities as this study has. That's what's so unique about it.

[*Translation*]

Hon. Marjorie Michel: I will look at it more closely.

[*English*]

Burton Bailey: It's on 100,000 in Red Deer and 100,000 in Lethbridge. They are the same types of people.

There is a lot more to this study than just saying you can compare it to the United States.

Minister, do you believe that Canadians who are struggling with drug addiction should visit safe consumption sites to continue using illegal drugs or that they should be treated for their addiction?

Should we continue to enable, or should we be looking at recovery? I want a straight yes or no—enabling or recovery.

[*Translation*]

Hon. Marjorie Michel: We have programs to support everything. Not everyone is at the same stage. People have to be ready to receive treatment. If they are not ready to receive treatment, we still have to save their lives. I do not think that one precludes the other. Of course I want people to be treated. Do you think that anyone can be the Minister of Health in the country, in Canada, that is?

[*English*]

Burton Bailey: Well, I find it very encouraging that you are going to look at the Alberta recovery model. The first thing I learned about recovery is that you cannot enable.

Thank you very much for your time, Minister.

The Vice-Chair (Dan Mazier): Ms. Jaczek, you have the floor for five minutes.

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

Welcome to the health committee, Minister.

As you know, Health Canada and the Public Health Agency of Canada have a critical responsibility to protect Canadians by ensuring health products are safe, effective and of high quality. Certainly, at this committee, we have heard many stakeholders say they want a regulatory system that keeps pace with science and innovation, so new products can reach patients in a timely way.

We've heard that there is some effort to modernize some of the regulatory approaches of Health Canada to improve efficiency while maintaining strong protections for health and safety.

Could you detail for us some of the work Health Canada is doing to speed up some of this regulatory compliance?

● (1605)

[*Translation*]

Hon. Marjorie Michel: Thank you very much.

First of all, I can tell you that it is one of my three priorities. I want to tell you that I have decided to spend some time on achieving quicker approval of medications. I meet with my deputy minister regularly on that matter, almost every week, to make sure that we are moving forward.

I can also tell you that we are almost at the point of eliminating the major backlog that we have had since the pandemic. Currently, we are looking at the way in which we can approve medications and the way in which we can use approvals in other countries with a like mind, in order to speed up the approval of medications.

I would add that one of the realities that we often fail to consider is that everyone wants us to move quickly. However, people also have to understand that applications from the pharmaceutical industry are increasing year after year. Each year, we have many more applications coming into the system because many more treatments are available and seeking Health Canada approval. That's one thing.

We are moving forward on approving medications, but we must not forget that, thereafter, they all have to go through the provinces before they get into the hands of patients. We are working in parallel with the provinces to see how we can all approve medications more quickly.

[*English*]

Hon. Helena Jaczek: Thank you very much for that.

You alluded to the complicated situation in which pricing comes into it and the provinces get involved.

I was intrigued to see, in the supplementary estimates, that the Public Health Agency of Canada is requesting $1.5 million for funding government advertising programs. With my public health background, I hope these advertising programs will allude to various public health manoeuvres or suggestions to the public.

Have you been through some areas you think should receive priority for Health Canada and the Public Health Agency to promote to the public? I'm thinking about a certain amount of hesitancy around vaccines and so on. Could you detail where this money would go?

[*Translation*]

Hon. Marjorie Michel: Yes, science tells us that vaccines certainly save lives. We know they do. Vaccines are really essential. We have put more money into the Public Health Agency of Canada for measles vaccination. As you know, we unfortunately lost our standing as a country where measles has been eliminated. So we have to try new ways to promote vaccination.

As you know, the new chief public health officer will take up her position soon, on April 1st. One of her priorities will certainly be to see how we can work with organizations to remove that hesitation that some communities have with regard to vaccination.

[*English*]

Hon. Helena Jaczek: Thank you.

The Vice-Chair (Dan Mazier): Maxime, you have two and a half minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

Minister, I need to be reassured. You did not want to answer my previous question. Were you consulted about the closure of the Canadian Food Inspection Agency's research centre in Longueuil?

Hon. Marjorie Michel: Yes, of course I was aware

Maxime Blanchette-Joncas: Okay.

It was the only laboratory in Canada that specialized in nutritional analysis and food allergens.

Hon. Marjorie Michel: Yes, but, as you know, you just can't look at the location. You have to look at—

Maxime Blanchette-Joncas: It wasn't a question, Minister. You understand that we are talking about a matter of public health.

Hon. Marjorie Michel: The work is being done.

Maxime Blanchette-Joncas: Okay.

So where will that research work be done now, given that it was the only centre in Canada doing that work?

Hon. Marjorie Michel: It's not—

● (1610)

Maxime Blanchette-Joncas: That is a question, Minister. It's a serious question.

Hon. Marjorie Michel: Mr. Ianiro answered the question just now. Did he not tell you that the work done at that centre will now be done elsewhere? The samples will be sent elsewhere.

Maxime Blanchette-Joncas: Where will they be sent?

Hon. Marjorie Michel: Where will they be sent, Mr. Ianiro?

Robert Ianiro: It depends on the type of test.

[*English*]

The marine biotoxin tests were sent to Dartmouth and Burnaby. I'd have to verify where the other tests on food allergens were moved to.

The point is that the tests were moved elsewhere, so there was no stoppage of work and no introduction of any food safety risks.

[*Translation*]

Maxime Blanchette-Joncas: Okay.

Minister, I gather that you are telling me that the centre was closed because other people were already doing the same work. It was that or something similar. That's what you are saying.

Hon. Marjorie Michel: The new Liberal government made choices about expenditures. No budget reduction has put Canadians' health at risk. That is for sure.

All I am telling you is that the operations carried on at the centre have been transferred to already existing centres elsewhere. We will send you the details.

Maxime Blanchette-Joncas: People are not saying the same thing. We were told publicly that the laboratory at Longueuil was the only one the Canadian Food Inspection Agency has that specialized in nutritional analysis and food allergens. I just want to know how the public can be confident that food safety remains in good hands. I would like someone to tell me that the closure of that research centre will not weaken our testing ability. That's all I want.

Hon. Marjorie Michel: I was given a guarantee that everything done in that laboratory was going to be transferred to the two other centres.

Maxime Blanchette-Joncas: Can you send us the information and the data on those guarantees? Thank you.

[*English*]

The Vice-Chair (Dan Mazier): Could you provide that in writing?

[*Translation*]

Hon. Marjorie Michel: Yes.

[*English*]

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

Mr. Strauss, go ahead for five minutes.

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

Minister, earlier in your testimony for the committee today, you said that safe consumption sites save lives. Several other Conservative members have spoken to you about the study on what happened after the consumption site in Red Deer, Alberta, was closed.

Do you believe this safe consumption site was saving lives?

[*Translation*]

Hon. Marjorie Michel: I told your colleague that I was going to read the study carefully. I heard about it for the first time yesterday. I will read the study carefully and I will get back to you. As I have already told you, all I want is to work for the well-being of Canadians. We have studies that—

[*English*]

Matt Strauss: Yes, I want that too, Minister, but you declared that safe consumption sites save lives—

[*Translation*]

Hon. Marjorie Michel: Exactly.

[*English*]

Matt Strauss: —and these researchers found, following the closure of this site—

[*Translation*]

Hon. Marjorie Michel: Yes, I said so because I have seen it.

[*English*]

Matt Strauss: —that no lives were saved. There's no [*Inaudible—Editor*] that.

[*Translation*]

Hon. Marjorie Michel: When people are in crisis and are about to die, yes, it saves lives. It's clear. I have seen it with my own eyes.

[*English*]

Matt Strauss: Were they not at the point of dying in Red Deer before this?

[*Translation*]

Hon. Marjorie Michel: I am not talking about treatment—

[*English*]

Matt Strauss: I guess—

[*Translation*]

Hon. Marjorie Michel: I am saying that it saves lives immediately, yes. That's precisely why all the provinces grappling with this problem, even the conservative provinces, are asking to keep the centres open.

[*English*]

Matt Strauss: Minister, please, would you show some open-mindedness on the finding of this study that this particular site was not saving lives? If it was, we would have seen an increase in the death rate once it closed. Could you hypothetically accept the finding, once you've read it?

[*Translation*]

Hon. Marjorie Michel: I will gladly look at the study. We will analyze the study. We will hold consultations and I will certainly talk to my colleague in Alberta about it, because we are committed to sharing best practices with each other.

[*English*]

Matt Strauss: Minister, I've asked several times if you would potentially accept it. This kind of closed-mindedness is unscientific. It is not open-minded. I think Canadians will be disappointed to hear this.

I have a new topic. Last year, 500,000 Canadians left emergency rooms in Canada without seeing a doctor, after waiting for hours. My wife was one of them. She almost died. She was bleeding. She waited for six hours to see a doctor. Our son was two days old. I'm very happy that she made it, but many patients and families were not as lucky as my wife and me.

Stacey Ross died in Winnipeg. Prashant Sreekumar died in Edmonton. Allison Holthoff died in Nova Scotia. Finlay van der Werken died in Oakville. Adam Burgoyne died in Montreal. They all waited for hours to see a physician. After hours of waiting, many of them had not seen one.

Over the Christmas break, a friend of mine died. He was in the prime of his life. He was 53. His name was Gord. Paramedics came to see him when his wife called 911. They told him that emergency was chockablock full and that he might as well stay home and try again in the morning. He died over the Christmas break.

Minister, will you acknowledge that this is a crisis and that it's touching every region in our country?

● (1615)

[*Translation*]

Hon. Marjorie Michel: I am not going to use the word “crisis”, but the health care system is certainly under pressure. I see that everywhere. It is better in some provinces and not so good in others, but I am not—

[*English*]

Matt Strauss: Which province do you believe is doing better? I have an example from each province.

[*Translation*]

Hon. Marjorie Michel: You always talk about emergency rooms. If that's an indicator for you, you can go around the country and see where—

[*English*]

Matt Strauss: Which provinces are doing well, Minister?

[*Translation*]

Hon. Marjorie Michel: As I said, health care systems in every province are under pressure.

[*English*]

Matt Strauss: Okay, so some provinces are not doing well. There are 500,000—

[*Translation*]

Hon. Marjorie Michel: I am not going to say that there is a crisis. I can't talk about a crisis. I will say that I can see that the health care system is under pressure.

[*English*]

Matt Strauss: I would, my wife would, and my kids would. My son was also not seen at CHEO, here in Ottawa.

[*Translation*]

Hon. Marjorie Michel: You know that, of course, I understand and I am really—

[*English*]

Matt Strauss: Minister, do you have a plan? You've been minister for a year. I didn't see anything about this in the supplementaries. Do you have a plan to address this problem that is in every province and that you're unwilling to call a crisis?

[*Translation*]

Hon. Marjorie Michel: As you know, I work with the provinces and territories. They are responsible for the health care system. We are there to support them according to their priorities.

[*English*]

Matt Strauss: You're the federal health minister. Would you agree with me that a federal document, the Canada Health Act, governs the delivery of health care in hospitals across Canada?

[*Translation*]

Hon. Marjorie Michel: We are all governed by the Canada Health Act. Of course we are.

[*English*]

Matt Strauss: You are the minister who regulates and has special authority under the Canada Health Act. Is that true or not?

Shalene Curtis-Micallef: The Canada Health Act provides a framework for ensuring that Canadians have public health care—

Matt Strauss: I'm sorry, but I asked the minister if she is the minister who oversees the act, and I'm shocked that she won't take responsibility.

Thank you.

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

Ms. Sidhu, you have five minutes.

Sonia Sidhu: Thank you, Mr. Chair.

Thank you, Minister and Health Canada officials, for coming in today.

My question is for the minister.

Minister, I want to talk about AI. It's quickly becoming a key driver of innovation in health care. We have seen it first-hand in Medtronic with some of the technologies being developed. We saw how robots are doing surgeries. There are many other technologies being developed everywhere.

With AI and innovation showing the greatest potential to improve patient care and strengthen our health system, looking ahead, how will the investment in budget 2025 and the proposed connected care for Canadians act help Canadian innovators and health providers bring these AI-enabled and innovative health solutions to more patients across the country?

Hon. Marjorie Michel: Can you repeat the question?

Sonia Sidhu: How will AI have a good impact on health innovation and patient care across Canada?

Hon. Marjorie Michel: As you said, I just saw in Medtronic how AI and technology can change lives.

As I said before to another colleague, I feel, from what I see on the ground, that in a very few years, the health system will be completely different due to the use of those tools.

Our responsibility right now is to see how we can frame this. We need a frame, because right now there are a lot of initiatives on the ground. When we are talking, for example, about the connected care for Canadians act that just came up in the Senate, it will help release data. The thing is, we have a lot of data. We have a huge amount of data in Canada, but right now the fact is that it is not connected. Even on the AI side, people cannot share the technology.

When we pass the bill, it will be even stronger. It will be nationwide.

● (1620)

Sonia Sidhu: My next question is about clinical trials, which play a wide role in helping patients access new and innovative therapies while also supporting research, investment and better health outcomes in Canada.

Health Canada has announced that it is working to modernize the clinical trials framework to make the system more efficient, more transparent and better aligned with innovation while maintaining strong protection for participants.

Can you speak about the work under way to modernize Canada's clinical trials, mostly for cancer research, and why this is important for patients and our health system?

Hon. Marjorie Michel: I will turn to you, Mr. Hébert, but I can talk about the regulation.

Paul Hébert (President, Canadian Institutes of Health Research): On the regulatory side, it should be someone else, but I can answer the other parts.

We've lost 3% of market share in Canada related to clinical trials. It doesn't sound like a big deal, but it's $2.5 billion a year and 20,000 jobs.

From an economic perspective, it's a really big deal for jobs in Canada, and it's the mechanism by which we get drugs and new devices to market. The reason this is a problem is all the slowdowns in the system. Part of it is ethics and contracts, which we are responsible for at CIHR. We can modernize all of this and speed it up. The other parts are the regulatory frames that Health Canada is helping with, modernizing and making faster. There are people in the room who can talk an awful lot more about it than I can. The other parts are getting the drugs to market once they're approved.

I hope that's helpful.

Sonia Sidhu: Minister, on the dental care plan and the expansion, I always had very good feedback. For the family net income under $90,000.... How many patients have we enrolled, and what is the outcome for this and the impact on families across Canada? Can you speak to that?

The Vice-Chair (Dan Mazier): That's the end of the time. You're done.

Ms. Konanz, you have five minutes.

Helena Konanz: Thank you, Chair.

I have a question for the minister.

You've heard this question before. One more time, is injecting fentanyl safe, yes or no?

Hon. Marjorie Michel: We have to look into everything. There's no one-size-fits-all in the drug—

Helena Konanz: Sometimes it is safe, and sometimes it isn't. Is injecting fentanyl safe? That's why I was making it easy with a yes-or-no question. It's not very funny, because so many people have died at these injection sites.

Hon. Marjorie Michel: This is what science shows, and this is why those sites were opened at one point. This is why provinces and territories are asking for the exemption that you don't like—

Helena Konanz: They are looking to you as a leader.

Hon. Marjorie Michel: —because research shows that it saves lives.

Helena Konanz: Research shows that injecting fentanyl is safe. Is that what you said?

Hon. Marjorie Michel: I am talking about safe consumption sites. I'm not talking specifically on—

Helena Konanz: Minister, when proposed drug consumption injection sites come to your desk for exemption requests, do you require an age limit for entry to grant an exemption for these sites? Is there an age limit for people to get into these sites, yes or no?

[*Translation*]

Hon. Marjorie Michel: As I have said several times, the provinces and territories—

Helena Konanz: Yes or no?

Hon. Marjorie Michel: …are those who provide the services.

[*English*]

Helena Konanz: When they come to your desk, there's no check mark for the age of people who can go into these sites. You agree with whatever the provinces decide according to age. You have the power to shut down these sites if you don't believe in the services.

There is no age limit. Is that what you're saying?

You don't know.

Kendal Weber: I can go ahead and answer the question.

Each community varies on the segment of the population that they are supporting—

● (1625)

Helena Konanz: That's good to know. Thank you, Ms. Weber.

Each community varies.

There are some sites we know, including the one you went to visit recently on Hastings Street in Vancouver with your RCMP escort, because—

Hon. Marjorie Michel: It was not an escort.

Helena Konanz: They were there to keep you safe.

Hon. Marjorie Michel: No.

Helena Konanz: They weren't. Were they there to give you information about the sites or...?

Hon. Marjorie Michel: Do you want me to answer?

First of all, I'm working very closely with the Minister of Public Safety and other colleagues, because I think the work on the drug crisis should be integrated. We should work together.

Helena Konanz: Okay.

Hon. Marjorie Michel: When I went there, I met with the—

Helena Konanz: RCMP officers....

Hon. Marjorie Michel: —fentanyl czar and with the Vancouver police, who are really engaged and working with the organization.

I was with them since the morning—

Helena Konanz: You were with the police. Okay.

Hon. Marjorie Michel: It was not an escort.

Helena Konanz: At these sites, you have to be 16 years old. I was wondering, do they have to have proof or ID to show that they're 16? There are some kids who are 13 but look 16, and there are some kids who are 16 but look 13. Do you have to show ID? I would think that it would be very bad for a 13-year-old to be using fentanyl.

[*Translation*]

Hon. Marjorie Michel: Is that because you think that it would be very bad for a thirteen-year-old to be taking fentanyl? On that, I agree completely.

[*English*]

Helena Konanz: They should not use it.

[*Translation*]

Hon. Marjorie Michel: Now, do you think that a young person wanting to take fentanyl would have to be in a supervised injection centre?

[*English*]

Helena Konanz: We have only 30 seconds, so I'm going to ask you this question.

If a 16-year-old comes in and has never had drugs before but wants to try drugs...do you have to be a drug addict to have service from this consumption site? Could a kid come in and say they've been interested in trying this? Do you have to be a drug addict to use these services?

[*Translation*]

Hon. Marjorie Michel: All I can tell you is that we do not operate those centres. They are under the responsibility of the provinces. That's the reality.

[*English*]

The Vice-Chair (Dan Mazier): That's it.

[*Translation*]

Hon. Marjorie Michel: You are asking me the same questions, but I will always give you the same answers.

[*English*]

Helena Konanz: You can try drugs for the first time. That's all I wanted to know.

Thank you.

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

Mr. Eyolfson, you have five minutes.

Doug Eyolfson: Thank you, Chair.

I understand that the minister has to leave at 4:30. I'll respect it if the minister has to leave short of that, but I'll ask what I can.

Minister, I know you've been asked the same question again and again—on whether injecting fentanyl is safe—with the insistence that you provide a yes-or-no answer.

I will ask this question: Given the choice between injecting fentanyl in a supervised consumption site and injecting it behind a dumpster in a back alley, which of the two options is safer?

[*Translation*]

Hon. Marjorie Michel: I feel that supervised injection sites were quite clearly opened in order to save lives. They do save lives, there is no doubt about that. They save the lives of those who are overdosing. It's not a treatment, but it does save lives. It lets them stay alive.

[*English*]

Doug Eyolfson: Absolutely.

In regard to the questions coming up about this one study, I've looked at the study.

It is, first of all, a single study of a single centre. Even the authors themselves said that in order to make a conclusion on whether this closure changed the number of lives saved.... The results were inconclusive due to the insufficient follow-up time. Do you think we should completely change our approach to this problem based on one study, from one centre, that the authors themselves say is inconclusive?

[*Translation*]

Hon. Marjorie Michel: Honestly, I am not going to express an opinion about it. I will look at the study. I will also ask my department for their advice.

As I said, I want to solve the crisis. We can work in prevention, we can work in treatment, but we have to keep everyone in crisis alive as they wait to be treated.

I will look at the study closely and I am prepared to go back to my colleagues and tell them what we think about it.

● (1630)

[*English*]

Doug Eyolfson: All right. Thank you.

If I have time for one more before you have to leave, we have been talking about emergency wait times and the Canada Health Act. I worked in the emergency department when we saw increasing wait times. During those times, the federal government gave record-high federal health transfers.

Under the Canada Health Act, is there any provision whereby the federal health minister can say to the provinces, “You must spend this money here”, or is it purely a provincial decision how the money is spent and how the programs are run, like funding emergency departments? Is this not the decision of the provinces under the Canada Health Act?

[*Translation*]

Hon. Marjorie Michel: We send the health transfers and the provinces make decisions according to their priorities. They decide whether they are going to use the funds for hospitals or for private care. The decisions are up to the provinces and they each make their own. That's what a federation is.

[*English*]

Doug Eyolfson: That was my impression, so thank you, Minister.

I believe that's my time.

The Vice-Chair (Dan Mazier): No, it's not. You had a minute left.

Maxime, go ahead. You have two and a half minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much, Mr. Chair.

[*English*]

Doug Eyolfson: I have a point of order. It's past 4:30. The minister has to leave.

The Vice-Chair (Dan Mazier): We started about three minutes late, and this will put us within 59 minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much, Mr. Chair.

Minister, before we let you attend to your other duties—

[*English*]

Maggie Chi: I have a point of order.

The Vice-Chair (Dan Mazier): Don't you have two and a half minutes for Mr. Blanchette-Joncas?

Hon. Marjorie Michel: That's what I wanted to say. I am not late. I am on time.

Okay. Maxime...?

The Vice-Chair (Dan Mazier): Go ahead. You have two and a half minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much, Mr. Chair.

Minister, I don't want to hold you up too much if you have important things to do.

On March 9, you announced more investments to improve access to sexual and reproductive health services. On a number of occasions, you have said that the federal government is not involved in providing health care services to Canadians.

How can you invest in improving health care services when you yourself say that you are not involved in that? The question is for you, Minister.

Hon. Marjorie Michel: I made the announcement so I will speak to it.

They are not direct services. Let me give you some examples. We funded the Society of Obstetricians and Gynaecologists of Canada so that it could establish guiding principles. We also have projects to inform women of their rights, to abortion and to other things. A number of projects are designed to provide women with information. We provide no services through the initiative we announced.

Maxime Blanchette-Joncas: I understand. I can see that you are funding organizations in an area that is under the jurisdiction of Quebec and the provinces, in this case, health. Don't you call that interference?

Hon. Marjorie Michel: No, not at all. Quebec had no problem with it, as you saw. We make no announcements in Quebec without talking to them first. I work very well with my partners in Quebec. You know full well that, when we make an announcement in Quebec, we have to talk to the people in Quebec.

Maxime Blanchette-Joncas: You are currently funding health care organizations. Therefore, that encroaches on provincial jurisdiction. Explain to me what the federal government can do better than Quebec, especially when it is funding programs in sexual and reproductive health.

What value is the federal government adding when it makes investments such as those, instead of increasing the health transfers?

Hon. Marjorie Michel: First, I have to remind you that it was in our election platform.

Maxime Blanchette-Joncas: So is your answer that it is to make you look good politically?

Hon. Marjorie Michel: No, it's also because there's a need. You are talking about Quebec specifically, but—

Maxime Blanchette-Joncas: The need is for health transfers.

Hon. Marjorie Michel: I also made the announcement in Quebec.

Maxime Blanchette-Joncas: You did?

Hon. Marjorie Michel: I could not have made the announcement in Quebec if Quebec had not been in agreement.

Maxime Blanchette-Joncas: There's an election In Quebec soon. It's in Terrebonne, I think.

Hon. Marjorie Michel: Yes.

● (1635)

Maxime Blanchette-Joncas: That's quite the coincidence, right? You are telling me that you made the announcement in Quebec and there's an election in Quebec.

Hon. Marjorie Michel: Are you serious?

Maxime Blanchette-Joncas: Yes.

Hon. Marjorie Michel: Mr. Blanchette-Joncas, do you really think I would have made the announcement in Montreal in order to influence the constituency of Terrebonne. You are kind of pushing it.

Maxime Blanchette-Joncas: It's quite the coincidence.

Hon. Marjorie Michel: Anyway, let me tell you—

[*English*]

The Vice-Chair (Dan Mazier): I'm sorry. I would like to interrupt the conversation.

Thank you very much, Minister. Thank you for spending the hour. It was a little less—two and a half minutes—but it was good.

As you leave, we have some committee business to do. We have supplementary estimates to pass.

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 5c—Grants..........$1

(Vote 5c agreed to on division)

DEPARTMENT OF HEALTH

Vote 10c—Grants and contributions..........$60,000,000

(Vote 10c agreed to on division)

PUBLIC HEALTH AGENCY OF CANADA

Vote 1c—Operating expenditures..........$1,500,000

Vote 10c—Grants and contributions..........$1

(Votes 1c and 10c agreed to on division)

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

We'll suspend for five minutes. We'll get the other folks in here, and we'll get started again for the next round.

● (1635)

_____________________(Pause)_____________________

● (1640)

The Vice-Chair (Dan Mazier): I call our meeting back to order.

I see we have some new guests. Welcome.

This is the second hour of the supplementary estimates study.

We'll start off with the first round of six minutes, with Ms. Konanz.

Helena Konanz: Thank you, Chair.

My question is to Ms. Weber. Are you familiar with the Controlled Drugs and Substances Act, more specifically section 56.1 and subsection 56.1(1)?

Kendal Weber: Yes, I am.

Helena Konanz: First, these sections refer to a “Minister”. Is it correct that it is the federal Minister of Health who is empowered to make exemptions here?

Kendal Weber: You're right. The minister is named in the act. The minister is named throughout the act and in other acts of Health Canada.

The minister doesn't administer every authority where she is named in the act. There are delegated authorities that are delegated to officials, given the volume of regulatory decisions made on a daily basis.

Helena Konanz: Okay. She is empowered to make exemptions.

Second, are all supervised consumption sites and proposed supervised consumption sites in Canada required to seek this exemption, yes or no?

Kendal Weber: All supervised consumption sites are required to seek an exemption. I should also note that we have something called an urgent public health need site. This is a temporary site that is set up, and it is a separate section.

We also have a class exemption in which authority has been given to provinces and territories to set up an urgent public health need site.

There are three types of sites, and I wanted to make sure that we say the difference among the three.

Helena Konanz: Thank you.

Is it correct that for any supervised consumption site to operate anywhere in Canada, the minister must grant these exemptions?

Kendal Weber: The minister has the authority in the act, which can be delegated to officials. An exemption request comes in, and an authority to refuse or authorize is made under the authority you've noted that is in the act.

Helena Konanz: She would be aware of the request. Is that correct?

Kendal Weber: She would not see every request, no. If there is a renewal, she would not necessarily see it.

Helena Konanz: It is very serious for her not to see every request. I am quite surprised.

Kendal Weber: Several regulatory decisions come forward for a number of issues. We may get a request for drug checking under those provisions.

Helena Konanz: Okay.

If the minister chose not to grant an exemption under the sections of this law, could a supervised consumption site be permitted to operate under the Controlled Drugs and Substances Act, yes or no?

Kendal Weber: If a formal request was made under the authority to open a supervised consumption site, and if there was a refusal, they cannot operate. If a province or jurisdiction sought to open an overdose prevention site under the class exemption, a decision does not need to be made by the minister or the federal government. It is under the PT authority. I want to keep this point clear.

Helena Konanz: Does the minister have the authority under this law to withdraw an exemption at any time?

Kendal Weber: It wouldn't be to withdraw it. The authority of the department could be to revoke.... Withdrawal would be done by a site operator. They would withdraw—

Helena Konanz: She could say, at any point, “That's it. It's not working.” I am asking if she has the authority.

Kendal Weber: To revoke versus withdraw.... It's the language, yes.

Helena Konanz: Okay. To confirm, for a supervised consumption site to operate in Canada, the minister must grant an exemption.

Kendal Weber: For a supervised consumption site under the Controlled Drugs and Substances Act, under the authority you have set out, the minister has the authority to provide the exemption.

Helena Konanz: My last question is this: What conditions would cause Health Canada to recommend to the minister that an exemption be withdrawn? What would cause it? Would it be public disorder, the number of overdoses...? How is this monitored?

Kendal Weber: Under the act, we look at public health and public safety. We examine the exemption request to determine the benefits to public health. What population will be served?

We also consider public safety concerns. We will receive information under the act related to the community needs. We will see the administration and the policies and procedures. These five criteria are set out in the legislation.

● (1645)

Helena Konanz: I thought I only had five minutes, but I have six, so I have a minute left.

For funding that was provided through the substance use and addictions program, were recipients required to report on itemized, individual expenditures they purchased with this funding? When I say “recipients”, I mean the organizations. Were they required to report on these individual expenditures?

Kendal Weber: They would not tell us of every single drinking glass or paper plate they bought to provide snacks to individuals who may come in, or for equipment that's used. They would do it under a theme. The theme may be equipment, food or clothing.

It's not itemized, if that is the question.

Helena Konanz: For pipes and needles, they'd have to give you....

Kendal Weber: They would let us know if harm reduction equipment has been purchased. It's at the level of the description of the actual equipment.

Helena Konanz: Thank you.

The Vice-Chair (Dan Mazier): Ms. Chi, you have six minutes.

Maggie Chi: Thank you to the officials, including some new faces, for appearing in front of the committee. Thank you for your time.

My first question is for CIHR with regard to the new cancer prevention research funding.

What metrics are you using to evaluate the impact of federal research investments in cancer prevention, for example? How does the department track whether these investments are translating into improved prevention, treatment or health system performance?

Paul Hébert: First, there are 19 investments representing $41 million, as you pointed out. It was in an area of significant gap. We spend $250 million a year on cancer research, added to another $250 million from other agencies.

The challenge with impact in the discovery world is that it's a long window. The earlier you go, the harder it is. From test tubes to drugs, it's often 15 to 20 years. The way we measure impact is often a long time out. That time window is much shorter for clinical trials. It's 10 to 12 years. It's even shorter for health services and population health.

We can measure impact in a few ways. One is by modelling. Again, it's complicated, and there's no perfect way, which is true for almost everywhere in the world. Another way is by impact story. For example, we invented Ozempic, it turns out. It's a $40-billion-a-year investment for Novo Nordisk. That's another story, but it is a Canadian invention. It was 20-odd years ago. That's one example. There are many more.

There's a new one coming out in Montreal, PCSK9. It's a new molecule. Merck is going to essentially make a lot of money off that one. That started, I think, in the 1980s as a research program funded by MRC at the time. You get a sense of the long window. The discovery phase is often several hundred opportunities, and then one or two hit the jackpot.

Impact stories are important, and we can model and look at other forms—other than counting publications, I mean. True impact on saving lives, making money, economic imperatives or improving emergency room visits takes a bit longer.

Maggie Chi: My second question is also for CIHR.

The estimates indicate a transfer from PHAC to CIHR to support the national one health antimicrobial resistance research strategy. Could you provide an update on the development of that strategy and timeline for its release?

Paul Hébert: I'm sorry. I think I'll have to get back to you on that. I don't have the exact answer in front of me, so I don't think I can answer that one at this minute. I'm happy to provide that to you in writing.

Maggie Chi: If you could table it, that would be great. Thank you.

My next question is for Health Canada. It's about some of the regulatory reforms the government is undertaking, especially with regard to clinical trials, which we know are essential for advancing science and for giving patients early access to cutting-edge treatments.

Could you let us know how these initiatives are helping position Canada as a leading destination for clinical trials and biomedical innovation?

● (1650)

Pamela Aung-Thin (Assistant Deputy Minister, Health Products and Food Branch, Department of Health): Right now, we have a package in consultation for clinical trial modernization, so we are looking for feedback. There are several features of this package.

One is having a more targeted approach, a more finite approach if you will, to clinical trials so that we can effect ones that are in different areas. Ones that are lower risk we can treat in a certain way, and those that are higher risk we can treat differently, so it's a more targeted approach.

Second, it aligns much more closely with some of the modernizations we're seeing around the world. We speak quite frequently with our international counterparts on these, so it allows for some of those modernizations to happen in Canada.

Third, we're looking at research ethics boards. This is a big irritant that we often hear about from those conducting clinical trials, so we're allowing a framework for national research ethics boards. That work will continue with our colleagues as well in CIHR. It's in consultation, and we're looking to move that package as quickly as possible.

Maggie Chi: My last question is for PHAC.

One of the lessons we learned from the pandemic was the importance of timely interoperable public health data across jurisdictions. From your perspective, what are some of the gaps that still exist in our public health data infrastructure? What work is under way to improve real-time sharing abilities across jurisdictions?

Nancy Hamzawi (President, Public Health Agency of Canada): I am actually quite pleased with the discussions that are happening currently among our federal, provincial and territorial colleagues towards concluding a public health information-sharing agreement. This is an agreement that would be the successor to the multilateral information-sharing agreement, which clearly, through COVID, needed to be further advanced in order for us to more effectively exchange information across the country and to have a national picture for some key public health metrics.

Those discussions are advancing, and I'm hoping that we'll be in a position to conclude that shortly.

Maggie Chi: Thank you.

I think that's my time, Chair.

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

Mr. Blanchette-Joncas, you have six minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you very much, Mr. Chair.

Mr. Ianiro, I would like to continue with you, on the matter of the closure of the Canadian Food Inspection Agency's research centre, which was located in Longueuil. In your opinion, because activities were transferred to other centres, did the elimination of jobs in Longueuil affect the overall scientific capacity?

Robert Ianiro: Thank you for the question.

[*English*]

We're not concerned with the loss of scientific capacity, given the fact that the work being done by the folks at our laboratory in Longueuil will be shifted to those in Burnaby. I can confirm that Burnaby will be the location that the food allergen work will be moved to.

[*Translation*]

Maxime Blanchette-Joncas: Is there any internal analysis comparing the capacity before and after the closure?

[*English*]

Robert Ianiro: No, because at this point, we haven't implemented the actual reductions. Those are in effect and will take some time to implement, so there is no study or assessment, as you're suggesting, in place at this point.

[*Translation*]

Maxime Blanchette-Joncas: Okay.

Did the Canadian Food Inspection Agency conduct any internal analysis of the consequences of closing the laboratory in Longueuil on its scientific capacity and on Canada's food safety?

[*English*]

Robert Ianiro: We just have to be clear that the types of tests we're talking about that were being done there wouldn't necessarily equate to research. These were enforcement actions related to food allergens.

As I've explained, while that facility is closing, the work that was being conducted at that facility has been shifted to others. I don't think there's any loss in capacity or any loss in research that I'm aware of.

As the minister mentioned, we were very deliberate in any of our reductions to make sure that we weren't introducing any health and safety issues, any public health issues or any food safety issues. That was a clear criterion for our reductions.

[*Translation*]

Maxime Blanchette-Joncas: Okay.

If there is any analysis, can you send all those documents to the Committee?

● (1655)

[*English*]

Robert Ianiro: I'd be happy to share whatever we have in writing that answers the question, but just to clarify, we obviously haven't done any assessment post-reduction because we're in the process of making the reduction. As I indicated before, we're happy to share any of the material we have that led to the decision about this reduction.

[*Translation*]

Maxime Blanchette-Joncas: Did the agency produce a transition plan to ensure the continuation of the testing of food allergens and marine biotoxins, once done in Longueuil?

[*English*]

Robert Ianiro: I believe you're making reference to the marine biotoxin testing that was also being done at Longueuil. As I mentioned, there were three different types of testing. Marine biotoxins was one. Those are being moved to our Burnaby lab on the west coast and our Dartmouth lab on the east coast. The marine biotoxin testing will continue, just at two other facilities.

We have, including Longueuil, 13 laboratories. We're going down to 12. We have six that will continue doing work in food, three in animal safety and four in plant health.

[*Translation*]

Maxime Blanchette-Joncas: Okay. Can you send the Committee all the relevant documents on the scientific transition plan? Thank you.

I am still dealing with the issue of the closure. How many tests of food allergens, marine biotoxins and nutritional labelling were done each year in the laboratory in Longueuil?

[*English*]

Robert Ianiro: I don't have details on the number of tests that were done at any of those labs, but I can certainly find out and share those with the committee.

[*Translation*]

Maxime Blanchette-Joncas: Can you send those detailed data to the Committee? Thank you.

A little earlier, you mentioned other laboratories, such as the one in Burnaby, British Colombia. As we understand it, the laboratory in Longueuil was the only one specializing in the testing of food allergens and marine biotoxins, as I mentioned earlier. Can you confirm that?

[*English*]

Robert Ianiro: That's not my understanding. If it's not the case, I can confirm it. What I will say is that—and I'd have to confirm this—it may be the only location doing this right now.

Again, that work is being shifted to other labs. I would have to verify whether Burnaby is already doing it or will just be taking on that work. I don't have that level of precision with me.

[*Translation*]

Maxime Blanchette-Joncas: Thank you.

I am still on that closure. Did the agency evaluate the impact of the closure on the time taken to analyze samples of food?

[*English*]

Robert Ianiro: There's no doubt in our assessment.

As I mentioned, we definitely didn't want to introduce any health and safety issues or delays in our testing...and how they may support our compliance, enforcement, and health and safety investigations. We considered that. I'm comfortable saying that with this reduction, we felt the other labs could carry out the work and would have the capacity to fill in the gap created by the closure of Longueuil.

[*Translation*]

Maxime Blanchette-Joncas: Can you send that analysis to the Committee?

[*English*]

Robert Ianiro: It would all be part of the same material, absolutely.

[*Translation*]

Maxime Blanchette-Joncas: Thank you. That's fine. We just want to have the full picture.

Did the laboratory in Longueuil play a role in identifying any food recalls in recent years?

Robert Ianiro: Can you repeat the question?

Maxime Blanchette-Joncas: Did the laboratory in Longueuil play a role in identifying any food recalls…

[*English*]

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

[*Translation*]

Maxime Blanchette-Joncas: …in recent years? Can you send us any documents on that?

[*English*]

The Vice-Chair (Dan Mazier): Be quick.

[*Translation*]

Robert Ianiro: It's possible. I do not have that information at hand, but we can send it to the Committee.

[*English*]

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

We'll move on to the next round, and it is me, for the Conservatives.

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

The Vice-Chair (Dan Mazier): Yes.

Maggie Chi: According to the rules and procedures, I believe the chair should relinquish the chair position while she or he asks a question. For example, on October 9, 2025, at the seventh meeting of the immigration committee, Michelle Rempel Garner was vice-chair of the meeting and gave the chair to the Bloc vice-chair when she asked a question. I was wondering if we could proceed like that.

The Vice-Chair (Dan Mazier): I'll defer to the clerk on that, but I'm pretty sure we made that decision a long time ago.

Okay, I have some clarification. According to the clerk, section 20.147 of the book says that I can ask questions from the chair.

● (1700)

Maggie Chi: I wanted to get that clarification.

The Vice-Chair (Dan Mazier): Thank you for getting that clarification. I can understand. It creates some animosity.

Ms. Weber, we're on for five minutes.

Health Canada gave $4.5 million to an organization called MySafe. According to your department, this money was used to directly fund vending machines that dispensed opioids. Is that correct? It seems crazy.

Kendal Weber: I can't speak to the particulars of that project. We did fund projects under our SUAP, or the substance use and addictions program, for prescribed alternatives for a fixed period of time. Those projects ended in March 2025. The prescribing that was done through those projects was under a health care practitioner and under the provincial and territorial regulatory bodies.

The Vice-Chair (Dan Mazier): They did dispense opioids. Is that correct?

Kendal Weber: There was a project related to opioid dispensing during the pandemic. I think that was when it was first put in place—I'm going from memory right now, as I don't have it in front of me—given the accessibility constraints during that period of time. It was done under a prescription from a health practitioner.

The Vice-Chair (Dan Mazier): Ms. Weber, was funding opioid vending machines an effective use of taxpayers' dollars?

Kendal Weber: The substance use and addictions program funds innovative solutions and projects to try different types of responses to substance use and addiction challenges faced in the country. Safer supply was for a fixed period of time and called "prescribed alternatives".

The Vice-Chair (Dan Mazier): That's not what I asked.

Was it an effective use of taxpayer dollars? You were trying to encourage recovery. You were trying to make sure people weren't dying. Do you think it was an effective use of taxpayer dollars?

Kendal Weber: I think investments in this space have helped save lives.

The Vice-Chair (Dan Mazier): Were any of these funds used to purchase drugs inside vending machines, yes or no?

Kendal Weber: Not to my knowledge.

I'm sorry. Were the funds that were given to the project sponsor used...?

The Vice-Chair (Dan Mazier): Were any of these funds used to purchase drugs inside vending machines, yes or no?

Kendal Weber: Not to my knowledge.

The Vice-Chair (Dan Mazier): Was the funding from Health Canada eligible for the purchase of drugs from inside these vending machines?

Kendal Weber: Not to my knowledge. I can confirm that for you.

The Vice-Chair (Dan Mazier): Ms. Weber, Health Canada's own press release stated that these vending machines served a maximum of 48 people per machine across five machines. That's 240 people. Of those 240 people, how many recovered from their addictions?

Kendal Weber: I don't have that data.

The Vice-Chair (Dan Mazier): Can you table that data? Do you have any?

Kendal Weber: No, we wouldn't have that data. The prescribed alternative programs are—

The Vice-Chair (Dan Mazier): You don't have that data. You don't know how many people.

Kendal Weber: A prescribed alternative program is a harm reduction tool that individuals use instead of the toxic drug supply. You asked about recovery. It is not a recovery program. It is a harm reduction program as an alternative. There are therapies for treatment—

The Vice-Chair (Dan Mazier): Let me get this straight, though—

Kendal Weber: —but this one is not a treatment model.

The Vice-Chair (Dan Mazier): Health Canada spent $4.5 million on opioid vending machines, and you don't know if a single person got better.

Kendal Weber: The model is for an alternative to the toxic drug supply.

The Vice-Chair (Dan Mazier): Is it for people—

Kendal Weber: These are individuals who, instead of using a toxic drug from the street, under a health care practitioner's oversight, were prescribed a prescription medication.

The Vice-Chair (Dan Mazier): How many overdoses did the opioid vending machines prevent?

Kendal Weber: That I would have to look into.

The Vice-Chair (Dan Mazier): Do you not have that number handy?

Kendal Weber: I do not.

The Vice-Chair (Dan Mazier): Do you have it?

Kendal Weber: I would have to ask to see if that number was reported through that program.

The Vice-Chair (Dan Mazier): Is there no one in this room who has that information?

Kendal Weber: There isn't for that project, no.

The Vice-Chair (Dan Mazier): Ms. Weber, can you confirm that none of the drugs dispensed through these federally funded machines were ever diverted to the street, yes or no?

● (1705)

Kendal Weber: I do not have that information.

The Vice-Chair (Dan Mazier): Can you find out?

Kendal Weber: First of all, it's important to know that the trafficking of any drug is illegal and not allowed. It is prohibited under the Controlled Drugs and Substances Act.

The Vice-Chair (Dan Mazier): Ms. Weber, the Liberals funded the purchase of drugs through the Health Canada substance use and addictions program. How much money was specifically spent on those controlled substances under the name of safe supply? If you could table that, that would be great.

Kendal Weber: We provided a response to a written question that was posed by one of the members. There was an indication that a very small percentage of money was used to pay for a small percentage of prescription pharmaceuticals in between coverage—

The Vice-Chair (Dan Mazier): It was a small percentage. Was it millions?

Kendal Weber: No. The coverage was provided by—

The Vice-Chair (Dan Mazier): I'm out of time. I'm sorry.

Kendal Weber: —the provincial government, and then the money was used when there was a lack of coverage for the individual.

The Vice-Chair (Dan Mazier): Ms. Weber, we're out of time. If you could table that information to the committee—

Kendal Weber: We provided it in a written question. Would you like that tabled?

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

Ms. Jaczek, you have five minutes.

Hon. Helena Jaczek: Thank you, Chair.

I'd like to start with CFIA.

Mr. Ianiro, media reports indicate that the Canadian Food Inspection Agency's 2024 to 2027 corporate risk assessment warned that the agency may be unable to manage multiple emergencies simultaneously, such as a large-scale animal disease outbreak or major food safety recalls. This sounds rather alarming, but I noticed that in the supplementary estimates, there is no request for any increased funding. How will the agency manage to handle things like simultaneous emergencies?

Robert Ianiro: The Canadian Food Inspection Agency has an interesting relationship, as we have a lot of authorities under the Minister of Health, usually as it relates to food safety, but have fairly significant investments made in the animal disease area. Those would typically fall under the Minister of Agriculture.

There is funding, for example, to establish a foot and mouth disease vaccine bank—upwards of $55 million over five years and $5.6 million ongoing. Funding has been received for African swine fever emergency preparedness and prevention. We've had funding recently to deal with highly pathogenic avian influenza as it relates to poultry. We were also successful in securing funding, in working with our partners, including the Public Health Agency, to ensure there was not the introduction of HPAI in dairy cattle in Canada, which was a huge issue and more or less a crisis in the United States.

I want to leave the committee reassurances that there is quite a significant amount of investment in the area of animal disease and preparedness.

Hon. Helena Jaczek: Thank you so much. That's very reassuring.

Looking at the supplementary estimates, Health Canada is requesting $60 million to support bilingual health technology and clinical information systems in New Brunswick. This sounds like a rather large amount of money. I'm intrigued if similar technology exists to deal with Quebec's requirements.

Could whoever knows about this particular request give us more information on why this is necessary for, in particular, New Brunswick, how this compares to assistance with health technology in general across Canada and what specifically this funding delivers?

Sarah Lawley (Assistant Deputy Minister, Health Policy Branch, Department of Health): I'm happy to take that question.

New Brunswick is Canada's only completely official bilingual province. This injection of one-time finding is going to allow them to create a fully bilingual digital health system within the province. Right now, there are separate systems that are not fully connected, so this is helping them create the digital backbone and the connections that will allow for the transmission of information across certain platforms. It's good news from an electronic health connectivity perspective and supports the official minority language community as well.

● (1710)

Hon. Helena Jaczek: Does Health Canada support provinces? We've all heard about how electronic medical records don't necessarily talk to each other. Is this usually funded provincially to ensure that there is connectivity between EMRs within each province?

Is the New Brunswick situation the way it is because it is bilingual and somehow the federal government is therefore responsible for funding? I just want to understand.

Sarah Lawley: There are a variety of ways that jurisdictions can seek to make their systems more interoperable. Federal leadership comes into play in certain areas. This is one area. The other is what we're trying to do with our connected care for Canadians act and with how we support provinces and jurisdictions through projects from Canada Health Infoway, for example.

There's not one particular size that fits all for jurisdictional needs. This is a unique project that's specific to New Brunswick's needs.

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

Go ahead, Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

I have a question for you, Ms. René de Cotret, or for you, Mr. Higgs. Can the department provide the Committee with the detailed data on the Canadian Dental Care Plan, including the number of patients registered, the types of treatments provided, and the costs of the program by province and territory since it started?

Lynne René de Cotret (Assistant Deputy Minister, Oral Health Branch, Department of Health): Yes, of course.

Maxime Blanchette-Joncas: Mr. Higgs, you are the master of all things financial. Can the department provide the Committee with the financial projections of the Canadian Dental Care Plan in the coming years?

Lynne René de Cotret: Yes.

Maxime Blanchette-Joncas: Thank you.

I am back to you, Ms. René de Cotret. Can the department provide the Committee with the data on the actual use of the program, including the proportion of those registered who have actually received care?

Lynne René de Cotret: Yes.

Maxime Blanchette-Joncas: Thank you.

Just now, with the Minister, we talked about access to care and the registration of dental clinics in the program. Can the department send us the details of the clinics' participation in the program, specifically the distribution by province?

Lynne René de Cotret: Yes. I just want to specify that we do not have the names of dental clinics. We have the names of oral health care providers.

Maxime Blanchette-Joncas: Okay. If you can send us that, we will be content.

Can the department also send the data it has on the time it takes for patients registered in the program to access dental care?

Lynne René de Cotret: We do not have that information.

Maxime Blanchette-Joncas: Really?

Lynne René de Cotret: We have studies that show the capacity in rural areas, as can be seen in other aspects of health care.

Maxime Blanchette-Joncas: I am still asking for any figures or documents that are considered relevant.

Can the Department of Health provide the Committee with any internal analysis or evaluation of the operation of the Canadian Dental Care Plan since it began?

Shalene Curtis-Micallef: Yes. We can provide the information that we have on the subject. The program is quite a recent one. Some evaluation has been done, but it will only be complete after a few years.

Maxime Blanchette-Joncas: To your knowledge, does anything stand out from the internal evaluation of how the Plan has been working since it started?

Shalene Curtis-Micallef: I will ask my colleague to answer that question.

Maxime Blanchette-Joncas: What are the greatest challenges so far?

Lynne René de Cotret: The program has been running for a year and a half. The Office of the Auditor General is currently conducting an evaluation. I think that the plan is to table the report in Parliament in the fall. Studies have been done on the initial program that was launched. There are also internal documents.

Maxime Blanchette-Joncas: There are no challenges?

[*English*]

The Vice-Chair (Dan Mazier): That's it.

[*Translation*]

Lynne René de Cotret: There were challenges, but we took care of them.

Maxime Blanchette-Joncas: Okay.

[*English*]

The Vice-Chair (Dan Mazier): You can get quite a conversation going down there, Max.

We'll move on to Mr. Strauss for five minutes.

Matt Strauss: Dr. Hébert, it certainly would not have escaped your notice that a bit of a controversy erupted here as to whether it is safe to inject fentanyl. You and I have injected our patients with lots of fentanyl in our practice as critical care physicians.

I'm wondering if you could inform the committee about what you consider to be necessary in order to say that the injection of fentanyl is safe in your practice.

Paul Hébert: You've highlighted a very important point. Fentanyl itself is not a poison unless it's a poison. As you pointed out, it's very safe in a hospital under supervised conditions, for example. In fact, it's almost essential for a big part of our practices.

Where you get into trouble is in places where it's unsupervised, you're alone and it's in concentrations you don't understand. As someone pointed out, this could be behind a dumpster, when you don't know what's in the drug supply, and it's toxic.

● (1715)

Matt Strauss: Would you say there are dosages of fentanyl beyond which you would consider it unsafe to inject your patients unless advanced airway equipment was nearby, or unless the patient already had a secure airway?

Paul Hébert: In unsupervised sites, as I think you would fully appreciate, it varies by individual and their tolerance level. I would say that I've injected concentrations of fentanyl in a supervised site that would otherwise do a lot of harm to someone who's unsupervised.

Tolerance makes a big difference. Those who are using the drug supply have variations in needs.

Matt Strauss: Would you agree with me that you would want to have advanced airway equipment if you were—

Paul Hébert: Would I agree with you...? I'm sorry.

Matt Strauss: You would want to have advanced airway equipment, like the ability to perform endotracheal intubation, if you were giving very large doses of fentanyl.

Paul Hébert: I would agree that it depends on the conditions and where you are, and the equipment you'd need would vary.

Matt Strauss: I will take that to be as much agreement as you can give me.

Would you also agree that there's a big difference between fentanyl that was sold to you in a zip-lock bag by a guy named Mitch and fentanyl from the hospital pharmacy?

Paul Hébert: I would agree with that.

Matt Strauss: Okay. Thank you.

To the other officials, could you just inform me, at these so-called safe consumption sites, is hospital pharmacy fentanyl being given from a pharmacist, or is it perhaps bags of white powder from a guy named Mitch?

Kendal Weber: Individuals do come into the sites with their own substances. Often it is unknown how much fentanyl is in them. That's why the individuals go to the sites. They come in, and sometimes there is drug-checking ability to check to see what else is cut in with the fentanyl. In addition, there are trained professional or trained individuals—

Matt Strauss: May I interrupt you? That's really interesting.

Are all the drugs that are consumed at safe consumption sites checked for contaminants?

Kendal Weber: No, not every one, and they bring in—

Matt Strauss: Isn't that definitionally unsafe? I don't see why this had to be controversial.

Kendal Weber: The question is good, in that people will use it outside alone or they will go into the site, and there will be a health practitioner or a trained individual with naloxone should they use fentanyl and overdose.

Matt Strauss: Would you agree with me that it is definitionally unsafe to be injecting illicit drugs of unknown provenance?

Kendal Weber: It is unsafe, and supervised consumption sites provide a place where naloxone is available.

Matt Strauss: It is unsafe. Thank you.

There was some controversy that erupted as well regarding who.... I guess the minister didn't see some of these approvals for safe consumption sites, so whose is actually the last desk it touches before it sees approval? Is that person at this table?

Kendal Weber: They are not at this table. We have delegated officials in the department.

Matt Strauss: Could you let the committee know who the person is who would have approved the Red Deer safe consumption site?

Kendal Weber: I'd have to check on that. I think Red Deer was done under provincial authority. I will check on the Red Deer one.

Matt Strauss: Would you table that with us?

Kendal Weber: For sure.

Matt Strauss: Are you personally surprised by the findings of this University of Calgary study regarding the closure of the Red Deer safe consumption site that was published in the journal Addiction?

Kendal Weber: We did get it two days ago. We've been looking at it.

As noted earlier, the authors of the study noted that it was a time-limited study and that a longer-term study will be important.

They didn't see an increase in deaths or emergency services. They did see an increase in opioid agonist therapies. That's interesting to follow as well, because we know that under the Canadian drugs and substances strategy, prevention, treatment, harm reduction—

Matt Strauss: Will your department or anyone at this table be interested in—

Kendal Weber: —and enforcement are important.

Matt Strauss: I take it that this is one study, and this is one site.

Will anyone at this table, or the department more broadly, be funding research like this to confirm the findings?

Kendal Weber: We fund research for sure, and we work with CIHR, the Canadian Institutes of Health Research, to fund that.

What has been noted is that this study has been unique. That's why it's interesting to look into it. We are looking into it, because it's rare that you would have the two sites—

The Vice-Chair (Dan Mazier): That's it.

Kendal Weber: Oh, sorry.

The Vice-Chair (Dan Mazier): I'm sorry.

Ms. Sidhu, you have five minutes.

● (1720)

Sonia Sidhu: Thank you, Mr. Chair.

I want to ask a question of PHAC.

Vaccines remain one of the most effective ways to protect Canadians from infectious diseases. How will the additional funds in these estimates be used to expand access to critical vaccines across all regions of Canada, including underserved communities?

Kerry Robinson (Vice-President, Infectious Diseases and Vaccination Programs Branch, Public Health Agency of Canada): I can answer that question.

As part of the supplementary estimates, one of the key items was measles campaign information and funding. We discussed earlier the multi-jurisdictional measles outbreak that's been quite significant in Canada, affecting 10 provinces. The funds for that campaign, for example, are raising awareness of measles. We have generations that have forgotten about measles because vaccines have been so effective at eliminating it, along with the efforts by local and provincial public health and our counterparts at the federal level.

The opportunity and investments we have in the vaccine space are to support understanding about the safety and effectiveness of vaccines and to help support addressing barriers to access, which can include populations that have limited access to care, as well as providing resources to support health care providers so they have the latest evidence and supports around how to safely have conversations with their patients about the benefits of vaccination to inform their decisions.

Sonia Sidhu: I want to go back to Health Canada.

I know that safe injection sites save lives, but can you clarify to the committee, Ms. Weber, that safe injection sites do not provide access to drugs?

Kendal Weber: I can confirm that safe consumption sites do not provide the drugs. The individuals come to the sites with their own substances.

Sonia Sidhu: Thank you.

My next question is for PHAC.

Personal support workers help patients in long-term care homes in Canada. How will the supplementary funds outlined in this budget be used to support their training, well-being and retention so Canadians can continue to receive safe and compassionate care in long-term homes?

Nancy Hamzawi: You're asking about personal support workers. I'll turn to my colleague.

Shalene Curtis-Micallef: We can assist with that question. It's a really good question, as we know that personal support workers are a vital part of the continuum of care for individuals. We have provided funding to provinces with respect to primary access and working together agreements. There are initiatives the government has launched with respect to tax credits for personal support workers and other measures to facilitate their continuation within the health care system.

Sonia Sidhu: I think this question is for Health Canada.

The suicide rate among men remains a serious public health concern. How are these supplementary funds helping Health Canada to support awareness, accessibility and promotion of the 988 suicide prevention hotline, which ensures that men and boys across Canada can get immediate mental health support when they need it most?

Nancy Hamzawi: Specifically with respect to the resources for 988, those will continue for the service that has been in place for the past several years, looking for that continuity. We recognize that creates a bridge for us to be able to understand the deliberations by the Canadian Radio, Television and Telecommunications Commission, which has launched a proceeding to improve the routing of 988 calls and texts.

For example, if you have a Toronto area code, 416, phone number and you're here in Ottawa, if you were to call, you would be answered by someone who's in the 416 area code or the closest distress centre in that area. The CRTC's deliberations are looking at ways in which, when you're here in Ottawa and want to call 988, you can receive support by a distress centre within the 613 or 343 area code. That kind of analysis is happening now, and my understanding is that the CRTC has requested the working group's recommendation by the end of May 2026. That will then inform a future funding level for 988.

Sonia Sidhu: Thank you.

The Vice-Chair (Dan Mazier): You have about nine seconds left, if you have a quick snapper.

Sonia Sidhu: I'll pass.

● (1725)

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

We'll go to Mr. Bailey for five minutes.

Burton Bailey: To the deputy minister, can you table the department's findings and analysis on PrescribeIT with the committee, please?

Shalene Curtis-Micallef: We can provide you some information with respect to PrescribeIT, but one piece that is important to note is that PrescribeIT is an initiative that was started by Canada Health Infoway, which is an independent—

Burton Bailey: I'm just learning about it, so I'd like you to table everything with the committee, quite simply.

I'm not sure who would be best placed to answer this question. The Government of Alberta recently wrote a letter to the Prime Minister highlighting the continued restrictions on the sale of nicotine pouches to behind pharmacy counters while there's been documented growth in illegal underground markets, completely undermining the intent of the government order.

Given that there is an ever-growing opposition to this highly illogical and widely debunked policy, does the federal government intend on continuing this backward policy, yes or no?

Shalene Curtis-Micallef: I can start.

Burton Bailey: It's a yes or no.

Shalene Curtis-Micallef: I wanted to speak a bit about the policy, which we—

Burton Bailey: We've talked about the policy at the committee already. Greg has told us a lot about the silliness behind it.

What I'm asking you is this: Now that the provinces are coming to you and saying that 50% of it is being imported illegally, children are buying it and over two million pouches were found in the last bust, are we relooking at this, yes or no?

Shalene Curtis-Micallef: We'll continue to examine—

Burton Bailey: That's not yes or no, ma'am. I'm asking for a simple yes or no.

Are we looking at—

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

The Vice-Chair (Dan Mazier): Sure. What's the point of order?

Doug Eyolfson: The member is not allowing the witness to answer the question.

The Vice-Chair (Dan Mazier): I'll allow it. One person should talk at a time, but obviously she's not answering the question. It's pretty obvious.

Mr. Bailey, go ahead.

Burton Bailey: I know Health Canada has smart people working on this, but it is still blatantly inconsistent that cigarettes are sold openly at convenience stores while Health Canada-approved pouches are harder to get.

I'm trying to understand this, Doug.

Is this something that only people inside the Department of Health can make clear sense of, or is the explanation being shaped by other considerations?

Pamela Aung-Thin: The restrictions on nicotine pouches are based, first, on age, to reduce exposure to our young people, and, second, on flavours, to reduce the attractiveness of them to young people and to use them as a prevention method.

At the same time, we are aware of the illegal imports, and we have compliance and enforcement programs in place to address those imports.

Burton Bailey: All right. I'm looking for a bit more direction from the department.

I'd like to give the rest of my time over to my colleague Dr. Strauss.

Matt Strauss: Thank you, Chair.

Thank you, officials.

We're talking about the way the department and the government is spending our money today. My favourite and the most important promise Justin Trudeau made in 2015 was to establish a government that was open by default. In that spirit, I would like to move the following motion:

> That the committee order the production of the following complete and fully unredacted documents:
>
> a) the audit conducted by MNP that assessed the design of the financial controls framework for the Canadian dental care plan;
>
> b) all briefing notes, recommendations, and documents provided to the Minister of Health or the minister's office regarding the October 17, 2025, change to reimbursement criteria for laboratory fees under the Canadian dental care plan;
>
> c) the number of Canadian dental care plan patients who received prior authorization for treatments involving laboratory fees before October 17, 2025, but received reduced reimbursement after that date;
>
> d) all correspondence between Health Canada and Sun Life Financial regarding the change to reimbursement criteria for laboratory fees under the Canadian dental care plan;
>
> e) all analysis conducted on the impact the Canadian dental care plan will have to dental schools in Canada;
>
> f) all applications and corresponding signed agreements, except with Quebec, including appendices and annexes, from the substance use and addictions program since 2020, as requested by the committee on December 9, 2025;
>
> g) all applications and corresponding signed agreements, except with Quebec, including appendices and annexes from the emergency treatment fund since 2020, as requested by the committee on December 9, 2025;
>
> h) all applications received by the government to administer the vaccine injury support program, including all recommendation documents provided to the minister's office on the applicants;
>
> i) all documents related to PrescribeIT, including the 2017 contract between Canada Health Infoway and Telus Health; all amendments, renewals, and change orders since 2017; all intellectual property ownership agreements; the 2026 termination notice and all clauses, provisions, or records relating to termination and penalties; a list of all payments made by Canada Health Infoway to Telus Health since 2017; and all recommendation documents provided to the minister's office regarding PrescribeIT funding, operations, and termination;
>
> j) all agreements between Canadian Blood Services and Grifols related to the manufacture, processing, or supply of both blood and plasma-derived products, including all amendments and related agreements;
>
> k) all quarterly reports and underlying data submitted to Health Canada's office of controlled substances by provincial or territorial ministers of health, except from Quebec, pursuant to the subsection 56(1) class exemption for urgent public health need sites;
>
> and that these documents be submitted, unredacted and in both official languages, to the committee clerk by no later than April 17, 2026; and that any failure by the government to fully comply with this order be reported to the House by no later than April 20, 2026.

● (1730)

The Vice-Chair (Dan Mazier): Okay, that's the motion. It's been distributed.

Are we good for debate?

Maggie Chi: Can we suspend a moment just to review the motion? We just received it. It's pretty substantive. We'd like to review it.

The Vice-Chair (Dan Mazier): We can suspend just for a couple of minutes.

You have it; is that right?

Maggie Chi: We just received it.

The Vice-Chair (Dan Mazier): We'll suspend.

● (1730)

_____________________(Pause)_____________________

● (1735)

The Vice-Chair (Dan Mazier): You all have copies. You've all discussed it.

Ms. Chi, you're first up.

Maggie Chi: I just need one second.

The Vice-Chair (Dan Mazier): If you're just going to talk it out, that's okay.

Is everyone ready to call the question?

Maggie Chi: That's not a thing, Chair.

The Vice-Chair (Dan Mazier): It is a thing.

Maggie Chi: It is not a thing.

The Vice-Chair (Dan Mazier): Do you want to challenge the chair on that?

Maggie Chi: Are we back already?

The Vice-Chair (Dan Mazier): Yes, we are. I gavelled in. You're live.

Maggie Chi: I'm not ready yet. It's a big motion, Chair. We're still reviewing it. I'm surprised that we were called back.

The Vice-Chair (Dan Mazier): Ms. Chi, just so we're clear, this is just about access to documents and producing information that's been hidden from Canadians for many years, for at least a decade—in fact, since this government took power. That's all we're asking for—a production of documents—so we can shed some light on that.

Maggie Chi: Are you speaking as chair or as a committee member?

The Vice-Chair (Dan Mazier): I'm just clarifying for the audience and everybody else in the committee what we're asking for.

Maggie Chi: Is this your motion, or is this Mr. Strauss's motion?

The Vice-Chair (Dan Mazier): I'm just clarifying what the motion is about.

Go ahead, Ms. Chi.

Maggie Chi: There's quite a bit. I'm still going through the wording of it. It's a big motion. It talks about the Canadian dental care plan, patient access, Health Canada, and Sun Life Financial reimbursement.

As we know—

The Vice-Chair (Dan Mazier): Did you want it read again? You can't repeat—

Maggie Chi: I just need some time to digest it, and then I'll speak to it.

Chair, if you can allow me to—

● (1740)

The Vice-Chair (Dan Mazier): No. If you're not ready to speak to it, I can go to Mr. Burton.

Maggie Chi: No, I'm ready to speak to the Canadian dental care plan, for sure.

The plan, from the latest number, is benefiting more than six million Canadians who need access to dental care. Last time I checked, if the number still is current, it's saving on average $800 per family, which is a big savings. It's one of the programs providing affordability to Canadians who really need it.

I think the doctors on this panel would agree that when you have access to a dental care plan like this, it means a lot of preventative measures and practices. It saves trips to emergency, because when you have dental issues, they sometimes lead to really urgent trips to the emergency room.

I think Doug and emergency room doctors can speak to this. With some of the cost—

Burton Bailey: I have a point of order, Chair.

The Vice-Chair (Dan Mazier): We have a point of order.

Burton Bailey: She's not speaking to our motion; she's speaking to the programs. We are requesting documents. It's a very straightforward motion.

I would ask that we go to a vote.

The Vice-Chair (Dan Mazier): It's a point of order, and it's relevant, so I'll rule it as relevant.

Get to the debate.

Maggie Chi: What I'm speaking to is relevant, so I would appreciate the time—

The Vice-Chair (Dan Mazier): No, his point of order was relevant.

Maggie Chi: I have the floor.

The Vice-Chair (Dan Mazier): Get to speaking to the motion and the documents we're asking to produce. That's why I said that statement first. It was so that we were clear about what the motion is asking for.

Maggie Chi: Do I still have the floor, Chair?

The Vice-Chair (Dan Mazier): Yes.

Maggie Chi: Thank you for the floor.

Where was I? It saves a lot of painful visits to emergency rooms. Sometimes it leads to infection. It really leads to situations—

Helena Konanz: I have a point of order.

The Vice-Chair (Dan Mazier): We have a point of order.

Helena Konanz: Chair, we're talking about the distribution of documents, not the value of emergency rooms. It's the distribution of documents.

If she wants to talk about why it's not good to present these documents to the Canadian people, that's another thing. Emergency rooms or the particulars about that issue are not actually the subject. We're talking about distributing documents and why we might or might not want to show them to the United States.

That's the wrong country, but it's not to them either. It's to Canada.

The Vice-Chair (Dan Mazier): That does speak to relevance.

We're just talking about the production of documents and why you would have issues with producing documents.

Maggie Chi: I disagree with that framing, Chair. I haven't even gotten to the production—

The Vice-Chair (Dan Mazier): Are you challenging the chair?

Maggie Chi: I'm not. I disagree with the member's point of order. I'm not disagreeing with the chair.

Helena Konanz: She's disagreeing with the point of order.

Maggie Chi: I disagree with the framing. I haven't even gotten to the production of documents yet—

Helena Konanz: Okay. Good.

Maggie Chi: I would argue that it's relevant to the program, because you outlined the Canadian dental care plan here. If I can't speak to the program, why did you outline the dental care plan in the motion?

I would say it's relevant. I would say that the program is benefiting millions of Canadians. Why can't I speak to the plan as well? Why can't I speak to the dental care plan? What are you hiding?

If I may, I would like to continue.

Burton Bailey: I have a point of order, Chair.

We're speaking to a motion. If this nonsense is going to continue, if the Liberals think this is some sort of filibuster, then let's just go to a vote. We're asking for documents, not a filibuster.

The Vice-Chair (Dan Mazier): That's not really a point of order, Mr. Bailey.

Burton Bailey: I realize that, Chair. I'm just being clear.

Maggie Chi: Chair, that's not a point of order.

If I may—

The Vice-Chair (Dan Mazier): Thanks for confirming that.

Maggie Chi: Thank you for confirming it.

If I may, I just want to finish my thought about the emergency room piece.

Emergency room doctors will probably tell you about the value of preventive care. It saves cost on emergency visits and improves the health outcomes of Canadians. In every one of our ridings, we've heard very positive stories about having access to timely, affordable dental care. It's very essential to our health care as well.

I also want to speak to the Grifols piece.

● (1745)

Burton Bailey: I have a point of order, Chair.

This is obstruction. This is a simple motion.

An hon. member: Keep going, Maggie.

Maggie Chi: Shall I keep going? Okay.

With regard to what I have on Grifols, I think it does touch on my point. I'm sorry. I'm just going down the list, Chair, and paragraph (j) says, "all agreements between Canadian Blood Services and Grifols related to the manufacture, processing, or supply of both blood and plasma-derived products".

Despite what the Conservatives would have you believe, Health Canada actually has no role in the day-to-day operation of Canadian Blood Services. They regulate the safety of blood and plasma collection of products made from blood and plasma. CBS—Canadian Blood Services—operates independently from the federal government, working with the provinces and territories outside of Quebec to collect plasma. The provinces and territories determine how plasma is collected in their jurisdictions, including the role of paid plasma collection.

Canadian Blood Services has confirmed again and again that they do not sell the blood or plasma they collect from Canadians. They're selling a waste by-product, albumin, to Grifols. Canada has more than enough albumin to meet the needs of Canadians. Grifols turns this waste by-product into life-saving plasma. Canadian Blood Services then buys this plasma at a reduced rate, increasing our domestic blood supply.

In fact, not only is this increasing our blood supply; it is also creating jobs. A manufacturing facility for the plasma product that recently opened in Saint-Laurent, Montreal, will establish Canada's first end-to-end domestic blood supply chain at a time when our provincial and territorial partners need to increase their blood and plasma supply.

It is deeply disappointing that the Conservatives would rather spread misinformation and fearmongering via a lot of their social media clips. Canadians can rest assured that if they have donated plasma to Canadian Blood Services or Héma-Québec, it is going to Canadians.

There's no evidence to suggest that Canadian Blood Services is not working in the best interests of Canadians. They operate at arm's length from the federal government. We have confidence that Canadian Blood Services is making sure that Canada's blood supply is there for Canadians, and we hope the Conservatives will stop trying to discourage Canadians from donating blood to Canadian Blood Services and will instead focus on saving lives rather than getting clicks.

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

The Vice-Chair (Dan Mazier): We have a point of order.

Matt Strauss: The Liberal parliamentary secretary seems to be under the impression that parliamentary committees can only demand documents from the government. They can demand any document from any organization or indeed any individual. This question of whether CBS is administered by the federal government or not is totally irrelevant.

Maggie Chi: Chair, I move that the motion be amended by removing paragraph (e) and paragraph (j), as paragraph (e) falls under provincial jurisdiction and paragraph (j) falls outside of government control.

Do we need to send that for translation? Do we need the wording? I can send it over.

The Vice-Chair (Dan Mazier): I'm just going to suspend for a second.

● (1745)

_____________________(Pause)_____________________

● (1750)

The Vice-Chair (Dan Mazier): We're ready. We're on.

We're on the amendment.

You haven't sent it in. Is that right?

Matt Strauss: Does it need to be sent in? Can we just vote?

An hon. member: We have no objections.

Chris d'Entremont (Acadie—Annapolis, Lib.): I have a point of order, Mr. Chair.

Normally, we would send the document to you, with the changes. We would circulate it to all members of the committee so that we know what we're talking about.

I would ask that it be sent to the clerk and then be sent to committee members.

The Vice-Chair (Dan Mazier): We're just discussing the motion.

If the committee has UC to accept the amendment, we can just accept the amendment—

Matt Strauss: We will not accept the amendment.

The Vice-Chair (Dan Mazier): We can have a debate and have a vote on it.

Matt Strauss: Yes, we can have a vote.

The Vice-Chair (Dan Mazier): Can we just vote on the amendment?

Yes, Matt.

Matt Strauss: Mr. Chair, I'm worried that the mover of the amendment didn't hear my point of order while she was planning to move it. This committee and Parliament can demand the production of any document. It doesn't have to be a government document. It doesn't have to be under federal jurisdiction. It can be personal papers. It can have to do with the provincial government.

Parliament is supreme and can demand these documents. The amendment itself is totally irrelevant, or at least the rationale given for it is.

I'm looking forward to voting no on the amendment. Thanks.

The Vice-Chair (Dan Mazier): Who's speaking to this?

Doug Eyolfson: Who's up now?

The Vice-Chair (Dan Mazier): I thought we were voting on it.

Doug Eyolfson: No, I'm asking to speak to the amendment.

The Vice-Chair (Dan Mazier): Can I suspend for a second?

● (1750)

_____________________(Pause)_____________________

● (1750)

The Vice-Chair (Dan Mazier): I've gavelled back in. I suspend the meeting.

[*The meeting was suspended at 5:54 p.m., Thursday, March 12*]

[*The meeting resumed at 3:36 p.m., Tuesday, March 24*]

● (30335)

[*Translation*]

The Chair (Hon. Hedy Fry (Vancouver Centre, Lib.)): Good afternoon, everyone. I now call the meeting to order.

[*English*]

Welcome to the continuation of meeting number 25 of the House of Commons Standing Committee on Health.

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

Today's meeting is taking place in person. I just want to remind you of the usual things. Keep your phones on the little round decals so they don't disturb the audio and the interpretation, and I want to remind you that all comments should be addressed through the chair. Remember that I need to recognize you by name before you speak.

Pursuant to Standing Order 81(5) and the order of reference from the House of Thursday, February 12, 2026, the committee will continue its suspended meeting on the study of the supplementary estimates (C), 2025-26: vote 5c under Canadian Institutes of Health Research, vote 10c under Department of Health, votes 1c and 10c under Public Health Agency of Canada.

I want to make a few comments for the benefit of the members before we start.

Since the meeting on the March 12 was suspended, we will start exactly where we ended the last meeting. I have the list the clerk presented to me of the speakers who are up to speak and are meant to speak during this time.

I wanted to do one quick piece of housekeeping.

Last week, the clerk circulated a supplementary budget of $250 for the meeting we had on Bill C-234. It's a budget of $1,000 for the study of supplementary estimates (C), 2025-26. Could I get the committee's approval?

Some hon. members: Agreed.

The Chair: I wanted to also remind you that the deadline to submit witnesses for the study of Bill C-224, which is on natural health products, is Thursday, April 2. I would suggest that the deadline to submit public briefs for Canada's pharmaceutical sovereignty be May 5, 2026.

Is that okay with everybody?

Some hon. members: Agreed.

The Chair: Now I think we can get back to the order of the day.

What we remember is that during that meeting Ms. Chi had moved an amendment.

She was still speaking when the meeting was suspended, so I will go to Ms. Chi.

Go ahead, Mr. Bailey.

Burton Bailey: Chair, would you share with us the speaking list from the last meeting, please?

The Chair: I will give it to you now.

It's Ms. Chi speaking, then Mr. Bailey, Ms. Konanz, Mr. Eyolfson and Ms. Sidhu.

Burton Bailey: Thank you.

The Chair: All right. We'll go to Ms. Chi.

Ms. Chi, you have the floor.

Maggie Chi: Thank you, Madam Chair, and welcome back.

May I ask for unanimous consent from the committee to withdraw my amendment from the last meeting?

The Chair: Do I have unanimous consent from the committee?

I see everybody nodding yes, so there's no one disagreeing.

(Amendment withdrawn)

● (30340)

Maggie Chi: Thank you.

The Chair: Mr. Eyolfson, are you denying unanimous consent?

Doug Eyolfson: No.

The Chair: Your hand is up to speak.

Go ahead, Mr. Eyolfson.

Doug Eyolfson: Thank you, Madam Chair—

The Chair: Excuse me, Mr. Eyolfson. The list of speakers on that amendment is now ended because the amendment has been withdrawn.

Doug Eyolfson: Okay.

The Chair: Go ahead, Monsieur Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: Good afternoon, Madam Chair. It's a pleasure to have you back with us today.

[*English*]

The Chair: Thank you.

[*Translation*]

Maxime Blanchette-Joncas: I am not necessarily opposed to the amendment being withdrawn, but is it possible to find out why the government made that request? You understand that I am very curious.

[*English*]

The Chair: I don't know that it's necessary to state why. That the mover wants to withdraw the amendment should be sufficient.

[*Translation*]

Maxime Blanchette-Joncas: With all respect, Madam Chair, my question was for my colleague.

[*English*]

The Chair: The chair will allow for certain questions if I think they're in order.

Ms. Chi, would you like to answer that?

Maggie Chi: I think that we've already had unanimous consent from everybody.

The Chair: Thank you. That's good.

Now I'm going to move to Mr. Eyolfson.

Speak, please, Mr. Eyolfson.

Doug Eyolfson: Thank you, Madam Chair.

I would like to propose the following amendment. That the motion be amended by deleting parts a) to e) and replacing them with the following text:

> That the committee recognize the importance of reviewing and considering the most recent official statistics and publicly reported data related to the Canadian Dental Care Plan, including ongoing updates on enrolment, service update and provider participation.

The Chair: Thank you. Has everyone received—

Doug Eyolfson: Madam Chair, I'm not finished. I'm still speaking.

The Chair: I just want to be sure that everyone has the amendment. You still have the floor.

Doug Eyolfson: Okay. Thank you.

The Chair: Does everyone have the amendment in both languages? No, you don't have the amendment. The clerk does not have the amendment.

Can you repeat it, please?

Doug Eyolfson: I'll start from the top.

That the motion be amended by deleting parts a) to e) and replacing them with the following text:

> That the committee recognize the importance of reviewing and considering the most recent official statistics and publicly reported data related to the Canadian Dental Care Plan, including ongoing updates on enrolment, service update and provider participation.

Madam Chair, I want to speak to this amendment. It asks the committee to do something reasonable and useful, which is to consider the most recent official statistics and publicly reported data related to the Canadian dental health plan. That is what I intend to do. I intend to go through those figures on the record because they are relevant to any serious discussion on the program.

Members opposite may suggest that the numbers are already available and that there is little to add by reviewing them here, but the purpose of this committee is not simply to note that information exists. It is to examine that information, place it on the record and consider what it tells us about the implementation of a major public program.

The Canadian dental care plan is, by the government's own description, one of the largest social programs in the country. The Canadian dental care plan is a significant federal initiative and, for that reason, it is entirely appropriate that the committee take the time to look carefully at the available data. I do not intend to rush through that exercise. I intend to do it in a careful and orderly way. That is the purpose of the amendment, and that is how committees are meant to do their work.

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

I really do think what you've mentioned so far is basically gutting the whole motion. It drastically changes the whole intent of the motion in the first place, so I would rule this out of order.

The Chair: Mr. Mazier, you cannot rule it out of order.

Dan Mazier: I would suggest that this is out of order.

The Chair: It is in order because it is dealing with the motion on the table, which was moved by Mr. Strauss.

Dan Mazier: I would challenge the chair on that, please.

The Chair: All right. You're going to challenge the chair, but it's not a challenge.

Do you understand what a point of order is, Mr. Mazier?

Dan Mazier: You ruled that it was in order. I say that it's not in order. You made a ruling.

The Chair: Yes, but do you understand, before we go into all of this, what I consider to be just raising up issues just for the sake of raising issues? I think you should understand what a point of order is.

A point of order is when somebody speaks outside of the agenda item on the table. This is in keeping with the agenda item on the table. It is in order as an amendment to the motion by Mr. Strauss, which is being moved forward. If we're going to have to rule on a point of order that is definitely not a point of order, then you're going to be subverting the whole reason for having chairs and having committees, because you're ignoring the basic rules of a committee at the moment.

If we're going to have people voting on basic committee rules, we're going to have to take this to the chief clerk who wrote the book on this and move on it. I think it's kind of frivolous, Mr. Mazier.

● (30345)

Dan Mazier: I challenge the chair on that ruling.

The Chair: You challenge the chair on the ruling.

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

The Chair: Yes.

Maggie Chi: I think it's unfair to make that ruling, because Doug has just started stating why he's moving this amendment. I think it's premature to move anything or to rule on anything, because Mr. Eyolfson has not even finished his speech yet.

Dan Mazier: He didn't have to say any more.

Maggie Chi: I think it's absolutely unacceptable that he was interrupted midway through his speech explaining why this matters and why this is in order. Now he has to—

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

Maggie Chi: I would love to hear—

The Chair: Ms. Chi, Mr. Eyolfson's motion is in order not because of its substance, but because it's an amendment to the motion on the floor that we are debating. That makes it in order, according to the rules of committee. He doesn't have to explain why he's doing what he's doing. He's basing it on the agenda item that we're debating. That's what is the order of the day.

Obviously, Mr. Mazier has disagreed with me—

Dan Mazier: That's right.

The Chair: —so we have to deal with the fact that he's challenging the chair on this issue.

I wanted to warn that we're moving down a very dangerous slope when we suggest that the rules of committee are no longer allowed to stand because individuals can decide that they do not agree with the rules that have been set out by the House of Commons for committees.

Dan Mazier: I have a point of order—

The Chair: I'm speaking, Mr. Mazier.

These have been set out for committees to perform. This is a basic tenet for committee behaviour in a standing committee, according to the Standing Orders of the House.

We're going to vote on the ruling of the chair.

Go ahead, Ms. Chi.

Maggie Chi: On a point of order, ma'am, I would actually like to pause for a moment.

I find it absolutely ridiculous that Mr. Eyolfson just started his amendment, and now we're getting into this kerfuffle. It's silencing our members here.

The Chair: Ms. Chi, it's not only that. It is in fact deciding that the rules set by the House of Commons in that big, thick green book written by the chief clerk for the way that committees and the House of Commons function are no longer accepted by this committee, which is a standing committee of the House of Commons.

This is unusual. I have never heard of this. If this is going to be what happens to committees, it may actually have to be taken back to the House for a ruling by the Speaker. Committees cannot function without rules being clear and being obeyed.

This is exactly what I am doing. This is clearly a point of order, and I would be very interested to see what happens if he has ruled on challenging the chair. I have ruled that this is out of order. His point of order is not in order, because Mr. Eyolfson is in fact dealing with the agenda that we're dealing with right now, which is Mr. Strauss's motion. You are allowed to amend a motion and Mr. Eyolfson is amending that motion, so I would like to know why Mr. Mazier is challenging the chair.

Dan Mazier: The motion—

The Chair: I need a reason that you believe the amendment is not in order.

Dan Mazier: It's because his amendment is out of the scope of the motion. It changes the intent of the motion in the first place. That is why I was suggesting it was out of order in the first place.

The Chair: Mr. Mazier, debate on any motion can change the intent of the motion. An amendment can change particular clauses in the motion. It is my understanding, having written it down, that he wants to delete items in Mr. Strauss's motion—g) and e). He's intending to delete those two, so it's clearly in order.

I don't understand why you would move such a motion and I cannot allow a frivolous motion like this to stand.

● (30350)

Dan Mazier: I have a point of order.

It's a dilatory vote.

The Chair: A motion on the floor is not a dilatory motion. It's a debatable motion. That's what we're doing here.

Dan Mazier: I challenge the chair in that decision. That is a dilatory motion. Can we please have the vote?

The Chair: Let's have a vote on challenging the chair. It may mean that we'll have to end this meeting right away if you do that, because you are actually speaking against the current rules in the House of Commons in the green book.

I will have to ask the head chief clerk to rule on this very unusual motion, Mr. Mazier.

Go ahead, Mr. Bailey.

Burton Bailey: It's in the Standing Orders. It's section 20.111 in the green book.

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

We had hands up over here, but somehow the floor was given to that side. They had their hands up.

The Chair: Mr. Bailey had his hand up a long time ago, Ms. Chi. Now it's Mr. Bailey and then Ms. Sidhu.

Mr. Bailey, go ahead.

Burton Bailey: Thank you, Chair.

I want to reaffirm that you are aware that it's 20.111.

Clerk, can you help us with that?

The Chair: I don't have the book in front of me. What does that say?

Burton Bailey: It's in *Procedure and Practice*.

The Chair: I admit that we're going to have to take this to a vote. I am just commenting that I have never seen someone challenge the clear orders of how a committee is run—

Dan Mazier: We're not.

The Chair: —with something that I consider to be very frivolous.

Dan Mazier: Can we please have a vote, Chair?

The Chair: Mr. Mazier, at least you can do one thing: When someone is speaking, you can allow them to finish what they are saying. As the chair, I reserve the right to continue to say what I am saying right now.

You have a motion, and you have a point of order challenging the chair. Mr. Bailey spoke. Ms. Sidhu is next, and then I will call the question.

Sonia Sidhu: Madam Chair, I'm very surprised—

Dan Mazier: I have point of order.

Sonia Sidhu: The motion is about the CDCP—

Dan Mazier: I have point of order, Chair.

Sonia Sidhu: —and the amendment that Mr. Eyolfson is talking about is an amendment to the CDCP. What is the point? We have the right to speak. I don't know what's happening. I totally agree with you. I don't know.

The Chair: We have to call the question on the challenge to the chair. This is clear, so we have to do it.

I suggest that, in fact, Mr. Mazier suggesting that this is out of order is absolutely wrong, according to any rule at all for standing committees. You can pull up the rule about calling a question, or you can suggest that it's wrong. I know that this is going to pass, because I know how the voting in this committee happens. It's not on substance, sometimes.

I will ask for the vote. He has challenged the chair, and we will call the vote.

[*Translation*]

Maxime Blanchette-Joncas: My apologies, Madam Chair.

[*English*]

The Chair: Go ahead, Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: Out of curiosity, how is it that you know the results of the vote before the vote is held?

[*English*]

The Chair: I am a physician. We deal with outcomes based on trends. The things we see happening over and over again give us a trend, and then we know what the outcome is going to be. I am suggesting, based on trends, that I think I know what the outcome is going to be. However, I am not sure, so I am calling the vote.

Clerk, please go ahead.

Hon. Helena Jaczek: I don't understand what we're voting on.

The Chair: I ruled that Mr. Mazier's point of order was not a point of order, because Mr. Eyolfson was in order in bringing an amendment to Mr. Strauss's motion, which we would debate. However, when someone challenges the chair, it should go to a vote, and that's what we are doing now.

We are voting on whether the chair's ruling is wrong in her ruling.

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

Can I put it on the record that I know members of the opposition proposed this, although without a lot of good reasons. From our side, I don't really understand because—

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

Come on.

Maggie Chi: —we are amending a motion. We're speaking to the motion.

Dan Mazier: Chair, we're in the middle of a vote.

Maggie Chi: I have the floor.

Dan Mazier: No, you don't. They called the vote.

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

Dan Mazier: I have a point of order.

A voice: The chair called the vote.

The Chair: Excuse me.

Maggie Chi: This is actually a lot of.... Can I have the floor, please?

The Chair: Ms. Chi, let me rule and bring some order to this meeting.

We have a motion on the floor that is challenging the chair. A member is disputing that motion, and I think the member can do that.

Ms. Chi, go ahead.

● (30355)

Dan Mazier: It is a dilatory motion.

On a point of order, Chair, we're in the middle of a vote, so Ms. Chi—

The Chair: We have not started the vote yet. The clerk has not called it.

Dan Mazier: Yes, we have, Chair. The clerk called it.

The Chair: She called it. I'm sorry.

Maggie Chi: On a point of privilege, I really didn't appreciate the way the member just spoke to me in tone.

Dan Mazier: I'm sorry.

Maggie Chi: It was very condescending.

We are equal members here on committee, and as a woman, as a young.... I look pretty young, so I get certain treatment. I really didn't appreciate the tone that was just used very condescendingly to educate me on what the motion is. We were just speaking to a motion right now, and you introduced something we disagree with.

Can we not disagree on the committee? Isn't this what the House and what committees are for?

The Chair: Yes, we can disagree, but the vote had already been called by the clerk.

Maggie Chi: Chair, I just really didn't appreciate the tone.

The Chair: That is duly noted as a point of privilege.

Go ahead, Clerk. Call the vote.

The motion on the table is to challenge the chair's ruling. If you're going to vote to support the chair's ruling, you will be voting no. If you're voting to sustain Mr. Mazier's motion, you'll be voting yes. Is that clear to everybody?

Go ahead.

Dan Mazier: On a point of order, Clerk, can you please explain that?

The Chair: I'm sorry. I explained it, Mr. Mazier. Stop being condescending to everybody. The vote is on the chair—

Helena Konanz: On a point of order, I'm sorry, but I didn't understand.

The Chair: She's starting the votes again, and I will explain it because the clerk does not run the meeting. The chair does.

If you're voting to sustain Mr. Mazier's motion, you're voting yes. If you're voting against Mr. Mazier's motion, which is to challenge the chair's ruling, you will be voting no. Does everyone understand that?

All right. Can we start the vote again, please, Clerk?

Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I did not understand why it was necessary to vote, because you said that you already knew the result. If you already knew the result, there was no point in voting, as I see it.

[*English*]

The Chair: You asked me why I know the results, and I said that, as a physician, I don't know the results—we're going to a vote—but I can usually assume, as a physician, based on certain trends.... That's how we practice medicine. You look at trends, and you see what works and what doesn't work. I am aware that there are certain ways that this committee tends to vote, so I'm presuming.... I'm sorry, Mr. Blanchette-Joncas. I should not have presumed.

Now we're going to a vote.

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

The Chair: Mr. Mazier, we're in the middle of a vote...unless it has to do with the vote.

Dan Mazier: Yes, it does. It has very much to do with the vote.

I would like the clerk to read the actual motion that we're voting on for clarity, and then what it actually means—back and forth—when we support the chair or don't support the chair. Because we don't have in writing what the actual motion is, it should be under her direction. Can she read it, please?

The Chair: Which motion are you referring to? Your motion was to challenge the chair's ruling. It was a simple motion, Mr. Mazier, and the clerk has it in front of her.

Dan Mazier: The reason I challenged the chair was because the—

The Chair: It's the motion we're voting on, not your reason.

The motion says, from Mr. Mazier, “I challenge the chair on the admissibility of MP Eyolfson's amendment.”

Dan Mazier: There you go.

The Chair: That is your motion.

If you support Mr. Mazier challenging the chair on the admissibility, you will vote yes. If you do not support Mr. Mazier, you will vote no. I would like, with your tolerance, to ask the clerk to begin again so that we are very clear, because she wasn't clear on what people were saying. They were saying “yes,” and they were saying “no” at the same time.

Dan Mazier: Thank you very much, Chair.

The Chair: Now we will begin. Go ahead, Clerk.

(Ruling of the chair overturned [*See Minutes of Proceedings*])

The Chair: The chair's ruling is not sustained, so Mr. Eyolfson cannot move his amendment.

We'll go to the next person on the list.

Go ahead, Ms. Jaczek.

I'm following a list that I have here, Mr. Mazier.

● (30400)

Dan Mazier: Are we back to the original motion?

The Chair: The original motion is not what we're debating. Well, it is what we're debating and people are moving amendments to the original motion. That is allowed.

Dan Mazier: What does the list look like?

The Chair: That was from the motion that Mr. Strauss did originally.

The first person up was Ms. Chi. She moved an amendment, which she withdrew. That meant the list to speak to Ms. Chi's amendment was no longer valid.

Mr. Eyolfson was the next person with his hand up and he moved an amendment. You voted that his amendment was out of order. We now have Ms. Jaczek wishing to speak.

That is the list I have at the moment. There is no other list. Ms. Jaczek is next on the list, after Mr. Eyolfson.

Go ahead, Ms. Jaczek.

Hon. Helena Jaczek: I've looked carefully at the motion. I'm looking at section h). It seems that the request is for a very specific area in relation to vaccines. I would like to look at this a lot more broadly in terms of potential vaccine injury. Therefore, I would like to amend section h).

I'll read in French what I'm proposing. I move:

[*Translation*]

> That the motion be amended by deleting part h) and replacing it with the following text:
>
> > that the Committee recognize the importance of considering vaccination coverage, the public health data and the trends among various populations in Canada, including the factors influencing vaccination coverage, the resistance to vaccination, and the access to vaccines.

[*English*]

I think it is really relevant and instructive for this committee to consider, on the record, the 2024 results on the entire expanse of the immunization coverage that exists. We have good data on that. It speaks directly to uptake and coverage in a critical area of public health. I feel sure that the committee would like to hear about the entire results and the data involved, which of course does include the vaccine injury piece.

Madam Chair, could I expand a little bit on why I'm proposing this amendment?

The Chair: You could. I just want everyone to know that we now have an amendment to Mr. Strauss's motion, specifically from Ms. Jaczek. We are debating that amendment.

Ms. Jaczek has the floor. She's explaining her amendment. She's allowed to do that.

● (30405)

Hon. Helena Jaczek: Madam Chair, I think it's important for the committee to know that as it relates to childhood seasonal immunization coverage, there is a survey that is taken annually, and it's—

The Chair: Excuse me, Ms. Jaczek. Do you have a copy of that for the clerk? I don't think the clerk has received any of the amendments, and she needs it for the records.

Hon. Helena Jaczek: We can certainly get it—

The Chair: Can you give it to her, please?

Hon. Helena Jaczek: Yes. I have a personal copy right here, but perhaps there's another one. It has been sent to the clerk, apparently.

Dan Mazier: I have a point of order. I feel that this amendment is out of order.

The Chair: We're not debating the amendment yet. The clerk has not received it.

Dan Mazier: Didn't she just start debating it?

The Chair: The clerk has to receive the amendment. It is actually very much that when you have a motion, people are allowed to amend it, so Ms. Jaczek is amending Mr. Strauss's motion very specifically, in a certain area. The clerk is receiving that amendment, and we will read it out once more for you so that you all know, specifically, what Ms. Jaczek's amendment to Mr. Strauss's motion is. Thank you.

Matt Strauss: I have a point of order.

The Chair: Go ahead, Mr. Strauss.

Matt Strauss: Chair, you've just ruled that people are allowed to make these sorts of amendments, and I challenge that ruling.

The Chair: I didn't rule anything. I just said that when a motion is on the floor, people are allowed to make amendments. Are you debating the concept that when we are debating a motion, we are allowed to make amendments to it? Making an amendment to a motion has been what this committee has been doing and what is traditional when debating a motion. This is what Ms. Jaczek is doing.

Maggie Chi: I have a point of order.

Matt Strauss: You're not allowed to make amendments that are out of order. I think this amendment is out of order, so I challenge your ruling there.

The Chair: I haven't ruled on anything yet.

Matt Strauss: You did.

The Chair: No, I was just explaining to people what the process is.

Matt Strauss: I challenge your explanation.

The Chair: The clerk was waiting for the amendment. I have not ruled anything yet.

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

The Chair: Go ahead.

Maggie Chi: I find it, actually, very disrespectful towards the chair and the committee. You haven't even ruled on anything, yet the members started challenging. I think I heard explanations. If we're not even allowed to debate motions or amendments, then this is extremely undemocratic. I think members here deserve the opportunity to move amendments overall, so I find this process, what's happening here, really unsavoury.

I would like to clarify what the process is. If members of the opposition keep challenging every single point made by the chair, I find it unproductive to what we're trying to do here.

An hon. member: Well, just pass our motion.

Maggie Chi: The member opposite just said to pass their motion as a whole, without any debate, which I also think is extremely undemocratic. We are here to debate and to introduce amendments that we think are necessary. You may disagree with the amendments, but you cannot silence us into not being able to move anything in this committee. I just want to make that very clear on the record, because I find the process here at this meeting.... I've never seen something like this at a committee yet. This is actually really disturbing.

The Chair: Thank you, Ms. Chi.

I've been here for 33 years. I have chaired many committees for many years. I have never yet seen amendments to a motion not being allowed. That is not something I have ever seen. One can debate the amendment and say you don't like it for reason A, B or C, but the amendment can be moved. That is part of the process of debate that has been traditional in the House of Commons and in standing committees for as long as they have existed.

I note that this is going to be something that is being challenged all the time. It means that we are hamstringing the committee from even doing its work, and I'm setting that down here and now as something I've observed. It's not a ruling. I just observed that there is a movement here by the parties of the opposition to stop the process of the committee from carrying on its course.

When a person is not allowed to move an amendment, which is what I'm seeing here.... It's interesting because the amendment had not even been explained before people said it was out of order. There has to be some courtesy allowed, some basic courtesy, in what is a professional group. We are a House of Commons standing committee. We obey the rules of the House of Commons. I think it's really clear that this is being subverted right now. I want to put on the record as chair the suggestion that the process is being subverted. That's not a ruling; it's a statement that I'm making.

Do you have the amendment, Clerk?

The clerk has the amendment. It has been issued to everyone. If you want to look at the amendment, I will suspend the meeting while you all read the amendment that's been put forward.

Mr. Strauss, you can smile and grimace however much you want. I think Ms. Chi is absolutely right. There is an absolute rudeness and lack of some sort of decorum at this meeting tonight. It is very unusual. I've never seen such a lack of decorum. I know everyone thinks it's funny, and I think I'm watching you all laughing at how funny you think it is.

● (30410)

Dan Mazier: I wasn't laughing, Chair.

The Chair: I'm looking at you and at the members who are laughing. Mr. Strauss was laughing.

Dan Mazier: I was not laughing.

The Chair: Maybe that was a grimace, Mr. Strauss. I thought it was a laugh. I'm sorry.

I will suspend.

● (1610)

_____________________(Pause)_____________________

● (1620)

● (30420)

The Chair: The meeting resumes.

The last time the meeting was up, Ms. Jaczek was speaking and Mr. Strauss was moving a point of order. Is that what was happening?

Mr. Strauss, I think you have the floor.

● (30425)

Matt Strauss: Chair, it's my understanding that it's the common practice of the House that when an amendment is proposed the chair immediately determines its admissibility.

The Chair: I beg your pardon. I'm sorry. I can't really hear you very well.

Matt Strauss: I can speak up a little bit more.

The Chair: No, it's okay. I should put this in my ear.

Matt Strauss: It's my understanding that it's the traditional practice of the House that when an amendment is proposed, the chair immediately determines its admissibility. If it's inadmissible, if it's out of order, there's no point debating it for two hours. It seems to me that the amendment has been proposed and we all heard the amendment. It seemed obviously not in keeping with the intent of the motion. I would ask you to make a ruling if you feel you haven't yet on whether this amendment is presently in order or not.

The Chair: I think by allowing the amendment to continue, I felt that it was in order, or I would have said so immediately when the amendment was proposed.

Matt Strauss: Then if that's your ruling, I would challenge your ruling.

The Chair: All right. We have a challenge to the chair. We will have a vote on the chair's ruling. Those in favour of the—

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

Can I get some clarification on what we're actually voting for? The clerk explained the last time.

The Chair: If I may finish, Ms. Chi, I have suggested as the chair of this committee, in keeping with what I consider to be in order, that in fact Ms. Jaczek's amendment is admissible. I have had that ruling challenged by Mr. Strauss. Now, there's a challenge to the chair. We will have a vote.

Maggie Chi: Can we get clarification on what yes means and what no means? Is this still like last time?

The Chair: Just say you support the chair or not. I think that's the easier one.

Maggie Chi: That's easier.

The Chair: Everyone seems to be concerned about what is yes and what is no. Say you support the chair or you don't support the chair? It is one of the two.

Maggie Chi: I have a point of order.

I think I just heard something suggesting that you're telling us how to vote. I really think it's unfair to make that suggestion.

The Chair: I'm not telling you how to vote. I'm explaining what you can say.

Maggie Chi: No, but I heard something on the floor that was not a fair suggestion, and I just hope the member can retract their statement.

The Chair: I did not hear that, Ms. Chi. I just said that we are going to have a vote, and that if you support the chair and you don't know whether that means a yes or no—I think we've been over this before—then you can just say it. I noted that across there, they all said, “I do not support the chair.” That was their vote. I'm saying you could say the opposite if you wished.

Maggie Chi: Thank you for the explanation.

The Chair: I'm not telling people how to vote because I will never do that. That's not the chair's prerogative.

Maggie Chi: Exactly. I just found that comment really wrong and disturbing, so I just wanted to put it on the record that someone from the opposition suggested that, which I think is really unfair. I think to suggest that the chair was doing that is really unfair. I think it needs to be clarified and retracted.

The Chair: Thank you, Ms. Chi.

Go ahead to the vote, please, Clerk.

I'm told by the clerk that you cannot vote as I allowed the opposition to do in the last vote. You have to vote yea or nay. You cannot say, “I support,” or “I do not support.” If you support Mr. Strauss in challenging the chair, you will vote yes. If you do not support Mr. Strauss, you will vote no. Is that clear to everyone in the room? You must vote yes or no. Thank you.

Maggie Chi: I vote no to sustaining the chair. No, I vote to sustain the chair. The vote is nay, and the intent is to sustain the chair. Is that clear? Is it still not clear?

The Chair: Just vote yes or no.

Maggie Chi: It's not clear. The clarity.... There's a lot of jeering and laughter.

The Chair: Order, please.

We don't carry on debates across the floor. This committee is really very disorderly. I want to say that as the chair right now. You're not allowed to speak to each other across the room when the committee is in session. You have to go through the chair if you wish to say something.

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

The Chair: When somebody has the floor and we're in the middle of a vote, the vote is a yes or no. The clerk was very clear on that. I explained what that means.

● (30430)

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

The Chair: Ms. Chi, I'm explaining to everyone. There seems to be confusion.

If you sustain Mr. Strauss's challenge to the chair, you vote yes. If you disagree with Mr. Strauss, you vote no. We need the clerk to have a yes or no vote. I'm going to be clear about that.

Ms. Chi, you had a concern.

Maggie Chi: May I have the floor on a point of privilege?

Just before the chair started explaining, there was a lot of laughing and jeering from the other side. As was demonstrated earlier on in this meeting, it's very condescending. If you disagree with a ruling, that's fine. If you disagree with an amendment, that's fine. Laughing and jeering at a fellow member is incredibly disrespectful and incredibly condescending. I will ask the member to stop doing that.

We should all respect each other on the committee, as members. We're elected to this House to respect this House and to respect this committee room. I've never seen our committee like this before. This meeting has been incredibly hard to get through. It's not just toward me. It's toward a lot of the members here.

I just want to put that on the record. I hope all members of this committee can act with decorum. If you disagree with that, I think we need to have another conversation.

Thank you, Chair.

The Chair: I think I said, earlier on, that I saw a fair amount of laughing and jeering in the last vote.

The chair can only say if she thinks a meeting is being disorderly or if there's a lack of decorum in the meeting. A chair cannot rule on courtesy and professionalism. I am afraid I cannot do that. If people are discourteous, they are discourteous. I can only comment, as the chair, that it is misconduct for people to behave in that manner in a meeting. I'm making that statement now and appealing to everyone, as members of Parliament.

Can I hope we can at least have some decorum in this meeting and some professionalism? Thank you very much.

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

The Chair: Yes, Ms. Chi, I heard you.

Maggie Chi: Thank you, Chair.

If you couldn't rule on that or action that in the role of chair, I would just respectfully ask that everybody in this room, including members and staff, treat each other with respect. That's the least that I ask of everybody.

The Chair: Thank you, Ms. Chi.

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

I was wondering, with all due respect, if we could have the question be, “Shall the chair's ruling be sustained?” That's yes or no.

The Chair: I think that Mr. Strauss said he did not support the ruling of the chair. He doesn't have to move a motion. He just has to say he's challenging the ruling of the chair. That's all he has to say, and he said that.

Helena Konanz: I was thinking that for the sake of the clerk, so there's no misunderstanding, the question could be “Shall the chair's ruling be sustained?”

The Chair: I think the clerk knows clearly what the voting should be.

We're discussing what Mr. Strauss said. If Mr. Strauss wants to remove what he said, you can move something else, Ms. Konanz.

If you vote yes, you support the—

Helena Konanz: I'm not asking for anything different. I'm asking for—

The Chair: Mr. Strauss, could you repeat, please, what your statement was? You don't want to repeat it.

I'm going to ask the question.

Is the decision of the chair that Ms. Jaczek's amendment is admissible sustained, yes or no?

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

The Chair: We shall move on.

I have a list of speakers right now and the next person is Ms. Sidhu.

● (30435)

Sonia Sidhu: Thank you, Madam Chair.

I want to take some time because I think this section of the motion is a lot more serious than it might look at first glance.

I'll be honest that the more I read it, the more concerned I became, because, yes, of course our government believes in transparency. We have said that consistently, and it is something that guides the work of Health Canada and organizations like Canada Health Infoway, but transparency has to be done in the right way.

I know that Mr. Strauss wrote down the motion. If I said that all documents related to PrescribeIT, including 2017.... The way we present the motion has to be responsible and has to respect privacy, legal obligations and, frankly, the system that Canadians rely on every day. I don't think the motion gets the balance right.

Let me start with the section on PrescribeIT.

PrescribeIT is something we should actually be proud of. It's a national e-prescribing service that is helping doctors and pharmacists communicate better to reduce errors and improve patient safety. It is a part of a bigger push to modernize health care in Canada, something we all agree is needed. However, when I look at what is being requested here, it goes beyond what we would normally consider standard oversight. It is broad in scope. It includes contracts, amendments and renewals going back to 2017, as well as intellectual property arrangements, termination details, payment information and even internal services provided to.... Yes, there is transparency, but some of the material is not appropriate to provide.

This is not a small and targeted request. It is quite broad in scope. I think it's worth taking a moment to reflect on what fulfilling a request of this scale would involve and what the implications might be.

One is commercial sensitivity. We are talking about agreements with partners like Telus Health. These are detailed contracts with a lot of information on things like pricing, system design and intellectual property. If we release all of that unredacted, we are not only being transparent but we are potentially undermining future partnerships and putting Canada at a disadvantage with similar agreements down the line.

There is then this issue of system security. This is digital health infrastructure. It is not abstract. It's a real system that people depend on. We shouldn't be casually putting detailed internal information about those systems into the public domain.

Honestly, one of the biggest concerns for me is the request for the internal recommendation documents. The motion says, in paragraph (i), “all intellectual property ownership agreements; the 2026 termination notice and all clauses, provisions, or records relating to termination and penalties”.

This is a very big scope, and it is the biggest concern for me, because we rely on public servants to give honest, unfiltered advice. That works only if they know those conversations are protected. If we start pulling all of that into the committee process, it will change how decisions get made—and not for the better.

This part is about an agreement between Canadians and the service, so the system is incredibly important. It supports patients across the country who rely on this information for therapies—people with serious, often lifelong conditions—and the partnerships it has, including with companies as part of maintaining a stable, reliable supply.

● (30440)

When I see a motion that says give us all agreements, all amendments—everything—I think we need to ask what the impact will be. Those agreements can include sensitive commercial information. They can involve international supply chains, and in some cases, they may not even be fully within federal control. We have to be very careful not to undermine confidence in the system. Canadians expect their information to be managed safely and professionally, not to be pulled into the political process in a way that could create confusion and concern.

Part k), which I think deserves particularly attention, is about data shared with Health Canada. With that, I want to move that the motion be amended in part i) to delete all the following text: “the 2017 contract between Canada Health Infoway and TELUS Health; all amendments, renewals, and change orders since 2017; all intellectual property ownership agreements; the 2026 termination notice and all clauses, provisions, or records relating to termination and penalties; a list of all payments made by Canada Health Infoway to TELUS Health since 2017”.

I move this amendment to the motion.

The Chair: If I may double-check with you, Ms. Sidhu, the motion was delete, after the word “including”, the text beginning with “the 2017 contract between Canada Health Infoway” and ending with “TELUS Health since 2017”.

Is that what you wish to be deleted?

Sonia Sidhu: Yes, that's correct.

The Chair: We have a motion to amend Mr. Strauss's motion by removing those words.

Does anyone wish to speak to the motion?

Go ahead, Mr. Strauss.

Matt Strauss: I listened very carefully to what my colleague across the way said, and it didn't make any sense to me.

For those listening at home, PrescribeIT is a program the federal government came up with to enable digital prescribing from doctors to pharmacies. As far as I'm aware, such solutions already exist. The government spent $250 million on this particular solution and now they're pulling the plug, so they spent $250 million for no clear good. It's $250 million that they set on fire.

When the Government of Canada enters into a contract with no clear benefit and wastes $250 million on it, I think the people of Canada, to whom we're all responsible, would be interested to see those contracts and would be interested to see how those decisions were made so that mistakes like that don't happen again. I would just remind the members opposite that when their government came to power in 2015, they promised to be the most transparent government of all time, to be open by default.

I want to see these contracts. I want to understand how they blew $250 million on a program they are shutting down. My family doctors had electronic prescribing the whole time. It had nothing to do with PrescribeIT.

A quarter of a billion dollars has gone away, and they're not even curious to see how that happened. They're filibustering this meeting to prevent us from agreeing as a committee to order the production of those documents. This is a scandal. This is a boondoggle. Frankly, I think Canadians have every right to wonder if there was fraud or, frankly, corruption at play beneath a $250-million contract that has achieved nothing.

I don't understand why Ms. Sidhu would be so concerned by the expansiveness of the motion. I think Canadians are curious to see where a quarter of a billion dollars went, so I urge my colleagues to vote against this amendment, which is trying to hide the facts from Canadians, who are out a quarter of a billion dollars.

Thanks.

The Chair: Speaking to Ms. Sidhu's motion, I have Ms. Chi.

Maggie Chi: Thank you, Madam Chair.

I would disagree with what the member opposite just said. Canada Health Infoway and Telus Health are third party companies. I would argue that the opposition members are trying to abuse parliamentary privilege to go after third party companies.

I would also like to highlight the importance of virtual care. It is really showing its value across Canada's health care sectors, following its rapid expansion in the COVID-19 pandemic. Health systems are recognizing how virtual care—

● (30445)

[*Translation*]

Maxime Blanchette-Joncas: A point of order, Madam Chair.

[*English*]

The Chair: Yes, I have your name down.

[*Translation*]

Maxime Blanchette-Joncas: No, I have a point of order, Madam Chair. Can you hear me okay?

[*English*]

The Chair: Yes, I can hear you.

You have a point of order.

[*Translation*]

Maxime Blanchette-Joncas: Normally, we have to receive a motion before we debate it. That's what you told the Committee a little earlier. But we don't have the motion. So how can you allow a debate on a motion that the members of the Committee do not have?

[*English*]

Maggie Chi: Can we suspend a bit, just to get the wording in?

The Chair: This is the first time I'm hearing that someone has not received the motion. Thank you for flagging that, Mr. Blanchette-Joncas.

Maggie Chi: Can we suspend to get the wording in?

The Chair: You wish to suspend to get the wording of the motion to the members. Thank you.

● (1645)

_____________________(Pause)_____________________

● (1650)

● (30450)

The Chair: The meeting is resumed.

Go ahead, Ms. Chi.

Maggie Chi: I want to start by saying that I disagree with Mr. Strauss's characterization of the meeting. From the beginning of the meeting, we've experienced nothing but obstruction to our amendments. The chair is being challenged every step of the way, when I think all of our amendments are in order and are relevant. I just want to put it on the record that the characterization of this meeting is something I disagree with Mr. Strauss on.

In terms of PrescribeIT, my understanding is that, first of all, Canada Health Infoway and Telus Health are the third party administrators of that. My understanding is that the uptake was low, which is why the program has ended and why I think it's also a crucial time for us to consider the legislation in the Senate right now, Bill S-5, the connected care for Canadians act, which would create the federal framework for provinces and vendors to have interoperability on health data. This opens doors to connected care, connected medical records and connected health care, right across the province and across the country.

We've been hearing a lot of positive comments from various organizations that welcome this legislation. It's going through the Senate right now, so we're looking forward to it passing and to considering it at the House of Commons level as well.

In Canada, we are very proud of our single-payer system. We're proud of the diversity of our health data, and we're proud of the research sector that can utilize the wealth of data that we harness to boost and enable health care innovations. We've already seen a lot of that on the ground at the hospital level, and we have many doctors in this room who can speak to some of the innovations they see at the hospital level. I think Bill S-5, the connected care for Canadians act, will enable that conversation even more and will also set the stage for a lot of great things coming out of hospitals and our tech sector.

With that, I would also like to speak to the report “The Expansion of Virtual Care in Canada: New Data and Information”. Just before we suspended to send in the wording of the motion, I was talking about virtual care. It reads:

> Virtual care is showing its value across Canada's health care sectors, following its rapid escalation due to the COVID-19 pandemic. Health systems are recognizing how virtual care can address the diverse needs of patients and health care providers to deliver safe, timely and equitable care. In March 2022, about half of Canadians reported that they had been offered a virtual visit alongside other non-virtual modalities. Between January 2021 and March 2022, about one-third of all patient-reported visits were virtual, and 38% of family doctor visits, 27% of specialist visits and 16% of visits with other health care providers (e.g., dentists, physiotherapists) continued to be conducted virtually. Virtual care activity in this period remained above its pre-pandemic level, though the proportion of visits that were virtual decreased compared with 2020 [at the start of the pandemic], when many in-person health services were unavailable.

> Virtual care is defined as “any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.” It includes services carried out using a variety of digital technologies, both synchronously...and asynchronously....

● (30455)

> Since the onset of the pandemic, health systems have leveraged existing infrastructure and programs to launch new or expand existing virtual care offerings. This report presents case studies from across Canada that show the diversity of these initiatives and highlights the common themes among the provincial and territorial approaches. Exploring how virtual care has evolved provides a valuable opportunity for provinces and territories to learn from each other to support continued improvements in delivering virtual care.

> While virtual care has long been a part of the Canadian health care landscape, Canada has historically lagged behind its international peers in its adoption of information technologies.

Just from seeing many of the innovations at the hospital level or at the service level, I want to say that we're catching up really quickly. There is a lot of talent in Canada doing incredible work.

I also want to tip my hat to the hard-working researchers out there, who are so dedicated to their environment. They sometimes see Canada as a safe haven right now, given the geopolitical conflicts. We are going to deliver a lot of great environments for researchers and tech entrepreneurs.

It continues:

> This report showcases new findings from the 2022 Commonwealth Fund (CMWF) International Health Policy Survey of Primary Care Physicians, which show that during the pandemic, Canadian physicians increased their adoption of certain information technologies—gains that now approach the CMWF country average. These findings highlight the health system gains resulting from a concerted focus on virtual service delivery.

I think a lot of us probably see that in care settings. We see information technology adoption across sectors. A lot of physicians are utilizing the tools that are currently available to them to expand capacity and deliver care faster. A lot of the innovation in diagnostics, in treatment and in personal medicine has been incredibly impressive.

On several fronts, we are close to breakthroughs in treatments, which is incredible to see, and a lot of them are Canadian innovations from Canadian researchers and Canadian technologies. In Toronto, I'm so proud that we have a few of the best children's and research hospitals and an entire network that supports our research sector and research environment.

I want to come back to some of the comparative figures and how Canada compares with its international peers. The international health policy survey of primary care physicians report in 2022:

> ...examines the similarities and differences in access to care between Canada and 9 peer countries. The latest responses from Canadian physicians reflect that recent efforts to increase uptake of virtual care technologies have been effective.

> Canadian primary care physicians (84%) were more satisfied with practising virtual care compared with international peers (68%). They generally did not find the implementation of a virtual care platform in their practice to be challenging, compared with their CMWF peers. They also noted that it has had a positive impact on certain aspects such as the timeliness of care, and effective assessment of mental and behavioural health needs of their patients.

> Increases were seen in the proportion of Canadian physicians whose practices offer patients options to communicate electronically. More practices offered options to schedule appointments online, to communicate via email or secure website about a medical concern, and to view patient visit summaries online in 2022 compared with 2019, but all of these areas remained below the CMWF average....
>
> Similarly, improvements were seen in the proportion of Canadian primary care physicians who can electronically exchange information with any doctors outside their practice. Exchange of patient clinical summaries with other doctors increased to 38% in 2022 (25% in 2019), exchange of laboratory and diagnostic test results increased to 55% (36% in 2019) and patient medication lists increased to 51% (33% in 2019). However, all of these areas continue to be below the CMWF average, which ranged between 67% and 72%, despite most Canadian physicians (76%) having access to regional, provincial or territorial information systems.

● (30500)

> Demonstrating the impact of focused efforts on technology adoption, uptake of electronic medical records (EMRs) and remote monitoring devices has increased to approach or exceed the CMWF average. EMRs are important tools that facilitate the flow of information and communication between health care providers, and between providers and patients. Some EMRs include integrated virtual care tools, such as secure messaging capabilities. More Canadian primary care physicians were using EMRs in 2022 (93%) than in 2015 (73%), similar to the CMWF average (93%). About 1 in 4 Canadian primary care physicians (27%) use remote monitoring or connected medical devices to monitor patients with chronic conditions, which is higher than the CMWF average of about 1 in 5 physicians (19%).

I must say a lot of the technologies that are evolving very quickly really offer physicians the ability to monitor from a distance. Some are enabled by AI, and the devices have evolved to a point where they're so portable and so seamless that people can wear them without impeding their everyday lives.

Again, we're very proud that Canada is home to many of those technological developments. We're seeing a lot of great entrepreneurs partnering with researchers to make sure that what we deliver passes the highest standards, can be the pride of our country and can go on to compete on the world stage.

I'll get back to the findings:

> These findings reflect the positive impact of focused efforts to increase technology adoption and virtual care during the pandemic, and bring Canada more in line with its international peers. Given the growth trends demonstrated through the CMWF survey and supported by high physician satisfaction with practising virtual care, there are likely further gains to be made.

I want to get into the approach of some of the case studies for virtual care. The report says:

> Federal, provincial and territorial governments have been investing in digital health for many years, supported by funding from multiple sources including Canada Health Infoway.... In 2020–2021, the Government of Canada provided new funding to provinces and territories to advance virtual care in response to COVID-19. This funding could be used to enhance technology and infrastructure that would facilitate virtual care, to evaluate the impacts of virtual care or to establish policy supports for virtual care. As a result, provinces and territories implemented a wide range of initiatives....

We'll talk about it in the next couple of minutes as well. The report continues:

> To share the successes and challenges of these initiatives and to inform future virtual care policy and delivery, the Canadian Institute for Health Information (CIHI) asked each province and territory to highlight 1 newly funded initiative during a semi-structured interview.... The case studies resulting from these interviews do not cover all the initiatives outlined in each jurisdiction's action plan, nor longer-standing initiatives. Where available, complementary quantitative data was used to support the case studies.
>
> The case studies are grouped according to their focus: strategy, governance and direction-setting; and programs and initiatives. They reflect that jurisdictions had different starting points and priorities, and showcase examples of progress, share learnings and reveal commonalities across the different approaches.

We'll talk about the case studies in the next few minutes, and we'll talk about the common themes across these initiatives.

● (30505)

One of the case studies provided in the report that's focused on strategy, governance and direction-setting is from the Northwest Territories. As stated, its "EHR strategy paves the way to improved health care delivery and outcomes". To offer a bit of background:

> The Northwest Territories uses a variety of information systems to deliver health care in primary and specialty care, diagnostic imaging and pharmacy services, and many of these systems are approaching retirement. Some areas, such as acute care, record almost entirely on paper.
>
> The Northwest Territories recognizes the need to approach the replacement of its information system as a foundational step toward a more comprehensive patient record and to meet the future information needs to support the delivery of virtual care. To prepare for this transition, an overarching electronic health record (EHR) strategy will support efforts to ensure that new technologies will work successfully toward creating a comprehensive patient record, address technical shortcomings and enable providers with the right information at the right time to enhance patient services.

The Chair: May I call this meeting to order? I think there's another meeting going on somehow during this one. I don't know. We have a member speaking, and everyone else is speaking amongst themselves. I would like to call for order.

Thanks.

Go ahead, Ms. Chi. I'm sorry.

Maggie Chi: Thank you, Madam Chair. I thought I was dreaming a bit when I heard the chatter. I'm glad you also—

An hon. member: Start from the beginning.

Some hon. members: Oh, oh!

The Chair: Go ahead, Ms. Chi. You have the floor.

Maggie Chi: I'm almost done, but I know my colleague also has a few things to say.

[*Translation*]

Maxime Blanchette-Joncas: My apologies, Madam Chair

[*English*]

The Chair: Go ahead, Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: I move to adjourn debate.

[*English*]

The Chair: We have a non-debatable motion to adjourn debate. Shall we call the question?

Do you want a vote, or do you want it to be a consensus, Mr. Blanchette-Joncas?

Maxime Blanchette-Joncas: We can do it by consensus.

[*Translation*]

I am even speaking in English for you, Madam Chair.

[*English*]

Doug Eyolfson: I have a point of clarification. Are we debating an amendment?

The Chair: No. Mr. Blanchette-Joncas has asked us to adjourn debate.

Dan Mazier: Chair—

The Chair: We have to vote on this. There is no debating that.

We have a vote. The clerk is calling the vote.

Go ahead, Mr. Mazier.

Dan Mazier: I was going to move to adjourn the meeting.

● (30510)

The Chair: We have something before your motion. I'm sorry you missed it, but Mr. Blanchette-Joncas got there before you did.

The vote is to adjourn debate.

(Motion agreed to: yeas 5; nays 0)

Dan Mazier: I have a point of order.

The Chair: Mr. Mazier, Ms. Chi had her hand up before you did. I'm sorry.

Ms. Chi, go ahead.

Maggie Chi: Thank you, Chair. I move to adjourn the meeting.

The Chair: The motion is to adjourn. There is no debate.

Do you want me to call for a counted vote?

Do we adjourn the meeting or do we not? We have bells starting in about three minutes.

(Motion agreed to)

The Chair: Thank you. The meeting is adjourned.

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