HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

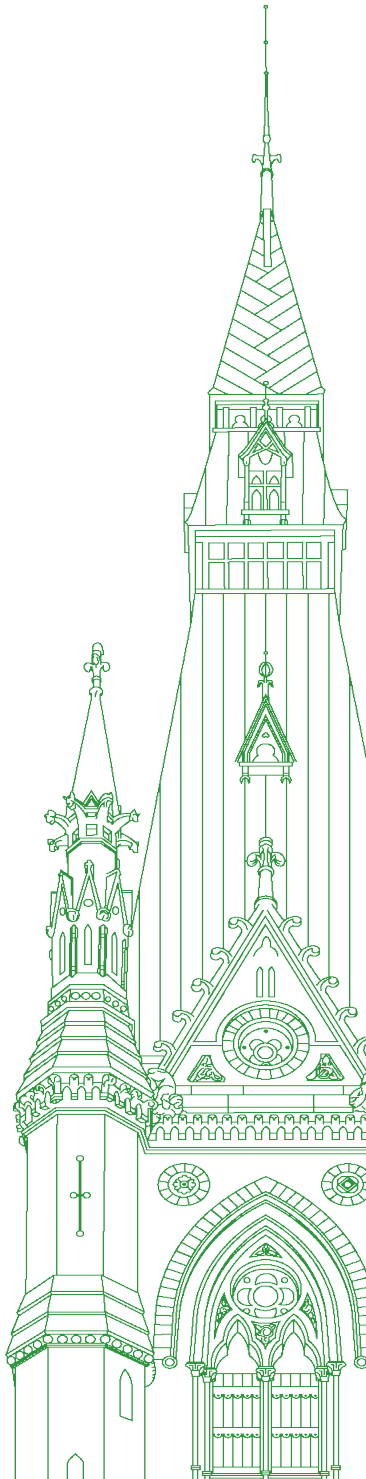
44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 140

Thursday, November 21, 2024



Chair: Mr. Sean Casey

Standing Committee on Health

Thursday, November 21, 2024

● (1600)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 140 of the House of Commons Standing Committee on Health.

In accordance with our routine motion, I'm informing the committee that all remote participants have completed the required connection tests in advance of the meeting.

Pursuant to an order of reference adopted by the House of Commons on Wednesday, May 29, 2024, the committee is commencing its clause-by-clause consideration of Bill C-368, an act to amend the Food and Drugs Act regarding natural health products.

I would like to welcome our witnesses, who are available to us as experts for any questions members might have that are related to the legislation.

From the Department of Health, we have David K. Lee, chief regulatory officer, health products and food branch, and Kim Godard, director general, health product compliance directorate. From the office of the legislative counsel, we have Alexie Labelle and Jean-François Pagé for any procedural questions.

I'd like to provide members with some instructions and a few comments on how the committee will proceed with clause-by-clause consideration on Bill C-368.

As the name indicates, this is an examination of all the clauses in the order in which they appear in the bill. I will call each clause successively. Each clause is subject to debate and a vote. If there are amendments to the clause in question, I will recognize the member proposing it, who may explain it. The amendment will then be open for debate. When no further members wish to intervene, the amendment will be voted on. Amendments will be considered in the order in which they appear in the bill or in the package each member received from the clerk. Members should note that amendments must be submitted in writing to the clerk of the committee.

Amendments have been given a number in the top right corner to indicate which party submitted them. There's no need for a seconder to move an amendment. Once it is moved, you will need unanimous consent to withdraw it.

During debate on an amendment, members are permitted to move subamendments. These subamendments must be submitted in writing. They do not require the approval of the mover of the amendment. Only one subamendment may be considered at a time, and the subamendment cannot be amended.

When a subamendment is moved to an amendment, it is voted on first. Then another subamendment may be moved or the committee may consider the main amendment and vote on it.

Once every clause has been voted on, the committee will vote on the title and the bill itself. An order to reprint the bill may be required if amendments are adopted so that the House has a proper copy for use at report stage.

Finally, the committee will have to order the chair to report the bill to the House. That report contains only the text of any adopted amendments as well as an indication of any deleted clauses.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thanks very much, Chair.

I think that we adjourned debate last time on a very important motion related to this bill. It specifically respects the data that has been egregiously reported here in this committee without any evidence.

Certainly as we begin to look at that, I think that we need to return to the original omnibus bill in which the changes originally occurred, transforming natural health products to therapeutic products. This was done, as I said, in an omnibus bill, in an attempt to hide that from the public.

That being said, when we heard from witnesses from Health Canada and specifically from Dr. Supriya Sharma, we know, once again, that data was referred to that has never been substantiated. The sad fact of the matter is that in the obfuscation of witnesses who were here at this time, they absolutely refused to provide that data. In spite of many disagreements we've had at this committee, we have had the ability to have documents tabled here, which has been a regular occurrence, thankfully, and it's something that we've agreed to. Sadly, that couldn't occur at this time.

Subsequently, I moved a motion for ISMP to provide the dates of occurrences, the specific substances that were in question, the outcomes, etc. It's interesting; I had the opportunity to review the footage from that meeting, and when I asked representatives from that group three times to come forward and provide data to substantiate their claims, each time they talked about privacy and they talked about.... It was very unclear what their point was.

My point, though, is very clear. If you want to come and make claims about a $13-billion industry that is mainly composed of small and medium-sized businesses here in Canada—a business that is incredibly important, often a family business and often run by women—then you need to substantiate your claims. It is absolutely egregious that this was not taken into account by our Liberal and NDP counterparts, who adjourned debate on this motion at the last meeting.

On behalf of those entrepreneurs who really want to be able to continue to ply their business in our country, shame on the Liberals and shame on the NDP for adjourning debate. We could have settled this already, but once again, for reasons unknown to me....

Perhaps it is the return of the marriage of the NDP and Liberal leaders. Despite the much-touted public tearing up of the agreement, clearly everybody knows that the renewal of vows has reoccurred. As we begin to look at that—

● (1605)

Mr. Peter Julian (New Westminster—Burnaby, NDP): I have a point of order.

The Chair: We have a point of order from Mr. Julian.

Mr. Peter Julian: I'm certainly questioning relevance, because Dr. Ellis is off on a tangent, but I'm also a little bit perplexed, because this is really important legislation. I'm glad that Mr. Calkins is here with us today, and we have important amendments to consider on the bill. Perhaps Dr. Ellis can share with us why he's filibustering this bill.

The Chair: Dr. Ellis is talking about things that were relevant to the bill, and I expect that at some point he's going to introduce a motion to resume debate or move a brand new motion along the same lines. That's what I'm waiting for. He's on a topic that will lead to that. We'll see where it goes.

Do you have a point of order as well, Mr. Thériault?

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I understand that Mr. Ellis is making a kind of preamble as to the work we're going to do. I would agree with the idea of allowing each of the parties to make a preamble or an opening statement before beginning the clause-by-clause study.

I'd also like to make a preamble. We've heard a lot of things, and before explaining the amendments I'm going to propose, I'd like to specify the framework in which they were made. I think this is important.

If the members of the committee agree, we could determine a speaking time for this preliminary statement. For my part, I don't need more than two and a half minutes.

Mr. Ellis could perhaps conclude his preamble, eventually.

The Chair: I have a document that outlines the process we're going to follow.

If someone raises their hand, I'm obliged to recognize them. If they want to raise a relevant issue that affects the study, they have the right to do so.

Mr. Ellis is asserting his right as we speak.

Mr. Luc Thériault: I'd like my name to be put immediately on the list of people who want to speak.

The Chair: All right.

The next person to speak is Ms. Goodridge, and then it will be your turn.

Mr. Luc Thériault: Okay.

[*English*]

The Chair: Dr. Ellis, go ahead.

Mr. Stephen Ellis: Thank you very much, Chair.

In spite of efforts to silence this very important topic of data production in the face of egregious and unsubstantiated claims directed towards the natural health product community, I think it is important to set the stage for folks who are out there listening.

I want to bring people back to the fact that I know that every member of this committee, including Dr. Powlowski, Dr. Hanley...perhaps not Mr. Naqvi, because he wasn't there. I know Ms. Sidhu has been here throughout this entire disgraceful episode.

We have received more correspondence on this particular issue with respect to natural health products than any other issue that has ever come before the health committee in the three years that I've been here.

I know that we've brought stacks upon stacks of people to committee who were reaching out and saying, “Do not take away my access to natural health products.” Once again, what we have heard from witnesses who have appeared here.... I'll refer back to the original omnibus bill when officials from Health Canada said here very clearly, “You can search the database for yourself.”

Chair, that is why this is particularly important. When we asked them where the numbers came up and what the particular adverse effects were, they said, “You can search the database for yourself.” We asked if they would table the actual adverse effects in writing with the committee, and the answer we got back was the exact same, which is disgraceful.

That is exactly why I think it is important to have this motion acted upon and the data brought forward on behalf of families and entrepreneurs who have natural health products and businesses for natural health products, which is a $13-billion business in Canada.

When we asked Health Canada officials that question, they said, “Go look at the database yourself.” When we asked them to table that with the committee, the exact same answer came up, which was, “Go and look at the database yourself.”

I don't know how many people around the table here tried to look at the database. We spent hours attempting to look at that database, which we should never have to do, to substantiate the claim of Health Canada with respect to natural health products.

● (1610)

The Chair: Excuse me, Dr. Ellis; I'm sorry.

Somebody has a cellphone that's close to the microphone and is vibrating, and we just got an indication that it's probably not good for the interpreters.

Go ahead, Dr. Ellis. I'm sorry for the interruption.

Mr. Stephen Ellis: No, that's okay.

Again, we spent hours of our own time, in our own office, looking at this database and trying to substantiate the ridiculous claims of the Health Canada officials. Because of the nature of the database, it is impossible to do that. This was the first reason we are moving a motion to compel purporters of claims to actually table that information. That's why it's so important and why that motion was very specific in what it asked for.

The second instance we had—I know I mentioned this before, but I think it's important to put this all in one package—was of Dr. Supriya Sharma being here at the same time as the original omnibus bill. She claimed that a child died, sadly, in Alberta as a result of natural health products. It pains me to bring this up again, but it's such an egregious and untrue claim that it bears repeating. The child died, if I'm not mistaken, of viral meningitis. For a physician to be here as a representative of the government, working with Health Canada, and say that the child died due to natural health products when it is absolutely untrue is shameful, I think. I was going to call it a lie, but I'm not going to. I'm just going to say that it's absolutely untrue. It's absolutely shameful.

Then we came back because our great friend, who happens to be here at the table today, realized the classification of natural health products as therapeutic products is what allows this cascade of ridiculous events, meaning that therapeutic products will be required to have significant labelling changes with tiny fonts, increased use of plastics and labels that are going to fall off because they're so huge. As well, the cost recovery program can also be enacted, very much contrary to comments from Minister Holland, who said the change in definition wouldn't change all those things. However, it is the change in definition that allows all those things to happen.

We also heard, of course, representatives from the anti-smoking and anti-nicotine group who came here. They suggested that nicotine should not be part of the natural health products regime. They wanted to specifically fight the bill based on that. When you begin to look at that.... You know, there are easy ways to make things happen in terms of removing products that contain nicotine from the natural health product legislation.

The other group that was here, as I mentioned already, was ISMP. They mentioned there had been 700 claims of side effects related to natural health products since 2019. They were again very unclear in what they presented. One of the claims, if I remember correctly—again, I looked at the footage—was that somebody read the label wrong, got the wrong product and was upset because they couldn't get a refund.

Now, I don't think that is a side effect of natural health products. That's a side effect of not reading properly. That's my own opinion. All the way to their egregious claims of multiple deaths....

Again, why is this important? It is important because people should not be able to come here and make egregious claims without data to support what they are saying. We even had a physician from SickKids here saying that multiple children died because of natural health products but who, once again, refused to provide any cases. I asked that physician specifically, “How many children died, what did they die from and what was the toxic substance?”, etc., and there was no answer provided.

It is a comedy of events. They're not even errors, and it's certainly not funny that people come here and make egregious claims against the natural health product industry and nobody besides the Conservatives and the Bloc wants to hold them to account. The NDP-Liberal coalition wants to adjourn debate on this specific motion. Clearly, they do not want to have this information before committee.

● (1615)

Mr. Peter Julian: I have a point of order.

The Chair: There's a point of order from Mr. Julian.

Mr. Peter Julian: Again, Mr. Chair, I want to cite relevance and repetition.

I'm kind of flabbergasted. This is a bill the NDP supports, and Mr. Calkins presented it. We have important amendments to consider. It's being filibustered by the Conservative health critic. I don't understand, at all, the objective. He is repeating himself, and he's not relevant to the debate.

I ask you, Mr. Chair, whether he has actually moved a motion or is just speaking.

The Chair: He hasn't moved a motion. He is just speaking, but he is speaking to the bill. It's hard to say that it's not relevant.

I'm sorry, Mr. Julian.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thanks very much, Chair.

I think this is worthwhile pointing out. I know it's painful to Mr. Julian, but the sad part is that Mr. Julian was the.... We knew that the Liberals were going to vote against this because, of course, they moved the original bill to gut the natural health product industry.

I think it's shameful for Mr. Julian to have been the one to adjourn debate on bringing forward data that is specifically related to this bill and to the natural health product industry, of which he claims he's a huge supporter.

That's not to mention the fact that one of the amendments he has brought forward is basically a wrecking amendment toward Bill C-368. As we begin to consider his amendment, I think we'll find that we'll ask you, Chair, to rule against the admissibility of his ridiculous amendment as we go forward.

With that, I think it's incredibly important that we resume debate with respect to the data that we requested at the last meeting related to the natural health product industry because it provides important context for Canadians to understand that, by and large, this industry is safe, effective and proudly Canadian.

If the NDP-Liberals are allowed to have their way, they will wreck the industry, drive businesses out of Canada and force Canadians to purchase products online, which will never be tested up to Canadian standards because there's no law requiring that. They'll be able to access products from any jurisdiction they wish.

We have an opportunity specifically to ensure an industry.... We've heard multiple testimonies related to the safety and the interest of those involved in the industry of how safe it is. They're willing and open to have changes. We've talked to them, and they're willing and open to have changes with respect to removing products that contain nicotine from the category of natural health products. We also know that the concept of recall.... I know that our colleague from the Bloc has submitted an amendment specifically with respect to recall that we certainly would support, which makes perfect sense.

We heard clearly from inside the industry that moving amendments related to those two things would make perfect sense.

Very specifically, Chair, with those things in mind, I move that we resume debate on the motion I proposed at the last committee meeting, which was adjourned by the NDP and the Liberals, to demand that ISMP bring forward data that they cited at that last meeting with respect to natural health products.

Thank you.

The Chair: The motion to resume debate is a dilatory motion that is not debatable, so we will go straight to a vote.

Just for clarity, the motion that Dr. Ellis moved at the last meeting, which is the subject of the motion to resume, reads as follows:

> That the Institute for Safe Medication Practices Canada provide the list of 700 incident adverse reactions, the date of incident, product and outcome to the standing committee on health within 30 days.

The question for the committee is, shall the debate on that motion resume?

Mr. Stephen Ellis: Chair, I'd like to request a recorded division, please.

(Motion negatived: nays 7; yeas 4)

The Chair: At the time the motion was moved, I had Mrs. Goodridge and Mr. Thériault on the speakers list.

Do you still wish to have the floor, or was it on that?

We'll go to Mrs. Goodridge and then to Mr. Thériault, please.

● (1620)

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I'd like to clarify one thing.

[*English*]

The Chair: Okay.

[*Translation*]

Mr. Luc Thériault: Just because we're not resuming the debate on tabling documents with the committee within 30 days—by which time we'll have finished studying the bill and it will probably have been passed—doesn't mean they shouldn't be tabled all the same. I want them tabled. We can ask the organization to table them without our having to debate them.

I hope everyone will agree that we should make this request. The study will be completed, but we can refer to these documents afterwards. It could be interesting for the future.

So I'm asking for unanimous consent for us to express this desire. In fact, it's something that's already been done and didn't require a motion.

The Chair: Mr. Thériault, I think you went a little further than a point of clarification. You proposed a motion and asked for unanimous consent. I'd ask you to do it again when you have the floor, after Ms. Goodridge.

Mr. Julian, would you like to raise a point of order or would you like us to add your name to the list?

Mr. Peter Julian: I would like my name to be added to the list.

[*English*]

The Chair: Mrs. Goodridge, go ahead, please.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair.

There is one interesting piece. We get lots of correspondence and we've asked for lots of facts on this. We've had lots of information shared by Health Canada officials and the Institute for Safe Medication Practices Canada, and I found it really interesting when we got a letter back very quickly from the Institute for Safe Medication Practices Canada in both official languages. It went into our HESA email. It stated that they would happily provide the data, but only within two weeks and only after we made a decision.

I asked specifically in the meeting if they would provide the information, and they said yes. They have now decided that they're only going to provide this information if we actually vote on it, which I think is fairly telling, in that they're setting the timeline as to how long they will give us. They're also dictating which information they would give us. It's not that parliamentarians get to decide which information we will receive; they have set out what they will actually allow.

There is one other concern I have. When we had the Minister of Health here, he spoke about all the different adverse impacts. He talked at length about feces and a variety of issues. He made it sound as though perhaps this entire industry had some very serious issues when it came to feces.

In doing some further clarifications, we asked for information as to the number of these incidents. Eventually, we found out there were three. We asked for this information to be tabled with the committee.

Health Canada tabled the information with the committee, but it only tabled information with regard to one feces case. We still don't know about the other two cases. We still don't have that information. This is another example of not having the information that we have requested and that we need as a committee in order to move forward.

It's very frustrating that this Liberal government is trying to destroy a $13-billion industry. They have all these safety concerns that they have brought up, but when push comes to shove and we ask for the data, they cherry-pick which data they will actually provide to us. Canadian small business owners, primarily female small business owners, are going to be the ones suffering the consequences of the fact that we as parliamentarians don't have the right information.

I don't understand. This wasn't that difficult. We didn't ask for that much information from Health Canada, but we didn't get two-thirds of what we asked for. For three incidents, it should not be that difficult.

Health Canada officials said there were 282 observations regarding unsanitary conditions. They didn't give any details in regard to what those looked like. They didn't give any of the details. They literally gave us sentences that had data sprinkled in, and not actual information.

I'm raising this issue because this isn't the quality of information I would expect to have at the committee.

The letter that came from Ms. Hoffman from the Institute on Safety of Medication Practices is not okay. That's not what we should be getting from a witness, saying, “Here's the information we will provide to you.” The last time I checked, Parliament had some pretty wide, sweeping rules saying that we can ask witnesses for a variety of information. If you're going to come here and share information with us, you should be willing to actually share all of the information with us, should we request it. You don't get to tell us which information you will and won't share. That's not how parliamentary privilege works.

Thank you, Mr. Chair.

● (1625)

[*Translation*]

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

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

The point I want to make is that just because I voted earlier against resuming debate on the motion to obtain additional documents does not necessarily mean that I voted against the principle of the motion. However, I don't think we need to have this debate, and I don't think we need this information to do our job today. Let me explain why.

First, I'd like to point out that we've tabled three amendments in relation to Bill C-368. I may not have enough parliamentary experience, but in nine years, I've never worked as hard as I did on these three amendments. We had to study Bill C-368, Bill C-47, Vanessa's Law and the Food and Drugs Act. We also had to study another piece of legislation—the elephant in the room no one is talking about—the Natural Health Products Regulations, which are linked to Bill C-368, our amendments and all the laws I've just mentioned. These regulations are a key element in their own right, and are already designed to protect consumers. I've looked into this. It's the centrepiece.

If we were to write a new regulation on natural health products or a new law on food and drugs, I would agree with the proposal that we wait 30 days in order to have time to receive the requested documents. However, this is not the case.

I will now share my preliminary remarks.

It is important to understand the concerns of the public, that is, those of the organizations whose representatives have come to testify before us, and the concerns of the minister in relation to Bill C-368. I'll summarize the six main concerns.

First, we were told that nicotine products are extremely dangerous and that the provisions of Vanessa's Law should therefore be maintained, as well as the ministerial order issued in August. The latter concerned additional rules for nicotine replacement therapies. We will be proposing an amendment to this effect.

Secondly, we were told that the minister must retain his right to order a recall.

Third, we were told that the minister must have the ability to require changes to labels and packaging.

Fourth, we were told that poisoning from natural health products is dangerous. We agree that all intoxication is dangerous. We are aware of this.

Fifth, we've been told that we need the capacity to carry out inspections and post-marketing monitoring. We are aware of this, and there are already provisions for this in the Natural Health Products Regulations.

Sixth, with regard to new products, such as the new drugs mentioned by the minister, we were told that, if Bill C-368 were passed, there would be a problem in relation to precursor chemicals.

I will now address these six concerns.

With regard to the first concern, we do indeed find it important to maintain in law the existing provisions concerning nicotine-based products. That's why we'll be proposing an amendment to keep the provisions affecting these products in Vanessa's Law and in the government's emergency order.

As for the second, we'll be proposing amendment BQ-2 to retain the minister's right to order a recall when there are risks of serious harm to health, as well as his right to impose coercive measures in the event of serious risks to the environment.

As for the third, I would emphasize the following. Where there is a risk of harm to health, the minister can already impose a label change without going through the provisions of Vanessa's Law. He can simply apply the Natural Health Products Regulations. Indeed, under sections 16 and 17 of the Natural Health Products Regulations, found on page 13, Health Canada can require a company to modify its labelling, including the addition of new warnings. According to section 16, the minister may do so if he or she has "reasonable grounds to believe that a natural health product may no longer be safe when used under the recommended conditions of use."

In fact, Health Canada recently used this same power to require companies to add a warning to products containing chasteberry. Companies had the option of adding the warning to the label, discontinuing the sale of the product, or presenting evidence that the warning was unnecessary. The minister already has this power under the regulations, and does not need to go through the provisions of Vanessa's Law.

The fourth concern is that poisoning from natural health products is dangerous. This is indeed the case. However, the provisions of Vanessa's Law do not necessarily come into play here.

● (1630)

It's about two things. The first is to ensure enforcement of the Natural Health Products Regulations. Health Canada must verify the recommended dosage indications and enforce other labelling requirements. This is its duty, Mr. Chair. This power was not acquired as a result of Vanessa's Law. Health Canada already has this power. In fact, that's what the Auditor General mentioned in one of her reports, which gave rise to Bill C-47.

The second thing is that Health Canada really must do its duty. This organization absolutely must provide health information to help Canadians and Quebeckers make informed decisions. It must launch an awareness campaign on the dangers of natural health products and their interactions with other natural health products or medications. It must also stress the importance of adhering to the recommended dosage, as has been done with regard to the same risk of harm posed by medications. Health Canada has conducted successful medication awareness campaigns. That's Health Canada's role. It's their job to do it, but they're not doing it. Health Canada representatives admitted as much to the committee.

This authority, to conduct such awareness campaigns, does not derive from Vanessa's Law. It's Health Canada's job. The problem is that, for years, Health Canada has not adequately or sufficiently fulfilled its monitoring duties, even though the Natural Health Products Regulations legitimately entitle it to do so. Health Canada is not fulfilling its duties, and this is what the Auditor General denounced in her report.

I now turn to the fifth concern, which is that we must have the capacity to carry out inspections and post-market monitoring of products. Post-market monitoring is not included in Vanessa's Law. However, it is provided for in the Natural Health Products Regulations, notably in section 17(1), page 13. Section 16, page 13, deals with pre-marketing requirements. Subsection 17(1) deals with post-marketing requirements. It states in particular:

17(1) The minister may direct the licensee, manufacturer, importer and distributor to stop their sale of a natural health product if

(a) the licensee does not, within the required period, provide the minister with the information and documents requested under section 16;

In other words, he has failed to provide the information requested by the minister.

(b) the information and documents provided by the licensee in accordance with section 16 do not demonstrate that the natural health product is safe when used under the recommended conditions of use;

(c) in the case of a natural health product that is imported, the minister has reasonable grounds to believe that the natural health product is not manufactured, packaged, labelled, imported, distributed or stored in accordance with the requirements set out in part 3 or in accordance with requirements that are equivalent to those set out in part 3;

Part 3, which begins on page 24 of the regulations, defines good manufacturing and inspection practices.

I'm almost done, Mr. Chair.

(d) in the case of a natural health product that is not imported, the minister has reasonable grounds to believe that the natural health product is not manufactured, packaged, labelled, distributed or stored in accordance with the requirements set out in part 3; or

(e) the minister has reasonable grounds to believe that the natural health product is not packaged or labelled in accordance with the requirements set out in part 5.

Part 5 of the regulations, entitled "General", begins on page 48 of the regulations, and includes requirements related to labelling and packaging.

What about the new hazardous products, such as drug precursors, mentioned by the minister?

I've already answered that in committee, but I want to say it again here, since we have the health of citizens at heart. Precursors are provided for in subsection 7.1(1) of the Controlled Drugs and Substances Act. This subsection provides as follows:

7.1(1) No person shall possess, produce, sell, import or transport anything intending that it will be used:

(a) to produce a controlled substance [...]

Offences and penalties are already provided for in cases of violation of the Controlled Drugs and Substances Act and the Precursor Control Regulations, and these precursors are set out in the Controlled Drugs and Substances Act.

In addition, drug precursors, also known as “precursor chemicals” or simply “precursors”, are substances used to manufacture illicit drugs.

● (1635)

Most precursors also have legitimate commercial uses, and are used within the law in a variety of industrial processes related to consumer products, such as medicines, flavours and fragrances. We can therefore add drug precursors to the prohibited precursors.

Mr. Chair, I hope I have made the case that we cannot make amendments to Bill C-368.

What exactly does this bill do? It simply says that natural health products cannot be left in the legislative environment of Vanessa's Law. We have to get them out of there.

We need to make the necessary amendments to the Natural Health Products Regulations. This fully addresses consumers' concerns, insofar as recalls will no longer be strictly voluntary, but mandatory. The minister will absolutely have the power to do this, and it won't be done at the will of the company.

The amendments we will soon be studying will ensure that we are well equipped to continue our study of the bill. We have the necessary documents at our disposal to do the work we have to do this afternoon. I'll also be able to explain the rationale behind these amendments.

Thank you.

The Chair: Thank you, Mr. Thériault.

[*English*]

Mr. Julian, go ahead, please.

[*Translation*]

Mr. Peter Julian: Thank you very much, Mr. Chair.

I'm going to go back to the suggestion made earlier about the Institute for Safe Medication Practices Canada.

Later, I'm going to make a motion, and I hope it will be passed by unanimous consent. I don't want to filibuster. Nor did I want to do so last Tuesday, when witnesses were participating in our meeting. However, I think it's important to have this information.

Moreover, as the Standing Committee on Health, we have to be able to get this kind of information. It's important. We have a responsibility in this regard.

[*English*]

My introduction to this bill is to start by thanking Mr. Calkins, whom I often have differences with, but who has done Canadians a real service by presenting this bill, which we voted for at second reading to bring to committee.

I hope I don't embarrass him by saying this, but it was one of the strongest presentations I've seen by a member of Parliament defending his or her bill before this committee. I thought he was very well prepared and very effective in answering the questions.

We take the bill very seriously. We will be going into clause-by-clause study shortly. I believe the roll of witnesses who appeared did a very effective job of presenting the importance of the bill and some areas where it could be improved. It is always our responsibility as legislators to take a good bill and make it better.

In this case, we're talking about an industry that has so much importance across the country and helps and provides for the health of Canadians. As I mentioned—Mr. Calkins has as well—we're consumers of natural health products. They are a way of getting us into better health. It is important that we take this bill very seriously. I know all members have done so.

I have been reviewing the transcripts and the witnesses, and it is very clear to me that the industry has the highest possible standards and does an effective job of meeting its obligations to Canadians, but I'm also aware that there are some bad apples. We've seen a handful of cases of companies that haven't reacted effectively to voluntary recalls.

There are two amendments I'll be offering today for the committee to consider. One is to retain the ability to have mandatory recall in those rare cases. It's an extremely effective industry with high safety standards, and the best way to maintain that is to ensure that the occasional bad apple can be dealt with appropriately.

We also need to address the issue of penalties that are incredibly high and absolutely disjointed and irresponsible, given the importance of the natural health product sector and the fact that many of them are small businesses.

Those are the amendments I will be offering today when we get to clause-by-clause consideration.

I note that we've already lost the first hour of our committee, so we have only a little over 45 minutes left. I hope we can get to clause-by-clause consideration. We don't have a lot of amendments, but I'm sure our witnesses will receive a lot of questions.

I want to thank Mr. Calkins for bringing this bill forward and doing it in such an effective way. The bill will pass, either today or when we consider it, but not without some improvements. There is no doubt that the leadership he has shown on this bill will mean that ultimately the bill will be adopted by this committee. I certainly hope that is the case.

I'm going to raise, as I mentioned earlier, the following motion for unanimous consent. I hope we adopt it, rather than spending any more time on a filibuster.

I move:

> That the Institute for Safe Medication Practices Canada provide the list of 700 incident adverse reactions, the date of incident, product and outcome to the Standing Committee on Health within 30 days.

● (1640)

The Chair: Is there unanimous consent to adopt the motion?

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: I'm sorry, Chair.

Could you read that again, please, Mr. Julian?

Mrs. Laila Goodridge: [*Inaudible—Editor*] two weeks in the letter.

Mr. Peter Julian: Thank you, Mr. Chair.

The motion I read has "within 30 days." Again, it reads:

> That the Institute for Safe Medication Practices Canada provide the list of 700 incident adverse reactions, the date of incident, product and outcome to the Standing Committee on Health within 30 days.

That was his motion.

The Chair: Is it the will of the committee to adopt the motion as presented by Mr. Julian?

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thanks very much, Chair.

I have a friendly amendment to change "30 days" to "two weeks". I think that would be acceptable to the Conservatives.

The Chair: Go ahead, Dr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I'm not sure how this differs from the original motion that we just voted down.

The Chair: The difference is.... The committee can do anything it wants by unanimous consent. As long as everybody agrees.... It's a non-debatable, unanimous consent motion. That's where we are.

Mr. Marcus Powlowski: If I still have the floor, I think this doesn't address the concern that they had, which was in disclosing confidential information.

The Chair: I'm sorry. It's not debatable. It's a yes or a no.

Mr. Marcus Powlowski: Okay, then the answer is no.

The Chair: Do we have unanimous consent to change the last two words of the motion, or the timeline on the motion, from 30 days to two weeks?

We do. Okay.

Mr. Peter Julian: Mr. Chair, I'll just reread it.

> That the Institute for Safe Medication Practices Canada provide the list of 700 incident adverse reactions, the date of incident, product and outcome to the Standing Committee on Health within two weeks.

● (1645)

The Chair: Okay, you've heard the motion. Is it the will of the committee to adopt the motion as presented?

(Motion agreed to)

(On clause 1)

The Chair: There is one amendment to clause.... No, I'm sorry. The first amendment to clause 1 is—

Mr. Marcus Powlowski: Sean, I had my hand up previously on—

The Chair: Oh, Dr. Powlowski, you did indeed. I'm sorry. Go ahead.

Mr. Marcus Powlowski: Before we start going clause by clause, I do want to say something, and I see that Luc has done a lot of work on this. I think NDP members have also done a lot of work in amending this. I really have to compliment both of them for having spent the time to try to figure out how to make this work, given the competing concerns.

I think, as we will see, that I shall be in favour of the NDP amendments rather than his. I do want to say to Luc that perhaps his would have worked as well, but the NDP amendments seem to me much simpler and easier to do than to go through all his things. However, I'm certainly impressed by the fact that Luc went through all the regulations and found out which regulations would apply irrespective of the act, and I do want to thank Luc for all his hard work. He may well be right that what he proposes would have been just as good.

I wanted to throw that in because I think Luc's done a great amount of work, and as always, he's done a great job.

The Chair: Thank you, Dr. Powlowski.

After such comprehensive opening statements, I think the only thing left to do is probably to vote, but perhaps I'll be proven wrong.

I have called clause 1. The first amendment to clause 1 is NDP-1. Do you wish to move and speak to that, Mr. Julian?

Mr. Peter Julian: Thank you very much, Mr. Chair.

Again, my thanks go to Mr. Calkins for bringing this bill forward. This is really important legislation.

As I mentioned in my preamble that you graciously allowed me, Mr. Chair, I understand the concerns that have been raised by the natural health products sector about all the additional powers that have been given to the minister. Therefore, NDP-1 would amend the bill by replacing line 8 on page 1 with the following:

> combination of drugs and devices, but, for the purposes of sections 21.31, 21.32, 21.33, 21.7 and 21.71, does not include a

and then the clause continues "natural health product within the meaning of the Natural Health Products Regulations".

The intent here is to take away many of the other powers that have been given under Vanessa's Law and that the sector has raised very legitimate concerns about. However, you'll be sure to point out, Mr. Chair, that it continues to allow the minister to recall a product and take it off the shelves.

Now, this is something that I think, from the evidence that we've heard—and we've had very effective witnesses coming forward.... There are very occasionally in this sector companies that, for whatever reason, will not respond to voluntary recalls, so I do understand the importance of ensuring that when there's a risk of injury to health, there is the ability to force a mandatory recall in those rare circumstances. That is why I'm presenting this amendment: to ensure that the mandatory recall provisions are maintained and that those other powers are taken away.

I wish the government would have consulted the sector, the industry, before Vanessa's Law was put into effect, but I think this helps to mitigate most of the concerns that they have raised while maintaining that requirement or that ability for Health Canada to ensure a mandatory recall in rare circumstances when a company has not been co-operative.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thanks very much, Chair.

Certainly I have a difference of opinion with respect to Mr. Julian. I suspect we will need a ruling from you on this, Chair.

The thing I will agree with Mr. Julian on is that during the testimony, we heard about the powers of recall and the importance thereof, and I will also agree with him—I know you will find this shocking, but I will agree with him again—that we heard great acceptance of this within the industry.

What I would like to point out to you, though, Chair, with respect to admissibility is that, in essence, Bill C-368 changes the definition of a therapeutic product, meaning that a natural health product is not considered a therapeutic product by the overall scope of this bill. When you look at the Food and Drugs Act cited in Mr. Julian's amendment, you see that it goes on to talk about a therapeutic product.

In my mind, those two things are diametrically opposed. It becomes very difficult to exclude natural health products from being a therapeutic product but then cite regulations inside the Food and Drugs Act that call it a therapeutic product. That is, in my mind, as I said, a binary decision. You can't be and not be a therapeutic product at the same time.

That would be the difficulty that I would have, and I would go on to suggest that there perhaps are—again, directly contradicting Dr. Powlowski—more elegant ways proposed by Mr. Thériault to allow the minister to have those abilities of recall, etc., that we talked about.

In essence, the amendments would specifically come back to two things: the ability to recall products—which, again, we heard already exists—and strengthening that ability. I don't think there's going to be any argument against that.

The second part of it, of course, is the removal of nicotine-containing products from the definition of natural health products.

I think that when we begin to muddy the waters of the definition of a therapeutic product by allowing it to be a therapeutic product in one sense but not in another, it is going to create significant difficulties with the original omnibus bill that was presented by the NDP-Liberal government back in the spring, because the definition of a therapeutic product, a natural health product, becoming in essence a therapeutic product would then allow all of the other changes that come about thereafter, meaning the cost recovery program and the labelling changes as well.

As I said, in my mind, those two things are diametrically opposed. Given that the principle of the bill is to move natural health products out of the therapeutic product realm, the admissibility rules would state that the most common rules of admissibility are related to the principle of the bill and:

> The principle of the bill is the object or purpose which the bill seeks to achieve. The principle of the bill is fixed when the bill is adopted at second reading. Any amendment contrary to the principle of the bill is inadmissible.

I think that if the real principle of the bill is unclear, we have a unique situation here. If it's unclear in writing, we could ask the drafter of the bill what the principle of the bill is, and I think it would be very clear that moving all natural health products away from the definition of a therapeutic product is really the principle of this bill and therefore makes NDP-1 inadmissible as an amendment.

I'll say it one more time. That doesn't mean that we don't support that type of movement, just that the NDP-1 amendment has to be deemed inadmissible by you.

Thank you, Chair.

● (1650)

The Chair: Thank you, Dr. Ellis.

We have Mr. Thériault next.

[*Translation*]

Mr. Luc Thériault: I think Mr. Ellis's reading is quite accurate.

I have the impression that Mr. Julian's comments don't correspond exactly to what his amendment proposes. What he's proposing is to remove the reference to the exception and leave natural health products as therapeutic products. On the other hand, he says he wants to remove the obligation linked to sections 21.31, 21.32, 21.33, 21.7 and 21.71.

However, the bill proposes to change the environment in which the exception is dealt with, that of therapeutic products, to one dealing with natural health products, by referring to Vanessa's Law. Even if we remove these sections, and even if we say that these sections would not apply, this is already provided for in the Natural Health Products Regulations. It's as if we're doing nothing here except contravening the spirit of the bill. That's my understanding. Perhaps we should ask the clerks for clarification.

For this reason, I thought amendment BQ-2 would be related to amendment NDP-1. Indeed, in our amendment, as I'll explain shortly, we return to the minister's power of recall, whereas, in the NDP amendment, the minister's power of recall is already provided for in Bill C-47. So there's a problem with Mr. Julian's intention.

It seems to me that amendment BQ-2 is more in keeping with the spirit of the bill, while ensuring that the minister is guaranteed a right of recall. I don't want to discuss two amendments at the same time, but the one I proposed was aimed at two things. I should have proposed four amendments rather than just three. In any case, amendment BQ-2 goes some way to restoring the minister's power of recall, which was abandoned in the bill.

This power of recall must also lead to offences and penalties. That's why we're including it in amendment BQ-2, because of the proposed change. We are subsequently clarifying this in amendment BQ-3.

I would vote against amendment NDP-1, because it does not respect the very spirit of the bill.

In fact, I was sure it was a government amendment. If the government had wanted to make an amendment, it would have made this one.

● (1655)

[*English*]

The Chair: Mr. Calkins, go ahead, please.

Mr. Blaine Calkins (Red Deer—Lacombe, CPC): Thank you, Chair.

Despite the flattering comments from my colleague Mr. Julian—I'm not going to presuppose his intentions and I will take him at his word—in my interpretation of what would happen if this amendment were to be passed by this committee, it would basically undermine the intent of the bill, which Mr. Ellis has invited me to pronounce on again, which is to remove natural health products from the therapeutic product definition.

When you look at the list of clauses that this amendment would leave in place for the natural health product industry, you see that it refers numerous times to those clauses that would be exempted and refers numerous times to natural health products being considered therapeutic products, which I believe does violate the rules of admissibility, Chair, but I'll await your decision on that.

For those listening to the debate here at the committee, this would leave in question in the legislation whether or not natural health products could be interpreted as therapeutic products when the intention is to be very clear that notwithstanding the subsequent amendments that I hope we can get to.... It has been made very clear to me that this would add confusion—uncertainty—and I think would allow various interpretations of the law to allow Health Canada to continue on in contravention of the will and the intention of the original drafting of the bill.

I would recommend, Chair—and I would hope—that you would see that this should be inadmissible, and if you do see fit, I would urge colleagues at the table to vote this amendment down. I think the subsequent amendments all address the concerns that were raised by various industry stakeholders and affected Canadians without undermining the intention of the bill that I drafted, that passed at second reading and is here at this committee.

I hope that's helpful and adds clarity, Mr. Chair.

● (1700)

The Chair: Thank you.

That exhausts the speakers list.

To respond to the matter raised by Dr. Ellis and Mr. Calkins, by not ruling the amendment out of order, I therefore consider it to be in order. That decision was based on advice I received from legislative counsel.

I'm going to ask them to provide to you the reasoning they gave me, which I relied upon in order to rule it in order. If, after hearing their reasoning, you feel that I've made the wrong decision to declare it in order, it's open to you to challenge the chair, but there really isn't another way to deal with it.

I'd ask counsel to explain the reasons that this amendment is in order, and then I'll leave it to you if you have a motion.

Ms. Alexie Labelle (Legislative Clerk): Thank you, Mr. Chair.

Just regarding the procedural aspect, we advised the chair that it was admissible due to the fact that we judged it to be within the scope of the bill rather than contradicting the bill. Basically, we judged that it just narrowed its scope within the bill, rather than being out of scope, for example. That's the advice we provided.

The Chair: For those reasons, I determined that the amendment was in order.

I see Ms. Goodridge and Dr. Ellis.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I think this is pretty clear. In my understanding, as I read through this bill and then had to go back into the different pieces of legislation to really, truly understand what exactly this amendment would mean....

Monsieur Thériault explained in great detail how much work he put into doing this. I think many members of Parliament put in that same amount of work, although perhaps not to the same degree of precision. I think we need to commend Monsieur Thériault for the wonderful work he does in ensuring that Canada does have the best possible legislation, but I don't understand, after the conversations we've had around this table, and specifically the clarification given by Mr. Calkins, how this amendment would be in order based on the very clear admissibility rules for amendments. I'm at a loss.

The decision was made prior to hearing all of this, and there is no space for changing it. It very clearly does not fit in line with the principle of the bill. It very clearly does not fit within the scope of the bill as written by the person who drafted the bill. In most circumstances, we don't have the luxury to hear from the person who created the bill on their intentions in order to really understand whether something is or is not within the scope. We had that opportunity today. We very clearly heard it. I think it was exceptionally clear.

I'm very frustrated that the NDP is saying that they fully support this bill and they want to get this through, and then they put forward an amendment that effectively does it in a slightly less direct way than what we had before. Maybe this is a tiny bit, slightly less bad than the sledgehammer that came from the Minister of Health, but it still does not address the actual issues. It is not in line with the principle of the bill. It is not in line with the scope of the bill. I don't believe it has that space.

Mr. Chair, I truly believe that the decision from the legislative clerks is wrong. I'm wondering what other opportunities we have. Other than challenging the ruling of the chair, what other recourse do we have here? I do think that we need to clarify this.

● (1705)

The Chair: To answer your question, there would be none. That's the only option you have. A ruling has been issued. If the committee decides to overturn the ruling of the chair, then so be it. There's no other option.

Next is Dr. Ellis. Then it's Mr. Thériault and Mr. Calkins.

Mr. Stephen Ellis: Thanks very much, Chair.

Certainly, as we begin to look at this, the sad part is hearing what you've just said, given the fact that Mr. Julian is quite prepared to gut a $13-billion industry, which he so wrongly says he supports. We know, as I said previously, that Bill C-368 will remove labelling changes, it will remove cost recovery and it will remove many other burdensome legislative policies with respect to the Food and Drugs Act as it respects natural health products.

As we begin to look at that, Mr. Julian himself referred back to how things happened in the House of Commons, as all of us are able to do. You can go back and you can look at who agreed to send this bill here to this committee. The yeas were 171 and the nays were 146. Clearly it was the will of the House at that time to accept the fact that Bill C-368 undid the negative changes of the omnibus bill put forward by the NDP-Liberal coalition.

I think the difficulty that exists today is that we hear the NDP saying they support this industry because they know they need those voters to agree with them when they introduce a wrecking motion, a wrecking amendment, to the actual spirit of Bill C-368. It's important that we attempt to put into context for Canadians what we have heard. Let's be honest: This amendment, NDP-1, will return the landscape of natural health products back to where we were before Bill C-368 existed.

When Bill C-368 didn't exist, what we heard very clearly from every representative of the natural health product industry who came forward was, “You are going to ruin our business; you are going to put us out of business; you are going to drive our business to the United States; you are going to drive Canadians to buying products online from sources that have absolutely no testing of their facilities, no ability to recall, no need to be careful with the ingredients that are on the list and no safety requirements.”

As we begin to understand that this is the case that existed after the deadly bill was proposed and, sadly, passed in the House of Commons by the NDP-Liberal coalition, now we know that marriage of the woke NDP-Liberal leaders is back in full force. We heard it today in the House of Commons with their tricky—

Mr. Peter Julian: I have a point of order, Mr. Chair.

The Chair: Go ahead on your point of order, Mr. Julian.

Mr. Peter Julian: Again, I have to challenge Dr. Ellis on relevance. I mean, I understand that he may not have read the amendments and certainly doesn't seem to understand the impacts of all the powers being stripped from the minister, but he has to be relevant when we're discussing these amendments, and he is not being relevant at all.

The Chair: Thank you, Mr. Julian.

The problem I have with this is that they're doing indirectly what they can't do directly, and that is basically contesting the ruling without formally challenging it. However, he is speaking to the tenor of the amendment. I really don't think he's that far off the mark on that, so I'm going to let him go, but I appreciate your intervention.

● (1710)

Mr. Stephen Ellis: Thank you, Chair.

Just because Mr. Julian doesn't like what I'm saying doesn't mean that it's not true or that he needs to attempt to impugn my character to say that I didn't read it or understand it. I read it and I do understand it, and the sad fact for you, Mr. Julian, is that there are folks who want to hold you to account because we do understand the underhanded nature with which you want to gut Bill C-368 and drive—

Mr. Peter Julian: I have a point of order, Mr. Chair.

The Chair: We have a point of order from Mr. Julian.

Mr. Peter Julian: We have committee procedures. Personal attacks of the kind Dr. Ellis is doing now are simply inappropriate.

The Chair: Please, if speaking through the chair would dull the impact of a direct insult, then maybe that's the way to go about it, Dr. Ellis.

Go ahead.

Mr. Stephen Ellis: Well, you know, sometimes the truth hurts, Chair.

Listen, what we're talking about here—and I've said this many times—is about a $13-billion industry that has proven itself to be safe. Around the world, the regulations that Canada has with respect to natural health products are touted as the best in the world.

We need to be honest here. When somebody brings forward an amendment that is going to wreck an industry, that, to me, is fodder for pointing that out to Canadians who are out there listening. I know they're listening, because first of all, they told us they're listening, and second, as I mentioned previously, we received more correspondence on the original bill than on any other piece of legislation we have undertaken in the last three years. That's a telltale sign with respect to, first, how impressed Canadians are with respect to the industry and how safe they believe it to be, and, second, their desire to have the freedom of choice to say, "This is how I want to undertake my own health maintenance and my own health promotion. This is how I want to do it."

Sadly, Chair—and I'll continue to speak through you if that makes Mr. Julian's feelings hurt any less—realistically, Canadians, because of the last nine years of this NDP-Liberal government, do not have access to health care. Over seven million Canadians do not have access to primary health care, and the system that we have—

Mr. Peter Julian: Again, Mr. Chair, I have a point of order on the relevance of the filibuster.

The Chair: Please go ahead, Mr. Julian.

Mr. Peter Julian: I don't know why he's blocking a Conservative bill, but the relevance of what he is saying is completely unrelated to the discussion around the amendment.

The Chair: There is a wide latitude. When you start talking about access to health care right across the board, the link is tenuous, but it is there. This is health care. This is access.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Again, thank you very much, Chair.

I want to apologize for continuing to hit a nerve with Mr. Julian, but that is precisely what needs to be done when Canadians are suffering out there and do not have access. Seven million Canadians do not have access to primary health care, and over the last nine years, what has the NDP-Liberal government done about that? The answer is, "Absolutely nothing." They have done absolutely nothing at all—

Mr. Peter Julian: I have a point of order, Mr. Chair.

The Chair: Go ahead, Mr. Julian, please.

Mr. Peter Julian: Thank you, Mr. Chair.

I had a 16-hour filibuster to stop the Harper regime on the softwood lumber sellout.

The Chair: I remember it well.

Mr. Peter Julian: You cannot repeat, and you must be relevant at all times. Dr. Ellis is repeating himself, and he's not relevant.

Mr. Stephen Ellis: I'm not repeating myself.

An hon. member: It's novel every time.

Mrs. Laila Goodridge: I have a point of order.

The Chair: There's another point of order from Ms. Goodridge.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I appreciate that Mr. Julian doesn't like the content of what Dr. Ellis is sharing, but he is very relevant to the bill and the subject at hand and has not been repeating himself, contrary to what Mr. Julian would like us to believe. I believe he's explaining very clearly why so many Canadians actually do rely on natural health products: It's because of their lack of access to primary health care. That is part of the crux of the problem we're in. Perhaps this wouldn't have as significant a blow if every Canadian had access to primary health care, but we know that is not the case. That is not a point of order.

The Chair: I'm inclined to agree with Ms. Goodridge.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Chair.

Before I was so rudely interrupted, I was saying that the interesting point here is that we have heard from Canadians on two major points with respect to primary health care, and most importantly, they say that they cannot access it. In a system of universal accessibility, they sadly cannot access the system. Therefore, they are required—because they must live—to look after their own health needs. What they have found is that by using natural health products, they are able to promote and to maintain their health, which they freely choose to do in a country based on freedom.

I think the other important point here is that once again Mr. Julian would have us believe that his wrecking motion does not have the intent to wreck this bill. We have clearly heard from the person who created the bill that it does, which creates a significant impasse at the current time.

I think it bears explaining why this is so incredibly important. That's especially in light of the fact that I would directly quote the Prime Minister saying back in 2021 that they were going to bring "7,500...doctors, nurses, and nurse practitioners" to practise here in this country. What we do know, which flies in the face of the misinformed Minister of Health, is that the access to primary care is getting worse.

We heard that testimony here at this committee from the Minister of Health when he was questioned on this very topic, relating to Bill C-368. We heard the minister say very specifically that "access to [primary care] is improving" across this country. It's not funny, but laughable. If you actually talk to the Canadians who have the ability to vote, they know this.

In our offices, we receive messages every single day from Canadians who say that they can't find a family doctor or that their daughter can't find a family doctor. In fact, I had an email today from a constituent who said that this is an appalling situation. It is not only the mother who does not have access to a primary care provider; her daughter, who just had a baby, also does not have a primary care provider, nor does the newborn baby.

As we begin to look at the dastardly situation created by the ineptitude and, unfortunately, the clueless attitude that has been demonstrated here over and over again by the Minister of Health, Canadians have had to turn to looking after themselves because they don't have the support of primary care physicians. I would say it's very likely that many of the claims, which again are unsubstantiated by ISMP, could have been simply mitigated if those individuals were able to speak to a primary care provider.

also I find it interesting, as we resume debate on the motion for that particular group of individuals to bring their data to this forum, this committee, that once again—and I can't understand why—Mr. Julian had to have his own way in defeating the motion. We could have had 20 more minutes to talk about this bill, but he had to have his own way to move a unanimous consent motion to bring forward the exact same motion that he voted against in the original context when it was brought forward at the last meeting. To me, that actually points towards his—

● (1715)

Mr. Peter Julian: I have a point of order, Mr. Chair.

The Chair: Mr. Julian, go ahead on a point of order.

Mr. Peter Julian: The reality is that I voted against the filibuster that Dr. Ellis is now performing to block his own bill, or a bill of his Conservative colleagues.

The Chair: That wasn't a point of order.

Go ahead, Dr. Ellis.

Mrs. Laila Goodridge: I have a point of order.

Mr. Stephen Ellis: Thanks, Mr. Chair.

I think it is really quite—

The Chair: Does Ms. Goodridge have another point of order?

Mrs. Laila Goodridge: Yes.

I want to continue relaying this, Mr. Chair. The NDP member, Mr. Julian, who is an experienced parliamentarian and who has been here far longer than I have—I think I was staff when he was first here—is continually using points of order that are very clearly not points of order. I think that is a detriment to this conversation and to the debate we are having here.

● (1720)

The Chair: I ruled that it wasn't a point of order. What you did just now is the very thing that you accused him of. You raised something on a point of order that wasn't a point of order.

It's back to you, Dr. Ellis.

Mr. Stephen Ellis: Thank you very much, Chair.

Once again, I find it fascinating that for the benefit of Canadians out there watching, it is important to understand why a wrecking motion, as we call it colloquially here in the Ottawa bubble, cannot be allowed to continue forward.

Is this a Conservative-proposed bill? Yes, it is a Conservative-proposed bill, absolutely. In the original format that was proposed, it was to say that a natural health product cannot be considered a therapeutic product.

What we have seen from Mr. Julian is that clearly he wants natural health products to be considered therapeutic products, which is in direct contravention of the drafter of the bill.

As we look at some of the products that will be affected by this, we see that we had a great testimony from a practitioner of Chinese medicine named Pierre Chen, who was here at the last meeting. He has a school in Mississauga where he teaches traditional Chinese medicine. He is also a Harvard graduate. His father has been a practitioner of traditional Chinese medicine for decades and provides care to thousands of individuals in the Mississauga area.

Maybe Mr. Julian hasn't taken the time to actually visit businesses that will be directly impacted by this bill. What I heard when I took the time to go visit Mr. Chen is that for the vast majority of his products, even if the definition of therapeutic product were applied to natural health products, it might not make that much of a change to the overall cost of the actual natural health products because they were frequently used and prescribed by traditional Chinese medicine practitioners.

What he did make clear, though, was that a smaller fraction of substances would be significantly impacted because they were not prescribed or used often. The cost of these would go from approximately $30 to $50 for a large-sized supply to $1,500 for a large-sized supply. That would mean that for those folks who have the opportunity to use those products, it would certainly have a significantly negative effect on their ability to pay for those products.

As that difficulty continued and the labelling requirements also were then applied to natural health products, what we also know is that the labelling requirements would become unnecessarily burdensome. Indeed, I liken it to when I went to visit a distribution centre for McKesson, which is one of the largest medication distributors in Canada. I had an opportunity to visit their facility as well.

You clearly see that when these bottles of medication are picked and these large, floppy, accordion-style plastic-laden labels are stuck to the side of a bottle by glue, two things will happen.

First of all, the accordion-style label will “unaccordion” itself. That's perhaps not a word, but it's descriptive of what will happen. It unravels, becomes floppy and will gum up the machines because a bottle of product with a label with a long floppy tail of plastic hanging off of it is not designed to be picked up.

The other very negative thing that will happen is that when it has unravelled, it will come off the bottle. Not only then do you have a large floppy tail with glue on it flopping around inside machinery, but then you have the glue there as well. Of course, that will, in the vernacular, gum up the system and everything then comes to a crashing halt.

These large, accordion-style plastic labels start to have this downward effect when you require companies to put this labelling on.

I think the other sad thing is that inside the natural health product industry, there is an obvious ability to begin to use novel ways of labelling, such as QR codes.

● (1725)

QR codes, especially in an industry that has a very low likelihood of harm.... I'll come to the products that are mainly prescribed and used by individuals in Canada soon, but when you have an industry that has a low degree of harm, it's an obvious move to move away from printed labels with tiny, tiny print. I know that certainly as I reach a certain age, it becomes more difficult to read that tiny print. It would make only good sense to ask if this industry would be interested in trialing those low-risk medications with QR codes. What would that enable?

Now, there will be people out there who will argue that not everybody has a phone to scan a QR code. I understand that; however, that being said, this is an opportunity to begin to trial QR codes in unique, low-risk environments that would allow those who have the technological ability to scan a QR code to begin to ask about transitioning prescription products to a QR code as an ultimate goal?

Now, again, as many of you know, the *Compendium of Pharmaceuticals and Specialties*, the CPS, is a large dictionary-like tome with tiny print that lists all the known side effects of prescription medications, not just those that are common or that those are serious. Generally speaking, the CPS is not available to the general public but is often accessed by health care professionals. Wouldn't it be interesting to be able to take that amount of information, add it to a QR code and allow people to access it so they could be better informed? I would suggest that a better-informed populace is able to make even better decisions on behalf of themselves and their family members to say what is going to suit their needs.

I think the other huge benefit with QR codes, as we are a varied nation with varied backgrounds, cultural practices and languages, is that QR codes would be not only easy to update with respect to the information that is available to the consumer, to the patient, but also with respect to the language in which it is presented. We did hear, whether it's true or not, from the ISMP group that reading labels presented a challenge to people, and that this was one of the reasons for a potential adverse event.

I don't know, because I don't have that information. It would appear that ISMP doesn't want to provide it until Mr. Julian has attempted to gut Bill C-368.

Once we receive that information, we will be able to clarify whether it's a language disability or an inability to read English, for instance, or perhaps French. I don't know, because I don't have that data, but that would be interesting to know.

Again, if we had the data to make our decisions upon, it would be interesting to know if a new and unique solution on a trial basis was able to take not only English but any language and provide it to folks who had the ability to access it, such that practitioners who sold natural health products had that ability to say, “Hey, you know what? I understand that English is not your first language, but if you were able to scan a QR code or find a family member who is able to scan this for you, you could read the indications, the potential side effects, whether they are serious or whether they are minor but frequent, and you could then access those in your native language.”

I believe that it would be an incredibly unique and useful situation to be able to look at it and, again, I will say that it's an incredibly low-risk segment of the market for Canadians to be able to say that this is what they would like to see on a moving forward basis.

● (1730)

Why do we say it's low risk? We believe it's low risk because even though the data is scant, the data that we have been able to receive in the low-risk environment is related to comparisons with other difficult environments, such as prescription drugs.

What we could understand from the fairly recent data is that every single year, approximately 13,000 seniors are admitted to hospital because of prescription drugs. Does that mean that we should tighten up the regulations around prescription drugs? That's not what I'm saying here, but what we need is a significant context with respect to natural health products so that we can understand the safety that is associated with natural health products, and we do understand that 13,000 seniors alone—and as we all know, the definition by Health Canada with this particular study is age 65 and older—have been hospitalized due to the side effects of the prescription medications they are taking.

When we hear this number thrown about of 700 individuals who may have had an adverse effect attributable to a natural health product, without the context it's impossible to know whether this is a serious adverse event or whether it is simply a problem—and again I'll go back to what I heard them say—with reading the label and they got the product that they didn't want and they couldn't get a refund on it. That's certainly not serious, and I'm not convinced that it's an adverse event that is related to a natural health product.

That is why it's incredibly important to have the data that we will not have to be able to complete the study on Bill C-368. It's to say that there's no reason for Mr. Julian to want to have his NDP-1 amendment, which then moves natural health products back into the realm of being a therapeutic product. That is what presents the difficulties here. I think that for Canadians to have that ability to choose what they want is an incredibly important part of society here in Canada.

Whether or not I understand traditional Chinese medicine or somebody else doesn't understand it, that's okay. I don't need to understand it. What I do need to understand is whether it is a sector of the Canadian economy and Canadian health care that people choose to improve or maintain their own health, and whether it is safe. Because of the numbers—even the numbers that we've heard thrown around and the report that Deloitte was able to do on behalf of the natural health product industry—I believe that this is a very safe sector of the health care industry.

One of the things that we did here, Chair, as well, is related to vitamin D and vitamin D overdose. Again, without the substantiation of that particular case, I find it difficult to believe. Why do I find it difficult to believe? It's difficult to believe because many folks would take vitamin D in the dose of a 1,000 international units a day, and that happens very commonly. However, when you look at the science of vitamin D and exposure to sun, if you're out in the sun.... Again, this is not me giving advice to get you out in the sun, but I note, as an important indicator of not having data with respect to this bill, that when you are out there in the sun on a great sunny summer day, you could achieve a level dose of 25,000 international units of vitamin D just from the sun alone on a one-day basis.

Again, we heard Minister Holland here making an egregious claim, without substantiation, that there was an overdose on vitamin D. Minister Holland is not a health care professional. Does he know if it was vitamin D from vitamin C or vitamin B1 or B12? I would suggest to you that he probably does not know that.

● (1735)

Not having the data to substantiate this egregious claim—which was unsubstantiated and unwarranted and cast a shadow and a pall over an entire industry—I think directly points to the need to have data to understand the implications of changing any legislation with respect to natural health products.

We can look at vitamin B12. A long time ago, when I started to practise medicine in Truro, Nova Scotia, we often injected people with vitamin B12 on a weekly basis. What we now know is that if folks who have a B12 deficiency take enough of it orally, by mouth, they don't need to come every week for a vitamin B12 injection. This is if you're B12-deficient.

As we began testing folks for a B12 deficiency, we also realized that many of them were having supraphysiological doses of B12. Getting B12 at the frequency with which it was originally administered was not a requirement.

There are many different vitamins that we know are very safe. When you look at the fat-soluble vitamins, for instance, like vitamins A, D, E and K, that is one particular—

Mr. Yasir Naqvi (Ottawa Centre, Lib.): I have a point of order, Chair.

I've been very patient throughout this meeting. I'm speaking for the very first time. I'm enjoying the lecture on vitamins—I'm sure we all are—but I've lost the relevance to the point. I'm really debating in my head whether Mr. Ellis is arguing the amendment or challenging your ruling.

Can we get a response to that question, please?

The Chair: Yes. If I follow the argument, it is that the amendment will have a detrimental effect on the industry, and if the industry is hurt, access to health care will be hurt. The level of detail on vitamins is probably not warranted, but I think the thread of his argument is one that has a sufficient link, so I'm not going to intervene.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thanks very much, Chair.

Certainly, I think the difficulty that my colleagues are having is, again, a lack of understanding of the industry. As we begin to look at safety, I think it is important that people have an idea that in taking some of these medications—even if they were to take them in inappropriate dosages, although that's not the idea—much of the time they are not harmful to folks. Not having that data to enable us to see that and to take that data, parse it out, look at it closely and say that this is a really important event, and this is a recurrent event....

We did not hear that from our friends at Health Canada—that there were recurrent events with certain substances—because I would suggest to you that they already have that ability to recall. I think we heard here previously in testimony from the officials who were here that even when a particular manufacturing facility had some struggles, when they were given the appropriate guidance, they actually made the appropriate choices and changed the difficulties they were having.

We heard very inflammatory language from the minister in attempting to say that there were difficulties. To repeat his words exactly, there was a factory “full of [rat] feces and urine”. I don't know why my colleagues want to present these disparaging remarks, whether they be from Mr. Julian or Minister Holland, with respect to the natural health product industry. I don't know why they would. For me, that doesn't really make any sense.

I'll go back to looking at other minerals, such as calcium and magnesium. Certainly we know that magnesium is a very safe mineral as well. People are often deficient in magnesium and don't realize it. They have to take significant and repeated doses of magnesium to attempt to get their levels back to a physiologic amount. We know, though, that taking significant amounts of magnesium could cause loose bowel movements. Are loose bowel movements a side effect of magnesium? When we're attempting to give you significant amounts to boost your levels, that makes it very difficult, but again, we don't know that, because we don't know what the data is.

If we'd had that data beforehand, I might be more inclined to say that one or another of these amendments makes perfect sense, or doesn't. Are there known side effects? Again, if we had the ability to understand what the data said, then that would give us a much more informed discussion.

I think the other thing we heard about a lot in this committee was related to nicotine-containing products. I find it fascinating that this committee is now in a grave hurry without enough data to push this Bill C-368 forward. We also know that we also heard the exact contrary opinion with respect to nicotine-containing products. We heard from officials, who sat over there, that this NDP-Liberal government cannot enact legislation quickly enough to keep up with the changes in nicotine-containing products. We also know about the sloppiness in how nicotine pouches were delivered to this country, and about how Health Canada officials, in collusion with Minister of Health number one, were unable to actually prevent this product from coming to Canadian shores.

Then when we suggested that legislation should be drafted specifically to deal with Canadian nicotine products, we heard about the sloppy nature of health minister number two in trying to clean up the mess of health minister number one. They were unable to do that in a timely fashion to be able to keep up with the industry.

● (1740)

Now, as we begin to look at nicotine-containing products, the other difficulty is related to contraband cigarettes. These are obviously manufactured in a factory as well. That raises the question of why the CFIA is not out there inspecting those factories and getting contraband cigarettes out of the mouths and hands of Canadians.

I find it fascinating that we are required to fast-track Bill C-368 at the behest of Mr. Julian and that this is taking too much of his time when the NDP-Liberal coalition finds it impossible to create legislation with respect to nicotine-containing products.

What we do know, though, is that more youth are turning to vapes and flavoured vapes, which they are actually purchasing online and which are something that a future government—a future Conservative government—must actually tackle.

We also know that they do not have the ability to look at nicotine-containing products such as nicotine pouches and how that actually fits into the legislation. When we look at the nicotine-containing pouches, I find it distressing, because they were actually brought in under the natural health product regulation, which directly relates to their being a smoking cessation aid.

Now, I hope that all of my colleagues did their background research. I suspect that Dr. Powlowski and perhaps Dr. Hanley did, not to be disparaging to others. When you look at nicotine pouches as a smoking cessation aid, you see that the likelihood of having evidence to support them as a smoking cessation aid is almost zero. There have been no studies done. There's no ability to say how many milligrams of nicotine in a pouch or if *x* amount of nicotine in a vape product is equivalent to *x* number of cigarettes, and how long you would stay at a certain milligram level of nicotine and then move down to the next lower amount of nicotine. Those studies do not exist.

Sadly, on behalf of Canadians, that is exactly how minister number two, also known as Holland, decided to deal with nicotine pouches. It was to say that these are a smoking cessation aid and, with much fanfare, bombast and foolishness, he said that they must be sold only in pharmacies because they're a smoking cessation aid.

The problem with that, of course, is that there is absolutely no evidence to say that these are a smoking cessation aid, and there's no pathway forward for pharmacists to be able to prescribe or guide prospective patients to use nicotine pouches to stop smoking. If that doesn't exist and if these are only being sold in pharmacies, the difficulty then is that pharmacists have not developed the ability to identify and ID folks who may be underage and purchasing these products.

As we start to look at that, where does some of that expertise exist? Well, I find it absolutely fascinating that nicotine-containing pouches are sold—and again, I'm not meaning to be disparaging to my pharmacist colleagues—in an environment that does not have expertise in identifying folks but are not being sold in an environment also known as a “convenience store”, which does have the ability to ID folks. They have a long history there, and whether we all around this table like it or not, convenience stores are the places that do sell cigarettes and other tobacco-containing products.

In some instances, they also sell alcohol, which is precisely why I would suggest that when we look at regulations with respect to nicotine-containing products, convenience stores may be a very reasonable place to sell nicotine pouches, since the regulations that were brought forward by health minister number two are wholly untrue and inadequate to deal with nicotine-containing products such as pouches.

● (1745)

As we sit here in committee and say that we should push forward without the data that would make us a much better-informed committee on behalf of Canadians with respect to natural health products, I think it is a shame that those around this table from the NDP and the Liberals have allowed shade to be cast upon an incredible industry employing thousands of Canadians to the tune of $13 billion.

As we begin to look at that and understand the economic consequences, Joel Thuna was another great witness who was here and has been in this business. I believe, colleagues—correct me if I'm wrong—that he has been in the natural health product business for more than 50 years. He is also a proponent of teaching others how to grow natural health products. I can't remember exactly; perhaps they were herbs like oregano and other spices that some folks may believe help to maintain your health.

He also made it very clear that he is not just a proponent of the industry but is also a resource within the industry and will take on newcomers to the industry so that they understand what good manufacturing practices are and where to look inside Canada for growers who have the ability to produce substances that Canadians want to use that don't have contaminants in them. He presented a very collegial attitude that exists inside the natural health product industry. He has, of course, as I said, been in this country doing this business for 50 years, and I think that would certainly qualify him as an expert.

I would also go on to say that he made it clear that recommitting natural health products to therapeutic products would pose a difficulty to folks in this industry, in the sense that most of those businesses would be forced to move all of their business ventures to the United States.

As we start to look at the anti-business environment that the NDP-Liberal government has created, we also know that many business interests have already moved south of the border and that investment in Canadian industry has gone down, and that's creating a significant problem with respect to Canada's GDP. We also look at the unfortunate case of the Canadian dollar, which sits now at less than 70 cents. That creates a difficulty as well.

One of the other things I think would be important and is a question that I would have to ask....

Perhaps, Chair, I might pause for a second. Obviously, it's Thursday. There are folks who don't live here. If there are folks who have flights and they would like to consider an adjournment, I would be okay with that, but if not, I would be quite happy to continue.

I'm trying to be collegial. If you would allow me not to cede the floor but to simply ask that question, I'd be quite happy to do that, sir.

● (1750)

The Chair: I'd be quite happy to do that, too.

Is it the will of the committee to adjourn the meeting? There are heads nodding all around.

The meeting is adjourned.