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Chair

Mr. Bill Casey

Standing Committee on Health

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● (1535)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): Welcome, everybody, to meeting number 148.

We are going to have a little chaos today with the votes and everything. I managed to meet with the minister on the way in and I asked if she would forgo her opening statement to allow for more questions. She said to table the statement. I appreciate that very much.

However, before going to questions, we'd like to invite the minister to say some opening words.

Hon. Ginette Petitpas Taylor (Minister of Health): Thank you, Mr. Chair. Since we're pressed for time, I'll just say—

Mr. Don Davies (Vancouver Kingsway, NDP): Excuse me, Minister.

Mr. Chair, could I first just clarify the procedure? We did have some discussions when you weren't here. It will require unanimous consent to go past the ringing of the bells. I think there's consensus in the room that we will do the first round, which will be two times seven minutes, one for the Liberals, one for the Conservatives.

The Chair: Okay.

Mr. Don Davies: That's what we thought was the fairest way to proceed.

The Chair: I'll just ask for unanimous consent right now to extend.

Once the bells ring, can we continue on until the very last minute? Do we have unanimous consent?

Mr. Don Davies: No, it's to continue until the first round is complete, which would take us to about 4:10 p.m.

The Chair: We'll have one round of questions as long as we have time. Okay.

Well, thanks very much and welcome, Madam Minister. Sorry for the confusion. I'm just going to launch right in and invite you to give us greetings and then we'll go to questions.

Hon. Ginette Petitpas Taylor: Good afternoon, everyone. Thank you so much. It's a pleasure to be here and thank you for agreeing to allow me to table my remarks. We'll jump straight into questions. It's always a pleasure to be here. Thank you for the invitation.

The Chair: All right. We're going to open our seven-minute round with Mr. Ouellette.

Mr. Robert-Falcon Ouellette (Winnipeg Centre, Lib.): Thank you very much.

[*Translation*]

Thank you very much, Minister, for being here with us.

I'd like to talk briefly about mental health. According to Statistics Canada, one in three Canadians is affected by mental health problems during their lifetime. This affects many aspects of life, including socio-economic conditions. In Manitoba, there are many people with addiction problems, homeless people.

I want to know exactly what you are doing to help Canadians with mental health and addiction issues on the Prairies, in aboriginal communities and across Canada.

Hon. Ginette Petitpas Taylor: Mr. Ouellette, again, thank you very much for your extremely important question.

I don't know if you're aware of this, but before entering politics, I was a social worker by training, and I worked in front-line services. A large part of my work was with people with mental health and addiction problems. This makes it an issue that is close to my heart and a priority for me. I must tell you that I am happy to be part of a government that has made mental health a priority.

I assume that each of you, when you went door-to-door during the 2015 election campaign, probably heard several topics raised by our fellow citizens. For me, mental health was often a key element and people asked us for services. In 2017, I was very happy with our budget. We have made a historic investment in mental health of $5 billion over 10 years.

I am also pleased to be able to confirm to the committee that we have finally been able to complete the bilateral agreements with the provinces and territories. What was even more important than giving them money was that for one of the first times, all provinces and territories agreed on common indicators, which was really historic. We compiled a list of indicators for subsequent analysis to see where these investments went and the difference they made. This analysis begins this year. We have been collecting data for two years. I look forward to seeing the details.

On the issue of addiction, in your region and province, the methamphetamine crisis is obviously very real, but there are also other addiction issues. In the west and across Canada, the opioid issue is also a devastating one. We realize that there are many problems and that many people have lost their lives. Once again, this is a priority for our government. So we have made historic investments to ensure that provinces and territories are well equipped so that there are more resources on the ground to help people with addiction problems.

We have signed bilateral agreements, particularly in the area of addictions, with the provinces and territories. In addition to the health transfer, additional funds will be provided so that additional services can be provided. In addition, we have made regulatory changes to make it easier and more effective for people with substance abuse problems to use medication. We will continue to work with our partners in the field.

In addition to the federal government, provinces and territories, not-for-profit organizations play a key role. Let us not forget that. These people are the first on the ground and, I repeat, they are doing an exceptional job. It is very important to involve them in our interventions so that they too can offer services.

● (1540)

Mr. Robert-Falcon Ouellette: Thank you.

I am going to share my speaking time with Mr. Eyolfson and Mr. Fragiskatos.

[*English*]

Mr. Peter Fragiskatos (London North Centre, Lib.): Thank you to my colleague, and thank you, Mr. Chair.

Minister, I'm only an associate member of this committee. I'm not a regular committee member. I'm sitting in for Sonia Sidhu today. It's my good fortune that you're here, because I want to ask you about diabetes research in Canada.

As you might know, London, Ontario, is home to Sir Frederick Banting and Banting House, which is a wonderful local organization that continues to advocate for diabetes research right across Canada.

As you know, 11 million Canadians have either diabetes or prediabetes. Can you tell us what the government is doing to advance diabetes research in Canada?

Hon. Ginette Petitpas Taylor: Yes, absolutely.

It's quite ironic that you're replacing Sonia Sidhu, because Sonia is absolutely passionate about the work in this area and is always making sure that we think about further investments in this very important area.

We certainly recognize that diabetes affects over 10 million Canadians. It's an area where we've done significant research. We've invested over $112 million in the area of diabetes research and also looking at what we can do with respect to common risk factors and approaches and other treatments. As the government, it's truly important to make sure that we continue to invest in research to come up with better solutions, and eventually to find a cure for diabetes. Ultimately, that is our goal. We recognize that insulin was created here in Canada and we want to make sure that all of the investments can be made in research to put an end to this disease.

Mr. Peter Fragiskatos: Thank you very much.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Robert, thank you for sharing your time with me.

Minister, as you know, I've been very active in the file on a national pharmacare program. I wonder if you could tell me, since the working group on pharmacare has released its interim report, what steps the government has taken towards establishing a national pharmacare system.

Hon. Ginette Petitpas Taylor: As everyone is probably aware, in budget 2019 we were pleased to see investments for the creation of a Canadian drug agency. When we received the interim report from Dr. Hoskins in March of this year, he and the committee members made one recommendation for sure. They indicated that regardless of which model we use for a national pharmacare program, whatever option it may be, the foundational piece is the creation of this drug agency.

The drug agency in question will have a twofold mandate. First, the drug agency's role will be to put together and maintain a formulary. The second part of its job is going to be to negotiate drug prices. We certainly recognize, for a national pharmacare program, the need to address the area of cost and get the best value. As a result of that, this drug agency will be able to have better negotiation power, because from there they'll be purchasing more medications. I'm very pleased that we've received the funding in budget 2019 and will be moving forward with the creation of this drug agency.

Finally, with respect to budget 2019 as well, there was a significant investment made in the area of rare diseases. In fact, $1 billion will be invested.

Once again, those were two areas that Dr. Hoskins was very clear on in the interim report, so I'm extremely pleased that we received the funding in budget 2019 to address the two matters.

● (1545)

The Chair: Thanks very much.

Now we'll go to Mr. Webber.

You're going to share your time with Ms. Gladu.

Mr. Len Webber (Calgary Confederation, CPC): Yes, I will be. Thank you.

Hello, Minister. Thank you for being here today.

I have an important question to ask you about my private member's bill, Bill C-316, which would allow Canadians to indicate their intent to register as organ and tissue donors on their income tax forms.

Everyone on this committee supported it. We passed it unanimously in the House back in December and it is now in the Senate. I was also pleased that you and the government allocated funding as well for this implementation in your fall economic statement. The Canada Revenue Agency also says that if the bill is passed soon, they can get it on the 2019 income tax forms.

However, I am told by several senators, from all parties, that this bill might not pass because it has become a political football in the Senate. Senators do not have a problem with my bill, but they apparently are trying to use it to leverage other pieces of legislation, so it's a type of Mexican standoff. While I understand this happens in politics, we are now seriously risking losing a life-saving, sensible and affordable change to our tax forms, and of course, hundreds of Canadians will continue to die waiting for a life-saving organ.

Is there anything you can do, or are willing to do, to ensure that Bill C-316 can get passed?

Hon. Ginette Petitpas Taylor: Mr. Webber, first of all, thank you for the work you've done in bringing forward Bill C-316. It's a very important piece of legislation and one that I think will save lives of Canadians. Well done. I think you had the unanimous consent of all the colleagues in your caucus and the other parties to move forward with this bill.

As you've seen in budget 2019, monies were allocated there as well, because we are serious that we want to move forward with this. In no way do I want you to think that on this side we're trying to slow things down. It's just the opposite.

Mr. Len Webber: It's the Senate. Can you do anything there?

Hon. Ginette Petitpas Taylor: Well, we know the Senate is independent—

Mr. Len Webber: [*Inaudible—Editor*]

Hon. Ginette Petitpas Taylor: —but we certainly know there are quite a few bills right now in the Senate. I absolutely respect the work that the Senate does, the work they do on a daily basis. It's an important part of our functioning here. However, I truly hope we'll be able to see the passage of your bill and a few other bills.

What I can commit to you is that I will certainly speak to some of the senators I do know—

Mr. Len Webber: Thank you. I appreciate that.

Hon. Ginette Petitpas Taylor: —without putting any pressure, of course, on them. I am happy to have that conversation with the senators I know.

Again, I truly feel that your private member's bill would make a significant difference, and I was very pleased that we were all able to support it.

Mr. Len Webber: We just have to get it to pass, and I have worries.

Anyway, thank you.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): My question probably is not a surprise.

Health Canada is responsible for the cannabis regulations that were put forward, and I have received numerous complaints from all over the country. I'll give you some of the locations: Aldergrove, Dufferin—Caledon, Kawartha Lakes, Clearview Township, King Township, North Dundas, Aurora, Leamington, Vanastra, Clinton, Tay Township, Severn Township, and a number of others.

Basically, the complaints are about odours coming from people's growing operations, security there and people growing more plants than their licence actually will permit. Calling the 1-800 number at Health Canada is not effective. I've been escalating these complaints as high as Simon Kennedy, and I know he probably has some specific answers on these. Still, Health Canada does not appear to be enforcing the regulations, and the police say they can't enforce Health Canada's regulations.

When is Health Canada either going to enforce the regulations or inspect and remove the licences of the people who are not adhering?

Hon. Ginette Petitpas Taylor: Ms. Gladu, thank you very much for your question. I'm not surprised that you're asking it today.

We all recognize that our government has committed to putting together and delivering a legal and regulated regime when it comes to cannabis. As we have said on many occasions, the reason we wanted to do that was to protect our youth but also to displace the black market.

I have received some queries from you and other members of Parliament who have received some concerns from people in their constituencies with respect to these types of matters.

One thing that we have to be clear on, however, is that the courts have been clear that people who need cannabis for a medical purpose need to have reasonable access to cannabis. Some individuals have received some injunctions in the past, and also we passed the new Cannabis Act last year.

As such, the minister has received new powers that didn't exist before the new Cannabis Act. Among those new powers that have been put in place, if someone has an authorization, not a prescription but an authorization, and it seems that the amount is really astronomical and just not reasonable, the minister can now decline that authorization. In the past, that wasn't the case.

As well, with respect to Health Canada inspectors, they are able to go into these facilities and conduct checks to make sure that people aren't growing too much cannabis and that they're following the authorizations. If under the authorization they're doing the growing within their home, Health Canada can't enter the home without a warrant. It's the police who need to do that. However, if people have it in a warehouse or in a field, let's say, they certainly can go and do the inspections.

Finally, the other thing is that you mentioned the phone number. If police authorities have any suspicions that anyone is growing illegally, growing too much, they can absolutely call Health Canada, 24 hours a day, seven days a week, because we have put a number in place. They are able to contact us, and from there, we will be able to advise them of the information they're seeking.

With respect to that—

● (1550)

Ms. Marilyn Gladu: Health Canada has been saying, though, when the police have called the 1-800 number, that it's actually for the municipality to follow up.

That's not correct, because it's a Health Canada regulation.

Hon. Ginette Petitpas Taylor: If there's a criminal matter under way, if someone is growing cannabis illegally, it still falls under the purview of the RCMP, or the—

Ms. Marilyn Gladu: Right, but if it's odour or too many plants, that's Health Canada's purview.

Hon. Ginette Petitpas Taylor: Then, from there, that's Health Canada's purview, absolutely.

Ms. Marilyn Gladu: All right.

My second question is about Lyme disease.

Elizabeth May brought forward a private member's bill to put a framework in place on Lyme disease, which was published but contained not even the best practice testing protocol or the treatment protocol. Really, nothing has been done, and many Canadians suffering with Lyme disease are being forced to get test kits from the U.S. where they're commercially available and have treatments outside the country that cost thousands of dollars.

We know that if you think you have been bitten by a tick and may have Lyme disease, and if under the age of eight you have amoxicillin treatment, and over the age of eight you have doxycycline, you would never have any of the serious symptoms that Lyme disease patients are experiencing.

What will you do to address having the test protocol and the treatment protocol included in the framework?

Hon. Ginette Petitpas Taylor: Once again, Lyme disease is certainly a growing public health concern, specifically when we're looking at climate change. We know that climate change impacts the issue of Lyme disease as well. I come from the province of New Brunswick, and in the province of New Brunswick there is a real issue with Lyme disease. We certainly know it's a hotbed, if you will.

With respect to the investments we've made in this area, we've invested $20 million for health-related climate change programs, and most of that fund, I have to say, has been directed to Lyme disease.

With the funding with respect to it, we're focusing on diagnosis and treatment. Also, we're in the process of putting together a new pan-Canadian Lyme disease research network, which will be focusing on treatment and diagnosis.

I will pass the floor to my chief public health officer so that she can talk specifically about the treatment you're making reference to.

Dr. Tam, perhaps—

The Chair: We're over time, so let us have just a quick answer, if that's possible.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): I think the treatment guidelines are provided by the infectious disease expertise in the country, so they are not actually part of what the agency does. The research network the minister has spoken about has devoted its attention to looking at diagnosis and treatment.

On the diagnostic side we are constantly re-evaluating any new methods, but we will only include validated testing methods for the protocol that is going to be used in the provincial and territorial laboratories. I would certainly look towards the research network to enhance and build in any new evidence as we move along.

The Chair: Thanks very much.

Now we're going to go to Mr. Davies.

Just before we do, I want to support Mr. Webber's request to have that bill go through, because it is a lifesaver. We would all like to see it go through.

Mr. Davies, you have seven minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Thank you, Minister, for being here and for your graciousness in forgoing your statement so that we could have a chance to ask you questions.

Minister, of course there are many complex causes of the opioid crisis, but one significant aspect has been largely untouched by the federal government thus far, and that's the role that opioid manufacturers may have played in marketing these products in Canada. There is growing suspicion that drug manufacturers promoted a proliferation of prescription opioid use in Canada over the last two decades through an effort to minimize or conceal the risks of their products.

That conclusion has been proved in American courts. In fact, the U.S. federal justice department has secured criminal convictions, and they have recovered, along with states, almost $1 billion in fines and other costs as a result of violations of the food and drug act.

Last summer the NDP government in B.C. filed a civil lawsuit against drug companies to recoup the enormous costs incurred by that province in addressing the crisis. This week, of course, the Government of Ontario joined that proposed class action.

Minister, here is a simple question. Is your government planning to join that class action against opioid manufacturers?

● (1555)

Hon. Ginette Petitpas Taylor: Thank you so much for the question, Mr. Davies.

I have to say we're following very closely the two lawsuits that have been filed by British Columbia and also, this week, Ontario. Our legal officials are reviewing those two matters, and a decision will be made to see what exactly the federal government is going to be doing.

Mr. Don Davies: Thank you.

Minister, I went back and read the mandate letter that Prime Minister Trudeau gave to your predecessor, Minister Philpott, back in 2015. That mandate letter instructed her—and you, when you got yours—to make prescription drugs more affordable for Canadians. According to the Canadian Institute for Health Information, however, prescription drug costs have grown for Canadians every year of your government's mandate, through the end of 2018, anyway.

Why has your government been unsuccessful so far in fulfilling that mandate and actually lowering the real costs of prescription drugs for Canadians?

Hon. Ginette Petitpas Taylor: I think we all recognize that the price of drugs is a complex matter, and we are working hard to make sure we do all that we can to lower the price of drugs.

If we want to move forward with the national pharmacare program, we have to get it right and we have to lower drug prices. That's why we're still in the process of modernizing the Patented Medicine Prices Review Board. That work is well under way, and there will be some announcements to be made.

The other thing as well is that I don't completely agree that we weren't able to lower the price of drugs, because by joining the pan-Canadian Pharmaceutical Alliance, we have actually saved more than $2 billion per year with respect to lowering the price of drugs. As we move forward with a national pharmacare program, the Canadian drug agency as well will have a significant role to play.

At this point in time, HESA members know more than I all of the intricacies of pharmacare, because you have done a study. When you realize that we have over 100,000 private drug plans in this country and many more through government, you'll see that it's very hard to negotiate drug prices. If we can put this together, get it right and get a national pharmacare program, I think there's going to be a cost saving for everyone here.

Mr. Don Davies: Absolutely. That's one of the reasons the NDP supports public pharmacare is to replace those with one MS plan per province would be enormously efficient.

You anticipated my next question on the Patented Medicine Prices Review Board. It's puzzling to me, Minister, because for almost three years your government promised to overhaul the Patented Medicine Prices Review Board to lower our drug prices. The finance department estimated that those reforms would lower drug prices for Canadians by $12.6 billion over 10 years. Then your government announced that those changes would be put in place at the end of 2018, yet they have not to this day.

We're in 2019, almost June. We still don't have them. Why has your government been so slow to implement changes to the PMPRB that everybody knows would immediately start saving billions of dollars in lower costs for Canadians? I'm curious as to why you haven't implemented them when they're so obviously there.

Hon. Ginette Petitpas Taylor: Once again, this is work that is well under way and, as I have indicated earlier, there are going to be some announcements that are going to be made with respect to the modernization of the PMPRB. Since I've been Minister of Health this is a file that we've been actively engaged in. When it comes to, again, the implementation of a national pharmacare program, it's more than just putting a program in place. The priority is lowering the price of drugs and we certainly want to get that right.

Mr. Don Davies: With respect, this isn't pharmacare. These are changes to the PMPRB that you could do right now, whether there is pharmacare or not. There's something like taking the five comparator countries that we used, including the U.S. and Switzerland, the two highest prices in the world. Everybody in Canada who looks at the subject knows that you have to get rid of those five and put a comparison of 12 countries that are more representative, Germany, France, etc.

You could do that tomorrow. Why wouldn't you do that and immediately start lowering the cost of pharmaceuticals today?

Hon. Ginette Petitpas Taylor: Once again, I've indicated there's going to be an announcement in the very near future. Stay tuned.

● (1600)

Mr. Don Davies: Thanks.

Another thing that's puzzling to me is that your government just signed a new NAFTA, if I can call it that. I wrote a question to the Parliamentary Budget Officer and asked how much the extended protection for biologic data protection that the Canadian government conceded to the U.S. would cost. His estimate is $169 million per year.

If you want to lower the price of drug costs for Canadians, why would your government sign a trade deal with the U.S. that's going to cost Canadians billions of dollars in extra costs over the next decades? Why would you do that?

Hon. Ginette Petitpas Taylor: I can't respond with respect to the negotiations that take place, but what I can tell you as Canada's health minister is my priority has really been to do all that I can to lower the price of drugs. That's why we have been actively engaged with respect to joining the pan-Canadian Pharmaceutical Alliance where we have been able to lower prices and save money.

The other thing, which I've indicated as well, is we are in the process of modernizing the Patented Medicine Prices Review Board and all of that is saving us a substantial amount of money.

Perhaps if my deputy minister wants to comment any further, I'll punt it to him.

Mr. Don Davies: I'd like to get one more question in, Minister.

Pharmacare advocates were recently quite alarmed to see you deliver the keynote speech at a Canada 2020 forum on May 14 that was dominated by lobby groups that oppose universal public drug coverage. Doctors who support that coverage called it a one-sided event. Former Liberal health minister Jane Philpott reacted to your speech saying that the one-sided event is problematic and makes her nervous about the government's commitment to pharmacare. It was sponsored by the Canadian Life and Health Insurance Association and Innovative Medicines Canada, which represents Canada's pharmaceutical industry.

Minister, do you agree that your participation in that event was problematic? How do you respond to pharmacare advocates who argue that corporate lobbyists appear to have too much influence on your government's pharmacare deliberations?

Hon. Ginette Petitpas Taylor: First and foremost, I would disagree that the lobbyists have influence over us. I have to say that I'm invited to speak at a number of events over the course of a year as Canada's health minister and I'm very proud to do so.

When it comes to the national pharmacare program, if you were to see my notes—and I can provide them to the committee here—with respect to the message I gave to them, it's always the same message. It's always a very consistent message that our plan is to move forward with a national pharmacare program.

Mr. Don Davies: Is that a public plan?

Hon. Ginette Petitpas Taylor: I think we'll have to wait to see the recommendations of the committee and to see what the decision is as we move forward.

The Chair: Your time is up. We're over, actually.

Mr. Ayoub, you're up.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

Thank you, Minister, for being with us once again.

Seven minutes is very short. There are several important topics I would like to address, including one that is particularly close to my heart. I am referring here to the tragedy surrounding the young Athéna Gervais, which occurred not very far from my home in Laval. I know you met her father. I met him too.

Modified and improved regulation on beverages with a high sugar and alcohol content has just been put into effect. I would like you to tell us what your department has done, as part of this new regulation, to prevent similar situations involving young people from happening again. In this case, the question of the product itself bothers me, but there is also its availability.

Could you give us some details about this?

Hon. Ginette Petitpas Taylor: Thank you very much, Mr. Ayoub, for your very important question.

This is an issue that has affected not only Quebeckers, but all Canadians.

Losing a girl that age is extremely tragic. I met her father, and the situation was difficult for her family members. We often think of them.

As a government, we wanted to take immediate action to address this troubling situation. For this reason, we undertook consultations relatively quickly and subsequently made regulatory changes.

Let us look at the particular situation of this young girl, Athéna Gervais. She had bought three cans of a sweetened alcoholic beverage. If we make a comparison, each can contain the equivalent of four glasses of wine. This girl consumed almost three cans. She had consumed the equivalent of 12 glasses of wine in a 30-minute period. She didn't realize this because the drink was so sweet.

In order to make immediate changes, we made recommendations for regulatory changes. Currently, these canned beverages are no longer available on convenience store shelves. Since the changes were made, the alcohol limit in each can is equivalent to 1.5 standard drinks. We made this recommendation following the consultation period we had. Of course, some people asked us for an equivalent of one drink, and others for 2.5 to 3 standard drinks. Finally, we chose the equivalent of 1.5 standard drinks.

I think the Standing Committee on Health recommended the equivalent of one or one and a half drinks. So we made these changes immediately. These regulatory changes came into effect last week. I was very happy that we were able to act quickly.

I recognize that a year may seem like a long time, but we believe that in terms of regulatory changes, they were made fairly quickly, as quickly as possible.

● (1605)

Mr. Ramez Ayoub: It was dealt with quickly, I'll give you that.

Hon. Ginette Petitpas Taylor: Yes, it was.

Mr. Ramez Ayoub: You mentioned in your answer that Athéna had bought the cans. You have to make the distinction. She had obtained them. I don't think she bought them.

This refers to the second part of my question regarding the availability of these products. We know that products from this particular brand and others are available in convenience stores in plain sight and within everyone's reach. Availability and accessibility were therefore also a problem.

I know that there is a provincial and a federal responsibility. We fully respect these jurisdictional differences. I wanted to address this part of the question because it is important in terms of availability.

Hon. Ginette Petitpas Taylor: Absolutely. As you correctly said, the issue of responsibility comes into play with regard to where these types of drinks are available. Our regulatory changes have not affected this aspect.

A question that was put to me a lot last week when we made this announcement was about educating young people so that they can recognize the risks associated with excessive alcohol consumption. Education should be provided not only to young people, but also to adults.

We recognize that alcohol is a heavily consumed drug and it is important to ensure that the public is aware of the dangers associated with excessive alcohol consumption.

Mr. Ramez Ayoub: I want to address the issue of home care for seniors and those in need of it.

I know that this is a very important area in which our government has invested a lot. I took care of my father-in-law and mother-in-law to the very end, and my neighbours take care of their relatives so that they do not end up in hospitals or health care facilities, which can be much more expensive.

I would like you to tell me what our government has done to improve this situation.

Hon. Ginette Petitpas Taylor: Budget 2017 provided for further historic investments in mental health, but also in home care. We are very happy about that. We recognize that seniors want to stay at home as long as possible and maintain their independence. They do not want to go to homes if it is not necessary, but to stay in their own homes they need help and support services. With the $6-million investment over 10 years, we are providing provinces and territories with additional funding to ensure that seniors have access to resources in their homes.

Budget 2018 provided $75 million for a research project for seniors in New Brunswick. This province was chosen because it is small, with 750,000 inhabitants. There is a bilingual population as well as an indigenous population.

We created this pilot project. Organizations can apply for funding to establish community programs. I will give you an example. The first project, entitled "Nursing Homes Without Walls", was approved last week and will be conducted in Moncton, in my region.

Four nursing homes in four rural areas of the province are part of this pilot project. These are often very isolated places. These homes will hire additional staff to provide seniors with home care services to ensure that they take their medications, eat well, have their nails clipped and even have their yard cleared. Aside from the results expected from this pilot project, we will be able to share the results of this experience with the other provinces. We look forward to seeing the results.

The issue of seniors is a priority for me. We recognize that the population is aging and that we need to care for the elderly, who have cared for us in the past.

● (1610)

Mr. Ramez Ayoub: I still have a lot of questions to ask you, but I don't have any time left.

Thank you for answering my questions in the seven minutes allotted to me.

[*English*]

The Chair: Thank you very much. That completes our round.

Mr. Robert-Falcon Ouellette: After hearing the testimony from Monsieur Webber and also from the minister, I would like to present a motion. I'd like to table it at the earliest opportunity.

The Chair: We had unanimous consent to end after the questions, so we can move it after....

Mr. Robert-Falcon Ouellette: I just wanted to make sure you're aware. I don't want it to fall by the wayside because it's too late. I want to get on with it.

The Chair: All right.

Thank you very much, Madam Minister, for presenting.

We're going to suspend and when we come back after the vote, we'll continue with the officials.

● (1610)

(Pause)

● (1640)

The Chair: I call the meeting back to order.

Thank you very much. I'm sorry for the interruption. We'll return to our study.

I would like to introduce our guests. I didn't introduce them earlier because I didn't want to waste even a moment.

From the Department of Health, we have Mr. Simon Kennedy, Deputy Minister.

From the Canadian Food Inspection Agency, we have Ms. Siddika Mithani, President.

From the Canadian Institutes of Health Research, we have Mr. Michael Strong.

Welcome. This is your first time.

From the Public Health Agency of Canada, we have Ms. Tina Namiesniowski, President, and Dr. Theresa Tam.

Thanks very much for coming.

We will go right into questions, starting with Mr. Lobb.

You're up for five minutes.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you, Mr. Chair.

This question will be directed to Mr. Kennedy. It is a follow-up question to one that Marilyn Gladu asked concerning medical marijuana.

There was talk about Health Canada inspectors going out to inspect the sites. Can you tell me roughly how many times a Health Canada inspector has gone out to inspect one of these sites?

Mr. Simon Kennedy (Deputy Minister, Department of Health): I realize there is limited time so I won't run on, but there are essentially two different kinds of activities that we conduct with regard to medical cannabis.

Mr. Ben Lobb: I'm just asking whether Health Canada has ever gone out to inspect a grow operation that a person would have for their prescription.

Mr. Simon Kennedy: Generally speaking, we don't inspect those kinds of facilities, because that requires entering a person's place of residence, etc., but with regard to the licensed producers—

Mr. Ben Lobb: I understand that part very clearly.

My next question—

Mr. Simon Kennedy: Very good.

This doesn't mean we have not gone frequently, for example, with the police services to actually inspect when there are concerns, but we don't do regular, scheduled inspections of people at home.

Mr. Ben Lobb: That's understood.

Also, the minister mentioned that odour was under Health Canada's purview, but if you go to Health Canada's website, it says it's the municipality's responsibility.

In my riding we have two of these grow ops. One is in Clinton and has more than 2,000 plants in a warehouse. It is not a licensed producer. It is operated by a person. There is another one in Vanastra with an equal number, and again it's operated by a person.

The odour is terrible, as you can imagine. I've contacted the 1-800 number for Health Canada. They say it's the municipality's responsibility. I contacted the municipality, and they have no idea how to determine whether it stinks too badly or not badly enough.

What are these poor little municipalities supposed to do when Health Canada says it's their responsibility?

Mr. Simon Kennedy: As the minister said, we have new authorities with the Cannabis Act to take action in these kinds of circumstances whenever it is warranted. I cannot say that this will mean, with regard to every individual growing at home, that we would be able to exercise new authorities, but certainly—

A voice: Is this in a warehouse?

Mr. Ben Lobb: This is in a warehouse. Four people have purchased the warehouse, and there are more than 2,000 plants in this one warehouse. It's for a personal prescription. It's a personal licence. The odour is horrendous. I've called the 1-800 number, and they said it's not Health Canada's responsibility—that's what they say—that it's the municipality's responsibility.

What are these little municipalities supposed to do to know whether it is supposed to stink too badly or not in somebody's backyard? This warehouse backs onto residential property, so what are they do do?

Mr. Simon Kennedy: Well, one thing we try to do is work with municipalities, for example, with the Federation of Canadian Municipalities, to try to provide advice and guidance on how they should approach these matters.

Mr. Ben Lobb: Okay. How are they to measure the stink? You can imagine that one plant is not so bad, but 2,000 plants wreck people's property. How are you to monitor this? What are you telling FCM to do?

Mr. Simon Kennedy: I think what I would have to do, Mr. Chair, is I'd be more than happy to get back to the member with a bit more detail on this issue. I will be the first to say that I don't have a granular answer to what standards might exist with regard to odour.

Mr. Ben Lobb: Okay, thank you.

● (1645)

Mr. Simon Kennedy: I can assure you, though, that we have a strong interest in making sure that people are following the rules. It's a reputational issue, obviously, for the department whenever there are community concerns, and we act within the constraints of the law. We share the interest of trying to address them.

I'm happy to get back and try to provide as much as I can.

To be frank, if there are examples in your constituency or others in which people feel there are serious concerns, I'm happy to hear about them, and we will certainly try to follow up.

Mr. Ben Lobb: Thank you.

If I have time, this question is with regard to a class of antibiotics called fluoroquinolones. There are at least two individuals in my riding who have had nerve damage from taking these antibiotics, and in 2017.... I'm reading an article here that talks about Health Canada being aware of this side effect of the antibiotics. I'm wondering why we are allowing this class of antibiotics to be available when we have numerous cases of people suffering different types of damage, such as aorta tears, and now this nerve damage.

What are we doing to help these people out?

Mr. Simon Kennedy: I can speak generally to how we regulate, whether in the case of antibiotics or other kinds of therapeutic products. I can't speak, without consulting my colleagues back in the department, to the specifics of this particular compound you're talking about. As a general rule, for many of the products we regulate there is a risk profile. Even products that are well known and widely used will present some risks, and there are some individuals who can have an adverse reaction or a bad outcome.

When we regulate and we look at the clinical trial data and gather up all the evidence needed to make a decision, there is frequently a calculus of whether the benefits of the product outweigh the risks.

In the case of a product such as the one you're discussing, which has received a Health Canada approval, there is a judgment about whether the product actually confers a benefit even though there may be risks associated with it. Ideally, you want to make sure that the risks are well understood and well characterized and that they're on the product monograph, so that when physicians are prescribing and patients are using it, they have a really good understanding of the risks.

As you would know, presumably, when taking medication you sometimes look at the monograph, and it will lay out the various risks.

What I will say is that when new risks come to our attention after a product is on the market, or when risks that we once thought were perhaps less serious turn out to be more serious, post-market surveillance is done. We do follow up, and when there might be evidence that the risks are serious or some new risk has been identified, we will often take a second look. We'll have an expert panel that might—

Mr. Ben Lobb: Would it be possible for somebody in your department to send us an update, perhaps through the chair?

Mr. Simon Kennedy: Absolutely; that would be fine.

Mr. Ben Lobb: Thank you.

The Chair: Thanks very much.

Now we go to Dr. Eyolfson.

Mr. Doug Eyolfson: Thank you, Mr. Chair.

Thank you, all, for coming.

I am not sure whether this is directed towards the Department of Health or the Public Health Agency, but it's probably the Department of Health.

This is regarding the commitment in budget 2018 about the emergency treatment fund to help enhance territorial and provincial drug treatment programs.

Can you outline how that has gone forward so far, and in general terms how we've gone forward with allocating the funds for these programs?

● (1650)

Mr. Simon Kennedy: Yes, Mr. Chair, this is a question for my response.

I can say that there was the $150 million allocated for the emergency treatment fund. The hope is to get it into the hands of jurisdictions relatively quickly. The design of the fund is such that we wanted to use it to help them build their capacity to develop substance use treatment.

We have reached agreement with every jurisdiction in the country to flow those dollars. All of the agreements were signed and in place before the start of the fiscal year. I can thus report, just as an update, that we have now deals with all jurisdictions and that the money is flowing.

I don't, off the top of my head, remember over what time frame the money can be spent, but it doesn't all have to be spent in one year. There is a flow. It can be spent over a couple of years.

All of those agreements have been or will ultimately be made public on our website, and people can see the action plans developed by each jurisdiction as to how the money will be spent. There is a measure of transparency, then, depending upon what province or territory you live in, as to what the money will go towards.

Mr. Doug Eyolfson: Great. Thank you.

In my home province of Manitoba there were some delays with the health accord. The Manitoba provincial government didn't sign the health accord until fairly recently.

Did that delay in signing the health accord lead to delays in any of that money going to Manitoba, or was the treatment fund independent of the health accord?

Mr. Simon Kennedy: It probably wouldn't be appropriate to get into some of the details of the cut and thrust of the conversation. What I can say is that we had very cordial and very productive discussions with Manitoba. Some jurisdictions signed earlier and some signed later. There was obviously some media coverage around the situation in Manitoba, but ultimately we had a signed agreement before the start of the fiscal year and were able to flow the money and so on.

Mr. Doug Eyolfson: Okay. When was that?

Mr. Simon Kennedy: I apologize; I believe it was some time in March.

Mr. Doug Eyolfson: Okay.

Mr. Simon Kennedy: I can get you the exact date, but it was certainly before March 31. It was before the start of the current fiscal year.

Mr. Doug Eyolfson: Okay, but was it after Manitoba signed the health accord?

Mr. Simon Kennedy: Both the health accord agreement with Manitoba and the emergency treatment fund agreement were signed before the start of the fiscal year.

What I can say is that our objective as a ministry was that before the commencement of the fiscal year, we wanted to be in a position such that those agreements were signed with all jurisdictions, because as soon as you're in a new fiscal year, you have to worry about re-profiling money and all that. From a financial point of view we achieved our objective. All jurisdictions signed both agreements before the start of the fiscal year, Manitoba included.

I'm sorry; I don't remember off the top of my head which came first, but I'd be happy to get you the dates and the details, if you wish.

Mr. Doug Eyolfson: Thank you.

There's another item, regarding the harm reduction fund, which I believe is $30 million over five years. I'd be the first to say that I know harm reduction is not the be-all and end-all. It's the beginning of treatment and protection and they need much more.

However, in regard to the harm reduction fund, is that money being allocated, and do we have agreements with all the provinces for the allocation of those funds?

Mr. Simon Kennedy: The work is still going on as to how that money is to be allocated. We want to make sure that we maximize the benefits of those funds. One of the ways in which Health Canada is helping to support the government in its dealing with the opioid crisis is that there are a range of treatment options available and innovative approaches to treatment. Frankly, not all of them have been used in the past in Canada.

In addition to the new money for harm reduction, there are also regulatory steps that have been taken to enable access to some of these innovative treatments which in the past had only been available in other jurisdictions. Our work on this particular facet of tackling the opioid crisis is a little multi-faceted. It's not just a matter of the money, but it's also a matter of working with treatment providers to bring into the Canadian market some of these more innovative approaches. That's going to take a bit of effort, but the hope is that it will have a very important and useful demonstration effect.

● (1655)

Mr. Doug Eyolfson: Thank you.

The Chair: The time is up.

Now we'll go to Mr. Webber.

Mr. Len Webber: Thank you, Mr. Chair.

Mr. Kennedy, Health Canada has been leading an initiative called the organ donation and transplantation collaborative, in close collaboration with a wide range of experts, including clinicians, government officials, Canadian Blood Services, research organizations, organ donation organizations, transplant programs, patient and family groups, and other key stakeholders.

The collaborative's goal is to develop concrete and actionable options to improve organ donation and transplantation performance that meets Canadians' needs and improves patient outcomes.

The national transplant research network, which is part of the collaborative, has been funded by Dr. Strong's Canadian Institutes of Health Research. You've been funding them for five years, during which it provided new knowledge that is helping inform important policy decisions. Your Canadian Institutes of Health Research has recently provided a short-term extension of $1 million per year for three years for infrastructure support.

The national transplant research network is bringing $57.3 million in committed partnerships to the table to continue their work. To secure these commitments they have requested $30 million from the federal government for their five-year proposal that will build on the government's previous investment to place Canada as a global leader in research and innovation in donation and transplantation. This will be entirely complementary to Health Canada's ongoing work to fix the system by providing the new knowledge needed to move forward. This program has proven to be a high-profile international success and its continuation will assist the minister in meeting her mandate towards saving the lives of Canadians needing transplants.

As you know, our committee sees research as the key to driving the innovation we need to improve donation rates and outcomes. Therefore, I wonder if you can share what next steps are being planned by your departments specifically to support the world-leading research that is being led by the Canadian donation and transplantation research program network.

Mr. Simon Kennedy: Maybe I can start, and Dr. Strong could speak as well.

We've had very good conversations with the network, a number of them, as we've been working on the issue of organ donation and transplantation.

Mr. Len Webber: Great.

Mr. Simon Kennedy: We would agree that they do really good work, so there's certainly no quarrel there whatsoever.

There was funding that the government set aside in the budget to further the work on organ and tissue donation and transplantation, and certainly we want to be talking to them and other stakeholders to figure out the best way to deploy those resources and move ahead.

At this point, we just want to underline that we value the work they do and certainly we want to keep both the link to them and be talking to them as we move forward.

I don't know if Dr. Strong wants to talk a bit about the network and the work that CIHR is doing.

Dr. Michael Strong (President, Canadian Institutes of Health Research): I'd be happy to respond to that.

Over the last five years, the CIHR has invested approximately $105 million in transplantation research. It is a key area of research for us as we move forward and the relationship with the donor transplant research program. It's $3.3 million going forward over the next three years to continue working with it.

We're very excited about the direction they've taken, and also particularly that they've managed to develop the partnerships that have been in place, since that's such a crucial part of what we're doing. It is an area that continues to be a major focus for us now and in the foreseeable future.

Mr. Len Webber: That's good to hear. Thank you very much.

Mr. Chair, I'll pass it on to Ms. Gladu now. Thank you.

Ms. Marilyn Gladu: I have a quick question.

I'm disappointed that the health minister is not with us so I could ask my standard thalidomide question, but I did get an update that the requirements have been extended to acknowledge those folks who weren't previously able to claim, and they are being processed as we speak. I'm happy about that.

I also got an update on palliative care. I always want to know how much money we spend on palliative care.

In terms of my question today, Diabetes Canada was here and the health committee wrote a report recommending that we implement the diabetes 360° plan. Why did the government give zero dollars in the 2019 budget when they asked for $150 million to fund that program?

● (1700)

Dr. Theresa Tam: First of all, I want to acknowledge the work of this committee. There are quite a number of recommendations. I think the government will provide its formal response to those recommendations, and that might address some of the questions you're asking.

Regarding some of the examples of initiatives, we need to examine them, but we think a holistic, integrated approach that includes prevention, but also supportive social and physical environments, is really vital to diabetes as we address it going forward.

We will definitely look at the recommendations and provide a formal response.

The Chair: Thanks very much.

Now we'll go to Mr. McKinnon.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): Thank you, Chair. I'll be sharing my time with Mr. Ayoub.

Thank you all for being here today.

Two years ago, my private member's bill, the Good Samaritan Drug Overdose Act, became federal law. For my province especially, which has been and continues to be devastated by the opioid crisis, I'm proud that this law is making a difference and saving lives.

I'm most gratified to see that awareness of the protections offered by this act are being promoted in a national advertising campaign. Thank you for that. That's very good news.

Also, I know that as part of our ongoing efforts to address this crisis, the Government of Canada announced a series of new funding in budget 2019 to improve access to treatment and for innovative projects.

Mr. Kennedy, I believe you touched on that with Dr. Eyolfson. Could you provide us with details on how these investments will help address this public health crisis?

Mr. Simon Kennedy: I'm so glad the member asked this question, because it gives an opportunity for me to do a bit of correction of my earlier response.

I think the confusion is, at least for me—there's no confusion on your part—that Health Canada received just over $30 million in the budget to advance a number of measures that certainly could fall under the rubric of harm reduction. There is, however, a harm reduction fund of an almost equivalent amount that the Public Health Agency also stewards.

Maybe when we get back to the committee with a bit more detail, we can elaborate on what has been done in both areas. I just wanted to correct that, because I think I misunderstood the question previously.

For the funding in the budget that the honourable member mentioned, there are a couple of major purposes. The first is that we want to expand the availability of naloxone. There is going to be a significant effort to make naloxone more widely available than it is now.

This is a life-saving, overdose-reversing drug. It is available in many parts of the country without payment. Health Canada took it off prescription status a number of years ago because of our desire to make it more widely available. The evidence suggests, however, that there are regions, certainly some rural areas, in parts of the country where it may not be as available as it could be. Some of the money in the budget is to actually expand and make more widely available the use of naloxone and to make training available for people to administer it. That's the first thing.

The second investment is, as I mentioned in the response to the previous question, that there are innovative treatments that are not widely used in Canada in response to substance use disorder, and the idea is to launch some pilots to see whether we can successfully deploy those in Canada.

For example, for substitution therapies for people who have a very severe opioid use disorder, there is good evidence internationally that one way to help stabilize those individuals and get them into a long-term treatment situation in which they can recover might be to give them a much safer version of a substance, rather than see them turning to the street.

There are opioid substitutes such as hydromorphone and other kinds of therapies available. They have not traditionally been used in Canada. Part of the budget money would be to pilot some of those approaches. They will be matched with regulatory action to allow for the import and the use of those products in Canada, because historically they haven't been approved for those indications in Canada.

● (1705)

Mr. Ron McKinnon: Thank you.

The Chair: Mr. Ayoub.

[*Translation*]

Mr. Ramez Ayoub: Thank you.

To obtain a permit to grow marijuana for medical purposes, you need a prescription from a doctor. The permit is then granted by Health Canada.

Can you explain to me how we can prevent this prescription from getting into the hands of people who want to grow illegal crops? I was told that, in some places, several people were obtaining this type of prescription, and therefore a permit. We are talking about 250 plants grown per person. Subsequently, the police said they could not intervene because these people had allegedly legal permits.

Mr. Simon Kennedy: When a person needs cannabis, they must first have a prescription from a doctor. It is an authorization and not necessarily a prescription. So we're talking, to use the exact terms, about a doctor's authorization. There is a process in place to verify whether this is a duly issued prescription. If the quantity of plants is high, if certain things do not seem quite legitimate, we follow a procedure that allows us to check the legitimacy of the prescription.

If we give our approval to a person whose prescription is legitimate, we then grant him a permit to grow plants at home. We have to ensure that the number of plants, in particular, corresponds to the prescription. A person cannot grow 200 plants if his prescription says 100, in which case it is absolutely clear that it is illegal. The police can then intervene, since this person goes beyond the scope of his or her permit.

Mr. Ramez Ayoub: Several people, in the same place, had several permits—

[*English*]

The Chair: I'm sorry, but we're done.

[*Translation*]

Mr. Simon Kennedy: To close the subject, I would just like to add, as the minister explained, that the new Cannabis Act now gives us a power that we did not have before to intervene when we see problems. We intend to use this power in such situations.

Mr. Ramez Ayoub: Thank you.

[*English*]

The Chair: We'll go to Mr. Davies for the final question.

Mr. Don Davies: Thank you, Mr. Chair.

This week at the 72nd session of the World Health Assembly in Geneva, many observers publicly expressed their profound disappointment with the Government of Canada's attempts to either oppose or dilute a resolution aimed at reducing drug prices globally through increased transparency for drug companies. If the resolution were passed as originally drafted, many global observers believe it would be a major step towards improving access to affordable medicines as well. Presently, a lack of transparency on drug pricing agreements and research and development costs allow drug companies to charge high, arbitrary and certainly not very transparent prices.

Do you have any information to tell the committee why Canada is taking a position at the World Health Assembly that hampers global efforts to reduce the price of pharmaceutical drugs and access to medicine globally?

Mr. Simon Kennedy: I was actually at the World Health Assembly in Geneva and had occasion to be part of some of those discussions. I believe the negotiations concluded only yesterday, so I was not in the room for all of the conversations, but I can share a bit of the story around this issue.

In the end, I can assure the committee that Canada supported the resolution. The resolution was carried at the World Health Assembly some time in the last—

Mr. Don Davies: Was that as originally drafted or as amended?

Mr. Simon Kennedy: It was as amended through fairly extensive negotiations that went on over a period of days.

Having been involved in a lot of these conversations over the years, not just in health but in other sectors, that's fairly standard. When you get 170 countries in a room, there's bound to be a lot of discussion.

There were negotiations that carried on over a period of time. In the end, Canada joined the consensus and expressed strong support for the principles around transparency.

One of the concerns that the Canadian delegation had, and it was by no means confined to the Canadian delegation, and it's certainly not to criticize the sponsors of the resolution, is typically when these types of resolutions come forward, they come forward through a process of regular order where you have some advance notice and you're able to do consultations in your capitals and talk to the various interested parties. This resolution was tabled, basically, very close to the start of the meeting. There was very little time available to consult, and a number of the proposed commitments had fairly substantial implications for intellectual property rules, and so on, beyond the health sector.

Some of the adjustments were, frankly, seeking to add clauses such as consistency with national laws and circumstances. It was really an effort to just make sure that we were not in a rushed manner signing up to things we actually hadn't had a chance to talk to people about back in Ottawa in a number of ministries, not just health.

I can just say on the part of the health ministry that there is strong support for the notion of transparency. There was support for the resolution. We, along with many other countries, wanted to make sure there was some language to allow for further consideration of what would have been fairly profound changes, not just in the health space.

● (1710)

Mr. Don Davies: I realize it's a long question, but if I can just ask you quickly about—

The Chair: Sorry, no more questions. The time is up.

Mr. Don Davies: I should have let you finish.

The Chair: We're over.

On behalf of the committee, thanks very much to all our guests today for the testimony you've given us. I'm sure we'll see you again soon.

With that, I'll let you go.

Before we go in camera for some committee business, I believe Mr. Ouellette has a motion he would like to move on a whole new subject, which I think has something to do with Mr. Webber's private member's bill.

I need unanimous consent to let Mr. Ouellette move his motion. Do I have unanimous consent?

Ms. Marilyn Gladu: Sure.

The Chair: All right, Mr. Ouellette, fire away.

Mr. Robert-Falcon Ouellette: Thank you very much.

It's a very simple motion that says:

> That, in the opinion of this Committee, Bill C-316, An Act to amend the Canada Revenue Agency Act (organ donors), is a critical piece of legislation that has been duly and unanimously adopted by the House of Commons and has been before the Senate since December 12, 2018; and that this Bill should be adopted by the Senate and passed into law at the earliest opportunity.

Ms. Marilyn Gladu: Hear, hear!

Mr. Len Webber: Mr. Chair, I will second that motion.

The Chair: Is there any debate?

(Motion agreed to)

The Chair: It passed unanimously.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): I'd vote if I could.

Mr. Len Webber: Thank you.

The Chair: What do we do with that now?

Ms. Marilyn Gladu: Send a letter to the Senate.

The Chair: Mr. Davies.

Mr. Don Davies: Mr. Chair, if there's unanimous consent, I'd like to move a motion that we send that motion to the appropriate body at the Senate, perhaps under your signature, signed on behalf of the entire committee, requesting their expeditious passage, consistent with the tenor of the motion.

The Chair: Here's an interesting angle on it. The clerk tells me that a committee can't send a message to the Senate, but we can write a quick report and ask the House of Commons to send a message to the Senate. However, I still think we could probably send a message to the Senate in a non-official manner.

What is the committee's suggestion?

I believe the House would send that message. We'd have to vote on it, would we not, in the House of Commons to support it?

The Clerk of the Committee (Mr. Alexandre Jacques): Yes, the House would be seized of the committee report, and it would be up to the House to determine what it wants to do with the report.

The Chair: Mr. Davies.

Mr. Don Davies: Mr. Chair, to get it before the House with a vote sounds like a pretty unwieldy process. Given that we're nearly in June, with all the things that happen—

The Chair: I agree. It might be hard to get the vote in.

Mr. Don Davies: Speaking I guess through you, Mr. Chair, to the clerk, as chair of the committee are you not allowed to send a letter to the members of the Senate?

The Clerk: I think there could probably be a more informal way. My only point is that sending a message to the other chamber would be the prerogative of the House of Commons, but I think there may be a more informal way, perhaps through the chair's writing a letter as instructed by this committee. That would be a decision of this committee.

● (1715)

Mr. Don Davies: That was my motion, to write a letter, and I don't think it's us sending a letter to the chamber. It's authorizing.... Mr. Ouellette's motion was a good substantive motion, but it didn't really have an action, and so, to give action to the substance of that motion, which we all agree with, I think we need to deliver that message.

I think it should be by a letter signed by you on behalf of all—

The Chair: I think a bird in the hand is worth two in the bush.

Mr. McKinnon, I believe you're first.

Mr. Ron McKinnon: It sounds as though Mr. Davies' motion might be out of order, but I would suggest we issue a press release and the Senate will get the message.

The Chair: Mr. Ayoub.

Mr. Ramez Ayoub: I would be a little softer than that. I think a letter or email to all the senators would do the job, just to let them know.

The Chair: All right.

Ms. Gladu.

Ms. Marilyn Gladu: I would say that anyone in the country or anyone in the world can write letters or emails to the senators, and so I don't see a reason that we should not be able to do so, either send them each one or send one in general.

The Chair: Mr. Ouellette's motion used the parliamentary terminology that we would “send a message”, but we're going to get the message to them, I think.

Mr. Webber, did you have your hand up?

Mr. Len Webber: Yes. I absolutely would appreciate a letter coming from the chair, with perhaps all our names on it, just indicating and reconfirming the support for this bill.

I did in fact write to all the senators as well, just requesting them to get this through, saying that it's important. I got some good response back. As I indicated earlier today, there are some political games being played there that I don't think they should be playing with this particular bill, and some other ones too—yours, Bill, as well.

To send a letter from the committee through you would be fantastic.

The Chair: We'll analyze this to find out the best way, but we have a motion on the floor from Mr. Davies.

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

The Chair: We'll find a way to do this and get out the strongest message, because we all believe in it. We believe it will save lives, and it's being held up.

All right, we'll suspend for a minute so that we can go in camera.

[*Proceedings continue in camera*]