



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 146

Thursday, December 12, 2024

Chair: Mr. Sean Casey



Standing Committee on Health

Thursday, December 12, 2024

• (1600)

[English]

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

Welcome to meeting number 146 of the House of Commons Standing Committee on Health.

In accordance with our routine motion, I'm informing the committee that all remote participants, with the exception of Dr. Hanley, have completed the required connection tests in advance of the meeting. We will have Dr. Hanley's issues resolved before we call on him to speak.

We're going to skip over the budget.

Pursuant to Standing Order 108(2), the committee is commencing its study of the subject matter of the supplementary estimates (B), 2024-25.

I'd like to welcome the panel of witnesses joining us today.

We have the Honourable Mark Holland, Minister of Health. He has a team of officials accompanying him. From the Canadian Food Inspection Agency, we have Diane Allan, associate vice-president, policy and programs. From the Canadian Institutes of Health Research, we have Dr. Tammy Clifford, acting president. From the Department of Health, we have Eric Costen, associate deputy minister. From the Public Health Agency of Canada, we have Heather Jeffrey, president; Dr. Kerry Robinson, acting vice-president, infectious disease and vaccination programs branch; and Linsey Hollett, assistant deputy minister, regulatory operations and enforcement branch.

Thank you all for being here, albeit somewhat delayed.

You're very familiar with how things work here, so I'm just going to hand it over to you, Minister. Welcome to the committee. You have up to five minutes for your opening statement.

Hon. Mark Holland (Minister of Health): Thank you very much, Mr. Chair.

Yes, I was hoping...we had made a request to come here before the supplementary estimates. Nonetheless, it's a very important conversation to have. I thank you, Mr. Chair, for having us here today.

You referenced a number of officials. I want to take a moment to thank them for their extraordinary work on behalf of the country. It is my very deep and great privilege to have an opportunity to work with them as they work to serve Canadians.

I'm going to talk at a high level, if I can. We're in a moment of incredible consequence for health care in Canada, and it is wonderful. I've had an opportunity over the last couple of months, as I do all the time, really, to go and talk with stakeholders, particularly about the optimism within the health sector about the transformation that's possible.

I just came back from Alberta on Friday, where I had a conversation with Adriana LaGrange about the possibility of working together, finding solutions and being able to talk about common language. We have a lot of differences, but one of the things, when you look at the transformation that must occur in our health system, is that there are a lot of areas of commonality that are really worth focusing on.

About 70% of chronic diseases and illnesses can be prevented. Most of what fills our hospital rooms and hospital beds doesn't need to be there. Having an effective response to prevention not only makes sense as a matter of health outcomes, but fundamentally makes sense economically. It's something that can unite us, whether or not we are thinking about social justice and health outcomes or we're thinking about productivity.

I have to say that around the federal-provincial table, the positivity and the efforts to set aside partisanship and find common ground have been deeply heartening. I had a conversation with Jeremy Cockrill, who's the new health minister in Saskatchewan, about that, which was very positive. A conversation with Michelle Thompson was very positive.

I look forward to talking to the committee in that spirit and to take your questions in that spirit, because we've been able to do some really important things.

Let me start with dental. At the most recent update, 93% of providers are participating. Now, you might recall that some folks said we weren't going to have anybody sign up, so 93% is pretty fantastic. Manitoba is leading the pack now, with nearly 100%. In fact, we have to redefine 100%, because people who we didn't even know were providers have come forward.

In terms of the number of people who have received care, we're at 1.25 million, and that's in just over seven months. In a year, three million registered, so I'm very excited for these next cohorts.

I mentioned dental to start because it's such an important area of both primary care and prevention. It's also an example of Parliament working together in the spirit of collaboration. I see Peter Julian, and I want to recognize Don Davies in the work that was done. It's difficult to find common ground and ask constructive questions about how we can help Canadians, but that's what they expect us to do in a minority Parliament.

Now we're moving forward on the pharmacare agreements, which are also the product of co-operation in this chamber. Those agreements are going to apply to diabetes medication and devices, as well as contraceptives.

It was wonderful to stand at a podium on drugs for rare diseases with Adriana LaGrange as she made the commitment that Alberta is ready to move toward signing it. I very much believe that all of these agreements can be signed over the coming time.

One of the areas I'm really hoping we can focus on today, Mr. Chair, is Bill C-72. I'm not aware of anybody who's against the connected care legislation. This is legislation that will absolutely save lives.

If you talk to Teri Price about the experience of her brother Greg and the problem with fax machines and data not being transferred and a system that doesn't have interoperability, you'll hear that these problems place lives at risk, block pathways to care and are some of the greatest frustrations for physicians.

I understand that there are a lot of things going on and there are a lot of concerns, but here's an example of how we can come together. There are lots of things we can disagree on, but on this one, I'm aware of no province and no territory that's opposed and I'm aware of no political party that's opposed, so I would ask for parliamentarians' assistance to pass this bill. It will save lives and improve our health system. I'm not aware of anybody who's opposed to it, so hopefully, we can spend some time on that.

I would say in closing, Mr. Chair, that I appreciate these conversations. I hope I'm afforded 20 seconds of context. I love playing *Jeopardy!*, but this is an important conversation that we need to have on the future of health care in this country, and it is certainly deserving of more than staccato two-second questions.

• (1605)

I look forward to the opportunity to illuminate, and to have a conversation on, the ways we can work together to the betterment of our health system.

The Chair: Thank you very much, Minister.

I'm going to be honest with you about your expectations. The rule we've followed, really, since I took the chair on this committee is that the witness gets as much time to answer the question as the person posing it takes to pose it. There is an entitlement to cut you off if you go longer than the length of the question. They don't have to exercise that. They're free to let you continue, but it is up to them, once you exceed the length of their question in your answer. I think what you will find is that if one party—perhaps the official opposition—tends to cut you off, another party will give you a chance to expand upon your answer in a subsequent time slot.

The rule I will be applying is the one I just explained to you. You will have as much time to answer it as—

Hon. Mark Holland: It's more about the spirit. I appreciate your adherence to the rules, and I respect that, Mr. Chair, of course.

The Chair: All right.

We're now going to start in rounds of questions in the manner to which we have become accustomed. We'll begin with Dr. Ellis for six minutes.

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

Minister, you talked about illness prevention.

Can you tell us how many Canadians, percentage-wise, are struggling to access fresh and affordable food in Canada?

You like the *Jeopardy!* questions, so there's number one.

Hon. Mark Holland: I suspect you have an answer. I never quite understand why you ask me a question you seem to have an answer to.

Food insecurity is very serious. I hope we can take a second to talk about the answers to food insecurity. It has a devastating impact in first nations communities, and in rural and remote communities. It is a very difficult thing to quantify, because food insecurity takes many forms, whether it's access to fresh fruits and vegetables or access to food at all. We have food deserts. It's difficult to—

Mr. Stephen Ellis: Again, Minister, thanks very much. It's clear you don't have a clue about what the answer is. It's 32%, which is almost a third of Canadians.

Maybe this is the second *Jeopardy!*-type question you seem to love: Do you know how many Canadians are visiting food banks on a regular basis?

Hon. Mark Holland: Well, it's far too many.

The question I would pose to you is—

Mr. Stephen Ellis: No, you're not asking me questions.

The Chair: You have to give a little more time than that.

Hon. Mark Holland: Sure I can. That's absolutely my prerogative. You don't have the opportunity, in a democracy, to tell me what I can and can't do, Mr. Ellis. You may not like it, but I'm saying—

Mr. Stephen Ellis: That's not true.

Hon. Mark Holland: I just spent five minutes talking about solutions. Do you want to talk about solutions for the issue you just raised, or do you want to play this game in which you're going to say some statistic? I'm not interested in that, to be honest.

Mr. Stephen Ellis: As a matter of fact, Minister, I know you don't know the answers, because it's well established, or you're too embarrassed to say, that two million Canadians access food banks on a regular basis because of your government's reckless spending.

Given that statistic, what about your temporary tax trickery? Why don't you enlighten Canadians as to the actual GST amount on things like fresh fruits and vegetables, and unprepared meats? What would that be?

Hon. Mark Holland: First of all, on access to food banks and policies surrounding it, I deal with poverty. This is a government that, for the first time, set targets on poverty and has met them every single year. While we've seen too many people increasing in poverty, we see much lower levels than we did in 2015 when we had a Conservative government that never prioritized poverty or people living in food insecurity.

I would ask you what policies you have, Mr. Ellis, to address these issues. I can enumerate the policies that we have to deal with both food insecurity and food banks, and—

• (1610)

Mr. Stephen Ellis: Well, again, I'll interrupt you, Minister. Excuse me.

Hon. Mark Holland: These are global issues, but as far as I'm aware, you have no policies on these ideas.

The Chair: Give the time to Dr. Ellis, please.

Mr. Stephen Ellis: It's interesting, because I would suggest that my job in the opposition is to hold you to account, not give you policies.

Please tell Canadians the GST amount—it's a simple answer—on fresh meats that need to be cooked, and fruits and vegetables.

Hon. Mark Holland: I disagree. I was in opposition. Absolutely, when I was a public safety critic, I advocated changes in policies. You have advocated none.

If you're going to raise the issue of poverty and say you care about food banks, food insecurity or any such matter, having absolutely no policy that addresses those issues is irresponsible.

Anybody can simply criticize. I have a 10-year-old who can do that with Google—

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

It's very clear you do not understand that there is no GST on uncooked meats or on fresh fruits and vegetables, which directly relates to your temporary tax trick on behalf of Canadians, sadly.

Can you go on to perhaps describe the actual foods GST will be eliminated from with your temporary tax trick?

Hon. Mark Holland: I'm here to talk about the supplementary estimates. You want to talk about....

Again, having no policies, why did you vote against the Canadian dental care plan? In your home province, 34,000 have accessed care in a program you said didn't exist. You said nobody would sign up for it. More than 90% of people have now signed up. Why do you oppose dental care for people? Why do you, a physician, not

understand the importance of the primary care that dental care represents?

Mr. Stephen Ellis: You know, it's interesting, Minister, because when you look at your temporary tax trick, it goes directly to your program with respect to dental care because, of course, on behalf of Canadians, you voted to remove the GST on candies, candy floss, chewing gum, chocolate, popcorn coated or treated with candy, chips, crisps, puffs, curls, sticks of popcorn, etc.

Could you tell me the benefit to the dental health of Canadians that your tax trick would provide?

Hon. Mark Holland: You might recall that this same measure was suggested by Erin O'Toole as a temporary measure to give people relief and to give them a tax break, which is normally something that the Conservatives support, but you don't in this instance.

I will ask again what your policies are to deal with tooth decay. What are your policies? They are to cancel dental care. You would take dental care away from people. It takes some nerve to talk about sugar on one hand and to talk about axing dental care on the other. Do you want to talk about oral health? What is your policy on dental care, sir?

Mr. Stephen Ellis: It's very interesting, Minister, that you refuse to answer any of the questions, because that's why we invited you here. It was to attempt to get some answers, which obviously you refuse to provide.

Minister, what about when we look at the wait times in this country? Maybe this is easier for you. Can you talk about the recent report released by the Fraser Institute that talks about the longest wait times for care in the history of this country, which has happened, sadly but not surprisingly, under your watch?

Hon. Mark Holland: You also know, of course, that responsibility is shared with the provinces, but the CIHI report, an independent report, showed progress in all of those metrics.

Let me come back to it. Talk about sugar. You're against giving people diabetes medication, so are you going to talk about what we're doing on sugar when you're against diabetes medication? Are you going to criticize us on sugar in somebody's mouth when you're against dental care? Sir, are you a physician? If you are a physician, what would you do about people's oral health, other than cut their dental care?

Mr. Stephen Ellis: In talking about sugar, Minister, you're laughable. Your answers are quite hilarious. On behalf of Canadians, I think it's absolutely shameful that you do not understand how things work. Do you want to give them diabetes medications because you want to give them more sugar? For shame.

Ms. Sonia Sidhu (Brampton South, Lib.): I have a point of order.

The Chair: That's your time.

I have a point of order from Ms. Sidhu.

Ms. Sonia Sidhu: Let's be respectful to each other. That's what I want to request. Thank you.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Respect is earned.

The Chair: Yes, it certainly is.

All right. That's it for Dr. Ellis.

Next we're over to Dr. Hanley, please, for six minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you, Mr. Chair.

I just want to check that I'm being heard okay. Is my sound okay?

The Clerk of the Committee (Ms. Catherine Ngando Edimo): Yes...hold on a minute.

No, the sound is not good. Can you move your microphone a little bit?

Mr. Brendan Hanley: Okay, can I check? How is this? Is this any better?

The Clerk: Can you keep talking?

Mr. Brendan Hanley: I'll just keep talking. You can stop me if I'm not being heard.

I appreciate your presence, Minister Holland.

Right off the top, I want to say that I have agreed to share my time with Mr. Morrice, who is standing by.

The Chair: Dr. Hanley, we don't have the go-ahead on your sound yet. What you're undergoing right now, even though you don't realize it, is a sound check.

• (1615)

Mr. Brendan Hanley: Oh, I see. Then should I be talking about the weather?

The Clerk: Yes, you can talk about the weather, please.

Mr. Brendan Hanley: The weather is mild, and there's perhaps a little bit of rain in the clouds. I'm hoping that this is going to work for sound quality purposes. Do I have the go-ahead?

The Clerk: I think there's an echo. Hold on.

Mr. Brendan Hanley: Am I to keep talking? I'm not quite sure what to do. I'm sorry; I apologize.

The Clerk: Yes, please keep talking.

Mr. Brendan Hanley: Okay, I will keep talking. I just want to ensure that I have a chance to ask my questions today of the minister, so I hope that you hear me adequately. I have my headset connected.

The Clerk: Our IT guy is going to call you, because the connection is poor too.

Mr. Brendan Hanley: Okay. I'll defer for now. I wonder if Mr. Morrice can—

The Chair: We're going to go to the next Liberal. We'll come back to you with the next Liberal slot. Hopefully the problems will be resolved. We're trying to respect everyone's time here.

We have Ms. Sidhu, please, for six minutes.

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

Thank you, Minister, and all the officials for being with us today. My question is to the minister.

In your opening remarks, you talked about the Pharmacare Act providing universal coverage for a range of contraception and diabetes medication and devices.

Could you tell us more about the importance of this measure and why it's not included in the supplementary estimates?

Hon. Mark Holland: Thank you so much.

The previous budget, budget 2024, had provided dollars for us to launch the first deals. Obviously, we're well into the year, so when these deals are signed, they'll be prorated.

I want to thank you for your advocacy in the area of diabetes. It's been so important. This country spends about \$30 billion a year managing diabetes, and that's just in direct health costs; it doesn't account for lost productivity and the cost to business in this country.

The biggest challenge within that is folks not being able to access their medicine. I can tell you that it's devastating to talk to doctors who have patients in front of them who can't follow through on their treatment regime because they don't have money for their medicine. It is fundamentally essential that everybody be connected to the medicine that they need.

This is a really important step forward, and I think it's a great example of what Parliament can accomplish when we focus on shared objectives.

We're ready to sign those deals very soon. There's obviously a lot that goes into them. As you would have seen from the memorandum of understanding with British Columbia, there's an opportunity to go further than what Parliament envisioned. In British Columbia, we had the drugs involved in hormone replacement therapy for women added to the list, which is deeply exciting. I hope to have other exciting things to be able to talk about as we sign these agreements in the coming days.

Ms. Sonia Sidhu: With regard to the CDCP, you also said that 93% of providers have signed on. Can you talk about that?

The CDCP is a huge success. When I go back to my riding, I always have positive feedback. You said that they find common ground, and this is our success too. There are lots of MPs, even the CPC, which you talked about. Their residents are also benefiting.

Can you elaborate on how people are feeling about that?

Hon. Mark Holland: I think it's been incredible to see. The demand that's there exceeded even what I understood to be out there. Watching out in the world and getting an opportunity to talk to providers, I was just talking to the head of The Denturist Association of Canada. He said he had a patient who, for 64 years, had the same pair of dentures, if you can believe that. That was his record. For that lady, every bite was painful. It was down to plastic plates in her mouth, and now she has a pair of teeth, thanks to this program.

I don't see how we could possibly have any partisan differences around that. That's something that's fundamental. You can imagine what that did, not only for her sense of dignity but also for her health.

I talked about Dr. Redmond because it was just one example, and it was one of the early ones. I visited him in Gander, and he identified in his clinic three oral cancers in just the first three months. These are folks who would not have been caught. These cancers would have almost certainly—

• (1620)

Mr. Todd Doherty: I have a point of order.

Hon. Mark Holland: —developed into something much more serious.

This program is critically important. It's saving lives, and it is actually primary care.

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

Mr. Todd Doherty: I want to offer the minister an opportunity to clarify his response.

He said that the patient he was referring to had a pair of—

The Chair: Mr. Doherty, that's not a point of order. You'll have a chance to clarify the questions when you get the floor.

Please continue, Minister and Ms. Sidhu.

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

Minister, I know the supplementary estimates (B) allocate funding to CIHI, trying to support them in improving performance indicators related to shared health priorities across the country. Data is incredibly important to ensure that we have a consistent measurement.

Why is investing in health data so integral for Canadians and for improving the health care system across Canada?

Hon. Mark Holland: That's a great question.

If you look at Europe right now, you see that Europe is working collaboratively to eliminate any barriers for interoperability in its system and to have data that flows as freely as rivers. With the advent of AI and new technology, if we have a fragmented data system with data that's locked up in places where we can't get hold of it, we're going to be running around in circles. We'll miss an opportunity for prevention that's absolutely outstanding.

I'll talk about our good friend and former colleague, Arnold Chan. Arnold was very close to all of us. He was somebody who reached across the aisle and loved this Parliament very deeply. He had a genetic form of cancer. It didn't get caught early enough, but

he was able to then tell his brother to get screened. His brother found out that he had the same cancer. It saved his brother's life.

In an interconnected data system, once we can sequence the human genome in the next couple of years and have that available to people, being able to tell patients that they're genetically at risk for particular diseases is absolutely so powerful. This is what Bill C-72 can unlock. It would be a wonderful legacy to think of Arnold and what this portends by passing that legislation. I hope that we do it.

It also means incredible things for reducing administrative burden. Maybe I'll talk about that for a second.

You know how frustrating it is to send the same form three or four times, to have information get lost in paper and to not have the ability to send a prescription digitally. We have tools like AI scribes, which can do some of the most menial work around taking notes and take it off a doctor's shoulders. If we can apply that across the system and if we could put that in place, that's equivalent to 1,000 doctors overnight. We can't do that if we don't pass Bill C-72.

A lot of times, data doesn't sound sexy, but the power of data to transform our health system is outstanding. Europe is doing it. We shouldn't waste a second. We have to do it as well. I hope that we can pass it in this Parliament.

The Chair: Thank you, Minister.

Thank you, Ms. Sidhu.

[*Translation*]

Mr. Thériault now has the floor for six minutes.

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

Minister, since November 1, have you issued a directive to Sun Life to block requests for partial implants?

Hon. Mark Holland: No, not at all. That's not the case.

Mr. Luc Thériault: Denturists and seniors in my riding in Quebec have come to see me to tell me that all their requests have been denied. A survey by the Association des denturologistes du Québec shows that Sun Life rejects 99.5% of pre-approval requests for partial implants. An employee of the company told them that the few requests that were accepted were randomly selected and that they had not been evaluated based on an analysis grid.

To make matters worse, denturists in my riding explained to me that they had called Sun Life to try to understand the denials, as they had been denied 15 times in a row. The employee told them that their applications were perfect, that there were no mistakes and that he had everything he needed to do the analysis. However, he couldn't accept them for the moment because he had received a directive to that effect from the top.

Minister, what is going on with your program? Are you able to control this? You talked about the dignity of seniors earlier. They are the ones who benefit the most from partial implants. How do you explain that?

• (1625)

Hon. Mark Holland: Thank you for your question.

You're right. Our system has just been expanded, and there's a technical problem with how to use it. I had a very good discussion with the head of the Denturists Association of Canada. Fixing the problem will take a bit of time. The same thing happened when the program was launched. There are technical issues, but we can improve the situation. The problem is temporary. Appropriate solutions to the problem have already been found.

[*English*]

We expected this. This is the largest program in Canadian history. In the beginning of November...

I believe I still have about 10 seconds left, Mr. Chair.

The Chair: Yes.

Hon. Mark Holland: We anticipated this. We said the pre-authorization process was deeply complicated and that we needed folks to work with us. The head of The Denturist Association and I had a great meeting. We were able to walk through the issues and talk about how we can resolve them.

I'm not concerned about that over the long term. I'm deeply committed to getting the issues fixed as quickly as possible. This is a different system—

[*Translation*]

Mr. Luc Thériault: Come on, I want to have some speaking time too, Mr. Chair.

How do you explain the fact that requests denied by your plan are accepted when they are submitted to private sector companies?

Sun Life is not even able to tell denturists why requests are being denied.

This is not a technical issue, Minister. It's an issue of competence in the analysis of requests.

How do you explain that discrepancy?

You offer a private program that leads people to believe that they will have access to services, but then they have to pay their bills. There is also a backlog of unresolved files. The program does not work. We can pat ourselves on the back all we want, but there is a problem.

How and when are you going to fix it?

Hon. Mark Holland: First of all, the program has been in place for two weeks. It's a new program, the largest in the history of the country. Sometimes there is a problem when some people—

[*English*]

When folks are putting in the forms, they have to make sure that they're aware of what forms they have to send in. Remember, these things are extremely costly. We need to validate for taxpayers that the work that's being done needs to be done.

This program has existed for two weeks. Give us another two weeks to work through it. We have already made huge progress.

I can understand that you want to fix it, but I'm a little confused by your anger.

[*Translation*]

You don't have to get angry—

Mr. Luc Thériault: May I suggest that you apply the same criteria as for requests that are submitted to the private sector? As far as I know, Sun Life has already settled such cases with private insurers.

Why did you establish different criteria from those in the private sector, and why is the list of criteria as long as my arm?

Hon. Mark Holland: This is the first time you and I have had time to discuss it. I suggest that we take the time necessary for me to explain to you the reasons for the current situation and the solution to the problem.

When you understand the current situation, the solution and the problem will become clear and obvious.

Mr. Luc Thériault: When will this be resolved, Minister?

Hon. Mark Holland: It will be resolved as soon as possible.

Right now, based on the discussion I had with the head of the Denturist Association of Canada, the vast majority of the issues are resolved.

We understand the solution, but it's going to take a little time, not too much, to implement it and fix a program that has been in place for two weeks. It's a brand new program.

Mr. Luc Thériault: The program has been in place for more than two weeks, Minister.

[*English*]

Hon. Mark Holland: The pre-authorization—

[*Translation*]

Mr. Luc Thériault: The program worked very well for processing requests for full implants. When partial hearing aid requests started, everything went off the rails. There's a problem.

Hon. Mark Holland: It's only been two weeks since the pre-approval was [*Inaudible—Editor*].

Mr. Luc Thériault: Why do people say that requests are randomly accepted? You need to get answers on that.

The Chair: Mr. Thériault, your time is up.

Give the minister a chance to answer your last question, please.

• (1630)

Hon. Mark Holland: The pre-approval is the most complex part. Compliance must be ensured before federal funds are spent. I'm sure the situation will be resolved, but it's still essential, in such a complex situation, to ensure that the system works well.

The Chair: Thank you, Minister and Mr. Thériault.

Mr. Julian, you have the floor for six minutes.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Thank you, Mr. Chair.

I'm going to continue along the same lines as Mr. Thériault.

First of all, we know that Quebec is where the program is the most popular in the country.

How many Quebecers are now signing up for the dental care program that the NDP pushed so hard to get passed? How many Quebecers have already received help or surgeries through the program? How many applications are backlogged?

Mr. Thériault is asking a legitimate question in that this issue needs to be resolved. How many files are backlogged?

Hon. Mark Holland: Thank you for your question.

First, 500,000 people in Quebec have been approved to receive services. That's huge. There are 1.2 million people enrolled in the program.

Second, in the vast majority of cases, pre-approval is not required. In those cases, there is no problem.

Cases that require pre-approval are rarer, but they led to problems in the first two weeks. However, I'm sure it will be restored very soon.

Mr. Peter Julian: I'll continue with the officials later.

[*English*]

I'm going to switch to English now.

The reality is that I'm a little surprised by the questions from the official opposition. There is no doubt that this is one of the most popular new federal programs in decades.

Just from a count and from what you've said, Minister, 3,700 Canadians on average in each and every Conservative riding in the country, including Mr. Doherty's and Dr. Ellis's, have received dental care. What the NDP has fought for in terms of pharmacare means about 17,000 of their constituents. It's a bit strange to me to see Conservatives threatening to kill programs that help thousands of their constituents. I don't understand that.

That's a comment I wanted to express.

In terms of where dental care goes from now, I stress that it's really important to extend it beyond seniors, children and people with disabilities to others who meet the family income threshold.

When can we expect the government to look at coverage for seniors who have existing dental programs that are very poor? That's a question that comes up from my constituents regularly.

Also, when do you expect to address the issue of Canadians who are denied dental care because they have a non-resident spouse? That's an issue that has come up as well.

In terms of the average response time for pre-approval for dentures, I would like to know what the existing response time is in addition to the problem that Mr. Thériault raised.

Thank you.

Hon. Mark Holland: Thank you so much.

In the first order, three million people have signed up, and already one and a quarter million people are getting care. The demand is absolutely massive, and I think we're going to be able to demonstrate in evidence not only what that means to people's dignity but also what that means in terms of better health outcomes and, frankly, saving money because they don't wind up in emergency rooms with much more serious cases.

We do have a lot of people left to go. Almost every single senior who's eligible has signed up for this program, but you're right about the additional cohorts. What I always said was that this was going to be a very big lift. Pre-authorization is extremely complex, which is one of the reasons I said that we didn't want to advance the new cohorts until we got the pre-authorization piece right. This was anticipated. Working through these issues, I think, is critical.

It's less a question of how long it's taking. What's happening with the rejected claims is that either information isn't being attached or there's a misunderstanding of what's required.

If you can imagine, this is very expensive and we have to be able to demonstrate that there's integrity built around the system. By its nature, it's not just automatically approved, because it's quite complicated work. It's not that it's taking a lot of time; it's that there were pieces missing, and people not understanding what they need to attach is the problem.

That's why I think we can work through that pretty carefully—

• (1635)

Mr. Peter Julian: My question was about the average response time, if you have that or if officials have that.

Hon. Mark Holland: I'll get back to you on that. It's less of an issue, but certainly I will get it for you.

Mr. Peter Julian: Okay.

In terms of the issues of Canadians with a non-resident spouse who would otherwise qualify for this program that has been so popular....

Hon. Mark Holland: I think both of your points are very fair. You mentioned seniors who have poor service on another plan and you mentioned folks who were denied because of a non-resident spouse.

These are issues that would require, obviously, additional policy coverage, which would probably require legislation. That's something I would have to talk to you about with your House leader's hat on and talk with both sides about what's in the realm of the possible for us to be able to fix some of the gaps that I acknowledge exist today.

Mr. Peter Julian: I have only a few seconds left.

I'll move on to pharmacare, which is hugely important for people who pay \$1,000 or \$1,500 a month for their diabetes medication and devices. Nobody should oppose pharmacare.

When do you see the first provinces signing on? When do you see actually being able to provide those supports to people right across the country, including 17,000 people, on average, in each and every Conservative riding?

Hon. Mark Holland: Yes, you bet.

It came out of the Senate on October 5, so there are a lot of details to chew through, but very early in the new year I expect to see the first agreement signed. I think you can look at the MOU with B.C. to get a flavour for what those would look like. They use the existing infrastructure of provinces, so I think we can get medicine to people very quickly.

As I said, I'm deeply encouraged that a jurisdiction like Alberta.... As I said, last week I was in Alberta announcing our plan for drugs for rare diseases. Alberta was saying that it's very interested in signing this and finding a solution. Adriana, their health minister, believes it can be done. I think if we can do it in Alberta, we can do it everywhere, and I believe we will.

The Chair: Thank you, Minister. Thank you, Mr. Julian.

Next is Mr. Doherty, please, for five minutes.

Mr. Todd Doherty: Thank you, Mr. Chair.

Minister, is everything good? Are you okay?

Hon. Mark Holland: Yes, sir. How are you?

Mr. Todd Doherty: I'm good. I'm right as rain. You just seemed to be a little bit on edge a little earlier on.

Are you familiar with "Waiting Your Turn: Wait Times for Health Care in Canada", the report that was issued today?

Hon. Mark Holland: I'm aware of it. I haven't had a chance to look at it—

Mr. Todd Doherty: It's interesting because, Minister, the report reveals that out of 30 developed countries, Canada is ranked 28th in availability of doctors, 25th in hospital beds, 25th for psychiatric beds, 27th for MRI machines and 28th for CT scanners.

That's your record.

Hon. Mark Holland: I love how you don't hold Ford or any other government accountable for provincial health care.

Health care is administered provincially. I'm not sure if you're aware of that, but we do try to—

Mr. Todd Doherty: Minister, I'm being respectful. You don't have to be disrespectful.

Hon. Mark Holland: No, that wasn't respectful. You just said that something that's under provincial jurisdiction is our responsibility. That's not respectful.

Mr. Todd Doherty: That's your record.

Hon. Mark Holland: That's not true.

Mr. Todd Doherty: That is your record.

Hon. Mark Holland: What are you asking about Doug Ford? What do you think the provincial government in Ontario should do?

Mr. Todd Doherty: Is Doug Ford in front of me right now? You're the Minister of Health.

Hon. Mark Holland: Right. What we did was sign agreements with every province and every territory. It was \$200 billion—

Mr. Todd Doherty: Then out of 30 countries.... Are you happy with that?

Hon. Mark Holland: —that included metrics in every single....

Look, I am not happy or satisfied with where we are in health care, but the point is that we have one of the best health systems in the world. When it comes to primary care, we can do much better, and we are, but provinces have to do their fair share. Not holding provinces to account is not responsible—

The Chair: Thank you, Minister.

Mr. Doherty, go ahead, please.

Mr. Todd Doherty: Minister, under your management of this file, seven million Canadians are without a doctor. What have you done? What measurable steps have you taken in the year and a half that you've been the Minister of Health to make sure that Canadians have access to nurses and doctors? What have you done?

Hon. Mark Holland: I wish I had 20 minutes to answer that, because it's a very long answer.

The first one starts with agreements with every province, every territory, \$200 billion and common indicators across the system. With those common indicators are commitments specifically on doctors and nurses and improvements in primary care.

The first CIHI data out last year—

Mr. Todd Doherty: Seven million Canadians—

Hon. Mark Holland: I believe that I still have about five or 10 seconds.

The Chair: Yes, keep going.

Hon. Mark Holland: The first CIHI data, the baseline report last year, shows every province and every jurisdiction, almost without exception, ahead in doctors and nurses. When you take a look at the investments that we're making.... I just talked about Bill C-72, our health data. I can't say it fast enough because I have so much to say on it. It's great news.

Mr. Todd Doherty: Do you have a mandate letter?

Hon. Mark Holland: Yes, I do, absolutely. It's a continuation of the preceding mandate letter.

Mr. Todd Doherty: Minister, you've been in this role for a year and a half, yet Canadians have yet to see what your mandate letter is. Who sets your priorities?

Hon. Mark Holland: I think that at the beginning, I enumerated my priorities very clearly. They are pharmacare, dental care and data transformation.

Where do you stand on Bill C-72? Where do you stand on dental care? Where do you stand on pharmacare? What is your position? How are you going to fix—

• (1640)

Mr. Todd Doherty: Minister, in a year's time, you'll have lots of time to ask all the questions.

Hon. Mark Holland: No, I won't, because you'll still be in opposition, because you can't answer questions about what you're going to do for health care. What are you going to do on health care? How are you going to fix those problems? What is your policy—

Mr. Todd Doherty: Minister—

The Chair: Mr. Doherty, please—

Hon. Mark Holland: What is your policy solution? Do you have any? No.

The Chair: Mr. Doherty, please—

Mr. Todd Doherty: You're the one who's in power, Minister. You've been in power for nine years—

Hon. Mark Holland: What is your solution?

Mr. Todd Doherty: —and yet we're failing every metric, Minister.

Hon. Mark Holland: Your solution is cuts. Do you think that cuts are going to bring doctors and nurses—

Mr. Todd Doherty: It's been a year and a half to bring doctors, nurses—

The Chair: Please allow him to pose the question.

Go ahead, Mr. Doherty.

Mr. Todd Doherty: You're so disrespectful—and weak. You can stare at me all you want. Mean mug me all you want.

Minister, the rates of scurvy are on the rise, yet you're taking off the GST on pop and chips and candies while you are raising the cost of everything healthy with your carbon tax. What's your rationale for that?

Hon. Mark Holland: First, it doesn't increase the cost. Second, if you cared about scurvy, then you'd be talking about initiatives in first nation communities. The scurvy you're speaking about is in rural and remote communities. The policies that you have to deal with that are exactly nil.

ral and remote communities. The policies that you have to deal with that are exactly nil.

Yes, I'm very frustrated, Mr. Doherty, that the Conservatives would talk about issues like poverty. You know, I was in opposition, and I watched, and you never talked about poverty. You never set poverty guidelines. You have no policies or ideas on poverty. In fact, your cuts will do devastating things to the very issues you're talking about, and I think it is dishonest and disingenuous when you—

Mr. Todd Doherty: Minister—

Hon. Mark Holland: —have no solutions—

The Chair: It's Mr. Doherty, please.

Mr. Todd Doherty: Minister, you're the only one who's talking about Conservative cuts. The only thing that we're talking about is axing the tax for everyone, forever. That'll make life more affordable for all Canadians. The only ones who spew rhetoric and garbage are the Liberals and the NDP, the coalition partners. If you want to start telling the truth, that would be a novel idea.

Hon. Mark Holland: Then let's start with scurvy—

Mr. Todd Doherty: Minister, no, it's my time, not yours.

Hon. Mark Holland: I thought that you paused.

Mr. Todd Doherty: No, I didn't.

Minister, over 47,000 Canadians have lost their lives due to the opioid crisis. Your government has spent a billion dollars—

The Chair: Mr. Doherty, your time is up—

Mr. Todd Doherty: —on failed policies.

The Chair: Get to your question. We'll let him answer it, and then we'll move on.

Mr. Todd Doherty: Minister, what are your comments to people like Brianna MacDonald's family? All they've asked for is for the government to stop its decriminalization and its failed drug policies.

The Chair: You're 25 seconds over time.

Minister, please take 30 seconds to answer the question, and then we'll move on.

Hon. Mark Holland: Thank you.

As the first order, for any person—and I know you would share it in my heart, and you would share it in yours—who loses a family member, it is devastating. We need to use science, data and evidence to provide solutions, not emotions and not fake policies. We have to provide real answers, and that's what we will offer—true science-based, evidence-based decisions to save people's lives.

If you take scurvy—and I'll just finish on this, because you want to talk about facts—somebody who's so food insecure that they have scurvy doesn't drive around in a car. They don't pay the carbon tax, but you would take away their cheque. You would take away the benefit they get every single quarter that helps them pay for groceries. That's what you would do. You would leave them less secure and in a more vulnerable position.

Sir, those are the facts.

The Chair: Thank you, Minister.

We're going to try Dr. Hanley again.

I think you got the thumbs-up on the sound check. You have the floor for five minutes.

Mr. Brendan Hanley: I apologize to the committee for my technical problems.

The Chair: Dr. Hanley, we need to do a sound check.

Go ahead.

Mr. Brendan Hanley: I am talking to you from the traditional territory of the Anishinabe Algonquin, and I'm hoping that this time the sound is working well.

The Clerk: Yes, the sound is working.

The Chair: Now you have five minutes.

Mr. Brendan Hanley: Okay, very good. Thank you so much, and I apologize to the committee for my technical problems.

I do want to note that I want to reserve the final two minutes of my five minutes for Mr. Morrice to ask an important question, so please, Mr. Chair, assist me in that.

Thank you, Minister and officials, for appearing. I did want to ask a couple of questions.

First, in the supplementary estimates, \$53 million is devoted to increased support for scholarships and fellowship awards. I hear a lot about the need for more investment in health research, particularly in postgraduate research. I wonder if you'd like to speak briefly to the importance of that from your point of view, Minister.

Hon. Mark Holland: Thank you, Mr. Hanley.

Of course, we know research is absolutely fundamental to health transformation. It is the pathway to understanding how we deal with the problems that face us in a complicated world. There isn't a health system that isn't facing these challenges in the world.

I was so happy—as I know you were, Mr. Hanley—that in budget 2024 we responded to the Bouchard report's recommendations to make sure that we have the appropriate supports for postgraduate and graduate students be able to study here and to be able to call Canada home for the research they do.

Research leads to miracles. It is very much the responsibility of... It really is thanks to research that we have been able to make the kind of progress we have. I'll just give you one example. We talked earlier about diabetes. Canada is perhaps three to five years away from being the country that solves type 1 diabetes, and it is because of the extraordinary researchers in this country. Making sure that the next generation of researchers has the support they

need is critical. Money that was in the supplementary estimates to further those goals is critical, not just to keep researchers here so that the science is here and the jobs are here, but also so that the solutions of tomorrow that end the diseases of today are driven and done here in Canada.

• (1645)

Mr. Brendan Hanley: Thank you very much.

I'm going to hand it over to Mr. Morrice so that he has time to ask the question and you have some interchange on this important topic.

Thank you.

The Chair: Go ahead, Mr. Morrice.

Mr. Mike Morrice (Kitchener Centre, GP): Thank you, Dr. Hanley, and thank you, Chair.

Mr. Holland, you might remember that we spoke in Parliament earlier this year about a constituent of mine, Noor Ayesha. She'd received a terminal diagnosis of bile duct cancer just after giving birth to her daughter back in February 2023. She and her family and donors on GoFundMe had to raise money to fund a drug that had been approved by Health Canada but not recommended by Canada's Drug Agency. It's a drug that cost \$15,000 a month, and it extended her life. Sadly, Noor passed away about a month ago.

The glimmer of hope is that the CDA is now in the midst of re-considering its decision for a possible recommendation as I and, more importantly, her own oncologist and other doctors had been calling for.

I'm sure you also know that the Canadian Cancer Society released a report this week that shows that the average cancer patient in Canada is grappling with nearly \$33,000 in costs over the course of their lifetime. I'm sure that saddens you in the same way it does me, and so I wonder what you can do, or even commit to, in terms of streamlining approvals and funding decisions to speed up access to cancer drugs.

Hon. Mark Holland: Thank you, Mr. Morrice. I want to thank you for your advocacy on this, and to say that Noor's case is deeply tragic and is something that lights a fire in us to do everything that we can for action.

I have two quick points. Health Canada, once it approves that a drug is going to be eligible for public reimbursement, it's then up to the provinces to make the decision about whether or not it is publicly reimbursed—I'm sorry: Health Canada approves it, and then the provinces decide if it's eligible for reimbursement.

The arm's-length decision of Canada's Drug Agency is important. Obviously, we want those science-based decisions to not be influenced by politics, but the agreements that we're signing for drugs for rare diseases are so critical. I was so excited to sign the third one in Alberta, because it's a collective commitment to expand our action on drugs for rare diseases and to show a coordinated approach to these diseases. To take cancer as an example, there are costs. We have to do a much better job.

It's pretty incredible, in this country, when you walk into the cancer ward of a hospital. I talked to a doctor there. When she started 30 years ago, the survival rate was only 30%. Today it's 90%. When I talked to those patients.... In fact, I talked to one patient about the experience of an American family member, who was wiped out entirely. They lost everything because of a cancer diagnosis. That's not our case here.

It's still too expensive. We have to do better. However, I think that seeing people where they are and recognizing the urgency of the devastating thing this does to families.... Look, it's bad enough to get a diagnosis, but then to wonder how the heck you're going to pay for your medication is just fundamentally unfair, so we have to go as fast and as far as we can.

Thank you for the question.

The Chair: Thank you, Minister.

Thank you, Mr. Morrice.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

Mr. Luc Thériault: Minister, you're talking about two weeks of failure in your dental care plan, but that's not true. On November 1, people were waiting for your service and thought they would have access to it. However, today is December 12. When you do the math, you see that the delay is one month and 11 days.

Your plan seems to have been written on the back of a napkin or envelope. That's actually what we were challenging, not the principle of access to dental care along with greater coverage.

However, your plan has been poorly explained, and people think that dental care is free. When people go to the dentist, they realize that they have to pay the difference between the dentist's rate and the fees covered by the plan. From what I hear from various constituency offices, the fee schedule for dentists has practically doubled.

Why didn't you take the time to sit down with the dentists to negotiate a fee schedule? Right now, people find themselves in a humiliating position when they don't have the money to pay for their care. They are told that, ultimately, the care isn't free and that they have to pay the difference.

How are you going to manage that? People are using the government portion as a gift card.

• (1650)

[*English*]

Hon. Mark Holland: First, the humiliating circumstance was when they had no coverage, and that's what you're advocating.

You've been against the Canadian dental care program. People had no coverage; now you're saying that their paying a small fee is terrible and you are saying they should have no coverage. In Quebec, 500,000 people had care. You're dismissing it like it's nothing.

[*Translation*]

There are 500,000 people on the plan after just six months. That's amazing. It's good news, not only for Quebec, but also for Canada.

Mr. Luc Thériault: Answer the questions instead of spreading propaganda.

Hon. Mark Holland: It's going to prevent a lot of diseases. That's a big deal.

The Chair: Mr. Thériault, you took more than a minute to ask your question. The minister can continue with his answer. He has as much time as you do.

Mr. Luc Thériault: Give me five minutes, Mr. Chair.

Hon. Mark Holland: It's not a problem. You can continue.

The Chair: You have 15 seconds. Please ask a very brief question.

Hon. Mark Holland: Ask me questions. It's not a problem.

Mr. Luc Thériault: Minister, answer the questions instead of spreading propaganda.

Your plan was badly implemented. Right now, some people don't have access to care even though they were told the opposite. You're telling us that it will be resolved. You're not even saying when it will be resolved.

That's what I call designing a program on the back of a napkin or envelope.

The Chair: I didn't agree with your suggestion to give you five minutes.

Minister, I'll give you 20 seconds to respond.

[*English*]

Hon. Mark Holland: Five hundred thousand people got care—that's in just over six months—and you're saying it was on a napkin. You dismiss it like it's nothing, and then your position is to not have them get care, and then you're angry that they're not getting care fast enough. Then you're saying pre-authorization isn't being fixed, but you're against having pre-authorization.

You would take away the dentures. Right now, tens of thousands of people in Quebec have dentures. This is great news, but instead of celebrating that, you're attacking and saying, "Get rid of the whole darned program because it's taking a couple of weeks to fix a couple of technical problems." That's just not logical to me.

The Chair: Thank you, Minister.

Next is Mr. Julian, please, for two and a half minutes.

[*Translation*]

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

I think the Bloc Québécois will have a hard time defending the position that the Canadian dental care program must be eliminated. The NDP has done a lot of work in favour of the program, and half a million Quebecers have already had access to care.

However, I'll leave that question to Mr. Thériault.

[*English*]

I want to come back to provinces—particularly Conservative provinces—that are undermining health care.

In British Columbia, we have a very strong province. I took my neighbour to the emergency ward. We had to wait for an hour.

Mr. Todd Doherty: An hour in B.C...?

Mr. Peter Julian: In Doug Ford's Ontario, last week I was in—

I'm being interrupted and heckled by the Conservatives because—

Mr. Todd Doherty: They know that you're lying.

The Chair: Mr. Doherty, you don't have the floor and nobody tried to interrupt you when you did.

Go ahead, Mr. Julian.

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

In going to the emergency ward at the Ottawa Civic last week after a bicycle accident, it was 14 hours. Mr. Doherty thinks that's great and so does Dr. Ellis.

Conservative provinces have been terrible on health care outcomes and terrible on extra billing.

I want to know what actions the government and you as health minister are taking against this extra billing and the erosion of our health care system, particularly in Alberta, Saskatchewan and Ontario, which are the worst offenders and have absolutely terrible health outcomes, terrible waiting lists and terrible health care systems undermined by Conservative politicians.

Hon. Mark Holland: Look, it takes everybody moving in the same direction. It's not enough that the federal government does its part. Obviously, hospitals and health systems are actually managed by provinces, so it's hugely consequential whether or not they make the appropriate investments. You're absolutely right in that.

One thing I would point to is the agreements that we signed with provinces. For the first time, there were conditions. There were tailored bilateral agreements. There were common indicators.

CIHI just had its baseline data. When it comes out next year, we're actually going to be able to see in data rather than in anecdote which provinces are making the advances and which ones are not.

It's very interesting. In Manitoba, Nova Scotia and B.C., these elections turned on health care. People care deeply about this, so I think there's certainly a major electoral consequence to it.

We have used the Canada Health Act in many different instances to charge provinces when they're charging private fees, but this is a major topic. We have a health ministers' meeting coming up, and I would rather get there through collaboration. Obviously, that's the preferred goal.

I've had a very good conversation, as an example, with Jane Philpott in Ontario around the work she's doing in primary care. Michelle Thompson, whom I was talking to and sharing messages with, has some great ideas, in a Conservative jurisdiction, on how they can improve their health system.

There's no reason for this to be.... Just because a government is Conservative, it doesn't need to take the federal Conservative position of making cuts and attacking the health system. There's a way that we can work together collaboratively, and I think that's what we should do.

• (1655)

The Chair: Thank you, Minister. Thank you, Mr. Julian.

Next is Mrs. Goodridge, please, for five minutes.

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

Minister, we had B.C.'s RCMP assistant commissioner, Will Ng, come to the health committee about six months ago. He talked about the very serious concerns about how 80% of the precursor chemicals used in fentanyl production are still legal and unregulated in Canada.

Why has Health Canada been dragging its feet for the last two and a half years to do anything on this?

Hon. Mark Holland: One of the greatest concerns with this is that a lot of these precursor chemicals are used in normal, legal commercial enterprises. It's very hard to stop some of this, because a lot of what's being used can be found in legal products.

I deeply share this concern. This is one of the things being worked on very actively now. We have a conversation with our American counterparts about how we can do this together. I think taking a North American approach and working collaboratively across North America makes full and complete sense.

Mrs. Laila Goodridge: Because the U.S. has finally said that enough is enough, you are finally going to take action?

You've been in government for nine years. Why won't you actually take immediate action to make sure that Canadians are safe? Canadians are dying every single day. Twenty-two Canadians are dying from addiction every single day under your watch.

Hon. Mark Holland: The problem with fentanyl is that it is so insidious. It is so easy to manufacture, to hide and to send, so it is so devastating. We have absolutely been taking every action that we can to both block the precursors—I explained the complication of a lot of them being legal—and also stop the supply.

There's nothing new about working with the United States. It's about trying to have a conversation with a new administration about how we collaborate better. The action that we've been taking—

Mrs. Laila Goodridge: Thanks, Minister.

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

Hon. Mark Holland: —is doing everything that we can on the basis of evidence and science. I can assure you that I care about it every bit as much as you do.

The Chair: Continue, Ms. Goodridge.

Mrs. Laila Goodridge: What Canadians can hear from what you've just said is that you're doing nothing and that you're okay with that.

To go back to this whole conversation around scurvy, food inflation has increased 36% higher in Canada than it has in the U.S., which means the carbon tax that you guys continue to jack up—and you plan on jacking up again come this spring—is going to further make food more expensive.

Canadians are now getting scurvy. Your plan is to remove tax for a couple months on cheese puffs and chips. Why not make healthy food more attainable so that Canadians can eat?

Hon. Mark Holland: As I just explained, scurvy exists in communities of extreme food insecurity, mostly indigenous. These people don't have cars. They're not driving around. They pay no carbon tax, but they do get a carbon rebate. Your policy would be to take the rebate away from them. I can guarantee that taking cash away from somebody is not going to help them not have scurvy.

I would ask this: What are your policies? I can tell you what our policies are around food insecurity.

Then, the second thing I would ask is this: Can you tell us whether you support vaccination, full stop? A lot of misinformation around vaccinations and a lot of misinformation around diseases cause problems. I've been trying to say that we should have a unified view on these issues.

Mrs. Laila Goodridge: Quite respectfully, most of these communities that are seeing scurvy increase are in the north, where they do, in fact, have to pay carbon tax to heat their house and to keep the electricity on. That's a bill they see every single month as a direct result of your government's policies.

Frankly, it's really rich for you, coming from a southern Ontario area, to be sitting here lecturing me on what food insecurity looks like in the north. I'm someone who lives north.

I'm sorry, Minister; this is absolutely part of the problem. If you guys just got rid of the carbon tax, people could afford to heat, eat and house themselves. Why won't you take the carbon tax off?

● (1700)

Hon. Mark Holland: We won't because that's disingenuous and untrue. The people you're talking about who are so food insecure

that they have scurvy are almost exclusively in indigenous communities. These are people of very limited means who are not paying next to anything in terms of carbon tax—

Mrs. Laila Goodridge: Are you okay with that? You're okay with people having scurvy?

Hon. Mark Holland: I don't know if I'm allowed to finish.

The Chair: Yes, you are.

Hon. Mark Holland: If I'm allowed to finish, the point I'm making is that these people get way more back in a rebate cheque that they can use for food insecurity. You would take that away from them.

In other words, in terms of the price on pollution, you would eliminate the action on pollution and protecting our climate, and you would then take away money that they get, and they would be left in an even more insecure situation.

I think it's disingenuous to say to somebody who's suffering that you're going to take away money that they need.

The Chair: Thank you, Minister.

Mrs. Laila Goodridge: What has your government done to make sure that Canadians are not getting scurvy? Have you done anything?

The Chair: Give a short answer, please.

Hon. Mark Holland: The first thing is that we've tripled investments in first nations communities and are taking historic action in first nations communities. Those are way over the levels that were there under the Conservatives. I can tell you that the number of boil water advisories in those communities and poor health outcomes were much worse under Conservatives and would be again with the cuts that you would visit upon them.

In terms of the country writ large, things like the school food program, things like making sure that women have access—

Mrs. Laila Goodridge: So you've done nothing to help people.

Hon. Mark Holland: —to child care and that they can afford child care, and making sure that people get the savings that come from dental care and pharmacare. That's real help. Making cuts isn't going to help any of those people.

The Chair: Thank you, Minister.

The last round of questions for you will come from Mr. Naqvi for five minutes.

Mr. Yasir Naqvi (Ottawa Centre, Lib.): Thank you very much, Chair.

Welcome, Minister, and our officials as well. We shall be speaking with you soon.

I want to start on the theme of research. I think Dr. Hanley was talking about research.

I know, in my role as your Parliamentary secretary, that I've had the chance to meet with some incredible stakeholder groups that have been advocating that we invest more in research funding. Budget 2024 really delivered in that respect.

In particular, I want to talk about brain research. In the supplements, there's \$10 million in funding for the Canadian brain research fund to advance knowledge on the brain, brain diseases and brain disorders and to accelerate discoveries for improving the health and quality of life of Canadians affected by brain disease.

In your view, why is this funding into this research area critical?

Before you answer, I also want to put on record that our colleague Alistair MacGregor, who brought in Bill C-277, sought unanimous consent in the House so that it could pass, but it was denied UC by the Conservatives, which was rather partisan, because we heard clearly from so many witnesses about the need for a brain research framework in Canada, which we're looking forward to working with once it passes into law.

While we're moving ahead with this research funding, why is it so critical to support brain research in Canada and globally?

Hon. Mark Holland: Thank you very much, Mr. Naqvi. I think that you're absolutely right: It was unfortunate that it was voted against.

The support for brain research is absolutely critical for a wide array of neurological conditions. When you meet patients, one of the hardest things.... Meeting patients who know that research is so close to giving them the answers to get back their lives and to be lifted out of the pain they're in or the condition they may have are the types of things that stay with you afterwards, long into the night, and they so desperately want us to make these investments. I would suggest that it's an area where we really could put down the partisan swords.

I think I mentioned another one, which is Bill C-72, on the interoperability of data. Again, I'm not aware of any opposition to these things, and yet they're not supported because there seems to be a view that being against everything is the job of an official opposition. I just don't agree with that.

I did spend two terms in opposition, where you try to advocate in favour of solutions and ideas, and I think that Parliament, in this minority government, got a ton done, and yes, on research. We are in a time of miracles, and we need to press just a little further so that the people who are afflicted with diseases and conditions can be elevated and live their best lives.

It's a roll of the dice. It could happen to any one of us. I think all of us would hope that if one of the people we loved or we ourselves had a condition visited upon us, we had a country that was doing everything it could to find solutions and invest in the science, the data and the evidence to find answers.

● (1705)

Mr. Yasir Naqvi: I agree with you, Minister, and I'll be frank with you: I think the Conservatives have been really disappointing.

I mean, they have only slogans. They stand in the way of progress. They have an agenda of cuts, and they prove it again and again, every single time. They're just hungry for power, and that's it. They've lost the purpose around really serving Canadians and finding ways to work together, and we see that. I see this in this committee, with insults and long, frivolous speeches. On and on it goes.

Anyway, I want to come back to Canada's dental care plan, because I think that's really exciting. I continue to meet with seniors in my community, right here in Ottawa Centre, who are telling me that they are finally getting a chance to see a dentist or a denturist and getting the care they have needed for a long period of time. I'm sure you're hearing those stories as well.

Tell us where we are at. What are the next steps when it comes to the CDCP? There are many others, also in my community, who want access to this program.

Hon. Mark Holland: Let's talk about seniors first. When we were announcing the one million mark—one million people connected to care—a gentleman who was at the clinic where we were came up to me. He said, "You know, a lot of years ago I had to get a tooth pulled, and it cost \$700, and do you know what? I didn't go back. When I had problems in my mouth, I was terrified to walk in. I knew I couldn't afford it. I was afraid to get care." He said, "Now I'm getting care again. I'm not afraid to go to the dentist."

This is what this is about: people being connected to the care that they need, not having to be afraid that they're not going to be able to afford it and not being terrified, when they get a pain in their mouth, of whether or not it's going to lead to some devastating outcome that they can't afford and they have to wait to be in an emergency room to get it fixed.

I hear stories from seniors. When I was talking to a mobile smile clinic in Windsor, Navjeet was telling me about seniors setting up their family photographs once they got their dentures in, and how it's transforming their life and the joy that it gave them. You know, we're all going to exit this earth, and we're certainly going to exit this Parliament, but those stories will stay with me for the rest of my life. Connecting people to that care everywhere is absolutely critical, and we have a lot more people to connect. We're going to get there. We're going to do it as fast as we can.

Mr. Yasir Naqvi: Every single step of the way, Conservatives have voted against that program.

The Chair: Thank you, Minister. Thank you for staying longer than was scheduled.

That brings us to the end of this round of questions. You're welcome to stay, but you're free to leave.

Colleagues, I don't propose to suspend the meeting. We have a budget for the supplementary estimates that I would like your approval of. While we're approving that budget, perhaps we could have the other officials take up their places.

There have been some discussions among the parties. Some MPs are going to be racing for the airport soon, so I would propose that when we get the officials back up, we have even turns for the four parties of, say, four to five minutes. That will allow for adjournment at about 5:30, which will allow some of us to catch our flights.

Is everyone comfortable with that? If not, we'll go through the normal rounds of questions and entertain a motion for adjournment in the normal course.

I see some thumbs up around the table.

Thank you very much, Mr. Minister. We very much appreciate you being here, as always.

A budget has been circulated to you, colleagues, in the amount of \$1,000. That will cover this meeting and the next—this one with Minister Holland and the other one with Minister Saks. I would ask for approval of that budget, so that you get to have a sandwich or something.

Is it the will of the committee to adopt the budget as presented?

Some hon. members: Agreed.

The Chair: I see no objections and a few thumbs up. The budget is therefore adopted.

We're going to do a sound check for Dr. Powlowski and then we'll start with rounds of questions.

• (1710)

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I think I'm okay, because Arielle will do the questions.

The Clerk: Excuse me, Mr. Powlowski; we need to do the sound check.

Mr. Marcus Powlowski: You can try, but I won't be asking questions. Arielle will be asking the questions for us.

The Clerk: Thank you.

The Chair: That makes it easy. Thank you, Dr. Powlowski.

Okay, I have 5:10, so I'm going to propose questions of five minutes in length.

We have a couple of additional officials with us. I'll simply introduce them and then we'll open it up for questions.

Joining the meeting at this point, from the Department of Health, we have Jocelyne Voisin, assistant deputy minister of the health policy branch, and Dr. Celia Lourenco, associate assistant deputy minister, health products and food branch.

From the Public Health Agency of Canada, we have Martin Krums, vice-president and chief financial officer.

Welcome to the newcomers. Thanks to the rest of you for staying here.

We're going to begin now with rounds of questions, starting with Dr. Ellis, I believe, for five minutes.

Mr. Stephen Ellis: Thanks very much, Chair, and thanks to the officials for being here.

The nature of my questions today will be on the topic of lapsed funding, if that's helpful to all of you.

Mr. Costen, from the reading that we've been doing, it appears that at Health Canada, almost 35% of total funding ends up in lapsed funding. My understanding is that lapsed funding, of course, is not spent on programming.

Could you explain to the committee where that lapsed funding goes when it's not used—back into general revenues, perhaps—and which programs exactly are affected by lapsed funding?

Mr. Eric Costen (Associate Deputy Minister, Department of Health): Honestly, I think there are many reasons that programs would lapse funds. There are many consequences to lapsed funds, one of which is to have it returned to the general revenue fund.

In order to give you a sort of a precise accounting of the source of lapsed funding for the department, I think it's probably best that we return to you in writing. We'd be happy to provide that information.

Mr. Stephen Ellis: That would be great, Mr. Costen, if you could.

Would you be so kind as to detail exactly which programs were affected? I think it would be important to look at the last couple of years for lapsed funding. If you would do that and table it with the committee as soon as you can, that would be great.

Mr. Eric Costen: Yes, that would be fine.

Mr. Stephen Ellis: Thank you very much.

Ms. Jeffrey, I would ask you the same question.

Under the Public Health Agency of Canada, it would appear that there is lapsed funding in the years that we're able to look at. I obviously don't have this year's figures, but perhaps 47% of the funding of PHAC ended up as lapsed funding.

My question to you is similar to the one for Mr. Costen. Could you confirm this number, which is considerably high, in my opinion?

If you're not able to do so now, could you please table with the committee the exact programs that have been affected over the last two years with lapsed funding?

Ms. Heather Jeffrey (President, Public Health Agency of Canada): Indeed, in 2023-24 the lapse reported by the Public Health Agency was \$1.1 billion. All of this money, in large part, was related to COVID-19 expenditures that did not need to take place due to the fact that the emergency phase of the pandemic had subsided. Some of this money, \$59 million, was re-profiled to future years.

The lapse is attributed to a reduction in vaccine and therapeutics procurement, a reduction in the need to purchase medical countermeasures and a reduction in the cost of warehousing due to the end of the emergency phase of the pandemic.

If you'd like further detail, our CFO, Martin Krumins, is here and can further elaborate.

Mr. Stephen Ellis: I appreciate that. I think that's sufficient. Again, if you could table that in writing to the committee, that would be most helpful.

I have a couple of questions, Ms. Jeffrey.

For the record, I believe that Ms. Jeffrey concurred that yes, she would provide that in writing. I saw her head nodding, just to be clear on that.

Talk a bit about the national stockpile for Canadians, if you would. How are we doing with the national stockpile? Do we have specific measures in place related to ensuring that we're not going to have an expired national stockpile, as we saw before the terrible pandemic of 2020?

• (1715)

Ms. Heather Jeffrey: A comprehensive management plan has been put in place for the national emergency stockpile. The stockpile contains assets in the form of goods, such as cots and blankets for emergency response, as well as medical countermeasures, vaccines and therapeutics to support provinces and territories in emergencies.

An inventory management system has been modernized and put in place. The stockpile is obviously much more significant than it was pre-pandemic, and it has a diversity of supplies. It has been used, in fact, to respond to emergencies since COVID-19, such as mpox outbreaks, wildfires and other areas for which provinces and territories requested federal support.

Mr. Stephen Ellis: Thanks very much, Ms. Jeffrey.

Could you undertake to provide the committee with a list of the items that are in the stockpile and the amounts? I think that would be important for Canadians to know. For instance, are there N95 masks, cots and blankets? What are the numbers? That would be important for Canadians to know, so, as I said, if you could undertake to provide that to the committee, I think that would make sense.

We've come back previously to this promise from the NDP-Liberal government on the Canada mental health transfer.

Mr. Costen, if I recall correctly, back when I came here in 2021, the amount was \$4.5 billion. Can you tell Canadians how much of that \$4.5 billion has been allocated to mental health care?

Mr. Eric Costen: I couldn't, off the top of my head, but I'd be very happy to return with that figure in writing.

The Chair: Thank you, Mr. Costen.

Mr. Stephen Ellis: That would be great. Thank you.

The Chair: Thank you, Dr. Ellis.

Next we have Ms. Kayabaga for five minutes, please.

Ms. Arielle Kayabaga (London West, Lib.): Thank you, Chair.

I would also like to welcome our witnesses and thank them for being here today.

This week marked a year since the launch of the Canadian dental care plan that has helped over 1.2 million Canadians to access dental care.

Could we get a breakdown of how many dental care providers are accepting the CDCP patients and an update and comments on how the transition has been so far?

Mr. Eric Costen: I certainly can provide a bit of precision on some of the figures that I believe Minister Holland noted in his commentary.

To date, we have over 23,000—to be exact, 23,010—providers who have made at least one claim. Based on our estimates, that accounts for about 93.5% of all eligible providers.

In terms of a commentary with regard to how the transition has gone, I think that there was a very good discussion earlier about the latest phase. There we've encountered some difficulties with respect to pre-authorization, and we're working through those on a priority basis.

Prior to that, I think we were feeling reasonably good about the manner in which the program has been stood up and implemented and services have been provided. There's been active outreach to providers, including to those who work in their offices and frankly have to do a lot of the hard work with respect to administering and filing forms, which is where the rubber meets the road with respect to the application of the program. I think that has paid off.

We're all very aware that at the outset, there was a lot of nervousness and concern that the administrative process would be overwhelming and difficult. Over time, through engagement and other types of very dedicated undertakings, we've managed to work through that quite successfully, and we remain confident that as we continue to implement it through phases, while there may be some bumps in the road, as they say, we will certainly endeavour to continue to make the transition as successful as it can be.

Ms. Arielle Kayabaga: Through you, Chair, I think that, in January, the plan is going to be accessible to a larger number of Canadians in different age categories as well. When that happens, what is the plan to ensure that current employers who provide the coverage for these Canadians are not going to opt out for the sake of putting them...? The purpose of the plan is to reach the people who need it most. How are we going to make sure that the people who need it most are the ones who are accessing it?

Mr. Eric Costen: Our strategy will continue to be the one that we've adopted over the past year, which is proactive outreach and dedicated communications in order to raise awareness and to ensure that those who are eligible are aware of the program and are assisted to access it, in every possible way, so that we can ensure that there's broad awareness and good uptake.

We'll certainly do everything we can in working with Sun Life to ensure that the process is as smooth and as accessible as it can be.

• (1720)

Ms. Arielle Kayabaga: What are some of the measures that you have in place to work with current employers who cover Canadians who fall into the category of the income targets that we have, to make sure that they continue to cover them?

Again, the program is for Canadians who do not have coverage, not ones who have coverage. However, if there are no measures set in place to ensure that employers are not just going to withdraw their coverage from employees, we're going to have.... I assume that this would overwhelm the plan. Can you comment on that?

Mr. Eric Costen: I guess I would make two comments. As a part of the department's outreach, I can commit that we will certainly be working with employers and major employer groups to ensure that there's broad awareness, particularly for lower-income Canadians.

I might want to also offer a clarification. In your earlier question, I believe that you noted January as being the date. I don't believe that a date has been set or publicly committed to. I just wanted to make that clarification.

However, absolutely, we will be working carefully with major employers to make sure that their employees are well aware of the services that would be available to them through the CDCP.

The Chair: Thank you—

Ms. Arielle Kayabaga: I'm sorry, Chair, but I just want to say sorry for the date. It's not that it was given to me by any official or anyone. It was just from a conversation I had with dental caregivers in my riding. Thanks.

The Chair: Thank you, Ms. Kayabaga.

[*Translation*]

Mr. Thériault, you now have the floor for five minutes.

Mr. Luc Thériault: Rigorous management of a new program does not justify mediocrity. The minister's answers showed me that Sun Life must be pretty happy right now. The answers the professionals received were unacceptable.

I'd now like to talk about another topic. They're now using a QR code for cannabis products. Why couldn't we use a QR code for natural health products?

Dr. Celia Lourenco (Associate Assistant Deputy Minister, Health Products and Food Branch, Department of Health): Mr. Chair, I thank the member for his question.

We're working on it, together with the industry. We will be holding meetings to discuss potential solutions, including the use of a QR code for natural health products.

Mr. Luc Thériault: That answer is similar to the one I've already been given.

To be clear, does this mean that we are looking at the possibility of using a QR code for natural health products while meeting Health Canada's expectations and those of the industry?

Dr. Celia Lourenco: What I can say is that technological solutions such as a QR code will be included in the discussions we're going to have with the industry over the coming weeks or months.

Mr. Luc Thériault: Sun Life's administrative costs are almost \$2 billion.

Can we see that contract? Was it submitted somewhere, for example to Public Services and Procurement Canada?

Given the current situation, it's not worth \$2 billion. People were told that they would be able to access the support as of November 1. Here we are on December 12, but they still don't have access to it. We are told that it is random. There are denturists who spend a lot of money on dental impressions.

Can we look at the contract and what it says about failures like that?

• (1725)

Mr. Eric Costen: Thank you for your question.

Allow me to answer in English.

[*English*]

I think I can speak generally about the terms of the agreement with Sun Life, but I'm not in a position where I'd be able to disclose the contract, and I think—

Mr. Stephen Ellis: I have a point of order, Chair.

The Chair: Go ahead on a point of order, Dr. Ellis.

Mr. Stephen Ellis: Perhaps I'm mistaken, but my understanding of the rules is that if we demand the contract here, certainly, as parliamentarians, we are allowed to see those documents. We've been through this before. It's been difficult.

[*Translation*]

If Mr. Thériault wants to see the Sun Life contract, I think that's his privilege as well as that of this committee.

I'm going to support the motion for us to see the Sun Life contract.

The Chair: Mr. Thériault hasn't actually asked for it yet, but if he does, we'll deal with that when the time comes.

Mr. Thériault, you have the floor.

Mr. Luc Thériault: Mr. Chair, I asked if the committee could get the contract, and we were told that they could talk to us about it in general terms.

I want to know what's in that contract, so I want to get a copy of it.

[*English*]

Mr. Eric Costen: I'd certainly be happy to respond to that request. I'd also be very happy to detail the administrative costs and the arrangements that we have with the—

Mr. Stephen Ellis: I have a point of order, Chair.

The Chair: Go ahead, Dr. Ellis.

Mr. Stephen Ellis: I'm not entirely sure what Mr. Costen is giving us as an answer.

The Chair: Dr. Ellis, if you had the floor, you would be able to ask those questions. That isn't a point of order. You didn't like Dr. Costen's answer and therefore you sought to intervene. I think Mr. Thériault is quite capable of handling himself.

Mr. Stephen Ellis: Chair, the point is, again, that we have the opportunity, as you know, to demand documents here, and I don't think Mr. Costen perhaps understood that when that's exactly what Mr. Thériault asked him, so, maybe, Chair, you can make it clear to him.

The Chair: You make a valid point that is not a point of order.

Mr. Stephen Ellis: No, I think it is, Chair. It's related to the production of documents, and this witness is skirting the issue.

The Chair: I don't accept that as a point of order.

Mr. Thériault, you have the floor.

[*Translation*]

Mr. Luc Thériault: Will the contract be made available to us? Will you table it with the committee so that we can see what you agreed to and how we ended up with such failures? Yes or no? When are you going to do that?

[*English*]

Mr. Eric Costen: Thank you, Mr. Chair.

I will have to take the request from the committee for access to the contract back and respond in writing.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I am moving a motion to that effect. I want to see the contract. I want Health Canada to table the contract with the committee. We want to see what's in there.

In fact, there is an issue in Quebec. Quebeckers wondered why the RAMQ wasn't in charge. Why didn't you sit down with the RAMQ, which had been managing a program for 30 years? Why give it to Sun Life? The RAMQ could very well have done the work using all the computer systems that were already connected to Sun Life.

You chose Sun Life. We want to see the contract.

Why is it so expensive? Will the current failures increase the administrative costs associated with the contract?

That's why I want to see the contract, Mr. Chair.

The Chair: Thank you, Mr. Thériault.

[*English*]

Just to be crystal-clear, Mr. Costen, even though it wasn't a point of order, Dr. Ellis makes a valid point: It is within the power of the committee to compel the production of documents. You've received a request to produce the contract. I expect that you're fully aware that there are consequences if you do not.

The request has been formally made. We would expect a production of the contract or an explanation that will likely be acted upon by the committee if it isn't.

Mr. Eric Costen: That's understood.

The Chair: The last round of questions goes to Mr. Julian.

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

It is important to recall for the committee the incredibly dismal record during the Harper reign, when Harper Conservatives refused to ever provide any document of any sort and were covering up their scandals, which was a myriad of billions of dollars misspent. Again, it's a bit strange. When the Conservatives were in power, they were terrible, awful, abysmal, and we never got to the heart of anything. I'm glad that, because it's a minority Parliament, we're able to get to the bottom of things that are important and are in the public interest. We can never go back to the horrible days of the Harper regime.

I want to come back to the questions that I asked, and I thank our witnesses for being here.

I asked the minister about the issue around response time for pre-approval, but it's more properly a question to officials. Do you have that information? Again, this program has been wildly successful everywhere, particularly in Quebec, and right across the country. It's important to know how we can make the program even better.

• (1730)

Mr. Eric Costen: On the pre-authorization process, it's about a seven- to 10-day turnaround.

Mr. Peter Julian: That's with the exception of that problem that was identified by Mr. Thériault.

Thank you.

I want to move on to the pharmacare expert committee that was put in place. I want to know whether the work plan has been established. This was with Dr. Nav Persaud, Dr. Stéphane Ahern, Amy Lamb, Dr. Steve Morgan and Linda Silas.

It's a terrific committee of very respected Canadians. They will be mapping it out by October 10, the deadline being the one-year anniversary of royal assent on the pharmacare bill.

Has that work plan been put into place? Has the committee met?

Ms. Jocelyne Voisin (Assistant Deputy Minister, Health Policy Branch, Department of Health): The committee has met once. I don't know that they have a full work plan in place yet, but they have met once and there's a plan for them to meet again in January.

Mr. Peter Julian: That's terrific.

At this point, do you have any concerns about them meeting that important deadline for rolling out pharmacare on a broader basis?

Ms. Jocelyne Voisin: I think they're on track to do their work. They have met once already.

Mr. Peter Julian: That's terrific.

On the issue around the formulary and the national purchasing strategy, which are both part of the Pharmacare Act that the NDP worked so hard to get through the House and the Senate, has work started on those two aspects as well?

Ms. Jocelyne Voisin: As laid out in the bill, as you know, the CDA—Canada's Drug Agency—is tasked with leading on that work. They are certainly taking the steps to go forward with that.

Mr. Peter Julian: That's terrific.

I want to come back to the issue around Canadians who are being denied the dental plan coverage because they have a non-resident spouse. This has happened quite often. It is something that has an easy fix, I believe. The minister said they're working on it. I want to see what your deadline is for responding to that.

I have constituents who are very excited about the Canadian dental care plan. They want to use it, but currently they're in suspension with their application because they have a spouse who is not a Canadian citizen.

Mr. Eric Costen: I can elaborate a little bit on what the minister said.

I'm not sure if everyone is aware, but as a part of our eligibility verification process, we have to check family income in order to understand whether the person applying is eligible or not. If a foreign spouse does not report their income in Canada, it makes that process very difficult—almost impossible. Finding a solution to that very specific problem is what we're actively working on. We hope to have a solution as quickly as possible.

We understand that it affects a good number of people. It's very intrinsic to the eligibility verification process, so we're working through the practicalities of how to do that.

Mr. Peter Julian: Thank you.

This is my final question, because I just have a few seconds left.

We have the issue of expanding the program, and the minister was clear about moving on that, as many Canadians want to have access to dental care. At the same time, there is a small percentage—a flake rate—of people who no longer meet the income eligibility rule for family income over the course of a year because their income may go up. I would hope that the government is putting the emphasis on getting new people into the program rather than addressing that flake rate.

Internally, is there an estimate of what that flake rate might be?

Mr. Eric Costen: I'm not aware of an estimate that we have for that adjustment. We're very aware of it, and that's part of the thinking we're doing around the annual verification of eligibility, but I don't have an estimate as to what the rate might be.

• (1735)

Mr. Peter Julian: I would suggest that it's very low.

The Chair: Thank you both.

Thanks for your patience and professionalism in responding to our questions.

We have a few people rushing off to the airport now. Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: Thanks, everyone. We are adjourned.

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: <https://www.ourcommons.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante :
<https://www.noscommunes.ca>