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Chair: Hedy Fry



Standing Committee on Health

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• (1540)

[*English*]

The Chair (Hon. Hedy Fry (Vancouver Centre, Lib.)): Welcome to meeting number 29 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 a hybrid format, pursuant to the Standing Orders.

I want to remind participants of the following points: Please wait until I recognize you by name before speaking. For those participating by video conference, please note that there will be a little globe at the bottom of your screen, and it is for interpretation. You can pick which language you want. Please mute your mic when you're not speaking.

This is a reminder that all comments should be made through the chair. For members in the room, of course, if you wish to speak, please raise your hand. The clerk and I will manage the speaking order as best we can.

We appreciate your patience and understanding.

I also want to mention something I heard from the interpreters: Your phones should not be used for any video or audio recording, because it bothers their ears. That is just for those who may think that they want to do so in future.

Pursuant to Standing Order 108(2) and the motion adopted on Wednesday, April 15, 2026, the committee will begin its briefing session on PrescribeIT.

Before proceeding, I'd like to inform members that yesterday the clerk circulated a proposed budget of \$1,500 for the meeting we are having today. It seems that it was the pleasure of the committee to adopt that. Is it?

Some hon. members: Agreed.

The Chair: We have a three-hour meeting today. We're going to begin with our first hour from 3:30 p.m. to 4:30 p.m., but before we do that, I want to tell the committee that we have a bit of a conundrum.

Every time we have a request from the committee to get material, any kind of material whatsoever that's not from a department—it could be from the private sector, individuals or whatever—the committee has to translate it. It's costly to the committee. We are asking

for a lot of stuff, and it's going to cost us a lot. I wanted to ask you to think about this when you are making motions to request information.

Thank you very much.

I will begin with a witness from Telus Health today, who is going to be present virtually.

Do you have a question, Mr. Blanchette-Joncas?

[*Translation*]

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

I just want to understand the point you raised.

Do you mean that we have to limit our requests for information because it might cost too much to obtain the data, since it has to be translated into both official languages?

[*English*]

The Chair: Yes. It not only takes money, but it takes time. Sometimes, it delays us in getting the information because we may have to do it if we're asking for it from any group other than a federal public institution or department.

Other people don't have that ability. They will send it to us in one language, and then we have to translate it. The point is that it takes a while to get it translated, so the information is often delayed. If we get a lot of those, we may have to go and request more money for this committee for this particular reason. I just wanted to flag it for you. That's all.

[*Translation*]

Maxime Blanchette-Joncas: Allow me to disagree with you, Madam Chair. In a democracy, there is no cost to the truth or to obtaining information. As a parliamentarian, I have the privilege to obtain information in both official languages. So it makes me very uncomfortable to hear you say that access to information could be compromised for fear that it would cost too much.

If you like, we can make a list of everything that costs the federal government too much. I think we could spend several hours on this at the committee. I find it sad that you are telling us to consider scaling back our requests, as parliamentarians, because translation may cost too much.

[*English*]

The Chair: I said none of those things, Mr. Blanchette-Joncas. Please do not jump to conclusions.

I'm just informing the committee of something. If the committee wishes to request a million pieces of paper, they're free to do so, but we should know what I'm suggesting. We're having a problem with time in getting translations, and we have to wait while that happens because we're not the only standing committee. Other people have to get them too.

I'm informing you about the reality. I'm not suggesting that you stop what you're doing, and I'm not suggesting that you truncate requests. I'm doing none of that. I'm giving you a piece of information. That is all, Mr. Blanchette-Joncas.

Thank you.

Telus is here today as our witness. As you can see, Mr. Ratcho Batchvarov, vice-president for provider solutions, is online. Welcome.

We will start with a five-minute presentation from you. After that, I will give you a shout-out when there is one minute so that you can wrap up if you think you're going to run out of time. You will have time after that, when you get questions, to elaborate on some of the remarks you may not have had time to finish. Thank you very much.

Welcome, Mr. Batchvarov. You have five minutes.

Ratcho Batchvarov (Vice-President, Provider Solutions, Telus Health): Thank you.

Good afternoon, Madam Chair and members of the committee.

My name is Ratcho Batchvarov. I'm the vice-president of provider solutions at Telus Health. I'm an engineer by training. For nearly two decades, I've been focused on the intersection of health care and digital innovation.

I'm pleased to be here today to discuss the technical delivery and the lasting value of the PrescribeIT platform. I was not able to attend in person, given the timelines. I apologize for that.

I want to start by providing some context of who we are.

Telus Health is a national and global leader in health technology, operating in over 200 countries and territories. Our mission is to create a world in which health care is more connected, more secure and more accessible. In Canada alone, our technology supports tens of thousands of physicians, pharmacists and allied health professionals who rely on our systems every day to provide care to their patients. It was this deep expertise in the Canadian health care landscape that led Telus Health to be selected as a technology partner and provider for PrescribeIT.

Our mandate was clear: to deliver a first-of-its-kind, enterprise-grade national e-prescribing platform. This was a sophisticated piece of national infrastructure, designed to meet the most rigorous standards established by the federal government and Canada Health Infoway. Telus is proud of the work we performed in building this platform to an exacting standard, building it to be reliable and secure, and delivering it to Canadians.

When discussing the resources allocated to this project, it is important to view it through the lens of a long-term infrastructure commitment. Over the nine-year duration of our partnership with

Canada Health Infoway, the total investment for the platform and subsequent incremental enhancements totalled \$98 million, over which time Telus processed over 180 million PrescribeIT transactions between prescribers and pharmacists. This represents an annualized investment of approximately \$10.9 million, inclusive of the cost to build and maintain the infrastructure. This funding did not just build a static piece of software: It sustained a living, evolving ecosystem. It covered the initial architecture, continuous 24-7 operational support and significant technological milestones.

This project came with a rigorous set of requirements. Infoway required exclusive access to our Telus Health Exchange platform for e-prescribing, required that sensitive health data remain securely within Canada and required that the platform be vendor-agnostic so that it could work seamlessly with all software providers across the country in all provinces and territories.

This was not a simple off-the-shelf application. It was a robust, secure and highly complex system built specifically to the requirements of the federal government and Canada Health Infoway. Telus Health delivered on those requirements.

From a technical standpoint, the platform was a success. It was built to an exacting standard. It was reliable, secure and designed to deliver for Canadians. It performed as intended, creating a dependable digital link between prescribers and pharmacists and enabling millions of secure e-prescribing transactions across the country.

We are proud of the work our engineers and health professionals put into this platform. By leveraging our foundational technology, including the Telus Health Exchange, we were able to provide a sophisticated starting point that successfully processed more than 180 million secure digital transactions for Canadians.

• (1545)

[Translation]

Maxime Blanchette-Joncas: I have a point of order, Madam Chair.

We no longer have interpretation.

[English]

The Chair: Can we find out what's happening?

I have paused your speaking time. You will not lose your time while we find out why the interpretation is not available to everyone.

Ratcho Batchvarov: Today, as the government looks forward to the future of health care—

The Chair: Just a second, we're still waiting to see if we can get interpretation. I'm so sorry.

I will suspend for two minutes.

• (1550)

(Pause)

• (1550)

The Chair: I will resume the meeting.

You can continue, Mr. Batchvarov.

Ratcho Batchvarov: Thank you, Madam Chair.

Today, as the government looks toward the future of health care through initiatives such as Bill S-5 and the push for national interoperability standards, the work done on PrescribeIT serves as a critical foundation. The research and development, the security protocols and the technical architecture developed during this project have provided a road map for what is possible in a connected health system.

At Telus Health, we remain committed to our role as a partner in this journey. We're proud of our record of delivery. We've provided a proven road map for the future of interoperability in the country. While the program's journey continues to evolve, our technical contribution remains clear. The technology worked. It was built to an exacting standard. It was built to be reliable and secure, and it delivered for Canadians.

Thank you, and I look forward to your questions.

The Chair: Thank you very much.

Now I'll go to question and answer sessions. The first one is a six-minute session. The six minutes include the question and the answer, so I'd ask everyone to be thoughtful about the use of their time.

I will begin the first round with Mr. Mazier, for the Conservatives. You have six minutes, please.

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

Mr. Batchvarov, welcome.

Over the life of PrescribeIT, what is the total dollar amount Telus Health received from Canada Health Infoway in licensing, service, development and any other fees? Could I have a specific dollar amount, please?

Ratcho Batchvarov: Yes. Over the course of the nine years that we supported the program, Telus Health received a total of \$98 million, which averaged about \$10.9 million per year to build and operate a secure national network that can support provincial differences across Canada.

Dan Mazier: Could you provide a detailed breakdown of this, please, to the committee?

Ratcho Batchvarov: I'm not in a position to provide a detailed breakdown at this point, but I can share that there was an \$89.5-million base, plus another \$6.4 million for approved change orders.

Dan Mazier: It's kind of puzzling, because we heard that \$150 million is missing out of this amount. We've been told it had been paid out.

Were there any other funds that you received for other services?

Ratcho Batchvarov: I believe it's important to clarify roles and responsibilities. Those were the monies received by Telus. The other funding went to the program operator.

Dan Mazier: Okay.

Does Telus Health plan to offer an e-prescription service in the future, yes or no?

Ratcho Batchvarov: When we started this process as part of an RFP with Canada Health Infoway, 85% of the IP involved in PrescribeIT leveraged Telus's pre-existing and proprietary technology, which was used for making services—

Dan Mazier: It's just a yes-or-no answer. Does Telus Health plan on offering an e-prescription service in the future, yes or no?

• (1555)

Ratcho Batchvarov: [*Inaudible—Editor*] our investments in this technology, there's definitely—

Dan Mazier: Was that a yes or a no? You cut out at the very first there.

Ratcho Batchvarov: What I'm saying is that we're strategically looking at opportunities to leverage our technology to help implement connected care pathways—

Dan Mazier: Is it fair to say that if Telus Health plans to provide a service...? Does it plan to monetize an e-prescription service in the future, yes or no?

Ratcho Batchvarov: Telus Health's IP can be leveraged for an array of services, which may or may not include e-prescribing services.

As I said, the technology already existed, and 85% of the IP was owned by Telus Health, which could serve as the basis for connected care services—

Dan Mazier: It is an option, then. Is that correct?

Ratcho Batchvarov: It is something that we would be [*Inaudible—Editor*].

Maggie Chi (Don Valley North, Lib.): I apologize, Mr. Mazier, but the online audio is not coming in consistently. I don't know if there's any way to correct it.

Doug Eyolfson (Winnipeg West, Lib.): It's cutting out.

Maggie Chi: The volume isn't consistent. I don't know if there's a way to up his volume.

The Chair: Okay. I will suspend while we check.

• (1555)

(Pause)

• (1555)

The Chair: We're resuming the meeting.

Continue, Mr. Mazier. You have three minutes and 45 seconds left.

Dan Mazier: Thank you, Chair.

When Canada Health Infoway tried to find a private company to take over PrescribeIT, did Telus submit a bid, yes or no?

Ratcho Batchvarov: In 2017, we participated in an RFP process, and we were chosen as the technical provider for PrescribeIT.

Dan Mazier: That was in 2017, but when they put it up for sale the last time—in 2025, I guess it was—did Telus submit a bid, yes or no?

• (1600)

Ratcho Batchvarov: Infoway launched an RFEOI process, which was—

Dan Mazier: [*Inaudible—Editor*] submit a bid on that.

Ratcho Batchvarov: —official. Telus, though, did not choose to participate in it.

Dan Mazier: Telus did not participate. I find that quite puzzling, because you built the program and you ran the program for almost 10 years, and then you didn't bid on it.

What was wrong? Why didn't you bid on it?

Ratcho Batchvarov: It's important to clarify roles and responsibilities in this context.

We were not the program operator, nor were we responsible for provincial onboarding and clinician recruitment. We were responsible for providing the underlining technology to a highly scalable and secure standard, which we've provided over the course of the agreement.

Dan Mazier: Okay. Why didn't you bid on it? You knew all about the program. Was there something wrong with it?

Ratcho Batchvarov: Again, our relationship with Infoway was purely contractual, meaning that we were the technology provider. There was no reason for us to move forward with an expression of interest. We were already providing the service. The service was highly scalable and enabled all provinces to process 180 million transactions over the course of the arrangement.

Dan Mazier: Respectfully, you didn't really answer the question of why you didn't bid on it. Obviously there was something wrong with the program that made you figure you would not bid on it. You weren't interested in continuing on with that program. Is that correct?

Ratcho Batchvarov: That is not what I'm saying. We were under agreement with Canada Health Infoway when this process launched. We were providing the technical capabilities that were required from us by the government.

Dan Mazier: Okay, I get that. Very good.

Does Telus retain any ownership of the intellectual property underlying PrescribeIT?

Ratcho Batchvarov: As I mentioned previously, when the process started, we already had pre-existing IPO, about 85%, in the Telus Health Exchange, which was chosen as the exclusive provider for PrescribeIT.

Dan Mazier: As of today, how many Telus employees are dedicated specifically to PrescribeIT?

Ratcho Batchvarov: Over the course of the duration of the agreement, approximately 50 employees were dedicated to running or supporting the program.

Dan Mazier: As of today, sir, how many are employed with PrescribeIT?

Ratcho Batchvarov: This has not changed.

Dan Mazier: Are any of the Telus employees or contractors who developed or worked on PrescribeIT outsourced workers located outside of Canada, yes or no?

Ratcho Batchvarov: This is part of the contractual agreement that we have with Canada Health Infoway, and these are not details that I'm able to disclose at this point in time.

Dan Mazier: PrescribeIT is being cancelled next month. Will any of the Telus employees currently staffing this program lose their jobs?

Ratcho Batchvarov: As I mentioned, we value this technology and we've invested heavily in it, even prior to this project existing.

Yes, we believe that the underlying technology capabilities can be repurposed to support connected care activities in line with Bill S-5 and otherwise—

Dan Mazier: Therefore, they will lose their jobs—

The Chair: The time is well over. Thank you, Mr. Mazier.

I'll go to Mr. Eyolfson for the Liberals.

Doug Eyolfson: Thank you for coming, sir.

With regard to this system of PrescribeIT, I'll apologize in advance if I have to cut you off. I might have the answer from what you've said and have to go on to other questions.

In practice, how interoperable was it? Were there problems when a physician was prescribing on it to a pharmacy that did not use it? Was it seamless at the end-user level? Were there some issues because everyone had to be on the same system?

Ratcho Batchvarov: It was a seamless integration with all participating vendors. We provided the technology, which was functional and processed 180 million transactions over time. It was a frictionless experience from the perspective of the services that Telus Health provided to Infoway.

Doug Eyolfson: When you referred to those who were participating, did all physicians and pharmacists have to subscribe to this program to do this?

Ratcho Batchvarov: The adoption mandate—the onboarding of clinicians and provincial onboarding—did not rest with Telus Health for this particular program.

• (1605)

Doug Eyolfson: Were there any issues with the application itself, whether functionality, reliability or integration to workflows? Had you had any concerns about those?

Ratcho Batchvarov: The reliability was very high, at 99.9% uptime over nearly a decade of 24-7 operations. There weren't any issues with regard to reliability over time.

Doug Eyolfson: There was no negative feedback from the provinces or providers or any end-users about the product or how it worked.

Ratcho Batchvarov: Given our responsibilities in the agreement, we were not privy to having these conversations with provinces as they were onboarding to PrescribeIT. This was with the operator of the program.

Doug Eyolfson: Then if someone was not satisfied with how it was working in their practice, who would they bring these concerns to?

Ratcho Batchvarov: They would bring these concerns to Canada Health Infoway.

Doug Eyolfson: Had Canada Infoway passed on any concerns from end-users on this product?

Ratcho Batchvarov: We have been participating in providing and supporting user feedback through our clinical advisory boards. The decision on acting on these recommendations and this feedback rested with the program operator.

Doug Eyolfson: If there was any negative feedback or if there were problems, what steps did Telus take to adapt or modernize the product?

Ratcho Batchvarov: We always worked in tandem, very professionally and with integrity, with the program operator. Through our engagements, there were, as I mentioned, changes and amendments that we completed over the course of the program to help with the targets and the objectives of the operator over time.

Doug Eyolfson: Okay.

What was the reason behind Telus's not wanting to continue with this program?

Ratcho Batchvarov: I would have to rectify that. There was absolutely no reason for Telus to not want to continue with this program.

Doug Eyolfson: All right.

In regard to the electronic medical records market in Canada, what proportion of this does Telus hold?

Ratcho Batchvarov: Telus is the major player with regard to electronic medical records in Canada. We operate in all 10 provinces.

Doug Eyolfson: All right.

We heard some concerns from provinces and from providers that there weren't sufficient improvements to the product, and some said they were slow or non-existent. Did Telus have any financial incentive to do this, given the size of their market share?

Ratcho Batchvarov: Canada Health Infoway was responsible for vendor onboarding and for providing clear specifications, as well as dollars, to conform to these specifications for the integration and the onboarding of these platforms to the Telus Health Exchange, the prescriber platform.

Doug Eyolfson: Would more competition in this market, had there been another provider, have helped incentivize Telus in improving its product in this regard?

Ratcho Batchvarov: I would have to take a step back here. Telus had worked in tandem with Canada Health Infoway to improve the product substantially over the last nine years, and we were also investing our own capital. If there were another competitor, they would go through the proper RFP process, and we would compete against them for the service.

Doug Eyolfson: That's my time. Thank you, Madam Chair.

The Chair: Thank you.

I now go to MP Blanchette-Joncas for six minutes, please.

[Translation]

Maxime Blanchette-Joncas: Thank you, Madam Chair.

Mr. Batchvarov, does Telus currently retain essential components of PrescribeIT, which were developed, in whole or in part, with public funds, yes or no?

Ratcho Batchvarov: As I mentioned earlier, when we began this process in 2017, we already owned 85% of the intellectual property developed on the Telus Health Exchange platform. That platform was intended to offer many more services than just e-prescribing, such as e-consultation or e-prescribing services, among other things. For us, this is therefore a significant asset that will be used in the future to provide other services to citizens.

• (1610)

Maxime Blanchette-Joncas: So not all components belong to the public sector. That's my understanding.

Is that correct?

Ratcho Batchvarov: A 15% stake was held by the public sector, in accordance with the Canada Health Infoway requirements.

Maxime Blanchette-Joncas: Could the system be maintained or transferred without relying on TELUS?

Ratcho Batchvarov: Given the contribution in terms of intellectual property, the answer is no.

Maxime Blanchette-Joncas: So there is a structural dependence on TELUS.

Is that correct?

Ratcho Batchvarov: TELUS owns 85% of the intellectual property.

Maxime Blanchette-Joncas: Has TELUS received recurring payments since 2017 for PrescribeIT?

Ratcho Batchvarov: Yes, as I mentioned earlier, we would have received about \$10.9 million a year over nine years.

Maxime Blanchette-Joncas: Today, who holds the rights to use the data generated by PrescribeIT?

Ratcho Batchvarov: The data generated by PrescribeIT belongs to Canada Health Infoway.

Maxime Blanchette-Joncas: I'm talking about aggregated data. Can TELUS use it?

Ratcho Batchvarov: No.

Maxime Blanchette-Joncas: Why is that?

Ratcho Batchvarov: It's clearly stated in our agreement. It's not something we do, whether in the context of this project or regarding, for example, our electronic health record data.

Maxime Blanchette-Joncas: I'm asking this question because we don't have access to the agreement.

Regarding this agreement that is funded with public funds, could you commit to providing the committee, in writing, with the clauses related to intellectual property, the complete breakdown of payments received since 2017, as well as the provisions related to data and the implementation of the project?

Ratcho Batchvarov: It's important to note that the trust established between the public and private sectors is extremely important when it comes to disclosing sensitive items, commercially speaking and with regard to technical aspects owned by TELUS.

However, we are committed to following the proper processes in place in the event of an access to information request. In response to this request, as is customary and given that we are a private company, we hope to have the right to redact or remove certain more sensitive components so as not to compromise our intellectual property and the development efforts in which we have invested over the years.

Maxime Blanchette-Joncas: Do you have a solution to propose? As legislators, we hold the government accountable and ensure the sound management of public funds. If we don't have access to the private contracting data—which is understandable—how are we supposed to do our job?

Ratcho Batchvarov: There is a process for requesting access to information. That's what it's there for. This is not the first time this type of access to information has been requested. However, certain confidential information is redacted from the document before it is sent. As a contractor for Canada Health Infoway, we must follow the established processes.

Maxime Blanchette-Joncas: I understand.

Do you think that, thanks to the access to information request, we'll have access to the data on the intellectual property clauses, the breakdown of payments and the deliverables?

Ratcho Batchvarov: The request will follow the well-established process we've been familiar with for many years.

Maxime Blanchette-Joncas: What would you say if I told you that a request had already been made, but that it was denied?

Ratcho Batchvarov: That's not my process, so I can't comment.

Maxime Blanchette-Joncas: It's mine, and I'm commenting on it. I'm telling you that you're currently talking in circles. That's why I'm asking you to submit in writing the data I previously requested from you.

You have had access to public funds, so it's normal for the people who finance these public funds to know what's going on with the contracts.

So we have financed a public system, the majority of which still belongs to the private sector today. Can you confirm this?

Ratcho Batchvarov: If a request for access to information is submitted to us by the program operator—again, I remind you that we are not responsible for the program—we will review it seriously and provide the information in the proper manner.

That includes protecting our intellectual property and our IT infrastructure. You can understand that, if this information were to become public, there would be a significant risk that, from a technical standpoint, sensitive information would also become accessible.

• (1615)

Maxime Blanchette-Joncas: We understand the matter of infrastructure and intellectual property, but I don't think that's the issue. It's more a matter of public funds. We want to know whether taxpayers got their money's worth.

In your opinion, did taxpayers get their money's worth with this project?

Ratcho Batchvarov: As I mentioned, I have been very clear regarding the funding that TELUS Health has received over nine years.

I was also very clear in saying that our deliverable works and that we are able to provide this service to all Canadians, regardless of the province in which they live. The technology we were asked to implement works. It is very reliable and secure, and it has processed millions of transactions per year.

As far as we are concerned, at TELUS Health, we have fulfilled our mandate.

[*English*]

The Chair: Your time is up. In fact, we're over the time.

I will now go to the second round of questions. It's a five-minute round.

I will go to Mr. Bailey from the Conservatives for five minutes. Go ahead, please.

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

My first question is about the \$98 million for the program over nine years. How much of the \$98 million was used to create the 15% of the remaining IP?

Ratcho Batchvarov: I cannot disclose details and split that over—

Burton Bailey: You are in a parliamentary committee, and the benefit of this Parliament... You have privileges. Should you not answer, you could be held in contempt.

These are not difficult questions. I don't know why you refuse to answer them.

Ratcho Batchvarov: As I mentioned prior, there was \$89 million of base services and \$6.4 million for 59 approved change orders that were presented to us by Canada Health Infoway. That is the breakdown, if this is what you're looking for.

Burton Bailey: How many jobs were outsourced?

Ratcho Batchvarov: This was a previously asked question.

Burton Bailey: I know. That's why I'm asking it again. I'm trying to get a straight answer.

Ratcho Batchvarov: As I mentioned, I don't have the details in terms of outsourcing jobs—

Burton Bailey: Can you provide those to the committee?

Ratcho Batchvarov: This would be part of the disclosure of information request. It's part of the agreement, and we—

Burton Bailey: No, no. I'm asking you—

Ratcho Batchvarov: We were held by strict considerations in terms of what can be hired and outsourced—

Burton Bailey: Thank you, sir. I'm requesting you to submit those to the clerk for us.

Did Telus collect any of the 20-cent e-prescription service fee? If so, what was done with it?

Ratcho Batchvarov: That was equivalent across all participating vendors. It had nothing to do with Telus in particular.

As I said, the Telus Health Exchange with the PrescribeIT platform on board had several different EMR and pharmacy providers. The dollar figures were distributed in accordance to Infoway's agreements that they've signed with these vendors across the country.

Burton Bailey: If I'm doing math quickly in my head, it costs about 50¢ per prescription, which Telus would have received. Is that what the basic cost was? Am I correct?

Ratcho Batchvarov: Given the 180 million transactions, that sounds about right.

Burton Bailey: Did Telus provide any input to the federal government on introducing the 20¢ per prescription fee?

Ratcho Batchvarov: We did not. That was part of the Infoway process.

Burton Bailey: In your 2022 Competition Bureau submission, Telus identified EMR and PMS integration barriers as the main reason for low adoption. What concrete steps did Telus take to fix them? Why did the barriers persist until shutdown?

Ratcho Batchvarov: As part of this process and the establishment of our clinical advisory board and committee, we helped Canada Health Infoway with a “boots on the ground” understanding of some of these challenges you're referring to. This was part of the incremental development that was then provided by Infoway to all vendors, not only to Telus.

Whether they took all of our recommendations was completely up to them as the program operator responsible for onboarding and recruitment of clinicians.

• (1620)

Burton Bailey: I'm going to close with this. Telus is getting into many health care areas. You mentioned connected care. I believe that you were referring to Senate Bill S-5, not the Connect Care in Alberta. Is that correct?

Ratcho Batchvarov: I meant Bill S-5, yes.

Burton Bailey: Okay. I was a little confused when you used that term, because it's my understanding that Connect Care from Alberta was developed in the United States. You are integrating with it in certain areas in Alberta, but you are not part of Connect Care in Alberta.

Ratcho Batchvarov: I spoke to Bill S-5, the connected care for Canadians act.

Burton Bailey: I'm sorry, Chair, but I'm really having trouble hearing his answers with these breaks.

Can you repeat the answer, please?

Ratcho Batchvarov: I was referring to Bill S-5, the connected care for Canadians act.

Burton Bailey: Thank you.

That's fine, Chair.

The Chair: Thank you very much.

I will now go to Ms. Chi for the Liberals.

You have five minutes, please, Ms. Chi.

Maggie Chi: Thank you, Madam Chair.

Thank you to the witness for appearing today.

My first question is about when you first developed the system. You mentioned that Telus Health started developing the system even before PrescribeIT won the bid for e-prescriptions.

I understand there's an issue with protecting IP. Without compromising that, can you explain the full scope of work involved in developing and building the system? Whom did you consult when you first built the system? Did you consult with pharmacists or clinicians? Was it a fulsome consideration across various professions?

Ratcho Batchvarov: Even back then, we realized that connecting care and basically bridging the gap of data silos were going to be important for the future. Given Telus's footprint with pharmacies, EMRs and even some hospital-based solutions in Quebec, we recognized that this would be a critical infrastructure to provide connectivity.

This program started by looking at e-prescribing, but it was not limited to this particular service. As we know, clinical communication is also of high value. The goal was really to look at how it can reduce inefficiencies for the health care ecosystem, particularly attacking the fax situation, which still plagues our system quite significantly.

The ability to digitize a lot of these paper-based interactions was our answer, when we started developing the Telus Health Exchange. The opportunity with Infoway came around 2017, when they required the exclusive use of our technology, and we provided this as part of our agreement.

Maggie Chi: Thank you.

On the uptake, it was mentioned that the uptake was low. What is your take on the cause of that? Was it because of the performance of the product or the functionality itself, and what did you do? I understand that from the start of the program, there were many changes, change orders, as part of the process, based on the feedback from pharmacists and physicians. What is your take on why the uptake was so low?

Ratcho Batchvarov: It's really important to separate the roles and responsibilities.

Our goal was really to provide a highly scalable, highly performing, very secure platform that allows us to connect multiple different systems in multiple different jurisdictions and process millions of transactions.

In relation to adoption objectives, these were primarily or exclusively driven by Canada Health Infoway with regard to provincial onboarding activities, signing of the agreements and vendor onboarding. When I say "vendor", I'm talking about EMR pharmacy vendors—

[Translation]

Maxime Blanchette-Joncas: Madam Chair, there is no more interpretation.

[English]

The Chair: We're having trouble with interpretation again.

I will suspend at this time.

• (1625) _____ (Pause) _____

• (1625)

The Chair: Let's try again and see what happens.

Continue with your question, Ms. Chi, and let's get some feedback.

Maggie Chi: Yes.

Probably the last bit didn't have interpretation, so perhaps you can repeat a bit of what you said.

Ratcho Batchvarov: Yes, of course.

I was mentioning that we started down this journey and were looking at market trends with regard to the Telus Health exchange when we were building it, prior to being engaged with Canada Health Infoway. There was a recognition that in order to reduce reliance on antiquated technologies, such as the fax, and given the footprint that Telus Health had in terms of pharmacies and electronic medical records, there needed to be something put in place to address this critical issue that is still plaguing our health care ecosystem to this day. That's why we started down this path.

We definitely consulted with both pharmacists and clinicians. We also have medical directors as part of our own staff who supported this development. In 2017, we won the competitive bid for the e-prescribing service, which required exclusive use of the platform in order to deliver the service to Canada Health Infoway, and we've been providing that service since then.

The Chair: You have 39 seconds.

Maggie Chi: Thank you.

Quickly, from this experience, given the low uptake, what would be your take-away and lesson learned to best support the future broader adoption of the technology?

Ratcho Batchvarov: One thing I could table is that we developed a white paper that identified certain recommendations, which we were calling "systemic barriers", in terms of things that could be done based on international experience as well, when you look at other countries such as the United States and Germany and how they've helped with adoption activities related to e-services such as e-prescribing. That white paper is available. It outlines our thought leadership and recommendations in that regard.

The Chair: Perhaps you can send it to the committee, please.

Ratcho Batchvarov: Yes, of course.

The Chair: Thank you.

Maggie Chi: Yes, if you can. Thank you.

That's my time, I believe.

The Chair: Yes, your time is up.

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

[Translation]

Maxime Blanchette-Joncas: Thank you.

Mr. Batchvarov, you have confirmed two important things, which are that TELUS Health retains about 85% of the components, and that there is a structural dependence.

Can the government freely use what it funded without TELUS's authorization, yes or no?

Ratcho Batchvarov: The government is free to use the 15% share it funded, which belongs to Canada Health Infoway.

Maxime Blanchette-Joncas: Are there any conditions in the agreement that will require TELUS Health to still give its approval before the government can freely use this data?

Ratcho Batchvarov: The government can freely use the intellectual property it has developed as a result of the partnership with TELUS Health.

Maxime Blanchette-Joncas: So there are no conditions attached to the use of the licence requiring TELUS Health to confirm in advance.

Is that correct?

Ratcho Batchvarov: Absolutely not.

Maxime Blanchette-Joncas: Why do you think this program is going to end? I understand that you're shirking your responsibilities a bit by saying that you've delivered your deliverable and that's that, but not enough for us to keep it, ultimately.

• (1630)

Ratcho Batchvarov: From my perspective, I can't see it that way.

Again, if you look at our mandate, you'll see that it has been fulfilled. If you want technology capable of providing services to 40 million Canadians, you have it. The evolution or transition of the program under way as we speak is not up to us. It's up to the government.

Maxime Blanchette-Joncas: I understand, but if something is good, we keep it. Yet, in this case, we're not keeping your deliverable. What did we miss? That's what we're trying to figure out today.

Ratcho Batchvarov: At TELUS Health, we haven't missed anything, as I explained earlier. In terms of our deliverables, as technology subcontractors, we did exactly what was asked of us.

Maxime Blanchette-Joncas: Were you consulted to try to find solutions and to try to convince stakeholders to continue the program?

Ratcho Batchvarov: Can you clarify what you mean by, "continue the program"?

Maxime Blanchette-Joncas: The program is coming to an end. It won't be kept. I'm trying to understand you. You're saying that, from a technological standpoint, you've delivered your deliverables.

Ratcho Batchvarov: Yes, absolutely.

In 2024, Canada Health Infoway launched its process to find other operators for the program. At that time, Canada Health Infoway officials were very familiar with the results we had delivered, and they knew what it takes to run a program. So they had the necessary experience and expertise to be able to study the market. That's what they did.

The study was inconclusive, which I think speaks to the complexity of developing a national technology infrastructure that takes into account large-scale provincial differences.

Maxime Blanchette-Joncas: Thank you.

[English]

The Chair: I'll now go to Mr. Strauss for five minutes, please.

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

Mr. Batchvarov, on what date was Telus notified that PrescribeIT would be terminated?

Ratcho Batchvarov: It was earlier this year that we officially received the termination notification for the program.

Matt Strauss: On what date did you receive an informal notification, or a suggestion, that it would be terminated?

Ratcho Batchvarov: A suggestion for this was when the process was launched, in terms of scanning the market for a replacement operator. That was in May 2024, when the official RFEOI process was launched by Canada Health Infoway.

Matt Strauss: You spoke to us about the 85% of the IP that Telus brought into the arrangement and the new 15%. Did Telus design the new 15% that now rests with Canada Health Infoway?

Ratcho Batchvarov: We were a service provider. Everything that was done with regard to the 15% was dictated by specific requirements and requests made by Canada Health Infoway.

Matt Strauss: It was dictated by Canada Health Infoway, but you ended up designing it.

Ratcho Batchvarov: We delivered it. The design, and everything related to this, was done to the exacting standards and specifications that were provided to us by Canada—

Matt Strauss: You designed it. I'm not seeing the distinction here. Did you design it and then deliver it, or did you deliver it but not design it?

Ratcho Batchvarov: We delivered it based on the design and specifications that were provided by Canada Health Infoway.

Matt Strauss: I see. Thank you.

Of the \$100 million that Telus received from Canada Health Infoway, how much became profit?

Ratcho Batchvarov: Those are details that would be disclosed if the request for information should go through.

Matt Strauss: Does Telus lobby the federal government?

Ratcho Batchvarov: We participate in all official channels as it relates to engaging with the federal government on many different aspects—

Matt Strauss: I'll take that as a yes.

Over the last 10 years, has Telus lobbied the federal government regarding the issue of prescription platforms?

Ratcho Batchvarov: This was not our mandate, as was previously noted. The program operator was not Telus Health. We provided the technology and the services, and the backbone required for this—

Matt Strauss: It is a simple question. Over the last 10 years, has Telus lobbied the federal government regarding prescription platforms? Answer yes or no.

Ratcho Batchvarov: We were under contract with Canada Health Infoway. We were very respectful of the engagement—

• (1635)

Matt Strauss: That's a different question. I know you're under contract. Can you please answer the question?

Was Telus lobbying the federal government regarding prescription platforms?

Ratcho Batchvarov: That's all I can say about it.

Matt Strauss: Chair, could the committee please direct the witness to answer this question?

The Chair: I can only direct the witness to answer the question, under current laws, with regard to privacy and industry regulations. You've asked him the question. He will have to explain why he doesn't answer it, with regard to privacy laws and IP laws. Use of IP is personal. I have no idea what we can do. We cannot force him to answer a question if it goes against those laws.

Is answering the question going to violate legislation, Mr. Batchvarov?

Ratcho Batchvarov: My perspective on this is that we were under agreement with the federal government to deliver a service. The service was actively being deployed, and we were actively developing the service. I don't understand why we would need to lobby on having e-prescribing platforms be part of the deliverable of the service at the same time.

I'm not sure I understand the question, to be honest.

We were under contract. We were delivering an e-prescribing service that was working. It had scale. It was national and secure, and it had millions of transactions. Canadians—

Matt Strauss: Excuse me.

Lobbyists register. There is an actual lobbying register. They come and lobby politicians. This is a matter of public record. I'm asking if Telus was engaged in that activity.

Ratcho Batchvarov: Broadly speaking, yes, but for what purpose...?

Matt Strauss: Thank you. I don't know why that was so difficult.

You said Telus received \$90 million from Canada Health Infoway. Were any other monies received from any other sources, in addition to that \$90 million, over the period of time you were looking after this program?

The Chair: You have 40 seconds.

Ratcho Batchvarov: No. It was all-inclusive.

Matt Strauss: Can you explain to me, technically, what was achieved with the \$100 million and what the IP was? To my understanding, prescriptions can be digitally faxed to a pharmacy. What problem was solved?

From any EMR, I can send a prescription to any pharmacy. The pharmacist can receive it. What was the value added here for the \$100 million you received?

Ratcho Batchvarov: It was a scalable technology that connected not only Telus platforms but all platforms, as I mentioned previously—EMRs and pharmacies—across different jurisdictions, which have different ways of delivering and differences in how they deliver health care. There were extensive negotiations done by Infoway when we were onboarding a net new province, which required adjustments.

Yes, today, you can fax a prescription from an EMR to a pharmacy, but that is a very antiquated way of processing digital health information. There is a high level of inefficiency when you have to read the information. Fax is an unreliable technology. Information can get lost.

This digital health infrastructure enabled the secure transmission of that information. It avoided duplicative entry and saved time for patients.

The Chair: Thank you.

The time is well over, but I allowed the answer because it was one I think everybody wanted to hear.

Now I'll go to Ms. Sidhu for the Liberals for five minutes, please.

This part of the meeting, including pauses for suspensions, will end at 4:44. We have time for Ms. Sidhu, and then we will have to go to the next hour—just to let you know.

Thank you.

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

My question is for Mr. Batchvarov.

Before getting into PrescribeIT... Would you agree that without common national standards, such as those proposed in Bill S-5, digital tools like e-prescribing will face limits in any adoption?

Ratcho Batchvarov: Telus is a great supporter of Bill S-5 in terms of providing the overarching strategy and direction of enabling interoperability and prohibiting data blocking, which I believe are the essential next steps to connect Canada's fragmented health silos. From a Telus Health-specific perspective, we see this as being definitely in line with our strategy. As I explained previously to this committee, we were already thinking about this and were already down the path of developing that technology even prior to the PrescribeIT agreement.

We believe Bill S-5 will serve as the overarching blueprint of how connected care can function in Canada. Obviously, there are provincial realities that all of us are going to have to face.

• (1640)

Sonia Sidhu: Could you walk the committee through Telus Health's role in designing and delivering PrescribeIT and how decisions were made on the platform's structure and functionality?

Ratcho Batchvarov: The technical components and the platform we provided already existed. We worked in close partnership with Canada Health Infoway on any improvements, change requests and change orders they provided to us. It is a very tight and strict process in terms of what gets approved and what money gets paid according to milestones.

We met with Canada Health Infoway on a regular basis, with weekly, biweekly and quarterly updates as well, to ensure that there was a tight process and governance around anything to do with how money was spent and provided to Telus.

Sonia Sidhu: Can you speak to how the new open standard model addresses governance challenges and creates a more inclusive system-wide approach to decision-making? You talked about the barriers you faced. You're going to submit the white paper to the committee. It's appropriate to rely on one group or a single model.

How can we work better?

Ratcho Batchvarov: The challenge as a technology provider in Canada—we operate in all jurisdictions—is that we're often faced with conflicts and very different ways to integrate, operate and abide by standards across the different jurisdictions. It is very welcoming to see, from our perspective, that there is an ability to talk about creating a national or open standard that is consistent across jurisdictions. For large providers like us, this becomes a much easier path to integration and enabling connected care systems to exchange information at scale.

We believe this is a welcome change as part of legislation that is being tabled, in Bill S-5 in particular, to create the national strategy and find how we can connect these disparate systems without having to redo things on a custom level within every province or jurisdiction.

Sonia Sidhu: From a vendor perspective, were these limitations in the product itself, rather than in the usability, integration or workflow, which may have slowed adoption among providers?

Ratcho Batchvarov: Is this question specific to PrescribeIT?

Sonia Sidhu: Yes.

Ratcho Batchvarov: As I mentioned before, we worked in close collaboration with Canada Health Infoway and stood up physician working groups. Recommendations were provided on the basis of the end-user perspective. Even though we were not responsible for clinician recruitment or jurisdictional onboarding activities, we participated in those workshops and provided feedback. Canada Health Infoway took some of it to implement enhancements in the system, as well as on the Telus Health exchange and the switch overall.

Sonia Sidhu: Thank you.

The Chair: That's it. Thank you, Ms. Sidhu.

I want to thank Mr. Batchvarov for his time and information.

I'll ask you to remember to send the white paper to this committee. We will distribute it here.

I will suspend the meeting to prepare for the next hour and the next witness.

● (1640) _____ (Pause) _____

● (1655)

The Chair: I now resume this meeting. I would like to welcome the witness joining us for the second hour.

You have a point of order, Mr. Mazier.

Dan Mazier: Yes.

Since we're starting at five o'clock, I would ask for the clerk to check how many resources we have so that we can continue for another two hours.

The Chair: I think we have resources for three hours. We are looking at all of that, and I could ask the clerk to check if we have more than that. If we go per hour as we're doing, then we are going to have to take.... This is why I don't like these broken-up meetings; they take too much extra time. However, we will check for resources to see when we can end. Whenever we start the third hour, we will end at the end of the third hour.

Dan Mazier: Yes, as long as we have resources.... If you could check for me, Madam Chair, that would be great.

The Chair: I think we're going to have some resources for that. I don't think it's going to be that long. Thank you.

I now want to welcome the witness joining us for the second hour. From Canada Health Infoway, we have Michael Green, president and chief executive officer, by video conference.

Welcome, Mr. Green, and thank you for coming.

I will quickly explain to you what the protocols are. You have five minutes to present. I will give you a one-minute shout-out, literally, so that you can wrap up what you have to say—and a 30-second one if I think you need one. Then we will go to a question and answer segment. If you don't get to say everything you want to say in your opening remarks, you will get a chance to elaborate during the question and answer segment.

You have five minutes, please, Mr. Green.

● (1700)

[*Translation*]

Michael Green (President and Chief Executive Officer, Canada Health Infoway): Good afternoon, Madam Chair and members of the committee.

My name is Michael Green. I'm the president and CEO of Canada Health Infoway.

[*English*]

I would like to acknowledge that the land now known as Canada is the traditional territory of the first nations, Inuit and Métis people, who have lived here since time immemorial, and I recognize their enduring presence from coast to coast to coast in the spirit of reconciliation.

Thank you for inviting me to appear today on behalf of Canada Health Infoway. As an independent, federally funded, not-for-profit organization, Canada Health Infoway has worked in partnership with successive federal, provincial and territorial governments to advance digital health and connected care across Canada since 2001.

Our approach is collaborative by design. Major national initiatives and mandates are not directed by a single organization acting alone. They are shaped through collaboration with jurisdictions and partners and with oversight by our board of directors, which is governed by representatives from the federal, provincial and territorial deputy ministers of health and Health Canada.

Our work is guided by a clear objective to help ensure that patients and their care teams can access the right health information securely, efficiently and when it is needed. Our role is to help build a shared digital foundation to support safer and more connected care for patients across the country.

PrescribeIT was launched as part of the broader effort to modernize how health information moves through the health care system. It was supported over time by successive federal governments and developed in collaboration with provinces, territories, clinicians, pharmacies and technology partners. Its purpose was clear: to establish a safer, more secure and more modern approach to e-prescribing in Canada.

Through PrescribeIT, Canada Health Infoway helped build a national technical foundation for e-prescribing that did not previously exist. We achieved technical readiness across 95% of pharmacies and vendors. We established common workflows, strengthened digital trust and advanced the standards and infrastructure needed to support secure prescription exchange at scale.

This work created a significant pan-Canadian asset, one that improved the system's readiness for interoperable e-prescribing and reduced future implementation effort for governments, vendors and care providers.

Through the process, provinces and territories expressed differing needs and approaches for how e-prescribing should continue to develop. As Canada Health Infoway and our partners looked to the future, it became clear that the next phase needed to build on the foundation in a way that is more flexible, scalable and aligned with the realities of Canada's diverse health systems. This is why the work is now transitioning to a national e-prescribing standard.

In this context, Canada Health Infoway's board supported the transition to a standards-based approach. The decision was informed by extensive engagement with partners and focused on responsible stewardship of the work completed to date. The transition is an evolution for a centrally operated service model towards a standards-based, jurisdiction-led approach. It allows provinces, territories and vendors to advance e-prescribing in ways that align with local priorities, local needs and readiness.

The technical, clinical and standards-based progress achieved through PrescribeIT continues to support the system. The objective is to preserve the value of the work as we undertake an orderly transition to an open standards model. A publicly available national standard supports patient safety and care by enabling consistent, se-

cure and reliable exchange of prescription information across systems, vendors and care settings.

At Canada Health Infoway, our role is to work with governments and system partners to build shared digital health foundations that improve safety, reduce fragmentation and support better care. This is what PrescribeIT was designed to do, and this is the foundation that the work has helped establish.

In summary, connected care requires common standards, trusted infrastructure, system alignment and collaboration across jurisdictions. Canada Health Infoway's work on PrescribeIT has helped move Canada further on that path and has informed the next stage of national e-prescribing in a practical and responsible way.

• (1705)

Thank you. I look forward to your questions.

The Chair: Thank you very much.

I now go to the question and answer segment. To begin, it's a six-minute segment.

I begin with Mr. Mazier for the Conservatives for six minutes, please.

Dan Mazier: Thank you, Chair.

Mr. Green, how much money has been spent in total on PrescribeIT to date? Just give a dollar amount, please.

Michael Green: Thank you for your question.

I think that in our opening statement and the documents we've provided, we've described the investment that's been made in the program.

Dan Mazier: How much was it?

Michael Green: Overall, \$250 million was the amount.

Dan Mazier: Telus just told the committee that they received \$98 million for PrescribeIT. What was the other \$150 million spent on?

Michael Green: We designed and built the system, as I mentioned in my opening statement, with an approach of collaboration that involved a number of different partners. In addition to the hub provider, Telus, there were other IT companies—

Dan Mazier: I thought Telus actually—

Michael Green: —and EMR companies.

Dan Mazier: For PrescribeIT, \$150 million was to develop it more?

Michael Green: PrescribeIT was run as an eight-year program and involved investments across a wide variety of our partners, including the provincial jurisdictions and territorial jurisdictions—

Dan Mazier: What other IT companies were involved in designing and improving it?

Michael Green: In Canada, there are a number of organizations that operate electronic medical records—

Dan Mazier: Could you please table that?

Michael Green: —for example. We also integrated—

Dan Mazier: Could you please table what companies participated in that \$150 million?

Michael Green: I can certainly provide that information if the committee requests it.

Dan Mazier: Thank you very much.

Michael Green: I don't have the information on hand.

Dan Mazier: It would be perfect if you would table that.

Mr. Green, over \$250 million in taxpayer money has been spent on PrescribeIT since 2016. As of today, what percentage of Canadian prescriptions are transmitted through PrescribeIT?

Michael Green: As of today, we have connected the system to 95% of pharmacies and 95% of vendors. We recognize that the system can transition into a new approach based on other standards.

Dan Mazier: That answered the question: 95%. Thank you. That's good.

Mr. Green, how many applicants responded to the May 2024 request for expressions of interest, entitled "The Future of PrescribeIT", to take over the program?

Michael Green: I can't remember the exact number of applicants that replied to it, but there were certainly more than 10, I would say.

Dan Mazier: Okay. Could you provide a list of respondents to the committee, please?

Michael Green: If the committee requests the information, we can do so. Obviously, some of it is commercially confidential.

Dan Mazier: Yes, I just did. That would be great.

Mr. Green, Canada Health Infoway spent nearly two years searching for a private company to take over PrescribeIT. The search was in its final stages when the board voted to abandon it and terminate PrescribeIT.

Why was the search terminated all of a sudden? If you had 98% of the pharmacies.... We just learned that everybody was covered, so why did you terminate it?

• (1710)

Michael Green: As I mentioned, when you look at IT initiatives in health care, it's quite common for there to be changes in technology over time. We've operated PrescribeIT for eight years now. In consultation with our partners and board of directors, we decided that a more effective approach, going forward, would be to look at an open standards approach, which would suit the diversity of the different health systems across the country.

Dan Mazier: Okay.

How many applicants initially applied to develop and run PrescribeIT?

Michael Green: The initial process we used for selection was approved by the board of directors and included—

Dan Mazier: How many applicants were there?

Michael Green: Again, I don't know the exact number of applicants, but this is information we could provide after the meeting if the committee decides we should do so.

Dan Mazier: Do you know if Telus Health had the lowest bid?

Michael Green: The criteria we used included a quality matrix, the ability to deliver the program and many other things, other than financial criteria.

Dan Mazier: Okay.

On what specific date did the Canada Health Infoway board vote to terminate PrescribeIT?

Michael Green: The board of directors considered all the different pathways for sustainability and made the decision to opt for the open standards approach in the latter part of 2025.

Dan Mazier: On what specific date did the Canada Health Infoway board vote to terminate PrescribeIT? Was it years in advance—2023?

Michael Green: I believe it was on November 17.

Dan Mazier: Was that 2024?

Michael Green: It was 2025.

Dan Mazier: Okay.

Did the federal government or Health Canada recommend the termination of PrescribeIT to the Canada Health Infoway board, yes or no?

Michael Green: The pathway forward for PrescribeIT was decided by the board of directors, which is, as you heard in my opening remarks, populated by deputy minister appointments from across the country. The—

Dan Mazier: I guess the question is, did the federal government or Health Canada—

The Chair: Excuse me, Mr. Mazier.

For those of us who want to hear, it would be nice if you could let the witness round out their sentence, as opposed to cutting them off in mid-sentence. I would like to hear what he's trying to say, as long as he doesn't go on too much.

Go ahead.

Dan Mazier: The question asked for a yes-or-no answer, Chair and Mr. Green.

Michael Green: The decision—

Dan Mazier: Did the federal government or Health Canada recommend the termination of PrescribeIT to the Canada Health Infoway board, yes or no?

Michael Green: The decision was made by the Canada Health Infoway board.

The Chair: Thank you. Now we've really run over time. It's a minute over time, I'm so sorry to say, guys. It's my fault, but—

Dan Mazier: You still haven't answered the question.

The Chair: —I wasn't paying attention.

Now I'll go to Ms. Jaczek for the Liberals, for six minutes.

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

Mr. Green, I'd like to go back to the \$250 million—the federal investment. Telus received some \$90 million.

Of the remaining \$160 million, did you say in a previous response that it went to other EMR providers? Where did the remaining funding end up?

Michael Green: With the program, there were multiple steps taken to implement the prescribing service: the design of the service itself, operation, integration with provincial assets, integration with health IT systems that are used across the country and connectivity with pharmacies. It's a very complex process.

We also had to ensure that the system is very secure, that it meets very stringent privacy and security standards, and that it's up and available.

To answer your question, there were multiple places where the funding was utilized, including the annual operation of the system. Again, it is possible to provide some of the information. There's not an easy answer to this question. I would also like to say that at every step we had a regular review of our expenditures and of the progress of the system by the board of directors, and we reported through that mechanism as well, at least on a quarterly basis.

• (1715)

Hon. Helena Jaczek: Thank you for that.

I must say that, on the face of it, to replace a fax system with a digital system seems like an incredibly expensive proposition, which, to be honest, puzzles me.

Perhaps you could give us, from an on-the-ground perspective, what you heard was the actual experience of implementation and uptake amongst providers. Also, what do you see as the main reasons the program ultimately came to an end?

We heard about some 57 change orders. Could you maybe describe some of the more important changes that were required? Was it because there were so many changes required that the board of Canada Health Infoway terminated Telus's involvement?

Michael Green: As I mentioned in my opening statement, the system provided a technical foundation for e-prescribing. Over

time, we really looked at how the program was progressing. As I mentioned, we have 95% uptake by pharmacies and technology vendors. On review, the system's future has a brighter path as an open standard.

As you are aware, Canada has a diverse health system. Different provinces and territories have different priorities, so with the new approach—which is a transition, not a curtailment of the system—I think we have built some very good assets for the country that are going to be utilized in the open standard approach going forward, which we believe will attract a higher level of adoption.

Hon. Helena Jaczek: Why did physicians not adopt this? You've talked about the pharmacies at 95%. Were you actively promoting PrescribeIT to physicians across the country? How did that work, or how didn't it work?

Michael Green: Canada Health Infoway works in collaboration with our partners, principally in the provinces and the territories, which operate the health systems, and in the federal government. We work with the technology providers, and we work with the pharmacies. We worked with clinicians. It wasn't at the individual clinician office level, but we would have meetings with groups and associations to ensure that the clinical side of the program was addressed.

Hon. Helena Jaczek: How much time do I have?

The Chair: You have one minute and three seconds.

Hon. Helena Jaczek: Thank you.

Mr. Green, you talked about moving towards standard setting, rather than reliance on a single delivery model, as a more effective way to encourage more vendors to enter the space and better meet the needs of providers and patients. Could you elaborate a bit on what is meant by “standard setting”?

Michael Green: Yes.

What we mean is this: Rather than having a single system operating that has to be adopted, we can come up with standards, which is a very common practice with other health solutions these days. Systems have the ability to connect to a variety of different IT systems within the health structure without having the need to do a lot of re-programming. It's a simpler approach, going forward, that has developed over the last few years.

When PrescribeIT was initiated 10 years ago, the kind of technical excellence that we'd seen was a national, single type of approach. Now it's a more flexible, standards-related approach going forward.

• (1720)

Hon. Helena Jaczek: Thank you.

The Chair: Thank you.

I'll now go to Mr. Blanchette-Joncas for six minutes, please.

[Translation]

Maxime Blanchette-Joncas: Thank you, Madam Chair.

Mr. Green, over \$250 million has been invested. How do you explain the fact that, in 2026, less than 5% of prescriptions are transmitted electronically?

[English]

Michael Green: Thank you for your question.

As I mentioned, we were really responsible for the design and collaboration with our partners through this process. We have established the technical foundation for e-prescribing, and we had readiness of 95% across pharmacies and vendors. Now we are going to be moving to an open standards approach, to take account of individual differences between the different health systems in Canada and improve flexibility.

[Translation]

Maxime Blanchette-Joncas: Why are only 5% of prescriptions transmitted electronically? That's what I want to know.

[English]

Michael Green: Basically, when we reviewed the program with our board of directors, we had a couple of different pathways for continuing. We could continue with the existing model, or we could look for an open standards approach and a cost-sharing approach with the provinces. When we looked at them and presented the evidence and the progress we had made so far to the board of directors, the decision was made that the best path forward was to go for an open standards approach for the continued adoption of the program going forward.

[Translation]

Maxime Blanchette-Joncas: Has no one wondered why only 5% of prescriptions are transmitted electronically? Haven't you found the answer to that question?

[English]

Michael Green: Our mandate is to work with the jurisdictions, the health systems and the technology vendors on the implementation of the technology. With a review of the pros and cons of the approach, we decided, and the board decided, that an open standards approach would be more effective going forward.

[Translation]

Maxime Blanchette-Joncas: Well, that doesn't really answer the questions, but we'll move on anyway to try to get some other answers.

You say that it was in November 2025 that you concluded that PrescribeIT was not viable.

Is that correct?

[English]

Michael Green: No. In December 2025, when we presented all the information to the board of directors, which includes representatives from the provinces and territories, they decided that the preferred option going forward would be to migrate to an open standard rather than continue with the existing approach.

[Translation]

Maxime Blanchette-Joncas: I'm trying to understand. When did you realize, based on internal assessments, that it was not viable?

[English]

Michael Green: The board meets on a regular basis, and we would at least have a quarterly review, a major review of performance. We started to look at the options going forward in 2023.

[Translation]

Maxime Blanchette-Joncas: What is the date?

[English]

Michael Green: Sorry, I didn't hear the question.

[Translation]

Maxime Blanchette-Joncas: What is the date?

Today is April 21, 2026. That's an answer, a date. I want to know when you realized it wasn't viable.

[English]

Michael Green: The board of directors met in November and December of last year and decided to pursue the path of an open standards approach.

[Translation]

Maxime Blanchette-Joncas: I don't know how to be any clearer. I want to know at what point you realized that the program wasn't viable.

Did you continue to invest in the program after realizing that it wasn't viable?

[English]

Michael Green: Thank you for the question. As I mentioned, it's not an individual or a single group that makes those decisions; it's a decision that comes from the governance of the organization and the board. The decision to use an open standard was made in November-December 2025.

• (1725)

[Translation]

Maxime Blanchette-Joncas: Who authorized the continuation of the program after December 2025?

[English]

Michael Green: The process for transitioning from PrescribeIT to the open standards was approved by the board of directors at the same time.

[Translation]

Maxime Blanchette-Joncas: The board of directors continued to say that the program should continue even though it wasn't viable.

Is that correct?

[English]

Michael Green: In preparation for moving towards an open standard approach, it was necessary to have an orderly wind-down of the e-prescribing service as we ramp up with an open standard approach. There was a notice period given to partners to allow them to make the adjustment from one technology to the other.

The Chair: Thank you. We've gone over time on this.

I'm now going to the second round. It's a five-minute round.

It's Ms. Konanz for five minutes, please.

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

First of all, I want to say quickly, Mr. Green, it's very important that you answer these questions succinctly and that you actually answer them. If you do not answer the questions the committee members ask, you will be asked to return. Answer succinctly, please, as I have five minutes.

Was Telus the lowest bid for PrescribeIT?

Michael Green: Regarding the question of whether Telus was the lowest bid—

Helena Konanz: Yes or no—

Michael Green: —I can't give you a complete answer to that, because it was based on—

Helena Konanz: Can we table that, then? If you don't have the answer, you can table that.

For my next question, was the \$250 million in tax dollars well spent?

Michael Green: I believe that the money was spent appropriately and according to the governance of the organization, as well as that we have a valuable asset being put in place that will bear fruit in the future.

Helena Konanz: Thank you.

How widely was PrescribeIT adopted? Do you have the raw numbers, the percentage of prescriptions that went through?

Michael Green: As you know, I mentioned the 95% uptake by vendors and pharmacies—

Helena Konanz: It's 95% of all vendors.

Michael Green: The figures of the prescriptions that went through are in the millions. If the committee would like to see a report of the figures, we can provide it.

Helena Konanz: Yes. Every question I ask is the committee asking, so yes, that's great. You're going to table those numbers. Thank you.

It was promised that PrescribeIT would be financially self-sustaining. Was it?

Michael Green: The initial program was designed to become self-sustaining through a pathway of fees that were charged—

Helena Konanz: The goal was to be—the goal—but it never was...?

Michael Green: At that stage, the throughput of the system didn't cover the cost—

Helena Konanz: That was the \$250 million. Okay.

Michael Green: —from a self-sustaining perspective.

Helena Konanz: We know that you eventually developed a fee of 20¢ per prescription. How much did the federal government collect in total on the fee from health care professionals?

Michael Green: The fee was levied against pharmacies, not health care professionals, and—

Helena Konanz: How much was levied?

Michael Green: I can provide the information if the committee decides they want to have it.

Helena Konanz: Yes, the committee will always...whatever I ask for. If you could table the information, that would be great.

You said that it was only pharmacists. Is that correct?

Michael Green: It was pharmacy chains and independent pharmacies.

Helena Konanz: Okay.

I have another question, Mr. Green.

In Infoway's 2016-17 year-end review, there's a point attributed to you, stating that Infoway's PrescribeIT service “will reduce inappropriately filled prescriptions for narcotics” and “improve the detection of fraud and abuse”.

Did PrescribeIT reduce fraud or the abuse of narcotics? Give me a yes-or-no answer.

• (1730)

Michael Green: The system was designed to be secure—

Helena Konanz: Is it?

Michael Green: —so, unlike paper, it can't be forged.

I think the prescriptions were accurate.

Helena Konanz: You have proof that it reduced fraud and the abuse of narcotics, for the \$250 million that was spent.

Michael Green: The benefit of an e-prescribing service such as PrescribeIT is that it is secure, and—

Helena Konanz: PrescribeIT did prevent fraud and abuse. Okay.

Our understanding is that you accounted for 5% of all prescriptions in Canada.

Does Infoway have any evidence, at all, that there was a reduction in inappropriately filled prescriptions? Do you have those numbers?

Michael Green: Over the course of the program, we collected a lot of information and performance statistics. Certainly, if required—

Helena Konanz: Table that.

Michael Green:—those statistics can be made available.

Helena Konanz: That would be amazing. Thank you.

On November 19, 2016, the Liberal government committed to reducing the harm and cost of opioids with the launch of PrescribeIT.

Given the state of our opioid crisis, did PrescribeIT measurably reduce the harm or cost of opioids in Canada?

Michael Green: I think the program was designed with that functionality. I don't have the information at my fingertips to demonstrate the reduction.

Helena Konanz: Okay.

Can I ask what your salary is?

Michael Green: Basically, my compensation is decided on by the board of directors, and—

Helena Konanz: What was your salary in 2025?

Michael Green: As I mentioned, the board of directors decides what my compensation is—

Helena Konanz: In 2025....

Michael Green:—and it is publicly disclosed.

Helena Konanz: Thank you.

What was it in 2025?

Michael Green: I would say that the board of directors—

Helena Konanz: You need to answer my questions, Mr. Green.

Michael Green: The board of directors decides on my compensation, which is publicly quoted.

Helena Konanz: Chair, do you mind reminding Mr. Green of his obligations?

The Chair: Mr. Green, if it's in the public domain, you should just give your salary, please. It's being asked of you.

Thank you.

Helena Konanz: Including bonuses.

Michael Green: I'm afraid I don't have that information at hand.

Helena Konanz: Mr. Green, you know how much you make. You need to tell this committee how much you make. You need to tell Canadians.

Michael Green: We can certainly provide—

The Chair: I am sorry. We are now at one minute and 26 seconds over time. Guys, please stick to your time. Come on, one minute and 26 seconds.... Thank you.

Mr. Green, can you disclose your salary now?

Helena Konanz: No, you need to tell Canadians.

Helena Konanz: You need to table that information, Mr. Green.

The Chair: Send the information to the committee, please. Thank you.

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

[*Translation*]

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

Mr. Green, in November 2025, you concluded that the model was not viable. Yet you continued to invest with a view to a transition.

How much public money was committed following the board of directors' decision in November 2025?

[*English*]

Michael Green: Can you rephrase the question?

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I'll have to start over. I think there are some issues with understanding or with interpretation.

[*English*]

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

I think the next spot is a Liberal spot.

The Chair: I'm sorry. There are so many questions going back and forth that I am losing track of time because people keep asking their questions and demanding answers.

I'm going to ask people to ask a question, and if you don't get the answer, ask the person to send it to the committee, please. Otherwise, we're just going crazy.

I'm sorry I missed Mr. Eyolfson, but I will let Mr. Blanchette-Joncas finish.

You have one minute and 59 seconds left.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I—

[*English*]

The Chair: It doesn't matter what order you're in, you're both going to get the same time due to you.

Continue your questioning, Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: I believe there are problems with the interpretation, as the witness asked me to repeat my question.

• (1735)

[*English*]

The Chair: Mr. Green, can you hear the interpretation?

Michael Green: Yes, I can. I missed a slight part of it, but I believe the question was how much had been spent on PrescribeIT since 2025.

The Chair: Will you answer the question, please?

Michael Green: About a quarter of the annual running cost of the system would have been spent on that.

[*Translation*]

Maxime Blanchette-Joncas: What is the amount?

[English]

Michael Green: I don't have the exact figure, but it would have been below \$10 million.

[Translation]

Maxime Blanchette-Joncas: That's not very reassuring.

I imagine there were assessments before you made the decision to discontinue the program and then transition to something else.

Isn't that right?

[English]

Michael Green: Yes, we spent some time looking at the different options available going forward.

[Translation]

Maxime Blanchette-Joncas: We'll try to get the facts straight.

Can you provide to the committee in writing the analyses that led to the board of directors' conclusion reached in November or December 2025, the amounts committed or expenses incurred after November 2025, and the documents related to the transfer scenario?

[English]

Michael Green: If the committee asks for the information....

[Translation]

Maxime Blanchette-Joncas: Thank you.

If you had to do it again today, what would you do differently to make sure it works, in concrete terms?

[English]

Michael Green: As I mentioned, during the time of running the program, we did extensive analyses together with the board of directors and our provincial partners and industry. We determined the different paths, and the board settled on the open standards approach as the method of choice to promote e-prescribing going forward in Canada.

The Chair: Thank you.

You have 30 seconds, if you wish, Mr. Blanchette-Joncas, but you wouldn't get an answer in that time.

[Translation]

Maxime Blanchette-Joncas: On a scale of one to 10, how would you rate Canada Health Infoway's performance?

[English]

Michael Green: What I may give is a subjective answer, but I think it would be better seen by how our board perceives what we're doing.

[Translation]

Maxime Blanchette-Joncas: I'm asking you for a number, on a scale of one to 10.

[English]

The Chair: Mr. Green, I'm sorry.

The question was very simple. We tend to eat up a lot of time with this repetition of "the board of directors", etc. We know your board makes decisions. Can you say on a scale of one to 10, please, as you were asked?

Thank you.

Michael Green: I think we've done everything we can, and I would say....

The Chair: Can you tell us on a scale of one to 10, Mr. Green?

Michael Green: I would say an eight.

Some hon. members: Oh, oh!

The Chair: Thank you very much.

We'll go to Mr. Eyolfson for the Liberals, please, for five minutes.

Doug Eyolfson: Thank you, Chair.

I guess I'm trying to understand a number of issues on which, up to now, the answers seem elusive.

We hear that 95% of vendors and pharmacists had uptake, but a very small percentage of physicians were using this. Where's the disconnect on this? Why weren't physicians using this? Had problems been identified?

Were you getting feedback as to why there were so many health care providers not using this? Why might that have been, and what problems could have led to that?

Michael Green: To answer your question, when you look at any digital solution, or any solution, it has to be, first of all, staged, set up, as I mentioned—

Doug Eyolfson: Yes. I'm sorry. I don't mean to cut you off, but that's similar to many of the answers we've heard before. It doesn't answer the question.

Were there technical problems identified by health care providers who were trying to use a system that accounted for such low numbers of prescriptions or were there low numbers of providers subscribing to this? Can you point to any discrete issues that led to low uptake among prescribers?

• (1740)

Michael Green: I think change management is a big issue with individual primary care providers utilizing new technology and new systems, and the decision to move to the open standards approach is one that, if seen, would encourage broader adoption of the program—

Doug Eyolfson: So—

Michael Green: A number of steps have to be taken to adopt the program. A provider would have to sign up and log in to a secure system. We had to know that individual providers were indeed who they said they were, that they had the ability to prescribe and so on. In some of the provinces we launched in, Alberta and Ontario were early adopters, and we had about 20% of prescriptions going through the system in those provinces.

Doug Eyolfson: If you have such a low percentage of prescriptions going through your system, could you say this was a successful program if such a low percentage of providers subscribed to it?

Michael Green: I think it was a successful program in terms of the uptake from the pharmacies and the IT systems—

Doug Eyolfson: Sir, I'm sorry to cut you off, but we've heard that answer many times today.

If 95% of the pharmacists take it up, that does not in any way, shape or form make it change that one of the higher provinces for uptake was at 20%. How can you have a successful program that only between 5% and 20% of providers, depending on the province in question, are using?

Michael Green: The decision to move to an open standards approach—

Doug Eyolfson: No—

Michael Green: —was chosen to increase that—

Doug Eyolfson: Yes, I know, sir. Why didn't it work?

I'm sorry that I keep cutting you off, but I keep hearing the same answer. They went to an open standards approach, but I still haven't heard why. For a program that was, by your account, working so very well, why would you change to this open standards approach? We've heard many times that the board went to this open standards approach, but I have yet to hear a concise why.

Michael Green: The key reason is to improve adoption.

Doug Eyolfson: All right. I'm going to take a different tack.

Dan Mazier: I have a point of order.

The Chair: Yes.

Dan Mazier: The witness is not answering the question. It's a pretty simple question.

The Chair: Now, Mr. Mazier, one can—

Doug Eyolfson: Is my time paused?

Dan Mazier: Yes, it had better be.

The Chair: —be subjective about why the witness is not answering the question. Maybe the witness does not comprehend. Maybe the witness does not—

Dan Mazier: He does not comprehend...? All right.

The Chair: —want to answer the question, because I have heard this question asked many times.

Mr. Green, the question from Mr. Eyolfson was pretty clear. On a scale of one to 10, you said it was an eight, yet there was a 5% to 20% uptake, with 20% in only two provinces. He asked, what was wrong with the system? Why was there such a low uptake among physicians? You decided to change it. Can you tell us what the problem was? You had to define the problem before you decided on a solution. That's what everyone is trying to get to.

Thank you.

Michael Green: Certainly.

The open standards approach was chosen to improve adoption. The key reason we changed from a monolithic system to an open

standards, more distributed system was to make it easier for physicians to adopt.

Doug Eyolfson: I'm sorry. I understand what you're saying, but it goes back to the same....

I'm going to have to keep drilling down on this, because the question has not been answered after many attempts by many questioners.

The Chair: I'm sorry. Your time is up, so you can't keep drilling.

This is getting to be a very difficult question and answer session because we are not getting the clear answers we're asking for. We're getting the same answers repetitively. We all know you moved to an open standards approach in order to help more physicians. Why did your original system not work? Why did it have such a low uptake? Was there a reason? You must have analyzed it, sir. What were your reasons?

That's what Mr. Eyolfson is trying to get from you. His time is now up. People's times are ending because they're asking one question over and over. I am asking the question this time. Mr. Eyolfson has finished, but I'm going to ask his question of you.

Can you tell us what was wrong?

• (1745)

Michael Green: The ease of adoption among primary care physicians and prescribers was lower than expected because of the complexity of adopting the standard. It was because of the complexity, so the solution was to move to a different approach in order to solve the issue.

The Chair: You are suggesting that the system, in itself, was too complex for physicians to use it.

Is that what you're suggesting?

Michael Green: Yes.

The Chair: Thank you very much.

Thank you very much, Mr. Eyolfson, for your patience.

Now we're going to Mr. Strauss.

Go ahead, Mr. Strauss.

Matt Strauss: That was great work, Chair. I personally thank you for that intervention.

Mr. Green, Telus designed the program for \$100 million. I don't know if that was an appropriate amount or not. I'll reserve judgment on that, but \$150 million stayed with Canada Health Infoway. I would think that, if I were dealing with Telus, I'd say, "I need you to design the system. It needs to be interoperable with the major EMRs in Canada. It needs to be interoperable with most of the pharmacies in Canada. It needs to be private. It needs to be secure. Go do it for \$100 million."

What happened with the other \$150 million? Did it take you \$150 million to decide that's what you needed to ask Telus to do?

Michael Green: Telus's role was to operate the hub that transmits the prescriptions from the doctor's or prescriber's office—

Matt Strauss: I know that.

Michael Green: —to the pharmacy. They were not responsible for integrating it into the different EMR systems used by prescribers.

Also, within the pharmacy industry, there are three or four different pharmacy systems available. Now, in order to integrate the Telus hub and the PrescribeIT program into all those systems, work was required to be done by each one of those vendors. Infoway helped support the vendors to do the work so that they could make their systems compliant with PrescribeIT.

Matt Strauss: It helped the vendors. You paid the vendors to make their systems interoperable with the system that you paid Telus to make.

Michael Green: It's a slightly separate issue. The money paid to Telus was to build and operate the system over the period of the contract time, so that was over the eight years we've been running the program. Then for each individual EMR system that had to integrate, there would have to be new software. We had a process in which we would procure or negotiate contracts with the vendors to integrate the technology, which is quite common with health IT programs.

Matt Strauss: Can you ballpark what proportion of the \$150 million was paid to Canada Health Infoway personnel to do the work and what proportion ended up being paid to the vendors and the pharmacies?

Michael Green: We have those figures available, and we did comprehensive reporting on all of those aspects. I don't have that information today off the top of my head, but we have all the financial statements that were presented to the board on a regular basis, and we can certainly provide that information for you.

Matt Strauss: I look forward to its being tabled.

The Chair: Please send it to the clerk. Thank you so much.

Matt Strauss: Two hundred and fifty million dollars was spent. By my lights, the taxpayer has nothing now. The physicians and the family doctors I've talked to who were using the system do not know what they're going to be using six weeks from now. I haven't heard any clear answer that way.

Two hundred and fifty million dollars of taxpayer money is gone. Have any board members resigned over this debacle?

• (1750)

Michael Green: The \$250 million have been invested. We're basically looking at the program going forward. We built a lot of infrastructure using the program, which will be invested going forward. It's not a one-off investment. It will contribute to the assets we built.

Matt Strauss: What are you going to do with the assets? You have the assets. What are you doing with them next week?

Michael Green: They'll be used to build the open standards approach. We're going to launch the open standard in May. It's already being designed. We have intellectual property of the PrescribeIT software itself, which complements—

Matt Strauss: Are you going to make this intellectual property public?

Michael Green: We will make the intellectual property available to the provinces and territories. We will provide assistance and support to jurisdictions to implement the open standard.

Matt Strauss: Can you table the minutes of the last board of directors meeting with us?

Michael Green: If the committee requests, we can—

Matt Strauss: We do. Thank you.

The Chair: You have nine seconds left, Mr. Strauss, so I will move to Ms. Chi.

Maggie Chi: Thank you to the witness for appearing.

Is this national standard called the e-standard?

Michael Green: It's the open standard.

Maggie Chi: When was this first developed, and what is the timeline for delivering this open standard?

Michael Green: We've been working on the standard for at least a year. The timeline for release is early May.

Maggie Chi: That is early May of this year.

Michael Green: Yes.

Maggie Chi: How is it going to trickle down to the pharmacies and physicians? If we had time to socialize PrescribeIT, what confidence do we have in making sure this is going to work?

Michael Green: Canada Health Infoway manages a lot of digital health standards. It's one of the things we do. We have a process for launching the standards and disseminating the information. We would organize workshops with industry and other partners, users, providers, and the provincial and territorial partners, to educate them and to provide support for implementing the new standard.

Maggie Chi: Thank you, Mr. Green.

I think my colleague touched briefly on the phasing out of PrescribeIT and the data that was collected throughout the implementation of the program. When you implement the national standard, are you incorporating that data as well? How do we make sure the lessons learned and the knowledge collected are not lost in the process?

Michael Green: The data is owned by the provinces and territories. This is the actual prescribing information that went through the system. The information is the property of the provinces and territories. We built interfaces so that it could go into their provincial drug information systems.

In addition, we have information that we've gathered on the statistics of the use of the system. Certainly, we would make this information available to provincial partners as appropriate, in terms of privacy laws and so on.

A lot of information was gathered during the process that we can use to inform future programs.

Maggie Chi: I will follow up on what my colleague asked earlier about the adoption, or the lack thereof.

I understand that there were a number of change orders submitted throughout the implementation of the system. How quickly were those responded to?

I imagine that if pharmacists are not the issue with adoption, then it's on the other side of serving patients, so it's the physicians and clinicians. I wonder if the constant change order delays were part of the reason that the adoption wasn't very high.

• (1755)

Michael Green: Change orders can take many different forms. Some can be implemented very quickly. Others, which may require software changes, could be more difficult to implement. However, I don't think any change orders actually restricted the provision of the service.

Maggie Chi: I have another follow-up question on what my colleague asked about the accuracy of the system.

The Chair: You have one minute.

Maggie Chi: Do you have enough data to extrapolate from to say that the way it's delivered will make prescriptions more accurate and be less prone to mistakes or abuse? Is there not enough?

Michael Green: Yes, we certainly—

Maggie Chi: There is enough data.

Michael Green: We definitely have the information. We can provide performance data. The system integrity was there with privacy, security and ensuring that the right drug got to the right patient in the correct dosage and so on.

Maggie Chi: I don't know if you measure by the top whatever percentile or 98%. Could you table some of this information with the committee as well?

Michael Green: We did regular reporting. We maintained a dashboard for the system. We have the information, if the committee requires it.

The Chair: Thank you very much.

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

Despite that performance, I would seek unanimous consent for the following motion. I move: "That the committee summon the CEO, president and chair of Canada Health Infoway, in addition to Telus Health, to appear for a total of two hours together prior to May 6, 2026, to testify on PrescribeIT."

The Chair: I'm sorry, Mr. Mazier. I didn't get that motion.

Clearly, we just had Telus Health—

Dan Mazier: I'm just seeking unanimous consent.

The Chair: I know, but I have to know what you're asking to have unanimous consent for.

I seek unanimous consent—

Dan Mazier: It's to summon the CEO.

The Chair: It's the CEO of Telus. Yes.

Dan Mazier: It's, "summon the CEO, president and chair of Canada Health Infoway, in addition to Telus Health, to appear for a

total of two hours together prior to May 6, 2026, to testify on PrescribeIT."

The Chair: Thank you.

Dan Mazier: It's for unanimous consent.

The Chair: Is there unanimous consent for this?

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

The Chair: It will be duly noted in our minutes.

I need to ask one question of Mr. Green, please.

I am not trying to be ridiculous, Mr. Green. I may not be intelligent enough to understand what's going on.

I'm a physician. Before I prescribe anything for my patients, I try to find out what's wrong with them. I check them out. I do an analysis. I look at their past history. I examine them physically.

If one was going to embark on a very expensive proposition such as this, wouldn't one do an analysis to note that every province has different sets of information systems and that pharmacists have four different ones in each province? Wouldn't that have come into consideration before we embarked on the whole program? Wouldn't one have done that kind of analysis first and foremost?

Can I ask, was that analysis not done? I'm hearing that this is obviously what went wrong.

Many jurisdictions had many different ways of communicating, getting their e-prescriptions and doing that. Couldn't we have checked that out before we embarked on trying to find a generic way to move this forward, instead of spending all of that time and money to find out it wasn't going to work? I could say the operation was successful, but the patient died.

I'm suggesting that this work could have been done in terms of a good analysis before you launched the program. Was that done?

Michael Green: We did considerable research before we launched the program, including consulting with other jurisdictions that had national e-prescribing services in place. On our team, we had clinicians, pharmacists and technical people involved in the program. I think they made every effort to ensure that due diligence was performed.

The Chair: Did it not tell you that it was not going to work because of all the different types of systems in every different province? Could that not have been the first step: to try to make them talk to each other, to try to make them work? Then we could embark on this extensive project after that. Was that ever done?

• (1800)

Michael Green: As I mentioned, we reported regularly on progress; we reviewed the progress of the system.

The Chair: I'm speaking of prior to—

Michael Green: We tried to put measures in place. We tried to do everything we could from a due diligence point of view before we embarked on the program.

The Chair: Thank you, Mr. Green.

I want to thank you for the...

Yes, the time is up for the hour.

Helena Konanz: I want to know if we could request of Mr. Green that he deliver all the documents that have been requested during this past hour by the end of this week.

The Chair: I will ask for the end of this week, Ms. Konanz. I have no idea if that's acceptable, or if it's possible.

Helena Konanz: I would like to ask of Mr. Green that he deliver everything that was asked for in the past hour by the end of this week.

Thank you.

The Chair: Mr. Green, that's duly noted in our minutes. Thank you very much for your time.

We now suspend to get ready for the next hour.

• (1800)

(Pause)

• (1805)

The Chair: We will now begin the third hour of our meeting.

I note that the time is seven minutes after six. We will use that as the start for our time limit.

I would like to welcome the witnesses joining us for the third hour. They are from the Department of Health. Jocelyne Voisin, senior assistant deputy minister, health policy branch, has been here before. We also have Elizabeth Toller, director general, health care strategies directorate; and David Jones, director, digital health and health system division.

I will quickly give you the procedure. One of you will have five minutes to present. Then we will move on to the question and answer session. I will give you a shout-out when you have a minute left so that you can wrap up. You can finish up what you want to say during questions and answers.

Ms. Voisin, I will begin with you for five minutes, please.

[Translation]

Jocelyne Voisin (Senior Assistant Deputy Minister, Health Policy Branch, Department of Health): Thank you very much, Madam Chair.

I thank the members of the committee for giving us the opportunity to appear today.

[English]

It is a pleasure to join you today from the unceded territory of the Algonquin Anishinabe.

[Translation]

First, I want to situate PrescripTIon within the broader context of digital health in Canada.

Funding for PrescripTIon began in 2016, as you've heard, with the goal of modernizing the transmission of prescriptions between prescribers and pharmacists. At that time, e-prescribing was not widely used in Canada, and there was a consensus on the need to reduce reliance on paper-based processes and fax machines, which pose risks to patient safety and system efficiency.

From the outset, PrescripTIon was designed as a major digital infrastructure. Its adoption depended not only on the existence of the service, but also on the readiness of clinical systems, integration with pharmacies, evolving workflows, and the alignment of provincial and territorial digital environments.

[English]

With the support of federal funding, Canada Health Infoway worked closely with provincial and territorial governments, pharmacies and physicians to promote the use and adoption of PrescribeIT. It was used by thousands of health care providers to transmit millions of prescriptions.

It was conceived with a long-term vision to eventually become self-sustaining as adoption grew. While early results were encouraging, adoption progressed more slowly than expected. Over time, it became clear, through performance monitoring and engagement with partners, that PrescribeIT was unlikely to become self-sustaining as a single, centrally operated national service. That finding did not reflect a lack of importance of e-prescribing as an outcome. In fact, provinces and territories have consistently affirmed the value of e-prescribing as part of modern care delivery. What did not emerge, however, was a shared or collective request to sustain PrescribeIT as one federally funded and Infoway-operated national platform.

Provinces and territories are at different stages of digital readiness. They have different existing systems, different integration paths and different cost considerations. In that context, there was no consensus around a single delivery model, even as there was strong alignment on the policy objective.

The decision by Canada Health Infoway to wind down PrescribeIT reflects an evolution rather than a withdrawal from e-prescribing. The focus has shifted, as you've heard, toward enabling common standards and interoperability so that provinces and territories can implement solutions that work with their systems while still supporting pan-Canadian connectivity.

This approach recognizes the realities of a federated health system. It preserves flexibility for jurisdictions, avoids duplication and supports long-term sustainability while continuing to advance the underlying objective of safer, more efficient electronic prescribing.

• (1810)

[*Translation*]

It's also important to note that the federal approach to digital health is based on collaboration with provincial and territorial health systems, not on directing them. Provinces and territories participate in the strategic direction of pan-Canadian priorities, including standards and interoperability. However, decisions related to the operation or discontinuation of specific services fall under established governance structures, not a federal directive or collective requests from jurisdictions.

In the case of PrescripTion, discussions with the provinces and territories focused on long-term sustainability, flexibility for jurisdictions and alignment with the existing system.

[*English*]

In summary, PrescribeIT played an important role in advancing e-prescribing in Canada at a critical moment. As the health system evolved, so too did the federal approach, from operating a national service toward enabling interoperable solutions through standards. That evolution reflects stewardship, learning and adaptation in a complex federated health system. It's about focusing federal pan-Canadian efforts to add the most value while respecting provincial and territorial roles in health care delivery.

Thank you. We're happy to take your questions.

The Chair: Thank you very much. That was well done—four minutes.

I'll now go to questions and answers, starting with the Conservatives.

Mr. Mazier, you have six minutes, please.

Dan Mazier: Thank you, Chair.

Welcome, participants.

What is the total dollar value of taxpayer funds allocated to PrescribeIT?

Jocelyne Voisin: This was part of a parliamentary question we received. Based on our records, our total value was \$298 million.

Dan Mazier: The government spent over \$290 million on PrescribeIT, a program that was supposed to replace faxes for prescription drugs. Doctors are still faxing 10 years later, and under 5% of prescriptions go through the program.

Was the \$290 million an effective use of tax dollars, yes or no?

Jocelyne Voisin: We would say that PrescribeIT delivered a service over those years. It delivered millions of prescriptions, as we noted. It was a value to taxpayers in delivering the service and in setting the foundation for e-prescribing in the future.

Dan Mazier: Can you name a single federal performance target for PrescribeIT adoption that was met on schedule, yes or no?

Jocelyne Voisin: May I turn to my colleagues for stats?

David Jones (Director, Digital Health and Health System Division, Department of Health): Yes, there were performance targets, and some were met on target.

Dan Mazier: There were some met, then.

David Jones: Yes.

Dan Mazier: Can you table those ones that were met and not met—the whole schedule?

David Jones: Yes.

Dan Mazier: Ms. Voisin, on June 19, 2025, Telus Health met with you to discuss “Government Procurement, Health”. Was PrescribeIT discussed during that meeting?

Jocelyne Voisin: I recall a meeting with Telus.

Dan Mazier: Yes, with Telus Health.

Jocelyne Voisin: I have in my calendar a meeting with Telus Health. At that time, we discussed the connected care agenda in general. I don't recall it being about procurement particularly.

• (1815)

Dan Mazier: Could you table any minutes from that meeting?

Jocelyne Voisin: I will see if we have any minutes from the meeting.

Dan Mazier: Thank you.

Was the current Minister of Health or any other federal minister informed of Canada Health Infoway's decision to terminate PrescribeIT before the public announcement on February 11, 2026?

Jocelyne Voisin: As Infoway noted, provinces and territories sit on the board of directors for Canada Health Infoway, so they would certainly have been involved in those discussions in advance of the decision being made public. In addition, the provinces and territories are members of the corporation—

Dan Mazier: Was the current Minister of Health or any other federal minister informed?

Jocelyne Voisin: Yes. The FPT ministers of health, including the federal Minister of Health, are members of the corporation.

Dan Mazier: On what date were they informed?

Jocelyne Voisin: There was a health ministers meeting. I can't remember the exact date of the meeting, but we can look it up.

Dan Mazier: Could you please table the minutes from the meeting at which they were informed?

After PrescribeIT ends on May 29 of this year, what intellectual property rights do the Government of Canada, Health Canada and Canada Health Infoway retain over technology built with over \$250 million in federal funding? Is it none, some or all?

Jocelyne Voisin: It is some. I'm going to turn to Dave.

Dan Mazier: Some is good. That's good. You answered the question.

David Jones: May I ask a clarifying question? You said Health Canada or Canada Health Infoway retains the IP...?

Dan Mazier: If you could table all that information, it would be fantastic.

Did Health Canada conduct a formal program evaluation of PrescribeIT before signing the 2023 contribution agreement that allocated an additional \$211 million?

Jocelyne Voisin: We do oversight of the contribution agreement as a regular course of business. This isn't day-to-day operations of running the service. However, we exercise oversight through the contribution agreement, according to the transfer payment policy. This includes work plans, budgets, reporting and audit requirements.

Dan Mazier: It's program evaluation, and those are all—

Jocelyne Voisin: It's not a formal program evaluation from the department as you may be thinking of it, I don't think.

Dan Mazier: Could you table all of those requirements, all the reports that you just referenced?

Jocelyne Voisin: Yes, all of the reporting.

Dan Mazier: Budget 2017 promised that PrescribeIT would be used to explicitly reduce opioid-related fraud and diversion. Can the department tell this committee, with specific data, how much opioid-related harm was prevented by PrescribeIT between 2017 and 2026?

Jocelyne Voisin: I don't think we have that data.

Dan Mazier: What? That was the specific....

When the program was designed, Minister Philpott, the minister at the time, actually referred to this. It was a major portion of this program, and you do not have that data...?

Jocelyne Voisin: We will look to see if we have any data, but I can't answer that question.

Dan Mazier: Wow. Oh man. You wonder why....

PrescribeIT is not mentioned in Health Canada's 2026-27 departmental plan. Was the decision to remove it from the plan made before or after Canada Health Infoway's board voted to terminate the program?

Jocelyne Voisin: I'm pretty sure the departmental plan references Infoway funding but maybe not PrescribeIT, because the funding we provide to Canada Health Infoway is much broader than PrescribeIT. It really supports the connected care agenda, so the interoperability road map and interoperable data standards for all health systems.

Dan Mazier: It was a fundamental shift, though, in the departmental plan. It was mentioned up until 2024, I believe, and all of a sudden there was a shift. It was not mentioned. If there is anything

referring to why it was dropped and why the lack of focus on PrescribeIT, that would be great.

Is Health Canada or the federal government pursuing any mechanism to recover any portion of the \$252 million spent on PrescribeIT from Telus? Please answer yes or no.

The Chair: The time is up, but go ahead and answer the question, please.

Jocelyne Voisin: Infoway, as we noted—

Dan Mazier: Yes or no?

Jocelyne Voisin: —holds the contract with Telus.

Dan Mazier: Then, is it yes?

Jocelyne Voisin: Infoway holds the contract with Telus. Health Canada does not have anything to do with the funds collected through those fees.

Dan Mazier: Thank you.

The Chair: We'll now go to Mr. Eyolfson for six minutes, please.

Doug Eyolfson: Thank you, Chair.

Thank you to all of you for coming.

I guess I'll go back to one of the questions I was asking the last witness. Do we know why the uptake on this was so low among health care providers? We were told many times that 95% of pharmacies but only between 5% and 20% of prescribers agreed to take this up. Do we know why?

• (1820)

Elizabeth Toller (Director General, Health Care Strategies Directorate, Department of Health): That's a good question to ask. We heard that the solution created was technically strong, and a lot of people enrolled to use it, but the use was low. I think it boils down to some small irritants that made it difficult for the physicians to use. Many of them are not doing e-prescription today. They're using an e-fax or a secure email in which a PDF is sent, and there isn't actually sharing of data, but it's easy. It's a one-click thing. We heard some reports that they had to face multiple logins or that it just wasn't as easy as doing the e-fax. I think there was some integration and some basic functionality that could have worked better with the workflows of providers to make it a stronger value proposition for use.

The other challenge is that provinces and territories are the ones who have the policy levers to incent adoption. They potentially could have been involved earlier with Canada Health Infoway in driving adoption from the get-go.

Doug Eyolfson: All right. Thank you.

I know it's difficult to say, because you didn't develop the product, but would you say that these irritants, or these factors that made it more difficult to use, were a bug in the product, for lack of a better term?

Elizabeth Toller: I think the product was technically sound, but it could have been improved a bit more. For that to happen, it probably would have required additional funding.

Doug Eyolfson: All right. Yes. In the answers from our previous witness, it seemed—without actually stating this—there were just no problems with it. It worked perfectly. It was physicians and nurse practitioners who weren't adopting it. We could never get a clear answer on why that was. It sounds as though some technical issues made it more difficult to use than a fax.

Elizabeth Toller: Yes.

Doug Eyolfson: Okay. That's good to know.

I understand that you might not have the IT background, but would it not be a fault of the product that it's just not as easy to use as a fax machine when it's marketed as...?

Elizabeth Toller: I think we have to remember how complex our federated health care system is and how much work it took to integrate the solution amongst all the different vendors and different pharmacy solutions. From that point of view, it did deliver well, but it wasn't able to integrate.

I also think it was introduced at a time when some of the technology wasn't as evolved. I think it could have been improved slightly—there was not a significant gap, if that's fair to say.

Doug Eyolfson: Okay. Thank you.

You mentioned that we have this federated system. We've had a lot of discussions about differences with the provinces. Would more robust co-operation of the provincial health authorities help improve the uptake in it?

Elizabeth Toller: I think all the provinces and territories broadly supported the concept of e-prescribing. There was a very healthy level of collaboration. However, as I mentioned, there could have been more involvement earlier on to drive adoption through incentives to ensure that the physicians were using it. There's a lot of focus on the technical side with vendors and prescribers.

Doug Eyolfson: Thank you.

In regard to the actual product itself, as we heard many times, the board of Infoway said they're going to a standards-based approach. Is this product still available should a province, any province, decide to use it? If all the provinces are deciding to develop these standards, and their standards are compatible with what was being done, can they use this piece of technology and software that was developed?

Jocelyne Voisin: Yes, they can certainly have their own contract with Telus. As Infoway noted—

• (1825)

The Chair: You have one minute.

Jocelyne Voisin: —they're going to provide the IP.

Doug Eyolfson: The product hasn't been tossed on the trash heap, and the money hasn't been—for lack of a better word—flushed.

Okay. Thank you. Therefore, there is an opportunity for it to be used on an ongoing basis with the provinces.

Elizabeth Toller: We hope more solutions will emerge.

The Chair: You have 30 seconds.

Doug Eyolfson: More solutions....

Okay. I think any question I have at this point will take too long to answer. That's my time.

Thank you, Chair.

The Chair: Thank you, Doug.

I'll now go to Mr. Blanchette-Joncas for six minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Madam Chair.

I would like to thank the department officials for joining us today.

Can you tell me who at the department authorized further spending after November 2025?

Jocelyne Voisin: I did.

Maxime Blanchette-Joncas: Was it just you? Did the minister give the go-ahead?

Jocelyne Voisin: I signed the contribution agreement.

Maxime Blanchette-Joncas: What led you to make this decision?

Jocelyne Voisin: Cabinet and the government ultimately make the funding decision, but I'm the one who signs the agreement.

Maxime Blanchette-Joncas: You knew that the program wasn't working.

You said that you're on the board of directors. Why did you continue to spend money on a program that wasn't working?

Jocelyne Voisin: I'll respond in English.

[*English*]

It was made very clear to Infoway that the expectation was for the service to become self-sustaining. When it was clear that this was not going to happen....

[*Translation*]

Elizabeth Toller: I would just like to clarify one thing.

After November, we had to ensure a clear transition for users. We didn't want to just switch things off. Even though the service's users account for less than 5% of prescriptions, we had to ensure a smooth transition, so to speak.

Maxime Blanchette-Joncas: I understand. A failure, whether or not it's a total failure, remains a failure. We agree on that.

How much was spent after November 2025?

Elizabeth Toller: We already provided funding for Canada Health Infoway. We did so on an annual basis.

Maxime Blanchette-Joncas: I'm looking for the amount.

Elizabeth Toller: We can provide this information later. This amount is included in our agreements with Canada Health Infoway.

Maxime Blanchette-Joncas: So you continued to move forward to ensure a transition. Now you're telling us that you aren't quite sure of the amount, but that it seemed significant enough for you to continue making investments.

Is that right?

Elizabeth Toller: There's no connection.

Maxime Blanchette-Joncas: If my car breaks down and the mechanic tells me that it will cost a certain amount to repair, but that the engine will break down in a short time or that it's already broken down—

Jocelyne Voisin: Clearly, the investment sought to ensure the transition for the remaining three years.

Maxime Blanchette-Joncas: How much was the investment?

Jocelyne Voisin: We'll share the information with you later.

Maxime Blanchette-Joncas: I think that we have some answers to explain why it's a failure. If you don't know how much you're investing, it isn't very reassuring for the public.

Who recommended that the department continue, transfer or discontinue the program?

Jocelyne Voisin: Are you asking me who recommended this to the department?

Maxime Blanchette-Joncas: Yes.

Jocelyne Voisin: Canada Health Infoway's management team made the decision.

Maxime Blanchette-Joncas: Which data did you use to inform your decision to withdraw from the program and make the transition at the end of the program?

Jocelyne Voisin: We carried out a study in 2023, because we had started to see issues with the program's implementation.

Maxime Blanchette-Joncas: You're talking about a study carried out in 2023. However, the decision was made in November or December 2025. So a study carried out two years earlier helped you to make a decision two years later.

Is that right?

Jocelyne Voisin: We started a study. Then, as its representative said, Canada Health Infoway launched its request for expression of interest process to see whether other viable opportunities came up.

Maxime Blanchette-Joncas: I'm just trying to understand your reasons for making this decision in November 2025.

Elizabeth Toller: It's the Canada Health Infoway process.

Maxime Blanchette-Joncas: Has the department carried out an internal evaluation? That's the question.

Elizabeth Toller: In 2023, we provided the final funding for three years. We were quite clear. We said that this was the last time

that we would provide funding. We wanted a plan with regard to sustainability.

We then asked Canada Health Infoway to carry out an evaluation in order to find alternative solutions.

• (1830)

Maxime Blanchette-Joncas: Okay. What was your 2025 decision based on? Was it based on the 2023 evaluation that you ordered?

Elizabeth Toller: It's based on the Canada Health Infoway process, which looked at a number of options.

Maxime Blanchette-Joncas: So it took them two years to realize that it was a failure.

Is that right?

Jocelyne Voisin: The people at Canada Health Infoway held a public consultation to see whether other viable options came up. As you heard, a number of proposals were put forward. Ultimately, the management team carried out an evaluation.

Maxime Blanchette-Joncas: The management team recommended that you transition to something else and stop the program.

Is that right?

Jocelyne Voisin: Using information from the Canada Health Infoway process, we carried out our own analysis.

Maxime Blanchette-Joncas: I just want to understand. It took you two years to go through the evaluation process before making a decision and ultimately withdrawing the program.

Is that right?

Elizabeth Toller: It was about two years.

Maxime Blanchette-Joncas: Is two years the usual length of time for a process to determine whether a program is working?

Jocelyne Voisin: It's a fairly complicated program. So that's how long it usually takes.

The health care system is quite complicated. The discussions with the provinces and territories are complicated as well.

Maxime Blanchette-Joncas: Can you commit to providing a written copy of the briefing notes sent to the department or the minister, the recommendation made, the amounts allocated or spent after November 2025 and the transition costs for the provinces, including Quebec?

Jocelyne Voisin: Yes.

Maxime Blanchette-Joncas: Thank you.

[English]

The Chair: Could that be sent to us, please? The time is up.

Please, all of those requests for sending things should come through the chair. The chair will receive it; the clerk will receive it, and we will distribute it. Thank you very much.

I now go to the second round for 15 minutes.

I understand that Mr. Bailey and Ms. Konanz are sharing five minutes.

Go for it.

Burton Bailey: Thank you, Chair.

My first question is for Ms. Voisin.

You're aware that Saskatchewan is still on paper, that they do not have EMR systems. Is that correct?

Jocelyne Voisin: No, I don't think that's correct.

Burton Bailey: That's not correct?

Jocelyne Voisin: I'm sure Saskatchewan has EMR systems. EMRs are deployed individually in physicians' offices. Maybe not all physicians are using EMRs in Saskatchewan, but I'm pretty sure that many are.

Burton Bailey: Okay. Let me reword the question.

You knew that Alberta was going to Connect Care—not Bill S-5's "Connected Care" that some people refer to. You knew that Alberta had invested \$1 billion. What did you feel the uptake was going to be in competing with a system like Connect Care, which Alberta had?

Jocelyne Voisin: I don't think this is a question of competing with a system like Connect Care.

Burton Bailey: Why would you go into Alberta and think that you were going to get them to use a system for prescriptions, knowing that they had a system that was working very well for them?

Jocelyne Voisin: We did not "go into Alberta", as you say.

Canada Health Infoway had a mandate to look at a national e-prescribing service. As I said, all the provinces and territories are members of the corporation and make decisions related to Infoway and its programs and the strategic directions of those organizations, through the conference of deputy ministers. Alberta was very well aware of what Canada Health Infoway was undertaking.

Burton Bailey: Go ahead, Ms. Konanz.

Helena Konanz: Thank you.

I have a few questions.

There was \$298 million spent on PrescribeIT, and now we're transitioning into another system, another program. That \$298 million was spent in eight years. Is it going to be another \$298 million in the next eight years spent by taxpayers, by Canadians?

Jocelyne Voisin: No.

Elizabeth Toller: No.

Helena Konanz: Okay. Why not? Why do you think it'll be a better deal in the next eight years than it was in the last eight years? If things go the way they did, how do you know that you're not going to need to spend \$298 million?

Jocelyne Voisin: Well, Canada Health Infoway is transitioning to a standards-based system in the sense that they're coming up with interoperability standards that vendors will then use to ensure those systems can talk to each other. Provinces and territories can make the decisions about which e-prescribing service they want to use, and this will be integrated into their own EMRs—

Helena Konanz: Will this be with Telus?

Jocelyne Voisin: Not necessarily.

Elizabeth Toller: No. If I may, the goal is to introduce standards so that there can be a variety of IT solutions for e-prescribing that the provinces and territories and health organizations can choose.

The benefit is that if you have a common standard that all the provinces and territories are following, it reduces the cost for vendors and for the provinces and territories to have to customize the solutions according to the unique requirements. It should—

• (1835)

Helena Konanz: Each province is going to—

Elizabeth Toller: —be more cost-effective in the long term.

Helena Konanz: Okay. Each province is going to decide what they want to do separately.

Elizabeth Toller: They get flexibility, but with an alignment to a common standard so the solutions can talk to each other. That's the goal.

Helena Konanz: Given all you've said today about this eight-year failure of PrescribeIT, why should Canadians trust anything else that comes forward? Why should Canadians trust a new system that you'll be bringing forward?

Jocelyne Voisin: Taxpayers supported the establishment of a service that was provided for them over the last 10 years, and while the adoption rate didn't meet the scale we were envisioning, what you see is stewardship. We saw that the adoption rate was not what it had to be and that it was not going to be self-sustaining, so the federal government made a funding decision on Canada Health Infoway and pivoted. That's stewardship.

Helena Konanz: It pivoted after \$298 million. That's not really a pivot to me.

Jocelyne Voisin: There was a service for 10 years.

Helena Konanz: It was for an uptake of 5% maximum. Would your goal be successful with a 10% or 20% uptake? What's your goal?

Jocelyne Voisin: The goal was for the system to be self-sustaining with adoption rates. It was clear that it was not going to reach the goal. As a good steward would, we did the analysis and changed course. Over that time, though, it provided millions of prescriptions; it provided a service to Canadians.

The Chair: Thank you. The time is up.

I now go to Ms. Sidhu for the Liberals. You have five minutes, Sonia.

Sonia Sidhu: Thank you, Madam Chair.

My question is on the digital side, so I'll ask it of Mr. Jones.

How important is strong data sovereignty in Canada's health system, and how do we ensure that patient information remains secure and within Canadian jurisdiction as we modernize digital care?

David Jones: Data sovereignty is a foundational aspect of our health data system. We want to assure Canadians that their information is going to be protected and that it's going to be safeguarded, particularly in light of concerns about privacy and cybersecurity.

There's a lot that can be done to enable systems to become more sovereign and protect data. Standards are a foundational aspect of that. By applying standards, you can embed cybersecurity requirements within health systems and enable the protection of data.

Data residency is another requirement. Often, it's contractually obligated for the time being that data remains within servers that reside within Canada. This is one way the sovereignty of Canadian data is protected.

Sonia Sidhu: To follow up, could you explain how improving access to accurate, real-time health data directly supports better clinical decision-making and safer patient care?

Elizabeth Toller: There are significant harms when health data is not shared with individuals and providers. Today in Canada, under 13% of Canadians can access their complete health information, and that includes their prescriptions. While many providers are using electronic medical record systems, less than half of them are sharing them electronically, and they cite a lack of interoperability as a major barrier.

When health care providers don't have the full picture in front of them to make good decisions about health care, it can lead to misdiagnosis, the wrong treatments and repeated tests. It's not only an issue of inconvenience and inefficiency for them, because they're spending millions of hours searching for information, but it can also lead to real patient safety risks and, in some rare cases, even death. Especially, it's worse for those with complex conditions or those who live in rural and remote areas or indigenous communities when they have to see multiple specialists across different sectors or even across provinces and territories. This is why we need a better flow of health information through standards and interoperability.

• (1840)

Sonia Sidhu: How does a bill like Bill S-5, the connected care for Canadians act, support greater competition for digital health solutions in Canada and help address any types of data-sharing challenges?

Elizabeth Toller: At the heart of what Bill S-5 is about is exactly what I just described. It's about reducing patient safety risks by avoiding the harms from disconnected care, with a goal of enabling patient access to their own records and provider access so that they have the full information they need to deliver high-quality, coordinated and seamless care.

Of course, it has benefits for industry as well. As I noted earlier, they have to work in a very complex innovation environment right now. They have to customize their solutions 13 or 14 different times, according to different jurisdictional requirements. Bill S-5 will help set a level playing field throughout a consistent set of national standards that are internationally harmonized and already required by other jurisdictions around the world, which helps create more predictability for vendors and reduces costs for them over time. Many of the vendors have said they are in strong support of the standards in the legislation.

Sonia Sidhu: Thank you.

Madam Chair, how much time do I have?

The Chair: You have one minute and three seconds left.

Sonia Sidhu: Ms. Voisin, can you walk the committee through the decision to end the program, including what facts led to that conclusion, where the gaps are and how those gaps can be improved so that the federal government, provinces and territories can work together?

Jocelyne Voisin: In terms of steps, to be clear, the decision on the federal side was related to funding, while the decision to move to a standards-based approach was made by the Canada Health Infoway board of directors.

As I noted, we undertook an assessment in 2023. Once we saw, from a federal perspective, that adoption rates were not what we had anticipated—which meant the plan we initially put in place for self-sustainability was not going to be met—we put a study in place. We're happy to provide this to the committee.

Infoway then started a public process—a request for expressions of interest—to see if there was another viable path forward for PrescribeIT. The process was undertaken by Infoway and considered by their board of directors. Eventually, a conclusion was made that none of the proposals brought forward were viable, so the board decided to move to a standards-based approach.

The Chair: Thank you very much.

I now move to Mr. Blanchette-Joncas for two and a half minutes.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Madam Chair.

Ms. Voisin and Ms. Toller, you said that you agreed to make a transition and to avoid bringing the program to a hasty end. You said that there were still users.

What concrete results has the transition helped to achieve?

Elizabeth Toller: The transition isn't complete.

Maxime Blanchette-Joncas: What have been the concrete results so far?

Jocelyne Voisin: Are you talking about the results of the transition?

Maxime Blanchette-Joncas: Yes.

You continued to invest money in a program that you knew wasn't working. You said that this was to make the transition, to put an end to the program and to close the loop.

What are the results? Why keep investing in a program that wasn't working?

Elizabeth Toller: Perhaps the question is more for the Canada Health Infoway representative. However, our agreement is to work directly with service users to ensure that they have everything needed to make the transition.

Maxime Blanchette-Joncas: What are your performance indicators?

You said that you're still investing money. You give money to the people at Canada Health Infoway and tell them that you aren't monitoring the process, that you trust them, that they must close the file and that it will be over after another \$250 million expenditure.

Is that right?

Jocelyne Voisin: There's also the development of standards, which we discussed. That's a deliverable.

Maxime Blanchette-Joncas: How are you measuring the results of the transition? That's my question.

Elizabeth Toller: We expect the standard to be established by May 1.

Maxime Blanchette-Joncas: I'm eager to see this. We're confident, as you are.

After the failure of PrescribeIT, why does the government now want to impose, as part of Bill S-5, a Canada-wide model for a connected health care system?

Aren't we preparing for another fiasco?

Jocelyne Voisin: I'll ask Ms. Toller to provide details. However, I can tell you that Bill S-5 isn't an infrastructure project. It will establish standards.

Elizabeth Toller: As I have already explained, the goal is really to create a consistent environment across the provinces and territories, based on common standards, so that they can choose and use a variety of tools.

• (1845)

Maxime Blanchette-Joncas: We're familiar with the federal government's expertise on information technology standards. We saw it with the Cûram software and the Phoenix pay system. It has great expertise.

What can the federal government do that Quebec can't, especially when it comes to standards?

Elizabeth Toller: The goal is to have Canada-wide standards. The industry doesn't want to be held to provincial standards. It wants a set of Canada-wide and international standards.

Maxime Blanchette-Joncas: Who makes decisions for taxpayers, the industry or the governments?

Jocelyne Voisin: The federal government isn't developing the standards. Experts are developing them.

Maxime Blanchette-Joncas: So why is the federal government implementing them?

Jocelyne Voisin: We aren't implementing them.

Maxime Blanchette-Joncas: Are you coordinating them?

Elizabeth Toller: We're relying on Canada Health Infoway and the Canadian Institute for Health Information. These organizations are responsible for developing the standards.

[English]

The Chair: Thank you. The time is up.

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

[Translation]

Maxime Blanchette-Joncas: Madam Chair, would it be possible to obtain a written response?

[English]

The Chair: Yes, we will request them from the department. They'll come to the clerk, and you'll get them.

Thank you.

[Translation]

Maxime Blanchette-Joncas: Thank you.

[English]

Matt Strauss: Ms. Voisin, you mentioned, in responding to one of my colleagues, that an analysis was done, uptake was found not to be good enough and a stewardship decision was made. May we see the analysis? Can it be tabled with the committee?

Jocelyne Voisin: Yes, I already offered to table the analysis.

Matt Strauss: Fantastic. Thank you.

You talked about pivoting. We have this PrescribeIT system. The government is now pivoting to an open standards system. How much money is going into the open standards system?

Elizabeth Toller: We will be providing \$50 million to Infoway to carry out its core mandate, which is to drive adoption of interoperable digital tools and enable the sharing of data.

Matt Strauss: I take it that your belief is that Infoway did such a bang-up job with the last \$300 million that we should give it another \$50 million to execute this pivot on behalf of taxpayers.

Elizabeth Toller: They're very different programs.

Jocelyne Voisin: We want to make it very clear that the main agenda of Canada Health Infoway is the connected care agenda and developing those interoperability standards. The PrescribeIT program was, as she noted, a very different program, which started in 2016.

Matt Strauss: Is there no suspicion on your part that Canada Health Infoway is totally not fit for service? It blew \$300 million. Maybe somebody else should be in charge of this.

Elizabeth Toller: Part of the assessment we'll share with you will demonstrate that there is no other player in Canada that is suitable to play this role. It has done a lot of great things over the years, in addition to its work on prescribing.

Matt Strauss: What has it done?

Elizabeth Toller: It is responsible for getting all of our providers using electronic medical records—the 95% use that is now happening today. It is responsible for all the virtual care work—

Matt Strauss: I'm going to cut you off there, Madam. I don't think that's true.

Elizabeth Toller: It is true. Their original goal was to enable the use of digital tools, and we have succeeded, with 95%—

Matt Strauss: Miss, my hospital was using electronic medical records before Canada Health Infoway ever suggested it.

Elizabeth Toller: In 2001, it was their goal to enable electronic health records. There were no standards at the time, and now their goal is interoperability.

Matt Strauss: Thank you.

When did self-sustainability become a goal of the PrescribeIT program?

Elizabeth Toller: It has been from the outset.

Matt Strauss: Ms. Voisin, you described a vision. It was a national vision. Health care is complicated. Every province and territory has its own needs in different regions.

Would you say, at this point, that the vision is impossible?

Jocelyne Voisin: I would say that we had very good results in the early days of PrescribeIT. There was a lot of enrolment among pharmacies and physicians. It wasn't until later that we saw how adoption rates, based on that enrolment, were not meeting expectations.

The provinces and territories are very engaged. As we noted, there are several of them on the Infoway board of directors. They are engaged through the conference of deputy ministers and the FPT health ministers' discussions. They also have evolving health systems and evolving ways they're deploying health information in their health systems.

Matt Strauss: A grand national project was undertaken, and it wasn't possible. You're not able to tell me that somebody could have done something different to make it possible. It wasn't possible in 2017 for this project to succeed and be self-sustainable. It is not possible today, hence the pivot.

● (1850)

Jocelyne Voisin: I think we learned from this. We set the foundation for e-prescribing in Canada. Canada Health Infoway proved

that the technology is possible and does exist, and it set the foundation for e-prescribing use.

Matt Strauss: This is my last question: You said that some period of time was taken for users to transition. Dr. Bolzon is a family doctor in St. Thomas, Ontario. He's been on the CBC saying that he has not been transitioned. A friend of mine in Kawartha Lakes is a family doctor. He says that he has no idea what is going to happen with his prescriptions a month from now.

Are you aware of this? The users—the physicians—don't feel they've transitioned in any way.

Jocelyne Voisin: Canada Health Infoway is working with the provinces and territories to support the transition.

Matt Strauss: Thank you.

I'd like to give my remaining time to Mr. Mazier.

The Chair: Mr. Mazier has 42 seconds.

Dan Mazier: Thank you.

With that, I would like to present a motion.

It's in light of what we found out here today. There are still lots of unanswered questions. This is a list of what we seek for documents.

I move:

That the committee order the production of the following documents, unredacted, for the period from 2016 to the present:

- a. Contribution agreements concluded with Canada Health Infoway relating to PrescribeIT.
- b. A record of intellectual property developed under PrescribeIT, including the entity that holds the rights and the general terms of use, licensing or transfer.
- c. Annual adoption data, broken down by province.
- d. The total revenue generated from the \$0.20 per-prescription fee.
- e. Viability analyses and program evaluations.
- f. Documents that led to the decision to terminate the program, including recommendations and analyses provided to Health Canada and to the Minister, where applicable.
- g. A list of the principal vendors involved in the program, including the amounts paid to each.
- h. Documents and analyses related to the cost of terminating the program, including contractual obligations, penalties, and transition costs.

That these documents be provided by Health Canada and Canada Health Infoway, in accordance with their respective responsibilities, and deposited with the Clerk of the Committee within one week of adoption of this motion.

That any redactions be limited to commercially confidential information and that a summary of redacted content and the reasons for such redactions be provided.

The Chair: We now have a motion on the floor.

Is there discussion on the motion?

Go ahead, Ms. Sidhu.

Sonia Sidhu: Madam Chair, can we suspend to discuss? We want to discuss it.

The Chair: All right. We will suspend for time for discussion.

• (1850) _____ (Pause) _____

• (1858)

The Chair: I'm going to resume the meeting.

We have a motion on the table. Is there discussion?

Go ahead, Mr. Eyolfson.

Doug Eyolfson: Thank you, Chair.

We reviewed it. This is a long, wordy motion. We believe there are elements in it that we can support, but to give unanimous consent at this point, without more time to review it in detail....

We are wondering if we can have consent to move this motion to Thursday and discuss it fully on Thursday, once we've had time, because this has just landed on our desks. To ask us to give unanimous consent on a motion that has just appeared in front of us is a very difficult proposition. We want to make sure we're making a responsible decision.

The Chair: Obviously, I don't have to ask for unanimous consent. You don't have it, Mr. Mazier.

Is there anyone else to speak on this? Is there a response?

Do the Liberals have the time they're asking for?

Yes, go ahead, Maxime.

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I think that the situation is fairly straightforward. Do they want transparency regarding a failure that cost \$250 million, or do they just want to buy time to put things off? It's as simple as that.

We don't have answers to our questions. We have evaluations, and we're asking for written answers. If the government had been transparent from the start, we wouldn't be in this position today.

That's why we're moving this motion today. We just want to get to the bottom of where taxpayers' money is going. That's all.

• (1900)

[*English*]

The Chair: Mr. Eyolfson will respond.

Doug Eyolfson: Thank you, Chair.

Thank you, Mr. Blanchette-Joncas.

The point is very well taken, and wanting this information is very reasonable.

This is a long, complex motion. There is a lot to review. We want to make sure that we make a responsible decision. We might have amendments, on further reflection, that are acceptable to all parties. It would be irresponsible, with committee time and with committee business, to make a premature decision on something that I think we all agree is very important. We all want to make good decisions, the right decisions, in this place. This is why I'm asking to move it to Thursday.

If you see what we're trying to accomplish and what we're transitioning to, we can go forward with a better review of this. We're talking about the interoperability of health systems, how we can improve it and what lessons we can learn from the past. This is about how we can take the information, apply it to our deliberations on this bill and decide if we will take it at its face value, or if we will suggest amendments that the opposition may find acceptable. It's the responsibility of this committee to make the right decisions.

We're dealing with issues of medical technology and medical information. It ultimately comes down to patient safety. We owe patients safety, accuracy and efficiency. We want the efficiency of not repeating the same mistakes.

We know there are problems with medical record-keeping, as we have a myriad of systems. I've worked in some regions in which, within one city, there were different medical record systems. The hospital I recently worked in, within the last year, still has its own paper charts on the floor. We're not quite there yet. We need a lot more development and a lot more time, if we're going to make the right decisions. It is in the best interests of all Canadians, for their safety, that we make the right decisions in all motions regarding this.

Canada is failing in the interoperability of medical records, medical record-keeping and the transfer of information, and we need to improve. PrescribeIT helped illustrate a lot of gaps in our system. It showed that there are unique provincial systems, and they have their own reasons for thinking this is how it should be done there.

We have medical practitioners in different environments, and we don't know how much they were consulted in this. We will not have progress unless we make sure that all facts are properly reviewed, and we can then make those decisions properly and safely.

We talked about using fax machines in 2026. I did my last clinical shift in October. We were still faxing handwritten requisitions to the X-ray department. This is still how we order X-rays. It's not a minor inconvenience; it's a structural failure in our medical technology system. This goes back to the reason for making the correct decisions in all issues with this, including these motions.

From the testimony on this, we know things were done without enough consultation. A lot of health care providers obviously weren't asked the right questions, and decisions were made without enough information, which speaks to this motion.

• (1905)

If we are being asked to make the decision on this, having just seen it, and to accept it at face value without a fulsome review, then we are compounding the mistakes we have made before and we are no further ahead.

An hon. member: Three hundred million.

Doug Eyolfson: I'll thank the member not to interrupt me while I have the floor.

Dan Mazier: You're filibustering. I'm not interrupting.

Doug Eyolfson: Madam Chair, Mr. Mazier is interrupting and he needs to stop.

The Chair: I was just about to say that this debating across the floor is not okay. Go through the chair, please. If you have a question, put your hand up and I'll recognize you.

I have a list of people discussing the motion that's on the floor. That is the process we have to undergo.

Doug, you will still have the floor, but in the meantime, I would like to thank the witnesses for being here and tell them they may leave with our blessing.

Thank you.

An hon. member: Why?

The Chair: The witnesses can go. They're not part of this motion. The committee is debating a motion.

Helena Konanz: Don't we still have time?

The Chair: We have resources until 7:20 p.m., and then we must leave.

We have a motion on the floor. The procedure is to debate the motion.

We have Mr. Eyolfson speaking. I have Ms. Sidhu on the list after that. I'm following procedure, guys. That's it.

Mr. Eyolfson, go ahead.

Doug Eyolfson: Thank you, Madam Chair.

[*Translation*]

Maxime Blanchette-Joncas: I have a point of order, Madam Chair.

[*English*]

The Chair: Yes.

[*Translation*]

Maxime Blanchette-Joncas: What's the procedure for letting witnesses leave? Is this done only by order of the chair, or does it require the unanimous consent of the committee?

[*English*]

The Chair: No, you don't. I can tell the witnesses to leave because we have a motion, and I do not see them having to stay here until 7:20 p.m., only to have to leave then.

[*Translation*]

Maxime Blanchette-Joncas: What's the procedure, Madam Chair?

[*English*]

The Chair: I'm being respectful of the witnesses, Monsieur Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: What's the procedure, Madam Chair?

[*English*]

The Chair: The chair may ask the witnesses to leave if the time they came for is up and if there is something else on the table.

We have 15 minutes to go. Mr. Eyolfson is speaking. Ms. Sidhu is next. With my experience of watching my list and looking at the time, I do not think we will get back to the witnesses.

Thank you.

[*Translation*]

Maxime Blanchette-Joncas: I'm talking about the procedure, Madam Chair. I'm not talking about your experience.

[*English*]

The Chair: You do not wish the witnesses to leave, Mr. Blanchette-Joncas. Be it on your head.

[*Translation*]

Maxime Blanchette-Joncas: I'm asking you to tell me the procedure, Madam Chair.

[*English*]

The Chair: I am running this meeting.

Pardon?

[*Translation*]

Maxime Blanchette-Joncas: I would like you to tell us the procedure. What's the procedure?

[*English*]

The Chair: I just told you the chair can tell the witnesses to leave, and I'm asking the witnesses to leave.

Thank you.

[*Translation*]

Maxime Blanchette-Joncas: Can you do so without the committee's consent?

[*English*]

The Chair: Yes. It's because the committee is debating a motion that was put in while we were dealing with this issue.

Dan Mazier: I have a point of order.

The Chair: This motion was put in knowing that a motion can be debated. It was [*Inaudible—Editor*].

Dan Mazier: I have a point of order. If we just vote on it, then away we go.

The Chair: Based on the motion we are now studying, the witnesses were asked to appear for an hour. The hour is now very well over.

You may leave. Thank you.

Mr. Eyolfson, go ahead.

Doug Eyolfson: Part of this discussion on why we need to be making the right decisions is that we are shortly going to be debating and voting on Bill S-5, which is going to be another integral part of developing our medical technology.

We know that, shockingly, about 29% of physicians in Canada are currently exchanging medical records across different points of care. That is one in three physicians. This means that in the overwhelming majority of cases, when a patient is being referred to a family doctor or a specialist, transferred between hospitals or even seen in an urgent care clinic, the receiving provider is working at least partially in the dark. It has been described by some as simply flying blind.

This is not between provinces. This is within provinces. This is sometimes within the same city. This is the status quo that Bill S-5 is designed to change. It's not gradual and not through another round of well-intentioned things that ultimately lack guidance; we do this through an enforceable national legislative framework, which needs proper debate and proper review, as this motion needs proper review prior to approval because it goes further into what we've seen and heard in our testimony. PrescribeIT offered a concrete example of technology and health care action by allowing prescriptions and renewals to move efficiently between providers and pharmacies. It was supposed to be an answer to this problem.

We found out that without the fulsome study it needed, there were failures with it. There hadn't been the proper discussion amongst the end-user providers, and hence there was uptake in some provinces of only 5%, and 20% tops. This tells me that a very well-intentioned initiative did not have the study at all levels that it deserved. Anything done in this committee has to have the proper study.

Many of us who have worked on the legislation in Bill S-5 have drawn inspiration from Greg Price, a young man in Alberta who died in 2021 at the age of 31 from complications from surgery. He was young, otherwise healthy and in the care of what we should have thought was an adequate health care system. His journey was marked from the very beginning by the problems that we seek to address. Health records were lost, information was delayed, and the digital tools and data systems used by the providers involved in his care could not communicate with one another. The providers themselves, despite their best intentions and professional competence, were operating without the full picture. The result was catastrophic and irreversible. Greg is not alone.

In debating such issues and preparing legislation such as Bill S-5, we have to listen to Canadians from across the country who've had their own encounters with gaps in the system. We have to be listening to the health care providers, including the 80% to 95% of

health care providers who did not actually use this very expensive system that was brought in.

We have heard from health care providers who order post-surgical lab work for patients that completed results never made it back to the ordering provider. Had they been received in time, the provider would have known that follow-up was urgently needed. They were not received. The patient deteriorated into a life-threatening crisis that never should have been allowed to develop. This is another example of what happens when you don't properly review the actions you have to take in legislation or in committee.

There are numerous examples.

Some hon. members: Oh, oh!

• (1910)

The Chair: May I suggest, please, that we maintain order in the room?

There is a member speaking to a motion brought forward by the opposition. Therefore, I would ask that you respect and at least listen to the debate on your motion.

Thank you.

Go ahead, Doug.

Doug Eyolfson: Thank you.

These are not random cases or cautionary tales invented for policy documents. They're events that unfold in Canada every day, and they share a common root cause: the absence of a connected, standardized, accessible health care data infrastructure. Because we are here to discuss such things, every decision needs to be made with proper care and attention.

Beyond direct patient harm, this systemic disconnection also imposes a profound toll on the people delivering care. Physicians, nurses and allied health care professionals are exhausted. Burnout in the care sector is at levels some would describe as a national crisis.

I have spent many years working in this system, and I was in the system, working in the system, within the last year. I was a patient in the system when I had a sudden catastrophic medical event in another province. My doctor had to phone and fax results to Vancouver. When I was discharged, I was given an envelope the size of a shingle, full of medical records, and was told to give it to my family doctor when I got home. There was no secure electronic way other than giving me an envelope of documents to take home on the plane so that my doctor would know what had happened to me.

This is very real, and we have already seen a program that did not do what it was meant to. This was partly because we made decisions without proper care and attention, as we would if we approved this motion without having the proper time to review it.

We need to speak plainly about what we're trying to do in legislation like Bill S-5. It's very important legislation, and it will fill the gap behind PrescribeIT, which is crucial.

• (1915)

[*Translation*]

Maxime Blanchette-Joncas: Madam Chair, I have a point of order.

My colleague is talking about Bill S-5, but the motion doesn't mention it at all. It's off topic. I would like to draw his attention back to the reason for today's debate. The motion is about documents, not Bill S-5.

[*English*]

Doug Eyolfson: I'll respond to Mr. Blanchette-Joncas's question.

It is about the overall issue that we're discussing and why it is so important to have the proper information before making all decisions.

My only request at the beginning of this debate was not that we vote down the motion but that we simply have 48 hours to review it so that we can make sure we're making the right decision. The opposition is wanting us to make this decision prematurely when we haven't had time to adequately review the information. The information I'm giving is all the context as to why we have to have all the information at hand that we need.

There are some members who don't feel that we need to be doing this. They feel that we should accept this motion at face value, look at it once and then immediately vote on it. If it is such an important motion and such a reasonable motion, then I fail to see how the opposition can object to waiting 48 hours. We can pick up the debate in 48 hours once we have had time to properly review this legislation.

It has been a common practice among the opposition on this committee that, at the very last minute, sometimes at the end of a meeting, a motion appears in our mailbox the second a member starts reading it. They claim that it's a simple motion and that we shouldn't have any problem passing it because there's nothing unreasonable in it.

Well, if there's nothing unreasonable in these motions, then I have to ask why the opposition does not want to give us the time to

verify that these are reasonable motions. Given the length of this motion, the very few minutes we've had are not sufficient to make that decision.

All right. If anyone would like to interject to suspend the meeting at this point and to pick up debate on Friday, I would be very amenable to that.

An hon. member: I think it's Thursday.

Mr. Doug Eyolfson: Pardon me. Yes, I mean Thursday.

The Chair: Is there any objection to suspending this meeting so we can pick it up on Thursday?

[*Translation*]

Maxime Blanchette-Joncas: Until what time do we have the resources, Madam Chair?

[*English*]

The Chair: I said this at least three times. It's until 20 minutes after, so the meeting should end now. It is now one minute or maybe 30 seconds. If you wish to wait for 30 seconds, I will suspend the meeting then. Is everyone in agreement to suspend the meeting?

Do I have unanimous consent to suspend?

[*Translation*]

Maxime Blanchette-Joncas: We would like to vote, Madam Chair.

[*English*]

The Chair: Do you want to vote? We cannot stay here. I don't know. We could go out on the street and continue this meeting, perhaps.

I asked because we have no more resources. We have to leave this room.

I beg your pardon, Mr. Mazier. If you wish to say something, please say it so I can hear you in the microphone.

Dan Mazier: You do not have UC to suspend.

The Chair: Then I will adjourn the meeting.

The meeting is adjourned.

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