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—
Chair

Mr. Rob Merrifield

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• (1540)

[English]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): I call the meeting to order.

Go ahead, Madame Gagnon.

[Translation]

Ms. Christiane Gagnon (Québec, BQ): In the coming weeks, the Standing Committee on Health will begin a study on prescription drugs. The Common Drug Review (CDR) has been conducting reviews since 2003 and has been making recommendations to the provinces as regards prescription drugs that should be covered by publicly- funded drug plans.

It could be said that this review process overlaps with processes that already exist in several provinces, thus duplicating responsibilities and costs.

It is recommended that the Standing Committee on Health write a letter to the Auditor General for Canada asking her to look into the mandate, costs, management and effectiveness of the CDR.

Mr. Chair, may I explain what—

[English]

The Chair: Yes, very quickly.

[Translation]

Ms. Christiane Gagnon: Thank you.

There have been many complaints, Mr. Chair, with regard to the time required to obtain permission to use a drug in provinces where a public plan pays for that drug. I believe that it takes more than 200 days for some drugs to become available and then this same process is repeated in certain provinces. Complaints have been made primarily about the fact that it is an independent organization that is not accountable. We do not know if this body is managed effectively; however, it does not seem to be working.

Furthermore, a federal agency manages the \$19 million funding of the organization, with \$3 million allocated specifically to the Common Drug Review.

[English]

The Chair: Just to be factual about it, it's a federal-provincial-territorial organization. But I think Quebec has opted out of it, so it's not even part of it. That's why I find it a little strange that this motion is coming from you. Nonetheless, we will be studying this.

[Translation]

Ms. Christiane Gagnon: I can respond to that, Mr. Chair.

Although Quebec does not participate, it is affected by this situation. It waits for the federal review and, when Quebec makes a decision, it is influenced nonetheless. Sometimes the listing of a drug is called into question.

However, that was not my aim when I decided to present this motion. It was really because the millions of dollars come from Ottawa. Of the \$20 million budgeted, \$19 million is provided by the federal government to administer part of this organization. Thus, it is federal money.

Mr. Fletcher was just as active. When he was in opposition, Mr. Fletcher tabled a similar motion with regard to independent, not-for-profit corporations established by federal funding of endowment funds, which is the case with this organization.

Mr. Fletcher had tabled a motion to audit organizations such as Canada Health Infoway and Canadian Health Services Research Foundation, also an independent corporation. The characteristics were the same and, in one case, when Mr. Fletcher presented his motion, he voted in favour and the committee decided to vote—

[English]

The Chair: That's fine. What Mr. Fletcher did is up to him.

As just a factual thing for the committee, it's a 70-30 split—30% federal, 70% provincial. Those are the facts I get from the research team.

We'll open the floor to debate on the motion at this time.

Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Chair.

I do have some comments to clarify what the Common Drug Review is, for the record.

But just on Madame Gagnon's comment about the motion, I'm glad she raised the motion I brought up when I was health critic in opposition, because that was dealing with Genome Canada, Canada Health Infoway, CIHR, foundations that the Auditor General did not have the ability to audit. We brought that forward as opposition, to highlight the fact that the Auditor General did not have that ability. This government, though, Canada's new government, has provided the Auditor General with the ability to audit those organizations, and I think that's perfectly appropriate.

Now, the CDR is quite a different organization from the ones listed in the motion when I was in opposition, and the CDR, I'll note, was not one of the organizations in that motion. For the record, Mr. Chair, the Common Drug Review was established in 2003 at the direction of the federal, provincial, and territorial ministers of health, all except Quebec. It was designed to make reimbursement recommendations for the public drug plan in these participating jurisdictions. The CDR—and I'm doing this off the top of my head, Mr. Chair—was designed to reduce the duplication from the drug plan efforts, i.e., each independently undertaking their own reviews. Local drug review committees still exist to review drugs falling outside the CDR's mandate, i.e., new indications for old drugs, line extensions, and drugs used only in hospitals. These committees do not duplicate CDR reviews.

Centralized scientific review processes such as the CDR have been established in many OECD countries to inform public reimbursement decisions. Public drug plans, including the federal plans, first nation non-insured health benefits, and veteran drug programs retain the right to make their own funding decisions based on CDR recommendations, as well as local priorities and resource constraints.

Participating jurisdictions share approximately \$3 million per year for the CDR budget. Provinces and territories fund 70% of its budget and are very supportive of the CDR. They believe it is fulfilling its mandate, and as further endorsement, they have agreed to increase the CDR funding to expand reviews to more drugs, beginning with new indications for old drugs.

The FPT governments recognize that the CDR must continue to improve and address issues such as increasing transparency, evolving their reviews for the new emerging technologies, and allying activities with other FPT initiatives that aim to modernize Canada's approach to accessing drugs.

As the CDR is not a federal body, it is not clear that the federal Auditor General has the mandate to review it. I think it would be perfectly appropriate for the Standing Committee on Health to review the CDR, and upon conclusion of that review, to come forth with a recommendation based on that review. It is just premature to do it before the review has taken place.

Thank you, Mr. Chair. Those are my off-the-cuff comments.

• (1545)

The Chair: That's just great little off-the-cuff stuff.

Is there any other debate?

Go ahead, Madame Gagnon.

[*Translation*]

Ms. Christiane Gagnon: Mr. Chair, I would like to reply to Mr. Fletcher.

He says that we should ask Health Canada. We discovered the truth when the Auditor General audited the management of certain programs. Otherwise, we would never have found out anything. When Health Canada comes here, we never get the real story and we never find out the truth about management. It is a waste of time.

I am sorry, Mr. Fletcher, I have a great deal of respect for you. However, in this regard, it is not an assessment. I am not interested in wasting my time questioning Health Canada.

[*English*]

The Chair: Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): To me, it seems like we've got the cart before the horse. I think that's how you referred to it. Whether we make a request for the Auditor General to come here is neither here nor there, to me. But I would suggest and submit that it would probably be much more effective if we actually did the review first and then had the Auditor General come in.

So I would move that as a friendly amendment.

The Chair: What you're saying is, do the review so we can justify whether to ask the Auditor General to review CDR.

Mr. Rick Dykstra: Yes. Then at least we have an understanding of the direction that we're going to be taking.

The Chair: Okay.

Is there any further discussion?

Mr. Fletcher.

Mr. Steven Fletcher: I just have to say that I have a lot of respect of Madame Gagnon; however, the CDR is mostly funded by the provinces of which Quebec is not a part. When you're talking about the Auditor General, it is certainly implied that there will be some sort of investigation or audit done. Given that the CDR is mostly funded by the provinces and territories, it's not even clear that the Auditor General has a responsibility to participate.

We can debate this, but I think the position of the government is clear.

Thank you.

• (1550)

The Chair: Mr. Dykstra, just to clarify—I missed it—were you making an amendment?

Mr. Rick Dykstra: Yes, I was.

The Chair: Okay. I'm sorry about that; I missed it.

So we have an amendment on the floor.

Mr. Rick Dykstra: I'd like to move that amendment—

The Chair: Is it a friendly amendment? The mover didn't answer —

Mr. Rick Dykstra: —and ask that the mover accept it as a friendly amendment.

The Chair: I'm asking the mover, is it a friendly amendment or not to bring this motion forward after we have the four sessions on the CDR?

Okay. If you're going to make it, you're going to have to make an amendment.

Mr. Rick Dykstra: I'll move it as an amendment.

The Chair: The clerk needs to know exactly what you're asking for.

Mr. Rick Dykstra: Well, I think what—

The Chair: Is it that the motion be deferred until after the CDR hearings?

Mr. Rick Dykstra: That's right, after the hearings. It supports the intent of the motion, but it's that it take place after we've actually had the four sessions for the review.

The Chair: The clerk is having difficulty in actually getting the wording down so that we can defer this motion, or change the wording in such a way that we would examine this.

Or are you just saying that we will ask the Auditor General to review it after we've listened to the hearings? I think that is the amendment that would be appropriate.

The Clerk of the Committee (Mrs. Carmen DePape): To write a letter to the Auditor General after the study?

The Chair: Yes, after we do the study.

The Clerk: That's fine.

The Chair: At least we're not prejudging before we've heard, which I think adds some credibility to it.

The discussion now is on the amendment.

Yes, Carolyn.

Hon. Carolyn Bennett (St. Paul's, Lib.): I don't see it as a friendly amendment.

The Chair: No, it's not a friendly amendment.

Hon. Carolyn Bennett: I feel, speaking to the amendment, that it means that the study's different. I think what Madame Gagnon is saying is that the study might take a different track if we knew the answer to what the Auditor General thinks about this thing.

The Chair: I don't think we're going to get an Auditor General's report on CDR within the next month.

Hon. Carolyn Bennett: Well, I still don't think there's any problem in her looking at it.

The Chair: No, and that's fine; I don't think there's argument there. I think all we're arguing about is the timing.

Hon. Carolyn Bennett: The job is about value for money, right?

The Chair: Fair enough.

Yes, Madame Gagnon. You're speaking on the amendment, is that right?

[*Translation*]

Ms. Christiane Gagnon: Before we vote, I would like to say that The Best Medicines Coalition is very interested in the motion that I have tabled today. They deplore this situation. We must go and find out how this organization operates and obtain real answers. Mr. Chair, you know that this committee will not be given the answers. Health Canada cannot give us an answer. An independent organization manages the review. We want to find out how this independent organization spends its money, what kind of management it has, how effective it is. That is what we did with Health Canada and how we discovered certain truths that were never revealed to this committee. It is an altogether different type of inquiry.

[*English*]

The Chair: Okay, we understand the position. I'm going to put the amendment to the question.

(Amendment negated)

(Motion agreed to)

Mr. Steven Fletcher: Can we go for a recorded vote on that?

The Chair: It's too late.

Mr. Steven Fletcher: Can we note that it's not unanimous?

•(1555)

The Chair: On division. Fair enough.

The Chair: Let's move in camera now.

[*Proceedings continue in camera*]

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