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Wednesday, March 25, 2026

The Honourable RAYMONDE GAGNÉ,  
Speaker

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## THE SENATE

Wednesday, March 25, 2026

The Senate met at 2 p.m., the Speaker in the chair.

Prayers.

### SENATORS' STATEMENTS

#### WAR OF GREEK INDEPENDENCE

**Hon. Leo Housakos (Leader of the Opposition):** Honourable senators, I rise today, as I do each year, to mark the anniversary of the War of Greek Independence, a moment that forms the bedrock of the modern Greek state and the heartbeat of the tens of thousands of Canadian Hellenes who call this country home.

It has been 205 years since Greek rebels gathered in Areopoli, on the rugged cliffs of the Mani Peninsula, to formally declare war. Together they raised the revolutionary flag and swore an oath: "Liberty or death." As Hellenes, that defiance is our heritage. Our ancestors stood on that day, ready to shake off 400 years of being under the boot of Ottoman subjection and defend their Greek Orthodox way of life to the death. They were outnumbered and outarmed, but not outfought.

The struggle that followed, from the Peloponnese to the waters of Navarino, birthed the modern Greek state, which stands today as the phoenix of the ancient Hellenic world and a foundation of our modern Western civilization and democratic values. That is the Greece my parents grew up in, a nation forged in sacrifice, facing the monumental task of rebuilding from the wreckage of a brutal empire.

When they eventually made their way to Quebec, Canada, they brought with them that iron spirit, a tireless work ethic, a fierce devotion to family, a deep faith in Orthodox Christianity and a bone-deep belief in the democratic ideals reborn in 1821.

Central to those is the ancient Greek virtue of *filotimo*, a word almost impossible to translate, yet every Hellene feels it deep in their soul. It is more than "love of honour;" it is the complex sense of duty to one's family and community, the innate desire to do what is right and the selfless hospitality that defines our people.

Today, those values are woven into the fabric of Canada through its wide-reaching Hellenic community. We come from a people who refused to be defeated. We celebrate more than a date on a calendar; we celebrate the enduring character of a people who, for generations, have chosen to live free and live with *filotimo*.

*Zito h Hellas. Zito h Eleftheria.* Long live freedom.

### VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the gallery of a delegation from the Canadian Independent Fish Harvesters' Federation, including their president, Melanie Sonnenberg. They are the guests of the Honourable Senator Surette.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

### CANADIAN FISHERY

**Hon. Allister Surette:** Honourable senators, I'd like to offer a warm welcome to members of the Canadian Independent Fish Harvesters' Federation who are in the gallery today, as they were just introduced.

The federation acts as the national voice for over 14,000 licensed independent fishers across the nation who sustainably and responsibly harvest seafood, a critical public resource that belongs collectively to the people of Canada.

Fisheries forms the backbone of many coastal communities. Across Canada, commercial harvesting directly employs 43,000 people, with an additional 18,000 working in the processing sector.

Last year, harvesters brought in \$3.7-billion worth of seafood in landed value, which is the value of the catch when it is first brought to shore.

Canada exports three quarters of its catch, which, after processing and transformation, is worth \$8.1 billion.

On the Atlantic Coast, two key commercial fishing licensing policies have been put in place to ensure that the benefits of the fishery remain in the communities that depend on them.

First, the fleet separation policy ensures that the fishing and processing sectors remain separate by prohibiting fish processors and corporations from owning fishing licences.

Second, the owner-operator policy requires licence holders to personally fish their licence — "boots on the boat," so to speak.

These policies, supported by harvesters, provincial governments, industry leaders and community advocates alike, have bolstered the independence of the Atlantic fishing fleet by preventing the corporate concentration of licences and fishing quotas and, in so doing, have ensured that the economic benefits of the fisheries remain in coastal communities and, ultimately, in Canada.

Colleagues, Canada's ocean resources are a public good. I am pleased that the Canadian Independent Fish Harvesters' Federation has been fighting to prevent this erosion of policies.

I'd also like to highlight the work of the Standing Senate Committee on Fisheries and Oceans studying the licensing regimes on the East and West Coasts of Canada.

At a time of tremendous economic and social uncertainty, and when the Fisheries Act is currently under statutory review, it is critical that we protect this sector.

Seafood is a strategic asset that delivers large economic benefits and provides food security as well as culinary and cultural benefits.

Thank you.

### VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the gallery of Pam Glode, Executive Director of the Mi'kmaw Native Friendship Centre, as well as Corinne MacLellan and Tom McGuire. They are the guests of the Honourable Senator Prosper.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

### MI'KMAW NATIVE FRIENDSHIP CENTRE

**Hon. Paul (PJ) Prosper:** Honourable senators, I wonder if many know the kinds of services Indigenous friendship centres provide for urban Indigenous People. For some, it's a refuge for those separated from community and extended families for a variety of reasons. For others, it's where you go to access culturally informed supports and programs. For many, it is a home away from home, a place where a sense of community and belonging nurtures the human spirit and fosters a renewed sense of hope.

If it takes a village to raise a child, what does it take to support over 8,000 urban Indigenous individuals living in Halifax? If you ask those on the ground, I think many would say that it just takes the heart of one woman whose passion and dedication are infectious.

• (1410)

Pam Glode is the President of the National Association of Friendship Centres. As the executive director, she has worked with the Mi'kmaw Native Friendship Centre in Kijipuktuk — Halifax — for over 20 years. Pam and her incredible team at the friendship centre developed its programs and services exponentially. For example, Pam's men's group reconnects Indigenous men to culture and traditions that instill pride and confidence and offers a form of stability in their lives.

[ Senator Surette ]

Her leadership has led the Mi'kmaw Native Friendship Centre to provide primary care to over 1,000 individuals and mental health services to approximately 1,500 people each year. She has gathered strong data to track the impact of the centre's work and is building a new centre to meet their growing needs. However, the pandemic and other factors have led to a funding gap of \$21 million. I sincerely hope the federal government's Build Communities Strong Fund can allow the friendship centre to continue its good work.

Pam, you remind me that we are a community within communities, a nation within nations and that we are connected in more ways than we can imagine. Your inspiration creates a spark in the hearts and minds of the many L'nu people who walk through your doors. *Wela'lin*, Pam, for all you do.

*Wela'lin*. Thank you.

[*Translation*]

### VISITOR IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the gallery of Iya Touré, former general delegate for Quebec in Dakar. He is the guest of the Honourable Senator Gerba.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

### IYA TOURÉ

**Hon. Amina Gerba:** Honourable senators, I want to acknowledge the dedication and achievements of Iya Touré, a proud champion for Quebec on the international stage.

Mr. Touré was appointed as Quebec's delegate general in Dakar, Senegal, in 2021. It is a strategic position at the heart of Quebec's international activities. The Délégation générale du Québec in Dakar is Quebec's first general delegation in Africa and provides the highest level of representation for Quebec on the African continent. Its presence speaks to Africa's strategic importance for Quebec.

Prior to this appointment, Mr. Touré had already made a name for himself with a distinguished career in economic development. For nearly 20 years, he held various senior management positions, including vice-president responsible for strategic sectors related to natural resources and business development.

Under his leadership, the Délégation générale du Québec in Dakar has become a true hub for Quebec's activities in West Africa. It has strengthened ties between businesses, institutions and civil society, while enhancing Quebec's economic and institutional presence in the region.

During his time in office, Mr. Touré led and supported several of Quebec's trade missions to many French-speaking African countries, opening up new opportunities for Quebec and Canadian businesses on a continent that is rich in opportunities, particularly in the areas of education and training, infrastructure, energy, innovation, natural resources, agri-food and IT.

I am also proud to say that Mr. Touré and I are both part of the Cercle Excellence Québec, which brings together public figures of African descent who are known for their exceptional careers, leadership and contributions to Quebec.

Dear Iya, thank you for your service and your remarkable contribution to our beautiful province of Quebec.

[English]

#### VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I wish to draw your attention to the presence in the gallery of a delegation from Power to Change. They are the guests of the Honourable Senator Martin.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

#### KARL MOORE, PHD

**Hon. Tony Loffreda:** Honourable senators, I rise today to honour an outstanding Canadian, a bright mind with a deep connection to my hometown of Montreal, whose career has left an enduring mark on academia and on the broader global conversation around leadership, strategy and human dynamics.

For more than two decades at McGill University's Desautels Faculty of Management, Professor Karl Moore, who joins us in the gallery today, has distinguished himself as a teacher, researcher, author, media contributor and thought leader of international renown.

From early executive roles in the high-tech sector to a formative tenure at Oxford University, Professor Moore has consistently blended real-world experience with scholarly insight. Since joining McGill in 2000, he has mentored generations of students in strategy, leadership and organizational behaviour, while also teaching executive and MBA audiences at leading institutions such as Harvard, Stanford and Cambridge.

Karl's contributions to scholarship are both broad and impactful. He has authored countless books, edited volumes, chapters and scores of executive articles, earning more than

4,200 citations in academic literature. His research spans key areas in management, from the history of globalization to the evolving dynamics of personality in leadership roles, influencing peers and practitioners alike.

A central theme of Karl's work is rethinking traditional assumptions about leadership. His work on introverts, ambiverts and extroverts reframes how we understand executive effectiveness and has challenged entrenched biases.

This research culminates in his most recent book, *We Are All Ambiverts Now: Introverts, Ambiverts, and Extroverts in the C-Suite*, co-authored with Gabriele Hartshorne-Mehl, drawing on more than 750 interviews with global CEOs and senior executives. The book bridges academic insight and practical application, offering leaders tools to harness diverse personality strengths, become better managers and navigate complex workplace challenges.

I want to thank him for presenting earlier today to the Independent Senators Group. I encourage other Senate groups to consider hearing from him.

Beyond academia, Professor Moore has enriched public discourse through decades of writing and media engagement, including a long-running *Forbes* blog and his podcast, *The CEO Series*, where he explores leadership journeys, emerging trends and the balance between professional success and personal well-being.

His gift for translating rigorous research into accessible insight has made him a trusted voice in business and society in Canada and abroad.

Honourable senators, please join me in celebrating Professor Karl Moore's exceptional career, intellectual curiosity and commitment to excellence. As a teacher, scholar and communicator, he has helped shape how we understand leadership and human potential in the 21st century.

Thank you. *Meegwetch.*

[Translation]

#### VISITORS IN THE GALLERY

**The Hon. the Speaker pro tempore:** Honourable senators, I wish to draw your attention to the presence in the gallery of Marie-Ève Fontaine and Ramatoulaye Cherif, Co-Executive Directors of the Théâtre Cercle Molière, as well as Derrek Bentley, President of the Société de la francophonie manitobaine. They are accompanied by other members from the Société de la francophonie manitobaine and artists from the Théâtre Cercle Molière. They are the guests of Speaker Gagné.

On behalf of all honourable senators, I welcome you to the Senate of Canada.

**Hon. Senators:** Hear, hear!

• (1420)

### ONE HUNDREDTH ANNIVERSARY OF THÉÂTRE CERCLE MOLIÈRE

**Hon. Raymonde Gagné:** Honourable senators, this afternoon, right here in the Senate of Canada, we're going to celebrate a historic moment: the one hundredth anniversary of Théâtre Cercle Molière, or TCM.

Founded in 1925 in the heart of St. Boniface, Manitoba, TCM is now recognized as the oldest theatre company in Canada in any language. A hundred years of passion, creativity and commitment to the French language and the performing arts is an outstanding achievement that deserves to be celebrated.

TCM's longevity is a tribute to the tenacity and commitment of generations of francophones determined to keep the culture alive and pass on our heritage.

Apart from its historical status, TCM is a living symbol of the vitality and resilience of Canada's francophonie. At times when the French language was marginalized, TCM represented much more than a place of creation. It became a refuge where the language and culture continued to live, thrive and be passed on.

Under the inspiring co-direction of Marie-Ève Fontaine and Ramatoulaye Cherif, and thanks to the commitment of their teams, TCM's bold evolution continues, driven by key values like pride, diversity, inclusion and reconciliation.

This celebration is also a chance to honour the vital role of the Société de la francophonie manitobaine, or SFM, which has contributed to the vitality of our community and to promoting language rights and bilingualism for many years.

The one hundredth anniversary of Théâtre Cercle Molière serves to remind us that culture and language rights go hand in hand. The arts, language and collective identity strengthen social cohesion and the vitality of our communities, in Manitoba, across Canada and beyond.

It is therefore an honour to rise in this chamber to pay tribute to all those who have shaped TCM, including artists, volunteers, patrons and audiences.

I am also thinking of Pauline Boutal, a TCM icon whose exceptional contribution was brought to life on the stage by Maryse Gagné during the centennial season's production of *Pauline Boutal, entre les toiles et les planches*, a magnificent play written by Lise Gaboury-Diallo, whom I also salute.

Finally, my wish is that Théâtre Cercle Molière continues to amplify strong voices, to tell our stories and to bring our communities together around the richness of the francophone world for another hundred years. Thank you. *Meegwetch.*

**Some Hon. Senators:** Hear, hear.

[*English*]

## ROUTINE PROCEEDINGS

### JUSTICE

CHARTER STATEMENT IN RELATION TO BILL C-13—  
DOCUMENT TABLED

**Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate):** Honourable senators, I have the honour to table, in both official languages, a Charter Statement prepared by the Minister of Justice in relation to Bill C-13, An Act to implement the Protocol on the Accession of the United Kingdom of Great Britain and Northern Ireland to the Comprehensive and Progressive Agreement for Trans-Pacific Partnership, pursuant to the *Department of Justice Act*, R.S.C. 1985, c. J-2, sbs. 4.2(1).

CHARTER STATEMENT IN RELATION TO BILL C-15—  
DOCUMENT TABLED

**Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate):** Honourable senators, I have the honour to table, in both official languages, a Charter Statement prepared by the Minister of Justice in relation to Bill C-15, An Act to implement certain provisions of the budget tabled in Parliament on November 4, 2025, pursuant to the *Department of Justice Act*, R.S.C. 1985, c. J-2, sbs. 4.2(1).

CHARTER STATEMENT IN RELATION TO BILL C-18—  
DOCUMENT TABLED

**Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate):** Honourable senators, I have the honour to table, in both official languages, a Charter Statement prepared by the Minister of Justice in relation to Bill C-18, An Act to implement the Comprehensive Economic Partnership Agreement between Canada and Indonesia, pursuant to the *Department of Justice Act*, R.S.C. 1985, c. J-2, sbs. 4.2(1).

**AUDIT AND OVERSIGHT**

FIFTH REPORT OF COMMITTEE PRESENTED

**Hon. Marty Klyne**, Chair of the Standing Committee on Audit and Oversight, presented the following report:

Wednesday, March 25, 2026

The Standing Committee on Audit and Oversight has the honour to present its

FIFTH REPORT

Your committee, which was authorized to examine and report on the appropriate consequential amendments to chapter 3:05 of the *Senate Administrative Rules* that may be necessary to align with provisions within the revised *Senate Audit and Oversight Charter*, in relation to the financial rules and procedures for committees, has, in obedience to the order of reference of the Senate of March 24, 2026, examined the said consequential amendments and now recommends:

1. That the *Senate Administrative Rules* be amended in Chapter 3:05 by replacing subsection 1(3) with the following:

“(3) Notwithstanding subsections (1) and (2), the Standing Committee on Audit and Oversight’s allocated budget is provided annually through the estimates, whereby the Standing Committee on Internal Economy, Budgets and Administration presents estimates with an amount to be allocated to the Standing Committee on Audit and Oversight. The Senate must approve any budget for the Standing Committee on Audit and Oversight for amounts not previously allocated to the committee in the estimates. The budget of the committee for any additional expenses related to carrying out its mandate or for any other order of the Senate must

- (a) be adopted by the committee;
- (b) be presented to the Senate, as a report of the committee, for adoption; and
- (c) contain a general estimate of the total cost of such additional expenses.”.

Respectfully submitted,

MARTY KLYNE

*Chair*

**The Hon. the Speaker:** Honourable senators, when shall this report be taken into consideration?

(On motion of Senator Klyne, report placed on the Orders of the Day for consideration at the next sitting of the Senate.)

SIXTH REPORT OF COMMITTEE PRESENTED

**Hon. Marty Klyne**, Chair of the Standing Committee on Audit and Oversight, presented the following report:

Wednesday, March 25, 2026

The Standing Committee on Audit and Oversight has the honour to present its

SIXTH REPORT

Your committee, which was authorized to examine and report on amendments to the *Rules of the Senate* in relation to the referral of papers and evidence received and taken and work accomplished by the committee during past sessions and by past intersessional authorities, has, in obedience to the order of reference of the Senate of March 24, 2026, examined the said amendments and now recommends:

1. That the *Rules of the Senate* be amended by adding the following new rule immediately after rule 12-9(3):

“Audit and Oversight — referral of papers and evidence

**12-9.** (4) The papers and evidence received and taken and work accomplished by the Standing Committee on Audit and Oversight in past sessions, and by its past intersessional authorities, shall automatically be referred to the successor Standing Committee on Audit and Oversight in a new session.”.

Respectfully submitted,

MARTY KLYNE

*Chair*

**The Hon. the Speaker:** Honourable senators, when shall this report be taken into consideration?

(On motion of Senator Klyne, report placed on the Orders of the Day for consideration at the next sitting of the Senate.)

## THE SENATE

### NOTICE OF MOTION TO RESOLVE INTO COMMITTEE OF THE WHOLE TO CONSIDER ARTIFICIAL INTELLIGENCE

**Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate):** Honourable senators, I give notice that, at the next sitting of the Senate, I will move:

That, notwithstanding any provision of the Rules, usual practice or previous order:

1. at 4 p.m. on Tuesday, April 14, 2026, the Senate resolve itself into a Committee of the Whole on the subject of artificial intelligence;
2. the Committee of the Whole receive the Honourable Evan Solomon, P.C., M.P., Minister of Artificial Intelligence and Digital Innovation, accompanied by at most two officials;
3. the committee rise no later than 75 minutes after it begins;
4. the minister's introductory remarks be limited to a maximum of five minutes;
5. if a senator does not use the entire period of 10 minutes for debate provided under rule 12-31(3)(d), including the responses of the witnesses, that senator may yield the balance of time to another senator;
6. if the bells are ringing for a vote at the time the committee is to meet, they be interrupted for the Committee of the Whole at that time, and resume once the committee has completed its work for the balance of any time remaining;
7. if a standing vote was deferred to a time that would occur during the meeting of the Committee of the Whole, that vote be further deferred so that the bells only begin once the committee has completed its work; and
8. for greater certainty, all witnesses appear in person.

• (1430)

[*Translation*]

## BUSINESS OF THE SENATE

**The Hon. the Speaker:** Honourable senators, it is now 2:30 p.m. Before proceeding to Question Period with the minister, I would like to remind you of the time limits the Senate established for questions and answers in the order of June 4, 2025.

When the Senate receives a minister for Question Period, as is the case today, the length of a main question is limited to one minute, and the answer to one minute and 30 seconds. The supplementary question and answer are each limited to 45 seconds. In all these cases, the reading clerk stands 10 seconds before the time expires.

I will now ask the minister to enter and take her seat.

[*English*]

## QUESTION PERIOD

(Pursuant to the order adopted by the Senate on June 4, 2025, to receive a Minister of the Crown, the Honourable Marjorie Michel, P.C., M.P., Minister of Health, appeared before honourable senators during Question Period.)

## BUSINESS OF THE SENATE

**The Hon. the Speaker:** Honourable senators, today we have with us for Question Period the Honourable Marjorie Michel, P.C., M.P., Minister of Health, to respond to questions concerning her ministerial responsibilities. On behalf of all senators, I welcome the minister.

Minister, as I have noted to the Senate, a main question is limited to one minute, and your response to one minute and 30 seconds. The question and answer for a supplementary question are both limited to 45 seconds. The reading clerk stands 10 seconds before these times expire. I ask everyone to respect these times. Question Period will last 64 minutes.

## MINISTRY OF HEALTH

### HEALTH CARE SYSTEM

**Hon. Leo Housakos (Leader of the Opposition):** Minister, welcome and thank you for being with us. A recent study by the Fraser Institute comparing universal health care systems among high-income countries makes one thing clear: Despite being one of the top three spenders, Canada's system has one of the poorer performances. The facts are that Canada ranks twenty-seventh out of thirty countries in doctor availability — 6.5 million Canadians are looking for a doctor — twenty-fifth in hospital beds, twenty-eighth in diagnostic imaging capacity and dead last in surgical waiting times.

Minister, wouldn't you agree that our health care system is not in good health and is just as broken as our immigration system?

[*Translation*]

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you very much.

Before I begin, I wish to advise you that there may be a vote. If so, the Clerk will allow me to step out in order to vote.

[English]

Thank you, senator, for your question. The Canadian health system is now under stress, but it's still one of the greatest systems. It needs to be updated and modernized. This is why, as the federal Minister of Health, I am committed to working with provinces and territories, which are the ones delivering the services, to help them achieve their goals, because, as I usually say, every single health minister would like to see a population in good health, but we need to make some changes, and this is what we are looking into right now.

[Translation]

#### LABOUR SHORTAGE

**Hon. Leo Housakos (Leader of the Opposition):** Minister, the problem runs very deep. We're in a situation where almost seven million Canadians can't find a doctor. The situation back home in Quebec is bleak.

One study came right out and said that Canadians are paying more for a service whose quality is diminishing year after year. Your government, the Liberal government, has been in power for 10 years, ever since the entire system started breaking down. We need concrete action, fast. What action is going to be taken and when will it happen?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** At our first meeting, after I was appointed to this department, the first thing that the provinces and territories asked me to do was to help them recruit more health care professionals, including doctors and nurses, from other countries. As you've already seen, we've set up a fast-track program with 5,000 spaces reserved for the provinces to bring in health care professionals from other countries, because our main problem is a labour shortage.

As I'm sure you know, Senator Housakos, a number of factors account for the state of the health care system. We do have a labour shortage, but diseases and their treatments have also become more complex. We have to look at the big picture.

I wanted to tell you that the first request I received from the provinces and territories when I met with them was to help them bring in professionals from outside the country and to get them on the job more quickly. That's what we're doing. Right now, I can tell you that —

**The Hon. the Speaker:** Thank you, minister.

[English]

#### MENTAL HEALTH

**Hon. Michael L. MacDonald:** Thank you, minister. Canada is facing a mental health crisis. Over the past decade, the number of Canadians reporting good mental health has declined significantly, with particularly concerning trends among young Canadians, whose outlook and quality of life have worsened in recent years.

As in other areas of our health care system, this crisis is compounded by long wait times, limited access to providers and significant disparities in care, depending on where Canadians live. Canadians do expect a system that responds with urgency, coordination and effective support. Instead, too many are left waiting without the care they need.

Minister, would you acknowledge that Canada's mental health care system is failing to adequately support those who need help the most? What are you prepared to do about it?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** As you may know, I am working very closely with my partners to address the mental health crisis in the country. Again, it's multi-dimensional. For young people, as you may know, I just launched consultations on men's and boys' health and mental health. I'm working with provinces on this specific issue to see how we can address and improve it.

What you need to know is that, when we talk about mental health, of course, we know the system is under strain, but we are also working with many organizations across the country to specifically address mental health challenges in rural and remote communities. All the consultations we are doing right now are focussing on this population.

**Senator MacDonald:** Minister, despite repeated federal interventions and funding announcements, Canadians continue to report significant barriers to accessing mental health care in a timely manner.

What is wrong with our current approach? When can Canadians expect to see some real progress in the delivery of mental health services? Can you give us a timetable?

[Translation]

**Ms. Michel:** As you know, I don't deliver services directly. However, mental health is a priority that I'm working on, together with my provincial and territorial partners. That's one of the priorities.

As you may know, I have three priorities in my portfolio. The first is to help Canadians access primary care. I don't provide services, but I wanted to point out that I intend to work together with the provinces. My second priority is mental health. Again, I have to work together with the provinces and territories, which are the ones that provide the services. In terms of recruitment, we're talking about health care professionals, to increase the types of professionals that we can bring in to provide care to people, whether it's in urban areas —

**The Hon. the Speaker:** Thank you, minister.

## NATIONAL DONOR REGISTER

**Hon. Lucie Moncion:** Minister, welcome.

Last week, the media reported on a particularly disturbing case. A Quebec court ordered a father and his son to immediately cease their practice of making large-scale, unregulated sperm donations. It's estimated that approximately 600 children were conceived through these donations. This number far exceeds the thresholds recommended by experts to limit serious risks, particularly those related to inbreeding and health.

• (1440)

On the sidelines of his court appearance, one of the men also stated that he intended to move out of Quebec so he could continue donating if the court ordered him to stop.

This troubling case highlights the fact that there is currently no national sperm donor registry, no standardized nationwide traceability requirements, and no oversight framework.

Minister, given this concerning public health issue, which calls for a coordinated approach at the federal level, could you —

**The Hon. the Speaker:** Thank you, senator.

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** I thank the senator for the question. I know that this is a topic that is close to her heart that we have already discussed.

This is something I have discussed with my department. I can't commit today and say that I will create a registry. Having tried to do this for other issues, I know that developing registries requires a great deal of collaboration and agreement from the provinces and territories, because they are the ones that hold certain data. We are starting to have these discussions with all our partners. I believe this case may give us the leverage we need to advance this cause.

## ASSISTED HUMAN REPRODUCTION

**Hon. Lucie Moncion:** Thank you very much for that answer.

The most recent Liberal election platform proposed the establishment of a new in vitro fertilization program that would provide up to \$20,000 for a standard cycle of IVF treatment. This initiative will undoubtedly address a real need to make this option more affordable.

Aside from the financial support, I believe it is essential to strictly regulate assisted human reproduction. Since there are no national regulations or oversight mechanisms, how does the government plan to deal with this issue?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you again for the question.

For now, as you know, we have not yet taken action on this commitment from the election platform. However, I would say that we've started to put supports in place for certain organizations that will help us develop what I would call a

framework, before we implement anything. Obviously if procedures are put in place for IVF, some sort of framework should also be established.

## LANGUAGE BARRIERS

**Hon. Allister Surette:** Minister, in February, the Standing Senate Committee on Official Languages published a report on language barriers in the Canadian health care system. One of the major challenges highlighted in that report concerns the availability of bilingual workers.

Another report published in early March by the Société santé en français and the Réseau du développement économique et d'employabilité du Canada predicted that a significant gap will emerge over the next 10 years between the number of retiring bilingual health care professionals and the number of bilingual graduates available to replace them. If nothing is done, the shortage of bilingual workers in the health care sector will only worsen.

How does Health Canada plan to address the current shortage of bilingual workers in the Canadian health care system?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you for your question, senator.

As you know, the issue of bilingualism and francophone communities outside Quebec is very important to me. In fact, I met with the Santé en français organization when I visited other provinces.

With respect to training for health care professionals, I would say that this isn't directly within my purview, but rather a provincial responsibility, since we're talking about training. However, my colleague, Minister Hajdu, who is responsible for this aspect, has regular discussions with her counterparts, particularly on the issue of bilingualism. That's one thing.

I'd like to tell you that what gives me hope regarding the situation you raised is the fact that francophone immigration outside Quebec has increased significantly, and the number of francophone health care professionals interested in settling in bilingual provinces or francophone communities has also increased. We're counting on these increases as we work to advance bilingual training.

**Senator Surette:** Can the federal government commit to working with the provincial and territorial governments to develop a pan-Canadian strategy aimed at ensuring the continued development of health training programs and processes to make it easier to recognize prior learning and language skills development among existing staff?

**Ms. Michel:** Thank you for the question, senator.

I assume you are aware that we must take into account the issue of the two official languages in all programs, in everything we provide to the provinces.

I'm not sure we necessarily need to develop another new strategy — or whatever you want to call it — just yet, since we already have mechanisms in place to protect the official languages. We just need to use them to their full potential.

[*English*]

#### HEARING LOSS

**Hon. Scott Tannas:** Minister, Apple AirPods Pro 2 have been approved as a clinical-grade hearing aid and have received a Class II medical equipment licence from Health Canada. However, as hearing aids require a prescription in most parts of the country, the effect is that the function is disabled in Canada. This type of hearing aid is an affordable option for those suffering from mild to medium hearing loss.

Minister, at a time when your government and all of us here are focused on affordability, will you commit to providing federal leadership and discuss with your provincial counterparts at the next ministerial meeting the national use of this common and cost-effective technology?

[*Translation*]

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you for the question, senator.

Yes, I can say that I will be talking to my provincial counterparts about it tomorrow. I have a meeting tomorrow and the topic of this technology will be part of the discussion. I will raise the point you shared with me.

In the case you are referring to, the one involving Apple, Health Canada already approved the device in December 2024. However, as you know, when it comes to the provinces, there is a certain lack of alignment that is preventing us from moving forward. So I do understand why you're asking me to speak with the provinces. I will bring this up with them. I think we will have good news, because everyone understands that we need to move much faster and that we need to work together on an issue like this.

[*English*]

**Senator Tannas:** Thank you, minister. As part of your discussions and if you, despite your optimism, run into any walls, would you look at the idea of a new medical device licence class, similar to how they broke the logjam in the United States, to make them over-the-counter hearing aids?

[*Translation*]

**Ms. Michel:** Thank you for the question. I'm not there yet, but you're right about me being optimistic. As the federal health minister, I have to be optimistic, because it's my responsibility to get everyone working together, especially now, so that we can make better decisions for the public. I believe that we need to focus more on the mechanics than on the idea.

[*English*]

#### MEN'S AND BOYS' HEALTH

**Hon. Katherine Hay:** Hello, minister. Men and boys in this country are facing a silent crisis: mental health. Men account for nearly 75% of suicide deaths in Canada, yet represent only 30% of those accessing services. Stigma remains a significant barrier, particularly in rural and remote communities and in male-dominated workplaces.

I appreciate your consultation on Canada's first Men and Boys' Health Strategy and the intent to launch. Minister, how will this strategy be designed to truly reach those men and boys and ensure systems meet them where they're at, particularly in rural and remote areas?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you, senator, for your question. As you know, I'm very engaged now in this consultation. This morning, I had a round table with experts, people and organizations working in that field.

First of all, I would like to make sure that we hear every single voice. There is not one men's group. There are multiple groups, and I need to hear from a number of them. This is also why, when I launched the consultation, I sent my Senate parliamentary colleagues the tool kit to ensure that you can spread it around and ask your organization to lean into it. I don't feel we can build a men's strategy if we don't address the different ranges of men. And, yes, people in rural and remote locations are definitely in the consultation.

• (1450)

**Senator Hay:** Ensuring the strategy has strong resources and funding behind it will be key to its success, as will partnerships with community-based organizations from coast to coast to coast. Can you speak to the funding model and partnerships that you envision that will support the implementation of your strategy?

**Ms. Michel:** Thank you, senator.

I do not envision anything up front. I am doing the consultation and engaging with the organizations. I'm willing to design something that answers to the realities, so I don't want to prejudge what I will do before doing the consultations, wrapping up all the information and getting to something.

I didn't get a commitment to fund anything for now, but I might put forward some requests, or maybe there's some funding already existing in other portfolios that could be redirected to this.

## MATERNAL AND CHILD HEALTH

**Hon. Salma Atallahjan:** Minister, in my work as a parliamentarian, I've had the opportunity to witness Canada's important contributions to maternal, newborn and child health in developing countries and in regions facing humanitarian crises. These efforts are commendable and often life-saving.

However, here at home, many Canadians continue to face gaps in access to maternal and infant health services, particularly in remote communities. This is evidenced by marked inequities in maternal and infant mortality. It is concerning that similar urgency and sustained focus are not consistently reflected domestically.

Minister, can you explain why persistent challenges in infant and maternal health within Canada continue to exist?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** I know there are some challenges, particularly, I would say, in remote and rural communities, where the lack of health professionals could present big gaps.

Again, it's with the provinces and territories, which are delivering the services, that it should be addressed. Again, however, I will not put all of the blame on them; we have to work together. This is why, for example, I am in close contact with rural physicians. I'm hoping to see technology help us address some gaps because when I travel, I already see what it can do on the ground.

I think something that could help us is that we see more and more nurse practitioners going into some regions. I was just in Quebec, in a remote area, and we were talking exactly about newborn and pediatric services, and they were provided by a nurse practitioner. It seems that it completely changed the face of how mothers and children are doing in that area.

**Senator Atallahjan:** Minister, while infant mortality rates have improved over time, Canada still ranks behind other countries of the Organisation for Economic Co-operation and Development, or OECD. At the same time, our maternal mortality rate has more than doubled in the past 20 years.

Given these realities, what specific measures will your government commit to in order to ensure that Canadian mothers and infants have timely access to the care they need?

**Ms. Michel:** Thank you for the question, senator.

Again, that is something that I will raise with my counterparts. As you know, the provinces and territories have to choose their own priorities. My role is to support and push them on that. So, I can bring the conversation about the mortality rates to them and see how we can improve, because I'm ready to support them, but I'm not the one delivering the services.

[Translation]

## AUTISM SUPPORT AND FUNDING

**Hon. Leo Housakos (Leader of the Opposition):** Minister, the Federal Framework on Autism Spectrum Disorder Act aims to improve life for autistic Canadians, specifically by removing obstacles to employment that directly affect their mental health, financial security and well-being. However, the unemployment rate for this group is a catastrophic 67%. Discrimination and the tax and benefits system discourage and penalize workers. At a time when productivity is an issue, this situation represents a social and economic failure for Canada. Why do these obstacles still exist three years down the road?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** We obviously need to deliver better results, especially when it comes to getting people with autism disorder into the workforce. However, that requires action in several areas at once. We have to advance research and overcome stigma. Today, Autism Canada is at the discussion table to make sure this group of people doesn't get overlooked, because not only do they need support, but they also need a chance to be more productive in our society.

**Senator Housakos:** I hear from people with autism who want to work. They are talented, focused and reliable. However, they are feeling discouraged by the constant consultations held by governments at all levels, which keep talking about all sorts of potential solutions. At the end of the day, these people just want to work. When will we see meaningful changes that will make work financially viable for these individuals who can contribute to the economy?

**Ms. Michel:** We need people who can contribute to the economy and thrive in Canadian society. We all need to work together to combat stigma. This isn't about governments or consultations. We all need to work toward the same goal so that these individuals can actually find jobs. As you well know, stigma is often one of the main issues. Stigma does not come from governments, but rather from cultures and the general public. We really need to continue working together on this issue.

[English]

## INEQUITIES IN ACCESS TO HEALTH CARE

**Hon. Paulette Senior:** Minister, thank you for joining us today. It's good to see you here. I appreciate the opportunity to ask you questions about health equity and issues impacting Black, Indigenous, racialized and gender-diverse folks in the health care system.

We know, for example, that Black women in Canada face a higher preterm birth rate — almost 9% — compared to 5.9% for White women, and they face significant systemic barriers in prenatal care. I have heard heart-rending stories about Black women being denied pain medications during certain medical or surgical procedures because they were thought to be able to bear that pain.

What concrete actions are you taking as minister, beyond data collection, to address this stark inequality in maternal and other health procedural outcomes?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you for your question, senator.

Yes, I am aware of this. I went to an Ottawa health summit, where I heard a lot about the challenges that Black women face in different ways in the health care system. Regarding what you spoke specifically about, it's research. I think we need to have more research to ensure we know exactly what the health challenges are.

Also, we need training. What I find out when I am on the ground is the training part is missing. Most people just don't know. They don't know about some diseases affecting some populations. It could be the Black population. When I speak of sickle cell disease, for example, sometimes, nurses or doctors don't know about it, and they have Black people who are coming to their practices.

• (1500)

I think training is a big part of it. It's a conversation I'm having with my counterparts, as well as directly with organizations, like medical associations and nurses' associations, to see how we can improve training.

**Senator Senior:** Thank you for your response, minister. I was pleased to learn, in your recent statement during Black Mental Health Week, about the Promoting Health Equity: Mental Health of Black Canadians Fund. I commend you for this initiative that has long been called for.

Can you provide an update on what the government is doing to collect disaggregated data as it pertains to the mental health issues faced by Black men and boys and members of the Black 2SLGBTQIA+ community? This was an issue my late son Jay Williams focused on in his work and one I care deeply about.

[Translation]

**Ms. Michel:** Thank you, senator.

[English]

As you know, we have a bill here, the Connected Care for Canadians Bill, which is one that will allow us to collect better data. By relaxing rules for some providers, it will be easier to gather all data in the same way, because right now every province has its own data, and we cannot compare them.

[Translation]

Every province collects data in its own way. By passing this bill, we can try to move toward connected care and start collecting real data across the country —

**The Hon. the Speaker:** Thank you, minister.

[English]

#### PEDIATRIC HEALTH CARE

**Hon. Rosemary Moodie:** Minister, welcome to the Senate. It's good to see you again.

I want to talk about pediatric ICUs and pediatric care. In fall and winter 2022, pediatric units across this country were operating well above capacity. SickKids was at 120% capacity, and the Children's Hospital of Eastern Ontario was at 124%. Children's Healthcare Canada, the Canadian Paediatric Society and the Canadian Association of Paediatric Nurses called on governments then to move beyond jurisdictional constraints and to work collaboratively to develop a new vision for child and youth health care. That was a call to action in 2022.

Minister, what concrete national plan for pediatric health care has the Government of Canada put in place to ensure that Canada's children, youth and our pediatric health care systems are never in that position again?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you, senator, for your question. As you know, I think SickKids and other hospitals taking care of kids here in the country are doing a fantastic job. I was at SickKids two weeks ago, I think.

Honestly, I don't have the answer right now because I don't know what has been done specifically since 2022. I will get back to you after this meeting on where we are at, but what I have to say — and this is a conversation I will need to have with my counterparts, not tomorrow, because we already have the agenda set out, but very soon — is that I think we need to work more on prevention together. Working with newborns and young people is absolutely fundamental. I think this is where we have to address some of the challenges that you just raised.

**Senator Moodie:** Thank you, minister. The United Kingdom has a national children's and young people's health strategy, and Australia has one, but Canada, one of the wealthiest countries in the world, does not. Without a dedicated national strategy, children and youth will continue to fall through the cracks of a system designed primarily around adults. Without a national child and health strategy, how is the government ensuring that children and youth in our country remain healthy?

**Ms. Michel:** As I said, I do not have it in my plan right now. I'm not currently working on a strategy, but I agree it's something that we need to address. When I decided to bring forward my men's and boys' health strategy, I went to my counterparts, and I said, "This is what I see on the ground. What can we do about it?" Everyone was supportive, so I think this is a conversation I will need to bring to the provinces and territories, as they are the ones dealing with the services. For me to say the federal government is moving on this, it wouldn't serve us —

## MENTAL HEALTH SERVICES

**Hon. Sharon Burey:** Minister, welcome and thank you for being with us today.

Your Departmental Plan prioritizes improving access to mental health services. It also seeks to address our country's illegal drug crisis, substance abuse and addiction by expanding access to comprehensive programs and reducing these harms. However, Statistics Canada released startling data last week showing a significant decline in the functional health of Canadian adults, driven, in large part, by worsening emotional health, especially among young adults. Your Departmental Plan echoes those alarming numbers. Access to mental health care remains out of reach for many Canadians.

Minister, given the funding cuts facing your department, announced in the Departmental Plans, can you assure us here in this chamber today that mental health services will not be cut?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you, senator, for your question. I will tell you that I only have three priorities, on which I decided at the beginning of my mandate. In January, I reflected on them again, and I still have three. Mental health is one of the key ones, so I will always fight for it, because when I'm on the ground, I see the need and I see the challenges. If I'm bringing forward this men's and boys' mental health consultation, it's because of what I see on the ground. The need is there, and we need to at least try to work together to make sure that we are improving Canadians' health and mental health. Because, as you know, right now, we cannot talk about only health. Mental health is health. This is the reality. Now, in 2026, we need to speak about holistic health.

**Senator Burey:** Thank you, minister, for that. I understand that you're saying we're not going to reduce mental health services in Canada.

Minister, according to your own departmental result indicators, these unmet mental health needs have risen from 24% in 2022 to 28%. Yet, your target for 2027 is 22%. That's a six-point gap, minister. How do you intend to bridge this six-point gap in one year?

**Ms. Michel:** I think what you need to understand is that, yes, we had to do some slimming — I don't like to use the term "cuts" — but we're looking at the department differently. Of course, some programs are sunseting, but we have others that are still going on or that are going to answer the same challenges that the previous ones which don't work anymore were addressing.

I'm not too concerned. What I want you to understand is, yes, mental health is one of the priorities, and we will get funding for it.

*[Translation]*

## HEALTH CARE TRANSFERS

**Hon. Danièle Henkel:** Good afternoon, minister. Thank you for being with us and for supporting Bill S-243. The annual report on the Canada Health Act that you tabled in February provides a useful and transparent look at the state of our health care system.

This report indicates that the federal government withheld more than \$62 million in health transfers from the provinces because they were charging patients for care that should have been covered by the public system.

Despite these penalties, this type of thing continues to happen year after year. Minister, apart from financial penalties, have you thought of any other sanctions that could be imposed to stop these practices and ensure that patients aren't charged for care that they're entitled to?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you very much for the question, senator. As I'm sure you know, these penalties did not always exist in this form, so this is a first step. At this time, I have no intention of imposing further penalties on the provinces. Instead, I want to figure out why the provinces are trying to go outside the parameters of the Canada Health Act, and I'm telling them that they need to stay within those parameters.

• (1510)

I say this all the time: I know there are people who believe that certain services should be privatized. For the time being, I am the guardian of a public Canada Health Act. That's what Canadians have decided they want, and I think that's why I'm working closely with the provinces and territories and constantly telling them, "I can give you free rein as long as you stay within the law, but as soon as you overstep, I have to push back, because I'm here to protect the health of Canadians." This forces us to think about how we can deliver health care services differently. Health care services need to be adapted. It's not necessarily the services themselves that are the problem, but rather how they're delivered.

**Senator Henkel:** Minister, on the same subject, some provinces, such as Nova Scotia and New Brunswick, have successfully eliminated these patient charges and manage to fully recover the amounts deducted through concrete action plans. Do you intend to make this issue one of your priorities to support these success stories and replicate them across the country?

**Ms. Michel:** Thank you very much for the question, senator.

I must tell you that when I last met with my provincial and territorial counterparts in October — it was our last in-person meeting, because we meet virtually now for our regular meetings — we decided that the federal government would share best practices with the other provinces. That's already started.

The provinces asked for it. They said, “We don’t want to reinvent the wheel. Could we build on the success of certain provinces?” I know that discussions are under way. I think there may even be some agreements by now between the provinces themselves.

[English]

#### FRAMEWORK FOR AUTISM IN CANADA

**Hon. Leo Housakos (Leader of the Opposition):** Minister, this month will mark three years since our Bill S-203, which is a bill asking for a federal framework on the Autism Spectrum Disorder Act, passed. I say “our bill” because it passed unanimously in the Senate and the House of Commons. The act requires your government to deliver a coordinated, accountable federal framework to improve the lives of autistic Canadians and their families, and they were very hopeful about that bill. Yet, stakeholders across the country continue to report a lack of transparency, limited alignment with provinces and no clear evidence of sustained implementation.

As the minister responsible for advancing this framework, can you please point to a single measurable outcome that has been achieved under your strategy that the government put out — I think now a year and a half ago — which has let down the autistic community in Canada?

[Translation]

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** The first thing I want to tell you is that we haven’t let the autistic community down. We’re actually taking a close look at the autistic community. We’re looking into a number of cases across the country involving people with autism. We’re certainly taking a careful look at this community and working with it closely.

What have we seen in concrete terms? As you know, the strategy has been in place for about a year. In that time, we’ve had an election, but as you also know, the government has made a specific organization responsible for managing the program resulting from the strategy.

[English]

**Senator Housakos:** Minister, with all due respect, your answer is exactly why we put forward a framework. I hear from the community across the country, and there are hundreds of thousands of young people who feel alone. They have tremendous skill sets that can be harnessed to help out our country, but they need a little bit more effort. We should do far better than we have. We are leaving these people behind and allowing families in this country to feel as if they have fallen behind as well.

The unemployment rate amongst the neurodivergent community is astronomical, and these are young people who want to work, do things, be active and feel useful. As a society, if we don’t emulsify all our elements into one powerful mixture, we will never achieve our goal. This is not a question, minister. I’d like you to look at the framework and put it into action.

[Translation]

**Ms. Michel:** Thank you, senator. I will take another close look at the framework and get back to you on that. As I mentioned, we are working closely with an organization that provides us with recommendations.

[English]

#### KIDNEY DISEASE

**Hon. Tony Loffreda:** Minister, welcome to the Senate. As you know, chronic kidney disease, or CKD, is now the eleventh leading cause of death in Canada and costs our health care system billions of dollars annually. The Kidney Foundation of Canada has developed a national framework for chronic kidney disease to support provinces and territories in strengthening prevention, diagnosis, treatment and research.

Could you outline whether the government will adopt these recommendations, whether you’ve seen them and what concrete steps it will take to better address the growing burden of kidney disease in Canada? This endorsement and official adoption of the framework by the Government of Canada is a necessary catalyst for transforming this blueprint of meaningful action that will improve the lives of people living with kidney disease.

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you, senator, for the question. The Kidney Foundation of Canada was here in Ottawa last week, and my team and I met with them. I can assure you that we are working very closely with them, and we will let you know as soon as we are ready to announce something.

**Senator Loffreda:** Thank you for that response. I know you met with them, as did I. I would encourage your office to meet again with the representatives you already met with and examine their proposal in detail, which you promised to do. The government, through the Public Health Agency of Canada, could formally recognize chronic kidney disease within the Chronic Disease Surveillance System.

Would you make such a commitment today? Such recognition would mark a meaningful turning point, strengthening data collection, enabling earlier detection and improving equitable access to care for Canadians looking for some sort of guidance or commitment.

**Ms. Michel:** Thank you, senator, for the question. As I told you, we are on it. My team is meeting with them. We will meet with them again. For now, I don’t know where we will land, and I cannot commit to anything, but we are having real conversations with this organization and are aware of the challenge.

[Translation]

#### IMPORTANCE OF SPORT AND PHYSICAL ACTIVITY

**Hon. Marnie McBean:** Hello, minister. Thank you for being here.

[English]

The Future of Sport in Canada Commission's final report released yesterday highlights the critical role that participation in sport and physical activity plays in supporting both physical and mental health. It shows the importance of integrating sport and physical activity into public health strategies in order to improve overall wellness across all populations.

Given this, minister, how is Health Canada incorporating sport and physical activity into the government's broader health initiatives and policies?

[Translation]

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you very much for your question, senator. Yes, I've read the report.

I will tell you that I'm working closely with the Secretary of State for Sport in connection with the initiatives I'm currently involved in, such as consultations. Again, of course, sport doesn't fall directly under the federal government's jurisdiction, but we are fully aware that we need to work with our provincial partners to promote sport and its physical and mental health benefits. People need to be active; these are very simple truths that we have drifted away from over time, and we will see how, together, we can change that.

[English]

**Senator McBean:** Thank you for that response. I understand that sport is under provincial jurisdictions, but I'm just wondering how you and the federal government will ensure that recommendations from the Future of Sport in Canada Commission's final report are meaningfully implemented and not merely acknowledged.

**Ms. Michel:** I can assure you that my colleague Adam van Koeverden, who is the lead on the sports file, is making sure that we are all on it and that we are not working in silos on this specific issue.

[Translation]

Excuse me, Your Honour. I have to go vote. May I be excused?

• (1520)

**The Hon. the Speaker:** Honourable senators, we will suspend to allow the minister to vote. We will resume when she returns.

(The sitting of the Senate was suspended.)

(The sitting of the Senate was resumed.)

#### COMMUNITY ACTION PROGRAM FOR CHILDREN

**Hon. Réjean Aucoin:** Good afternoon, minister. For more than 32 years, Acadian and francophone children in Nova Scotia have been effectively excluded from the Public Health Agency of Canada's Community Action Program for Children, or CAPC. This raises serious concerns.

Your office recently announced the launch of a new program this year. Can you tell us whether this new program will finally guarantee equitable ongoing funding for organizations such as the Centre d'appui à la petite enfance de la Nouvelle-Écosse, in order to adequately support Acadian and francophone early childhood programs? Also, when will the program be rolled out?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you for your question, senator. First of all, you should know that I am francophone and I am very sensitive to the situation of Acadian children. You always have a strong voice at the table defending francophone communities outside Quebec. The program will be implemented, but I don't know exactly when. I'll have to get back to you with more details on that.

**Senator Aucoin:** Thank you, minister. What concrete measures does your government intend to implement to recognize and make up for the 32 years of injustice suffered by these communities, particularly in terms of access to services and funding? Can they expect to receive compensation for this injustice?

**Ms. Michel:** Thank you, senator, for the question. Honestly, I don't know how to answer you. I follow the government's lead. I think that what we need to look at is how we can move forward. I understand that there were many years where we did not do enough, but the important thing is to look at how we can do better going forward. I'll ask my office to send you more details on that. I would say that we need to look for ways to stop working in silos, such as working together with Employment and Social Development Canada from the same perspective, for example.

#### BLACK WOMEN'S HEALTH

**Hon. Amina Gerba:** Welcome to the Senate, minister. Many studies show persistent inequalities in access to health care, particularly for Black women. These inequalities are often linked to systemic biases that are sometimes described as misogynoir, or both racist and sexist.

What practical steps is the federal government taking to improve the collection of disaggregated data and to adapt health care policies to better respond to the specific needs of Black women in Canada?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you very much, senator. As I said earlier, you will make our jobs a lot easier if you vote in favour of Bill S-5. I would also say that, when it comes to data collection, the provinces collect data and send it to the federal government, but the problem is that it's not aligned. Because of the way the data is presented, we can't really use it as scientific data and translate it into action, but that will be easier to do if Bill S-5 passes.

**Senator Gerba:** Thank you for your answer. Are there specific targets or performance indicators for assessing progress toward health equity for these populations?

**Ms. Michel:** I'm afraid I can't say for certain, senator. We do have some metrics, but I don't know whether they apply specifically to these populations. I'm not sure, but I can get back to you on that.

[English]

#### MENTAL HEALTH

**Hon. David M. Arnot:** Good afternoon, minister. The Standing Senate Committee on Legal and Constitutional Affairs recently studied two Senate public bills — Bill S-205 and Bill S-209.

It came to light that both the correctional population's mental health challenges and online harms that create mental health challenges affecting young people cannot be addressed through legal tools alone.

Within your mandate, minister, for public health and mental health, how does the government ensure that legislative approaches are complemented by broader public health strategies?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you, senator, for your question. That's an important one.

I would say that, yes, I'm the minister of mental health, but I cannot do it by myself; I need to bring all the partners and ministries around the table to tackle this specific issue. That is what I'm doing. We have regular conversations with my colleagues around mental health and this world of social media and the internet, et cetera. It will not only be the Minister of Health; it should be a number of ministries.

**Senator Arnot:** Thank you, minister.

How does the government ensure that those collaborative efforts you're involved in result in consistent and accessible supports for individuals, regardless of where they are located?

**Ms. Michel:** As you know, it's a big challenge. First of all, as I said, at the federal level, our responsibility is to work together to make sure that we're doing all we have to do. Then we work with the provinces and territories that are delivering the services.

What I see on the ground is that it's even more difficult when you are in a rural or remote community, for example, but I'm not the one who can provide services in those regions. Working very closely with my partners and also with the associations of rural health professionals will help us bring the right answer on the ground.

#### ADVERTISING FOR SPORTS BETTING

**Hon. Percy E. Downe:** Minister, earlier in your answer, you spoke about the mental health concerns you have for young men. One of the contributing factors is sports betting and online sports betting ads.

As you know, Mental Health Research Canada's November 2025 report indicated the increasing concern about suicide in young men and people who are problem gamblers.

As you know, minister, Belgium and Italy have incorporated a total ban on sports betting ads online and on TV, radio, and billboards and sports betting companies sponsoring athletic events and teams. As Minister of Health, will you be recommending a similar course of action to the government?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you, senator, for your question.

This is why I'm also doing the consultation. You need to know that the gambling part — online gambling and everything else — is part of the consultation. This morning, I met with some organizations that work with men who were specifically talking about this.

• (1530)

When we wrap up all the consultations, one of my hopes is to have some recommendations.

In terms of what I'm doing now in my portfolio, I am much more focused on the specific hot topics. I am asking my department to look around the world: What has been done in like-minded countries? Who is going faster than we are? What achievements do they have? We don't need to do the same thing, but maybe we can start there.

In the case of Belgium, which you just mentioned, they are looking into it, so we will come with some recommendations.

**Senator Downe:** You're the Minister of Health. You have the opportunity to protect Canadians, particularly young men, from committing suicide because they're addicted to gambling. There are all kinds of research. I don't know why you're waiting. We currently ban cigarette ads because they're harmful to Canadians' health. Why will you not ban sports betting ads tomorrow for the very same reason?

**Ms. Michel:** Thank you, senator.

Yes, we see the suicide rate, but there are multiple factors. This is one of them for sure, but there are multiple factors. I am doing consultations right now, and we will come with more later.

[Translation]

Excuse me. I have to go vote again.

**The Hon. the Speaker:** I would just like to remind you that the minister must meet her parliamentary obligations. We will pick up where we left off as soon as possible.

Thank you.

(The sitting of the Senate was suspended.)

(The sitting of the Senate was resumed.)

#### SICKLE CELL DISEASE

**Hon. Amina Gerba:** Minister, sickle cell disease is a genetic illness that disproportionately affects certain populations, particularly people of African and Caribbean descent. It is historically underdiagnosed and undertreated in Canada, despite recent advances in screening and treatment.

What's the current federal strategy for improving early detection, access to treatment and funding for research into this disease in Canada?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** Thank you for the question, Senator Gerba.

As you know, screening is already being done across the country for all newborns. By going directly into our communities, I've realized that immigrants of African descent often arrive here unaware of all that. We have to look at our approach to early detection so that future parents can find out whether they carry the gene.

In terms of research, it's true that we need to do more of it. One project is already under way. In cooperation with the Canadian Institutes of Health Research, I'm looking at how we can examine that more closely.

However, the populations involved are small. For Black populations, it's a big issue. It's also very costly for families and the health care system, because the children frequently have to be hospitalized.

We're also analyzing medications. Treatments are becoming increasingly effective. However, we're currently having issues with getting these treatments in Canada, because we're such a small market. We're actively working on that.

**Senator Gerba:** While a small number of people may be affected, the cost to society is significant. Is the government considering establishing a national framework or action plan for this disease? The Senate has already passed legislation in that regard. Do you think the government will implement this national framework as soon as possible?

**Ms. Michel:** I know the bill is in the House and has been sponsored by a member of Parliament, so we're waiting to see what happens in the other place. I'm working with the member on that.

If, or I should say when, the bill is passed in the House, that will give me, as Minister of Health, more leverage to move things forward.

I'm aware of the issue. Even at the training level, it's essential that health care professionals be informed about this disease.

#### LANGUAGE BARRIERS

**Hon. René Cormier:** Good afternoon, minister.

As my colleague Senator Surette said, the Standing Senate Committee on Official Languages published a very important report on equitable, safe and quality health care and health services in official language minority communities, but it is still waiting for a response from your government. The committee recommends that your government review the Canada Health Act to ensure that federal health investments adhere to the principles of the Official Languages Act and formally support health care services for official language minority communities.

Minister, how will you work with your colleagues to ensure that this important recommendation is implemented?

**Hon. Marjorie Michel, P.C., M.P., Minister of Health:** I am working with my colleagues on everything to do with health equity. Does that mean reopening the Canada Health Act and making changes? Perhaps not, or at least not in the short term. Let me be frank: I don't really intend to make amendments to the Canada Health Act at this point for all sorts of reasons. I think that there are other mechanisms for achieving the same results, and we are working on them.

**Senator Cormier:** Minister, there are other mechanisms, but they're extremely poor at delivering services in both official languages. The committee also recommends that you, as minister, support the implementation of the "Access to Health and Social Services in Official Languages" standard with all health partners across the continuum of health care and services.

How are you going to ensure that this standard is implemented in collaboration with the partners? What specific steps are you taking with the provinces and territories to do this?

**Ms. Michel:** Senator Cormier, as I've said from the outset, I'm not the one delivering services. So when I'm called upon as minister to present a topic, I don't want to take positions that won't produce results. The provinces and territories always have to be kept at the centre of the conversation and told about the challenges. I also think that organizations on the ground are helping by talking with their provincial governments. I'm here, and I can start the conversation and call attention to issues. However, delivering services is the provinces' responsibility, and we have to engage with them on that all the time. The fact that I'm a francophone helps some provinces grasp this reality, because I raise it a lot, especially in regions where the population is truly bilingual.

• (1540)

[English]

**The Hon. the Speaker:** Honourable senators, the time for Question Period has expired.

[Translation]

I'm sure you will join me in thanking Minister Michel for joining us today.

We will now resume the proceedings that were interrupted at the beginning of Question Period.

[English]

## ORDERS OF THE DAY

### BUSINESS OF THE SENATE

**Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate):** Honourable senators, pursuant to rule 4-12(3), I would like to inform the Senate that as we proceed with Government Business, the Senate will address the items in the following order: second reading of Bill C-23, followed by second reading of Bill C-24, followed by Motion No. 62, followed by all remaining items in the order that they appear on the Order Paper.

### APPROPRIATION BILL NO. 4, 2025-26

#### SECOND READING

On the Order:

Resuming debate on the motion of the Honourable Senator Pupatello, seconded by the Honourable Senator Petten, for the second reading of Bill C-23, An Act for granting to His Majesty certain sums of money for the federal public administration for the fiscal year ending March 31, 2026.

**Hon. Leo Housakos (Leader of the Opposition):** Honourable senators, I rise today to speak to Bill C-23, An Act for granting to His Majesty certain sums of money for the federal public administration for the fiscal year ending March 31, 2026.

We are approaching the end of this fiscal year, and, this week, we will consider two appropriation bills: one to close out the current fiscal year and one to initiate supply for the next fiscal year. In advance of each appropriation bill, the President of the Treasury Board tables an estimates document, either the Main Estimates or a supplementary estimates, setting out the spending authorities being sought and the details that support those requests.

The Main Estimates lay out the government's expected spending needs for the coming fiscal year, while supplementary estimates outline additional requirements that were either not ready in time to be included in the Main Estimates or that have since been updated to reflect changes in the design, timing or costs of specific programs and services.

Because Supplementary Estimates (C) are the final estimates for the year, they not only give us a better sense of where the government is going to land in regard to its financial projections but also provide a window into changing priorities, delayed implementation, revised forecasts and spending that is no longer expected to occur on the original timetable.

I will not go over all the spending details; even my unlimited time might not be enough for that. However, I want to note that, when this bill passes this chamber, it will approve a total of \$5.4 billion in voted spending. Including the appropriations approved for the Main Estimates and Supplementary Estimates (A) and (B), this will bring total voted spending to \$248 billion for this fiscal year. When you add in statutory spending, it brings the total to \$511 billion. After you add in \$30.5 billion for EI benefits, \$30.1 billion for the Canada Child Benefit and another \$9.2 billion for tax credits and other adjustments, you end up with \$585.9 billion in expenditures for this fiscal year.

If you turn to page 246 of Budget 2025, you will find that this was the exact amount of total expenses projected last fall.

However, if you find this reconciliation impressive, I would point out that these numbers do not represent the government's actual expenditures for this fiscal year. That's because the estimates provide us with approved expenditures, not actual expenditures. Voted appropriations, such as Supplementary Estimates (C), provide the authority for funds to be spent, but those funds must be spent before the end of the fiscal year or they lapse.

There are a few exceptions to this that require specific statutory authority to extend spending beyond the current fiscal year. These can be found in Schedule 2 of the legislation. Other than that, everything in Schedule 1, which is the lion's share of the authorized expenditures, must be spent before March 31.

This creates the public sector phenomenon known as "March madness" — yes, it happens here, as well, not just in college basketball — when departments and agencies move quickly to commit or spend any remaining funds before March 31, because unspent appropriations can be interpreted as money that was not needed and may affect future funding decisions. There is an incentive for departments to use all available authorities before they expire.

This is not just urban legend; it is a well-documented practice. For example, in February 2018, Shared Services Canada sent an urgent order to Bell Mobility for about 31,000 smartphones, with delivery required within five weeks in order for them to arrive before the end of the fiscal year and qualify as 2017-18 expenditures.

Last year, in a response to an Order Paper question, we learned that the federal government spent \$1.5 billion in a 10-day end-of-the-fiscal-year spending spree: From March 22 to March 31, 2025, federal departments recorded \$382 million in spending on supplies and \$1.1 billion on equipment and machinery.

This, colleagues, is beyond "March madness."

In spite of this perverse spending incentive, some approved expenditures are still never actually spent. The money can either be left on the table, which becomes reported as “lapsed funds,” or it can be taken off the table through what are referred to as “frozen allotments.” Frozen allotments are funds that Parliament has already approved in voted authorities but that the government has subsequently decided should not be spent in the current fiscal year. In some cases, access to those authorities is restricted until a specific condition is met. In other cases, departments and agencies are directed not to use the funds at all.

It is important to note that, even though these are called “frozen” allotments, these appropriations are never “unfrozen” after the end of the fiscal year. It’s not holding on to the money and just deferring the spending to a future year; it is a top-down decision telling the department that the money is no longer available. In order for it to become available again, a new spending authority must be passed by Parliament in the form of a supply bill. For example, documentation provided with Supplementary Estimates (C) shows us that, as of February 5, 2026, a total of \$7.4 billion in voted authorities have been frozen. However, as the Parliamentary Budget Officer has pointed out, the annual reporting of frozen allotments in Supplementary Estimates (C) has consistently fallen significantly short of the actual total reported later in the public accounts. Between 2017-18 and 2024-25, frozen allotments listed in Supplementary Estimates (C) have only been 24% of the total frozen allotments for a given fiscal year, on average.

[*Translation*]

This method of reporting figures poses a problem. When Parliament is called upon to approve expenditures, it should also be able to see, with reasonable clarity, what proportion of those approved expenditures will never be used.

If the frozen allotments presented in Supplementary Estimates (C) represent only a fraction of the total that appears later in the public accounts, then MPs are not getting a complete picture at the very moment they are being asked to authorize additional funds. This undermines oversight. It makes it harder to distinguish between funds that are genuinely needed, funds that have simply been carried over and funds that were approved but, in reality, were never going to be spent in the first place.

At a minimum, Parliament should be able to quickly and clearly see how much of the authorized money has already been frozen, how much will not be used and why. Without this information, it is difficult to compare forecasts with actual expenditures and hold the government to account for how public funds are — or are not — being used.

[*English*]

Honourable colleagues, Supplementary Estimates (C) is the final appropriation bill for this fiscal year. It brings up the question of the deficit. Budget 2025 projected a deficit of \$78.3 billion for this fiscal year, but, by this stage, the more relevant question regards whether that number still looks realistic. The deficit is measured on an accrual basis, which means it does not move simply because spending is announced or authorized; it moves when expenses are actually recognized in

the government’s accounts. While the Supplementary Estimates (C) do not by themselves determine the deficit, they do give us a clearer sense of where the government is going to land.

• (1550)

On the basis of the budget forecasts, the year-to-date fiscal results and the pressures that have continued to build over the course of the year, it would not be surprising if the final deficit were to come in above the government’s original projection of \$78.3 billion — possibly as much as \$82 billion or even \$85 billion.

But that obviously doesn’t surprise any of us.

If this estimate is accurate, it will have a domino effect. To the extent that the government blows past its deficit projection of \$78.3 billion, it will push the benchmark for its fiscal anchor higher as well, allowing it to run deeper deficits each year and still claim to be within the guardrails of their fiscal anchors. All of this overspending increases our national debt which, in turn, increases our debt-servicing costs. This eats up more of our fiscal room, making it more difficult to provide the public services that Canadians rely on, even as the population ages.

That’s why when we had the Minister of Health here, she had a hard time explaining the justification for why 6.5 million — almost 7 million — Canadians can’t find a family doctor.

Colleagues, our responsibility today is not simply to approve another line in the government’s spending ledger. It is to insist on clarity, discipline and honesty in the management of public funds.

Yesterday, the choice of the Parliamentary Budget Officer, or PBO, was something that gave me some hope. I thought she was transparent and professional, and, hopefully, she will apply herself with the degree of vigour that we expect from a PBO to ensure that transparency and accountability on behalf of this government — and all governments — continue to be a hallmark of what this Parliament is all about.

The Supplementary Estimates (C) may be procedural in form, honourable colleagues, but it raises substantive questions about spending control, fiscal transparency and the government’s shrinking room for error. If we do not take those questions seriously now, we will only face harder choices ahead.

Honourable colleagues, I reiterate that we’re not a house of confidence. We’re not here to circumvent the will of the democratic house, but we are definitely here to add to the principles of transparency, accountability and parliamentary surveillance. That is our obligation to taxpayers and to all regions of the country.

For that reason, the official opposition cannot support this particular supplementary estimates budget.

Thank you.

**The Hon. the Speaker:** Is it your pleasure, honourable senators, to adopt the motion?

**Some Hon. Senators:** Agreed.

**An Hon. Senator:** On division.

(Motion agreed to and bill read second time, on division.)

**The Hon. the Speaker:** Honourable senators, when shall this bill be read the third time?

(On motion of Senator Papatello, bill placed on the Orders of the Day for third reading at the next sitting of the Senate.)

#### APPROPRIATION BILL NO. 1, 2026-27

##### SECOND READING

**Hon. Sandra Papatello** moved second reading of Bill C-24, An Act for granting to His Majesty certain sums of money for the federal public administration for the fiscal year ending March 31, 2027.

**The Hon. the Speaker:** Is it your pleasure, honourable senators, to adopt the motion?

**Some Hon. Senators:** Agreed.

**An Hon. Senator:** On division.

(Motion agreed to and bill read second time, on division.)

**The Hon. the Speaker:** Honourable senators, when shall this bill be read the third time?

(On motion of Senator Papatello, bill placed on the Orders of the Day for third reading at the next sitting of the Senate.)

#### LEGAL AND CONSTITUTIONAL AFFAIRS

##### COMMITTEE AUTHORIZED TO MEET DURING SITTINGS AND ADJOURNMENT OF THE SENATE

**Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate),** pursuant to notice of March 24, 2026, moved:

That the Standing Senate Committee on Legal and Constitutional Affairs be authorized, for the purpose of its consideration of Bill C-14, An Act to amend the Criminal Code, the Youth Criminal Justice Act and the National Defence Act (bail and sentencing), to meet, even though the Senate may then be sitting or adjourned, and that rules 12-18(1) and 12-18(2) be suspended in relation thereto.

**The Hon. the Speaker:** Is it your pleasure, honourable senators, to adopt the motion?

**Hon. Senators:** Agreed.

(Motion agreed to.)

#### PARLIAMENTARY BUDGET OFFICER

##### MOTION TO APPROVE APPOINTMENT ADOPTED

Leave having been given to proceed to Government Business, Motions, Order No. 60:

**Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate),** pursuant to notice of March 12, 2026, moved:

That, in accordance with subsection 79.1(1) of the *Parliament of Canada Act*, R.S.C. 1985, c. P-1, the Senate approve the appointment of Annette Ryan as Parliamentary Budget Officer.

**The Hon. the Speaker:** Is it your pleasure, honourable senators, to adopt the motion?

**Some Hon. Senators:** Agreed.

**An Hon. Senator:** On division.

(Motion agreed to, on division.)

(At 4 p.m., pursuant to the order adopted by the Senate on June 4, 2025, the Senate adjourned until 1:30 p.m., tomorrow.)

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