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Wednesday, May 6, 2026

The Honourable RAYMONDE GAGNÉ,
Speaker

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THE SENATE

Wednesday, May 6, 2026

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

Prayers.

SENATORS' STATEMENTS

BEAR WITNESS DAY

Hon. Brian Francis: Honourable senators, Bear Witness Day, observed each year on May 10, honours Jordan River Anderson and his family, and calls for the implementation of Jordan's Principle.

Jordan River Anderson was a First Nations child from Norway House in Manitoba. Born in 1999 with complex medical needs, he was hospitalized from birth.

Despite being medically cleared to leave at age two, Jordan remained in the hospital for more than two years, while federal and provincial governments fought over the costs of his at-home care.

He died in 2005 at age five, never getting to live at home with his family. Jordan's story led to Jordan's Principle — a movement to ensure that all First Nations children have substantively equal access to the services required to meet their unique needs, and face no delays, denials or disruptions stemming from systemic inequities or jurisdictional disputes so they can remain happy, healthy and safe.

Today, 26 years later, Jordan's Principle has evolved into a legally binding obligation of the Government of Canada, but implementation remains deeply flawed.

A severe crisis emerged in 2025, characterized by massive backlogs, stricter requirements, shrinking coverage and funding cuts, causing substantial delays and denials, fueling ongoing advocacy and legal battles.

Each year, around May 10, we mark Bear Witness Day to highlight and combat the failure to properly implement Jordan's Principle and its consequences.

This year is particularly special because last February, this chamber adopted a motion to officially recognize this date.

On Friday, in partnership with the First Nations Child & Family Caring Society, I am joining Senators Audette, Boyer, Harder, Karetak-Lindell, Klyne, McCallum and Senior to host an event on Parliament Hill. Students from nearby communities, including Kitigan Zibi, will be in attendance. Colleagues, I hope you can join us, and, if not, find other ways to participate.

This week, and year-round, people — young children to older adults — come together in support of First Nations children and their families, and look to political leaders on Parliament Hill and across Canada to deliver change.

In 2007, the House of Commons promised to support Jordan's Principle and called on the Government of Canada to do the same. That promise, long unmet, is now our responsibility.

Wela'lin. Thank you.

THE HONOURABLE PAT DUNCAN

Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate): Honourable senators, one of the privileges of this chamber is working alongside and learning from our colleagues from across the country. Each day, we learn how to serve Canadians better by hearing from senators who represent their provinces and territories with such care.

Today, I'd like to honour one of our colleagues who does just that. She is a senator whose sincerity, dedication and knowledge of her region shine through in every intervention she makes: the Honourable Senator Pat Duncan.

Hon. Senators: Hear, hear!

Senator LaBoucane-Benson: I knew she would become undone just a little bit.

Colleagues, on April 17, 2000, Senator Duncan was elected Premier of the Yukon. She was the first woman ever to have been elected to the position. She was sworn into her premiership 26 years ago today and was actually wearing this exact suit.

When she was elected premier, the *Whitehorse Daily Star* reported that her smile alone could have lit up Whitehorse. A quarter of a century later, I think we would all still agree.

Colleagues, in 2000, every senior political position in the Yukon was held by women: their MP, the commissioner, the Mayor of Whitehorse and our own Senator Ione Christensen.

Senator Duncan has been part of the Yukon's story for a long time. Pat served for 10 years as a member in the Yukon Legislative Assembly and remains the only woman elected as Premier of the Yukon to this day.

She was a signatory of the Yukon Northern Affairs Program Devolution Transfer Agreement, transferring responsibility from Canada to the territory, granting the Yukon authority over its own land and resources. Twenty-five years ago, the Yukon was the first of the territories to undergo devolution, setting an example for the Northwest Territories and Nunavut.

She was also a proud signatory of the Ta'an Kwach'an Council Self-Government Agreement in 2002. It was one agreement, among many, that formed the bedrock of how the federal and territorial governments work in collaboration with First Nations governments.

Some of you may not know that Senator Duncan was a premier during the 9/11 attacks. On that day, a jetliner en route to New York mistakenly signalled it had been hijacked, causing an eruption of panic in Whitehorse, where it was diverted and later landed, thankfully, without further incident.

Colleagues, Senator Duncan was always ahead of the curve. In the 1990s, Senator Duncan began door knocking for her first election campaign, but with a twist: she was pregnant with her second child. She was told on many doorsteps that her pregnancy would hold her back, but she didn't let that stop her. She knew better: "They're saying that because of outdated ideas about what women can and can't do."

Senator Duncan ardently represents the feeling of pride we all share, representing our territories and provinces in the upper chamber. In our work in the Government Representative's Office, in each discussion, she reminds us of the Yukoners she serves by bringing to the table her decades of service in the North and beyond.

Colleagues, on this twenty-sixth anniversary of her election as premier, I ask you to join me in celebrating our colleague, who offers so much to this chamber and has represented Yukoners proudly and tirelessly for many decades.

Mahsi'cho.

VISITORS IN THE GALLERY

The Hon. the Speaker: Honourable senators, I wish to draw your attention to the presence in the gallery of Lindsay Brumwell, Executive Director, and Tessa Ritter, Chair of the Equal Voice Foundation. They are the guests of the Honourable Senator Dasko.

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

Hon. Senators: Hear, hear!

EQUAL VOICE

Hon. Donna Dasko: Honourable senators, in early 2001, a small group of women gathered for dinner to talk about the lack of progress in electing women to the House of Commons.

• (1410)

We wanted to do something about it but didn't know if anybody else cared about this, so we decided to throw a party. We set out to invite our politically minded friends.

To our delight, the party was a smashing success. Women across partisan lines showed up at my house in downtown Toronto: Conservatives Janet Ecker and Laurie Scott; New

Democrats Olivia Chow and Peggy Nash; Liberals Maria Minna, Hedy Fry and Penny Collette; four future senators, Senators Lankin, Omidvar, McPhedran and myself; journalists Doris Anderson and Rosemary Speirs; and about 40 other women.

It was May 6, 2001 — 25 years ago today — and that party was the founding event of Equal Voice. Twenty-five years later, Equal Voice is Canada's only non-governmental organization, or NGO, dedicated to electing more women to all levels of political office in Canada.

Energized members from that day in 2001 set out to strategize and organize. Over those years, Equal Voice incorporated as a non-profit, set up chapters across the country, launched campaign schools for women and organized youth chapters and mentoring programs.

It created programs like Daughters of the Vote, which brought young women from every federal riding to Ottawa to participate in Parliament and the Senate. It tracked nominations of women across elections and organized conferences and panels. It honoured women — and also sometimes men — with our awards.

Equal Voice embraced women across this country and across the political spectrum. It pressed party leaders to nominate more women.

As a co-founder, I'm so proud and pleased to have worked with Equal Voice's talented and dedicated leaders over these years. I'm especially pleased that Executive Director Lindsay Brumwell, Board Chair Tessa Ritter and other board members are here today.

We all fully understand that there is much work left to do. In 2001, 20.6% of our Parliament was women; today it is 30.6%. But, sadly, last year's federal election resulted in an actual, although small, decline in the percentage of women elected from the previous 2021 election.

This twenty-fifth anniversary is an opportunity to recognize the leadership and support of those who have shaped Equal Voice over these years and to also acknowledge the work that lies ahead.

Equality in representation may be elusive, but it remains a goal that is very much worth pursuing.

Thank you, colleagues.

VISITORS IN THE GALLERY

The Hon. the Speaker: Honourable senators, I wish to draw your attention to the presence in the gallery of Tariq Khan, brother of the Honourable Senator Ataullahjan; Amina Khan, her sister-in-law; as well as her grandniece, future Senator Coco. They are accompanied by other family members of the Honourable Senator Ataullahjan.

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

Hon. Senators: Hear, hear!

MCHAPPY DAY

Hon. Robert Black: Honourable senators, I rise in the Senate to raise awareness of an important event taking place today across Canada that helps families with critically sick and injured children stay close to their child's hospital care. It's McHappy Day.

McHappy Day is McDonald's largest fundraising day and one of the most meaningful days for families at Ronald McDonald Houses across this great country. Since its inception in 1977, McHappy Day has supported hundreds of thousands of families across Canada, including my own a few years ago. Each year, on this day, a portion of proceeds from every food and beverage item sold at every McDonald's across the country supports programs and services at Ronald McDonald Houses nationwide, while also supporting numerous other local children's charities.

I can't overstate the importance and meaningful support provided by Ronald McDonald Houses across the country. These charities offer far more than just a place to stay for families. Across the country, they provide essential services that help to remove barriers, provide a sense of normalcy and stability for families and promote healing in one of the most stressful and emotionally challenging moments of these families' lives.

In fact, in 2025, families saved \$72.3 million in out-of-pocket expenses because of Ronald McDonald House Charities supporting approximately 2,900 communities across Canada.

I had the pleasure of touring the Ronald McDonald House Charities Atlantic's new facility in Halifax, Nova Scotia last summer and spent the morning with Richard Pass, interim CEO of the Atlantic house and CEO of the B.C. house. These houses help ensure that families can stay together and support each other during their time of need.

On McHappy Day, you can directly support their work by visiting McDonald's for a bite to eat.

Last year alone, McHappy Day raised over \$1.4 million for Ronald McDonald House Toronto, providing the equivalent of 6,140 nights of comfort for families of sick children. If this was for only one Ronald McDonald House, imagine the immense impact that this fundraiser has across all provinces and territories in this country.

Honourable colleagues, on this McHappy Day, I hope you can join me in supporting and celebrating Ronald McDonald Houses across the country that are providing steadfast and compassionate support for sick children and their families when they need it most.

Thank you. *Meegwetch.*

VISITORS IN THE GALLERY

The Hon. the Speaker: Honourable senators, I wish to draw your attention to the presence in the gallery of representatives from MS Canada. They are the guests of the Honourable Senators Coyle, Duncan, Ravalia and Muggli.

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

Hon. Senators: Hear, hear!

The Hon. the Speaker: Honourable senators, I wish to draw your attention to the presence in the gallery of Rob and Diane Fahlman. They are the guests of the Honourable Senator Coyle.

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

Hon. Senators: Hear, hear!

THE HONOURABLE STAN KUTCHER

Hon. Mary Coyle: Honourable senators, I rise today in the spirit of celebration while in reality, like many of you, I'm in a state of heartbreak and denial.

Today, I proudly wear the yellow and blue in solidarity with our sisters and brothers in Ukraine and to honour our beloved colleague Senator Stan Kutcher, our chamber's — and one of Canada's — most fervent advocate for justice and peace in Ukraine.

A son of Ukrainian refugees, the honourable, formidable and adorable Stan Kutcher is an inspiration to us all. He is a humble and respected leader, a man of integrity and accomplishment, with a background in the humanities and an illustrious career as a world-renowned psychiatrist and expert on youth mental health.

All who know Stan know what a devoted and proud husband, father and grandfather he is. Stan is a softie.

Before joining the Senate, Stan and I knew each other from our shared international work and our deep commitment to our province, its people and its limitless potential.

Honourable colleagues, Stan Kutcher carried his passion for evidence — for pursuing and promoting the truth — with him into the Senate. As a proud Canadian and defender of democracy, freedom and justice here at home, in Ukraine and around the world, Senator Kutcher knows that access to the truth for citizens is of paramount importance to building and maintaining trust in our democracies.

Together, committed to sharing the many truths about climate causes, its impacts and, most importantly, solutions with colleagues throughout our chamber, Stan and I co-founded Senators for Climate Solutions, which has 60 members today.

When the devastating murders of 22 people occurred in 2020 in Nova Scotia, Senator Kutcher and I collaborated with Senator Colin Deacon to push for a full inquiry and to ensure it got to the many truths behind that tragedy, including the act of intimate partner violence that started it off.

During COVID, we worked with our former colleague the Honourable Dan Christmas around my dining room table and in Potlotek First Nation on understanding the truths of the Indigenous moderate livelihood fishery.

Stan worked hard co-creating ScienceUpFirst to counter the problematic and deadly disinformation campaigns on COVID and vaccines. An experienced scholar and clinician, Senator Kutcher has been a fierce defender of the truth about mental illness as it relates to the debate on medical assistance in dying, or MAID.

Promoters of dangerous and destabilizing disinformation here in Canada, in Russia or anywhere in the world have a fierce opponent in Stan Kutcher.

Colleagues, please join me in wishing our beloved Stan a happy and healthy retirement.

Slava Ukraini! Slava Stan!

• (1420)

ROUTINE PROCEEDINGS

THE SENATE

NOTICE OF MOTION TO REFER SUBJECT MATTER OF
BILLS C-20, C-25 AND C-30 TO CERTAIN COMMITTEES

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, previous order or usual practice:

1. the Standing Senate Committee on Banking, Commerce and the Economy be authorized to examine the subject matter of Bill C-20, An Act respecting the establishment of Build Canada Homes, introduced in the House of Commons on February 5, 2026, in advance of the said bill coming before the Senate, and that the committee submit its final report to the Senate no later than June 4, 2026;
2. the Standing Senate Committee on Legal and Constitutional Affairs be authorized to examine the subject matter of Bill C-25, An Act to amend the Canada Elections Act and to enact An Act to change the names of certain electoral districts, 2026, introduced in the House of Commons on March 26,

2026, in advance of the said bill coming before the Senate, and that the committee submit its final report to the Senate no later than June 4, 2026;

3. the Standing Senate Committee on National Finance be authorized to examine the subject matter of Bill C-30, An Act to implement certain provisions of the spring economic update tabled in Parliament on April 28, 2026, introduced in the House of Commons on April 29, 2026, in advance of the said bill coming before the Senate, and that the committee submit its final report to the Senate no later than June 11, 2026;
4. each of the aforementioned committees be authorized to deposit its report with the Clerk of the Senate if the Senate is not then sitting;
5. as the report from each of the aforementioned committees is tabled in the Senate, it be placed on the Orders of the Day for consideration at the next sitting, provided that if a report is deposited with the Clerk, it be placed on the Orders of the Day for consideration at the next sitting following the one on which the depositing is recorded in the *Journals of the Senate*; and
6. for the purposes of its study, each of the aforementioned committees be authorized to meet even though the Senate may then be sitting or adjourned, with the application of rules 12-18(1) and 12-18(2) being suspended in relation thereto.

HUMAN RIGHTS

NOTICE OF MOTION TO AUTHORIZE COMMITTEE TO MEET
DURING SITTINGS AND ADJOURNMENT OF THE SENATE

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, for the purposes of its study of Bill C-9, An Act to amend the Criminal Code (hate propaganda, hate crime and access to religious or cultural places), as authorized by the Senate on April 30, 2026, the Standing Senate Committee on Human Rights be authorized to meet even though the Senate may then be sitting or adjourned, with the application of rules 12-18(1) and 12-18(2) being suspended in relation thereto.

ADJOURNMENT

NOTICE OF MOTION

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, when the Senate next adjourns after the adoption of this motion, it do stand adjourned until Tuesday, May 26, 2026, at 2 p.m.

[*Translation*]

CANADA-UNITED STATES INTER-PARLIAMENTARY GROUP

ANNUAL MEETING OF THE SOUTHERN LEGISLATIVE CONFERENCE, JULY 21-25, 2024—REPORT TABLED

Hon. Michael L. MacDonald: Honourable senators, I have the honour to table, in both official languages, the report of the Canada-United States Inter-Parliamentary Group concerning the Seventy-eighth Annual Meeting of the Southern Legislative Conference, held in Greenville, West Virginia, United States of America, from July 21 to 25, 2024.

PACIFIC NORTHWEST ECONOMIC REGION ANNUAL SUMMIT, JULY 21-25, 2024—REPORT TABLED

Hon. Michael L. MacDonald: Honourable senators, I have the honour to table, in both official languages, the report of the Canada-United States Inter-Parliamentary Group concerning the Pacific NorthWest Economic Region Thirty-third Annual Summit, held in Whistler, British Columbia, from July 21 to 25, 2024.

ANNUAL MEETING OF THE COUNCIL OF STATE GOVERNMENTS EASTERN REGIONAL CONFERENCE, JULY 28-31, 2024— REPORT TABLED

Hon. Michael L. MacDonald: Honourable senators, I have the honour to table, in both official languages, the report of the Canada-United States Inter-Parliamentary Group concerning the Sixty-third Annual Meeting of the Council of State Governments Eastern Regional Conference, held in Baltimore, Maryland, United States of America, from July 28 to 31, 2024.

NATIONAL CONFERENCE OF STATES LEGISLATURES ANNUAL MEETING, AUGUST 5-7, 2024—REPORT TABLED

Hon. Michael L. MacDonald: Honourable senators, I have the honour to table, in both official languages, the report of the Canada-United States Inter-Parliamentary Group concerning the National Conference of States Legislatures Annual Meeting, held in Louisville, Kentucky, United States of America, from August 5 to 7, 2024.

DEMOCRATIC NATIONAL CONVENTION, AUGUST 19-22, 2024— REPORT TABLED

Hon. Michael L. MacDonald: Honourable senators, I have the honour to table, in both official languages, the report of the Canada-United States Inter-Parliamentary Group concerning the Democratic National Convention, held in Chicago, Illinois, United States of America, from August 19 to 22, 2024.

[*English*]

QUESTION PERIOD

GLOBAL AFFAIRS

CANADA-CHINA RELATIONS

Hon. Leo Housakos (Leader of the Opposition): Government leader, the latest annual report from Canada's intelligence services delivers a clear warning, which the government continues to ignore, unfortunately. China remains the primary source of foreign interference and espionage targeting Canada.

Senator Moreau, Beijing no longer even attempts to conceal its intimidation. Just last week, its ambassador issued a direct order to our government to stop sending MPs to visit and engage with Taiwan. Yet your government remains shamefully silent.

When will this government stop appeasing this hostile regime and finally take a principled stand to defend Canada's sovereignty and national security?

Hon. Pierre Moreau (Government Representative in the Senate): Thank you for the question, Senator Housakos. The government takes foreign interference and transnational repression very seriously. They are serious threats facing Canadians and Canadian institutions.

The government is moving forward with a foreign influence transparency registry. This will be a tool to hold individuals and entities accountable for conducting interference on behalf of foreign entities that seek to create a climate of fear and intimidation. The government is also providing our national security agency more tools to bolster their ability to detect, disrupt and counter foreign interference, transnational repression and threats against Canadians. It is a matter that the government takes very seriously.

Senator Housakos: Senator Moreau, when Prime Minister Carney was in Yerevan last week, he talked about strengthening ties with partners who share our history, values and ambition to build a better future. I think we all agree with that.

Leader, can you explain to this chamber what shared values, ambitions or history we have with the communist regime in Beijing? More importantly, can you tell this chamber what

mitigating steps have been taken by the government when dealing with Beijing on trade agreements to ensure that they align themselves on —

The Hon. the Speaker: Thank you, Senator Housakos.

Senator Moreau: Senator Housakos, Canada and China agreed to work together on trade, agriculture and energy. Canadian canola meal, lobster, crab and peas will not be subject to relevant anti-discrimination tariffs, unlocking \$3 billion of exports. This is an important trade deal with China.

However, the Prime Minister was clear that the government remains committed to engaging with China in a manner that is consistent with Canadian values, interests and international obligations. Those are —

[*Translation*]

The Hon. the Speaker Thank you, Senator Moreau.

[*English*]

INNOVATION, SCIENCE AND ECONOMIC DEVELOPMENT

MANUFACTURING SECTOR

Hon. Salma Atallahjan: Government leader, Canadians are shocked to hear reports that Honda Motor Co. has now cancelled its proposed \$15-billion electric vehicle project in Ontario after first delaying it last year. This is another billion-dollar investment gone under your government's watch.

Just in the past year, Ontario has faced closures, production reductions and investment delays from GM CAMI, Ford, Autoneum and, of course, Stellantis.

Senator Moreau, your government continues to point to external pressures, but Canadians are asking about accountability here at home. At what point will your government acknowledge its role in the loss of billions in investment and take responsibility for restoring investor confidence in Canada's economy?

Senator Batters: Hear, hear.

Hon. Pierre Moreau (Government Representative in the Senate): Thank you for the question, senator. With over 500,000 workers, Canada is an auto-building nation, and the government has brought forward the most comprehensive suite of trade resilience measures in Canadian history. The strategy will enable the government to reach three overarching priorities: first, move efficiently on climate action; second, increase affordability for Canadians; and third, diversify our economic partners and strengthen our supply chains. The auto strategy will achieve these three objectives by allocating \$3 billion to the Strategic Response Fund to help terrific companies pivot and adapt, rewarding companies that decide to produce and invest in Canada.

[Senator Housakos]

• (1430)

The strategy of the government is clear: We will protect auto workers, and we will continue to invest to make our economy stronger.

Senator Atallahjan: Government leader, business leaders across all sectors have warned of a growing gap between your government's promises and its actions, particularly regarding regulatory reform. Investors, workers and all Canadians are tired of empty promises.

When will we see concrete steps being taken to reduce regulatory burdens and create a competitive environment that attracts, rather than drives away, critical investment?

Senator Moreau: Canada had the second-largest foreign-direct-investment-stock-to-GDP ratio in the G20 in 2024. Canada has a lower marginal tax rate than any other G7 country, and Canada will be the second-best country in the G20 for doing business in the next five years. Also, among the G7 countries, Canada ranks third with respect to the ease of starting a business.

I think that those are very clear.

HEALTH

MULTIPLE SCLEROSIS RESEARCH

Hon. Mary Coyle: Senator Moreau, Canada has one of the highest prevalence rates of multiple sclerosis, or MS, in the world, striking women and young adults in dramatically disproportionate numbers. There is good news: Scientific evidence shows the prevention of MS is within reach. With the discovery that the Epstein-Barr virus is a trigger for MS, prevention is now a realistic goal. According to MS Canada, a federal investment of \$15 million would support vital prevention-focused research into improving the health of Canadians, saving lives and reducing costly impacts on our health care system, as well as loss of productivity.

Senator Moreau, with MS estimated to cost Canada \$4 billion annually, will the government commit to investing \$15 million in MS research? This will be quite a return on investment.

Senator Moreau: Thank you for your question.

The government understands the significant impacts that multiple sclerosis has on individuals and families in Canada. While I cannot provide future funding projects for the government, I can tell you that the government has been proudly supporting new MS research through the Canadian Institutes of Health Research with more than \$55 million in research investments over the last five years. This funding helped to build knowledge regarding the underlying causes and mechanisms of MS, to explore new avenues for prevention and treatment and to develop interventions to improve the well-being and quality of life for Canadians living with MS.

There is still much work to be done to improve our understanding of MS. The government is committed to helping pave the way for better health outcomes for people living with MS and, hopefully, one day eliminating the disease.

Senator Coyle: Thank you, Senator Moreau. That funding is important, but it is not sufficient; it's not targeted.

Many Canadians with MS continue to be denied the Disability Tax Credit due to strict core eligibility rules that exclude many people with MS. Senator Moreau, will the government commit to modernizing the Disability Tax Credit eligibility so that episodic disabilities like MS are assessed fairly, enabling equitable access to that credit and to the Canada Disability Benefit?

Senator Moreau: Yes, the government is committed to improving access to the Disability Tax Credit for persons with disabilities and their families. The *Spring Economic Update 2026* proposed to streamline the application process for individuals with formal diagnosis of certain long-lasting medical conditions, like MS, and recognize provincial or territorial public guardians and trustees as being qualified to certify for the Disability Tax Credit. These changes are expected to provide \$345 million over six years, and \$86 million —

[Translation]

The Hon. the Speaker: Thank you, Senator Moreau.

[English]

FINANCE

DISABILITY TAX CREDIT

Hon. Tony Loffreda: Senator Moreau, May is MS Awareness Month, so I'm also going to question you on MS. As was mentioned, people living with MS face significant and, often, unpredictable challenges, yet many are excluded from the Disability Tax Credit because the current criteria often fail to reflect the episodic and degenerative nature of the disease.

MS Canada has also noted many applicants struggle to navigate a system viewed as overly restrictive and difficult to access. Beyond financial supports, Canadians living with MS are also looking for hope through continued medical research, innovation and improved treatments.

Could the government outline what steps it is taking to modernize the Disability Tax Credit and to strengthen Canada's support for research and innovation?

Hon. Pierre Moreau (Government Representative in the Senate): I will complete my answer to you, in part, by responding to the question of Senator Coyle: The economic update also proposed to provide \$42.5 million over five years, starting in 2026-27, to the Canada Revenue Agency to administer the changes proposed in the update.

To your question, Senator Loffreda, as I mentioned, these changes — the streamlined application process and the fact that we recognize provincial and territorial public guardians and trustees as being qualified to certify the disability — are expected to provide \$345 million over the next six years and \$86 million per year, on an ongoing basis.

While I cannot provide future funding projections for the government, I can tell you that the government is proudly supporting the research, as I mentioned to Senator Coyle. We know there is still much more to do, but the government is committed to helping those who —

Senator Loffreda: Thank you for that response. Hope is crucial for those who have MS. Nordic countries have higher disability percentages than elsewhere.

Given that the Disability Tax Credit now serves as a gateway to several federal benefits, delays and barriers can create significant financial hardship for Canadians living with MS. Will the government commit to working with stakeholders, such as MS Canada, for better treatments and ultimately a cure, and will it provide a timeline?

Senator Moreau: As you probably know, the government is always open to discussion with stakeholders to ensure the policies of the Canadian government reflect the needs of Canadians.

It is my understanding that long-lasting medical conditions have already been identified through the Canada Revenue Agency's experience in processing applications as satisfying the disability impact criteria for the credit, but I cannot provide further details on timelines.

HEALTH

MEDICAL ASSISTANCE IN DYING

Hon. Flordeliz (Gigi) Osler: Senator Moreau, *The Globe and Mail* is reporting that the federal government is set to table legislation to pause the expansion of medical assistance in dying, or MAID, where mental illness is the sole underlying medical condition. The Special Joint Committee on Medical Assistance in Dying has heard from many witnesses that the Canadian health system is not equipped to support the safe expansion of MAID to include mental illness, citing that the needed social and health services are not readily available.

The provinces and territories are seeing an increased demand for mental health services, yet the Canada Health Transfer will decrease from 5% to 3% starting in 2028. Given the ongoing uncertainty around mental health services funding and accessibility, what is the federal government's plan to bridge this gap?

Hon. Pierre Moreau (Government Representative in the Senate): Medical assistance in dying is a very complex and deeply personal issue. Every individual's journey is different, and presenting a request for medical aid in dying is a serious decision.

The government looks forward to the joint committee's report on health system readiness for MAID eligibility of persons with mental illness and will study it closely to inform its policy. I cannot comment on future government legislation, but I can tell you with confidence that the government will work with provinces, territories and medical professionals on the implementation of Canada's MAID system.

WORKING TOGETHER BILATERAL AGREEMENTS

Hon. Flordeliz (Gigi) Osler: In 2023, the government established the Working Together bilateral agreements, allocating \$4.8 billion over four years to support improvements to home and community care, mental health and addictions services. The bilateral agreements are set to expire in 2027.

Will the government commit to the renewal and update of the bilateral agreements?

• (1440)

Hon. Pierre Moreau (Government Representative in the Senate): The government believes it is important to support provinces in their mandate to provide community care, mental health and addiction services. I cannot comment for the government on any future spending, but I can tell you that sunset programs are usually reviewed and potentially renewed in the year in which they are slated to expire.

YOUTH MENTAL HEALTH

Hon. Katherine Hay: Senator Moreau, youth mental health in Canada remains a crisis. Canada has the fourth-highest youth suicide rate in the industrialized world. One in five young people will experience a mental health issue. In my experience, I believe it's more than one. Indigenous youth are many times more likely to die by suicide than non-Indigenous youth.

Given that this week marks Mental Health Awareness Week, it is worth asking for an update on the 2025 \$500-million Youth Mental Health Fund supporting three pillars: integrated youth services, community capacity building and Indigenous mental health wellness. The call for proposals closed 15 months ago with perhaps 30% of the fund committed.

[Senator Osler]

Can you provide clarity on what has been allocated and spent under these three pillars? When will the remaining funds be dispersed to build and support the capacity youth in Canada need today?

Hon. Pierre Moreau (Government Representative in the Senate): Yes, on the subject of Integrated Youth Services, the United Way of Winnipeg received approximately \$10 million to open two additional Huddle youth hubs and expand direct-to-youth services. The Centre for Addiction and Mental Health in Toronto received \$10 million to expand Integrated Youth Services. Choices for Youth in Newfoundland received \$10 million to support access to mental health services for children, youth and young families.

With regard to community capacity building, the Centre for Addiction and Mental Health received \$4.4 million. Kickstand in Alberta received \$10 million to expand its network by five new hubs. Foundry BC and other youth services received approximately \$10 million.

Finally, with respect to Indigenous mental health wellness, it is important to know that \$4 billion has been invested outside the Youth Mental Health Fund to support Indigenous-led mental health programs that incorporate culturally safe health services, including help lines, substance use —

[Translation]

The Hon. the Speaker: Thank you, Senator Moreau.

[English]

MEN'S AND BOYS' HEALTH

Hon. Katherine Hay: Thanks very much. That's a great start on most of that, and we see that impact from coast to coast to coast.

Senator, men account for nearly 75% of suicide deaths in Canada, yet represent only 30% of those accessing services. The consultation on Canada's first Men and Boys' Health Strategy is set to close on June 1 or thereabouts. How quickly will the plan unfold with timelines and actionable strategies? What funding will follow?

Hon. Pierre Moreau (Government Representative in the Senate): I partly answered that question yesterday to Senator Henkel, but to your specific question, I cannot pre-empt the government in announcing funding or programs. It is my understanding that the government will wait at least until the report comes out to ensure that global action and funding are best utilized. However, there is a commitment by the government to proceed.

NATURAL RESOURCES

[English]

ENERGY SECTOR

Hon. Michael L. MacDonald: Senator Moreau, yesterday, alongside the energy minister, the head of the International Energy Agency warned that the world has yet to fully grasp the magnitude of the current energy crisis, one he described as the largest in history. Yet, your government continues to meet this moment with announcements and promises rather than decisive action. Canada possesses the resources to support our economy and our democratic allies, but under this government, opportunity after opportunity has slipped away.

Senator Moreau, when will your government take responsibility for the lost investment, the jobs that have never materialized and the failure to position Canada as a reliable global energy supplier, and finally do something meaningful to get Canadian energy to world markets?

Hon. Pierre Moreau (Government Representative in the Senate): The facts contradict what you just mentioned in your preamble, Senator MacDonald. You know about the Major Projects Office. One of the major projects is LNG Canada Phase 2 in Kitimat, British Columbia. This major energy project is part of the first tranche that was announced on September 11, 2025.

The government is committed to investing in our economy. That's why we created the Major Projects Office. Among the projects, if other opportunities arise for clean energy as standard energy, the government will be open to discussing and investing in them.

Senator MacDonald: Senator Moreau, the government is not doing enough nor is it moving fast enough. Not only is the opposition raising concerns; industry voices, including the Oil Sands Alliance, formerly Pathways Alliance, have warned that your government is not acting with the urgency required. Six months after signing a memorandum of understanding with Alberta, there has been little progress on addressing the structural barriers that deter investment.

Leader, when will your government finally deliver on its commitments? Time is running out.

Senator Moreau: The government is delivering daily on its commitments. I know we will never agree on that, but it's a fact that the government is delivering on every commitment on a daily basis. I know with certainty that the Prime Minister is travelling throughout the world to improve and diversify our economy. I'm not sure the Conservatives agree that we have to diversify our economy, but I know that you must take into consideration that the United States —

[Translation]

The Hon. the Speaker: Thank you, Senator Moreau.

NATIONAL DEFENCE

MILITARY PROCUREMENT

Hon. Leo Housakos (Leader of the Opposition): Government leader, Conservatives want to save this economy from your bad judgment, but that is another story.

In your response to Senator Wells yesterday, you went on with enthusiasm and pride about the announcement of defence spending. However, you would have to agree that there is a fundamental distinction between announcements, budgetary projections and actual dollars spent.

For decades, Canada's defence procurement system has been mired in red tape and inefficiency, leaving our Armed Forces badly under-equipped and completely overstretched. Leader, beyond the fancy announcements, what concrete, actionable plan does your government have to ensure that promised investments translate into real capabilities for our Armed Forces, not just empty PR promises?

Hon. Pierre Moreau (Government Representative in the Senate): When we invest \$81.8 billion over five years into upgrading our tanks and light-armoured vehicle fleet, acquiring new long-range missile capabilities, modernizing our artillery capabilities, increasing recruitment retention with \$2.6 billion, repairing and developing key infrastructure with \$844 million, upgrading the military technological infrastructure and increasing munition supply, those are concrete investments. Those are concrete facts.

Senator Housakos: Government leader, those are aspirational. Those are promises. Those are line items. We've heard this for 30 years now from three successive governments. You have to agree: The procurement process at National Defence hasn't delivered on any of them, even the small, minute promises that were made in the past, including by this Liberal government over the last decade.

How will you make this ambitious list actually work in the next 36 months, for example?

Senator Moreau: We will do it by doing what the government does best: working every day to provide new jobs for Canadians, making sure that our economy is growing stronger, forming alliances all over the world, diversifying our economy and working every day toward Canadian prosperity.

PUBLIC SAFETY

ANTI-SEMITISM

Hon. David Arnot: Senator Moreau, I wish to acknowledge the important work of the Senate Standing Committee on Human Rights in its recent report on anti-Semitism. Given the evidence of serious and ongoing safety risks and terrorist attacks at Jewish schools and places of worship, what immediate steps is the government taking to ensure that these institutions are protected?

Hon. Pierre Moreau (Government Representative in the Senate): Thank you for that important question, senator. Hate and anti-Semitism have no place in our communities or anywhere in Canada.

In the spring economic update, the government announced an additional \$75 million over five years for the Canada Community Security Program, which provides time-limited funding and support for communities at risk of hate-motivated incidents or crimes to enhance security measures in their gathering spaces.

This adds to the \$10 million announced to respond directly to the security needs of Jewish communities, with \$5 million earmarked for Toronto-based organizations such as the Jewish Security Network of Toronto, \$2.5 million for Montreal-based organizations such as the Federation CJA of Montreal and \$2.5 million for other communities.

The government has also been simplifying the program application process by introducing additional flexibility to ensure that no community falls through the cracks.

[Translation]

The Hon. the Speaker: Thank you, Senator Moreau.

[English]

Senator Arnot: Senator Moreau, community leaders have told us that families are relying on a patchwork of paid police, private security and volunteers, and that this situation is neither sustainable nor acceptable.

• (1450)

They are calling on the state to take responsibility for ensuring safety.

Will the government commit to ensuring that security for vulnerable communities is treated as a core public safety obligation rather than a burden placed on those communities?

Senator Moreau: Yes, the government has introduced Bill C-9. I hope that we will be able to adopt that bill rapidly.

The security of all Canadians is the number one priority of the government. We have seen this with renewed spending on defence at the broader level, as well as funding to strengthen the RCMP and law enforcement, augmented recruitment targets and a stricter legislative framework for repeat violent offenders, which is Bill C-14.

On your question, the purpose of the Canada Community Security Program is to take away the economic burden —

[Translation]

The Hon. the Speaker: I'm sorry, Senator Moreau, but your time is up.

GLOBAL AFFAIRS

COMBATTING VIOLENCE AGAINST WOMEN

Hon. Manuelle Oudar: Senator Moreau, I first want to acknowledge the considerable efforts that the Government of Canada is making in combatting violence against women. Canada is known around the world for being actively involved in the fight for equality and the fight to end gender-based violence.

A few days ago, I had the opportunity to address the Parliamentary Assembly of the Council of Europe during the debate on the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, also known as the Istanbul Convention. This debate once again brought to light the importance of international legal instruments to prevent and combat these types of violence.

Senator Moreau, in the current political context of dialogue between Canada and Europe, which I applaud, could you tell us whether the Government of Canada intends to begin taking the necessary steps to adhere to the Istanbul Convention?

Hon. Pierre Moreau (Government Representative in the Senate): Thank you for the question, Senator Oudar.

You are no doubt aware that confidentiality is essential for international and diplomatic negotiations to occur in a climate of trust. Unfortunately, this is why I can't provide details about the discussions in progress.

Nevertheless, I want to reiterate that the government is committed to addressing gender-based violence. In collaboration with the provinces and territories, the government is investing over half a billion dollars in the National Action Plan to End Gender-Based Violence. Every life lost deserves to be honoured and remembered, because each death is one too many. The government's commitment to the nationwide efforts under way also aligns with our international intentions.

Unfortunately, regarding the discussions per se, I'm unable to provide more details.

Senator Oudar: Thank you for your answer, Senator Moreau.

On December 2, I asked a question about another convention, the Belém do Pará Convention, which hasn't been ratified yet. Has the government identified any legal or institutional obstacles that might be stopping Canada from ratifying it?

Senator Moreau: Thank you for the question.

I have to repeat part of the answer I just gave and tell you that, unfortunately, I can't provide any details about the negotiations.

However, on the specific issue of legal obstacles, I will make inquiries of Minister Anand and get back to you with that information at a later date.

[English]

FINANCE

GST/HST CREDIT

Hon. Scott Tannas: Senator Moreau, when Finance Minister Champagne appeared before the Senate during the Committee of the Whole meeting on June 17, 2025, I asked the minister about permitting young Canadians who are buying their first home to assign the GST rebate as part of their down payment. This would help with overcoming a difficult hurdle in home ownership. The minister's response was, "... yes, we will look into that."

Almost a year has passed since I received that answer. Has the government actually looked into this proposal? Does it intend to change the rules to allow first-time homebuyers to apply the GST rebate toward their down payment?

Hon. Pierre Moreau (Government Representative in the Senate): Thank you for the question. I can tell you, Senator Tannas, that the minister is committed to looking into this proposal, and this work is ongoing presently.

The government remains committed to increasing housing supply and making housing more affordable for Canadians. That's why the government has made eliminating the GST on new home purchases for first-time homebuyers one of our first orders of business. As soon as Build Canada Homes is up and ready to operate, notably after Bill C-20 is studied by us, more measures will be evaluated for their effectiveness in helping Canadians achieve home ownership.

Senator Tannas: Thank you for that answer. After a year, I'm not sure what is left to look into. It's a pretty simple item. Is there anything you could suggest we might do to maybe encourage the minister and his people to hustle up? This is something that will actually build houses and will encourage people to create new houses rather than buy existing stock.

Senator Moreau: I must say that the government is probably in accordance with your declaration, and given what you are doing today by asking this question, you have given me the opportunity to raise this with the minister and perhaps help him bring a more precise answer.

ORDERS OF THE DAY

CONNECTED CARE FOR CANADIANS BILL

THIRD READING—DEBATE ADJOURNED

Hon. Joan Kingston moved third reading of Bill S-5, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors, as amended.

She said: Honourable senators, I am pleased to speak today as the sponsor at third reading of Bill S-5, the connected care for Canadians act. I will speak to why interoperability is foundational to improving continuity of care, strengthening patient safety and ensuring that digital health investments deliver for Canadians.

I would first like to thank all the members of the Standing Senate Committee on Social Affairs, Science and Technology for their careful consideration of Bill S-5 and for the interventions made by other senators, which will ensure the advancement of this bill's purpose for the benefit of all Canadians.

True interoperability is not about new apps or new platforms; it is about ensuring that all patients in Canada receive the care they need across health settings, systems and jurisdictions.

The reality for many Canadians is that they rarely receive care from a single provider or within a single organization. Instead, the care they receive is delivered by multiple providers across diverse settings, including primary care and specialty clinics, hospitals, pharmacies and long-term care.

This is particularly true for patients living with complex conditions or those living in rural, remote or Indigenous communities who must see multiple specialists or travel across provincial and territorial borders to receive the health care they need.

[Translation]

The fragmentation of electronic health records undermines continuity of care, as it forces Canadian clinicians to rely on incomplete information, outdated records or manual workarounds to understand a patient's history.

[English]

The issues and the root causes of disconnected health systems have been recognized for decades by health system stakeholders, with collaboration being led by Canada Health Infoway and the Canadian Institute for Health Information.

In recent years, provinces and territories have become increasingly engaged with federal organizations in improving access to health data sharing, and work on this bill in particular began in 2024.

[Translation]

Bill S-5 helps address this issue by facilitating the secure sharing of health information. This enables safer, better coordinated and faster care, while allowing patients to easily access their medical records.

[English]

Bill S-5 will also translate into real improvements for clinical workflows by reducing administrative burden and relieving the pressure on our health care providers.

• (1500)

[Translation]

For patients, interoperability reduces the safety risks associated with the harms of fragmented care, such as duplicate tests, longer wait times for treatment, or diagnostic errors.

It also saves them from having to repeat their medical history, manage administrative formalities or act as intermediaries between services in the health care system that do not communicate with one another.

[English]

This is why Bill S-5 not only focuses on enabling data exchange but also on ensuring that the information being shared is timely, usable and integrated into care delivery.

[Translation]

For example, members of the Standing Senate Committee on Official Languages highlighted the need to incorporate language requirements when developing national interoperability standards. They expressed concern that a failure to take account of language standards could cause problems with the readability of medical records. Incorrect handling of accents, for example, can even lead to corruption of digital files.

During consideration of the bill, the Minister of Health and representatives of the Department of Health assured us that specifications had already been published in both official languages and that they were working with New Brunswick to promote the adoption of bilingual digital tools.

This is also one of the few areas where system-wide progress can be achieved on a large scale, benefiting patients across Canada, regardless of where they receive care or which health care professionals they consult.

Interoperability therefore becomes not only a technical priority, but also a strategic one, with implications for equity, access and the sustainability of the system. This takes into account the need to ensure the sharing of medical records.

[Senator Kingston]

[English]

Improving interoperability must be done in a way that respects Indigenous data sovereignty — including the principles of ownership, control, access and possession — and recognizes the rights of Indigenous communities to govern how their data is used and shared. This means that interoperability must be implemented in a way that is distinctions-based and aligned with First Nations, Inuit and Métis priorities and governance structures. In this way, interoperability can support better care while reinforcing rather than undermining Indigenous data sovereignty.

Recognizing calls from expert witnesses and following its study, the Standing Senate Committee on Social Affairs, Science and Technology strengthened the preamble of the bill to reinforce the importance of respecting Indigenous data sovereignty and the governance of Indigenous data.

A related issue is that, at present, there is a custodial framework in terms of health systems data in Canada. The committee heard from witnesses that moving toward a stewardship model would be a shift toward bringing patients closer to their own health data.

Officials from Health Canada told the committee that this legislation is one important piece of a broader tool kit, and there are so many different efforts under way — with our provincial and territorial colleagues and with the Canadian Institute for Health Information and Canada Health Infoway — to advance the broader agenda around improving access to health data.

One of the things that the provinces and territories agreed to was to better align their policies and regulations related to health data, and one of the first areas that they agreed to focus on was health data stewardship. They tasked the Canadian Institute for Health Information, or CIHI, to produce a pan-Canadian framework for health data stewardship. The goal is to shift toward a culture of better data sharing and stewardship that is in support of the public good and that balances the need to protect privacy with the very real risk of not sharing data.

CIHI is leading the way by providing resources to the provinces and territories to help them adapt their privacy rules to build a stewardship mindset into their work and to create a community of stewards across the provinces and territories that can share best practices. These collaborative efforts are meant to complement the connected care for Canadians act.

Despite decades of investment in digital health, disconnected systems persist in Canada because digitization and interoperability are not the same thing.

Across the country, many parts of Canada's health care systems have been successfully digitized, including electronic medical records, hospital information systems and public health data systems. The issue is that there was never a requirement for these systems to consistently work together, and systems were never required to use common standards for sharing information.

Fewer than one in seven Canadians, or roughly 13%, can reliably access their health information electronically in a way that follows them across health care settings.

Even though care is increasingly delivered by teams across sites and across jurisdictions, just over half of health care providers exchange patient information digitally outside their own organization.

As the committee studying this bill observed, health information technology vendors constitute only one element of the broader health data ecosystem. Focusing solely on vendors is insufficient to achieve comprehensive interoperability and meaningful access to personal health information for Canadians. To fully realize the benefits of interoperable health data, the government should consider extending responsibility for the access to and exchange of electronic health records to all individual and institutional providers of health care.

Disconnection persists because health care in Canada is delivered within a federated system, where provinces and territories adopt digital tools at different speeds, under different funding models and with different policy levers. To their credit, in recent years, provinces and territories have become increasingly collaborative in terms of realizing the goal of interoperability of health information for the benefit of all Canadians.

Disconnected systems persist not because digital tools are lacking but because the foundations allowing those tools to work together have never been fully addressed. Bill S-5 is an important first step in moving forward together to do just that.

Research from the Competition Bureau and consultations with the digital health industry highlight that vendors are required to tailor their products to multiple jurisdictions, effectively operating across what functions as 13 separate markets rather than a unified Canadian one.

This fragmentation increases costs, duplicates efforts and limits opportunities for competition and growth within Canada's digital health sector. It also creates barriers for Canadian companies seeking to scale, as they must navigate inconsistent requirements domestically before even considering alignment with international markets.

[Translation]

A consistent, standards-based approach can reduce these inefficiencies while fostering a competitive and innovative ecosystem. This means, in particular, considering market dynamics, implementation challenges and the need to align with internationally recognized standards and practices in order to improve both patient outcomes and system efficiency.

[English]

In line with supporting the Canadian economy, interoperability should not come at the cost of innovation. Instead, it must support the responsible development and adoption of emerging technologies, such as artificial intelligence and virtual care.

Common data standards enable these technologies to be integrated safely and effectively, while ensuring that they are grounded in reliable and high-quality data.

[Translation]

Experience has shown that progress achieved through voluntary adoption is not sufficient on its own.

• (1510)

Canada has made real progress in the digitization of health care, but without common requirements, interoperability has remained optional, uneven and slow. The result is a system in which some organizations can share information easily, while others remain isolated, putting patients at risk simply because of where they receive care.

[English]

Bill S-5 also seeks to clearly define data blocking and ensure appropriate safeguards are in place. The intent is to prevent practices that unreasonably limit the flow of information while fully respecting existing privacy laws and clinical needs. This includes recognizing that information should not be shared where it would be prohibited by law or where safeguards are required to protect patients.

Bill S-5 and its future regulations will target harmful barriers to access without compromising privacy or professional responsibilities. Bill S-5 does not create new platforms, does not centralize health data and does not compel sharing. Instead, it ensures that digital tools used in the health system can support safe, authorized information exchange.

This approach reflects what has worked in peer countries. Interoperable systems are not achieved by goodwill alone but by clear rules that protect patients and support providers. It also reflects what we have heard through committee study: That interoperability must reduce burdens on providers, reflect real care pathways and support equitable access to care.

This is particularly concerning in cases where patients must move between systems that operate under different jurisdictions, including those serving Indigenous communities. This is precisely why federal action through Bill S-5 is focused on setting clear, consistent expectations for how digital health systems must work together.

Consultations with vendors, provinces and territories and data experts indicate that pan-Canadian alignment on standards can help reduce duplication, lower integration costs and create a more predictable environment for both public systems and private sector partners.

[Translation]

These expectations must also be proportionate and adaptable, taking into account the fact that the various parts of the system are starting from different levels of digital maturity. Flexibility in implementation allows for progress without penalizing smaller organizations or those with limited resources.

Interoperability standards create a common foundation that allows data to flow securely between provinces and territories, health care facilities and systems, without imposing a specific model of care delivery.

[English]

Alignment with international standards further supports this objective by enabling Canadian solutions to integrate more easily with global technologies and markets, strengthening both resilience and competitiveness.

[Translation]

To advance interoperability, there must be ongoing collaboration across jurisdictions, and special attention must be paid to readiness, connectivity gaps and practical implementation challenges.

Progress will depend on continuing our partnerships with the provinces and territories and collaborating with health care partners and communities.

[English]

Federal leadership must continue to focus on setting clear expectations while supporting practical, phased implementation across the country.

Ultimately, Bill S-5 focuses government action on interoperability because patient safety depends on it.

[Translation]

To minimize errors, avoid duplicate tests, support continuity of care and ease health care professionals' workload, we need to be able to build on a common foundation, meaning systems that are capable of communicating reliably when Canadians' health is at stake.

[Senator Kingston]

[English]

For First Nations, Inuit and Métis communities, this also means ensuring that connected care improves access and outcomes while respecting Indigenous governance over data.

Bill S-5 is about fixing the foundation so that digital health investments deliver safer, more connected care for Canadians.

Thank you. *Woliwon*.

Hon. Krista Ross: Will Senator Kingston take a question?

Senator Kingston: Yes.

Senator Ross: First, thank you, Senator Kingston, for your work on this important bill.

As you know, in New Brunswick, there's been a definite push toward, first, physicians using EMRs, or electronic medical records; and, second, having them be able to integrate with hospitals and other health care practitioners. I have heard anecdotally that it could take more than a year for a physician to switch from one EMR to another and that there are waiting lists for the opportunities to support and adopt certified EMRs.

Will this bill help provinces and hospitals implement EMRs as well as integrate with each other and across the country? Will health authorities or other provincial bodies be required to participate in having these new regulated EMRs?

Senator Kingston: Thank you for the question.

First, as you probably know, the health authorities are responsible to and funded by the provincial government, so that's one piece. The health authorities are obviously the ones that make things happen, so they must have the funding to do so.

With respect to that, I think the provincial governments have negotiated with Ottawa in terms of the priority for interoperability and health care systems all ramping up together. I'll give you one example of what has happened recently in New Brunswick. If you'll remember, we had a GST holiday a while ago. New Brunswick, being one of the provinces where the GST is combined, felt they had lost \$60 million, which they could not afford. The federal government has since made restitution, I guess, for that loss, but they have specified that it must go to health systems.

Certainly, the federal government is aware of the need, and the provincial government is aware that they need to put money into this. However, as I said in my speech, there is a cost to not doing anything, and the health authorities have to move forward.

With respect to the providers in the system — physicians, clinics and so on — they get some help, from the New Brunswick Medical Society, for instance, which negotiates with the provincial government in order to receive targeted funds to do these kinds of things.

It's a problem. For a long time, pharmacies in New Brunswick have been connected by One Patient, One Record via the Electronic Health Record, or EHR, which is a good thing. However, as you pointed out, we're still far from having everything we need.

I talked to someone who had done some work in this area. She said that a physician she knew had been in a focus group and had written down all of the places that he needed to go in order to access information. He needed a different username and password for each one. There were five that he could access and four that he would have liked to access, if only he could, in order to look after a particular patient whom he had in mind at the focus group.

I hope that I've answered at least some of your questions. Thank you.

[*Translation*]

Hon. Dawn Arnold: Honourable senators, I am rising in support of Bill S-5, the Connected Care for Canadians Act, a long-awaited systemic reform that would prohibit data blocking by health information technology vendors.

• (1520)

I commend my fellow New Brunswicker, Senator Kingston, for her skill in sponsoring this bill and for the depth of her knowledge and expertise in this field.

As a member of the Standing Senate Committee on Social Affairs, Science and Technology, I am proud of the work that the committee has accomplished. It was a privilege to hear from the witnesses who spoke with remarkable consistency in support of this bill. Their message was clear: This change is both necessary and long overdue.

[*English*]

The objective of this bill is straightforward yet transformative. It ensures that Canadians can access their complete health records, enables health care professionals to view a patient's history with consent and allows care providers across provinces to access critical information when it matters most. Through regulations, it will create a foundation of standards across the country. It will remove barriers that currently lead to some providers having to access five or more different systems on different computers with different log-ins to treat one patient during their visit. If these systems could talk to each other, imagine the time and cost savings.

We heard compelling examples of why this matters. Picture a British Columbian visiting New Brunswick who suddenly falls ill. With this legislation in place, the pathway will be open

for system changes, enabling their treating physician — again, with consent — to access their medical history quickly and securely. In a community like Moncton, New Brunswick, where two separate health care systems operate within minutes of each other, the ability to seamlessly share information is not just helpful; it is essential.

We often speak in this chamber about the pressures facing our health care system, particularly the challenge of accessing primary care. But consider this: On average, a family physician spends up to 40 minutes a day searching for patient information. That is time not spent with patients. This bill begins to address that inefficiency in a meaningful way.

[*Translation*]

This will also promote equity. For vulnerable Canadians, fragmented records can mean fragmented care. Consolidating health information helps ensure more consistent, informed and equitable care.

This will also reduce costs. When providers can easily access test results and vaccination records, they can avoid providing the same care twice or sometimes even three times.

This bill is not limited to technology. It also aims to improve the delivery of care and transform the system through innovation and research. With greater access to anonymized data, researchers will be able to analyze disease trends, care pathways, excessive wait times, and many other factors. This will enable them to improve clinical and systemic responses, as well as outcomes for Canadians.

[*English*]

The standards will help break down barriers between provinces and territories along with levelling the innovation playing field between big and small technology developers. Health care is one of the biggest employers and contributors to Canada's economy. With improved, secure data access and strong partnerships, an innovative ecosystem will be able to thrive and move Canada forward.

As we constantly hear how artificial intelligence, or AI, and technology are advancing exponentially, daily if not hourly, our electronic health management systems need to be able to adapt and benefit from technology improvements. Canada must keep pace with global digital health standards and advancements to enable the best outcomes for citizens.

As Dr. Margot Burnell, president of the Canadian Medical Association, said during her testimony, "Standards turn good intentions into working systems."

We know our health systems are struggling in a multitude of ways. This bill will help move forward a patient-centred transformation focused on safety, quality care, privacy protection and improved operability.

This is not a complete solution, but it is an essential foundational step along the pathway of system change and a more connected health information highway across Canada. This has my full support.

[*Translation*]

Thank you.

[*English*]

Hon. Tracy Muggli: Honourable senators, as many of you know, I spent most of my career working in health services, which means I have had the fortune to work with dozens of databases, none of which have ever communicated with one another. I want to bring some of that experience to my speech today.

I have to say that I was excited to see Bill S-5 introduced. Thank you, Senator Kingston, for your sponsorship. I think fragmented health data is hurting Canadians and stealing precious time away from our front-line health care providers. Even as we've tried to put patients first, Canadians still do not have a single, interconnected patient information system they and their providers can rely on.

To me, patient-first care means making sure patients feel understood and cared for when they enter the health system. It's hard to make a patient feel understood when you're asking them to repeat themselves in every health care setting in which they present, including clinics, hospitals, hospices and even their own homes with home care services.

We've known how to fix this for a long time. Information systems should communicate. Patients should be able to access their own health information, and that information should follow them through the health system so the professionals responsible for their care have the full picture.

Ask a primary care provider, nurse, social worker, occupational therapist or any community health team member, and they will tell you about the problems that arise when hospital care, home care and primary care information is siloed.

Let me give you some insight into a few common issues.

A home care worker might arrive at the home of a patient for their daily personal care only to find they were admitted to the hospital over the weekend and, perhaps, passed away. They're greeted by a grieving family or sometimes by no one at all. The system that recorded the death did not communicate that information to the database used by the home care provider.

In other cases, families receive calls asking about appointments for loved ones who are no longer alive. These are inefficiencies, but more importantly, they are painful for families and demoralizing for the providers.

[Senator Arnold]

Another common time sink happens in the community care space. For example, a community mental health worker may be responsible for supporting someone living with serious mental illness. These folks disproportionately live at the intersection of our health and legal systems. It's not unusual for a patient to be under a community treatment order under the Ontario Mental Health Act, requiring regular treatment such as a monthly injection. If, for example, the community worker is unable to find them and administer their treatment, they may assume the worst. They may spend hours calling around, contacting police or outreach teams, trying to locate the person who they believe has disappeared. Only later do they discover the person was admitted to hospital or is currently in the emergency department.

I think the most glaring problem that I have experienced is the lack of data transfer from hospital care to community care. Transitional points of care always heighten the risk that patients and clients will not receive the correct follow-up care or the correct approach to care when admitted to hospital, including medication, especially where medication management regimens are complex. Things get missed. I have seen important monthly injections missed for those living with schizophrenia far too often.

This is taxing emotionally and needlessly time-consuming, and it is time that could be allocated more broadly, especially given the patient/client caseload sizes. It prevents our already overburdened front-line workers from providing care that patients need.

I will also delve into a personal example. Just last week, I had a day surgery procedure. I was required to go to my general practitioner, or GP, for a pre-op assessment. I was required to bring a form to my GP from my specialist to be completed. Upon completion, I was given a stack of papers and told to be sure to go for my blood work and that I must bring these papers to my surgery.

Because a few weeks went by, I almost forgot to bring the papers with me as I was ready to leave the house at 5:30 a.m. and realized I booked an Uber for p.m., not a.m. I got to the hospital where I registered. I was asked many repetitive questions that were clearly on my stack of forms and then given another stack to take up to the surgery holding area.

• (1530)

I was taken to a bed and changed into a gown, which was followed by a nursing pre-op assessment where I was asked most of the same questions again.

At this point, the nurse took all the papers. When it was time, I proceeded to the surgical wait area. The anaesthetist asked me a number of questions — some repetitive again — and then I waited about 30 minutes beyond my scheduled surgery time. A nurse came back to report to me they were trying to find my file — the big stack of papers. Turns out it was in the slot next to the intended slot.

So, all was well, and I had my procedure, but you can see how much time was wasted and how an interoperable health record would save significant time and provide the possibility of providing more care to more people. As a certified Lean Leader, this obvious waste nearly puts me into a cardiac situation.

The bottom line is this: If databases across our health system were able to communicate with one another, information could easily follow the patient. Community providers would know when their patient has been admitted to hospital. Home care teams would know when a patient has died. Primary care providers could know when new issues have been uncovered in hospital before the patient walked into their office. Interoperable systems would allow providers to receive notifications when a patient's situation changes and to prepare in advance, rather than trying to piece together information after the fact.

The technology to do this already exists and has for years. What has held us back are fragmented systems, regulatory barriers and technology models where different platforms simply cannot speak to one another. In the meantime, IT professionals — bless their souls — have spent an extraordinary amount of time trying to custom-write reports that download information from one system and have a common patient identifier downloaded from another system in an effort to piece together information that is often provided too late to providers.

Bill S-5 seeks to address that problem by establishing common international standards that allow digital health systems to exchange information securely. As the Government of Canada noted when introducing this legislation, only about 29% of providers currently share patient information electronically outside of their own practice, leaving patients far too often carrying paper records between offices or hospitals in a system that should already be digital. Or they are left using unsecured fax systems. I can't tell you how many times I received doctors' orders for patients that were not intended for me in my fax machine.

In fact, researchers study health information exchange. There is a lot of background on this. Those studies have found that when systems cannot share records effectively, duplicate diagnostic tests occur in roughly one third of transferred patients, with many of those tests medically unnecessary. That duplication reflects both wasted time for clinicians and additional burdens for patients.

Organizations across the health sector have also emphasized the importance of this change. As Dr. Margot Burnell, President of the Canadian Medical Association, has said, when personal health information can travel securely between clinics, hospitals and labs, patients experience better outcomes, and doctors have more time to focus on care.

At St. Paul's Hospital, where I led large provider systems struggling with this issue every day, and at hospitals across this country, that second point is important. Front-line health care professionals spend far too much time navigating disconnected databases. They spend hours a week tracking down information, repeating assessments and duplicating work. Many providers are faced with running and entering data into dual databases with the same information to ensure reporting requirements for provincial and national reporting systems are recorded. This was the case in some of the substance-use programs I was responsible for, as primary health providers required the information in their database, and mental health and addiction services required it in theirs.

Electronic connected care is also crucial in the delivery of care to newcomers to Canada who may have challenges with language and communication or when interpretation is not made available in a timely matter. Piecing together a patient's care needs is crucial in such cases. Similarly, having access to connected data in cases where patients are vulnerable due to age, gender, sexual orientation, ability, race or any other vulnerability can also help to ensure that good care is provided.

Research published in the *Annals of Internal Medicine* has found that physicians now spend nearly half of their workday interacting with electronic records and administrative tasks. This is exacerbated when information is located across multiple systems. Multiple log-ins, multiple passwords — you have heard it all before.

When information flows more effectively, providers spend less time chasing records and more time caring for people. One study examining the use of health information exchange in emergency departments found that when clinicians could access complete patient information through shared systems, they saved, on average, more than two hours of clinical and administrative time per case while improving quality-of-care decisions.

Reducing that administrative burden also matters for the health workforce. As Health Canada has noted, many physicians report that administrative workload contributes directly to stress and burnout. In my former roles, I have heard this repeatedly from all health care providers. When we remove unnecessary barriers and duplication, we create space for health professionals to do the work they entered the profession to do.

Better data sharing also allows for more compassionate care. Anyone who has worked in health care knows how often patients are asked to repeat their story. They may explain their condition to a family doctor, then again at the hospital, then again when they see a specialist and again when they return to community care. Patients sometimes say, quite reasonably, "Why can't you just look at my other record? That says it all."

Studies show that when health systems share information effectively across providers, patients report higher satisfaction with their care and greater confidence that their clinicians understand their medical history.

I like this legislation for a lot of reasons, but one of the most important points is that it allows patients to move through the system without constantly retelling their story. That can be hard on people. It also recognizes that care increasingly takes place across many settings: hospitals, community clinics, home care, mental health services, hospice care and sometimes private providers who deliver services alongside the public system. For care to be truly coordinated, those parts of the system must be able to communicate with one another.

Canada has already taken important steps in this direction. Canada Health Infoway was an important early effort to support digital health infrastructure across the country. This builds on that work and helps move us further toward a connected system where information can move safely and effectively to support patient care.

I want to acknowledge a submission from the Canadian Life and Health Insurance Association. They are concerned that the definition of “health information technology vendor” in this bill may be broad enough to capture insurers. This could create significant unintended consequences and upend how their industry currently operates, which is largely adjacent to the health system. As this legislation moves to the other place, I encourage colleagues to take a closer look at this issue, which came to our attention late in the study in a written submission, and for the government to determine whether this might need to be addressed through an amendment or regulation.

I believe we can build systems that both protect privacy and improve care. In fact, doing nothing carries its own risks. When information does not move appropriately within a patient’s circle of care, providers are forced to make decisions without the right information. This bill recognizes that health data is part of how Canadians receive safe, coordinated and compassionate care.

I am standing here today because I think Bill S-5 will help patients gain greater control over their health. It will make it easier to access the information that folks in health care need to do their jobs. All of us and all our families, friends and loved ones will be better off with a health system that is more responsive, more efficient and more focused on the people we’re helping. I look forward to advancing this bill through third reading so that we can move it to the House of Commons.

Thank you, *meegwetch, marsee*.

Hon. David M. Wells (Acting Deputy Leader of the Opposition): I want to thank Senator Muggli for her speech. On my list, Senator Arnold was speaking last. They were both excellent speeches.

(On motion of Senator Wells (*Newfoundland and Labrador*), debate adjourned.)

[Senator Muggli]

ROYAL ASSENT

MOTION TO SUSPEND SITTING TO AWAIT
WRITTEN DECLARATION ADOPTED

Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate): Honourable senators, with leave of the Senate and notwithstanding rule 5-5(k), I move:

That, notwithstanding the order adopted by the Senate on April 21, 2026, the sitting be suspended to await the announcement of Royal Assent, to reassemble at the call of the chair with a five-minute bell.

The Hon. the Speaker: Is leave granted, honourable senators?

Hon. Senators: Agreed.

The Hon. the Speaker: So ordered.

(The sitting of the Senate was suspended.)

[*Translation*]

(The sitting of the Senate was resumed.)

• (1540)

ROYAL ASSENT

The Hon. the Speaker informed the Senate that the following communication had been received:

RIDEAU HALL

May 6, 2026

Madam Speaker,

I have the honour to inform you that the Right Honourable Mary May Simon, Governor General of Canada, signified royal assent by written declaration to the bills listed in the Schedule to this letter on the 6th day of May, 2026, at 3:21 p.m.

Yours sincerely,

Ken MacKillop

Secretary to the Governor General

The Honourable
The Speaker of the Senate
Ottawa

• (1550)

[*English*]

Bills Assented to Wednesday, May 6, 2026:

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 (*Bill C-13, Chapter 7, 2026*)

An Act to implement the Comprehensive Economic Partnership Agreement between Canada and Indonesia (*Bill C-18, Chapter 8, 2026*)

BUSINESS OF THE SENATE

Hon. Patti LaBoucane-Benson (Legislative Deputy to the Government Representative in the Senate): Honourable senators, with leave of the Senate and notwithstanding rule 5-13(2), I move:

That the Senate do now adjourn.

The Hon. the Speaker: Is leave granted, honourable senators?

Hon. Senators: Agreed.

(*At 3:52 p.m., the Senate was continued until tomorrow at 1:30 p.m.*)

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