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Chair

Mr. Bill Casey

Standing Committee on Health

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● (1100)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I call this meeting to order.

We're here to do clause-by-clause on Bill C-277, a very controversial and difficult bill that everybody's had a lot of trouble with.

At any rate, we're going to do clause-by-clause on this and we have some proposed amendments.

Pursuant to Standing Order 75(1), we will postpone consideration of the preamble and the short title and go right to clause 2.

(On clause 2)

The Chair: We have a Liberal amendment proposed by Ms. Sidhu.

Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Good morning, Mr. Chair.

I want to amend Bill C-277 in clause 2 by replacing lines 21 and 22 on page 1 with the following:

> care providers, develop a framework designed to support improved access for Canadians to palliative care—pro-

The Chair: We have a motion on the floor from Ms. Sidhu. Do we have any debate?

Ms. Sonia Sidhu: Yes. It is not under federal jurisdiction to require provinces and territories to give Canadians access to palliative care. We are seeking that it would be revised so the minister would instead commit to establish a framework by realigning and building upon federal efforts to support improved access to palliative care.

The Chair: Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): I'm good.

The Chair: You're good?

Is there any other debate?

Seeing no other issues, all those in favour of Liberal amendment 1?

Yes, Dr. Carrie.

Mr. Colin Carrie: I have a question.

That was just paragraph (a) that you said. You didn't do (b) yet. I do have some questions on (b).

Ms. Sonia Sidhu: Yes. I also would replace lines 11 to 19 on page 2 with the following:

> takes into consideration existing palliative care frameworks, strategies and best practices.

The Chair: Dr. Carrie.

Mr. Colin Carrie: On that line, Sonia, what do you mean by "existing" frameworks? Are we looking at provincial frameworks? Are we looking at international ones? What specifically will this improve there?

Ms. Sonia Sidhu: As the Canada Health Act doesn't specify any particular medically necessary sources, we are proposing that this clause be removed.

Mr. Colin Carrie: So you don't want it to be specific and look at provincial or international.... It just takes into consideration existing palliative care frameworks, strategies, and best practices from provinces, internationally...or you don't want it specified.

● (1105)

Ms. Sonia Sidhu: I think they already have that access. Those services have already been there, and I think this will leverage extensive previous work on the question of palliative care.

The Chair: We'll try again. Seeing no further debate....

Dr. Carrie.

Mr. Colin Carrie: Looking again at (b), Sonia, I have a question about proposed subclause 2(2). In this amendment you mention the word "initiate".

Ms. Sonia Sidhu: Yes:

> initiate the consultations referred to in subsection (1) within six months after the day on which this Act comes into force.

Mr. Colin Carrie: The challenge I have is that you took out the word "convene" and you put in "initiate".

Ms. Sonia Sidhu: Yes.

Mr. Colin Carrie: One of my worries is that you could "initiate" something within six months or a year, but then you don't finish it or you don't do anything else, whereas "convene" means that you'd actually get everybody together and do something to develop the framework. The way I see it, "initiate" may be a start, but it may not give us anything as far as a final conclusion of it is concerned.

Would we be able to add a friendly amendment so that we initiate the consultations within six months but we have a full meeting within the year? Or could we put some type of timeline in there so that the minister knows that we are taking this seriously?

One of the challenges or push-backs we had when we did Bill C-14 was that a lot of people expected a palliative care type of framework to be initiated at the same time. I'm just worried that "initiate" gives a kind of open end to it.

Ms. Sonia Sidhu: I think the Canada Health Act doesn't specify any particular medically necessary service. We are proposing this clause. I think its framework is flexible enough to complement the diversity of approach.

Mr. Colin Carrie: With this kind of discussion, though, about convening a conference and meetings with the representatives of the provinces and territories responsible for health and getting that going within six months, and moving the words "initiate the consultations referred to in subsection (1)", my concern is that you can say that you're starting on this and not do anything. That's my point. I am wondering if we could have some type of definitive timeline there so we know that things will actually get done.

Ms. Sonia Sidhu: But is that not leveraging or extending the previous work done on palliative care?

Mr. John Oliver (Oakville, Lib.): I'm just following through on what Sonia has been saying. I think there's already a broad understanding of the types of programs that we need in palliative care. There have been ongoing studies and reports on this for quite a long time. Subclause 2(1) begins with, "The Minister of Health must, in consultation with the representatives of the provincial and territorial...".

It already lays out in the beginning statement of subclause 2(1) that this has to occur. The consultation has to occur. Speaking to Mr. Carrie's concerns, there's nothing that says that the conference will produce a report at the time of the conference. It's simply assembling people from across Canada for discussion about this. It doesn't mean that that's the date the report gets finished. It can take any amount of time to continue.

And as Sonia said, there's also a huge cost to getting people.... It would cost hundreds of thousands of dollars when there's already, I think, a good understanding of what palliative care framework we need in Canada. I think it's done through the consultation process, so bringing people together for a conference didn't seem to be additive to developing the framework. What we really need to do is get the consultation done, get the framework written in a way that's acceptable to Ps and Ts, get on with it, and not stall it by waiting for a conference to happen.

● (1110)

The Chair: Dr. Carrie.

Mr. Colin Carrie: Mr. Chair, I'd be okay with that. It's just a matter, like I said.... One of the concerns that I heard when we did Bill C-14 was that we didn't get things moving for the palliative care issue, and I'll take the word of my colleagues over there that this won't be a way out of doing it. It's not something I'm going to die on here, but we do all want to see this move forward as quickly as possible.

The Chair: And we will have palliative care, if we just sit and make that decision. But really, I think the political will is here to do this for everybody.

Seeing no more debate, all those in favour of amendment 1?

(Amendment agreed to)

Mr. Chair: We move on to amendment 2, moved by Mr. Oliver.

Mr. Oliver, would you like to...?

Mr. John Oliver: Sure. This deals with paragraph 2(1)(b), and it's the second line that's being changed. It currently reads, "identifies the palliative care training and education needs of palliative health care providers;"

So we have "palliative" in there twice. It's been my experience that many, many care providers are involved in palliation. There's no such thing as a category of palliative health care providers, so you get doctors, nurses, lay clergy, anybody involved in this. It's really about education and training for health care providers and other caregivers, so the wording change is in the second sentence. I drop the word "palliative" and add to the end of it, "as well as other caregivers", so it would read, "identifies the palliative care training and educational needs of health care providers as well as other caregivers."

That's the proposed amendment and the rationale for it.

The Chair: Is there any debate?

(Amendment agreed to)

The Chair. All right, we're on amendment 3.

Mr. Oliver.

Mr. John Oliver: I think it's just consistent language. It proposes including the words "identifies measures to support palliative care providers", changing "caregivers" to "care providers", so that the language would be consistent. It's just changing the wording from "palliative caregivers" to "palliative care providers".

The Chair: Is there any debate? The proponent supports this.

(Amendment agreed to)

The Chair: Mr. Davies.

Oh, is there one more? I'm sorry, Mr. Oliver.

Mr. John Oliver: Yes, LIB-4 proposes changing paragraph 2(1)(d), which currently reads "collect research and data on palliative care". I think we want to promote research and include data on palliative care. Part of that is what we heard from our witnesses.

The Chair: Dr. Carrie.

Mr. Colin Carrie: On the wording, when you say "promotes research and includes data", it is almost like the past tense of "include data" that we already have. I was wondering if we could make a friendly amendment and put "promote research and the collection of data on palliative care". I would like to see the collection of the data ongoing.

Mr. John Oliver: I have no problem with that amendment.

The Chair: Okay, a subamendment is proposed.

My understanding, Mr. Oliver, is that you're happy with that, and we can just leave it that way.

(Subamendment agreed to)

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

The Chair: On the NDP amendment, Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

My amendment would add paragraph 2(1)(g), which would be another factor for the government to consider. It would ask that the government "evaluates the advisability of re-establishing the Department of Health's Secretariat on Palliative and End-of-Life Care".

This is not obligating the government to do that, but I think they should look at it, given that there was a secretariat for a number of years, which was removed by a previous government.

I reviewed the testimony. I think I put that question to all the witnesses.

Dr José Pereira, the chief scientific officer of Pallium Canada, said, "I would strongly recommend that we re-establish a secretariat or office or framework building on the successes that we had earlier on, but adding much more to that." Ms. Sharon Baxter, the executive director of the Canadian Hospice Palliative Care Association, and her group have called for a national secretariat. Ms. Josette Roussel, a senior nurse advisor from the Canadian Nurses Association, also said, "Reinstatement of Health Canada's secretariat on palliative and end-of-life care is a move that CNA would support." Finally, Dr. David Henderson, the president of the Canadian Society of Palliative Care Physicians, talked about the recommendation of the Special Joint Committee on Physician-Assisted Dying, and cited its call for the re-establishment of a secretariat on palliative and end-of-life care as a very important part, or a companion piece to the physician-assisted death provisions. He also supported that.

I would hope I would get all-party support for the government to at least look at the advisability of re-establishing a secretariat.

● (1115)

The Chair: Thank you very much.

I noticed that Dr. Henderson received an award for his work on palliative care last week.

Is there any debate on the amendment?

(Amendment agreed to)

(Clause 2 as amended agreed to [See *Minutes of Proceedings*])

(Clause 3 agreed to)

(On clause 4)

The Chair: On clause 4 we have a Liberal amendment from Dr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

We want to change this to remove some of the language in the original clause, which had the Minister of Health requiring a report on an area of progress that wasn't under federal jurisdiction and may have caused some confusion of issues under provincial and federal jurisdiction. We're amending it to read:

> Within five years after the day on which the report referred to in section 3 is tabled in Parliament, the Minister of Health must prepare a report on the state of palliative care in Canada, and cause the report to be laid before each House of Parliament

The Chair: Is there any debate on the amendment?

(Amendment agreed to)

The Chair: Shall Clause 4 carry as amended?

(Clause 4 as amended agreed to)

The Chair: All right, now we'll go back to the preamble.

Shall the preamble carry?

Some hon. members: Agreed.

The Chair: Shall the short title carry?

Some hon. members: Agreed.

Mr. Don Davies: Mr. Chair, that was a vote in favour.

He caught me in-between.

Some hon. members: Oh, oh!

The Chair: Shall the title carry?

Some hon. members: Agreed.

The Chair: Shall the bill carry as amended?

Some hon. members: Agreed.

The Chair: Shall I report the bill as amended to the House?

Some hon. members: Agreed.

The Chair: Shall we reprint the bill as amended?

Some hon. members: Agreed.

The Chair: Perfect, congratulations. I want to thank the committee for the help going through this. That was a nice piece of work.

● (1120)

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Chair. Well done. Thank you so much.

The Chair: You're welcome. Thank you for doing it.

We're going to try to report this on Thursday morning. We tried to get the budget moved, but they wouldn't do it.

We have some time, and I have some business that we should go over.

First of all, I want to say that this is our eighth report that we'll be tabling. I think that's quite productive, and I'm very pleased to be able to report it.

I want to advise the committee that the minister and her officials will appear on April 6. That's confirmed. I also want to tell the committee that I'm going to ask the PBO for a definite date for the report. We're anxious to get that report, and we don't want it to drag out too far. If I don't get a satisfactory answer from the PBO, we'll call him to the committee to see if we can't get a proper date.

Ms. Sidhu, you have a motion that you'd like to present.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

I'm pleased today to table my motion:

> That, pursuant to Standing Order 108(2), the Committee dedicate at least three meetings, by December 2018, to study anti-diabetes strategies in Canada and in other jurisdictions; that, in relation to this study, the Parliamentary Budget Officer provide a cost analysis on the current fiscal impact of diabetes and future projected costs to the Canadian healthcare system; and that the Committee report its findings to the House.

The Chair: Thanks very much. I need some direction from the committee. .

Yes, Dr. Carrie.

Mr. Colin Carrie: I'm wondering if I could ask Ms. Sidhu something.

I'm supportive of the motion that she's put forward. I am wondering if she'd take a friendly amendment. She mentioned “the Parliamentary Budget Officer provide a cost analysis”. I am wondering if we could say “in advance”, because before we do the study, we run into this issue with pharmacare.

I think it would be prudent for us to ask for the information. It might help us to frame the study a little more efficiently if we ask for that in advance and avoid the challenges we've had with pharmacare on that.

Ms. Sonia Sidhu: I think there are other issues that are important. That's why this study is very flexible—until November 2018.

I don't know if PBO has the time or not. That's up to PBO. I know this is a very important issue in Brampton. One in seven Bramptonians has prediabetes. It's a hub of diabetes, and as a previous diabetes educator, it's close to my heart. I really want to do something.

I know there are other important issues as well. We have to do pharmacare, and there are other important studies. That's why I'm very flexible in time. I don't know if PBO has the time before...not because we have other matters to address.

The Chair: Dr. Carrie.

Mr. Colin Carrie: I want you to know that I'm supportive of your motion, and I do appreciate the passion that you have for this issue. I have family members with it, and I know that our first nations community is really challenged by diabetes, so I think this is a really excellent thing to do.

My only concern is to get the most efficient study done. If we ask the parliamentary budget officer to provide a cost analysis, perhaps if we could get that in advance it might be a better thing.

We know with the pharmacare program that we've asked him for his analysis, which is going to be important for us in how we move forward with pharmacare. But that's going to be taking time, and if we had that in advance, I think it would have been a more efficiently run study.

So I'm just asking if, in relation to the study, the PBO will give a cost analysis “in advance” on the current fiscal impact and future projected costs to the Canadian health care system, just so that we know upfront what we're looking at. I would really just want to add those two words so we have that information before we start the study.

● (1125)

The Chair: Mr. Davies.

Mr. Don Davies: Just judging by our experience with the parliamentary budget officer with respect to pharmacare, it seems to me that in order for the PBO to do accurate work, his office needs a lot of parameters and information defined by this committee as to what exactly we mean. So I have difficulty understanding how we can task the PBO with costing out something that this committee hasn't looked at and for which we can't provide any of those parameters.

I also think it's quite unusual for the PBO to be asked by committees to cost out their proposed programs. I thought it was a creative suggestion, I think from Mr. Kang, that we do it in the pharmacare study. I thought it was creative and worthwhile.

Maybe Dr. Carrie can explain to me how we would give the parameters to the PBO before the committee has studied the issue and understands what exactly we would want him to look at.

Mr. Colin Carrie: Thanks, Don, for the opportunity to explain the rationale here.

The way I read it, the actual motion I think gives the parameters, because we're asking the parliamentary budget officer to provide a cost analysis of the current fiscal impact of diabetes. I think he could do that without our giving him any further parameters, and give the projected cost to the Canadian health care system. I think he could do that without further direction from the committee. I think it's right in the motion.

Ms. Sonia Sidhu: In the motion I called for three meetings to have a better chance to listen to the witnesses. I know there is more on how the research.... When the witnesses are here we will have more of an idea of what we are going to do, and then we can [*Inaudible-Editor*] register a strategy. We can report that back to the House, and then we have more ideas to do more.

The Chair: This is one of those cases in which I think everybody agrees in principle, but it's just a matter of the details. Are you moving a subamendment, or are we just discussing this?

Mr. Colin Carrie: I would hope to move a friendly amendment, and I agree with Sonia. She mentions at least three meetings. I could see this study going a little bit longer than that.

Let's just say we wait until December 2018 to start it, we could have a couple of meetings. Maybe we would come up with something else we'd want the PBO to study, but knowing what we know from pharmacare, it could take them six months to do it, and then the election is here.

I'm just saying maybe we could write a friendly letter to him in advance saying, look, we're going to be doing this study. Could you do a cost analysis on the current fiscal impact of diabetes?

I think he probably has the data to do that, and when you're looking at projected future costs, it is something that does take a little bit of work, but I think within your motion you wrote it well. I think by just asking him that, we could get that information ahead of time and give him a step ahead so that we would be able to complete the study before another election, or something like that.

● (1130)

The Chair: Mr. Davies.

Mr. Don Davies: Thanks.

Maybe Ms. Sidhu can explain more about what she meant by this, because my confusion about the motion is that it says:

> ...the Committee dedicate at least three meetings, by December 2018, to study anti-diabetes strategies in Canada and in other jurisdictions; that, in relation to this study, the Parliamentary Budget Officer provide a cost analysis on the current fiscal impact of diabetes and future projected costs to the Canadian healthcare system...

I hear what Dr. Carrie is saying; that makes sense. I'm unclear about whether the parliamentary budget officer's costing is limited to the current fiscal impact of diabetes or whether Ms. Sidhu wanted the PBO to study the projected costs of anti-diabetes strategies in Canada in the future. That's my first question.

Second, if my reading of it is incorrect and all that is intended is for the PBO to provide a cost analysis of the current fiscal impact of diabetes, then is the part about future projected costs...? Do you mean the future projected costs if we do nothing, or assuming that we have strategies?

What I would find useful as we do this study is to ask the PBO to not only study the current costs of diabetes in our society, but also to cost out, once we know what anti-diabetes strategies might be available to us, what the impact of those might be on the costs.

I'm not sure what Ms. Sidhu meant, and I'd like to know. Maybe we could consider what exactly we want the PBO to cost.

Ms. Sonia Sidhu: If you said anti-diabetes strategies, that's what I meant, as well as future strategies and other jurisdictions. Then we can make a report back to the House. That's what I meant.

The Chair: Mr. Kang.

Mr. Darshan Singh Kang (Calgary Skyview, Lib.): Thank you, Mr. Chair.

There's no clarity here. Maybe Mr. Davies is looking for clarity. What do we do with the study—the costs at present and the future projected costs? Are we going to have the strategy after we get the projected costs? I think that's where clarity is missing.

We do the study now, what it's costing, and then the projected costs, and then after that are we going to come up with a strategy on how to deal with it? Is that what you're getting at, Sonia?

Ms. Sonia Sidhu: We have three meetings, and in the meantime, the PBO can give us the present cost analysis, and then when we make a strategy, what the future projected costs of that strategy would be. That's what I meant.

The Chair: The study on the costs of this would be far less than the study on pharmacare. Pharmacare is such a comprehensive thing. It would be much less, so I think it could be done in a reasonable length of time.

Dr. Carrie.

Mr. Colin Carrie: Maybe I could ask Sonia a question. Is that data out there already, so perhaps we don't even have to involve the PBO ahead of time? If we had those numbers ahead of time, it might help us frame the study a little better.

Ms. Sonia Sidhu: I don't think there is any relevant data, because it's different.... For example, my riding, Brampton South, is a hub for diabetes. Maybe that does not impact other areas. It is the same with indigenous diabetes; it's as high as a mountain. It's not specific data out there. That's why I want us, as the health committee, to listen to the witnesses, because this is an epidemic. A lot dollars are going into it. It's inter-related to other diseases as well.

If in the three meetings we can listen to witnesses, then we can make a report on strategy to the House. In the meantime, the PBO, even though we can look into other jurisdictions, can do the analysis. Why don't we want to go with the PBO first? Because we already are giving a lot of work to the PBO for our pharmacare analysis, and we are waiting for the report.

The other issue we are talking about is Ms. Gladu's bill on sickle cell, and I think this is an important issue as well.

The Chair: I think Mr. Davies is next.

Mr. Colin Carrie: My apologies. I miscommunicated. I was wanting the analyst to comment on it.

The Chair: Oh, okay.

Mr. Colin Carrie: Don, you go ahead if you want.

Mr. Don Davies: Thank you, Colin.

I'll just rephrase my question. Ms. Sidhu, I'm still unclear. Did you intend by your motion to have the PBO just cost out the current costs of diabetes to society and the future projected costs if we do nothing? Is that what you're....

Ms. Sonia Sidhu: Yes, that's what I meant.

Mr. Don Davies: If that's the case, then Dr. Carrie's amendment would make some sense. We could get him started now. If all we want to know is what it is costing us and what it is going to cost us, then there is no reason to not request that now. I misread it and thought that we wanted to maybe factor in how certain anti-diabetes strategies that we might adopt might change that.

Ms. Sonia Sidhu: I think that's what it meant. When we are considering anti-diabetes strategies and explaining to the PBO what to do, maybe we will have more data if the witnesses first come here. Then the PBO will have more of a sense from the witnesses about its costing, and can make a better report.

● (1135)

Mr. Don Davies: So you do want the PBO to look at the impact of strategies on the cost?

Ms. Sonia Sidhu: Yes, a past and future analysis, that's what is meant.

Mr. Don Davies: Okay.

The Chair: Dr. Carrie.

Mr. Colin Carrie: I was wondering if the analyst could comment on what data might be available that we could get ahead of time just to....

Ms. Karin Phillips (Committee Researcher): CIHI does collect data on cost per patient, and so would be looking at direct costs, the incidence within the population, and what direct impact there is on the health care system. Then you can usually do some analysis on indirect costs in terms of productivity. I can't speak for them, obviously, but the data does exist. They should be able to do that type of analysis.

In terms of the costing of strategies, that's something else.

Mr. Colin Carrie: Mr. Chair, the rationale for my amendment is that we could have a better, more fulsome study if we have a baseline ahead of time. But I'm happy if we maybe just ask the analyst before we get going on it to provide the information that we can have easily at our disposal.

The Chair: You're proposing that, instead of having the PBO go first, the analyst can provide it, even a ballpark?

Mr. Colin Carrie: Yes. If we can't get consensus on having the PBO give us a baseline in advance for it, it's not enough to me; I'm not going to oppose this notice of motion. I think it's an excellent study to bring forward. I think we may need more than three meetings. We also just need to look at the timeline if, because we are so busy, we don't get to it until 2018. It would be great if we could complete the study before we go to another election. That's my rationale.

The Chair: Mr. Kang.

Mr. Darshan Singh Kang: I agree with Dr. Carrie here. I think maybe the PBO could start a study while we bring the witnesses in here. Then once we're done with the witnesses, the study will be complete. I don't think we should be doing the study just for the sake of studying if we're not going to use the data to formulate our study and how we're going to deal with this issue.

I think it makes perfect sense to ask the PBO for the cost analysis. They can take it into consideration while we bring the witnesses here, and then they can complete their study instead of waiting until after the witnesses. I think that would take a long time. That's my suggestion.

The Chair: Mr. Oliver.

Mr. John Oliver: I was just going to say that the Canadian Diabetes Association in 2009 analyzed the costs of diabetes in Canada and then projected those to 2020. I think we know what the baselines are. I think we can ask the PBO; there's a model there for them to use. I don't see why we.... We can certainly look at how they costed it and give that as a direction to the PBO. I think we can get on with it as per the motion. I don't think we need to have a restrictor on it.

The Chair: Dr. Eyolfson.

Mr. Doug Eyolfson: I was going to say much the same.

The Chair: Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): I just seek further clarification on what Mr. Davies brought up. He raised the question of whether this PBO study would analyze the current situation or impact of diabetes, or whether it would study the situation with an anti-diabetes strategy in place. I read this and it says, “the Parliamentary Budget Officer provide a cost analysis on the current fiscal impact of diabetes”.

Ms. Sonia Sidhu: Yes.

Mr. Len Webber: Okay, that can be done, but then it also mentions, “future projected costs”. Are those the future projected costs with an anti-diabetes strategy in place, or are they the future projected costs if we do nothing now?

Ms. Sonia Sidhu: There is some data, as Mr. Oliver said, from the Canadian Diabetes Association, but my understanding was that when we listen to witnesses, maybe some researchers will come to explain things, and then we'll have more to say when we make the report. It's past and future projected data. It's on both.

Mr. Len Webber: Past and future.

Do you think we need to add something in here to make that clarification for a parent, or is what's in the motion now sufficient?

I, as well as Mr. Davies, seem to be questioning this. I don't know. Is there more wording that needs to be in here to clarify this?

● (1140)

Ms. Sonia Sidhu: I think this motion is very clear. It's an anti-diabetes strategy. There are undertakings in other jurisdictions as well, because there is a mounting issue. It is a very important issue.

First of all, it's a very flexible time, and it's an important issue. When we listen to the witnesses, this will be over three meetings. If we can listen to the witnesses and then report back to the House, in the meantime the PBO has a flexible amount of time to make a report. I think it's pretty clear.

The Chair: I think everybody here is interested. When we did the pharmaceutical study, the single issue that seemed to come up most was diabetes. It came up all the time from many witnesses. It is obviously a big issue.

I think we all agree, and maybe the words don't cover everything, but if we get into the committee, I think we'll cover everything.

I'm going to move to the motion now.

Mr. Davies, did you want to speak?

Mr. Don Davies: I wonder how you would feel about proceeding directly to the study of anti-diabetes strategies on the assumption that we all know that diabetes costs society a lot of money—too much—and that we should be looking for ways to reduce it.

I'm wondering how helpful it will be to us to know that it's *x* billion dollars as opposed to *y* billion dollars. I know that with these kinds of things there's also a fair bit of guesstimation. It depends on how wide we go with this. If we count direct costs or indirect costs, it can be very difficult to estimate. I'm wondering if that's information that you really want to have, because it will slow down the study and add work for the PBO.

I also believe that the Canadian Diabetes Association probably has information like that. I'm wondering if you would consider an amendment to delete the reference to the parliamentary budget officer, and just to study anti-diabetes strategies in Canada and other jurisdictions, and report the findings to the House, or if you are very committed to involving the PBO.

The Chair: Mr. Oliver.

Mr. John Oliver: There is very extensive costing data. It's a 2010 study that projects out to 2020 the cost of diabetes. Then, they have their different strategies and costs of implementing the strategies.

I guess the question is what is the benefit of having the PBO add to the Canadian Diabetes Association's study? Does the PBO give additional credibility, additional confidence in those projections? Is that what you're after?

Ms. Sonia Sidhu: We can do that. The only reason I am not doing it is that if there's a cost involved in that...and then we can see, and then maybe we can put more pressure on that. That's what I'm thinking, to look at that cost, meaning the the cost to our health care system. That's what it means.

If it's not an anti-diabetes strategy.... It's what everybody is thinking.

The Chair: Dr. Carrie.

Mr. Colin Carrie: Again, I would like to reiterate that we'll be supporting what Sonia is bringing forward, for sure. I think it is a good idea.

I wonder what's wrong with asking for the information up front. We're not trying to delay the study in any way whatsoever. It could be a number of months to get this together and, respectfully, if there's a study out there from 2010, that data is already seven years old. In my view, it could be refreshed.

I just don't know what's wrong with asking for the information up front. It could help us frame things as far as our questioning to witnesses, all kinds of things.

Things may have changed. Again, we're not trying to hold it up in any way. We have a great timeline here. If we are involving the PBO or even the analysts, we can have some information up front. I think it allows us to be more fulsome in our questioning, and to make the study even better.

The Chair: Would you be comfortable with our own analyst doing an in-depth study on this to gather the information that's available now?

● (1145)

Mr. Colin Carrie: That would be a great start. We might find something we would like the PBO to do further work on, or the analyst might come back and say that the data is out of date. In either case, it would be worthwhile to have the PBO look at it. The more information we have in advance, the better the study is going to be. If we want to start with that, I'm fine with it.

The Chair: Very well.

Let's deal with the motion.

Mr. Oliver?

Mr. John Oliver: No, I'm fine.

The Chair: Let's deal with the motion in the understanding that the analysts will work—they'll have lots of time—to gather up as much information as can be provided by the members of the committee or by the studies that are available. We'll start the hearings if the committee agrees to it. Then the PBO will be brought into it as we see fit. How's that?

All right.

All in favour of Ms. Sidhu motion to do the diabetes study.

(Motion agreed to)

The Chair: Thank you very much.

Congratulations.

Ms. Harder, you had a note here that you wanted to bring something up. Is that an old note, or a new note?

Ms. Rachael Harder (Lethbridge, CPC): That note is not from me. I'm not sure why it's there.

The Chair: Okay.

I want to go to the schedule now. I think on Thursday we're starting our study on the effects of violence and pornography. Then on April 3 we have another session on the same subject. The minister is coming on April 6. On April 11, we're back on pornography. On April 13, we're proposing to do the clause-by-clause of Bill S-211, on sickle cell recognition day, quickly. On that same day, we can possibly also have a pharmacare update from the PBO.

Does everybody agree with those so far?

I'm proposing that we do clause-by-clause on the sickle cell bill, if that's okay with everybody. It's just to recognize sickle cell day. They're anxious to get it done for this year. So on April 13, we'll do clause-by-clause on Bill S-211.

On May 2, we have a pharmacare meeting and the fourth day of a steering committee, proposed. On the 9th and 11th, we have our thalidomide study. Then on the 16th and 18th we have the anti-microbial resistance issue to consider. I need some direction on where we're going to go with that. I understand there's a lot of concern about the anti-microbial resistance issue. My proposal is that we do that on the 16th, the 18th, the 30th, and on June 1.

Are there any thoughts on that?

Dr. Carrie.

Mr. Colin Carrie: Do you have an extra copy of that schedule we can take a look at?

I would ask if the clerk would be so kind as to forward that over so we have a copy to discuss.

I wanted to point out that Todd Doherty's bill on post-traumatic stress disorder has been referred to committee. I think we could agree up to about to the 13th, if we want to go with that. After the 13th, we had some questions that maybe we could take off-line.

● (1150)

The Chair: Okay.

As to the steering the committee, do we want to decide where we're going as a committee, or do we want the steering committee to do it? We have a steering committee meeting coming up. I just want to make sure we're all going in the same direction.

I think we should decide the topics as a committee of the whole. Then the steering committee could adjust when we hear.

Ms. Harder.

Ms. Rachael Harder: Thank you, Mr. Chair.

I would certainly agree. There are a number of things on here that I'm unaware of. With regard to thalidomide, I didn't realize there were dates set for that. That's new information to me. I've been one of the ones to be moving that.

With regard to the anti-microbial resistance, again, I realize that I am maybe out of the loop, but I didn't realize we were planning to do four sessions on that, either.

The Chair: That's just a proposal. That's my own little tentative calendar I used to try to see where we're going. It has not been agreed to by the committee.

Ms. Rachael Harder: So maybe we could talk about this as a committee then, rather than at the subcommittee.

The Chair: All right.

Mr. Davies.

Mr. Don Davies: Thanks, Mr. Chair.

The motion to study antimicrobial resistance was moved at the first meeting the committee had back when we first met. At that meeting, I moved that motion, as well as the pharmacare motion and one to study aboriginal health and community care.

That motion has been sitting for quite a long time, so I'm very happy to see it being considered. I think it is growing in significance. I thought it was topical then, and I think the topic has only grown in importance since. I've heard media reports as recently as a few weeks ago about there being serious concern about the ineffectiveness of modern antibiotics, and that can be very scary.

So I think it is not only an important issue but also a timely one, and I really hope the committee can get at least started on that study before June.

The Chair: Mr. Oliver.

Mr. John Oliver: I support what Mr. Davies has said. It was in our original work plan. I think a lot of work and study has been going on in aboriginal health. I'm not denying that there are big issues in that community, but I know there are a number of other groups and committees looking at it. I think the increasing incidence of antimicrobial resistance and the impact of it on Canadians' health is of growing significance and concern, and I do think it's very timely that we get a report done and flag the concerns to Parliament.

The Chair: We proposed that a year ago actually. On March 7 last year we put that on the list of topics.

Mr. Webber.

Mr. Len Webber: I'll also bring up the fact that at our discussion regarding the original work plan, the study of human organ and tissue donation was one of the top priorities that we agreed upon as well, and I just want to make you aware that that has to fit in somewhere, and the sooner the better. I just wanted to bring that up.

Thank you.

The Chair: Mr. Davies.

Mr. Don Davies: Thanks. I would just add one thing. The one thing about antimicrobial resistance is that it has the potential to affect everybody. This can be a serious public health issue. All of our issues are important in their own way but they can affect certain parts of the population. The one thing about this is that any Canadian who ever gets sick and needs antibiotics could potentially be affected by this, so I think it's a matter of really general interest and application.

● (1155)

The Chair: Are you prepared to make a motion that we start the study on May 16 and we do four meetings?

Mr. Don Davies: I would so move, Mr. Chair.

The Chair: All right. Is there any discussion on that motion?

Ms. Harder.

Ms. Rachael Harder: I would just bring to the committee's attention that we do have the PTSD bill that was put forward by Todd Doherty. It has been approved for committee review now, and so it would be, I believe, in the best interest of Canadians, and really, the best interest of this committee, to move forward with that study and to get it done.

The Chair: All right. We have a motion on the floor to start the antimicrobial resistance study. Is there any more debate on that?

We have a motion on the floor to start the antimicrobial study and to have four meetings on it, on May 16, 18, and 30, and June 1.

Dr. Carrie.

Mr. Colin Carrie: You showed us the two pages that you had proposed. I think we would be in agreement with the first page, and if you could maybe leave the second page until the next meeting, we could have further discussion on that. It is a little bit out there. I don't think we have to agree now, because I am worried as well about the post-traumatic stress disorder bill that's referred to here. Maybe we could get clarification from the clerk on that.

What is the timeline for that? When do we have until?

The Chair: We have until September 28.

Mr. Colin Carrie: Okay, thank you.

The Chair: I have a motion now on the floor. I have to deal with that motion regarding the antimicrobial resistance study.

Mr. Webber.

Mr. Len Webber: I thought you were ignoring me, Mr. Chair.

The Chair: I would never do that.

Mr. Len Webber: Ms. Harder brought up a very good point, the fact that we have this PTSD bill coming up, so I would not support the motion on the floor right now. Perhaps if we have more clarification in the next few weeks, we would be able to then bring that motion back up again, but right now, I wouldn't support that motion.

The Chair: Are there any others?

Dr. Carrie.

Mr. Colin Carrie: I have to agree with my colleague, Mr. Webber. The post-traumatic stress disorder bill does take priority over some of the other studies, and there is a concern that it might be dropped. We don't know what will be happening in the fall. I would hate to see something that was passed through the House possibly be dropped just because we weren't able to get it done. I think that would be a priority item to get through, because bills are more important than these other studies.

The Chair: Do we have any idea how many meetings that would require? I agree it's an important issue, no question about it.

Mr. Davies, do you have a thought on that? You look like you do.

Mr. Don Davies: That's a private member's bill we're talking about. What I was thinking is that this committee is master of its own business.

It's always been my understanding that government legislation takes priority. Even then, it's still up to the committee to decide. By convention, government legislation would certainly take priority over studies, but I'm not so sure that a private member's bill takes priority over a motion of this committee that we could determine is of broader significance.

In my opinion, we should be looking at which motion we think is of more serious implication for health in Canada, which may be more timely.

I want to say that the story I heard on the radio a couple of weeks ago was extremely alarming. There is some talk that there are now bacteria that are resistant to all forms of antibiotics. If they make their way into Canada, we could be seeing a widespread public health emergency.

With great respect for Todd's PMB on post-traumatic stress disorder, of course that's important and we should get at it, but I don't see it necessarily taking priority.

I would also point out again that my motion is a year old, so something has to wait. I don't see why Mr. Doherty's bill can't wait an extra few months. There is no reason we couldn't pick that up and study it in the fall.

We also have to be very alert and alive to the fact that there could be government legislation that comes to this committee that we would have to put in front of other business. I think that the study of antimicrobial resistance should commence.

● (1200)

The Chair: Dr. Eyolfson.

Mr. Doug Eyolfson: I have to add to what Mr. Davies said. That was one of the things that was constantly in the medical literature for everyone in my profession. We're seeing more and more reports of emerging antimicrobial resistance. We're seeing newer, more dangerous resistance patterns. You're right, we've talked about that in the profession. In Asia, for example, there are bacteria that are resistant to literally every known antibiotic, which means that if you get this infection, you die. If these get a foothold in Canada, this is a potential public health catastrophe.

I don't minimize the importance of PTSD. I worked in a profession whose members had it. I worked with EMS, another profession with a lot of PTSD, and my father was in the RCMP, so I do not underestimate the importance of PTSD. However, in regard to the overall public health impact of antimicrobial resistance, I think we have to make it a priority because this has the potential to affect the largest number of people—not just Canadians, but everyone.

The Chair: Mr. Oliver.

Mr. John Oliver: I don't think we're facing an either/or situation here. As I understand it right now, on April 13, we don't have anything planned. It was going to be a steering committee date. On May 4, there is the pharmacare update from the PBO. I think you just said that if they have sufficient information, then we don't need to meet with the PBO. We have four potential meetings in May, and two more potential meetings in June.

By my tally, we have somewhere between six to eight meetings that we can do. We're talking about four for microbial resistance and probably two for PTSD, and I still think we have some slack left.

There are two openings. If I'm right, April 13 is free. We could hear from Mr. Doherty at that time and have his bill introduced and get an understanding of what we need for witnesses. We could still launch the microbial resistance starting on April 16 and run four weeks of it and get that report finished and done before we break.

It's just a matter of some scheduling here, and we can do both of these and have another two reports before the end of the session.

The Chair: We just discussed doing the sickle cell bill on April 13. Again, the PBO's update on pharmacare might not be necessary.

Mr. John Oliver: So you have at least one meeting, and seven potential ones.

The Chair: The sickle cell one should not take a whole meeting, I don't think.

Mr. John Oliver: I'm wondering if you could combine them both on the 13th, doing the sickle cell bill and also have Mr. Doherty present his bill.

The Chair: Would that work?

I have a pharmacare meeting on international best practices on May 2. I have the steering committee meeting on the 4th, and the analyst and the clerk need some guidance at that meeting. Is that correct?

Ms. Karin Phillips: It's mainly with regard to M-47. The motion says that the committee is to report by July, which would mean that we need some drafting instructions. Then you would also need some time in your calendar to consider that report.

I would just caution with regard to the antimicrobial resistance study that you could probably start the study, but that given the timing you may not get a report out by the end of June—depending on the kind of report you want out, especially because so many reports come out.

That said, a report on M-47 is definitely possible, but the sooner we can get drafting instructions on that, the better.

The Chair: At that point, I think we originally decided at the steering committee that we would talk about M-47 again, and get an update, see where we go, see if it needed more work, or if we had enough report time. That's what I had on the 4th.

● (1205)

Mr. John Oliver: Mr. Chair, I think maybe between you and the clerk you could map it out. We're looking at four meetings on antimicrobial resistance. We're looking at potentially two meetings on PTSD, half a meeting on the sickle cell bill, and maybe we could just work from that and map out our meeting dates to the end of June. I don't know that we need to chew it over at committee.

The Chair: We also have the thalidomide study. On this schedule we have that on the 9th and the 11th. Is that still there for you?

Mr. John Oliver: I think the only condition there is that we're looking for those two pieces of information to proceed.

The Chair: Yes, right.

Mr. John Oliver: I have one last one comment.

At the last meeting, we had some tension at committee. We had broken down our witnesses into two sets. We would have two witnesses, a break, and then two more, which led to concerns about the time we would have questions. I think Mr. Webber raised some concerns about not feeling that he had ample time to ask questions and to direct them.

The pharmacare study seemed to work well for us; we would have four presentations and then go to our full cycle of questions, and we often would have 15 to 20 minutes left over at the end.

I'm wondering if we could adopt that model for M-47. We have 40 minutes of presentation. We run through our seven-minute, five-minute, three-minute cycle of questions, and then if there's any time left, generally we use it up. That way, we don't have a break in the middle of our meeting that leads to lost time, as we welcome new people and say goodbye to people leaving.

The Chair: I'm so glad you brought that up.

The reason we did it that way was that two presenters had slide show presentations, and two didn't. We broke it down into two groups that way, and it didn't work very well. But we'll work around it and we certainly respect what you're saying and will try to do that for sure. But as I said, that was the reason we did that differently at that meeting, because two had slide shows.

The other thing, Len, is that you questioned me on cutting somebody off. She had taken 13 and a half minutes. We had four witnesses with four opening statements, and if I don't stop them, they go on forever, so I have a new system now. I'm going to use this red flag at nine minutes, so they know they have one minute left. I did cut her off, and I hated doing it, but if you give four or five minutes extra to each of four people, we've lost 15 or 20 minutes.

However, I'm glad you brought that up, Mr. Oliver, because I'm going to try to keep them at 10 minutes with this system. I do this and everything else, but they just keep on, and finally I have to interrupt them. I don't like doing that, because they usually leave their best points for the very end, and I end up cutting them off, so at nine minutes now they're going to get the red flag.

Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Mr. Chair. I also want to acknowledge the willingness around the table to work together to get some of these priorities through, because I think we all agree they are worthwhile but that, respectfully, because of parliamentary timetables, we all acknowledge that sometimes we have to get things done.

Mr. Doherty's bill, I believe, passed in the House unanimously. It has to be put through by September 28, but if you look at the parliamentary schedule, sometimes committees don't even reformulate until after that period of time.

I'm thinking of Mr. Oliver's suggestion that perhaps we could give you some time to see if you can reformulate the calendar and bring it back to us maybe at the next meeting, or something like that, to see if we can get to these priorities. If we don't get this through, I think it would be perceived by those in the post-traumatic stress community that we had the opportunity to get it through, but we just didn't schedule it. I don't think that would be well received. If we could make sure that that gets completed, I think everyone around the table who has post-traumatic stress disorder sufferers in their community could say that we had followed through on it and are making a commitment to these people. This bill was supported unanimously and I think it is something that we do all want to complete. But with the schedule we have, I think it does have to be done before we break for the summer.

The Chair: I think we're going to find a way to do that thanks to Mr. Oliver's proposal If we can do Bill S-211 very quickly, we're going to try to do that.

Also, we all seem to be operating with different calendars here. I've got my own calendar, but I'm going to share my calendar, for what it's worth, with everybody henceforth so you can see what I'm working with. Sometimes it doesn't coincide with others'. I'll work with the clerk to come up with a calendar to accommodate everything as best we can.

Mr. Davies.

● (1210)

Mr. Don Davies: I'm sorry, Colin, but why does it have to be done by September 28?

The Chair: That's what the bill says.

Mr. Don Davies: It says that right in the bill.

The Chair: All right.

The clerk is asking me some very good questions. He wants clarification. We just passed Ms. Sidhu's motion and he's asking if he should contact the parliamentary budget officer, or are we going to start with the analysts' work first. I think in the end we agreed that the analysts were going to prepare as much information as they could for it, and then we'll have the parliamentary budget officer after we get going.

Thank you, Dr. Carrie, for your expression of co-operation, which I appreciate very much, just as I appreciate Mr. Oliver's proposal to move the PTSD study up. We're going to find a way to get it all done and it will all work. We will report back next week on our new schedule that fits everybody in as best we can.

I have nothing else at the moment. Does anybody else have anything they want to bring up?

The meeting is adjourned.