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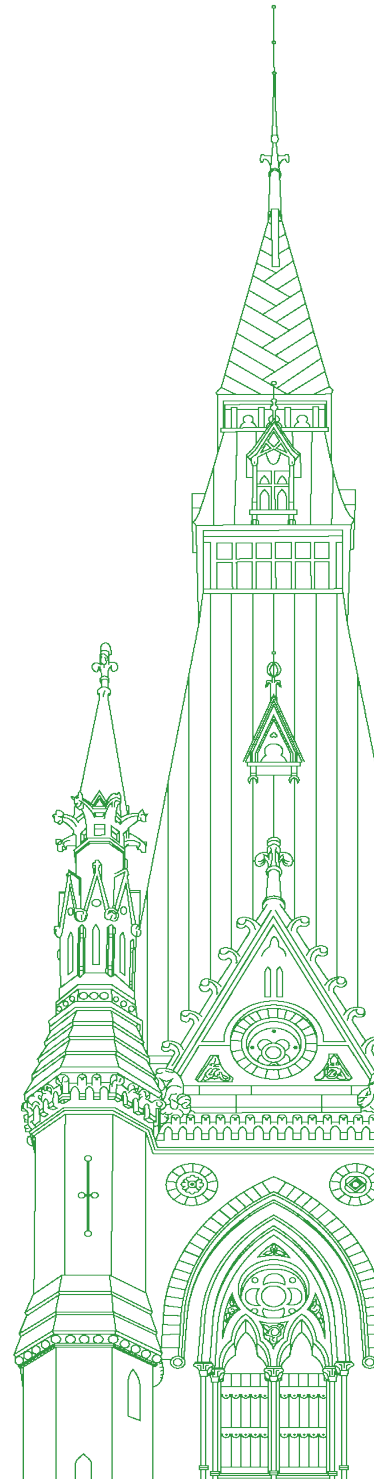
Standing Committee on Health

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Chair: Sukh Dhaliwal



Standing Committee on Health

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● (1100)

[English]

The Chair (Sukh Dhaliwal (Surrey Newton, Lib.)): I call this meeting to order.

Welcome to meeting number 36 of the House of Commons Standing Committee on Health.

I would like to remind participants of the following points. Please wait until I recognize you by name before you speak. For members in the room, if you wish to speak, please raise your hand. As a reminder, all comments should be addressed through the chair. The clerk and I will manage the speaking order as best we can. We appreciate your patience and understanding in this regard.

On behalf of the committee, I would like to welcome the honourable witnesses. I have one request of you. If you can, keep an eye on the honourable member asking the question. If the honourable member raises their hand, I would like you to stop and give the floor to the honourable member. Cross-talking is very hard on the interpreters and also on the other participants. If you can maintain that decorum, please, we should be fine.

Pursuant to the order of reference adopted by the House on Tuesday, March 10, 2026, the committee shall commence its study of Bill C-224, an act to amend the Food and Drugs Act regarding natural health products.

I would now like to welcome our witnesses for the first hour.

From the Canadian Health Food Association, we have Ms. Sonia Parmar, vice-president, government relations and regulatory affairs; and Ms. Laura Gomez, lawyer and legal counsel.

From Food, Health and Consumer Products of Canada, we have Ms. Roberta Kramchynsky, vice-president of consumer health products and regulatory affairs.

From the Natural Health Product Protection Association, we have Shawn Buckley, president.

Welcome to all. I would like to remind witnesses that committee members may ask questions in either French or English. If you require interpretation, please take a moment now to prepare your earpiece and select the channel that you need.

Each organization has five minutes for opening remarks.

I will give the floor to Ms. Sonia Parmar for five minutes.

Please go ahead.

[Translation]

Sonia Parmar (Vice President, Government Relations and Regulatory Affairs, Canadian Health Food Association): Thank you.

I'm here on behalf of the Canadian Health Food Association, Canada's largest trade association representing over 1,300 businesses across the natural, organic and wellness sector.

[English]

How natural health products are defined in law shapes how they're regulated and whether that regulation is proportionate to risk. In 2023, the budget implementation act brought natural health products into the definition of therapeutic products, which included pharmaceutical drugs and medical devices, extending provisions of Vanessa's Law to this sector. This significant change came through an omnibus budget bill, without the focused consultation and scrutiny it deserved.

Natural health products are not drugs. Natural health products differ fundamentally from pharmaceuticals. This sector is built largely on small and medium-sized businesses often making multi-ingredient products without pharmaceutical patent protection or pharmaceutical margins. They do not have the ability to make disease treatment claims and, most importantly, these are products for the maintenance of good health, which means they can be safely taken daily.

Canada has long recognized those differences through a distinct regulatory framework, yet businesses now face overlapping pressures from labelling changes, proposed cost recovery and expanded regulatory requirements. This is how red tape grows: one requirement at a time until the cumulative burden threatens the businesses expected to carry it.

When regulation is not proportionate to risk, it creates barriers for businesses, innovation and, ultimately, consumers. What does this look like in practice?

For those of you here in Ottawa, you may remember this. In 2016, two young girls set up a lemonade stand. They had the table, the sign, the cups and that spark of childhood excitement that says, “This is the start of something big.” Then the government arrived. They were shut down and told they needed a permit to sell lemonade. Most Canadians saw that moment for what it was: red tape where common sense should have been.

Now, imagine that those same girls add one simple claim: “source of antioxidants for the maintenance of good health”. Those adjustments instantly turn their lemonade into a natural health product, and everything changes.

Despite the myth that natural health products are unregulated, those two little entrepreneurs would be pulled straight into one of the most complicated regulatory systems in the world for a low-risk product. They would be required to obtain a site licence to manufacture, package and label; host a government inspection; comply with good manufacturing practices, including stability and finished product testing and recall procedures; submit evidence demonstrating their claim is supported; follow bilingual labelling requirements; and file adverse reaction reports. Those requirements were put in place after careful consideration by this committee of what was required to safely regulate NHPs.

While all of this is happening, their neighbour south of the border can ship an identical product straight to Canadians with none of the above restrictions I mentioned and little to no government oversight.

When Health Canada told us they wanted to level the playing field with drugs, I had to ask, “Why aren't we levelling the playing field with competitors selling the same products directly to Canadians?” An analysis prepared for CHFA estimates that approximately \$450 million in natural health products enters Canada annually through personal importation. The lemonade example makes this easy to picture, because it's often where small business ideas start but shows how easy it is to tip further into red tape.

For the businesses we represent, the costs are real and substantial. An independent analysis prepared for CHFA estimated that recent and proposed regulatory initiatives would add between \$120 million and \$170 million in annual compliance costs, plus \$430 million to \$1 billion in one-time implementation costs through 2028. For a small Canadian business, those costs mean difficult choices: whether to launch a product, hire an employee, raise prices or keep a product on the market at all.

Supporting this bill does not mean compromising the health and safety of Canadians. That's why we urge this committee to support Bill C-224 and protect something fundamental: the ability of Canadians to choose how they support their own health with Canadian products.

• (1105)

Thank you.

The Chair: Thank you. That was perfect timing.

We will now go to Food, Health and Consumer Products of Canada.

Madam Roberta Kramchynsky, please go ahead for five minutes.

Roberta Kramchynsky (Vice-President, Consumer Health Products and Regulatory Affairs, Food, Health and Consumer Products of Canada): Thank you, Mr. Chair.

My name is Roberta Kramchynsky. I'm the vice-president of consumer health policy and regulatory affairs for Food, Health and Consumer Products of Canada. FHCP members are the manufacturers of the vast majority of natural health products and non-prescription drugs sold in Canada. FHCP greatly appreciates the committee's ongoing interest in the regulation of natural health products.

As was the case when we testified before this committee on Bill C-368 in 2024, FHCP holds that this bill will not address the regulatory challenges associated with natural health products. FHCP has no concerns with the current legislative framework of the Food and Drugs Act. We are concerned with regulatory requirements, how Health Canada applies them, and the resulting red tape and regulatory burden placed on manufacturers. However, changing the definition of “therapeutic product”, as proposed by Bill C-224, does not fix those problems. The definition of therapeutic product matters, because it gives the Minister of Health access to both modern safety powers and regulatory flexibility.

Vanessa's Law provides powers to order mandatory recall, fines and penalties, labelling changes, and requests for information, including confidential business information. The aim of Vanessa's Law was to modernize the tool box Health Canada uses to manage the regulatory environment, measures taken only when voluntary measures do not work. The new authorities made it possible to address safety issues without depriving Canadians of the products they rely on.

Separately, the Food and Drugs Act's precision-regulating authorities allow the minister to, among other powers, exempt therapeutic products from certain requirements when the statutory conditions are met. The recent experience with natural health product labelling shows why that flexibility matters. New labelling requirements passed in 2022 were scheduled to apply to newly licensed natural health products in June 2025. FHCP and other stakeholders raised concerns about unclear guidance, costly implementation and prescriptive requirements that were creating uncertainty regarding compliance and driving up costs for manufacturers. There were also real concerns for Canadian consumers—namely, fewer natural health products marketed in Canada and labels that were more complex and difficult to read and comprehend.

In response to those challenges, the Minister of Health issued an exemption order, exempting natural health products licensed on or after June 21, 2025, from those 2022 labelling requirements. The measure is in place while labelling reforms are designed and implemented. The relief offered by the exemption order was available because natural health products were included in the definition of a therapeutic product. If passed, Bill C-224 would remove most natural health products from that definition, and with it the access to this exemption authority. It would narrow the government's options for responding to regulatory problems like the one we have just experienced.

Mr. Chair, we recognize the committee's contribution to advancing natural health products reform. This committee's work has had a major impact on Health Canada's approach to NHPs and has helped accelerate regulatory reform. Today, Health Canada is pursuing a broad swath of changes to reduce red tape for natural health products, including new labelling regulations and guidance, and a registration process for low-risk NHPs.

FHCP and our members are working with the department to translate those commitments into practical improvements, but commitments are not enough. Manufacturers need clear requirements, predictable decisions and timely implementation in order to compete and grow. There is substantial work ahead. This window of opportunity won't last forever. All of these reform initiatives are moving forward at an exceptionally fast pace, which is crucial for industry in these trying economic times.

We agree that the current system needs to improve. The practical path forward is to complete the reforms addressing the burdens that manufacturers face while ensuring the safety and quality of the natural health products Canadians rely on.

For these reasons, FHCP does not support Bill C-224. We ask the committee to support timely and measurable regulatory reform that improves Canadians' access to natural health products.

Thank you for this opportunity. I look forward to the committee's questions.

• (1110)

The Chair: Thank you.

The last witness we will go to is President Shawn Buckley for five minutes.

Please go ahead.

Shawn Buckley (President, Natural Health Products Protection Association): We're here to sort out whether natural remedies like vitamin C or calcium should be classed in the same categories of drugs as thalidomide and Vioxx. That's why we're here. The best way to answer that is to ask this question: Should natural health products be classed as drugs at all? They shouldn't. It's a matter of life and death.

The Natural Health Product Protection Association took video testimonies last year from Canadians across Canada whose very lives depend on access to natural health products. One of those was Karen Peters, who was debilitated with rheumatoid arthritis. Her medical doctor advised her that it was progressive and that she would end up in a wheelchair and then end up dead. To help man-

age this decline, she was on a couple of chemical drugs, including a chemotherapy drug. For a full year, she was being injected weekly with a chemotherapy drug. She explained that it made her so sick she wished she was dead. Then, after a year, she went to a naturopathic doctor, who took her off those drugs and cured her with natural health products, and she was no longer disabled. She's no longer facing a wheelchair, and she's no longer facing death.

This is one condition. There was condition after condition, and there are a ton of Canadians suffering because they can't be told. We're in the drug model, and under the drug model there's basically 100% censorship of truthful health information and of those who have the truthful health information. This is costing lives, and this is by design.

We also have to talk about the moral and ethical failure of being in the drug category. When we're talking about natural health products, we are largely talking about essential nutrients like vitamin D and magnesium—things that we need to stay alive, let alone thrive. Almost every other country in the world takes it as a basic human right that human beings have complete and free access to things they need to survive and to be healthy, but Canada does not. Because we're in the drug model, it is criminal. It's not just illegal. It's a criminal offence for anyone to sell us vitamin C or magnesium without Health Canada's permission in the form of a drug licence.

It's an incredible barrier. It has driven up the prices dramatically, so that lower-income Canadians can no longer afford to have the nutrients they need. We have an absolute legal failure here. We have a moral failure. I would say we have a spiritual failure. I call what we're doing evil, literally. We are putting a barrier between essential nutrients, which should be a basic human right, and the people accessing them.

Health Canada is going to come here and, like Chicken Little, say, "The sky is falling. The sky is falling. Risk, risk, risk." You will never see Health Canada do a balanced risk analysis. What is the cost of restricting essential nutrients? What is the cost to all those Karen Peters out there who can't be told that they don't need to face suffering and death?

Again, Health Canada just says, “Risk, risk, risk. Oh my gosh, we have to protect Canadians.” The biggest thing that makes this an absolute fraud is that south of the border, we have 400 million Americans, and most of them use the exact same natural health products that we’re talking about here. They’re classified as foods. Congress looked into this and, in 1994, passed the Dietary Supplement Health and Education Act. They’re classed as foods. They’re deemed by law to be safe. They’re legally protected and promoted.

In Canada, they’re deemed by law to be unsafe, because we’re in a drug model. We have to prove that vitamin C is safe before we can get a licence. They’re the exact same products, and we have 300 million people using them every day, as we have had for the whole life of everyone here, without any problem. The FDA has not seen any problem. We used to be largely unregulated. Really, it wasn’t until 2017. I know the regulations came into force in 2004, but we couldn’t comply. Health Canada just kept passing regulations. We don’t need to be in the therapeutic product category for the Minister of Health to exempt us for temporary periods. That’s just not a true thing.

How can it be that we have to regulate these as drugs? How can we possibly argue that these are dangerous and need to be classed as drugs, when they’re not classed as drugs south of the border? It’s already been brought up. The other part of the fraud is that you’re free to order those products. I’m free to order those products. Anyone watching this is free to order those products, because nobody sees that as a problem.

• (1115)

We are ordering those products because they’re cheaper. They’re four to five times cheaper where there used to be largely parity, and low-income Canadians can no longer get nutrients.

The Chair: Thank you very much.

Before we start with Madam Dancho, I would love to welcome MP Blaine Calkins to the meeting.

Welcome.

Blaine Calkins (Ponoka—Didsbury, CPC): Thank you, Chair.

The Chair: Now, for the six-minute round, we’ll go to our vice-chair, Madam Dancho.

Please go ahead.

Raquel Dancho (Kildonan—St. Paul, CPC): Thank you, Mr. Chair.

Thank you to our expert witnesses for being here today. We appreciate your perspectives on this very important debate that we’re having at the health committee on regulations for natural health products. As you know, what we decide at this committee with Bill C-224 will impact the choices and daily lives of millions of Canadians who use natural health products every day.

Of course, products such as vitamin D, vitamin C, multivitamins, magnesium, calcium, iron, prenatal vitamins, melatonin, probiotics, omega-3s, fish oil, fibre supplements, herbal remedies and traditional and cultural medicines, and even things like fluoride toothpaste, anti-dandruff shampoo, antiperspirants and other medicated personal care products are very common. What their future is in

Canada is being debated during this committee meeting today and will be in the weeks to come. Certainly, many of us who rely on Canadian brands specifically—and, of course, on products regulated and sold in Canada—will be impacted.

The Conservative team is very concerned that without the passage of Bill C-224, the Canadian health industry will suffer, to the benefit of the American economy. Our goals are to ensure that our Canadian industry continues to thrive and that Canadians have agency over their health and the freedom to choose how they will maintain it.

My first questions are for Ms. Parmar.

There seems to be a bit of sentiment out there from some corners of this debate that natural health products aren’t regulated or are not well regulated. Of course, we know that couldn’t be further from the truth.

Ms. Parmar, could you share with the committee how natural health products are regulated in Canada? In brief, what process is there for getting your product onto a shelf, for example?

• (1120)

Sonia Parmar: Natural health products are heavily regulated, as I mentioned in my speech, especially when compared with those in other jurisdictions. We have a preclicensing system that does not exist in other countries, necessarily, especially in the United States, as well as Australia. We’ve done a very close comparison.

As well, I will ask our lawyer, Ms. Gomez, to speak to the powers that already exist currently and how they compare in this situation.

Laura Gomez (Lawyer and Legal Counsel, Canadian Health Food Association): In Canada, Health Canada has a lot of authority to mandate requirements as they relate to NHPs. We have a pre-market system for both the licensing of the products and the facilities that import, manufacture, package and label natural health products. These must all be licensed by Health Canada, and we have to provide documentation to Health Canada in order to obtain those licences. Health Canada also has the authority to inspect those facilities.

If there are issues with the products identified, which can be when they’re inspecting, or through safety information that comes to their attention from other countries, they can then take certain actions. They can ask companies to provide information or update their labelling. They can also suspend or cancel a licence if companies do not comply. That applies to both the product licences and the site licences for the facilities themselves.

Raquel Dancho: Thank you very much.

For either of you, what makes this regulation different from pharmaceuticals? Why should natural health products be regulated differently?

Laura Gomez: For natural health products, when the 53 recommendations came out, they were looking at how natural health products are used. One of the key distinctions legally is that natural health products can be used for the maintenance of good health. That's not something that forms part of the definition of a drug product.

When they studied this issue, they went through all the different ways that natural health products should be regulated, and they were proportionate in determining what to establish for natural health products. They considered very specific requirements: how people use these products, what type of testing should be applied, how frequently facilities should be managed, and who should be working in the directorate that approves these products. They went through and designed 53 recommendations. It's quite robust. The natural health product regulations were designed around that, which is why it was viewed legally for many years as a model for other countries to follow.

When you combine the therapeutic product regulations, what you're essentially doing is applying a regulatory regime that was designed to address very specific gaps that Health Canada had in addressing pharmaceutical drug products. That also includes the fact that the regime was 50 years old. For natural health products, it's a modern regulatory regime, because it was developed in 2004.

Raquel Dancho: Thank you very much.

To be clear, those 53 recommendations were decided at this committee in 1998. It was one of the largest studies I've ever heard of. It went on for eight months. It had 300 live presentations; 150 individuals, associations and coalitions; and 1,000 written submissions that the Chrétien government at the time fully adopted. That really brought in our current regulatory regime.

Really, what you're talking about is that the committee and the government thereafter for decades looked at risk-based...as well. Those are the words I kept hearing. What is the risk of a calcium supplement relative to a benzodiazepine, for example? Of course they should be regulated differently. What is the risk of a ginger tea versus something else quite serious? Of course those things are not the same and shouldn't be regulated the same way.

What are some of the costs to natural health products and Canadian companies with this increasing push to pharmaceuticalize, if I could use a made-up word, the natural health products regulations? What are some of the costs there, in brief, please?

Sonia Parmar: We're anticipating \$105 million to \$165 million in excess red tape.

Raquel Dancho: Wow. That's crushing for Canadian companies trying to get their products out, hiring Canadians and manufacturing their products, and it's crushing to the stores that sell the products. Canadians will have fewer options from Canada. That's really devastating.

Thank you very much.

• (1125)

The Chair: Thank you. That was perfect timing.

We'll go to Parliamentary Secretary Chi for six minutes.

Please go ahead.

Maggie Chi (Don Valley North, Lib.): Thank you, Mr. Chair.

Thank you to all the witnesses for appearing today.

I think it's important to recognize that natural health products are an important part of millions of Canadians' everyday health routines. We're talking about products ranging from vitamins and probiotics to traditional herbal medicines. Canadians want access to these products. At the same time, they want to be able to count on a robust system that gives them confidence that the products they buy are safe and regulated, and that government can act when problems arise.

I have a couple of questions for Ms. Kramchynsky.

As you know, Canada already has a regulatory framework for natural health products that is separate from prescription drugs. I think you touched on it in your opening testimony. FHCP has expressed support for the self-care framework and a more modern, risk-based approach to both natural health products and over-the-counter drugs.

What does a more modern regulatory system look like, especially in terms of balancing getting products to market efficiently—so that consumers get faster access—and maintaining a strong post-market oversight?

Roberta Kramchynsky: I think it's a really interesting time right now in the space of consumer health care products.

As you mentioned, FHCP represents manufacturers of natural health products as well as manufacturers of over-the-counter medicines. I think we've been really encouraged by recent efforts from Health Canada that have identified how to address reducing red tape for natural health products as well as, separately, over-the-counter medicines or non-prescription medicines.

What we're really seeing here is that there is a lot of work happening at that regulatory level to modernize and reduce red tape. As I look at what Bill C-224 proposes and those changes to the Food and Drugs Act, I see that they are actually going to impact those modernized components of the Food and Drugs Act itself. This removes some of the flexibility we see that has been beneficial to address challenges such as labelling in 2025, as I mentioned in my opening statement.

When I'm looking at what work is happening right now and the challenges that we've seen, I see that we actually agree with a number of our counterparts on this panel. There are a lot of challenges in how reforms have been approached in the past. There are a lot of challenges in the cost of implementation and in finding paths forward. Particularly since the red tape reduction reports in September 2025, I think we've seen an active regulatory reform agenda rolling out at Health Canada, engaging stakeholders in multiple consultations and conversations over the course of the past year, and it's moving forward quickly.

I think that regulatory reform element is actually where we will find the solutions to those challenges we see in the regulatory system. Having access to more agile and modern legislative tools is incredibly important and enables modernization. That's really important for manufacturers in ensuring that Canadians can access the products they rely on.

Maggie Chi: Thank you so much.

I have a follow-up to that. Does this proposed bill address any of those regulatory concerns that your members have? I think a point was raised about impact on consumer choices. Is there any impact on that as well?

Roberta Kramchynsky: As we're considering what Bill C-224 does in practice.... It gives access to the powers of Vanessa's Law, which are designed for consumer protection. They're also designed to be measures that are used as a last resort after voluntary measures have failed. Those voluntary measures that we refer to there are the ones you find in the regulatory framework. That is the existing natural health products regulations, their system of that pre-market assessment, the postmarket monitoring and analysis that happen, and the inspections and oversight of those products when they're on the market.

Overall, if we look at what Bill C-224 does, we see that in essence it takes away that agile framework and those agile tools. As we're working through regulatory reform with the department, it really will hamper the ability for natural health products to be regulated in an agile system going forward.

Maggie Chi: Thank you so much.

As you mentioned, our regulatory system in Canada is about protecting the health and safety of Canadians. In your previous testimony, when a previous version of the bill was presented, I think it was mentioned that the stamp of approval from Health Canada is part of what makes our products competitive globally.

I want to ask, what are some of the risks if we do pass this bill?

Roberta Kramchynsky: Some of the risks we could see.... In particular, one of the real success stories of the natural health product regulations has been their impact on Canada's ability to export natural health products to other jurisdictions that look to Health Canada's review and the issuance of a natural product number as a strong statement of the quality of those products. Essentially, we saw the sales and the overall size of the natural health product industry double in the first 10 years, and it has continued to grow since then.

A number of our members export their Canadian-made products to countries around the world. I've also worked with counterparts in

global trade associations in other parts of the world who recognize the strength of Health Canada's system and recognize it as an endorsement of quality and safety. That's really reflected in those products that are exported around the world.

• (1130)

Maggie Chi: Thank you so much. I think that's my time, Chair.

The Chair: You have 24 seconds.

Maggie Chi: Can I share my time with Dr. Jaczek?

The Chair: Yes.

Hon. Helena Jaczek (Markham—Stouffville, Lib.): Ms. Kramchynsky, you've alluded to the fact that Health Canada is working with your association, and no doubt other stakeholders as well, in terms of reducing the amount of red tape. Obviously, some of this has been alluded to by Ms. Parmar and so on. Do you feel confident that there is real progress being made in this regard?

The Chair: Thank you.

The six minutes are up.

If you can, give a brief response in 20 seconds.

Roberta Kramchynsky: Very briefly, I am confident in those processes. We will always have some hesitance, I think, until we see draft regulations in front of us, but we have been working very hard on policy development. We've recently completed a cost-benefit analysis—along with others on this panel, I'm sure—from a trade association perspective. We're working towards next spring for draft regulations.

The Chair: Thank you.

Now we'll go to Madame Gaudreau for six minutes.

[Translation]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Thank you, Mr. Chair.

I would like to thank the witnesses for joining us.

This bill had to be reintroduced after an election. Obviously, my colleagues worked really hard on it.

I'll say outright that there are businesses in my constituency and in other parts of Quebec. I'm just talking about the Clef des Champs in Val-David, which is in my constituency. I would like to know whether you agree that credible regulations can also protect businesses that do things the right way.

Sonia Parmar: I agree. I would say that the Clef des Champs, for example, is a key company. It's also one of the companies that would face significant risks given recent developments. The Clef des Champs uses many ingredients and herbs. The products are truly blended, and there are many of them.

Of course, regulations are important. However, that's not really the topic of discussion right now. The issue is more about where the limit lies and how far the process will go. We can all see and understand that herbs of this nature aren't necessarily drugs. The Clef des Champs would be an extremely significant example. This company will face risks, and more so than other companies. It will face greater risks than vitamin companies and other companies. Its products are made with great care. They come from nature. They aren't like drugs, which have specific ingredients and a strict process in place. They come from nature. We want to preserve this with regulations that make sense for these types of products. We support regulations, but within limits.

Marie-Hélène Gaudreau: Ms. Kramchynsky, I would like to hear your thoughts. Do you agree?

[English]

Roberta Kramchynsky: Yes. I think that credible regulatory system and what it offers to businesses that are compliant is an incredibly important aspect of having a strong regulatory system. It starts to form part of that social licence for these companies to produce the products they do produce in such a way that consumers know they can trust them to be safe and of good quality, and to do what they say.

There's also the element, especially when I'm thinking about the members we represent, that they are seeking how to be compliant. They are looking to be compliant. They're not looking to the regulatory system to provide them with ways to circumvent safety. They are looking to that regulatory system to help give that sense of safety and quality to their consumers, whether they're in Canada or exporting those products around the world.

• (1135)

[Translation]

Marie-Hélène Gaudreau: I'm also concerned about advertisements on social media. This holds true for a woman entering menopause, for example, just as much as it applies to a 30-year-old man who wants to lose weight or an athlete. Everything seems so magical. You just open it up. You have candies or capsules, and everything is miraculous.

Could this digital phenomenon undermine the industry's credibility?

Sonia Parmar: In my opinion, it won't. The phenomenon was studied between 1998 and 2004. It took a long time. The regulations established are really strict, especially compared to the regulations in other countries.

That isn't the issue. The issue is how far the process will go, because there's a limit. When this limit is exceeded, there are never any issues with the products, which are safe. The debate isn't about determining whether the products are safe. The debate is about determining where the limit lies. Will more and more regulations be

imposed? That's what we're seeing. Sometimes, we see this in the interpretation of the regulations.

Even now, as we debate the regulations, that isn't the issue. It goes beyond that. It's ongoing. Whether it's labelling, Vanessa's Law or cost recovery, everything has been established for drugs. People didn't take the time to truly understand these products. Now they're playing catch-up. More consultations are being held now. However, when everything that we've been discussing was established, the necessary consultations weren't held. That's why we're here.

Marie-Hélène Gaudreau: We're talking about a lack of consultation, but we still need to regulate. I'm having trouble keeping up. How far will the process go? If it's a completely open market, how do we get there?

Sonia Parmar: That's the point. The market isn't open. We have regulations in place right now. These regulations worked for years.

Yet things have gradually changed, and these changes are driving up costs. There are more rules. The more the products resemble drugs, the more rules are imposed. That's what keeps driving up costs.

Marie-Hélène Gaudreau: Thank you, Madam Vice-Chair.

The Vice-Chair (Raquel Dancho): Thank you.

Thank you, Ms. Parmar.

[English]

We'll go on to Mr. Bailey for five minutes, please.

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

Thank you to all our expert witnesses.

Mr. Buckley, I'm going to be asking you a series of questions. I'd like to keep it brief, so that we can get through the whole list.

Please describe your experience when dealing with Health Canada and the regulatory regime. I'm always hearing from organizations and medical professionals that Health Canada is a major roadblock when it comes to getting things done. Briefly, in your experience with them, has anything improved at all?

Shawn Buckley: I started in 1994, acting for Health Canada against an herbalist named Jim Strauss. Then I started my own firm, and I ended up acting for that herbalist, as Health Canada had convinced the College of Physicians and Surgeons of BC to attack them. We were successful in that case, and then people started phoning me.

I've practised law now for 32 years. I'm working on my 33rd year. About half of my practice for those 33 years has been dealing with Health Canada when Health Canada charges natural health product companies under the Food and Drugs Act. I expect I have defended in court more natural health product companies that have been charged than all other Canadian lawyers combined. Of course, Health Canada usually doesn't charge. They just bully and send you letters. They seize your property without reporting it to court, and they have the media do public advisories to destroy your business and bully you that way.

I've run interference and guided companies through that. In those 32 years, I'm aware of two times that a company failed to recall when Health Canada asked them to recall, and I represented both of those companies. One of them was Truehope. A court acquitted them and thanked them for defying Health Canada and for not recalling, because there would have been more deaths. The court found as a fact that it caused deaths. The other one I can't name, as I don't have permission to name them, but Health Canada was recalling nattokinase. The problem was that a whole bunch of medical doctors, as well as other practitioners, were managing patients using nattokinase as a blood thinner.

When a client comes to me and says, "Health Canada is asking me to recall," I have to ask them, "Will that cause harm?" Under the Criminal Code, you can't have a remedy out there and then withdraw it from the market and cause death or suffering, because you'll have committed, at the very least, criminal negligence causing death or bodily harm. Parliament has put that obligation on you, but a Health Canada employee can put a different obligation on you. Now you have competing obligations in a recall.

We hired a medical doctor who was a risk analysis expert, and they said, "No, stop shipping, but don't you dare do a recall. Immediately send posters to every single health food store in Canada, advising Canadians that they can no longer get nattokinase. Go to your medical practitioner. By the way, you can order it from the United States and import it perfectly fine," so that Canadians could be protected. The problem with having a recall provision—and I know that's a thing here—is that, even for dangerous chemical drugs, Health Canada should not have the authority to recall. It should be supervised by court, because that's a medical decision.

Let's talk about a chemical. A chemical is approved for a certain condition. Doctors will be prescribing it for off-label use. Health Canada can't know what harm they may or may not be causing when they order a recall, but if you have a court supervise a recall and have a provision whereby doctors and patients can then go and get access, that's reasonable.

Anyway, I'm probably the most experienced person out there in dealing with Health Canada.

• (1140)

Burton Bailey: I would like to talk about fair penalties and how they would affect a mom-and-pop shop compared with Jamieson or Pfizer. Can you speak to what it would do to a small organization if they were ever to receive a penalty or a fine, compared with these large companies that would just take it on the chin?

Shawn Buckley: Just so people understand, before we were moved into the therapeutic product category, the maximum penalty

was three years in jail and a \$5,000 fine, and you could receive both of those. Monetarily, that might sound low, but when you're charged, every company is traumatized, because most of them are small. Now it's \$5 million per day of an offence.

I spoke earlier about how we have 100% censorship. I know for a fact, because I've advised them, that there are naturopathic doctors who are no longer saying things like, "Intravenous vitamin C can mitigate cancer." It absolutely can, but everyone's now self-censoring, because even a fraction of that will absolutely destroy them.

I mentioned Truehope. There are 32 government-funded, peer-reviewed publications, including one by the Alberta government, which did a double-blind clinical trial out of a children's hospital in Calgary. They took that off their Canadian website when we were moved into the therapeutic product category. Americans can access it, and anyone else in the world can too, but they're not risking getting shut down over these \$5-million-per-day fines.

The Vice-Chair (Raquel Dancho): Thank you very much. We're out of time. I did provide the additional 25 seconds that was allotted in an earlier round, so we're even now.

Thank you, Mr. Bailey.

We will go over to the Liberals, with Madam Sidhu.

You have five minutes. Thank you.

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

Thank you to all the witnesses for coming, for joining the health committee and for giving us insight.

My question goes to FHCP, to Ms. Kramchynsky. You talked about Vanessa's Law, designed for consumer protection. How do we achieve effective oversight on products already in the market to ensure consumer health and safety? Can you explain that?

Robert Kramchynsky: Thank you.

Vanessa's Law—I did mention that in my comments—is a part of what would be affected by Bill C-224. It is one of those sets of powers that are available, when required and determined necessary to be used, to the minister.

When we look at what achieves effective oversight for those products that are in the market, I look to the natural health products regulations and different elements of that framework—things like product labelling. One key element to ensuring that a product is used safely is ensuring that it has clear labelling that can be understood by the consumer. That's one of those things we're looking to ensure are reformed and made more effective for the consumer. It is also cost-effective for manufacturers, at the same time, through the regulatory reforms we're contemplating under red tape reduction.

Other elements of that effective oversight are things like the postmarket measures—inspections, being able to renew site licences and to consider what has been changing or what has changed in these places where these products are manufactured.

One key element that our regulatory system provides, from a general perspective and overall approach, is that these products that Canadians use or that Canadian manufacturers are exporting to markets around the world have had a review for safety, efficacy and quality. That is a really important element of trust that consumers can rely on. It also ensures that it holds companies up to a high level of compliance to ensure that they're delivering that to consumers.

• (1145)

Sonia Sidhu: You talked about the labelling. Do you think the labelling increased cost? Some of the statements I was listening to said the additional power granted under the expansion of Vanessa's Law had the potential to increase costs for producers. In your experience, do you think it increased the cost for the labelling?

Roberta Kramchynsky: In short, yes, it did. Through FHCP, we also represent makers of non-prescription drugs. As a result of Vanessa's Law, they underwent a plain language labelling regulatory change in the mid-2000s, when we did see, in particular, that it raised the cost of labelling. Manufacturers did incur significant cost increases for those labels.

It also saw the use of things like flexibilities for how we can apply the correct information onto a label and the use of something called “innovative labels”. If you've ever seen a bottle on the shelf in your pharmacy with one of those peel-backs, that's an innovative label. It's needed to ensure that there's room for all of the required information to be on that product. Those are actually very costly and add a lot of complexity to the packaging and labelling process.

We had that experience with OTC PLL, and now we are seeing it through the NHP labelling regulations, which is part of the reason that I've been looking at what's being proposed under red tape reduction. We're having conversations around how we can ensure both that labelling is flexible enough for manufacturers, so that consumers have access to the information that they need, but also, in looking ahead, that there may be some components of digital labelling we can use that reduce that time from label change to information actually being in the hands of consumers.

It's still very early days, but I think those are the types of reforms we're looking at that will help to reduce costs for manufacturers while ensuring that consumers are protected because they still have access to the product information they need to use that product safely.

The Chair: You have 50 seconds.

Sonia Sidhu: That's it. Thank you, Mr. Chair.

The Chair: Thank you.

Now we will go to Madame Gaudreau for two and a half minutes. Please go ahead.

[Translation]

Marie-Hélène Gaudreau: Thank you, Mr. Chair.

I have just one question, but it's for the three witnesses.

Unfortunately, the bill doesn't include the amendments adopted during the last Parliament when Bill C-368 was being studied. You probably remember that one of the amendments moved by the Bloc Québécois was to retain the mandatory recall power for natural health products. We would like to continue down this road. I would like to hear your thoughts on this matter.

Mr. Buckley, what are your thoughts?

[English]

Shawn Buckley: That's a great question.

You've already heard me talking about recalls. There's a piece of draft legislation called “The Charter of Health Freedom”. You can go to charterofhealthfreedom.org. There's a recall provision in there that would allow a court to manage, because we all agree.... Ironically, for the most dangerous chemical drugs, again, it's interfering with the doctor-patient relationship, and the regulatory body cannot know which patients depend on a product and the like. Even if there's spiking or adulteration or something in a specific lot, we still need to have the court supervise.

Now, for the court, you don't even need to have a new law. We have it in the Food and Drugs Act that the court can supervise. Before the Food and Drugs Act put that in, courts would order recalls and supervise. It's not something that we even need in the act, but if we do that, we should recognize that a recall interferes with patient-client relationships. The goal is the best health outcomes, but as it is, Health Canada can order a recall without any consideration of that.

I think that for the best outcomes I would encourage this committee to look at a recall provision that would also take into account that you're interfering with doctor-patient relationships. The last time I checked, the medical doctors out there were trying to manage their patients as effectively as possible, and they should have some say if that's being interfered with.

• (1150)

[Translation]

Marie-Hélène Gaudreau: Ms. Gomez, I have 30 seconds left. I would appreciate a quick response.

[English]

Laura Gomez: In order to have a recall power, natural health products do not need to be under the definition of therapeutic products. That could be a framework that is in place for natural health products. It's in place for other types of consumer products.

I think the main issue with this bill is that in order to achieve its goals, Health Canada just put natural health products entirely in the category of therapeutic drugs, which is not required legally.

The Chair: Thank you.

Now we will go to Mr. Calkins for five minutes.

Blaine Calkins: Thank you, Chair.

I think what's been lost a bit in the conversation here is that what we're talking about is pre Bill C-47 and post Bill C-47, when the change to therapeutic drugs in the definition of natural health products actually happened.

It's been intimidated by people at the committee today, I think, that there wasn't a regulatory process in place for natural health products prior to Bill C-47. As a matter of fact, Ms. Kramchynsky suggested that because of Bill C-47, the robust reputation of the Canadian natural health products industry is now solid.

Was it not solid prior to Bill C-47, Ms. Parmar?

Sonia Parmar: Yes, I would definitely say that it was solid. We have done safety reports. We have a number of safety reports that suggest the adverse events are very low and there really was no concern to drive this level of regulatory reform at this point.

Blaine Calkins: I was around when Vanessa's Law was passed. I know Mr. Young personally. He was a Conservative member of Parliament. The name of the legislation was the Protecting Canadians from Unsafe Drugs Act. At no point in time, in any conversations that I've ever had with Mr. Young, did he suggest that his intent for Vanessa's Law was to implicate or interfere with the natural health product industry.

Can you tell us how many Canadians actually use natural health products? What percentage of those Canadians and those businesses are women? Who are the consumers, and what are they buying these natural health products for? Is it mostly women shoppers buying for their families?

What will be the health impacts if we lose that access to our American counterparts, who do not have premarket approval for any of their products, and how is that in any way, shape or form making the Canadian consumer safer?

Sonia Parmar: Over 82% of Canadians use natural health products. The vast majority of those are women. They are known to be the shoppers of the family, and they themselves, largely, are taking the products as well.

There are major impacts, as we've been told by our retailers. We represent not only manufacturers. We also represent distributors, re-

tailers and the entire supply chain. Canadians are walking into retailers and showing them products they find online that are very cheap and that in some cases are potentially risky, and they are buying them online because they can't find them in shops, or they find them much cheaper.

This is why there may be some unintended consequences. Whether Health Canada actually intends to create this situation or not is not what we're debating. It's a fact that this is what's happening. This is what's happening on the ground, and our retailers face this every single day. In fact, we have seven locations.... One natural health food store has closed in Ottawa, due in part to the competition that it has, not only with other companies within Canada, but with U.S. companies as well.

Blaine Calkins: Does it make sense to you, Ms. Parmar, that the natural health product industry should involve itself with the therapeutic industry in order to get exemptions from the very rules they're implicated in with the drug industry? That seems to be an argument that's being made here today: Let's roll ourselves up in red tape, just so that we can go through the red tape reduction process to get ourselves out of the red tape.

Wouldn't it be smarter just to not involve ourselves in the red tape in the first place?

Sonia Parmar: Yes. That's correct.

Blaine Calkins: Good. Thanks.

Mr. Buckley, can you give us any type of ballpark number of Canadians who say that their lives actually depend on being able to access safe natural health products from Canada?

Shawn Buckley: I don't think we can say. The reason is that it's somewhat hidden. The reason the NHPPA started taking testimonies last year, with videos for people to watch, is that we have 100% censorship. When it's a drug, it gets approved for a label claim. Vitamin C might have that it maintains teeth and bones. You can't say anything else. You can have peer-reviewed published research. You can have government-funded research. You can't say anything else.

Perhaps I can put into context the safety issue, if you don't mind. In risk analysis, if a class of products causes only one death per million of a population per year, then it's considered de minimis, or ultra safe. You don't even dare regulate at that level, because the safety signal is so low that you can't tell whether or not you're making a difference. Well, we included in the NHPPA brief a risk analysis by Professor Ron Law, an expert in risk analysis, using Canadian government statistics. This was just before our regulations came into force. Canadians were 17 times more likely to be struck by lightning than to be harmed by a natural health product.

Now, we would not put lightning poles all over Canada to try to reduce lightning strikes, which are one in four million, because we couldn't measure if we were making a difference. The safety signal is too low. We are so much lower than that. Never before has such a.... Like, why are we regulating these at all? It feels like we should be asking how many angels can dance on the end of a pin.

• (1155)

The Chair: Thank you.

We'll go to Mr. Sawatzky next, for five minutes.

Please go ahead.

Jake Sawatzky (New Westminster—Burnaby—Maillardville, Lib.): Thank you, Chair.

I'd like to start by asking Mr. Buckley two yes-or-no questions.

Number one, were you involved with the drafting of this bill in any capacity?

Shawn Buckley: Yes. Prior to Bill C-368, I suggested some wording on the bill.

Jake Sawatzky: Thank you.

Have you had any meetings or conversations with MP Blaine Calkins about the drafting or contents of this bill?

Shawn Buckley: Yes.

Jake Sawatzky: Okay. Thank you.

I'd also like to put it on the record that Health Canada should not need to consult the courts to order a recall if they're aware of a contaminated or toxic product. Health Canada doesn't need to apply to court for a recall to protect Canadians when milk or other foods are contaminated, so I don't believe it should have to do that for NHPs either.

My next questions are for Ms. Kramchynsky—

Shawn Buckley: Can I just clarify? I'm sorry. It's just that you asked if I had.... I don't think I had any conversations with Blaine, but there might have been emails with his office suggesting this or that.

Jake Sawatzky: Okay. Thank you, Mr. Buckley.

Ms. Kramchynsky, since 2023, Vanessa's Law authorities have applied to NHPs. This gives the minister the ability to order a recall where an NHP represents a serious or imminent risk to injury or health. If Bill C-224 removes NHPs from the definition of therapeutic product, this specific authority would no longer apply to NHPs.

If Health Canada identifies an NHP that is contaminated with lead, E. coli or another dangerous substance, and the company refuses to voluntarily recall the product, what specific statutory authority would Health Canada have under Bill C-224 to compel an immediate recall?

Roberta Kramchynsky: Based on my understanding of the bill, if it were to pass and that type of scenario happened, they wouldn't have the access to, let's say, Vanessa's Law powers or the precision regulating authorities under the Food and Drugs Act. They would still be subject to the natural health product regulations, but in that

case, there would be a different set of tools available to the minister.

If it did get to a point at which a recall needed to be made, and that power was not available to the minister when it is available for other low-risk products or other products that we're very familiar with, such as foods, other medicines and things of that nature, I think where there's a risk to the population there's an expectation from consumers that they would be protected.

Jake Sawatzky: Thank you.

In regard to access to information, Vanessa's Law also gives the minister powers to obtain information where necessary to determine whether a therapeutic product presents a serious risk. This is important, because Health Canada may need information from a manufacturer to properly assess an emerging safety concern.

If Health Canada receives reports suggesting an NHP may cause serious adverse effects but the available information is incomplete, what authority would the departments have under Bill C-224 to compel the manufacturer to provide the information necessary to assess that potential risk?

Roberta Kramchynsky: In that scenario, if Bill C-224 were to pass, I believe the department would be reliant on its existing powers under the natural health product regulations.

• (1200)

Jake Sawatzky: Thank you.

Would you agree that where there is a serious and imminent public health risk, it is preferable for the health regulator to have a clear statutory power tailored to that risk rather than to have to rely on voluntary compliance or potentially uncertain court remedies?

Roberta Kramchynsky: Yes. I do believe that would actually be an ideal scenario. I do believe that for companies that are aiming to be compliant, it would be a very rare scenario. I actually have a hard time contemplating when that might be, particularly from the manufacturers that I work with day to day. They're seeking to become compliant. That would be an ultimate last resort type of power to be exercised.

If there were a true case of a serious and imminent risk to the health and safety of Canadians, I think there would also be an expectation from the public that Health Canada can act in those scenarios.

Jake Sawatzky: Thank you.

The House of Commons Standing Committee on Public Accounts specifically found that the previous \$5,000 maximum fine was too low to serve as an effective deterrent. Can you explain why an appropriate penalty is important for addressing deliberate or repeated non-compliance and how the current framework ensures that businesses making good-faith efforts to comply are treated differently from those deliberately selling unauthorized natural health products?

Roberta Kramchynsky: When you're looking at fines and the different penalties associated with this, I believe they do act as that deterrent. One thing I'd like to highlight to this committee is that within the definition of therapeutic product, it does include a wide variety of products. It includes drugs, biologics and medical devices.

Perhaps I can use medical devices as an example. That includes a wide variety of products that have levels of risk associated with them, including what we call "level one" products, such as manual toothbrushes or cotton swabs. In this scenario, where we're talking about removing natural health products from the definition of therapeutic products, it means that there is power there for the minister to recall a cotton swab if there was a risk to the public, but they would not be able to do the same for a natural health product.

The Chair: Thank you very much. The time is up.

I would like to thank the witnesses for their time today.

I will briefly suspend the meeting. Then we will welcome the second panel of witnesses.

● (1200)

(Pause)

● (1210)

The Chair: I call the meeting back to order.

Please wait until I recognize you by name before speaking.

Those participating by video conference, click on the microphone icon to activate your mic, and please mute yourself when you are not speaking. At the bottom of your screen, you can select the appropriate channel for interpretation: floor audio, English or French.

Members in the room, if you wish to speak, please raise your hand. Members on Zoom, please use the "raise hand" function.

I will remind you that all comments should be addressed through the chair. The clerk and I will manage the speaking order as best we can, and we appreciate your patience and understanding.

Now I would like to welcome the witnesses joining us for the second hour.

From the Canadian Pharmacists Association, we have Ms. Ashley McVey, vice-president of public affairs; and Dr. Sadaf Faisal, chief pharmacist officer.

Welcome.

From Morpheus, we have Madam Andrea Donsky.

Welcome to the committee.

From the Traditional Chinese Medicine Association of Canada, we have, online, the founder and president, Mr. Pierre Chen.

Welcome to the committee.

Each organization has five minutes for opening remarks. Then we will proceed with a round of questions.

We will start with Ms. McVey for five minutes.

Please go ahead.

● (1215)

Ashley McVey (Vice President, Public Affairs, Canadian Pharmacists Association): I'm splitting my time with my colleague.

The Chair: You have five minutes between the two of you.

Dr. Sadaf Faisal (Chief Pharmacist Officer, Canadian Pharmacists Association): Thank you so much.

Good afternoon, Mr. Chair and members of the committee. Thank you for inviting the Canadian Pharmacists Association to contribute to your study of Bill C-224.

I am Dr. Sadaf Faisal, chief pharmacist officer at the CPhA. I'm joined by Ashley McVey, our vice-president of public affairs.

The CPhA is the national voice of pharmacy and represents more than 40,000 pharmacists across Canada. Our perspective on Bill C-224 is grounded in patient safety and the critical role pharmacists play in helping Canadians assess the risks, benefits and evidence related to the natural health products they use.

The CPhA recommends that the committee not proceed with Bill C-224 in its current form, as it would exclude most natural health products from the definition of "therapeutic product".

Natural health products are widely used by Canadians. As a pharmacist with more than 20 years of experience, I have counselled many patients on their effectiveness, appropriate use, potential side effects, and interactions with prescription and non-prescription medications. Patients often consult pharmacists before starting a supplement, vitamin, herbal product or other natural health product. Through these conversations, pharmacists routinely identify potential safety concerns that might otherwise go unnoticed.

Canadians may assume that products available on pharmacy shelves are safe and risk-free. However, "natural" does not always mean harmless. While many natural health products are considered low risk, patients frequently use them alongside prescription and non-prescription medications, creating the potential for interactions, side effects or therapeutic duplications. Older adults, individuals with multiple chronic conditions, pregnant individuals, and patients taking several medications may be particularly vulnerable.

Pharmacists help patients understand these risks and make informed decisions about whether a product is appropriate and how it fits with overall care. From a medication safety perspective, even a relatively low-frequency risk can have significant consequences when products are used by millions of Canadians. Risk can also arise from issues such as contamination or inaccurate labelling. This is why an effective regulatory system remains important, even for products generally considered low risk. For pharmacists advising patients, reliable and timely safety information is essential. When serious safety concerns emerge, health professionals need confidence that regulators have the authority to respond effectively. For these reasons, the CPhA believes it is important to maintain the regulatory authorities currently available for natural health products.

I'll now turn to Ashley.

[Translation]

Ashley McVey (Vice President, Public Affairs, Canadian Pharmacists Association): Thank you, Ms. Faisal.

Canadians must be able to make informed choices about natural health products. When a serious risk is identified, Health Canada must have the necessary authority to protect the public.

[English]

CPhA supports regulation that is proportionate to risk. We recognize concerns about unnecessary regulatory burden and the importance of access to natural health products. These products already have a distinct framework under the natural health products regulations. Their inclusion in the definition of “therapeutic product” also gives Health Canada specific safety authorities under Vanessa’s Law. CPhA’s position is consistent with the advocacy we have brought forward for more than a decade. We supported Vanessa’s Law when it was enacted in 2014, and in May 2023 Senate testimony, we raised concerns about the original exclusion of natural health products and supported extending these protections to help mitigate serious safety risks. We are therefore defending protections that CPhA previously advocated and continues to support.

Our concern is the loss of these specific safety authorities for the products excluded from the bill. Today, when a serious risk involving a natural health product arises, Health Canada can require information to assess that risk, order a label or package change and, where there is a serious or imminent risk, order a recall. These are targeted safety tools intended to allow the regulator to respond when significant concerns arise. Most manufacturers act responsibly when safety concerns present themselves, but a regulator must also have the authority to act when voluntary measures are insufficient. Patient safety should not depend solely on voluntary compliance.

Retaining Vanessa’s Law protections does not mean imposing identical requirements on natural health products and prescription drugs. Natural health products already have a distinct regulatory framework. The issue before the committee is whether Health Canada should continue to have the authority to act when serious risks arise.

We also recognize concerns about costs, administrative requirements and patient access. Those concerns should be addressed

through targeted, proportionate changes that preserve patient safety rather than through the removal of safety authorities that allow the regulator to respond to serious safety risks. Canadians should be able to access natural health products with confidence that serious risks can be investigated and addressed.

In summary, CPhA recommends that the committee not proceed with Bill C-224 in its current form. Natural health products should remain within the definition of “therapeutic product”—

● (1220)

The Chair: Thank you very much.

We’ll go to Madam Donsky for five minutes.

Please go ahead.

Andrea Donsky (Nutritionist, Morphus Inc.): Good afternoon. Thank you for inviting me to be here today.

My name is Andrea Donsky. I’m a registered holistic nutritionist, published menopause researcher, best-selling author of *Nourishing Menopause*, and co-founder of Morphus, a Canadian company focused on perimenopause and menopause.

I come to this conversation from several perspectives. I’ve personally used supplements for nearly 30 years. I’ve worked in the natural health industry representing supplement brands for more than 26 years, including launching my own brand. In 2022, I received the Canadian Health Food Association’s John Holtmann Leadership Award, recognizing my long-standing contributions to the natural products industry. I also conduct research focused on women 35 and up. Also, I’m the co-founder of Morphus, a women’s health education and supplement company.

My work has given me the opportunity to listen to many women over the years. To date, more than 20,000 women have shared their experiences through my company’s surveys, and their voices are the foundation of my research. Findings from these surveys have resulted in seven published abstracts in *Menopause*, the official journal of the Menopause Society, with three more accepted for publication this December, bringing it to a total of 10.

What women are sharing with us is significant. We’ve documented more than 103 different symptoms of perimenopause and menopause, and women report experiencing an average of 31 different symptoms. This is where supplements become part of the conversation.

In our latest study on women's experiences with health care providers, supplements were among the most commonly recommended treatments, with nearly half reporting that their health care provider had suggested them. When women were asked what treatment options were effective in managing their symptoms, supplements were again among the most common responses, along with exercise and physical activity.

This is a common thread throughout our research. In our doctor's visits survey with more than 1,300 women, supplements were also among the most commonly recommended treatment options. In our sleep research with more than 3,400 women, over 40% said they used supplements to support their sleep.

As you can see, supplements play an important role in how women are managing their health and symptoms, so when we talk about natural health products, this isn't theoretical for me. I use them, health care providers and doctors are recommending them and women are choosing them as part of their health care routine.

As the co-founder of a Canadian women's health company that develops supplements, I also see this from a business perspective. I want to be clear. My business partner Randy and I strongly believe in regulation. We value and respect the safeguards that give consumers confidence in the products they're choosing. However, we also see first-hand how the regulatory environment can negatively impact a Canadian business.

Morphus is a Canadian company, but we launched our supplements in the United States first because it was faster and easier. For three years, we've been working towards launching them in Canada. That's three years of lost revenue for the Canadian market, while Canadian women have been asking us, "When can I buy your products in Canada?"

We hope to launch Morphus supplements in Canada in the new year, because we want Canadian women to have access to the products they're asking for. Women deserve high-quality supplements, appropriate safeguards, good information and the option to make informed choices about their health. That's why I support Bill C-224's proposal to exclude natural health products from the definition of therapeutic product.

As you consider Bill C-224, I hope women's experiences and voices remain at the centre of this conversation and in your final decision.

Thank you.

The Chair: Thank you very much.

We will go to the Traditional Chinese Medicine Association of Canada and Mr. Pierre Chen for five minutes.

Pierre Chen (Founder and President, Traditional Chinese Medicine Association of Canada): Thank you so much.

Good afternoon, Mr. Chair and members of the committee.

My name is Pierre. I'm the founder of the Canadian College of Traditional Chinese Medicine. I'm also a licensed practitioner of Chinese medicine and acupuncture. I have experience with importation and regulation, and I'm also the subject matter expert through the Standards Council of Canada under ISO technical committees

249 and 215. I'm here to explain why, from the perspective of traditional Chinese medicine, it's important to pass Bill C-224.

First, we need to understand that "natural health products" is a very broad category. It includes everyday products such as herbs, vitamins, minerals, homeopathic medicine, traditional Chinese medicine, Ayurvedic medicine and also ethnomedicines of first nations. To make this easier to understand, currently, Health Canada classifies everyday products under "natural health products": Toothpaste, sunscreen lotion and lip balms—these are considered some of the low-risk items. When we talk about natural health products, we're not talking about one uniform category of high risk covering everything; there are broad categories.

Risks can be very different. Even water has risks. If you label water as a natural health product.... The only difference between water and a natural health product is that a bottle of water does not label that it treats dehydration, but, when it does, it becomes a natural health product. If you label water as a natural health product, then you'll need risk information—the risk of overdosing, causing water poisoning or drowning. That's the difference between a natural health product and an everyday product.

This is important for Canada, because natural health product regulations address the unique nature of these things. Canada describes this framework today as "separate and distinct...from prescription drugs", and it's appropriate to the generalities of the low-risk nature of NHPs. That doesn't mean we're claiming that natural health products are risk-free, as they're not—as an example, as I said previously, water is not risk-free, depending on the substance, dose, concentration, formulation, manufacturing quality and how this product is used—but we're claiming that NHPs are already regulated.

A finished natural health product generally requires a product licence before it can be sold, and manufacturers and importers are subject to site licensing. GMPs—regulating addresses, ingredients, dosage, health claims, warnings, contamination, adverse reactions and recalls—already exist, so to add these on top of it is just unnecessary. Traditional Chinese medicine—TCM—businesses already address quality issues such as identifying microbial contamination, pesticides and heavy metals, when applicable.

The question raised is whether Bill C-224 should remain within the Food and Drugs Act category of "therapeutic product". Remember, this additional protection that people are talking about is Vanessa's Law. Its full name is Protecting Canadians from Unsafe Drugs Act, so it was applied, originally, to a drugs act, but it was not applied to health claims for food and things like that.

These additional authorities include mandatory recall for serious or imminent health risks, although Health Canada has already done recalls in the past. If you have products that require a recall, they say, "Okay, you have to recall or we'll fine you, or we'll take away your natural health product licence. We'll take away your site licence." Those measures are already in place. You don't need an additional Protecting Canadians from Unsafe Drugs Act—also known as Vanessa's Law—to the Food and Drugs Act in order to take it out of the drugs act to apply it to natural health products.

An important question for the committee to talk about today is proportionality. What is the proportion you want to use? In Chinese medicine, a lot of the common herbs that we use are food. Ginger and cinnamon are common things that we use, in Chinese medicine, as therapeutic products. How much recall do you need for a piece of ginger that we have health claims for versus one that you sell in a supermarket?

Another example I like to use is Canadian ginseng. Right now, Canada is one of the biggest producers of North American ginseng in the world. Canadian farmers can harvest and grow ginseng as an agricultural raw material. Having this additional labelling actually prohibits these farmers from selling it as a natural health product in Canada. They could sell it as food and raw material. They would sell it to China to further process it, and then China would sell it back, because it's cheaper that way.

• (1225)

It is the same for our gas. That's what we're trying to do. We're creating red tape and then making further red tape reductions in the future, which makes no sense.

The Chair: Thank you very much, Mr. Chen. We have a very tight timeline. I appreciate your comments.

We'll go to Madam Dancho for six minutes.

Please go ahead.

• (1230)

Raquel Dancho: Thank you, Mr. Chair.

Thank you, witnesses, for your opening testimonies. I really appreciate your expertise.

I have a few questions for Ms. Donsky.

I wanted to talk to you a bit about the concerns from your industry and like-minded industries across Canada regarding access for consumers and the choices they have of the products they need. You mentioned that you're an expert in menopause and in treating menopause in Canadian women with natural health products and other products. Thank you very much for that. It's related, but I wanted to talk to you about fertility as well. There are similar discussions that go on for women.

Again, I wanted to legitimize, for folks who may not know, the importance of natural health products. It's not just nutritionists, naturopaths and your pharmacist who may be recommending them. It's also medical doctors.

For example, I wanted to read you this list and then get your comments generally. At a fertility clinic in Manitoba, the medical

physicians recommend prenatal vitamins, coenzyme Q10, omega-3s, vitamin E, vitamin C, vitamin D and açai berry. Those are recommendations from medical doctors, and I know a naturopath recommended basically the same list.

I'm wondering if you are concerned that my access, your access and others' access to these products may diminish over time if we continue down this regulatory path that the Liberal government has been on for quite some time.

Andrea Donsky: Yes, I am very concerned, and I definitely want to make sure that doesn't happen.

Over 20,000 women have answered our surveys. They are telling us that natural supplements are a big part of how they're managing their health and their symptoms. For me, as I said, as someone who uses them and is also hearing from the women in our community who are in perimenopause and menopause and are hearing from their doctors and health care providers.... They are the ones recommending magnesium, omega-3s, vitamin D, vitamin K2 MK-7 and fibre. These are important parts of managing our health, and I am concerned that could be an issue going forward, if it does.

Raquel Dancho: Right, and if you go to a health food store or pharmacy and you see natural health products, there may be various types of magnesium, but I think the concern.... What I'm hearing from Liberal questioning today is that they're not against natural health products, but they are in favour of a much stricter regulatory regime, which will limit our options, as you and others have been saying. It will also impact Canadian companies.

You mentioned that you have a product for menopause that you've launched, but my understanding is that you launched it in the U.S. and not in Canada. I'm guessing that wasn't your first choice, though.

Andrea Donsky: It wasn't our first choice. We really did want to launch here, but because of the regulatory issues, it was faster to get to market. We had to wait for NPNs here. Obviously, it was going to take a longer time to get it to market here, so we chose to go that route.

When this came into effect, we wanted to know how it would impact decisions and choices for consumers and how it would affect our insurance costs and our costs of doing business here.

Raquel Dancho: My understanding of the changes that the Liberal government has made is that natural health products are now, again, increasingly regulated like pharmaceuticals, which means their makers are increasingly facing the penalties that pharmaceutical companies can face.

Pfizer and other big companies like that are multi-billion-dollar companies. They can withstand a \$50,000 licensing fee, for example, and a cost recovery measure, but small upstarts making menopause products or other products are going to have a lot more challenges when facing a similar cost recovery.

My understanding is also that under the current Liberal regime, makers of natural health products, like makers of pharmaceuticals, can face multi-million-dollar fines as penalties daily, which would obviously be absolutely crushing for a company that would want to comply very quickly. The idea that you can come down with something that could bankrupt that company just seems very unfair.

What are your comments as a provider of these products?

Andrea Donsky: It wouldn't even be an option for us here. That's probably one of the biggest obstacles for us. If we were to get hit with some type of fine, as you said, we're obviously going to comply.... Regulation isn't huge for me and my business partner, but we wouldn't be able to survive.

Raquel Dancho: Thank you very much.

Again, it's disappointing to hear that a woman and a founder of a company making products for women going through menopause....

I will say one thing, and I know that you will agree: For the first time in history, women's symptoms during menopause are being taken seriously, and it's not, "Well, that's just how it is." The idea that you and others like you are bringing forward Canadian-generated products that I can't access as a Canadian woman seems quite outrageous. Those are many issues that extend beyond today's conversation but are very complementary to our concerns with the current regulatory regime of the Liberal government for natural health products.

Do you have any concluding comments?

Andrea Donsky: Yes, I completely agree. That's why I really hope that you consider what I asked for here today, because for us as women and also for the women in our community, we do want to have access. Also, we want to be empowered over our own choices in deciding what we want to use. Something like magnesium is hugely important. I always say that there are non-negotiables for women in perimenopause and menopause. Magnesium fibre and omega-3s are all very crucial for helping us manage our symptoms.

As you said, in the research we put forth, which we published in 2024, those 103 symptoms were based on 5,300 responses. At the time, there were 2,400 responses. We're now up to 5,300 responses from women, and they're requesting the same things.

Yes, it's about understanding what our symptoms are and then educating doctors and health care providers to help us with what they're recommending. As I mentioned, supplements are part of the treatment options they're recommending that women should look to in terms of helping themselves. Women are asking for it as well, because it's working.

Thank you very much.

• (1235)

The Chair: Thank you.

You have 22 seconds left.

Raquel Dancho: Oh, I do. Thank you very much. I'll hold that over for my next round, if you don't mind, Mr. Chair.

The Chair: Thank you very much.

We will go to Dr. Eyolfson for six minutes.

Please go ahead.

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

I'd like to thank all the witnesses for coming.

To give full disclosure, I am taking natural health products after my bypass and two cardiac stents. I am on a multivitamin, vitamin C and vitamin D. There's very good evidence in the cardiology literature that those improve outcomes for people with my level of coronary artery disease.

In the previous hour, I did not get a chance to address this point from a witness who said that natural health products are not drugs and do not make medical claims.

I'm going to give you a specific example. St. John's wort, for those who aren't familiar with it, has an active ingredient called "hyperforin". Its mechanism of action is a selective serotonin reuptake inhibitor, an SSRI. This is marketed for depression. It says that on the package: "treating depression". Interestingly enough, it's also marketed to treat the symptoms of menopause.

I also know, having treated many patients on prescribed SSRIs, that they can have a very long list of medical interactions, which interact adversely with a number of medications.

Dr. Faisal, would you say it's accurate to say that natural health products are not drugs and do not make medical claims, given what we know about this product?

Dr. Sadaf Faisal: Thank you so much.

I think you have answered your question already. Natural health products are intended for treating or managing medical conditions.

St. John's wort is an example. There are a lot of other natural health products that you can pick up from the pharmacy shelves that claim a medication can either boost your immunity or prevent you from having a cold. Vitamin C is another great example where a lot of the time we do see those claims on those bottles.

Doug Eyolfson: All right. Thank you.

Another natural health product we've seen is pills of concentrated cranberry juice that say on the label "for treatment of urinary tract infections". I've practised medicine for 25 years. I have yet to find any verification that there is any effect on the course of a urinary tract infection or any actual peer-reviewed data that cranberry juice affects the course of a urinary tract infection. Are you aware of any peer-reviewed literature that corroborates that this treats as is claimed?

Dr. Sadaf Faisal: I'm not aware of any peer-reviewed evidence. The research I'm aware of is that you have to actually drink three jugs of cranberry juice if you really want to achieve any benefit from the claims that have been placed on these products.

I'm not saying that these products do not manage conditions or that they are not there to treat. They are.

I think that's what is really important. That's why it's very important that the claim has to be very clear and evidence-based and you can provide that information to your patient so the patient can use these products safely with their other prescription and non-prescription medications.

Doug Eyolfson: All right. Thank you.

I'd like to go on to the use of a natural health product with prescription medication. Another witness talked about vitamins and made a list of vitamins that are all natural health products, including vitamin K. Let's say someone had an artificial heart valve surgically implanted and needs to be on warfarin for that. Can you describe the potential interactions and side effects for someone who's on warfarin taking vitamin K?

• (1240)

Dr. Sadaf Faisal: If you are taking warfarin for any kind of cardiac event as an anticoagulant—a blood thinner, in layman's terms—you are taking it so that your blood does not coagulate. If you take additional vitamin K with that, you are actually potentiating the effect of warfarin, which could seriously harm your patient.

Andrea Donsky: May I add something?

Doug Eyolfson: Please.

Andrea Donsky: I was talking earlier about how there are different forms of vitamin K. There's vitamin K1, which interacts, and then there's vitamin K2 MK-7, which was the one I was referring to.

Interestingly enough, my dad's in the hospital. I was just with him. He has a pacemaker and he has a defibrillator. He had emergency surgery Friday night.

Doug Eyolfson: I'm sorry. I don't want to take up too much time. I'd just like to get quickly to the meat of the question.

Andrea Donsky: Basically, I wanted to say that I asked a doctor about my dad taking vitamin D with K2 MK-7. Would it interfere with surgery? He said it absolutely would not. It was not the type of vitamin K that would cause that bleeding.

Doug Eyolfson: All right, but that leads me to another question. As most people don't know the difference between these types of vitamin K, does it not make sense that, given the potentially serious nature of this interaction, it should be regulated by Health Canada?

Andrea Donsky: I think everyone always has to speak to their doctor. Even as a supplement company, one thing we say all the time is to always speak to your doctor before taking any supplement.

The Chair: Thank you very much.

We'll go to Madame Gaudreau for six minutes.

Please go ahead.

[Translation]

Marie-Hélène Gaudreau: Thank you, Mr. Chair.

We've just seen that science is vital. We all know people who have been affected by a molecular interaction. Some people have even become pregnant. I'm talking about St. John's wort, to name just one example. Be careful, ladies.

I'll begin the discussion by quoting from a brief submitted by the Centre antipoison du Québec:

Data collected ... show a constant increase in natural health product exposures in recent years ... 2,262 cases were reported in the first six months of 2026 alone. More than 40% of these reports involved children [all young people] under the age of five, and about 15% involved seniors over the age of 70. Over a third of people who were exposed showed signs or symptoms of poisoning, 22% needed to be assessed in a health care facility, and more than 80 people a year have experienced clinical effects of more than moderate severity.

Ms. Faisal, in your practice, what are the main risks when patients take natural health products along with prescription medications?

[English]

Dr. Sadaf Faisal: When patients take prescription medications or certain non-prescription medications with natural health products, sometimes there might be a risk of drug interaction. A very common example I can give is turmeric, which is a very commonly used natural product in a lot of Ayurvedic medications. You can find turmeric on pharmacy shelves. Turmeric can actually cause some rare liver side effects. It can also impact coagulation. If you are taking medications like warfarin or other medications that can impact your coagulation parameters, it can actually impact that.

St. John's wort is another example that was mentioned. There are a lot of other medications. Before anybody purchases a natural health product, it's always recommended that they talk to their pharmacist or their health care provider to make sure those medications are not interacting with their prescription and non-prescription medications.

• (1245)

[Translation]

Marie-Hélène Gaudreau: I realize that I could give my children this advice.

We've been talking about a study from 2004, and it's almost 2027. We agree that, as soon as we turn on our smart device, we're shown a whole range of products. These products may be quite good, but they must be assessed.

Perhaps my colleagues have systematic access to their pharmacist. That's not the case for me. I certainly want to be able to access a product safely. I agree with that.

You can see that patients are taking multiple supplements, vitamins and so on. You spoke earlier about the risks. Are there actual risks associated with self-medication? The process no longer takes place solely within your pharmacy, where people come to you for advice. People can also use their smart device and have products delivered to their homes.

[English]

Dr. Sadaf Faisal: Yes, definitely. If you take certain medications, if you have certain medical conditions or if you are an older adult who has multiple chronic conditions, anything that you are ordering, whether you are ordering it online or purchasing it at your pharmacy, can interact with your prescription or non-prescription medications.

[Translation]

Marie-Hélène Gaudreau: I understand the importance of all products, including natural health products. I use them myself. I've checked my sources, of course.

I asked a question earlier about an amendment, specifically regarding the right to resubmit a claim. What are your thoughts on this?

[English]

Dr. Sadaf Faisal: Our perspective on the bill is that natural health products are already regulated under different regulations by Health Canada. We are not asking that they be regulated like prescription medications.

Yes, their risk is low, but there is still a risk. What we are saying is that we need to make sure that the additional safety layer that you need after these products are available in the market is there for safety concerns such as contamination or inaccurate dosage or labelling on these products, or if a rare adverse effect has been reported. If those safety layers were to be removed, there could be some inappropriate impact on patients and the safety of their health.

[Translation]

Marie-Hélène Gaudreau: Thank you, Mr. Chair.

[English]

The Chair: Thank you.

We'll go to Madam Konanz for three minutes. Please go ahead.

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

I have a question for Ms. Donsky. First, I want to say that we know that natural health products are and have been regulated by Health Canada. I think we all agree on that.

I want to state that natural food stores and natural health stores are the anchor of many small towns and many small-town main streets, and many are owned by women. I know they are present in my rural riding in all the small communities, and owners tell me that they are struggling. They're competing with Amazon, for one, which has no regulation, as you know. My very rural riding has one of the longest borders with the United States in the country, with six border crossings. We're trying to prevent or not encourage cross-border shopping, whether it's by driving or through Amazon, where there's no regulation at all.

Rural ridings like mine also have very few doctors. We're struggling with being able to see a doctor, and the walk-in clinics are very scant, with just a couple in my entire riding, which is huge. If you are able to see a doctor, they're recommending natural health food products and they want you to shop locally, of course, so people are turning to their natural health food stores for help.

Ms. Donsky, you cited survey data showing that women speaking with health care providers about the symptoms of perimenopause and menopause found that supplements were among the most recommended treatments, with nearly half of women saying their health care provider had suggested them. Why do you think that is?

• (1250)

Andrea Donsky: I think it's because they work and they're another option to help women. As someone was saying earlier—I think it was Mr. Buckley—women are finding relief through using them. In many cases, they can use them to help them feel better. I think that's why. It's because they're seeing a difference in how they're feeling. It's because they work.

Helena Konanz: Ms. Donsky, you said in your opening statement that you are a strong believer in regulation. Beyond just this bill, what do you think is the right method of regulation? What should that regulation be when it comes to this sector?

Andrea Donsky: I think we have it. I think we have strong regulation.

As I mentioned, we're selling our supplements in the U.S. They know we're from Canada, and right away they say we have the best regulations in the world. They look at us like it's amazing, and they trust us. I think we have it in place right now.

Helena Konanz: That's excellent. Thank you.

Mr. Chair—

The Chair: Thank you. Time is up.

We'll go to Madam Jaczek for three minutes.

Please go ahead.

Hon. Helena Jaczek: My first question is for Dr. Faisal.

During the course of this morning, we've heard a number of witnesses saying there is a relatively low risk with natural health products. However, you've given us the example of turmeric, where overingestion can be harmful. Both you and Ms. McVey have alluded to potential serious risks.

Should the consumer not be warned, through a mechanism such as labelling, of even these potential relatively low risks? Not everyone who goes to the pharmacy and picks up some natural health product consults the pharmacist. Do you not agree that the labelling provisions should be maintained?

Dr. Sadaf Faisal: Yes, we agree that there should be some regulatory provisions that allow Canadians to have the information they need to make an informed decision when they're choosing a product, in case there is no health care provider available to them to identify those issues.

Another important thing is that these products are relatively safe. There is still a risk. The most important thing is that sometimes these risks are not available before these products get to the public. That's what we are advocating. Postmarket surveillance is really important. If a really serious adverse effect is happening because of a natural product, there should be a regulatory authority to collect that data, analyze that data and also inform Canadians about that serious adverse effect.

Hon. Helena Jaczek: Thank you.

If the federal government can order the recall of unsafe food or consumer products, is there any reason it should not have the same authority to recall an unsafe natural health product?

Dr. Sadaf Faisal: I agree. I think it should have that authority to recall a product that can pose serious adverse effects for Canadians.

Hon. Helena Jaczek: Mr. Chen alluded to the safety of water. Water is very carefully monitored, certainly in Ontario. It is monitored at source for water quality, given the tragedy at Walkerton many years ago, where a number of people became very ill. In Ontario, even surface water at beaches is regulated and obviously should not exceed 200 E. coli per 100 millilitres.

I wanted to make sure that Mr. Chen was aware of the regulation of water.

The Chair: Thank you.

We will now go to Ms. Gaudreau for one and a half to two minutes.

[Translation]

Marie-Hélène Gaudreau: I'll keep it simple, Ms. Faisal.

This brings me right back to the topic at hand regarding what we consume and the risks involved. The bottom line and key point is that we must make informed decisions. Obviously, when a woman is pregnant, she's advised to exercise caution. This is already regulated.

We're told to ask our doctor, and that's fine. Yet this morning, I just learned that turmeric can affect the liver. I'm thinking of people who have high blood pressure, who are in perimenopause or who have heart disease. We can't obtain all this information about dosage. I think that consumers must be well informed. It isn't enough to just have postmarket oversight, as you said. The same goes for water. I have water that comes directly from a well. I need to have it tested because it might contain E. coli. We know what that can do.

I gather that you fully agree that a safeguard should be in place. I know it might cost a bit more. I commend everyone who has already taken steps to protect people's health. These are the natural products available.

You're in favour of this bill, aren't you?

• (1255)

[English]

Dr. Sadaf Faisal: From a CPHA perspective, we want the bill not in the current form. We would like to make sure that natural health products are not excluded from the definition of therapeutic products.

When you remove them from the definition of therapeutic products, you are actually removing them from that additional layer of safety that was provided to them under Vanessa's Law. If there is any recall or any serious life-threatening injury or adverse effect, there should be a regulatory process such that it could be reported to Canadians.

The Chair: Thank you very much.

I will go to Mr. Calkins for three minutes.

Blaine Calkins: Thank you, Mr. Chair.

Just quickly for Ms. Faisal, you're a pharmacist. You represent, through your association, numerous pharmacies across Canada. I am at the age where I frequent pharmacies a lot more than I used to. I walk right down the vitamin aisle when I go to get my prescriptions.

I've never seen a sign suggesting that anybody should have a conversation with a pharmacist if they happen to be buying a vitamin at the same time they're getting their prescription filled. Why isn't the pharmacy industry putting that advertisement up in the vitamin aisle?

Dr. Sadaf Faisal: Thank you so much.

I'm happy that you are going to your pharmacy.

Whenever pharmacists counsel patients on prescription medications, they always question them on whether they are using any non-prescription herbal, natural or other products. They are required by regulation from our colleges to make sure their medications are not interacting—

Blaine Calkins: I can buy turmeric at the grocery store. I don't need to buy it off the vitamin shelf. I can buy a grapefruit from the grocery store, and it'll interfere with the statin. You guys are clever enough to figure out how to counsel people in those kinds of situations. I'm not understanding what you need these powers for. Furthermore, all we need to do is add an amendment to Bill C-224 for recall power, which was added in the last Parliament under Bill C-368. I'm assuming that amendment will come again. It seems to solve all of your problems.

I'm not sure what it is that the pharmacists association is so upset about. Doctors seem to be able to figure these things out when they say to not take grapefruit when they prescribe the statin. The pharmacists can figure this out. I don't know what the actual problem is that you're trying to solve, but it sure does create a lot of headaches for the natural health product industry to have these extra layers of red tape and bureaucracy.

I'm going to turn my questions to Mr. Chen. Nobody's had a chance to ask him this question yet.

Mr. Chen, you have the traditional Chinese medicine experience. I think you're probably one of the foremost experts we have in Canada on traditional Chinese medicine. Based on the previous administration, when Bill C-368 was passed, you were very supportive of my bill then. You're still very supportive of my bill now.

There was the protocol that the Government of Canada had in place: the self-care framework. Could you explain to me what the threat was to the traditional Chinese medicine industry in Canada? Was it an existential threat to your industry?

Pierre Chen: It would destroy the whole industry. It's very common for importers to hold over 1,000 licences, but commonly we use about 400 or 500 of these products. Out of those 400 or 500, really, the other half is not used, but if we need it, and if there are patients who request it, they can have that licence and order it immediately. If there is that cost recovery and then all these requirements, people would just forfeit those licences, and that would destroy the industry. A lot of this has to do with the extra red tape that's required.

The Chair: Thank you, Mr. Calkins.

We will go to Mr. Rana for three minutes.

Aslam Rana (Hamilton Centre, Lib.): Thank you, Mr. Chair.

My question is for the Canadian Pharmacists Association.

A 2021 review of Health Canada's natural health products program that was carried out by the commissioner of the environment and sustainable development concluded, "Health Canada's oversight of natural health products available for sale in Canada fell short of ensuring that products were safe and effective." What in this bill addresses those findings, or does it simply remove the tools created in response to them?

• (1300)

Dr. Sadaf Faisal: Thank you so much for the question.

When we talk about these regulations, we are talking about what evidence is there. If there isn't enough evidence that these medications could be used, that's where pharmacists usually recommend. We are also talking about postmarket contamination: if there is any serious adverse effect that is being reported by consumers through their adverse reaction reporting form to Health Canada. Those are the really important things that need to be available to consumers before they make a decision.

Aslam Rana: Thank you.

In your opinion, should mandatory reporting of serious adverse reactions by health care institutions continue for NHPs even if Vanessa's Law powers are removed? Why or why not?

Dr. Sadaf Faisal: Yes, they should, because these adverse effects need to be documented, and these adverse effects need to be communicated to Canadians, when they are using these products with a perception that these products are risk-free.

Aslam Rana: Okay.

Are there some jurisdictions, such as Australia, Europe or the U.S., that regulate natural health products in a way that balances access and safety better than Canada does?

Dr. Sadaf Faisal: I'm not aware of those situations. Our main perspective is that we would like patients to have access, but we want to have that access with safety in mind.

Aslam Rana: Okay.

Without the minister's powers to order a recall, what happens if contaminated or dangerous natural health products are on the store shelves tomorrow? What would the procedure or the course of action be to guarantee the safety of Canadians?

Dr. Sadaf Faisal: Manufacturers usually do provide that information. However, if there is no regulatory oversight, that is a voluntary ask to manufacturers. If, for any reason—I'm not talking about intentional reasons, but because of any unintentional reasons—those recalls are not being informed by manufacturers, then there might be a certain risk for the patients, who could be consuming those products while they are already on the shelf.

Pharmacists counsel patients; however, they do not have that data on hand if there is any regulatory authority, such as Health Canada, that is not able to communicate that to health care providers. If no such authority exists, then pharmacists will also not be able to inform their patients if there has been any serious recall about such products.

The Chair: Thank you very much.

With that, I want to thank the witnesses for the valuable information they shared.

Our next meeting will be on Wednesday, October 7, for clause-by-clause consideration of this bill. I remind you that the deadline to receive amendments for this bill is today at 4 p.m.

Some hon. members: Agreed.

Is it the will of the committee to adjourn the meeting?

The Chair: The meeting is adjourned.

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