House of Commons
CANADA

# Standing Committee on Citizenship and Immigration

CIMM • NUMBER 040 • 3rd SESSION • 40th PARLIAMENT

**EVIDENCE**

## Thursday, February 3, 2011

---

## Chair

**Mr. David Tilson**

# Standing Committee on Citizenship and Immigration

**Thursday, February 3, 2011**

● (0900)

[*English*]

**The Chair (Mr. David Tilson (Dufferin—Caledon, CPC)):** Good morning, everyone. Happy new year.

Alice, happy new year.

This is the Standing Committee on Citizenship and Immigration, meeting number 40, on Tuesday, February 3, 2011. Pursuant to Standing Order 108(2), this is a study of the interim federal health program.

We're already late, so I'm going to suggest that the first group of witnesses go until 9:50, and the second group of witnesses will start at 9:50. Is there any problem? Silence. Okay.

Good morning, gentlemen. Our first set of guests for the first, I guess, roughly 45 minutes is the association québécoise des pharmaciens propriétaires. Monsieur Cadieux is the executive vice-president and director general. Good morning to you, sir. And we have Vincent Forcier, director of public affairs. Good morning to you.

You can make a brief presentation of roughly seven minutes, and then committee members will have some questions for you. We'll go in rounds.

You have the floor for up to seven minutes. You can start right now, sir.

**Mr. Normand Cadieux (Executive Vice-President and Director General, Association québécoise des pharmaciens propriétaires):** Thank you, Mr. Chair.

I have a few words to present AQPP. If you don't mind, I'll do it in French. I'm sure you have translation.

[*Translation*]

The AQPP is a professional union representing the 1,800 owner pharmacists in Quebec.

Being a pharmacist is a prerequisite to owning a pharmacy in Quebec. In the case of large chains such as Shoppers Drug Mart/Pharmaprix and Jean Coutu, pharmacists are not owners, but rather franchisees.

The AQPP's mission is to consider and defend the economic, social and professional interests of its members. We carry out our mission primarily by negotiating agreements with various levels of government, such as the provincial government in the case of Quebec's public health care plan. The AQPP has also entered into a partnership agreement with the federal government that covers several programs.

At one time, the AQPP had an agreement with Citizenship and Immigration Canada. That was back in the 1990s. For reasons unbeknownst to me, that agreement was never renewed. In spite of that, refugees have continued to receive services. Pharmacists also never encountered any problems when it came to being reimbursed until about four years ago.

That is when problems first surfaced. Changes were introduced and rules were set, in our opinion, in a somewhat arbitrary manner, either by FAS or by CIC. Pharmacists no longer knew which medications were covered under the program, how much they would be reimbursed and the circumstances and terms under which their claims would be reimbursed.

All of which led to the problem we have today. Pharmacists decided that if they were not going to be reimbursed, they would either steer patients elsewhere or invite CIC to discuss a new agreement with the AQPP. For the past three years, we have repeatedly invited CIC to sit down and discuss an agreement, but unfortunately, our efforts have been unsuccessful.

Without an agreement, pharmacists who provide services to refugees have no way of knowing exactly which products are covered, what the level of coverage is, or the circumstances and terms under which their claims will be reimbursed. Each transaction carried out by the pharmacist therefore becomes problematic under the circumstances.

The AQPP is at a loss to explain the resistance it has encountered, despite the numerous invitations extended to CIC to negotiate a contract. The problem may be a lack of understanding. As I mentioned earlier, the AQPP already has agreements with the federal government covering first nations, with Health Canada, the RCMP, the Canadian Forces and Veterans Affairs Canada. The AQPP entered into this agreement with the federal government on the recommendation of Auditor General Sheila Fraser who had invited various federal agencies to come together to negotiate agreements.

So then, there is already an agreement in place. As we see it, CIC could take the exact same agreement and adjust the coverage to meet its needs. That would be a viable option. This approach has worked well with all of the other groups.

Since my time is almost up, I would like to wrap up by saying that we met early this week with CIC officials. We agreed on a temporary solution. We will restore service temporarily, even though it was never interrupted as such. We will ask our members to serve refugees, as per the program. That said, we still believe that the AQPP needs to negotiate an agreement with CIC quickly to resolve any outstanding issues and to set out all of the terms, conditions and coverage for refugees once and for all.

I hope that I have been able to give you an overview of the situation.

My colleagues and I will be happy to answer your questions.

[*English*]

**The Chair:** Mr. Trudeau.

[*Translation*]

**Mr. Justin Trudeau (Papineau, Lib.):** Thank you, Mr. Chair.

Was the agreement that the AQPP had with the federal government in the 1990s a detailed, formal agreement like the one currently in place with first nations and the RCMP?

● (0905)

**Mr. Normand Cadieux:** Yes, absolutely. Conditions and coverage were set out in the agreement. CIC was not very well equipped at the time and it asked us to draw up a list of medications. We managed that list along with the department. Our members were familiar with the list because we had supplied it to them. So the short answer is yes, there was a formal agreement in place and when a problem arose, it was settled quickly.

**Mr. Justin Trudeau:** Did you encounter any delays when it came to being reimbursed? In your reports, you refer to some major problems at this time in this area.

**Mr. Normand Cadieux:** No, we did not have any problems on that score. Today, however, we are encountering major delays. Some of our members have been waiting one, two or even three years in some cases to be reimbursed, because there is no agreement that spells out whether the medications dispensed to refugees are covered.

**Mr. Justin Trudeau:** There is no problem getting a claim reimbursed when the money is owed directly and CIC agrees that the claim must be paid. The problem is more that there is no agreement spelling out which products or services are covered. However, claims are reimbursed quickly when it is clear that a product is covered. Correct me if I'm wrong, but delays are encountered only when there is a disagreement over coverage.

**Mr. Normand Cadieux:** When a product is designated as being covered, generally reimbursement is relatively straightforward. However, I can give you a few examples of cases that have posed a problem. The federal government is trying to follow the provincial program model, but there are many differences where coverage is concerned. The federal government reimburses the quantity of the product that results in the cheaper price per unit. It is different under Quebec's provincial program. Pharmacists tend to supply the smallest prescription quantity or the quantity best suited to the length of the treatment program. These smaller quantities are not subject to reimbursement under the federal program. This has led to disputes as reimbursement of the cost of these products is not necessarily automatic.

It isn't always logical. For instance, the blood glucose testing strips that patients use come in packages of 50 or 100 units. Obviously, the unit cost for the 100-strip package is lower and that is the quantity covered by the federal government. However, in Quebec, the cost of the 50-unit package is reimbursed. Fifty test strips represents a one-year supply, while 100 strips is enough for two years of testing. But after one year, the strips are no longer good and must be discarded. Clearly this decision makes no sense. Pharmacists tend to go with the quantity that does makes sense, but then they are not reimbursed.

**Mr. Justin Trudeau:** A new agreement was entered into this year with Medavie Blue Cross. In your opinion, will the situation improve as a result of this agreement?

**Mr. Normand Cadieux:** Absolutely. You have to understand that the agreement is between CIC and Medavie Blue Cross, not between CIC and pharmacists. Pharmacists have not reached an agreement with Medavie Blue Cross. They do not know the terms of the agreement between the two parties. However, the fact that such an agreement has been signed between CIC and Medavie Blue Cross will facilitate matters. Medavie will be linked electronically and in real time with pharmacists. Every time the pharmacist provides a service, he will know whether or not that service is covered. This will certainly make things better, but an agreement is still needed to provide a proper framework.

**Mr. Justin Trudeau:** I understand, but is an agreement really necessary, given that your link to Medavie Blue Cross will resolve your dilemma somewhat and provide you with information as to which services are covered and which ones are not?

**Mr. Normand Cadieux:** An agreement is necessary because the pharmacist does not have any contractual ties with Medavie Blue Cross. If the company refuses to reimburse a claim for a product or decides to make a withdrawal from the pharmacist's account—because the system operates by direct deposit—because an error has been made or because it wants to be compensated, then there are no safeguards in place. It is commonplace in the industry to have intermediaries step in and impose their own rules. Obviously, we do not want pharmacists put in these kinds of situations. We want them to be familiar with the conditions they must abide by when they agree to honour the Medavie Blue Cross card.

**Mr. Justin Trudeau:** Why is the problem more pronounced in Quebec than elsewhere in Canada?

● (0910)

**Mr. Normand Cadieux:** I do not think other provinces are facing a very different situation. However, we are the only pharmacists in Canada and North America to belong to a professional union. There is no other union like ours anywhere. In other provinces, Medavie Blue Cross and CIC send out a contract to pharmacists or to companies like Shoppers Drug Mart and they decide whether or not to sign on. In Quebec, pharmacists are represented by our union and we manage the agreements on behalf of each pharmacist. In other provinces, if 10 pharmacists sign the contract, then these 10 are bound by it. In Quebec, the union signs the agreement on behalf of the 1,800 pharmacists who are then all bound to honour it.

[*English*]

**The Chair:** Monsieur St-Cyr.

[*Translation*]

**Mr. Thierry St-Cyr (Jeanne-Le Ber, BQ):** Thank you, Mr. Chair.

Thank you for being here. I am very pleased that you accepted our invitation. I asked the committee to examine this matter because I felt it was urgent. I am delighted to hear that discussions are taking place with CIC and that progress is being made.

I take it—and you can clarify this for me—that this is a long-standing problem. The lack of progress on this issue forced you to resort to pressure tactics. That is probably not what you would call them, but I am referring to the directive sent out by the union to its pharmacists. I understood you to say that since the partners returned to the bargaining table and everyone seems to be acting in good faith, you intend to direct your pharmacists, at least as long as the process is ongoing, to continue delivering the same services that they have in the past.

Did I understand you correctly?

**Mr. Normand Cadieux:** Absolutely. We agreed with CIC representatives to continue delivering services, providing of course that certain criteria are defined. This is only a temporary solution, because again, things will happen in a haphazard way and pharmacists will not know for certain how things are going to be. The situation will continue to be a problem as long as there is no formal agreement or electronic links with Medavie Blue Cross in place.

We are prepared to tolerate this situation provided action is taken quickly. If an agreement can be reached with CIC quickly, we will arrange to put everything in place, such as the programming. Pharmacies use computer systems and we will need to have our software developers program the system for the agreement. There will be a short delay, but by coming to an agreement as quickly as possible, the problem should be resolved. But first, we need an agreement, and we are not there yet.

**Mr. Thierry St-Cyr:** So then, in the short term, that is this afternoon or tomorrow, as long as things are moving forward, we can reassure refugees who are worried that they might get their medications free of charge. For now, full service has been restored.

**Mr. Normand Cadieux:** Absolutely. We are working with our members and also with CIC, to ensure that everything is running smoothly, at least for now.

**Mr. Thierry St-Cyr:** Okay. Thank you very much. That is reassuring. I think all members are happy to hear you say that. The committee has scheduled two meetings to examine this issue, but if things do not progress quickly enough, I will ask my colleagues to come back to this again later. We will not abandon Quebec's pharmacists or refugees.

Mr. Trudeau alluded to the difference between pharmacists in Quebec and elsewhere in Canada. You explained about unions and you also quickly mentioned that pharmacies in Quebec are owned by pharmacists. Is that required by law?

**Mr. Normand Cadieux:** Yes, it is. Pursuant to the Pharmacy Act, only a pharmacist may be the owner of a pharmacy.

**Mr. Thierry St-Cyr:** For owner pharmacists, what are the financial implications of the problems they are having with CIC in terms of having medication costs reimbursed? What percentage of overall sales does this represent? I'm assuming it varies by region. Are we talking about everyday medications or about costly ones as well? What are the financial implications for pharmacists?

**Mr. Normand Cadieux:** I really could not give you a figure in terms of sales percentages, because I'm not familiar with each pharmacy's sales figures. Also, since we do not have an agreement, I do not know the percentage of medications covered by CIC. However, substantial sums of money are involved. You understand that the money is advanced by individuals, by pharmacists. The worst case we saw was that of a pharmacist who had to advance thousands of dollars and who had been fighting with CIC for three years.

Let me give you some examples of products delivered to patients and what they cost. For instance, the monthly cost of triple therapy to treat HIV-AIDS is $1,500. This is each and every month and if the pharmacist is not reimbursed for the cost of treating a few patients, it doesn't take long for the cost to add up, after two, three or fourth months, to several thousand dollars.

It is the same for serious pulmonary infections treated with vancomycin. One seven-day course of treatment costs $500. The costs also add up quickly in this case. These are costs that that individuals, the owner pharmacists, must cover up front. It's not large corporations, but rather individuals, who are paying up front.

● (0915)

**Mr. Thierry St-Cyr:** You mentioned computer systems. You also spoke of signing an agreement and expressed the hope that it would closely resemble other agreements that you have signed with other federal government agencies. I assume that when it comes to computer systems, programming, design and so forth, and to the knowledge of participating pharmacists, it is easier to go with a system that is already in place and works well, rather than put in place an entirely new one.

**Mr. Normand Cadieux:** Yes, absolutely. There would still be programming to be done, because coverage under each federal program is different. So, there are some adjustments to be made. However, other federal programs—I'm not sure which ones—also use Medavie Blue Cross. Of the four agreements that we have, at least two use this company. I believe Veterans Affairs and the RCMP also have contracted with Medavie Blue Cross for reimbursement of services. So, obviously it would be quicker. Some programming would need to be done, as each agreement does not provide the exact same coverage.

[*English*]

**The Chair:** Ms. Chow.

**Ms. Olivia Chow (Trinity—Spadina, NDP):** Sorry, my French is not good enough to express my question.

You have no problem with the federal government having a contract with Blue Cross. You want a separate agreement so you can build the electronic interface and see the list of drugs that are going to be paid by Blue Cross through the federal government. Then you will be able to give the drugs to refugees coming in, knowing full well you will get automatic payment.

Am I correct so far?

**Mr. Normand Cadieux:** Yes.

**Ms. Olivia Chow:** We see that 265 pharmacists have signed the agreement with Blue Cross and the federal government. Does your association represent the rest of the pharmacists? Perhaps you can explain it, because I'm not from Quebec and I don't understand it. We don't have such a being in Ontario—maybe we should. So how does that agreement help these other pharmacists?

[*Translation*]

**Mr. Normand Cadieux:** I am going to answer in French.

There are 1,800 pharmacies in Quebec. The Department of Citizenship and Immigration tells us that over 200 pharmacists have registered with Medavie Blue Cross. We are not aware of that, and even if they have sent their files to Medavie Blue Cross, they cannot work with them, because the electronic connection has not been established. So even if they are registered, that means absolutely nothing because it cannot work. But when it works and the connection is established electronically, it is either going to work for everyone or no one. It cannot just work partially. The 236 pharmacists cannot use this method and communicate with Medavie Blue Cross electronically, because the connection has not been established.

[*English*]

**Ms. Olivia Chow:** Is this the agreement with Blue Cross or with the federal government? Why do you need that, as long as Blue Cross can pay directly to you?

I am covered through Sun Life, for example, and I imagine it's the insurance company that pays the pharmacy, so it sees the number and then gets paid. It's automatic. Why isn't that set up in Quebec?

● (0920)

[*Translation*]

**Mr. Normand Cadieux:** For example, our agreement with the Quebec government for the provincial plan has been signed with the Department of Health because the department is the insurer. The department is the administrator and it is responsible for the program. The Régie de l'assurance maladie du Québec, which is the equivalent of the Ontario Drug Benefit Program, is a go-between that administers the agreement that was negotiated between pharmacists and the department.

It's the same thing for us: we negotiate an agreement with CIC, and Medavie Blue Cross is the administrator that handles the claims.

[*English*]

**Ms. Olivia Chow:** I see. So your organization has a contract with the Quebec government and it manages the payment. Does it have a go-between person? Does it have something like Blue Cross that works with you, or is it directly with the Ministry of Health?

**Mr. Normand Cadieux:** The go-between is RAMQ, the same as the ODB in Ontario.

[*Translation*]

In Ontario, pharmacists do not negotiate an agreement because they do not have a union. They fall under corporations and corporations are not allowed to negotiate with anyone because that would contravene the Competition Act. So the Ontario government sets up its own program and submits it to the ODB to manage.

The same thing goes for Quebec. They negotiate with the government, with the department of health and social services, and the department lets the Régie de l'assurance maladie du Québec manage the program.

We can draw a parallel. In this case, the Régie de l'assurance maladie du Québec would be Medavie Blue Cross. However, the agreement has to be with CIC because CIC is responsible for the program.

[*English*]

**Ms. Olivia Chow:** So you are essentially asking for the same thing as your agreement with the Quebec government. You are asking for the same kind of agreement with the federal government, together with Blue Cross. It would be a three-part agreement that could be locked into a system for our payment.

Am I correct on that?

[*Translation*]

**Mr. Normand Cadieux:** We are not asking for exactly the same thing. I believe the structure is similar. In my view, what we are asking for is more similar to our agreement with the federal government for the other four groups, meaning first nations, the RCMP, the Department of Veterans Affairs, and so on.

There already is an agreement. There is an agreement with the federal government that was signed by four different groups. All that is left to do is for the Department of Citizenship and Immigration to take the agreement and adjust the coverage of services and products it wants to pay for. It does not have to pay for the same products and services as the others. It has its own plan. If the department works with Medavie Blue Cross, it will be able to change the coverage at any time. It won't even have to let the pharmacists know, since everything will be done electronically. So, when the pharmacist sends a claim, Medavie Blue Cross will say whether it is covered or not through the electronic system.

There already are agreements in place and they leave plenty of leeway. There was a lack of understanding on CIC's part, but they have complete freedom to adjust the coverage. CIC is in charge of that, not us. We just want to set the terms and conditions that govern our relationship with the government in order to make sure that we provide the right services and the right products, which are reimbursed under the plan, and that pharmacists will be paid within a reasonable timeframe.

[*English*]

**Ms. Olivia Chow:** How long have you been negotiating?

**The Chair:** Mr. Dykstra, please.

**Mr. Rick Dykstra (St. Catharines, CPC):** Thank you, Chair.

First off, it's easy to sink into the details of this, but you were negotiating confidentially with the ministry on working through this. This process now opens it up for public consumption, I suppose, and could potentially hurt your negotiations with CIC. But you're here. You were invited to come here and you said yes, so I assume you are comfortable with whatever the outcome of the meetings or process with this committee is going to be.

● (0925)

[*Translation*]

**Mr. Normand Cadieux:** We hope the committee will help to clarify the situation in Quebec so that CIC will want to reach an agreement with us. That's our only expectation.

[*English*]

**Mr. Rick Dykstra:** All of the other provinces and territories deal through the provider of the service on behalf of the ministry. We went through a competitive process and Blue Cross won. Why won't you deal with them? Why is that a problem? When the federal government appoints an organization to represent it, in almost all circumstances the partner or the deliverer of the service, in this case the pharmacist, deals with Blue Cross. You want to deal directly with the ministry. Why are you special?

**Mr. Normand Cadieux:** It's because that's the way we work in Quebec.

[*Translation*]

In Quebec, we never work with third parties, because they are just administrators, go-betweens. It's the same thing in all circumstances in Quebec, whether with the Quebec government or the federal government. It's like that with all federal departments, with private paying third parties and with private insurance companies. Our agreements are signed with the payers, the insurers, not with go-betweens.

[*English*]

**Mr. Rick Dykstra:** In one of the points that you made earlier after Ms. Chow's question, you said that this would be a benefit to the ministry because once the terms of the agreement are in place—

**Mr. Normand Cadieux:** I'm sorry, I can't hear you.

**Mr. Rick Dykstra:** Sorry, I have a really sore throat. I need a pharmacist.

In response to one of the things that Ms. Chow had asked about, you said that this was better for the ministry because of the benefits it would bring. It seems to me that the benefits would go to the pharmacists, because you're able to deal directly with the ministry in the negotiations. I'm sure you're not allowing CIC to set the agenda of what the agreement is going to be. You're in there negotiating what you think the terms of the agreement should be to the benefit of pharmacists. It seems to me it's more of a benefit to you than it is to the ministry.

[*Translation*]

**Mr. Normand Cadieux:** I don't see how it would be more of a benefit to the pharmacist. There is perhaps some confusion on this. To date, there have been no discussions on service costs or on reimbursing the pharmacist's service costs; discussions have always revolved around what got paid and what didn't, payment delays, in short all the terms and conditions of the agreement. Clearly, we don't want to deal with third parties because they are not the ones that make those decisions. It is the insurer, CIC in this case.

Pharmacists don't have a contractual link with Medavie Blue Cross. In all the agreements in Quebec, contracts are with the insurance companies. The only link between the pharmacist and the third party, Medavie Blue Cross in this case, is a direct deposit form for bank transfers. There is no other agreement between the intermediary and the pharmacist. So we clearly don't want to go down that path because it is not the way things are managed in Quebec. The system is already set up for all the other federal departments, so we don't see why it wouldn't be possible to reach an agreement with CIC very quickly. I believe the possibility is there. There is some resistance, and we don't really understand why.

[*English*]

**Mr. Rick Dykstra:** Let me back up to the very beginning.

The ministry offered up to five times prior to your January 31st meeting to try to sit down and negotiate. You said in your presentation that you were trying to get meetings with the ministry when in fact the ministry tried to contact you and set meetings up five times prior to the first meeting you had on January 31. You're smiling, so I guess you don't agree with what the ministry has told me.

● (0930)

[*Translation*]

**Mr. Normand Cadieux:** No. There has been no request—

[*English*]

**Mr. Rick Dykstra:** I'm listening closely, don't worry.

[*Translation*]

**Mr. Normand Cadieux:** There was only one request to meet from departmental officials. The goal was for us to become aware of the situation and the problems facing refugees. But we were well aware of that because we had already discussed it with them every day for a week. The situation was described to us at length. A meeting like that was a waste of time, both for CIC officials and us. I'm not sure where you are getting this from. We can document all the meeting requests we have made in writing. I am not sure the department can do the same.

[*English*]

**Mr. Rick Dykstra:** Sure. They're coming next, so I'm sure they'll have a response to that.

Can you tell me one other private sector organization that is negotiating directly with the federal government to deliver a service on behalf of the federal government to citizens? Can you name one other organization that deals directly with the federal government in negotiating a contract?

[*Translation*]

**Mr. Normand Cadieux:** I am not sure I understood your question. You talked about private companies—

[*English*]

**Mr. Rick Dykstra:** In your presentation, you referred to crown agencies that deal directly with the federal government. I haven't heard you name one private sector company that engages in the same kinds of negotiations that you are having with the ministry. Other than a crown agency, could you name another private sector organization that is doing what you are doing right now?

[*Translation*]

**Mr. Normand Cadieux:** Health Canada for the first nations, the RCMP, the Department of Veterans Affairs—

[*English*]

**Mr. Rick Dykstra:** The RCMP is a crown agency—

**The Chair:** We're well over, Mr. Dykstra—

**Mr. Rick Dykstra:** Okay. Thank you.

**The Chair:** —so we'll have to move on to Mr. Oliphant.

**Mr. Robert Oliphant (Don Valley West, Lib.):** Thank you, Mr. Chair.

Thank you for joining us today. I don't know very much about this topic, and I'll admit that from the start. But we did have a family pharmacy for many years.

Can you tell me if there's a code of ethics for pharmacists in Quebec?

[*Translation*]

**Mr. Normand Cadieux:** Yes, like in all professions and in all the provinces.

[*English*]

**Mr. Robert Oliphant:** *Oui*. My concern here is frankly not for the pharmacists, and it's not for the Minister of Citizenship and Immigration. It's for the people who are claiming their drugs. My greatest concern is that there could be, as a result of your actions—and you would blame the government—refugee claimants, refugees or others not being treated for illnesses that they need to be treated for. And that could also put the public at greater risk if those are infectious diseases and if a pharmacist refuses to give drugs.

What is the concern raised by members of your association about the integrity of the pharmacist as a professional?

[*Translation*]

**Mr. Normand Cadieux:** That's not an issue because pharmacists have never refused to serve anyone or to dispense a prescription. They would never do that because, as you clearly pointed out, they are subjected to ethical rules and a code of conduct. No pharmacist refuses to serve a patient.

If our members are not able to be reimbursed by CIC because they are not included in an agreement, we recommend that they ask the refugees to pay for their medication if they have the means. Otherwise, pharmacists have the obligation to assist them and direct them to a service, a hospital or a clinic, where they can get the products they need.

The third option we are suggesting to our members is to serve the patient and then send a claim to CIC. We cannot guarantee that they will be reimbursed. Under no circumstances have pharmacists in Quebec refused, nor will they ever refuse, to assist a patient without at least directing them to another service so that they can get what they need from somewhere else.

[*English*]

**Mr. Robert Oliphant:** I think access is as important in health care as referral. The reality is that referring someone somewhere else, which may be many miles away, is not the same as giving a patient care. With all due respect, you may say that you're not refusing; you may actually be refusing. I can happily, as a politician, put the full weight of the blame on the government for not negotiating a deal, but my concern continues to be that the refugees, the claimants, aren't being taken care of.

I have a question for Monsieur Forcier. In an article I read in *The Globe and Mail*, you said that you don't have data on the number of people who are on this program. You say that when you don't have a deal, you don't have data. I can't believe there's a single pharmacist who's running a small business who doesn't keep data. I can't believe that when I go to a drugstore and present my drug card, that isn't stored somewhere. I simply can't believe that you don't have data on the number of people you serve on this. You may not keep their citizenship status, but certainly you know if it is a drug program administered by either Blue Cross or the previous carrier. You must know how many people are on that program, and there would be an identifying code that says client number 7,429 or something on it. A small business person, if they're going to make money, needs to know where their business is. Is it really true you don't have data?

● (0935)

[*Translation*]

**Mr. Vincent Forcier (Director, Public Affairs, Association québécoise des pharmaciens propriétaires):** As it was indicated earlier, each pharmacist is actually a private entrepreneur. They have data, but the data are not shared. If there is no overall program allowing the association to compile the data, the association will not have access to this information. It is possible to know that a pharmacist serves so many refugees, patients insured under a public or private plan, aboriginal patients, and so on, but these data are restricted to their pharmacy, since it is a private company. The association does not have access to these data. But, if we reach an agreement with CIC, it would be possible to generate statistics through the software developer, that is to say the company managing the program.

[*English*]

**The Chair:** I'm sorry, Mr. Oliphant, we're out of time.

Monsieur St-Cyr.

[*Translation*]

**Mr. Thierry St-Cyr:** I think the concern raised by Mr. Oliphant is also everyone else's concern, including that of pharmacists. It is a question of ensuring that refugees have access to their medication. As I said, that is why I wanted the committee to tackle this issue right away. My colleagues agreed.

I would like to go back to Mr. Dykstra's question on whether there were other examples. It seems to me that the agreement you want is exactly the same as the agreement the federal government has with other organizations, including the RCMP, the Department of Veterans Affairs, the aboriginals and a fourth group whose name I did not have time to jot down. So these are federal departments, government agencies, that negotiate directly with a private organization, though it may be a public issue. But perhaps the word "negotiation" is not actually appropriate because you are telling me that it is not the list of drugs that are covered or the reimbursement rates that concern you. You simply want to know what is covered and reimbursed and how you are going to be reimbursed as pharmacists.

Is that so?

**Mr. Normand Cadieux:** Yes, absolutely. That's the case, and I can understand the concern about refugees. For now, the problem is taken care of because, under the interim agreement with CIC, services will be provided the same way they used to be. That doesn't mean that there won't be problems for pharmacists, but the services will be provided, and the public will be served.

All we are asking is to have an agreement that is very similar to those already in place.

**Mr. Thierry St-Cyr:** Okay. I think that's clearly a step in the right direction, and you're showing your good faith. I hope that, once the media attention on this issue has let up and people are talking about it less, the committee will still make sure that negotiations in good faith continue and that things move ahead briskly.

I want to go back to the computer system. It isn't the system itself that I'm concerned about, but I simply want to have a good understanding of how it works. Unless I'm mistaken, the 1,800 owner pharmacists in Quebec all have the same system. They all operate the same way with RAMQ, the RCMP, the Department of Veterans Affairs, and so on.

**Mr. Normand Cadieux:** The system supplier isn't always the same, but the systems are coordinated. When we negotiate an agreement, we sit down with the computer services supplier, present the agreement, explain what's involved so that the supplier can do the programming and it can be launched afterwards. In places in Quebec where there are three or four computer system developers or suppliers, we work with them together to ensure that everyone is operating the same way.

● (0940)

**Mr. Thierry St-Cyr:** So, once the system is in place, and someone comes to the pharmacy and hands in a prescription, you can know right away whether that person is eligible, if the coverage applies and at what rate? So, this helps you do your job, but it also helps the patient because you can tell the person if the coverage applies to this or that medication, if they need to take it in this or that format, and so on.

**Mr. Normand Cadieux:** In fact, it helps everyone. Obviously, the turnaround is quick. Medavie Blue Cross validates the transaction through the system. Once Medavie Blue Cross has validated the transaction, the pharmacist knows that the product is covered, that he'll be paid and that he'll receive his money within a certain amount of time. That's the ideal situation. The agreements that we also have with other federal organizations—this is something I didn't mention—enable those organizations to go and check the pharmacy, to go and do audits. This also allows for control over what is going on, on what is being paid, and for checking that the agreement is being respected. It's a benefit that doesn't currently exist, but that the agreement would allow CIC to get.

**Mr. Thierry St-Cyr:** Mr. Forcier, you just said that you didn't have numbers for the current program because there isn't a comprehensive agreement. Do you have data for the other programs? Do you know what it represents in terms of the amount of business?

**Mr. Vincent Forcier:** I won't be able to get you the numbers this morning, but we do have the data, since there's an agreement and some things are in place. We can provide you with the data.

**Mr. Thierry St-Cyr:** Could you send them to the committee clerk so that she can distribute them to all the committee members, unless the information is confidential?

**Mr. Vincent Forcier:** We might need to get permission from the organizations concerned.

**Mr. Thierry St-Cyr:** Okay.

[*English*]

**The Chair:** That's it.

I know, I'm ruthless.

Mr. Uppal is next, but just on this issue of data, is there a privacy issue? I'm talking about your organization having information that the pharmacists may have.

[*Translation*]

**Mr. Normand Cadieux:** We get information on all the programs, like the number of people covered and the volume, from organizations with whom we have existing agreements. So, the information comes from Health Canada, for example, or other organizations. We would not be at liberty to distribute that information without first obtaining their permission.

[*English*]

**The Chair:** We'll go to Mr. Uppal.

**Mr. Tim Uppal (Edmonton—Sherwood Park, CPC):** Thank you, Mr. Chair.

Thank you for coming.

I'm pleased to see that negotiations are under way. It looks like you'll come to some kind of conclusion pretty soon.

Just to get some background on your industry and a better understanding, there are drugs that are covered or provided for refugees that are not provided for Canadians, correct?

[*Translation*]

**Mr. Normand Cadieux:** As far as I know, these are the same drugs. Based on what I learned last Monday at our meeting with Citizenship and Immigration Canada, the drugs provided to the refugee population are the same as those provided to Quebeckers through the list and the Quebec provincial plan. There is no discrimination. They're the same products.

Does that answer your question?

[*English*]

**Mr. Tim Uppal:** No. It was my understanding that there were different drugs provided for some refugees that are not available, or covered, for Canadians.

[*Translation*]

**Mr. Normand Cadieux:** Some drugs may not be covered by the Quebec public system and be covered for refugees. Each program has its own particularities and each program covers certain products.

For example, for the Canadian Forces, certain programs are put in place to cover over-the-counter drugs that are not covered by the Government of Quebec for Quebeckers. So, the Canadian Forces pay for certain over-the-counter drugs and the troops can get them on their military base.

In Quebec, there's an agreement for troops who aren't stationed on a base. They can get over-the-counter drugs at a pharmacy and be reimbursed. There are distinctions to be made in each program.

It's possible that some products are covered for refugees, as well as other products that are covered for the Quebec population. That's quite possible, but I couldn't list those products or say exactly what they are.

[*English*]

**Mr. Tim Uppal:** Would it not make more sense for your industry to have the same drugs covered for Canadians and for refugees, to bring it down to a matter of fairness? Have all the same drugs covered.

● (0945)

[*Translation*]

**Mr. Normand Cadieux:** Obviously, the same products are available for everyone. Are they always reimbursed by plans at the same rate? It can vary from plan to plan.

If everyone had the same coverage everywhere in Canada, obviously it would be much simpler for pharmacists.

[*English*]

**Mr. Tim Uppal:** Okay, thanks.

**The Chair:** We'll go to Dr. Wong.

**Mrs. Alice Wong (Richmond, CPC):** Thank you, Mr. Chair.

You're talking about the refugees. Right now we have two bills, Bill C-11 and Bill C-49. We want to make sure that the bogus refugees can't stay in Canada forever.

Do you think your Canadian customers will appreciate that they are not subsidizing fake refugees? Because there could be people coming to the pharmacists claiming that.

[*Translation*]

**Mr. Normand Cadieux:** I can't comment on that. I presume that the Canadian government wants to pay the people who are covered, but I don't know how to answer that question, madam.

[*English*]

**Mrs. Alice Wong:** Okay.

I understand that some refugees actually have dental coverage, whereas regular Canadians do not. Are you aware of that ?

**The Chair:** We're getting into things that may be interesting, but we're talking about drugs. You can proceed a little bit, but I think you're getting beyond what we've agreed to talk about.

**Mrs. Alice Wong:** All right. Thank you.

**The Chair:** We'll have Mr. Shory.

**Mr. Devinder Shory (Calgary Northeast, CPC):** Thank you, Mr. Chair.

Just for clarification, I was a little confused when Mr. Cadieux was talking about the data, actually. I'm following up on Mr. Oliphant's concern.

What I heard was that individual pharmacies have their data. The issue is that so many pharmacists are not paid for so many patients, if my information is correct. I wonder how the pharmacists' union figured out how many patients are not paid for, if they don't have any mechanism for data.

[*Translation*]

**Mr. Vincent Forcier:** It was our members who made these claims to us about pharmacists who haven't been paid so that we could step in with CIC and defend them.

It was pharmacists who sent us their problems and who asked us to intervene with Citizenship and Immigration Canada to resolve the ongoing dispute. That's how we knew about it. In our offices, we have hundreds of files, so we can say that there are pharmacists who are waiting for payments or who haven't been paid yet.

We don't have global data, but when pharmacists contact us, we know that they haven't been paid and that they have claims with Citizenship and Immigration Canada.

[*English*]

**Mr. Devinder Shory:** So am I correct in understanding that there could be more than those hundreds of files, which have not been...?

**The Chair:** To that question, are you indicating yes or no?

[*Translation*]

**Mr. Vincent Forcier:** Yes, it's possible that there are more than a hundred because we only know about our members who have contacted us. If there are members of the association who have not told us about it, we cannot know about it. We're aware of the files that are brought to our attention, but it's possible that there are others.

[*English*]

**Mr. Devinder Shory:** Quickly, did you send any message to your membership that they should provide you with the data of what has not been paid or where there is a problem?

[*Translation*]

**Mr. Normand Cadieux:** When we make an agreement with a group or an insurer, each of the 1,800 pharmacists in Quebec are bound by the agreement that was signed. They are legally obligated to respect the agreement. Obviously, when there's a problem, they can turn to us for help resolving it.

They often automatically turn to us. Sometimes they go and resolve it directly.

● (0950)

[*English*]

**Mr. Devinder Shory:** Just one last question, Mr. Chair, if you'll allow me.

It doesn't answer my question because my question was, have they sent any message to their membership asking for a list?

[*Translation*]

**Mr. Normand Cadieux:** The answer is no, sir.

[*English*]

**The Chair:** At that point, we're going to conclude.

Monsieur Cadieux, Monsieur Forcier, I want to thank you for coming and giving us your views on this topic.

We will suspend.

● (0950)

(Pause)

● (0950)

**The Chair:** Thank you, ladies and gentlemen. We're going to reconvene. We now have with us our guests, our witnesses, two representatives from the Department of Citizenship and Immigration: Dr. Danielle Grondin and Monsieur Albert Deschamps.

One of you is making a presentation. We have your written comments before us.

Dr. Grondin, you have up to seven minutes to make your presentation to us.

● (0955)

**Dr. Danielle Grondin (Director General, Health, Department of Citizenship and Immigration):** In fact, Mr. Chair, my colleague will give the presentation.

Thank you.

**Mr. Albert Deschamps (Director General, Regional Headquarters, Department of Citizenship and Immigration):** Thank you, Mr. Chairman.

My name is Albert Deschamps. I'm regional director for Citizenship and Immigration Canada for the Quebec region. As you mentioned, I'm accompanied today by Dr. Danielle Grondin, the director general of CIC's health branch.

I would like to thank the committee for inviting us here today and for taking notice of this important issue. CIC strives to provide refugees with the best health care possible. The interim federal health program provides emergency and essential health services to refugees, refugee claimants, and others who have not yet received provincial or territorial health coverage.

[*Translation*]

The IFHP has a transitional role only and is not designed to replace provincial or territorial health insurance programs, but provides coverage to eligible individuals prior to qualifying for provincial or territorial coverage.

[*English*]

The IFHP does not pay the beneficiaries but reimburses the providers of health care services the cost of such care. Participating providers, physicians, dentists, hospitals, clinics, pharmacists, etc., are reimbursed directly for services rendered to eligible beneficiaries by submitting invoices to the IFH claims administrator.

The IFHP serves approximately 128,000 recipients in Canada and about 25,000 in Quebec through a network of over 18,000 registered health care providers across Canada. In 2009-10 overall costs under the IFH program were $80 million—$20 million for Quebec. The IFHP medication costs for Canada were $14 million, of which $5.5 million were in Quebec.

On January 17, 2011, as a result of a competitive process, Medavie Blue Cross assumed responsibility for the administration of the interim federal health program.

[*Translation*]

As the committee is aware, on this date, the *Association québécoise des pharmaciens propriétaires* had also encouraged its members to not participate to the new electronic system put in place by Medavie Blue Cross. This was an important concern for CIC, since refugees do not have the means to pay for their prescriptions without the assurance of this program.

[*English*]

Today, I am pleased to report to the committee that much progress has since been achieved on this issue. On January 31, officials from CIC and the AQPP met in Montreal for an initial discussion regarding pharmacy services in Quebec and the IFHP. A temporary arrangement has been established in order to ensure that the IFHP beneficiaries who are prescribed medication can access that medication.

As of yesterday, February 2, the AQPP advised its members to resume offering regular services to IFHP beneficiaries while discussions between the parties continue.

Let me give you some background on how we got here. On January 17, 2011, Medavie Blue Cross assumed responsibility for the administration of the program, providing electronic claims adjudication services, including service standards. This modernized service will allow providers to determine eligibility of clients, services, and costs eligible for reimbursement. It would also allow for rapid reimbursement to health providers.

[*Translation*]

However, as pharmacists were being asked to register with the new administrator, the AQPP gave instructions to the software developer to not program the pharmacist's system, thus depriving them of the tool that would inform them of client eligibility, services covered and costs. It informed its members accordingly.

[*English*]

We acknowledge that in the past concerns were periodically raised with regard to delays in their reimbursement system, which was paper-based. However, when such claims were brought to our attention, they were fully reviewed and adjudicated. In some cases, the IFHP did reimburse the claim, but in the majority of them the claim was not eligible or only partly eligible for reimbursement. This was primarily because the product or service provided was not covered by the IFHP.

The AQPP hasn't submitted to CIC any other claims to consider in recent months, and I'm pleased to report that, as of today, all outstanding claims that we have been made aware of have been reviewed and adjudicated.

● (1000)

[*Translation*]

We have also reached out to pharmacists in Quebec to contact CIC if they have any claims that were submitted more than a month ago that have not yet been reimbursed.

[*English*]

As of January 17, as part of service standards, claims submitted electronically will now be processed in two weeks. Claims submitted by mail directly to Medavie Blue Cross will be processed within three weeks. In good faith we will continue our discussions with the AQPP, and we're hopeful that we will arrive at a solution that will satisfy both parties in order to continue to deliver health services to refugees under the IFHP.

**The Chair:** Thank you, Mr. Deschamps.

Mr. Wrzesnewskyj has some questions for you.

**Mr. Borys Wrzesnewskyj (Etobicoke Centre, Lib.):** Thank you.

Mr. Deschamps, when approximately did the administrator start signing up with individual pharmacies in Quebec? There are 265 signed up. When did that process begin?

**Mr. Albert Deschamps:** The start date with the new administrator was January 17, and actually while they were getting ready for implementation of the new administrator, pharmacists had the possibility to register as of last November. We have been made aware that there have been some since then who have registered with Medavie Blue Cross.

**Mr. Borys Wrzesnewskyj:** Is the number 265 correct?

**Mr. Albert Deschamps:** It has been increasing every week. I think we're over 300 as of today.

**Mr. Borys Wrzesnewskyj:** I see.

I would assume that pharmacies in rural Quebec and northern Quebec, where typically they wouldn't get refugees coming in for pharmaceutical services, aren't necessarily signing up. Would there be a concentration of pharmacists signing up in urban areas where there would be refugee claimants?

**Mr. Albert Deschamps:** I think that's a fair statement.

**Mr. Borys Wrzesnewskyj:** So a large proportion of refugee claimants would in fact be provided with the pharmaceutical services they require.

**Mr. Albert Deschamps:** Yes. I would assume that since most refugee claimants and other beneficiaries are in urban areas, and that the pharmacies that have registered are mostly in those areas, services to that population are being provided.

**Mr. Borys Wrzesnewskyj:** I noticed that you listed many thousands of individual—I guess—providers that have been signed up across the country. In most cases these are individual pharmacists and pharmacy chains, etc. Is that how it works?

**Mr. Albert Deschamps:** That's correct. I think the arrangements are made between individual pharmacists and the claims administrator, which as of January 17 is Medavie Blue Cross.

**Mr. Borys Wrzesnewskyj:** Did the department approach the association of pharmacists in Quebec at the same time or prior to, or was it only after they began the process of signing up individual pharmacists with the new administrator?

**Mr. Albert Deschamps:** My understanding is that we've been saying the same thing. We're encouraging individual pharmacists to register with Medavie Blue Cross, and we were trying to convey to the AQPP that it's in the best interest of all parties for individual pharmacists of Quebec to register with Medavie Blue Cross.

**Mr. Borys Wrzesnewskyj:** It appears that any delays in providing pharmaceutical services for refugee claimants in Quebec would have been a consequence of decisions made by the association in its communications to individual pharmacists not to sign up with the electronic services. Would that be a fair statement?

● (1005)

**Mr. Albert Deschamps:** I'm not sure there were individuals who, at the end of the day, did not get their medication. It may have been more of a hassle or more inconvenient for those beneficiaries to get what they needed, but I think measures were put in place so that they would not be deprived. But there may have been an inconvenience.

**Mr. Borys Wrzesnewskyj:** So most pharmacists in fact conducted themselves according to their code of ethics, which was referenced before, and did provide the drugs required by these refugees who would come in. None were told that they would actually have to pay out of their own pockets?

**Mr. Albert Deschamps:** I think the majority got the medication they needed on the spot. As was mentioned earlier, some were referred to front-line health services in Quebec.

I'm not aware of any pharmacist who completely refused to help a refugee claimant or other beneficiaries of the program.

**Mr. Borys Wrzesnewskyj:** So all of the pharmacists who have signed up are currently on the electronic system in terms of verifications and checks?

**Mr. Albert Deschamps:** Excuse me?

**Mr. Borys Wrzesnewskyj:** All of the pharmacists who've signed up in Quebec—you mentioned that they're increasing day by day, at over 300. Are they now on the system that was put in place on January 17? They were instructed by their association not to use the system. Are they currently using it, or is a portion using the system?

**Mr. Albert Deschamps:** On that particular question, those who have registered have registered because they sent in a claim. It doesn't mean that they've registered to the electronic system. So there's a bit of a difference.

We're hoping that these pharmacies will eventually sign on to the electronic system, because that will give them what they've been asking for: a tool that will help them understand who is eligible or not as a beneficiary, what the coverage is, what the products are, what the reimbursements are, etc.

**Mr. Borys Wrzesnewskyj:** Sure, but my question is, are any of the pharmacists who have signed up with the administrator currently using the electronic system?

**Mr. Albert Deschamps:** No. That would be no.

**Mr. Borys Wrzesnewskyj:** Okay.

Thank you.

**The Chair:** Monsieur St-Cyr.

[*Translation*]

**Mr. Thierry St-Cyr:** Thank you, Mr. Chair.

Thank you for being here today.

We talked about the fact that agreements already exist between AQPP and four other federal departments. We listed the RCMP, the Department of Veterans Affairs, the Department of Indian Affairs and Northern Development and the Department of National Defence.

You've probably contacted these departments to see whether their agreements were working well. It seems that this is the case. When AQPP spoke to you about it, I presume that you went to see your colleagues at national defence and at public safety to ask them if their agreement with AQPP was working well.

**Mr. Albert Deschamps:** I'm going to hand things over to my colleague, who has a better understanding of the situation with the other programs.

**Dr. Danielle Grondin:** Thank you.

Actually, we can't make a comparison because it isn't the same thing. The purpose of the agreement established with the four departments mentioned earlier was to meet needs that were different from ours. So we cannot compare the agreement made with the Federal Healthcare Partnership and the one made with the Interim Federal Health Program for refugees.

**Mr. Thierry St-Cyr:** In asking my question, I wasn't looking to find out whether we could compare them. They're all different. That's why they are separate programs. Otherwise, they'd be one and the same. I want to know if they are working well.

**Dr. Danielle Grondin:** You'd have to ask them.

**Mr. Thierry St-Cyr:** Okay, so you haven't checked whether they were working well.

Pharmacists have told us that these programs were working well. Of course, these agreements are all different from each other because they involve different programs. For you, is it at least a worthwhile base to work from? Could you come to consider a philosophically similar agreement, obviously taking into account the specifics of the Interim Federal Health Program?

● (1010)

**Dr. Danielle Grondin:** Actually, we are not negotiating the partnership agreement with AQPP. As Mr. Deschamps mentioned, Medavie Blue Cross' updated computer system has adjudication functions or functions that AQPP would like to have. It is already in the system and all registered pharmacists with access to the system can access it. Among other things, it deals with client eligibility. When they are serving a client, they know immediately whether that client is eligible and whether the medication is covered or not. They also immediately know the amount reimbursable, including the cost of the medication, the service fee, and so on.

Having an agreement like the one established by those four federal departments, as we have been talking about, would mean adding many more details to what is already in the system. For us, that would mean…

**Mr. Thierry St-Cyr:** So there is no problem doing it.

**Dr. Danielle Grondin:** It's just that we don't need an agreement like the one already in place with the other federal groups.

**Mr. Thierry St-Cyr:** Accepting that you don't need it, we can still say that it is not a problem to do.

**Dr. Danielle Grondin:** We are in discussions at the moment. It is a little soon to tell what form the agreement will take, like whether it will be a MOU. It will all depend on what is in it. That is what we are discussing.

**Mr. Thierry St-Cyr:** I understand that you are holding discussions, exchanging views, negotiating—call it what you want. I have no problem with any of the due diligence and I am not asking you to talk about the negotiations or speculate on their outcome. I just want to make sure that there is no inherent problem with the basic question.

You are saying that all the parameters already exist, that they are known and that people just have to look at how they work. You are telling us that a similar, comparable agreement to the one other departments already have is not necessary. At the same time, we have to admit that it would not be a problem to have one. Since you are saying that everything is already in place, there is no problem including it in an agreement.

**Dr. Danielle Grondin:** The idea is to understand what the real needs of coming together are, given that everything is already there in the system. That is why we are having the discussions.

**Mr. Thierry St-Cyr:** Are you aware of the difference between Quebec's business model and the Canadian one? In Quebec, for legal reasons, each of the owners is independent and must be a pharmacist. There is a union that negotiates for all pharmacists. So a model using bilateral agreements between CIC and each pharmacist cannot work, because it does not fit the Quebec framework.

Are you aware of the reality of that situation?

**Dr. Danielle Grondin:** We are aware of what the law requires and does not require.

I will let my colleague answer the question.

**Mr. Albert Deschamps:** We recognize that AQPP has the status of a professional association and that there are legal instruments to that effect. But we have seen nothing yet that prevents us from having discussions with owner pharmacists directly. We invite AQPP members to provide us with any documents supporting their view that we are breaking the law by holding discussions with them.

**Mr. Thierry St-Cyr:** Is AQPP's legal situation the same in all federal departments? Why would CIC come to a different conclusion from the Department of National Defence or from Indian and Northern Affairs Canada? They have both reached agreements with AQPP directly.

**Mr. Albert Deschamps:** It was their decision to do so. CIC has no third party agreements in Canada. Other departments have them: that is their choice, their prerogative. Because of the specifics of the program, CIC is serving a different clientele than in other agreements. The clientele is transient and it has different needs. That is why CIC chose a direct arrangement with owner pharmacists for its model. They have everything that is needed to serve that clientele.

**The Chair:** Thank you.

[*English*]

I made a mistake.

Mr. Wrzesnewskyj, you have another minute. I apologize, sir.

**Mr. Borys Wrzesnewskyj:** Thank you, Chair.

Monsieur Deschamps, professor emeritus of medicine at McGill University Norbert Gilmore stated publicly that numerous patients have already stopped their treatment. Would you agree or disagree with that statement?

● (1015)

**Mr. Albert Deschamps:** There may be a few. There have been.

**Mr. Borys Wrzesnewskyj:** Thank you.

So there have been patients who have stopped their treatment.

He goes on to say:

> ...and without it, their health will deteriorate quickly. “The end result—all too avoidable, but seemingly inevitable—will be greater morbidity, mortality, suffering and costs”....

This is the consequence of this current situation.

You've pretty much entered into agreements and understanding with 300-odd members of a syndicate, an association, a union. Those individuals had obligations to their union as well. Is this in a certain way an attempt to break this syndicate?

**Mr. Albert Deschamps:** If I understand your question correctly, the way the AQPP is interacting with us, or how we're trying to interact with them, would break the syndicate.

**Mr. Borys Wrzesnewskyj:** That's my question to you, sir.

**Mr. Albert Deschamps:** Our intention is to come to a solution. We sat down with them this week. We acknowledged them as an entity to deal with. As was mentioned by my colleague, what we don't want is to enter into a renegotiation of the terms of the coverage.

If we can agree on what an agreement would look like, which would not jeopardize or *remettre en question* the coverage....

**Mr. Borys Wrzesnewskyj:** That's a very long answer to a pretty simple question.

**The Chair:** You're out of time.

**Mr. Borys Wrzesnewskyj:** Very briefly, we have a situation that appears to be an attempt to break a syndicate. On the other hand, they've turned around and said not to sign up for the electronic system. The end result of this situation is that people are not getting the medicine, and people may suffer greatly. In fact, it's referenced here publicly that morbidity, mortality, and suffering will be the result of this.

We plead with the minister to find a resolution.

**Mr. Albert Deschamps:** I don't think the situation is that *alarmante* for now.

There were exceptional cases that I think were identified. With the stakeholders in the region, I think, again, we were able to find solutions for these people to be accommodated. I don't think these people are going without medications for a long period of time.

**The Chair:** I'm sorry, you're well over now.

Go ahead, Ms. Chow.

**Ms. Olivia Chow:** When do you see the discussion and negotiation concluding with AQPP? I know you signed a contract with Blue Cross on January 17. That's done. But what about with the pharmacists' organization? Do you have an end date by which you would like to tidy the whole thing up and have it sorted out? Would it be within a month? Would that be a target you'd be setting? Would it be a year?

**Mr. Albert Deschamps:** It would be wonderful to have it in days as opposed to months, yes.

**Ms. Olivia Chow:** Well, you have a target, do you not? You would prefer to be done as quickly as possible.

**Mr. Albert Deschamps:** Yes. We would prefer to have a resolution with them as soon as possible.

**Ms. Olivia Chow:** Do you have a target date? How long do you think it might take?

**Mr. Albert Deschamps:** Again, we just engaged in our discussions this week. I think there are areas of consensus. It's just a matter of agreeing to all the details. If we can do it within some weeks, that would be what we would hope for.

**Dr. Danielle Grondin:** I'll just mention that my department is now working to put together a draft to summarize what is already there, to be certain the AQPP understands that. We aim to work to present that later this week or early next week, and then we'll move on from there.

**Ms. Olivia Chow:** The minister is going to be with us on February 17. That's several weeks from now. I assume this issue will not be in this forum anymore. It will be sorted out in your good hands.

● (1020)

**Mr. Albert Deschamps:** That would be a wonderful *réalisation*.

**Ms. Olivia Chow:** I see that on February 2, yesterday, the situation or problem was not solved but was alleviated, in a way, such that a refugee, the person who is sick, will be able to go to the pharmacist and get the necessary drugs, and the pharmacist will be able to, within several weeks, three weeks, obtain payment.

**Mr. Albert Deschamps:** That's correct. There is an interim solution that has been agreed upon by both parties to ensure that beneficiaries get the services and the medications they need.

**Ms. Olivia Chow:** Ms. Grondin.

**Dr. Danielle Grondin:** In fact, yesterday, what is understood is that with the joint work with the AQPP, the AQPP has directed their pharmacies to resume the provisions of the program as per the principles of the IFH. This means that now the recipient, when he or she arrives, will receive the medication without having to pay and the pharmacists will be sending their bill by mail directly to Medavie Blue Cross, because although there are 300 who have registered, they have not been authorized by the AQPP. The software providers have been forbidden by the AQPP to install this interface.

**Ms. Olivia Chow:** Yes, I saw that.

**Dr. Danielle Grondin:** But we hope that the discussions will lead to pharmacists being allowed to have that interface. It will take three weeks by the time it is rolled out, so in the interim the bills will be sent and they will be processed as quickly as possible.

**Ms. Olivia Chow:** So if I'm sick today in Quebec, I would be able to access the drugs I desperately need?

**Dr. Danielle Grondin:** If you are an eligible person, client, yes, you will be able to access. You are prescribed that drug free of charge, and it will be the pharmacist who has the responsibility to send the bill directly by mail to Medavie Blue Cross.

**Ms. Olivia Chow:** And Blue Cross will then reimburse?

**Dr. Danielle Grondin:** They will then proceed with the reimbursement, yes.

**Ms. Olivia Chow:** Right. And there would be a list of all the drugs that would qualify and pharmacists would have that list?

**Dr. Danielle Grondin:** In fact, there is something in the system right now, and we have made a demo that we provided, in fact offered, to the AQPP when we met on the 31st. There is already something in the system. So as soon as the authorization is given by the AQPP to the developer to install this interface for the pharmacist —if I may, I can give you a scenario. It means if you, a refugee, arrive in front of a pharmacist, you will have your card—there are two types of cards—pictures, a number. The pharmacist will go in the computer and put in your number. Right away the eligibility will be confirmed. Right away, for the prescription there will be a DIN number, as we call it, for each medication, which will be confirmed with the whole list of medications of the *régie*. If it's not included, there is a pre-approval already in the system to get a pre-approval automatically, within a second almost, and then the costs that would be there right away.

**Ms. Olivia Chow:** Okay.

Best of luck in your negotiations. I hope you can conclude your agreement within a few weeks.

Thank you.

**The Chair:** Thank you, Ms. Chow.

Mr. Dykstra.

**Mr. Rick Dykstra:** Through you, Chair, I just want to clear up.... One of the questions I asked the representatives was in regard to the number of meeting requests the ministry made with the AQPP.

Could you provide a follow-up from that? Could you provide us with a brief response to the number of requests you made, and if you have available, and if it's necessary to provide, the documentation showing that meetings in fact were requested?

● (1025)

**Mr. Albert Deschamps:** Yes, we can provide documentation attesting to our attempts to meet with them.

**Mr. Rick Dykstra:** I think it would be extremely helpful for all committee members to receive that information.

**The Chair:** If you can just provide that to the clerk soon, Mr. Deschamps, we'd appreciate it.

**Mr. Albert Deschamps:** Yes, Mr. Chairman.

**Mr. Rick Dykstra:** I want to turn my time over to Ms. Grewal, but I have one question.

This does present an issue specifically with Quebec because the Quebec government requires an association to represent the pharmacists. We don't have that similar circumstance in any of the other provinces. Correct?

**Mr. Albert Deschamps:** That's correct.

**Mr. Rick Dykstra:** So your functionality, in terms of trying to deliver the new service, the new input system and the new direct relationship with pharmacists...that is happening across the country, I'm assuming, in the same fashion as it is with an attempt with pharmacists in Quebec?

**Mr. Albert Deschamps:** That's correct.

**Mr. Rick Dykstra:** So in fact this isn't an issue with the association as much as it is trying to deal directly with the individual pharmacist, because the way the new program is set up, it will be more efficient, it will be more effective, it will deliver service more quickly, and, probably, most importantly, when there are issues, you will know what those issues are immediately. So you will in fact be enhancing your relationship, so to speak—

**The Chair:** The answer to that is just blank looks. It would be helpful to know what your challenge is.

**Mr. Albert Deschamps:** Our challenge is to try to reconcile all of the benefits we can obtain through direct contact with the pharmacists and the benefits we can have in dealing with the AQPP. I think, in fairness, there may be some advantages to coming to an agreement where they can play a role that would be helpful for everyone. That's where we're trying to focus our negotiations.

For us, it may be more helpful to have one interlocutor if we have to send out general information, instead of dealing with individual ones.

What is important for us is that if we come to an agreement with the AQPP and that agreement should not give them the power or the leeway to negotiate terms and conditions on eligibility, products, coverage, etc.

**Mr. Rick Dykstra:** I'm assuming that in your discussions, the stoppage, or the direction to stop service delivery, won't happen again in the future, and that's part of what your discussions are, in terms of dealing with the association.

**Mr. Albert Deschamps:** Yes, that is an underlying commitment from both of us, that while we are negotiating and discussing, service does not get interrupted—

**Mr. Rick Dykstra:** And that in fact it will never be used as a method to negotiate again.

**Mr. Albert Deschamps:** I hope not.

**Mr. Rick Dykstra:** Thank you.

I'll turn my time over to Ms. Grewal.

**Mrs. Nina Grewal (Fleetwood—Port Kells, CPC):** Thank you.

I just wonder what kinds of clients are there on the interim federal health plan, and what kinds of medical conditions might they have.

**Dr. Danielle Grondin:** I missed the first question. What type of...?

**Mrs. Nina Grewal:** What kinds of clients are there on the interim federal health plan?

**Dr. Danielle Grondin:** In fact, I have some statistics here.

Basically, as was mentioned, there are refugee claimants, who are either waiting for their claims or whose claims have been rejected and are awaiting their removal from Canada. So these are covered.

There are resettled convention refugees, but there are also victims of trafficking. There are also border agency detainees. And there is a unique population, as in Quebec right now with the Haitian population, which is also covered by those programs.

As to the types of conditions, not all of the eligible clients will use the pharmaceutical services. For example, it varies from 78% for those who are refugee claimants to 48% of the resettled.

On the conditions, we have done a survey of the 200 most used pharmaceuticals. Roughly 14% to 17% are for anti-infectious medication and heart conditions. These are the most frequently prescribed medications. Then you have those for neurological disorders, to treat mental illness, depression, schizophrenia, and those types of things. Those are in the second group, and so on, concluding with gastrointestinal and others.

● (1030)

**Mrs. Nina Grewal:** As you know, the pharmacists have been complaining about fee reimbursements and payments that are overdue. How are you addressing this problem and what actions have you taken from December onward to address this issue raised by pharmacists?

**Dr. Danielle Grondin:** I can answer that, if I may, since our office has dealt with it. In fact, yes, we were aware there were delays, so we have reviewed all the claims that we received. Either they have been paid—those that were delayed, and it was a real payment—or they were adjudicated and the pharmacist was informed that either it was not eligible or...and so on. So this is one category.

Last year as well we reassessed some claims that the AQPP sent to us for reconsideration. All of these have also been reviewed and decisions were made. Of those, most of them were ineligible; that is, it was not covered or the client was not eligible, and so on.

We have heard about the allegation that there was a three-month delay; however, we have no evidence that there was a three-month delay. We have no documents, and documents have not been submitted, either by the pharmacist in question or the AQPP, that prove or demonstrate that there were such payment delays for $10,000 or $30,000, as we have heard.

We have invited the pharmacists, certainly, over the course of the last few weeks, especially those registered, to please submit. We have given an address, fax number, and everything to submit those claims. But so far, at this date, it's all adjudicated.

**The Chair:** Mr. Trudeau will have the last word. I'd like to go in camera for a few minutes after Mr. Trudeau asks his questions.

**Mr. Justin Trudeau:** Thank you, Chair.

I'd like to return to something that was established in the beginning. There was an agreement in the 1990s, and then about four years ago, according to the AQPP, things shifted. Why did things change, and is that in fact the case?

**Dr. Danielle Grondin:** In fact, with regard to this report of an agreement in 1991, we have no evidence of that. At that time, it was Health Canada that had that program under the non-insured health benefits program. It was transferred to CIC in 1994. We never received any evidence that there was such an agreement until we met Monday, and we heard it again today, which is the second time we heard about such an agreement. But we have not found it, and we have not been provided with this by the AQPP. So this is something that would be interesting.

Also, it's important to point out that the AQPP and the pharmacists in Quebec were functioning all those years, since 1994, that we had the program and never made this request for a special entente. It was proceeding relatively well, considering that it was in an era when we didn't have the benefit of a modernized electronic system that we are now applying.

**Mr. Justin Trudeau:** One of the things that we're very aware of politically is the question of prescription drug coverage. Various groups say we should have that as part of our national medicare system. Others say it should be targeted. A lot of Canadians don't quite understand why refugees should be given prescription drug coverage, for example, in the first year of arrival. I'd like to hear from you as to why it is indeed so important that we do provide that coverage.

**Dr. Danielle Grondin:** Thank you. Well, your question—

[*Translation*]

**Mr. Justin Trudeau:** You may answer in French, of course.

**Dr. Danielle Grondin:** Yes, fine.

First, these are refugees asking for protection and, under the law, Canadian society has the obligation to give them that protection. There is also the category of Convention refugees, and, with the commission, we have already agreed to bring them to Canada. Those international obligations also have to be honoured on Canadian soil.

The health status of those refugees, mainly the Convention refugees—though there are different characteristics—is a function of their country of origin and the conditions in which they were living. In some countries, they had no access to medical services and, because of epidemiological conditions and infectious diseases, their health status has deteriorated. It is very important for Convention refugees to receive treatment. In any event, they are eligible for those services under our provincial and territorial health plans. We cover them for the waiting period, which is normally three months, but as soon as they are eligible, our program no longer covers them.

It is also important to cover those groups for what we call supplementary coverage, for medication and all those things that may not be covered by health plans; though the plans cover them for people on social assistance, for example. We take all the provincial social assistance programs already in place and we adapt them. That allows us to reach some degree of parity in what is offered to those groups in the provinces and territories.

That is important for three reasons. First, it is important for the refugees themselves, whatever category they are in, that we are concerned about their state of health and provide the necessary care. Second, it is important for public health, especially if they show signs of infectious diseases that can be spread to those close to them and to the community. We have to provide treatment for that. Third, by assuming the costs, we ease the strain on the resources of the provincial and territorial health systems, at least with regard to the costs. That all must be seen as positive.

It is important for Canadians to realize that this coverage for refugees seeking asylum actually does not last very long. The coverage provided to asylum-seekers by the program ceases when their cases are dismissed; in other words, they are covered until they leave Canada, and then that's it. If asylum-seekers withdraw or give up their claims for protection, the coverage ceases as well. Of course, if it comes to light at any time that a person is living in Canada illegally, the coverage also ceases. It really is temporary, just until the commission has rendered its verdict. If the commission gives a person refugee status, that person becomes eligible for provincial programs automatically.

● (1035)

[*English*]

**The Chair:** Thank you.

The chairman wants to speak to the committee for five minutes, so you have a couple of minutes and that's it.

[*Translation*]

**Mr. Thierry St-Cyr:** I would just like to ask one very simple question. The problem, the hesitation, seems to come from the fact that we do not want to set a precedent by negotiating an agreement with AQPP, even though four precedents already exist. Can you understand how, from the outside, it seems a little curious that you prefer to negotiate with 300 separate owners and come to 300 separate agreements when you could have one agreement with AQPP that would include everyone? It might be seen as a kind of divide and conquer approach.

**Dr. Danielle Grondin:** We are not necessarily negotiating with each person. We rely on a system, a formulary—the Quebec formulary—that has already been negotiated, that already exists. We make it the same for everyone. It is a federal program. The pharmacists are already licensed; the Ordre des pharmaciens takes care of that. They are licensed. We use the Quebec formulary, the RAMQ's, but using the lowest cost. Then the pharmacists sign up.

The coverage is already set and all the RAMQ's medications are covered. We also have the possibility of getting preapproval for medications that may not be covered. The RAMQ, for example, does not cover some anti-malaria drugs, some antiparasitic drugs for intestinal parasites. Nor does it cover vitamins and products like that. Since we are dealing with vulnerable people who are often malnourished, it is better for them to be covered. So we cover them, and they are already in the system. Everything is there. This is not like a union agreement with each pharmacy. Far from it. The pharmacists are licensed and the RAMQ already has a negotiated system for people on social assistance. We just make use of it.

**The Chair:** Thank you.

**Dr. Danielle Grondin:** We have even done price comparisons, to go back to the example that came up in connection with HIV. Everything is carefully compared.

**The Chair:** Thank you.

**Dr. Danielle Grondin:** If the prescription specifies no substitute medications, that will be paid for. There is really no reason for litigation, but we are continuing the discussions in order to understand what AQPP wants.

● (1040)

[*English*]

**The Chair:** Thank you. We could talk a little bit more, but we're going in camera.

Dr. Grondin and Monsieur Deschamps, I thank you for coming and giving us your views on behalf of the department.

I'll ask everyone to leave, except the committee.

[*Proceedings continue in camera*]

**Published under the authority of the Speaker of the House of Commons**

## SPEAKER'S PERMISSION



**Additional copies may be obtained from: Publishing and Depository Services**
**Public Works and Government Services Canada**
**Ottawa, Ontario K1A 0S5**
**Telephone: 613-941-5995 or 1-800-635-7943**
**Fax: 613-954-5779 or 1-800-565-7757**
**publications@tpsgc-pwgsc.gc.ca**
**http://publications.gc.ca**

**Also available on the Parliament of Canada Web Site at the following address: http://www.parl.gc.ca**

**Publié en conformité de l'autorité du Président de la Chambre des communes**

## PERMISSION DU PRÉSIDENT



**On peut obtenir des copies supplémentaires en écrivant à : Les Éditions et Services de dépôt**
**Travaux publics et Services gouvernementaux Canada**
**Ottawa (Ontario) K1A 0S5**
**Téléphone : 613-941-5995 ou 1-800-635-7943**
**Télécopieur : 613-954-5779 ou 1-800-565-7757**
**publications@tpsgc-pwgsc.gc.ca**
**http://publications.gc.ca**

**Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante : http://www.parl.gc.ca**