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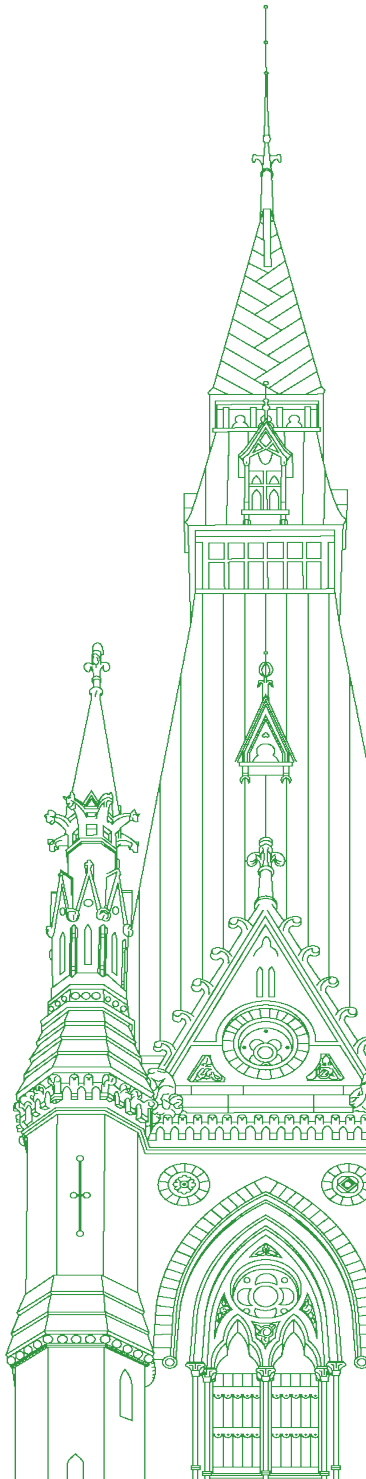

Chair: Mr. Ron McKinnon

Standing Committee on Health

Friday, March 26, 2021

● (1300)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order. Welcome, everybody, to meeting number 26 of the House of Commons Standing Committee on Health.

The committee is meeting today to study Bill C-237, an act to establish a national framework for diabetes and then proceed to the clause-by-clause consideration. After that, we will discuss the first report of the subcommittee on agenda and procedure.

I want to thank the witnesses for appearing today.

First up, we have Ms. Sonia Sidhu, MP for Brampton South, whose private member's bill this is. From Diabetes Canada, we have Ms. Kimberley Hanson, executive director, federal affairs. From JDRF Canada, we have Dave Prowten, president and chief executive officer, and Ms. Juliette Benoît, volunteer.

Ms. Sidhu, please go ahead with your statement.

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

It's my pleasure to speak today on my private member's bill, Bill C-237, an act to establish a national framework for diabetes.

Before I begin, I want to thank all members immensely for your support of this initiative at second reading. I'm glad to know we share the goal of fighting diabetes.

This year we commemorate the 100th anniversary of the discovery of insulin by Sir Frederick Banting and his partners at the University of Toronto. It was also at U of T that stem cells were discovered in the 1960s. These have led to promising research that may lead to a cure.

Since Canada has been home to these great inventions in the fight against diabetes, we should also have a comprehensive strategy to help those living with this disease.

We have 11 million Canadians living with diabetes or prediabetes. The number of diagnoses doubled in the last 20 years, and every three minutes, another Canadian is added to this list. In my own community of Brampton, almost every sixth resident lives with diabetes or prediabetes.

In my 18-year career as a health care professional, I saw patients with cardiovascular disease, kidney disease, amputations or high blood pressure and diabetes was frequently an underlying and complicating condition. That is why a strategy is so important. By effectively fighting or preventing one disease, we will make an impact on many others.

When you consider the expense to the public health care system and to individuals living with diabetes, it represents a massive financial burden. Every dollar spent fighting and preventing diabetes means greater savings down the line.

It is one of the most common chronic illnesses in Canada and the rate is only growing. Some Canadians are at increased risk of diabetes, such as South Asians, Black and indigenous Canadians. We also know that diabetes disproportionately affects Canadians with low income and education. Diabetes rates are three to four times higher among first nations than among the general Canadian population. Furthermore, indigenous individuals are diagnosed with type 2 diabetes at a younger age than other individuals.

The COVID-19 pandemic has disproportionately affected Canadians with chronic diseases, including diabetes.

For all these reasons, we need a cohesive national plan to respond to diabetes, one that coordinates funding for awareness, prevention, research and treatment, and that ensures equal access to treatment across Canada.

Mr. Chair, we can learn from Canada's past diabetes plans and programs, and we can make sure that the framework called for in Bill C-237 is data-driven, accountable and engaged with stakeholders such as Diabetes Canada, JDRF and others.

A national framework for diabetes would provide a common direction for all stakeholders to address diabetes, and by extension, other chronic diseases with the same risk factors. It would enhance coordinated efforts across federal, provincial and territorial jurisdictions and provide a mechanism for tracking and reporting on progress.

The framework would allow for the identification of gaps in present approaches, strengthen action to address health inequities in diabetes and decrease the duplication of efforts by coordinating across jurisdictions.

The bill calls for promoting research, data collection and treatment. It would offer an opportunity for indigenous people and organizations to engage in federal, provincial and territorial strategies using a distinctions-based approach.

It would make a difference in the lives of millions of Canadians. Back in April 2019, this committee conducted a study and released a report on this very issue.

Mr. Chair and Mr. Davies, you were both part of the committee at that time. The comprehensive report already outlines the steps the government should take in the fight against diabetes.

The number one recommendation in this report was that the Government of Canada, in partnership with the provinces and territories and in collaboration with stakeholders, plan and implement an approach for the prevention and management of diabetes in Canada through a national diabetes strategy. Bill C-237 mandates the minister to do just this.

● (1305)

The HESA report made 10 other recommendations. Among them were that the government explore options to reduce diabetes-related stigma and improve public awareness and education on diabetes; provide funding through the Canadian Institutes of Health Research for research into preventing and treating diabetes; hold discussions with the provinces and territories to explore possible approaches to providing uniform coverage for diabetes-related medication, supplies and equipment across Canada; work with the provinces and territories to explore possible approaches to improving access to health care for individuals living with diabetes in rural, remote and northern communities and address the difficulties faced by many Canadians in accessing a family physician; and work with the provincial regulatory bodies to ensure that health care professionals receive comprehensive education and training to properly identify and manage diabetes and diabetes-related complications in their patients.

I believe that with more coordination among all levels of government and stakeholders, we will be a better position to win the fight against diabetes. I know that the government will give full consideration to the HESA report and the dozens of witnesses who shared their expertise and experiences to help shape the recommendations. For example, I personally think the Diabetes Canada 360° proposal is an excellent one.

This past November I went to Banting House in London, Ontario, where the Flame of Hope, a perpetually burning torch that serves to honour all who have been affected by diabetes, is located. It is a reminder that we must still work for a real cure. It will only be extinguished when one is discovered.

The discovery of insulin is remembered as one of the greatest medical achievements of the 20th century. It was the first time the Nobel Prize for medicine went to someone outside Europe. It went to Canada. The best thing we can do as a country to honour this discovery is to recommit to helping everyone battling this chronic disease, whether they are patients, doctors, researchers or loved ones.

Mr. Chair and fellow committee members, Canadians have always been leaders in the fight against diabetes. I want to thank you all again for the support you have shown for this bill, which I hope will eventually lead to the day when we can extinguish that torch at Banting House. Canada gave insulin to the world. Why can we not lead the way?

Thank you, Mr. Chair.

The Chair: Thank you, Ms. Sidhu.

We will now hear from Diabetes Canada.

Ms. Hanson, go ahead with your statement. You have six minutes, please.

Ms. Kimberley Hanson (Executive Director, Federal Affairs, Diabetes Canada): Good afternoon, committee members. I'm grateful to be living and working on the traditional lands of the Haudenosaunee, Anishinabe and Algonquin peoples.

[*Translation*]

I would like to begin by thanking you for the opportunity to appear before you today on this important bill, but more importantly for your ongoing work to improve and protect the health of all Canadians.

[*English*]

Never have I been prouder to be a Canadian than during the last year. Witnessing our elected officials work together in challenging and ever-changing circumstances to help Canadians weather the COVID-19 pandemic has been inspiring.

My proudest Canadian moment, though, might be when, earlier this month, members of Parliament from all parties unanimously voted in support of MP Sidhu's Bill C-237. As someone who has lived with diabetes and several of its complications for 25 years now, and who has lost many loved ones to its consequences, it was powerful to see every MP acknowledge that diabetes is a serious problem in Canada, and one we must take bold and urgent action to address.

In 2019 this committee studied diabetes strategies in Canada, as MP Sidhu mentioned, and recommended the following:

> That the Government of Canada, in partnership with the provinces and territories, and in collaboration with stakeholders such as Diabetes Canada, plan and implement an approach to the prevention and management of diabetes in Canada through a national diabetes strategy, as outlined in Diabetes Canada's *Diabetes 360°: A Framework for a Diabetes Strategy for Canada*. The partnership should facilitate the creation of Indigenous-specific strategic approaches led and owned by any Indigenous groups wishing to embrace this framework.

Those were your words, committee. You recommended this because you recognized that countries with a national framework or strategy to address diabetes do better.

● (1310)

[*Translation*]

Diabetes is less prevalent and people living with it experience fewer complications, which is why the World Health Organization recommends that each country develop a national diabetes strategy.

[*English*]

Still, Canada does not currently have such a strategy, and in the eight years since Canada last had a national diabetes strategy in place, nearly two million Canadians have received a diagnosis of diabetes. That is why Diabetes Canada, our colleagues at JDRF who are here today, and the community we represent feel such a strong sense of urgency that Canada act to reduce the burden of this disease on Canadians. With someone new diagnosed every three minutes in Canada, at least 12 preventable lower-limb amputations occurring every day, as well as 20 more deaths, we don't have a moment to waste in embracing Bill C-237 and implementing a nationwide approach to preventing type 2 diabetes and all diabetes complications.

The COVID-19 pandemic only heightens that sense of urgency. People who have diabetes have been shown to be at least three times more likely to die of COVID-19 than someone who does not have diabetes. Emerging research suggests that COVID-19 infection may be triggering new cases of diabetes, and the economic insecurity and physical inactivity triggered by the pandemic has put many of us at greater risk for type 2 diabetes and its complications.

People living with diabetes are significantly more likely to struggle with mental health challenges, including depression and anxiety. COVID-19 has also exacerbated that risk. I have barely left our home in more than a year now because of the risk if I catch COVID-19, and I know that many of my friends and colleagues living with diabetes are in the same situation. The sense of isolation and worry that all Canadians are experiencing during these times is powerful, and it adds to the mental and emotional burden of living with diabetes.

During COVID-19, many people are delaying accessing health care, and that appears to be increasing the risk of diabetes complications such as blindness and lower-limb amputation. As Dr. Karen Cross said at the most recent meeting of the all-party diabetes caucus, if diabetes before COVID-19 was the earthquake, COVID-19 is the ensuing tsunami. We must act now to minimize the impact of the tsunami of diabetes and diabetes complications that we are facing.

[*Translation*]

Bill C-237 will improve diabetes prevention and treatment, promote essential diabetes research, improve data collection and address health inequalities. It requires the Minister of Health to table a national diabetes framework in the House of Commons within one year.

[*English*]

Bill C-237 is strongly aligned with Diabetes Canada's diabetes 360° strategic framework, which was developed in collaboration with more than 120 stakeholders and has strong support not only from the entire diabetes community but also from other key health stakeholders, including the Canadian Cancer Society and the Heart and Stroke Foundation. Diabetes Canada encourages that, when Bill C-237 becomes law, the minister refer closely to the diabetes 360° strategy in preparing Canada's new national diabetes framework.

When Bill C-237 becomes law, Diabetes Canada will be pleased to collaborate with the government to define the national diabetes framework and to implement governance and evaluation mechanisms and supports for intergovernmental collaboration, to ensure that it quickly benefits the maximum number of Canadians possible. That is why Diabetes Canada strongly supports Bill C-237 and congratulates MP Sonia Sidhu for her leadership in tabling it and for her commitment to our cause.

We urge Parliament to pass this legislation quickly so that we can begin implementation as soon as possible, which is what Canadians want. In an Ipsos poll conducted in November 2020, 86% of total respondents and 91% of BIPOC respondents urged the federal government to embrace a national diabetes strategy urgently.

This year, Canada and the world are celebrating the 100th anniversary of the discovery of insulin by scientists at the University of Toronto. This momentous discovery saved the lives of millions of people around the world and is rightly recognized by most Canadians as one of our proudest achievements. By passing Bill C-237 now, the federal government can make a fitting recognition of the significance of this anniversary and begin to reap the human and financial rewards of a nationwide approach right away.

● (1315)

[*Translation*]

Thank you for your attention.

[*English*]

The Chair: Thank you.

We will go now to JDRF Canada.

Please go ahead with your statement for six minutes.

Mr. Dave Prowten (President and Chief Executive Officer, JDRF Canada): Thank you, Mr. Chair, and members of the committee.

I'm joined today by Juliette Benoît, a JDRF youth advocate who joins us from L'Assomption, Quebec, and will speak to the lived experience of type 1 diabetes. Just as background, Juliette was one of our two youth co-chairs during our Kids for a Cure this past November and would have met some of you during those sessions.

We're pleased to speak today in support of Bill C-237, the national framework for diabetes act. JDRF is grateful to Ms. Sidhu for her leadership in introducing this bill, as we are to those MPs and other diabetes organizations like Diabetes Canada that worked hard to develop a diabetes strategy for Canada.

Our mission is to accelerate life-changing breakthroughs to cure, prevent and treat type 1 diabetes and its complications. Type 1 diabetes causes the body's immune system to attack and destroy insulin-producing cells in the pancreas, making children and adults dependent on daily injections or infusions of insulin for life. As other have noted, 2021 marks the 100th anniversary of the life-changing discovery of insulin, rightly celebrated as Canada's gift to the world. As Banting himself said, “insulin is not a cure”.

The incidence rate for type 1 diabetes is growing at over 5% a year in Canada, which is higher than the global average. The incidence rate for type 2 diabetes is growing even faster, as is the proportion of annual health budgets taken up by diabetes.

Therefore, JDRF would like to encourage passage of this bill. It will be critical that all levels of government work together to make this diabetes strategy impactful by fostering conditions that prevent diabetes and take actions to keep diabetics healthy, such as finding ways to make diabetes technologies more affordable and accessible as their price is out of reach for many working families.

For type 2 diabetes, prevention means lifestyle interventions. For type 1, prevention means investment in new research into the autoimmune response that causes it.

I'd like to take a moment here to acknowledge the JDRF-CIHR partnership to defeat diabetes. It's a remarkable collaboration between JDRF and the Government of Canada, which is up for renewal this year. Launched in 2017 with $15 million of funding through the CIHR and matched with $15 million from JDRF, this partnership is funding critical research to prevent diabetes complications and investigate groundbreaking immune therapies and stem cell-based cures.

It's important, too, that we focus our resources on psychosocial supports, as Kim Hanson just mentioned. Because we can't change what we don't measure, a robust strategy needs to track outcomes for both types of diabetes through a registry, repository or both.

I'd like to turn it over to Juliette to talk about the urgency for a national diabetes strategy.

[*Translation*]

Ms. Juliette Benoît (Volunteer, JDRF Canada): Thank you, Mr. Prowten.

Good afternoon, everyone.

My name is Juliette Benoît. I'm 17 years old, and I'm from L'Assomption, Quebec. I've lived with type 1 diabetes for almost five and a half years.

My life changed when I was 11 years old. I was diagnosed shortly after Hallowe'en. It is quite unusual for a child to ask to stop trick-or-treating to go to the bathroom.

I was thirsty and hungry, but the more I ate, the more weight I lost. I had also lost my energy and zest for life. As my family really started to worry, my parents took me to the hospital. I remember the cold walls and the staff trying to reassure me, but I was rather annoyed by all the questions I was being asked. Finally, they put three words and a number to my symptoms: “type 1 diabetes”.

After that, I took all kinds of training to tame the monster that was inside me. I thought it was rather strange to see my mother, father, step-mother and step-father sitting around the same table trying to make jokes to lighten the situation.

Before I knew it, I was at home, 11 years old, giving myself injections and trying to survive it all. The child I was was being asked to be an adult, to be strong and to hold it together. The diabetes diagnosis was really what I thought was the worst for a child. I was told I had to give myself shots several times a day and stop eating candy. That's really how I saw my disease.

Fortunately, thanks to research, I now have an insulin pump that allows me to administer insulin without injection and a continuous blood glucose reader that allows me to know my sugar levels faster and without injections, in addition to allowing me to adjust my insulin doses more easily.

That said, it's not a cure. These devices make my daily life easier, but I still spend many hours a day caring for my diabetes. Imagine, before and after eating anything, before, during and after physical activity, when I'm not feeling well and at many other times, I have to check my sugar level, calculate the carbohydrates of what I eat and adjust accordingly.

That's why Bill C-237 is so important to me. The research needs to continue in order to find ways to achieve a genuine cure. Canadians with diabetes need support from the federal and provincial governments to make insulin pumps and continuous blood glucose monitoring systems affordable. Diabetes is a very expensive and difficult disease to live with.

We need help managing the stress and mental burden of the illness, and we also need it to reduce the stigma. It's very important that people stop asking me if I have diabetes because I ate too much sugar, for example. This is an annoying remark that all type 1 diabetics hear on a daily basis.

At 11 years of age, I became a mini-adult, but more importantly, a warrior. I have become a symbol of strength for all type 1 diabetics. Now we just have to hope that the bill to create a national diabetes framework will pass so that real action can be taken.

Thank you for your attention.

● (1320)

[*English*]

Mr. Dave Prowten: Thank you, Juliette, for sharing your personal and powerful story.

As Juliette has made clear, diabetes is a relentless, 24 hours a day, seven days a week, 365 days a year disease. Passing this bill will create a framework for a national diabetes strategy leading to tangible interventions with real health outcomes. It will mean easier, healthier and safer lives for Canadians living with diabetes, like Juliette. I can't think of a better way to honour Banting and Best's legacy.

Thank you.

The Chair: Thank you, all.

We will go now to questions. We will start with Mr. d'Entremont, please, for six minutes.

Go ahead.

[*Translation*]

Mr. Chris d'Entremont (West Nova, CPC): Thank you very much, Mr. Chair.

I would like to begin by thanking Juliette for appearing before us today.

I could never have imagined being 17 years old and making a presentation before a committee like this. Even at 51, I often find it difficult. So I thank her for her testimony and wish her a happy birthday.

My son was diagnosed with type 1 diabetes five years ago now. So he's in a similar situation to hers, except that he was 17 at the time.

[*English*]

The Chair: Pardon me, Mr. d'Entremont.

I think the interpreters are having a hard time hearing you. Maybe you can raise your mike a bit, please.

Mr. Chris d'Entremont: Sorry about that.

I'm going to say thank you to Sonia for bringing this bill forward. I am a parent of a type 1, as I was saying to Juliette, and my son was diagnosed five years ago. You should get a pin—a five-year pin, a 10-year pin. Kim's agreeing with me here. It is difficult.

Juliette brought up something very important here. Not only are we continually, as parents or as patients, trying to find ways to manage the disease, but in the back of our heads we have to find that way to work towards the cure. That's why I think it's a great balance today to have Diabetes Canada here and also JDRF. It does talk about the research component with it.

Again, here we are talking about diabetes, something that is very close to my heart.

My question to Sonia, though, is, as this bill comes forward, it talks about lots of great ideas and that we should work together, we should have a national framework for this, but who's going to enact it? Once MP Sidhu is finished with this, and it passes in the House of Commons, who is supposed to enact the bill or what the bill is asking for?

● (1325)

Ms. Sonia Sidhu: Thank you, Mr. d'Entremont. I was listening to your speech in the House when you were, as a parent, explaining André's situation. I would agree with you. In my 18 years as a health expert, I saw many parents like that.

Who is it addressed to? All demographics. I would expect the federal government would take a role in coordinating that data collection and promotion of information to encourage prevention, and providing funding to research that will lead to a cure, and ensuring an affordable and reliable supply of treatment and devices.

I would expect that a framework would include clear directions on which department and levels of government would be responsible for implementing the various aspects of it, through education and promoting awareness of what it does, even delayed onset diabetes. I'm talking about type 1. It will prevent type 2 risk factors of obesity and many others.

Mr. Chris d'Entremont: Thank you very much for that.

This is the confusing part. I'll probably go to Ms. Hanson in a few moments on this one. The challenge we have is that this is a federal government bill that talks about a national or federal framework, but we have provinces that are responsible for health care in Canada. They're taking care of their populations. Diabetes 360° ° has been around for awhile.

Maybe, Kim, you can give us an idea of how long Diabetes Canada has been talking about diabetes 360°, and what kind of uptake you have at this point beyond Ms. Sidhu's bill?

Ms. Kimberley Hanson: Thanks so much, MP d'Entremont. Those are excellent questions.

We developed diabetes 360° beginning in September of 2017. We are really pleased to see that the discussion carries on today. We would love to be able to cap that off with a formal commitment to a national diabetes framework, such as this bill proposes.

As I believe you are aware, we have strong support at the federal level, thanks to this committee. The finance committee has also recommended the strategy three times in a row. Importantly, we have really strong engagement from the provinces and territories. In November of 2020, Diabetes Canada convened a second round table that had representatives from every provincial and territorial government, as well as the federal government, in attendance.

The strong consensus from provinces and territories was that they are committed to working as much as they're able towards implementing provincial or territorial diabetes strategies, but they see the need for a coordinated approach, for a common framework and language, and for a way of sharing best practices. They would look to the federal government to provide that as soon as possible.

In response to the question you just asked MP Sidhu, I would agree with what she said. When this bill passes and receives royal assent, I would encourage the government to give strong consideration to implementing a multisectoral and multi-level government advisory committee or governance structure that features representatives of the provincial governments who—you're absolutely right—are going to have to implement the treatment-based approaches involved in this framework, and also patient groups.

The Chair: Thank you, Mr. d'Entremont.

We go now to Mr. Van Bynen, please. Go ahead for six minutes.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair.

I want to start by saying congratulations to my colleague, Ms. Sidhu, for the unanimous passing of her private member's bill. Sonia has been a strong advocate for Canadians with diabetes and this bill is key to supporting and improving access to prevention and treatment for Canadians.

I was proud to jointly second this PMB, and am looking forward to seeing the framework come to fruition and learning more about the work involved today.

Ms. Sidhu, your part of the PMB states the government must work with the provinces and the territories, indigenous organizations and key stakeholders to strengthen efforts. Can you tell the committee whether this work has begun and what it entails?

● (1330)

Ms. Sonia Sidhu: Thank you, Mr. Van Bynen. It's a great question. Thank you for your support all the way.

You're right. We need to consult with the indigenous stakeholders as well because, as you know, on reserve and in indigenous populations there are higher rates than with any others. We need to consult with indigenous stakeholders, provinces and territories. The government needs to consult with the stakeholders such as Diabetes Canada and JDRF and listen to the proposals.

Ms. Hanson mentioned diabetes 360°, which we all supported in the HESA committee. It has very good aspects and I hope it can address many indigenous concerns as well.

There have been consultations on subjects that help those with diabetes. For other aspects, like Canada's food guide, there has not been a national holistic consultation called for, and that is why my bill calls for that. It would bring together both levels of government, indigenous partners and other stakeholders with the common goal of creating a national diabetes strategy, which I'm asking for in my bill, Bill C-237.

It's also to address Canadians of all different ages and demographics, and will be sensitive to cultures and socio-economic backgrounds, too.

Mr. Tony Van Bynen: Thank you. That's a good transition.

Ms. Hanson, when HESA was studying the diabetes strategy for Canada in 2019, you appeared as a witness on behalf of Diabetes Canada. As part of this study, the report outlined a number of recommendations from the government. Can you tell us if any of the recommendations you have made have helped shape this private member's bill, and how?

Ms. Kimberley Hanson: I like to think that the study the committee conducted has informed this private member's bill in a number of respects, MP Van Bynen. The study overall affirmed that we have a problem and that we need to do something much more coordinated in order to address it.

I see in this bill the comprehensive and holistic approach to addressing the problem that is proposed in diabetes 360°, the focus not only on prevention but also on treatments specific to diabetes.

I see the focus on measurement, which is critical—unless and until we can better quantify the burden of diabetes in Canada, we will continue to fail to reduce it—and also the strong emphasis on addressing health inequalities, which we know exacerbate the burden not only of COVID-19 but also of diabetes.

When I read MP Sidhu's draft bill, I was very heartened to see how much it is in alignment with diabetes 360°. I think the passage of this bill into law will strongly advance our requests for a nationwide diabetes strategy.

Mr. Tony Van Bynen: Thank you.

Mr. Prowten, you also appeared as a witness back then, on behalf of JDRF Canada. I'd like to ask you the same question, please.

Mr. Dave Prowten: I don't want to repeat what Kim said, but I think what we recognize is that the need for good data is critical to turning the ship around. This is the way I would look at it.

A simple example is that if we don't know who has type 1 and type 2—and some of our provincial and territorial health records don't actually distinguish—if you don't have that base-level information, it's then very hard to make decisions to reshape the system.

Those sorts of fundamental pieces of information are critical to the way we can enact a program going forward. Information leads to better decisions at the provincial and territorial level. That's why I think there's probably an overlap between what the federal role can be and that of the provincial and territorial level.

● (1335)

Mr. Tony Van Bynen: Thank you.

Since the start of the pandemic, we've heard about the importance of data sharing in the medical field. More specifically, we heard that there's a need for greater Canadian data sharing, something you've alluded to. While we've mostly heard it in the context of COVID-19, I'm wondering whether you, Mr. Prowten, or Ms. Hanson could share with us whether this is needed in diabetes as well.

If so, how would a pan-Canadian mechanism for data sharing benefit the efforts to prevent and manage the disease across the country?

Ms. Kimberley Hanson: Maybe I can start quickly, and Dave, I know you'll want to talk about the registry.

Today in Canada, we can't tell you how many of the number of people who we know have a diagnosis of diabetes have type 1 versus how many have type 2. That's very basic and fundamental to understanding different treatment pathways and drug pricing and usage.

Unless and until we can create some kind of national data repository that allows us to amalgamate and understand data that shows us the picture of diabetes in this country, then really, we're throwing spaghetti up on a wall and hoping it's going to stick, where developing treatment protocols is concerned.

Obviously, provinces need to have jurisdiction over the health care system within their regions, and we completely support that. The federal government, however, could play a critical role in compiling data that would help us better understand the picture of diabetes at a national level and that would help provinces and territories better put into context their own perspectives. We think that data is a critical underpinning of this strategy.

Dave, did you want to add?

Mr. Dave Prowten: I was just going to make one point. I think we have a very unique opportunity with diabetes, because there are devices such as continuous glucose monitors and pumps that can feed data to the clinician.

We've talked a lot about virtual care during COVID. That's one big opportunity, but also, that data could then be amalgamated. You could actually start using data that has been generated from patients literally every five minutes.

I think there's a really significant opportunity in the case of this disease to compile this data and make really important decisions.

Mr. Tony Van Bynen: Thank you.

A problem well defined is a problem half solved.

The Chair: Thank you, Mr. Van Bynen.

[*Translation*]

We're going to continue with Mr. Thériault.

Mr. Thériault, you have six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you, Mr. Chair.

First of all, I would like to tell Ms. Benoît that her presentation was very interesting. It's important that she took the time to testify about what she and many other young children and adults are going through. I was very touched by it.

Chronic diseases are diseases that people learn to live with. But because people learn to live with them, we seem to lose sight of them. They are insidious, they settle in our daily lives. Indeed, when someone has type 2 diabetes, it's a whole lifestyle process. It seems that at that point, the patient, or the victim, is made responsible.

We were talking about stigma earlier. Often, the person with the disease is blamed for the fact that they may have a bad lifestyle. That may be true, but we still need to do all the prevention and all the education upstream to avoid this kind of situation. I think that's what's constantly missing, and it's related to the fact that when diseases aren't as dramatic as a heart attack, for example, it strikes less of a chord. We know how striking a heart attack is, but we also know that many heart diseases often have diabetes as a determining factor. Because chronic diseases are less obvious, you get used to living with them and you lose sight of them.

What I find interesting in the approach taken by my colleague Ms. Sidhu is that we know that there have been discussions for years on national strategies and strategic frameworks. There have been since 2005, and there were discussions in 2018 around Diabetes 360. Today, we're being told that we need a bill, that we need to put all this in a legislative intent.

Very briefly, Ms. Sidhu, could you tell us why this is happening today rather than in 2005 or 2018? Why do we think it is essential that all these intentions be reflected in a legislative framework?

● (1340)

[*English*]

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

Why it is important is, as I mentioned even in my speech, in my home riding of Brampton, one in six Bramptonians are living with diabetes. Many more are prediabetic or undiagnosed. As you know, Brampton is home to a large South Asian population that is impacted by diabetes. We also have a large Black community, which is twice as likely to have diabetes.

The number of people in Peel Region living with diabetes doubled between 1996 and 2015. That's what the data shows there. That is why Brampton city council is very supportive. They know what's happening on the ground, and that is why they endorsed my bill. It is so important. The programs are not working well. We need this strategy.

Mr. Chair and Mr. Davies were there last term when we did a diabetes study in the last HESA. We made recommendations. There are always other factors like genetics and environment, but type 2 diabetes is often preventable with healthy eating, active living, education and awareness. That is why, if someone is aware of the early signs, they can maybe prevent this disease or maybe they can delay onset of the disease. Long-term consequences are more dangerous. Cultural sensitivity is another thing. That is why it's so important to bring this strategy now.

[*Translation*]

Mr. Luc Thériault: But this was surely the case in 2005 and 2018. It's now 2021, thankfully, but I wanted to talk more about the legal framework because the bill calls for a national framework.

What do you think is the difference between a national framework and the national strategies that have been developed in previous years?

[*English*]

Ms. Kimberley Hanson: Yes, thank you, Monsieur Thériault.

I think there's no difference between a national framework and a national strategy. When we were drafting diabetes 360°, we debated strongly which words to use to describe what we were trying to accomplish. It is Diabetes Canada's fervent hope that when Bill C-237 passes into law, the framework that it requires to be tabled before Parliament will be heavily inspired by or informed by the diabetes 360° strategic framework.

I can't speak to why we find ourselves in the position that we do in 2021, but I can say that we've seen in the case of other illnesses or disease groups—such as cancer—that when we take a coordinated approach, when we help facilitate information sharing and the sharing of best practices across jurisdictions, we can materially improve the health care of Canadians and really make a difference in reducing the impact of these diseases. I would definitely agree that it's past time that we acted, but the only time we have is now, so let's act now to embrace this bill and move forward.

● (1345)

[*Translation*]

Mr. Luc Thériault: In conclusion, that's why a legal framework is needed now.

The Chair: Thank you, Mr. Thériault.

[*English*]

We'll go now to Mr. Davies.

Mr. Davies, go ahead, please, for six minutes.

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

I'd like to thank all the witnesses for being here today.

Ms. Hanson, I think it was you who mentioned that the funding for the diabetes 360° has been recommended three times in a row, and I understand that it's being recommended again in the 2021 budget. Has the federal government approved funding for the diabetes 360° strategy yet?

Ms. Kimberley Hanson: Not as of yet, MP Davies, no.

Mr. Don Davies: Thank you.

You're familiar with the HESA recommendations from our study. I think those recommendations were unanimous by this committee in the last Parliament. Have any of those recommendations, as a result of the diabetes strategy, been implemented by this government yet?

Ms. Kimberley Hanson: Not that I'm aware of, sir.

Mr. Don Davies: Thank you.

Ms. Hanson, when you appeared at this committee on October 2, 2018, for that study, you pointed out very clearly the out-of-pocket expenses that many people suffering from diabetes have to pay. In fact, it's over $1,500 a year, which has been deemed catastrophic. What proportion of Canadians living with diabetes cannot adhere to their therapies because of cost?

Ms. Kimberley Hanson: According to some research that we have done, at least 30% of Canadians living with diabetes report being unable to adhere to their prescribed treatment regimen due to its costs. I see that this problem is only really being exacerbated as time goes on. The gap between people who can afford, by virtue of private insurance or other means, the best therapies and those who cannot afford anything but the most basic therapies is only growing. That's why, according to Diabetes Canada, it is critical that every Canadian living with diabetes have access to the care, certainly, but also the medications, devices and supplies they need to live well and protect their health.

Mr. Don Davies: You say that it's about 30% of people living with diabetes who have difficulty meeting those needs.

Ms. Kimberley Hanson: Yes.

Mr. Don Davies: Mr. Prowten, I and other members of this committee have all had extensive dealings, I think, with juvenile diabetes, and you've done an excellent job of bringing the realities to our attention. I know that there are children who have to check their blood glucose levels an unbelievable number of times—every five minutes—so I know that continuous glucose monitors, insulin pumps and insulin are critical.

Given that 2021 marks the 100th anniversary of insulin in Canada, do you believe that we should mark this occasion by ensuring that insulin and the other necessary equipment—like pumps and monitors—are available to every Canadian through a national pharmacare program?

Mr. Dave Prowten: There's no doubt that everybody should have exactly what they need to manage their disease. I would then say we need to do more research to find the next level of treatments in essence to cure this disease. There are a lot of people who need better care right now.

Mr. Don Davies: Thank you.

My next question is for Ms. Sidhu.

I have a couple of things. I totally congratulate you on this bill and I admire your initiative, but I must say that delivering the diabetes 360° framework, funding it and making sure that all diabetics and frankly every Canadian who needs access to medication have it is something your government can do.

I'm just wondering if you have gone to the health minister and asked her to simply implement the diabetes 360° program instead of having this have to be pushed through a private member's bill. We all know that can take a lot longer and may or may not get us to where we want to go quickly enough. Your government has the power to do this now. Have you brought that to the health minister's attention and asked her to do so?

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

First of all, I thank you for your support.

I personally fully support 360°. I know as the chair of the all-party diabetes caucus that we work together. Last term when we studied the diabetes issue, we all supported that 360°. The government, of course, needs to conduct their own consultation and stakeholders engagement, but Diabetes Canada has done great work in putting together their 360° strategy.

● (1350)

Mr. Don Davies: Can I just interrupt you, Sonia. Why isn't your government implementing it then?

Ms. Sonia Sidhu: That is why Bill C-237 is a pathway towards a strategy. Diabetes 360° is an example of such a strategy.

It isn't appropriate to tell Health Canada what should be implemented at this point, but I [*Technical difficulty—Editor*] and research plan, and we must let Health Canada look at it for implementation. That is why it's a pathway. I know Diabetes Canada is working well together with us. That is why I brought forward Bill C-237.

We need that strategy. I personally support diabetes 360° and the next level. That is why I brought forward Bill C-237. We need a strategy.

Mr. Don Davies: I understand, Ms. Sidhu, but that's not the question. I understand you support it. The question I'm asking is why your government doesn't, because they could clearly implement this now. For the record, the NDP believes this should be implemented now. Consultation is not necessary. These are excellent recommendations. People are dying and living with a lot of pain that is unnecessary, and we believe this should be implemented right now.

The Chair: Thank you, Mr. Davies.

That brings our first round to a close. I really don't think we have time for a second round. Is there any will for a one-minute round for each party?

I see Mr. d'Entremont is nodding his head.

Let's do that. Let's give everybody a one-minute round.

We'll start with Mr. d'Entremont.

Mr. Chris d'Entremont: Let's ask a quick question on that one.

This question is for Ms. Hanson.

How much did diabetes 360° cost in today's dollars? I know it's been around for a number of years. How much would it cost Diabetes Canada to implement such a strategy?

Ms. Kimberley Hanson: Implemented the way that we have recommended, which is just one possibility, it would take us seven years. It would cost a total of $150 million over that seven years. It would return savings to our economy of $20 billion in that same time frame, $11 billion of which would be to health systems and $9 billion of which would be to Canadian employers.

Mr. Chris d'Entremont: How many meetings have you had with either ministers or parliamentary secretaries over the years to try to bring this message to them?

Ms. Kimberley Hanson: More than I can count.

Mr. Chris d'Entremont: All right. I hope the PS is listening here too.

Thank you.

The Chair: Thank you, Mr. d'Entremont.

We'll go now to Ms. O'Connell.

You have one minute.

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Thank you, Mr. Chair.

Thank you, everyone, for being here.

Julia, in particular, thank you for sharing your story about the stigma, because I think we can't lose sight of that.

I have very limited time.

I want to follow up on the previous comment about why not just have the government implement it. Well, then why not just get rid of private members' bills? It is absolutely a member's prerogative to move forward with issues that are important to them and their constituents. I think that's what we should be debating here today.

This question is for any of the witnesses who want to jump in. Is there a country with a framework that you think has done it quite well and how has it been implemented?

Maybe you could speak to some of the comparators around the world.

Ms. Sidhu, thank you and congratulations on bringing a PMB forward.

Ms. Kimberley Hanson: That's an excellent question, MP O'Connell. Maybe I can start and, Dave, you can add.

There are a number of countries—I'm thinking specifically of Sweden, Denmark, Finland, the U.K., New Zealand—that have parts of these nationwide diabetes approaches and are experiencing much better rates of prevalence and lower costs than we are as a result. In fact, Canada is in the worst third of OECD countries for prevalence and cost of treating diabetes, largely because we haven't had such an approach. Even countries such as Portugal and India have more coordinated approaches and better experiences of diabetes according to many metrics than Canada does.

As I mentioned in my earlier remarks, it's a recommendation of the World Health Organization that every country have a nationwide approach, and it's one that I think Canada should seriously heed.

● (1355)

The Chair: Thank you, Ms. O'Connell.

[*Translation*]

Mr. Thériault, you have one minute.

Mr. Luc Thériault: Basically, all of my earlier questions were related to the announced legal framework. Earlier, Mr. Prowten said that it would be interesting for research and that data collection would be even more efficient. That's fine. I also understood from the testimony of Ms. Hanson and Ms. Benoît that this would also help us update all the thinking and strategies that have been around for a while, such as the Diabetes 360 program.

I understand that the bill will be, as Ms. Sidhu put it, the pathway to the $150 million that will allow us to save $20 billion.

So let's go for it. Everyone is in agreement with this initiative, no one can be against it. Now, what remains to be done is to bring all these good intentions into reality. We'll soon have a fairly broad legal framework, but full of good intentions. Everyone has supported it. I'm relying on the testimony of people who have been in the field for years.

Personally, I'm ready to be pleased with this initiative, and I congratulate Ms. Sidhu on her objective.

The Chair: Thank you, Mr. Thériault.

[*English*]

We will go to Mr. Davies for one minute, please.

Mr. Don Davies: Thank you.

I just want to take a moment to congratulate Diabetes Canada and JDRF Canada for the wonderful work [*Technical difficulty—Editor*] in explaining the public policy reasons. From my understanding, implementing the diabetes 360° strategy will not only save our country money in the health care system over time, but it will also save Canadian lives.

I know that the Canadian Federation of Nurses Unions found that cost-related non-adherence results in deaths of some 270 to 420 Canadians with diabetes every year. We know that many children can get access to the tools they need. I think these are known.

If I understand Ms. Sidhu correctly, she suggests Health Canada will have to do some consultation on this bill.

Ms. Hanson, do you see any real areas of uncertainty or consultation that are still required that would justify the government not being able to move on this right away?

Ms. Kimberley Hanson: It would be my hope, MP Davies, that consultation would be focused on clarifying governance structures for carrying forward the implementation of this framework, as well as defining the specifics of how all levels of government can collaborate in implementing it.

I would hope that the extensive work that JDRF and we have done to bring the community together to define what should be in the framework can stand, and therefore the focus in the months after this bill passes into law can be on how we can actually start implementing it as quickly as possible. We can't wait really another moment.

Mr. Don Davies: Thank you.

The Chair: Thank you, Mr. Davies.

That brings our questioning to a close.

I thank you all. I thank the witnesses in particular for their testimony today and for sharing their expertise and time with us.

With that, we will suspend and invite the witnesses to withdraw. We will proceed shortly to clause-by-clause.

● (1359)

_____(Pause)_____

● (1400)

The Chair: Pursuant to Standing Order 75(1), the consideration of clause 1, short title, and the preamble are postponed.

We will go to clause 2.

(On clause 2)

The Chair: I understand there is an amendment for clause 2.

I would invite Mr. d'Entremont to move that amendment.

Mr. Chris d'Entremont: Mr. Chair, I move that Bill C-237, in clause 2, be amended by adding after line 21, on page 2, the following:

> (f) ensure that the Canada Revenue Agency is administering the disability tax credit fairly and that the credit, in order to achieve its purposes, is designed to help as many persons with diabetes as possible.

Simply put, there has been an ongoing challenge for people with diabetes to qualify for the disability tax credit. A number of organizations have expressed the difficulty of that. I can attest as a parent that it was probably the third try before we were able to get it for André. I can imagine for individuals who are not as lucky as we are to be able to work for themselves and get these kinds of things done....

It's simply to try to facilitate the work and to acknowledge that there is a disability tax credit there. I think it's a very easy and calming kind of resolution, without changing the intention of the bill.

The Chair: Thank you, Mr. d'Entremont.

We will carry on with the debate.

We have Ms. Sidhu. Please go ahead.

Ms. Sonia Sidhu: Thank you [*Technical difficulty—Editor*].

I do not oppose Mr. d'Entremont's amendment, but would remind committee members that the CRA is an arm's-length agency for a reason. [*Technical difficulty—Editor*] to be dictating this type of decision.

I do not believe that DTC regulations mention any specific disease or condition. My understanding of DTC is that it is meant to help people with a disability that impairs their ability to work or takes a lot of time to manage, like significant physiotherapy. Not all individuals with diabetes meet this threshold.

Regardless of whether an individual is eligible for the DTC, tax relief for medical expenses, such as the cost of insulin, insulin pumps and other supplies, may be available through the medical expense tax credit, with additional support for low-income working Canadians provided through the refundable medical expense supplement.

Diabetes can be expensive for some people to manage. I know that personally. As providers of health care, it should be the provinces that help to fill that gap. That is why government will need to work closely with the provinces and territories to ensure there is clarity about what each level of government is responsible for and that they are putting resources into the right program.

I once again thank Mr. d'Entremont for his input and feedback.

The Chair: Thank you, Ms. Sidhu.

Mr. d'Entremont.

Mr. Chris d'Entremont: I appreciate what Ms. Sidhu had to say; however, when it comes to the disability itself, I think there are a number of occasions where a person with diabetes has to take time off from work to attend doctor's appointments and treatments. If they get sick, they have to take time off from work.

There is a tremendous cost to diabetes beyond just the purchase of insulin or tests or those kinds of things. It's simply a friendly amendment to acknowledge that diabetes is a disease that requires a fair amount of time for the sufferer to be able to go forward.

The other challenge that we have is a problem that JDRF identified back in 2017. There are still challenges for people trying to get the DTC. This is a diabetes-specific issue, and I hope that we can all support this as it goes forward.

Thank you.

● (1405)

The Chair: Thank you, Mr. d'Entremont.

Ms. Rempel Garner, please.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Chair, I want to speak in favour of the amendment. I think it's common sense. Certainly everyone in this meeting today would have had constituents call in with casework on this issue. It shows a good commitment to move forward on the issue. Certainly, a colleague of mine, Julia Parsons, has made me very aware of this issue.

I thank you, Mr. d'Entremont, and I certainly will be supporting your amendment.

The Chair: Thank you, Ms. Rempel Garner.

I see no other speakers so we will carry on with the vote on the amendment.

Mr. Clerk, would you please conduct the vote?

Mr. Tony Van Bynen: Mr. Chair, could you please read the amendment back to me, for clarity?

The Chair: I'll ask Mr. d'Entremont to do so.

Mr. Chris d'Entremont: It's an addition to clause 2:

> (f) ensure that the Canada Revenue Agency is administering the disability tax credit fairly and that the credit, in order to achieve its purposes, is designed to help as many persons with diabetes as possible.

I'm hoping the clerk shared that with everyone.

The Chair: I certainly have a copy of it.

Are there any further questions or comments?

Seeing none, I will ask the clerk to conduct a vote, please.

(Amendment agreed to: yeas 11; nays 0)

The Chair: The amendment carries, and we'll proceed to the clause itself.

(Clause 2 as amended agreed to)

(Clauses 3 and 4 agreed to)

The Chair: Shall the short title carry?

Some hon. members: Agreed.

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

The Chair: Shall the bill as amended carry?

Some hon. members: Agreed.

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

Some hon. members: Agreed.

The Chair: Shall the committee order a reprint of the bill as amended for the use of the House at report stage?

Some hon. members: Agreed.

The Chair: That all being said and done, congratulations, Ms. Sidhu, on the successful passage of your bill.

It will go back to the House at this point. I will be able to report this to the House, I believe, in the next sitting, which will be in two weeks. Then it will go back for the report stage and the third reading process for private members' bills.

We will now proceed to the consideration of the report from the subcommittee.

I believe we need to ratify the report from the committee. I believe the clerk has distributed to all members a copy of the subcommittee report.

In general, we proposed, for the NDP portion of the current study, the first round of topics for this COVID-19 study would be four days, and similarly, four days for the Bloc Québécois study as well.

Following those two portions of the study, we would schedule the two remaining meetings of the PMPRB study for Mr. Thériault. In that process, prior to May 31, we would invite the minister for main estimates.

● (1410)

Mr. Thériault, I see you have your hand up. Is it on this matter?

[*Translation*]

Mr. Luc Thériault: This concerns another topic, Mr. Chair. It has to do with the routine motions I tabled the other day.

I don't have anything to say about the bill at this time.

[*English*]

The Chair: Mr. Davies, I see your hand is up as well. Is that also on another matter, or is it on this particular matter?

[*Translation*]

Mr. Don Davies: This also concerns another topic.

[*English*]

The Chair: We will recognize both of you after we deal with the report from the subcommittee.

May I have a motion to adopt the report from the subcommittee?

I don't know if I need a motion for that, but I see Mr. Van Bynen is making such a motion.

Is there any discussion on this matter?

Seeing none, we shall vote on the matter. Is there any dissent to ratifying the report from the subcommittee?

Seeing none, I declare that the committee has ratified the report from the subcommittee.

Thank you all.

We will go now to other business.

Monsieur Thériault, you wish to move your routine motions. Please go ahead.

[*Translation*]

Mr. Luc Thériault: Thank you, Mr. Chair.

I gave notice for two routine motions, so I'd like that we adopt them today, as has been done in other committees.

The first concerns documents translated by the Translation Bureau and reads:

> Que tous les documents présentés dans le cadre des travaux du Comité qui ne proviennent pas d'un ministère fédéral ou qui n'ont pas été traduits par le Bureau de la traduction soient préalablement soumis à une révision linguistique par le Bureau de la traduction avant d'être distribués aux membres.

Mr. Chair, do you want to deal with this motion before I move the second motion, or would you like me to move both before we discuss them?

[*English*]

The Chair: Monsieur Thériault, let's deal with them one at a time.

● (1415)

[*Translation*]

Mr. Luc Thériault: Okay.

[*English*]

The Chair: I accept that you have moved that particular motion.

Your wording is not quite what I'm seeing in the motion itself, so I will read the English portion of what I see, which I believe is the motion we are dealing with:

> That all documents submitted for Committee business that do not come from a federal department or that have not been translated by the Translation Bureau be sent for prior linguistic review by the Translation Bureau before being distributed to members.

Is that the motion you're moving at this point?

[*Translation*]

Mr. Luc Thériault: The interpretation was pretty faithful to what I read in French.

[*English*]

The Chair: Thank you.

That is the matter before us at this time. Is there any discussion on—

[*Translation*]

Mr. Luc Thériault: In any event, Mr. Chair, you have already have the English text, which says the same thing.

[*English*]

The Chair: Yes. I wasn't quite clear that what I was hearing you say was exactly that motion. I was listening to the translation. There may have been a little difference.

Don, you still have your hand up. Is that on this?

Mr. Don Davies: No. It's on the other subject, Mr. Chair.

The Chair: All right.

Ms. Rempel Garner, go ahead, please.

Hon. Michelle Rempel Garner: Thank you, Chair.

I support the substance of this motion. I would just ask for a small amendment that deals with the fact that members' offices often put forward routine communications to the committee that we do translate. Given resources in members' offices, I would move to amend the motion to add the words "a member's office" to the motion, so that the motion would read as follows:

> That all documents submitted for Committee business that do not come from a federal department, or a member's office, or that have not been translated by the Translation Bureau be sent for prior linguistic review by the Translation Bureau before being distributed to members.

It's my understanding that this amendment has also been moved at every other committee as well and has been accepted.

The Chair: Thank you, Ms. Rempel Garner.

The discussion at this point is on Ms. Rempel Garner's amendment—

[*Translation*]

Mr. Luc Thériault: Mr. Chair, if it speeds things up, I can even incorporate it.

[*English*]

The Chair: Let's go through the process so I don't get confused.

Is there any discussion on this amendment?

Ms. Jennifer O'Connell: I think he accepted it as a friendly amendment. That's my understanding.

The Chair: A friendly amendment doesn't really exist. Let's just have the vote on the amendment.

I don't see any hands up for discussion. If we can go ahead right now, is there any dissent in accepting this amendment? I see none.

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

The Chair: We go to discussion on Mr. Thériault's motion as amended by Ms. Rempel Garner. Is there any further discussion or amendment on this motion?

Seeing none, I will ask if there's any dissent.

(Motion as amended agreed to)

The Chair: Monsieur Thériault, do you have another motion?

[*Translation*]

Mr. Luc Thériault: Yes, Mr. Chair.

[*English*]

Mr. Don Davies: Mr. Chair, on a point of order, we're dealing with motions. Monsieur Thériault having moved one motion, I believe it would then come to me next for my motion. I don't think one member can continue to move motions without recognizing an order.

The Chair: Monsieur Thériault wanted to move both motions together. I suggested that he should do so individually, but if Monsieur Thériault wouldn't mind waiting....

Would that be okay, Monsieur Thériault?

Mr. Don Davies: In this case I'll defer, because I think they're thematic, but for the purpose of process next time, I think each member has a right to move a motion at a time, and I think we should keep to that. In this case I'll waive that and permit Monsieur Thériault to go again because his motion is [*Technical difficulty—Editor*].

The Chair: Thank you, Mr. Davies.

I shall also check with the clerk to refresh my recollection.

● (1420)

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I thank my colleague.

The second routine motion concerns technical tests for witnesses. The motion reads:

> That the clerk inform each witness who is to appear before the Committee that the House Administration support team must conduct technical tests to check the connectivity and the equipment used to ensure the best possible sound quality; and that the Chair advises the Committee, at the start of each meeting, of any witness who did not perform the required technical tests.

I know that tests are done to ensure sound quality and that things have improved over the course of the meetings, but the fact remains that the interpreters sometimes comment on the quality of the sound. Personally, I almost always use the interpretation channel when I attend committee meetings.

I think it would be a good idea for this motion to be adopted and, more importantly, for the chair to inform us about it right away. Scheduling our business and calling witnesses in advance allows this procedure to be updated at each committee meeting. We think it's important that this routine motion be adopted.

The Chair: Thank you, Mr. Thériault.

[*English*]

Is there any discussion on Monsieur Thériault's motion?

I would advise, Monsieur Thériault, that absolutely the clerk makes every effort to do exactly this. It certainly is one of the reasons why we need substantial notice, several days' notice, to bring witnesses forward.

In any case, seeing no further discussion, I will call a vote.

(Motion agreed to)

The Chair: Thank you, Monsieur Thériault.

Mr. Davies, I believe you have a motion to move as well.

Mr. Don Davies: Thank you, yes.

At the subcommittee on agenda, all parties had a chance to discuss and—I think I can speak for all of us to say—agree upon our desire to have this motion pass at the main committee.

For the members' benefit, because it was quite a while ago, and for new members, on Tuesday, February 18, 2020, we passed a motion that essentially would have the committee readopt reports from the 42nd Parliament that had already been adopted and submitted to the government in the last Parliament but for which we had not yet received a response from the government.

There were seven different reports. These included reports on a diabetes strategy for Canada, on tackling sports-related concussions, on the impacts of methamphetamine abuse in Canada, on young Canadians' exercise and health, on LGBTQIA2 communities' health and on violence facing health care workers in Canada, as well as a letter written to the Minister of Health, the Minister of Public Safety and the Minister of Indigenous Services requesting a response to a letter written by the chair of the health committee that dealt with the issue of the forced sterilization of women in Canada.

All of those issues, by the way, are still quite current, so I am moving that motion again today. Everybody has received notice of it. It would simply permit this committee to readopt those reports and then permit the chair to table those reports in the House so that we can hopefully get a response from the government on those reports, which represented the hard work of the committee last time. Most, if not all of them, I think, were passed unanimously.

Thank you.

● (1425)

The Chair: Thank you, Mr. Davies.

We actually have seven motions here. I don't know if there is a procedure to adopt them all at once.

Is there any discussion on these motions in general? Let's see what the temperature of the room is on these motions. Everyone has had a copy sent to them by the clerk. Are there any concerns or questions about them?

Seeing none, Mr. Clerk, would it be appropriate to adopt all seven motions in one fell swoop?

The Clerk of the Committee (Mr. Jean-François Pagé): If we have unanimous consent, yes.

The Chair: Do I have the unanimous consent of the committee to adopt these seven motions in one go?

Is there any dissent? I see none.

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

The Chair: Thank you, all.

When we passed these motions a year and a bit ago, the Conservative members then on the committee had concerns that they might want to submit dissents, and I advised them that I would give them notice before I tabled the reports.

My intention, now that this has passed in committee, is that when we get back after our two-week constituency interval I would table these in the House at the first opportunity. If there is any will to do a dissenting report, that would be the time you would need to be present in the House to table that dissent.

Is there any further business to discuss?

Seeing no further business, I think we will adjourn.

I thank you all. Have a productive two weeks in your constituencies, and I'll see you all in a couple of weeks.

The meeting is adjourned.