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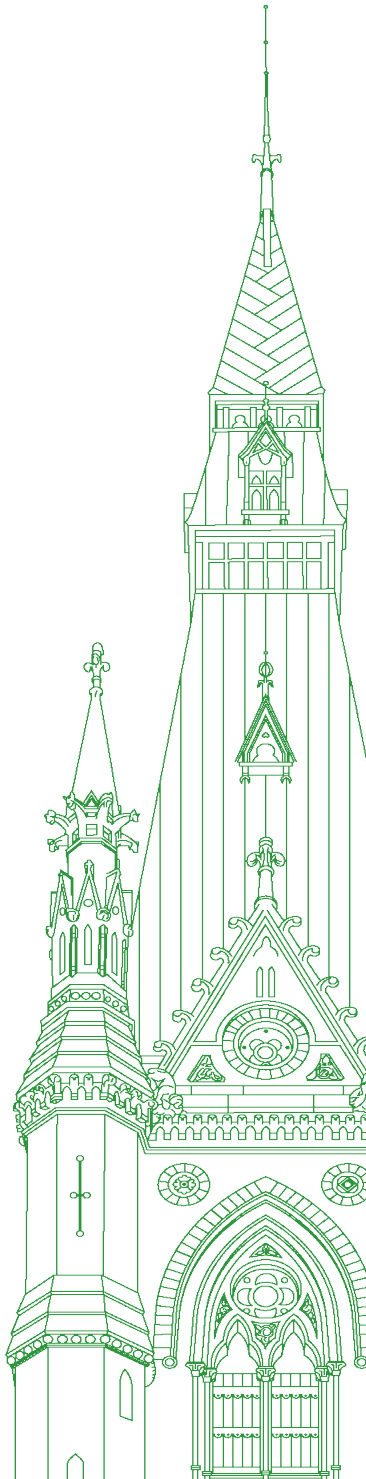

Chair: Mr. Ron McKinnon

Standing Committee on Health

Monday, February 24, 2020

● (1530)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): Let's call to order meeting number five of the Standing Committee on Health.

I'd like to start by welcoming Mr. Jeneroux back and congratulating him on his new offspring.

Congratulations.

We just had a talk about whether there's any sleep in his future or not. We'll see.

At the time we adjourned the last meeting, Mr. Thériault was speaking to his motion. What I'd like to propose here to the committee is that we finish Mr. Thériault's motion and then go to a Liberal motion so that all four parties have had a chance to submit a substantive motion. Then I suggest that we move all other motions, on studies in particular, to the subcommittee.

I would propose—and hopefully someone will move a motion to do this—that we refer them to the subcommittee to meet tomorrow morning and that the subcommittee can then report back to this committee on Wednesday to give us the priorities and the order in which they think we should proceed.

Mr. Davies also had some motions regarding studies to be submitted to the House. I've just learned today that the deal with studies like that is that they go to the House as reports from this very committee so that the membership of the committee reflected in the reports will change to what this committee's membership is. I understand that a number of people are reluctant to do that until they've read the report. There are about six reports out there to be read. I would request that we not process those particular motions until we've had a better chance to read the reports. I would suggest that, rather than everybody reading a different report, we all kind of decide, like a book club, which report to focus on. We could consider that particular report at our next meeting or at our meeting after the break. Is that satisfactory to everyone?

Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): I'm just looking for some clarification, Mr. Chair. With regard to the past studies that we have done and getting a government response to those reports, you're suggesting that we choose one of those reports?

● (1535)

The Chair: I'm suggesting that we choose one at a time. Mr. Davies identified six reports and one letter to redo. We can't just ask for a government response. We have to submit them as new reports, which makes us all the authors of those reports.

Mr. Davies.

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

That sounds like a fine plan to me if you want, but just before we decide that as a committee, I'd like to follow up on Mr. Webber's comment and for new committee members.

These were all reports that followed studies from the last Parliament where the motion was passed to do the study. We wrote the report, came to conclusions and made recommendations. We then submitted it to the government for its response. It was a key part of each one of the motions that was made.

With regard to the studies, one is a diabetes strategy, which I believe was a Liberal motion moved by Ms. Sidhu. The second one is on sports-related concussions. I think that was another Liberal one, moved by Mr. Robert-Falcon Ouellette. The third is on the impacts of methamphetamine abuse in Canada, and I believe it was a joint Conservative-Liberal motion. The fourth, a study to get Canada's youth moving, was undertaken as a result of a Liberal backbencher's success in getting his motion passed in Parliament and referred to committee. The fifth one is a study on the LGBTQIA2 community, which I think, Mr. Chair, was your motion. The other one is about violence facing health care workers in Canada, which was my motion. The last one is a letter that followed a study because it came at the very end of our committee business in June. It was on the forced sterilization of women.

The reason I raise this is that I think there was widespread support by all of us around the table for all of those studies. I'm just wondering whether it's really necessary for everybody in this room to reread the reports simply in order to send the reports and then ask the government to give its response to what I think were really excellent recommendations by all parties, recommendations that represent a lot of hard work by everybody. I just don't know why we would hold that process up and whether it's really that important for everybody to reread all those reports. However, I'm happy to go with what the majority wants.

The Chair: Dr. Powlowski would like to comment.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): In response to that, because I was one of the people who said I'd like to read the report, I don't intend to question the conclusions of the report. It's somebody else's study. It's like me as a doctor. I may not agree with one of my colleague's decisions, but I respect them for making the decision and I let them make the decision. My thinking is not to reopen the issue, but it's just part of the democratic process that if our name is going on it, we at least understand what's in the report.

My own thinking had been that if had we one week for each of the reports, then we could read them and understand them, just because our names will be going on them.

The Chair: What I would suggest is that maybe, Don, you could recommend a report for us all to focus on first.

Mr. Don Davies: In celebration of your chairmanship, Mr. Chair, I would move that we first proceed with the LGBTQIA2 report and consider it, and if it meets with the committee's approval, we submit that report to the government and ask that it respond to the recommendations in the report.

The Chair: That's an excellent choice. Is the committee in agreement with that?

Let's all go forth and read this great report, so that the next time we.... I don't think we'll be able to do it on Wednesday, but the next time we come back will be March 9. We should be ready to consider that.

Yes.

Mr. Don Davies: I know we want to really be efficient in this meeting, so I'm anxious to get to the committee business so that we can move forward. However, I'm curious, Mr. Chair, if there was any answer from the Minister about her potentially coming on Wednesday for the supplementary estimates. Could you update us on that, please?

The Chair: We reached out to the Minister. She can't come on Wednesday. She can confirm that she can be with us on March 11. That will be the second meeting after we come back from the constituency break, okay?

All that having been squared away, hopefully, let us continue—sorry.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

We did state at the end of our study on coronavirus that we would visit it. I'm wondering if we could consider revisiting that in this time frame as you look at other studies that you want to do.

The Chair: I suspect that we will have time on Wednesday, assuming that the subcommittee works very hard and gives us a very narrow focus on what we can deal with on Wednesday. So could we perhaps invite someone to do another coronavirus briefing on Wednesday?

Have you finished?

● (1540)

Mr. Robert Kitchen: Yes.

The Chair: Dr. Powlowski.

Mr. Marcus Powlowski: I want to voice my agreement with that. I think things have materially changed since the last time we met to discuss the subject. I think the hope was that this was going to be confined to China and it wouldn't become a pandemic, but numbers of cases have popped up in South Korea, Iran and Italy.

I think we have to start thinking about the possibility of this being worse than we thought. Hopefully it won't get there, but I think with our previous discussions we thought or hoped that it wasn't going to become worse. I think we have to start thinking about the possibility and asking the relevant people, like Dr. Tam, about those kinds of things. We agree with you that if you want to bring.... I think I'd like Dr. Tam to come back on Wednesday to answer further questions.

The Chair: Are we in agreement to ask for another briefing on Wednesday?

Some hon. members: Agreed.

The Chair: I'm hearing that we want to invite Dr. Tam and witnesses from the Public Health Agency.

Mr. Davies.

Mr. Don Davies: I'm not opposed to that, but I'm wondering if we can be slightly more efficient, with the Minister coming on March 11. Very often what happens is that a minister stays for one hour. I presume she's coming for an hour—I'd love her to come for two hours, and she's certainly welcome to, but typically they come for one hour and her senior officials come for the second hour.

I wonder if it would make sense to have Dr. Tam come to that meeting.

The Chair: My understanding is that Dr. Tam will be there for that meeting, as well as other officials. I believe the Minister will be there for an hour, and then we will have the officials and, I presume, Dr. Tam for the balance of the time.

Dr. Kitchen.

Mr. Robert Kitchen: I'm okay with that, except for the fact that this disease is progressing so rapidly that, after we discuss it on Wednesday, things could have changed by two Wednesdays from there when the Minister is here. At that point in time, we'd still be able to ask her questions, I think.

The Chair: Mr. Powlowski.

Mr. Marcus Powlowski: Yes, and I totally agree.

As we look at it, we're looking at the tip of the iceberg. We're two weeks behind where the epidemic is, because of the two weeks between those first contracting this disease and maybe showing symptoms. It's a little worse right now than what it appears, or what we're seeing in terms of the statistics. I agree, and at times governments act as governments—that is, very slowly. This is something that's happening quickly. If we wait and don't do it this week, then we have a week off and there's another week, and we're two weeks further behind. We have to start asking the questions now and not wait.

The Chair: We've already signalled a general agreement to do this on Wednesday. We want to invite Dr. Tam. Is that correct? Anybody else? Any other department? Global Affairs Canada, perhaps?

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): I say Global Affairs Canada.

Dr. Tam is good for sure, but even if there are some potential outside stakeholders, do you mind if we submit a list to you, Chair, over the course of the next 24 hours, about who some of those people might be. Is that possible?

The Chair: It's possible. It doesn't give us much time, however, to invite them to the meeting the following day.

Mr. Matt Jeneroux: Twelve hours?

The Chair: Twelve hours would be better.

Public officials won't appear on panels with other stakeholders, so that would mean that we would potentially have to break up the panels. As we go forward, we may find opportunities in our schedule to do things of this kind. Maybe we could take a look at those kinds of agencies, and put them on our speed dial for the next time we do this.

Mr. Matt Jeneroux: Sure.

The Chair: Mr. Powlowski.

Mr. Marcus Powlowski: I would say Global Affairs, because we ought to be asking, "What's happening in Italy? What's happening in Iran? What's happening in South Korea?" Where does that fall? I don't think that's the mandate of the Ministry of Health.

● (1545)

The Chair: No, it's not.

Mr. Marcus Powlowski: Is it the ministry of international affairs? It's a question and a problem that crosses jurisdictions, so that's why we want to have someone from Foreign Affairs as well.

The Chair: Fair enough. Anybody else besides the Public Health Agency and Foreign Affairs?

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Did we say Global Affairs Canada?

The Chair: Mr. Webber.

Mr. Len Webber: Mr. Chair, I am curious to know what's happening on the Canadian Forces base as well, with the quarantine issues there, so perhaps somebody from DND.

The Chair: Mr. Davies.

Mr. Don Davies: The CBSA might be a wise choice, because if the virus is spreading to different countries, then getting an update on how we're handling our borders would be helpful.

The Chair: We have four organizations. There could be more people. That's probably a good panel, assuming they can all make it. We will make those invitations.

The time we will have available for that briefing will depend on the committee business wrapping up soon, which is kind of an encouragement to push it along.

Mr. Thériault, I don't think I can do this in French.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): The translation is good, Mr. Chair.

[*English*]

The Chair: Could you briefly state your motion again? I believe you were done speaking to it, so we can open up the floor for other comments.

[*Translation*]

Mr. Luc Thériault: I just want to reiterate that I split up my notices of motion. I wanted the study to be very specific and to complement the work that will soon begin on the bill to extend medical assistance in dying.

Mental illness is a troubling, difficult and sensitive issue. That's why we can and should focus on the issue in order to finish the committee's work on the study of the bill. That's the purpose of my motion.

Regardless of whether the government extends medical assistance in dying to people with mental illness, as legislators, we must take the time to study and consider the issue.

[*English*]

The Chair: Thank you.

Is everyone clear on the motion at this point?

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Could we get a [*Inaudible—Editor*]

A voice: Yes.

Mr. Don Davies: Is it the first paragraph?

[*Translation*]

Mr. Luc Thériault: It's the first paragraph.

The Chair: It's the last paragraph?

Mr. Luc Thériault: No, it's the first.

[*English*]

The Chair: That's the motion. It's been spoken to by Monsieur Thériault. Are there any comments?

Mr. Davies.

Mr. Don Davies: First of all, I'd like to say at the outset that I think every issue that comes before the committee is an important one, and I think this one is an important one as well. I think it's going to be up to the committee to prioritize and determine what is going to take priority with our limited time.

As an issue that I think is important to understand in the context of the physician-assisted dying, I think it's certainly relevant. My questions about whether or not it's prudent to open a study at this committee, though, are multiple.

For one thing, I understand that legislation is tabled today. I believe the government is tabling its response to the Quebec decision. If I understood Mr. Thériault correctly last time—and if I didn't, I apologize—he thought that this work we're doing in the committee might be able to inform that legislative response. I didn't think it would be done in time anyway, but now, with the legislation already tabled, there's no ability for this committee's work to influence the government's response to the Quebec decision.

The other thing, of course, is that the Quebec decision was limited to the issue of reasonable foreseeability. The part of the physician-assisted dying law that was struck down by the Quebec court was the part that required reasonable foreseeability. It did not in any way touch on the issues of mental illness, advance directives or, for that matter, mature minors. We already know that MAID has a mandatory statutory review upcoming. That is part of the law anyway. At the time that this law was considered, these issues of mature minors, mental health and mental illness and advance directives were thoroughly canvassed by that committee, and I have every expectation it will be thoroughly studied when that comes up again.

The other thing is that our research shows that this issue was just studied, not by a parliamentary committee, but by the Council of Canadian Academies in 2018. A report was issued in December 2018 specifically on the issue of mental illness and whether or not people suffering from it ought to have access to physician-assisted death. That's only 15 months ago that a report was issued on exactly this subject, although I realize it wasn't a parliamentary committee.

Finally, I wonder if Mr. Thériault might consider this. What I would say is that in the last Parliament, in many studies—as I'm sure my colleagues Ms. Sidhu, Mr. Webber and Mr. McKinnon will remember—the issue of mental health came up repeatedly in different aspects. When we were studying LGBTQ2IA health, for instance, the issue of access to mental health was front and centre, as it was in many other issues. I sort of view this as a very narrow issue. The issue of whether people who have mental health issues should have access to physician-assisted death is a very narrow slice of the much larger health issue of mental health in Canada and access to services.

I'm wondering if it might be just better for us to consider as a committee studying mental health in Canada. Now, on the other hand, the narrow focus of this study does have advantages as well. I think it takes a very discrete part of mental health and targets our thinking to one particular aspect, which is how it may impact a person's decision to end their life.

I would not be opposed to studying this if we wanted to, but for all those reasons I just don't think that it's the best use of the committee's time.

● (1550)

The Chair: I would also like to observe that during the subcommittee meeting tomorrow, which apparently is going to be in the afternoon, if that works for everyone, at 3:30—it's breaking news as we speak—there will be an opportunity for everyone to submit ideas such as on a mental health study and to prioritize them. That's why we want to meet. There are a lot of studies to do. There are great ideas out there. We have to focus and find one to start with, and then maybe a second and third to keep us going.

Monsieur Thériault is next.

[*Translation*]

Mr. Luc Thériault: My colleague is mixing things up a bit.

First, I didn't argue either last time or this time that I want the study to inform the bill. I want the study to be complementary. I did say that it would probably be difficult, in four months, to reach a consensus on the bill. I imagine that there will be a review if the legislation includes this measure. In any case, I've yet to see the bill. I think that we should carry out this reflection process, which I wanted to make very focused to avoid clouding the issue.

This has nothing to do with Quebec. Quebec has tabled a bill on end-of-life care. It had nothing to do with the Criminal Code. We're talking here about the Criminal Code, which falls under federal jurisdiction. The Criminal Code would be amended to extend medical assistance in dying by eliminating the criterion of a reasonably foreseeable natural death. Some people say that it should be extended to cases of mental illness. Even though I've been thinking about this issue and working in this field for 30 years, I don't know what to do with this.

We can't pass the next bill and leave it up to the people who are suffering to take their cases to the courts, which will make the decision for us. I think that we have a job to do as trailblazers and legislators. My colleague can make his point on the prioritization of motions by determining whether the issue is urgent and relevant.

As a health committee, if we drop a specific study when everyone here is completely out of the loop on the issue, we won't be very well placed to justify a position for or against the matter. I, for one, need some clarity, and I think that's the purpose of this committee. The same thing applies to the other motion.

I want people to consider it less relevant afterwards. If we extend access to medical assistance in dying to cases of mental illness, we may not get very far. Often, good legislation is enforceable legislation. A good report is a report that focuses on fundamental and specific issues. In science, we don't look at the entire universe when we want to describe a specific physics problem.

● (1555)

The Chair: Thank you, Mr. Thériault.

[*English*]

I have Mr. Jeneroux, Mr. Davies and Mr. Webber.

Mr. Jeneroux.

Mr. Matt Jeneroux: Thank you, Mr. Chair.

Just quickly, I think I echo a lot of the sentiments raised by my colleague from the NDP.

If Member Thériault is open to expanding this, to look at more aspects of mental health, I believe it would certainly be relevant to this committee.

I didn't have the privilege of sitting on this committee last time, but I certainly think, through past experience, that mental health did permeate through a lot of the discussions. We even see it in a number of mandate letters. I think pretty much every minister has a reference to mental health in their mandate letter.

If we're able to expand it to look at a broader mental health study, I would encourage Member Thériault that perhaps at that point in time this wouldn't preclude his inviting any witnesses whom he may see fit to participate in that study.

My second point is about the legislation that was just tabled.

Mr. Thériault has a seat on the subcommittee, which we're intending to meet tomorrow. I think perhaps if he's okay with at least going through that legislation first, if he still wants to pursue the motion as it's worded here, then I think that's something we could consider at the subcommittee. However, until we have a chance to look through that legislation, as he had admitted to hearing of but not quite reviewing, we could then perhaps pick up that discussion tomorrow afternoon.

Thanks.

The Chair: Mr. Davies.

Mr. Don Davies: I have one specific comment and a general one.

Specifically, the other thing we have to bear in mind is that the legislation that's tabled today is going to go to a committee. The exact same issues that we could be discussing here can be discussed at that committee. For instance, I suspect that the legislation will not contain anything on increasing access to those with mental illness, but that can be thoroughly canvassed at the other committee.

We will have two parliamentary committees seized with the same issue. I just throw that out for consideration.

On a general subject, I'm a little confused, Mr. Chair, about the procedure you want to adopt.

Typically, motions are moved at this committee to propose certain studies. If they pass, they are then referred to the subcommittee, which then determines things like how many meetings to hold, when they will be scheduled, etc. If there are more motions passed—if we have three, four or five studies passed at the main table—the subcommittee will come up with a plan to put those in order, and bring that back to the full committee, recommend it, and then the committee as a whole will determine if they accept that. That's a way to have the detailed discussions, which bogged us down last time, figured out at the subcommittee level.

It has never been my experience that brand new issues, or issues that have not been passed at the committee, can be proposed at the subcommittee level.

I guess we could do that, but I want to be clear that it's not the way it has ever worked in the past. It could be the way we want to work in the future, but I want clarity on that, if I could.

● (1600)

The Chair: To clarify, I guess we need to have a study we can work on. Once we get under way, and we're doing bills and studies and whatever, we can come up with a decent work plan for things as we go. Right now, we're stuck with what we are going to do in the next several meetings. I want us to be effective.

As you say, we can use the subcommittee basically how we want. What I'm proposing right now is that we go through the first round where everybody gets a chance to submit a substantive topic. We will go to the subcommittee to deal with any other topics and let the subcommittee recommend a priority and report back to us on Wednesday.

That way, by Wednesday, we should know what our first study will be. We can get the witnesses organized. We can start to schedule the meetings that we need. That would give us some time over the coming constituency break to start organizing the meetings. That's my plan.

Mr. Webber is next.

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

The motion that has been forwarded to us is Mr. Thériault's motion regarding a specific study on mental illness and why or why not assisted dying should be extended to those with mental illness.

I absolutely agree that we should do a study on mental health. I'm not going to reiterate what Mr. Davies had suggested, or Mr. Jeneroux. However, we can perhaps agree on having a study on that and get a motion put forward, whether it's here or in subcommittee, on a study on mental health and mental illness. If that's approved, then we can certainly bring in the witnesses and have the testimony here and specifically ask questions on MAID and whether or not we should extend MAID to people suffering from mental illness.

It certainly would integrate the motion that Mr. Thériault has put forward here, but I guess currently we have this notice of motion up for debate and a vote.

If I can get confirmation that we would have that overall mental illness study, then perhaps I would not support this motion. If I can't get confirmation on a motion for a mental health study, then I would certainly support Mr. Thériault's motion to have a study specifically on MAID and extending it to patients suffering from mental illness.

I would like to hear where the committee is with respect to the study on mental health. I will leave it at that.

I'm still trying to determine whether or not to support the bill, which I would like to see studied, but it can be studied under a motion on mental illness and mental health care, or this particular motion right here.

The Chair: We have Mr. Thériault next. Do you want to speak now, or do you want to wait until after we have some more comments on your motion? You may speak now if you wish.

[*Translation*]

Mr. Luc Thériault: Okay.

My Conservative colleagues surprise me. It's a good idea to propose a general study on mental health. First, health care falls under the jurisdiction of the provinces, including Quebec. Mental health falls under Quebec's jurisdiction. We don't have to wonder how Quebec manages mental health.

However, we're the people who must change the Criminal Code or say that mental health will never be included in the medical assistance in dying issue. There will be no access to medical assistance in dying. This falls under our jurisdiction. It's a specific and current issue. Regardless of whether the issue is included in the bill, and it may not be, what problems upfront related to mental health would make us, as legislators, say that we won't extend medical assistance in dying to mental health?

It seems that we can and should conduct this study, instead of saying that we'll talk about mental health in general and then see. What are you trying to address or accomplish by conducting a study on mental health?

If someone tells me what will be done with this very broad study on mental health, what we're looking for, and what we want to demonstrate, with the limited time that we have for our work, I'm ready to listen. However, it seems that, with the motion that has just been introduced, we're losing a great opportunity to hear from experts, people and patients who would tell us what they think of the proposal to extend medical assistance in dying to mental health, and why it would be advisable or inadvisable. My motion doesn't say that we want to extend medical assistance in dying. It proposes that we look at why it would be advisable or inadvisable to do so.

I need to know this, regardless of whether the issue is included in the bill. I've heard that the issue wasn't included. Can anyone here tell me why? I think that we need to hear from people. This is a great opportunity to talk about mental health in a specific way. That's why I wrote this motion in a very specific way. This doesn't mean, if you want to demonstrate something else in mental health, that I'm not open to doing so. However, we would then need another motion.

I'm convinced that, since the issue concerns the final moments in the life of a person suffering from mental illness, everything that we're looking for in terms of the adequacy or inadequacy and accessibility or inaccessibility of mental health care will come out of our study on the extension of medical assistance in dying to mental health.

● (1605)

The Chair: Thank you.

[*English*]

I'll go to Dr. Powlowski followed by Mr. Fisher.

Mr. Marcus Powlowski: In defence of Mr. Thériault, I think it's right that if you're going to study mental health, that will be a gigantic study. You could spend years, and there are so many different subjects under the rubric of mental health, whereas the question he's asking and wants addressed is quite specific.

[*Translation*]

I want all parties to have the opportunity to choose something, and that's what he said.

[*English*]

With the agreement of all parties, I'd like to offer him the opportunity to choose something. If that's the one he wants, that's okay; I'm fine with it, but I think mental health in general is too broad.

I want to say in passing that I think our willingness to discuss a subject depends a little bit on what we want to see as the answers. For the sake of some of you who weren't here the other day, I think Mr. Thériault was questioning whether we really wanted to extend MAID to people who are suffering from mental illness. On that basis, I have no problem agreeing with his proposal.

The Chair: Mr. Fisher.

Mr. Darren Fisher: Just let it be known that this might be the first time I've ever agreed with everything you just said, Marcus.

I think that what you said, Mr. Chair, made sense. We had a motion from the NDP, a motion from the Conservatives, a motion from the.... Put four studies forward. If we come over to this side next for the next possible substantive study by the subcommittee for it to discuss further, I think that would make sense. I also think that what Matt and Len—Mr. Jeneroux and Mr. Webber—said is something this committee should look at or could consider as another motion on another day, or at another time. Certainly you can't move a motion at the subcommittee for the committee to consider, but you can move a motion here at the full committee for the subcommittee to consider on another day. As Marcus said, it would be a very broad study, but it's something that would be of interest, I think, to most of the committee members. In deference to Mr. Thériault, I would think that this sliver that he wants to pull out....

Now, there is a five-year review of MAID that will no doubt consider this, but it will be a broad review as well. I'll support Mr. Thériault in this, and then certainly consider support for our friends across the way on another motion at another time, Mr. Chair, if that's what your plan is, to still stick with all four parties suggesting a potential motion, which I think is more than fair. Thank you.

● (1610)

The Chair: Yes.

Dr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair. Thank you for your report.

I do believe it's a study that we need to look at. Perhaps the avenue here is that we can expand it, even within the study, to look at other aspects of mental health, depending on the witnesses we bring forward. There's an opportunity to bring that in.

As Dr. Powlowski says, it's an extremely broad topic. We're trying to contain it somewhat, but I think there are a number of overlaps within the study. It's worthwhile that we can open that up.

The Chair: Okay. Are we ready for a vote? Are there any more comments?

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

The Chair: Now we will go to Mr. Kelloway, who I believe has a motion for a study.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): I do, Mr. Chair, and thank you.

The motion to put forward is on a studies around primary care models.

I'd ask someone to pass these around. We'll wait till you get a copy before I read the motion, if that's okay, Mr. Chair.

The Chair: Are they in both languages?

Mr. Mike Kelloway: They are, correct.

The Chair: Mr. Kelloway, you're moving this motion.

Mr. Mike Kelloway: I am, Mr. Chair. I'll certainly read the motion if that's what you would like. It's around primary care models, as mentioned:

> That, pursuant to Standing Order l08(2), the Committee undertake a study on Primary care models, and updated models on team-based care, and that the Committee report its findings and recommendations to the House.

The Chair: Is there any discussion on this?

Ms. Jansen.

Mrs. Tamara Jansen: We've been talking about how broad these studies all are. This is extremely broad. I don't know if we want to think about that. Each of us is throwing forward something that could take years to study. Is there any way that you could focus it on something?

The Chair: Are there other comments?

Dr. Kitchen.

Mr. Robert Kitchen: Basically, I'm wondering if Mr. Kelloway might want to respond to that first. He might solve what I'm about to say.

The Chair: Mr. Kelloway.

Mr. Mike Kelloway: Sure. I think MP Jansen makes a good point. It's something we can probably do a deeper dive on to narrow its scope and come back at a later time, if that's acceptable to everyone.

The Chair: Dr. Kitchen.

Mr. Robert Kitchen: I appreciate hearing that because I was looking a motion along those lines that would break it down into demographic gaps amongst Canadian physicians, access to family doctors and primary health care teams, hospital wait times, and federal-provincial-territorial roles, to try to isolate that. I was going to propose that, but I'm just throwing that out there.

The Chair: Mr. Kelloway.

Mr. Mike Kelloway: That's absolutely great to hear. I think it's something that the analysts and some others could perhaps work with us on to maybe put a tighter motion on the table that reflects some of the elements you have and some of the elements I'd like to tease out, if that's acceptable.

● (1615)

The Chair: Does that mean you're not making this motion?

Mr. Robert Kitchen: Can we [*Technical difficulty—Editor*]

Mr. Mike Kelloway: I would say it's probably best, since I think we have a growing consensus that we have something similar to work on, that we maybe put it on the shelf and attack it from a different perspective very quickly.

The Chair: Is this a time when we should suspend for five minutes and have a chat amongst ourselves?

Mr. Mike Kelloway: That sounds like a plan.

Mr. Robert Kitchen: How about having a chat after the meeting, and then we report to our subcommittee members and ask them to...?

The Chair: Okay.

Mr. Kelloway, do you want to defer this motion, then?

Mr. Darren Fisher: No.

A voice: Just one second, please.

The Chair: I guess we need to pass the motion, and then we can discuss the details in committee.

Mr. Fisher.

Mr. Darren Fisher: Thank you, Mr. Chair.

I think the idea was to come up with broad ideas about what the committee might want to study. We can figure out what those studies would look like, and how in depth they could or could not be, after we agree on the things we want to consider in a study and then prioritize them. I think this gives breadth. It offers what a lot of members want to do, and then we can flesh that out. We can work with the analysts and figure out what the study would look like.

The Chair: Mr. Davies.

Mr. Don Davies: Well, I think I'm in agreement with everything we're saying, but for us to function well as a committee, I think we need to get clarity, which will maybe take some time. I do think that we need to pass motions here at committee with sufficient clarity that we know what we're voting on. If it's too broad and we don't know what we're voting on, we can't say that we'll let the subcommittee determine what we're to study, because then it's rendering the vote at this committee kind of meaningless.

I suspect there's already consensus that perhaps we could amend the motion to read “undertake a study on Primary care models, including examining”. Then I thought Dr. Kitchen's items were perfect: access to family physicians, rural-based care, and whatever it was; I didn't get them all. If we just include them as a focus, that gives precision to the committee but it's not closed-ended.

That's what I would suggest.

The Chair: Are you making an amendment?

Mr. Don Davies: I would move an amendment that after the word “models” we put the word “including”. I would defer to my friend in the Conservative Party to read out the issues he stated.

That's if it's okay with Mr. Kelloway. I don't know if that's getting at what he wants.

Mr. Mike Kelloway: Mr. Chair, could we have a two- or three-minute recess to have a discussion?

The Chair: Is everyone's okay with that? Okay.

We'll suspend for five minutes.

● (1615)

(Pause)

● (1628)

The Chair: The meeting is again in session. Thank you very much.

I believe Mr. Davies has the amendment he wants to propose.

Mr. Don Davies: Yes, I have the amendment, but with the committee's approval I would defer to Dr. Kitchen because he's got the language of how he would amend Mr. Kelloway's motion.

The Chair: You moved it, but Dr. Kitchen's going to give us the text. How's that? Does that make sense?

Mr. Robert Kitchen: Whatever's the best procedurally.

The Chair: Dr. Kitchen moves a motion.

Mr. Robert Kitchen: I move:

> That, pursuant to Standing Order 108(2), the committee undertake a study on primary care models, and updated models on team-based care, including, but not limited to (a) demographic gaps amongst Canada’s physicians; (b) access to a family doctor or primary health care team; (c) hospital wait times; (d) federal, provincial/territorial roles; (e) urban and rural Canada; that the committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the committee request that the government table a comprehensive response to the report.

The Chair: Is there any discussion on this amendment?

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): To clarify, did I hear the words “not limited to”?

Mr. Robert Kitchen: It reads, “including, but not limited to”.

Mr. Tony Van Bynen: Okay.

The Chair: Mr. Kelloway.

Mr. Mike Kelloway: Just a brief comment to say that collaboration is alive and well in Ottawa, and I'm glad to see that we're putting forward this motion for discussion.

Thank you.

● (1630)

The Chair: Is there any other discussion on the amendment?

Monsieur Thériault.

[*Translation*]

Mr. Luc Thériault: On a technical level, Mr. Chair, do we have the translation? Has the translation been submitted? Last time, there was no translation and we were unable to study the issue. It was one of my motions.

[*English*]

The Chair: We don't have the text in both languages, but it was read and our excellent translation service suffices for the—

[*Translation*]

Mr. Luc Thériault: Yes, but I want the written text. Last time, you refused to consider one of my motions because we didn't have the written text. Mr. Davies opposed the submission of the motion.

[*English*]

The Chair: We didn't refuse any of your studies.

[*Translation*]

Mr. Luc Thériault: You weren't opposed to the study, but to my motion.

[*English*]

The Chair: We're not allowed to distribute documents in a single language unless we have unanimous consent, so you had to read your motion into the record in French—

[*Translation*]

Mr. Luc Thériault: Can we reread it, Mr. Chair?

The Chair: Excuse me?

Mr. Luc Thériault: Can we reread it?

[*English*]

The Chair: Dr. Kitchen, will you please reread it.

Mr. Robert Kitchen: Certainly.

> That, pursuant to Standing Order 108(2), the committee undertake a study on primary care models, and updated models on team-based care, including, but not limited to (a) demographic gaps amongst Canada's physicians; (b) access to a family doctor or primary health care team; (c) hospital wait times; (d) federal, provincial/territorial roles; (e) urban and rural Canada; that the committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the committee request that the government table a comprehensive response to the report.

The Chair: The amendment to the original motion is the part following the word "including". Okay? We're speaking to the amendment now.

Is there any discussion on the amendment?

Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

Can you or the analysts clarify, is it population-based when he said "urban and rural" and that it would be "demographic" based? I am asking because Brampton has 700,000 people, but has fewer staff and health care services than.... So when we are studying this as population-based, will that be addressed in this model?

Mr. Robert Kitchen: Very much so, because the reality is that there's a big difference between rural and urban areas. But could we also define it into "rural and suburban", I guess I'd call it, the suburbs type of thing, where we have those different demographics? I think it would include all of those avenues and places like Brampton that are in the GTA and have melded into one big city.

[*Translation*]

The Chair: Mr. Thériault, you have the floor.

Mr. Luc Thériault: Mr. Chair, my question is more technical. We say "not limited to," but the first points are very general. If we don't limit ourselves, then I don't understand what we're looking for in these general points.

I'm a little surprised that we want to conduct this type of study, when we know perfectly well that the issues with access to front-line health care are related to the lack of funding for the provinces and Quebec. Health transfers have decreased and, if this continues, we'll end up with $0.18 per dollar, when at one time the rate was $0.50 per dollar.

I know that my colleagues are acting in very good faith. When my colleagues express concerns about issues with front-line health care in their part of the country, I can completely relate to their concerns and I understand them very well. However, the provincial and Quebec governments are in the best position to provide these services, and they have the expertise to do so. They want larger health transfers, in order to reach the rate of $0.25 per dollar.

You want better access. However, it seems that we don't necessarily need a study to know that there are issues with access to front-line health care.

Was my speaking time established? I didn't realize that.

● (1635)

[*English*]

The Chair: I'm trying to keep the discussion on the amendment. That's a much broader...it's a valid and legitimate comment, but we're trying to decide whether we amend the motion in the way that Dr. Kitchen has proposed.

Is there any discussion on the amendment?

Mr. Van Bynen.

Mr. Tony Van Bynen: Thank you. As you know—

[*Translation*]

Mr. Luc Thériault: Excuse me, Mr. Chair.

[*English*]

The Chair: I'm sorry. I didn't mean to cut you off.

[*Translation*]

Mr. Luc Thériault: I understand your clarification, but I'll finish up with one or two sentences. Is that okay?

[*English*]

The Chair: Absolutely.

[*Translation*]

Mr. Luc Thériault: Okay.

I was saying that we could look at many other things that are under our jurisdiction, instead of interfering with the jurisdictions of the territories, provinces and Quebec. We know perfectly well that all the premiers of the provinces and Quebec agreed, not too long ago, in a meeting with the current government, to call for a 5.2% increase in health transfers.

Let's start with this. We have a budget coming up. We'll then conduct studies to find out why the money, if the provinces receive this 5.2% increase, creates issues with access to primary care.

Mr. Chair, you'll appreciate the fact that I won't be supporting this amendment.

[*English*]

The Chair: Okay.

Mr. Van Bynen.

Mr. Tony Van Bynen: Thank you, Mr. Chair.

I was a hospital board member for Southlake hospital for nine years. I became very acutely aware of the increasing financial pressures that our hospitals are seeing. I'm also aware that there are many alternative care models being pursued. I think there's a huge value in this committee pursuing this study to take a look at what the best practices are.

The Chair: Let's get back to the amendment.

Mr. Tony Van Bynen: I support that and the entire motion. I think it helps to define it.

The Chair: Mr. Kelloway.

Mr. Mike Kelloway: Very quickly, just to go back to some points that have been made, my experience in health care is not as a physician or a primary health care official, but certainly as a community leader and volunteer. From my personal interactions with people in my riding, I think they understand the distinction between provincial and federal responsibility when it comes to health care.

At least in my own belief and from my own standpoint, I think it's incumbent on us, as my colleague has said, to not just look at financial models that perhaps need to be looked at more diligently, but also at alternative methods of primary health care, community-based health care and a combination thereof that focus on team approaches and that may be doing quite well in a little place called L'Ardoise in Cape Breton. Shouldn't we know about that? Shouldn't we talk about that? Shouldn't we socialize that?

I just wanted to give some reference to my original motion. Thank you.

The Chair: We are trying to talk about the amendment and not the original motion.

Mr. Mike Kelloway: That's understood.

The Chair: Are there any more comments on the amendment?

Mr. Davies.

Mr. Don Davies: I support the amendment fully. I really want to add my voice in support of Mr. Van Bynen's comments.

I just want to say that health is an interesting issue, and if anybody understands the Constitution, I'd like them to sit down at some point and explain it to me, because I'm still trying to understand it.

Some hon. members: Oh, oh!

Mr. Don Davies: I say this because health care is one of those odd areas where there is shared jurisdiction and split jurisdiction. Frankly, it's academic because it has never put constraints on what this committee studies, in any event. Look at the kind of things we've studied, like concussions. We studied LGBTQ2 health in Canada.

The federal government clearly has jurisdiction over the health of indigenous people and every aspect of health that applies to indigenous people, from diabetes to concussions to their access to primary care.

The work of this committee, I believe, is always relevant and can be applied to provinces, so I just want to say that I very much support the amendment, and I also support the main motion.

● (1640)

The Chair: Is there any more discussion on the amendment? I see none.

(Amendment agreed to)

The Chair: Now the discussion is on the motion as amended. Is there any further discussion on the motion as amended?

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

The Chair: Thank you all.

I had discussions with all of you during the suspension regarding what we're going to do in the subcommittee. There is concern about giving the subcommittee a huge mandate to pick the subjects we're going to consider.

What we'll do now is refer these four topics that we have passed to the subcommittee, if everyone agrees, and let them prioritize those. Once we have chosen a topic for our first study, then we can get the witnesses organized and a work plan.

Is that acceptable to everyone?

Mr. Fisher.

Mr. Darren Fisher: Will the subcommittee come back to the full committee for confirmation on that priority?

The Chair: Yes.

Dr. Kitchen.

Mr. Robert Kitchen: Thank you, Mr. Chair.

I'd like just one clarification.

I think this is great. We have four reports. We need to get one out there.

My ask would be that they choose one that we start with, but that if there are other committee members who have other motions that they could put forward that might be addressed such that they could be added, and if there's one that's more urgent than the other three that we have, they might be pushed forward.

The Chair: I think the committee's always free to take that kind of action if it wishes.

That reminds me. You submitted notice of two motions. Do you intend to move them or withdraw them?

Mr. Robert Kitchen: Not at this time.

The Chair: Not at this time? Very well.

Is there any other business here?

Mr. Jeneroux.

Mr. Matt Jeneroux: Just with regard to our March 11 meeting, I know that Mr. Davies moved a motion that we'd make all efforts to make sure that it is televised. We would certainly, again, encourage the chair and the clerk to make sure that we can get that March 11 meeting televised.

I would like clarification on whether her appearance here is specific to the main estimates, supplementary estimates (B), her mandate letter and the coronavirus, I guess, in general.

The Chair: At this time we've only been referred the supplementary estimates (B). It's really up to the committee what we want to invite her to speak to. I think if we invite her to discuss the estimates, we can speak about other things as well.

If we want to clarify that, for the minister, you want to talk about the mandate letter and the supplementary estimates (B), or whatever....

Mr. Matt Jeneroux: Certainly, the minister is allowed opening remarks, and if that's the case, we want those opening remarks to focus on a certain area that we agree upon as a committee. I would encourage the opening remarks to be on the mandate letter as well.

If she's coming here to simply talk about the supplementary estimates (B), then I think that would mean we would want her back again to talk about her mandate letter. If you haven't seen the mandate letter, it's quite substantive, and we want to make sure that there's opportunity for her to address some of the things in the mandate letter as well.

Also, you mentioned one hour. We certainly would appreciate it if you went back to the minister and requested that she be available for the full two hours of the committee, knowing full well that she's obviously busy, but we want to make sure that we extend the invitation for the full two hours, if she is to address the larger scope of her mandate and the estimates.

● (1645)

The Chair: All right, the suggestion, I believe, is that we send the minister an invitation for two hours and ask her to speak on the supplementary estimates (B)—

Mr. Matt Jeneroux: Yes.

The Chair: —as well as her mandate letter.

Mr. Darren Fisher: Well, I don't know if we can say, if she's the minister, what she's going to be here to talk about.

The Chair: We can't dictate to the minister, but we can invite her to do whatever—

Mr. Darren Fisher: Yes, we've invited her and she's agreed to come on the 11th to talk about the supplementary estimates (B).

Mr. Matt Jeneroux: That's not what I'm asking. I'm asking to extend the scope of the meeting from the supplementary estimates (B) to the mandate letter and to be able to discuss those for the full two hours.

Mr. Darren Fisher: We already moved last week, or the week before, to invite her here for the supplementary estimates (B).

I guess we could reach out, but my understanding was that she was invited to come here to speak to the supplementary estimates (B).

The Chair: My own feeling is that we can invite here to do this....

Mr. Darren Fisher: We can always invite her again another time as well.

Mr. Matt Jeneroux: I just feel that we would then continually invite her. We do want her to talk about her mandate letter. At least, those of us on this side of the table do want to make sure we discuss that. If it's for two hours, I would think that that would be more pertinent to the minister's time than to continually invite here back for everything that we want to talk to her about.

The Chair: We didn't actually pass a motion to this effect at the last meeting, so it's still kind of....

Mr. Darren Fisher: Personally, I'm happy to have her here for an hour to talk about the supplementary estimates (B) and then to have the department members here for an hour as well to flesh out some more in-depth questions. That's my take on it.

Mr. Matt Jeneroux: Can we move the motion, then, to invite the minister?

The Chair: Maybe clarify the full motion.

Mr. Matt Jeneroux: Sure. I'd like to move:

> That the Minister of Health be invited to appear for two hours at a televised meeting on Wednesday, March 11, 2020, in relation to the Supplementary Estimates (B) 2019-20 and her mandate letter.

Then we can discuss officials at another point.

The Chair: Is there anybody else? Is there any further discussion on this?

Mr. Darren Fisher: She's likely the most transparent minister we have.

The Chair: All right, so I call for—

Mr. Darren Fisher: Oh, for this committee, yes.

The Chair: I call for a vote on the motion. Are we ready?

(Motion agreed to)

The Chair: There being no further business that I'm aware of, we are adjourned.

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