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Chair: Mr. Ron McKinnon



Standing Committee on Health

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• (1105)

[English]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call the meeting to order.

Welcome, everyone, on this early morning, or early morning for me, to meeting number three of the House of Commons Standing Committee on Health. The committee is meeting today to discuss committee business. Today's meeting is taking place in a hybrid format.

I would like to start the meeting by providing you with some information following the motion adopted in the House on Wednesday, September 23, 2020. The committee is now sitting in a hybrid format, meaning that the members can participate either in person or by video conference. All members, regardless of their method of participation, will be counted for the purposes of quorum. The committee's power to sit is, however, limited by the priority use of House resources, which is determined by the whips.

All questions must be decided by a recorded vote unless the committee disposes of them with unanimous consent or on division. Finally, the committee may deliberate in camera, provided it takes into account the potential risk to confidentiality inherent in such deliberations with remote participants. The proceedings will be made available via the House of Commons website. Just so you're aware, the webcast will always show the person speaking rather than the entirety of the committee.

To ensure an orderly meeting, I would like to outline a few rules to follow for those participating virtually. Members and witnesses may speak in the official language of their choice. Interpretation services are available for this meeting. You have the choice, at the bottom of your screen, of floor, English or French. Before speaking, click on the microphone icon to activate your own mike. When you're done speaking, please put your mike on mute to minimize any interference. I remind you also that all comments by members and witnesses should be addressed through the chair.

Should members need to request the floor outside of their designated time for questions, they should activate their mike and state that they have a point of order. If a member wishes to intervene on a point of order that has been raised by another member, they should use the "raise hand" function. This will signal to the chair your interest to speak and create a speakers list. In order to do so, you should click on "participants" at the bottom of the screen. When the list pops up, you will see next to your name that you can click "raise hand".

When speaking, please speak slowly and clearly. Unless there are exceptional circumstances, the use of headsets with a boom microphone is mandatory for everyone participating remotely. Should any technical challenges arise, please advise the chair or the clerk. Please note that we may need to suspend for a few minutes, as we need to ensure all members are able to participate fully.

For those participating in person, please proceed as you usually would when the full committee is meeting in person in a committee room. Keep in mind the directives from the Board of Internal Economy regarding masking and health protocols. Should you wish to get my attention, signal me with a hand gesture, or at an appropriate time call out my name. Should you wish to raise a point of order, wait for the appropriate time and indicate to me clearly that you wish to raise a point of order.

With regard to a speakers list, the committee clerk and I will do the best we can to maintain a consolidated order of speaking for all members, whether they're participating virtually or in person. In order to be fair to all committee members, the list of speakers will only be activated once the meeting has officially started, and not upon admission to the room.

Having said that, let me just go to—

Mr. Chris d'Entremont (West Nova, CPC): On a point of order, Mr. Chair, if the clerk is looking for someone dialing in, Mr. Dalton will be replacing Ms. Rempel Garner for a few moments.

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

On the participants list, I see that we have Mr. Van Bynen first.

Mr. Van Bynen, please go ahead. You have the floor.

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

Mr. Chair, earlier this year we had over 34 meetings of the health committee. We heard 171 witnesses and received 51 informative briefs covering an array of issues, but only one of the 34 meetings that we held over the spring and summer focused on mental health. While it was enough to open our eyes, it was certainly not enough for us to get a better understanding of the urgency of the situation and what we are facing relative to the mental health of Canadians.

In that meeting, we had alarming testimony from Margaret Eaton, the CEO of the Canadian Mental Health Association. She said:

We are already seeing signs of a potential “echo pandemic” of mental health issues as a result of COVID-19. Just last week the CBC reported on the surge in demand at CMHA Nova Scotia. It typically receives 25 calls per day, but is now fielding 700 daily requests for mental health support. These requests come mostly from people without a history of mental illness.

She also said that the phones at the CMHA centres across the country “are ringing off the hook”, and this was a couple of months into the pandemic. I can only imagine what that's like now.

There's no doubt that mental health needs to be a priority for all of us right now and we need to have an informed strategy on mental health going forward. Most importantly, we need to act while we still have time, before this crisis becomes worse.

I am by no means suggesting that studying mental health is the only good idea, much less the only key issue surfacing from this pandemic. One of the strengths of the studies in smaller scope is being able to make well-informed, targeted recommendations that will help to make a real impact on the lives of Canadians.

That's why I proposed a motion for the committee to study the impacts of COVID-19 on the mental health and well-being of Canadians, including recommendations that look specifically at understanding the impacts, including the gendered impacts of COVID-19 on the mental health and well-being of Canadians and the impacts on indigenous people, racialized Canadians and vulnerable populations, as well as the availability of mental health promotion programs and supports for those experiencing related mental health stress and anxiety and how to support the offices that are going to be overburdened with this. We also need to understand the effectiveness and availability of virtual mental health services and how our government can assist provinces and territories.

All of us have an opportunity to get ahead of the second pandemic. If we don't take the appropriate steps now to act while we can, the outcome will be on all of us, especially on those who choose to move forward without giving the matter the attention it deserves. I urge my colleagues in committee to support this study for Canadians in my riding, in their ridings and across the country.

Mr. Chair, I move that we resume debate on my motion with respect to studying mental health.

• (1110)

The Chair: Thank you, Mr. Van Bynen. I believe that's a motion—

Mr. Tony Van Bynen: It's to resume debate on my motion.

The Chair: I believe that's a non-debatable motion, so I guess we will go to a vote on that at this point.

Do I have the consent of the committee to adopt this motion? I'm seeing some dissent, so we'll have to go to a vote.

Mr. Clerk, would you please conduct the vote?

Monsieur Thériault.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, I lost the audio for a while. Could you go back to what you said at the beginning?

There seem to be some technical issues this morning. Some colleagues may have had trouble connecting. Although Mr. Davies

said last time that we can't criticize the way you see hands raised, I want to point out that I was the first person to raise my hand this morning before Mr. Van Bynen.

Anyway, could you repeat what you said, so that I can understand exactly what this is all about?

I also want to remind you to always take into account the lag resulting from the interpretation.

[*English*]

The Chair: Mr. Thériault, do you want me to start right at the beginning, when I began the meeting, or just after Mr. Van Bynen's speech?

[*Translation*]

Mr. Luc Thériault: No, I won't be a poor sport, Mr. Chair. I just want you to repeat what you said after Mr. Van Bynen's comments. I missed a large part of your line of reasoning.

[*English*]

The Chair: Okay. Thank you, Monsieur Thériault.

Mr. Van Bynen has moved to resume debate on his motion, so I asked if the will of the committee was to accept the motion. I was looking for unanimous consent. I saw some heads shaking, so we will go to a recorded vote on the matter.

The vote on the floor at this time is whether to resume debate on Mr. Van Bynen's motion to study the mental health aspects of COVID-19.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Chair, I have a point of order, just for clarification.

I think you said it, but I think it will really help committee members. We're not voting on whether or not we want to adopt the motion. We are voting on whether we want to debate the motion. Is that correct?

The Chair: That is correct.

Mr. Clerk, once again, would you start the vote? A yes vote means we would resume the debate. A no vote would mean that we would not.

(Motion negatived: nays 6; yeas 5)

• (1115)

The Chair: The motion is defeated.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, I have something to say.

• (1120)

[English]

The Chair: Yes, Mr. Thériault.

[Translation]

Mr. Luc Thériault: I want to move the following motion:

That, pursuant to Standing Order 108(2), the Committee undertake a study on the Patented Medicine Prices Review Board (PMPRB) Guidelines issued on October 23, 2020; that, as part of this study, the Committee invite experts and pharmaceutical industry representatives, as well as civil society organizations or associations (representing patients), to appear; that the Committee hold a minimum of four meetings; that this study be conducted in parallel with the Committee's study on COVID-19; additional meetings should be added to the Committee's schedule if the Committee deems it necessary; and that the Committee report its findings and recommendations to the House; and that the government provide a response to these results within 30 days.

Let me begin by explaining the end of the motion. Since the guidelines are scheduled to come into effect on January 1, the government must respond within a short time frame.

The purpose of this motion is to ensure that we can hear from experts who are in favour of the guidelines and from experts who are opposed to them. These experts aren't opposed to the spirit of the guidelines, which aim to control the price of drugs. Instead, they're opposed to the potential adverse effects of the guidelines. This view is particularly prevalent among associations of patients with rare diseases.

This motion is anticipated by a number of people. Of course, there were consultations, but they took place behind closed doors. We should now allow all the stakeholders and players involved, primarily the patients, to come and speak. That way, we, as legislators, can adopt informed recommendations on this issue.

It's not that the goal isn't commendable. Rather, the measures taken must be considered as a whole.

If we look at the drug strictly as a cost, in the next 10, 15 or 20 years, we'll be severely limiting our view of what's therapeutic. If we look at the drug as part of the quality of care, it becomes something else.

We must look at the ways in which this reform could disrupt all economic sectors tied to the pharmaceutical industry, for example, as well as life sciences.

Some people have opinions on this. I haven't made up my mind on this issue yet. That's why I want us to hold meetings to discuss this issue. These meetings could be added to our schedule or could alternate with the other topics under consideration. Of course, in the coming days, the House will probably adopt an order concerning the pandemic and the study that we must conduct on the topic. That said, I think that we can walk and chew gum at the same time. In other words, we can spend time on this study as well, which we must carry out quickly, given the January 1 deadline.

In terms of the approach, the words "in parallel" imply additional meetings or alternating studies. The committee will decide how to proceed.

I encourage all my colleagues to support this motion if they want to give all associations of patients with rare diseases the opportunity to have their voices heard by the committee members.

I'll stop here for now, since I believe that I've clarified the motion. The debate is open.

[English]

The Chair: Thank you, Mr. Thériault.

Next on my list is Mr. Kelloway.

Mr. Kelloway, please go ahead.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thanks, Mr. Chair, and hello to everybody for our third meeting. It seems as though we've had a few more meetings than three.

I certainly would like to speak to Mr. Thériault's motion.

One of the many reasons I got involved in politics and decided to run had to do with health care, including the need for more doctors, nurses and specialists. Another was around pharmacare and the costs of drugs and other things. It hits home with me personally, having a mother who is ailing—persevering but ailing—when I look at what is covered and what is not covered.

I really appreciate Mr. Thériault putting this forward. He mentioned something that I think is really key. It's important to hear from big pharmaceutical companies, but it's also really important to hear from the end-user, from the family of three or four, or the individual who needs a voice and who needs to be able to provide some sound intel and learned experience.

At the last couple of meetings and the meetings we had prior to the summer, and even at the meetings we have had to date, we have disagreed vehemently on key things. In the last session we did as well. We got some work done. I think this is certainly something important, Mr. Thériault. It impacts all Canadians, and that's what we're here for. I really respect the fact that this has been put forward. It's something I look forward to hearing about from my colleagues. It is certainly something that has a very transformational impact on every single Canadian, and that's why we're here.

I want to send my appreciation to Mr. Thériault for that motion from a personal perspective, from a community perspective, and from a Canadian perspective as well.

The Chair: Thank you, Mr. Kelloway.

We go now to Mr. Maguire.

Mr. Larry Maguire (Brandon—Souris, CPC): Thank you, Mr. Chair.

I believe Mr. Thériault's motion here is about health care, and we need to move forward with it. I certainly think it's a very valid motion. We're looking at the situation of being able to deal with all of these issues in COVID, and certainly this is just one of many. I think that's the motion we need to be looking at and moving forward with. Mental health is extremely important. That's why it's included as part of these motions.

I do think we have an excellent opportunity here to be able to deal with the issue that's most important to Canadians. I think it's on everybody's mind out there. I mean, I flew home this weekend—if you want to look at a situation of everyone protecting themselves and helping others by wearing masks, by doing all of these things. We're distancing as much as possible, even in our airports and air-planes.

I think the issue that Mr. Thériault has put forward is one that urgently needs to be discussed. We just need to make sure we can move forward with motions like this. I think it's an excellent one to be a part of the motions on COVID discussions that we will need. There may be others that come forward as well, and debates that we're going to have and discussions on these motions that we're seeing. When we're seeing the increase in the numbers of COVID victims across the country, with people getting COVID-19 every day, the more urgent...the more breadth we can add to these motions, the better.

I commend my colleague from the Bloc for putting his motion forward and being able to make sure it's included in the whole discussion that we're having today.

Mr. Chair, I looked at the motions we had before, where we were looking at including mental health as part of those whole discussions, and I think that's a very sound way to go. We have an awful lot of circumstances where, to be blunt, we need to have more discussions on a broader base. There are a number of areas where we need information to be able to move forward and to be able to have discussions with the minister when the minister arrives at our committee meetings. I believe we need to move forward as much as we can with these types of motions.

That may be all I'll say on it for now. I think we need to be able to move forward as quickly as we can with a broader discussion of the whole area of what's required for the discussions we're going to have as we go forward. If other members of the committee want to chime in on that, I guess we would be quite happy to hear what they have to say, but I think it's the inclusion of a motion like this, along with all the other areas that have been talked about, that would be most important to Canadians.

• (1125)

The Chair: Thank you, Mr. Maguire.

We'll go now to Mr. d'Entremont.

Go ahead, please.

Mr. Chris d'Entremont: Thank you very much, Mr. Chair.

I just want to make sure that we register our support for Mr. Thériault's motion.

This has been an important issue before Canadians and Health Canada for some time now. It's been our position for quite some time, since the task force recommended changes back in 2018, that any of these implementations so far will negatively impact the lives of Canadians who depend on medications. We're finding that they set aggressive price ceilings for some of those therapies, including those we hear of on a regular basis when it comes to rare disorders. I don't know how many questions asked in the House of Commons at this point have revolved around the issue of access to Trikafta.

From what we saw, we don't feel that what we would qualify as a dump of information on a Friday will truly make a change or address the concerns of the different patient advocacy groups when it comes to access to those medications.

As I said, we were sitting in on a conference on Friday with CF Canada, which we were very happy to participate in. Mr. Thériault was there, and Mr. Fisher was there as well. I thought we had a really good understanding and conversation about what would be good changes, what would be bad changes and what the concern of that group would be. From our cursory look at the changes, there is very little change there. I see it's going to be quite a barrier for Canadians to access these different kinds of therapies. I really think it is a great idea to study it.

I also like and respect the request from the honourable member that revolves around the issue of doing this concurrently or at least together. We can walk and chew gum at the same time. We can look at different things at the same time, which is why I think we can have a COVID motion going on at the same time we can look at PMPRB, and we can look at mental health. There are things that are, of course, included in many of our motions to this point.

I will just quickly thank the member from the Bloc, our friend Mr. Thériault, for making sure we look at something that's very important to Canadians. Hopefully we can influence at least some more changes, or at least a delay of some sort on the implementation of those changes, as we don't see them actually helping Canadians any further.

• (1130)

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

We go now to Mr. Davies.

Mr. Davies, go ahead.

Mr. Don Davies: Thank you.

I'd also like to add my thanks to Mr. Thériault for moving this important motion.

The PMPRB changes have been in the works for several years now. In fact, I argue they're overdue. They were supposed to be implemented on January 1, 2020, and then that was delayed to July 2020, and now they're delayed again to the end of this year.

I think it's important to note that there are positive changes in these regulations, and some concerns. The positive aspects are that there is no question that the PMPRB reform is necessary, and these guidelines will reduce the prices that Canadians pay for their drugs. They will also increase transparency in the pricing process.

As has been pointed out by some of my colleagues, there are concerns raised in the public and the pharmaceutical industry that these changes may negatively impact the availability of drugs in Canada. There is quite a bit of controversy around that point. Some believe that's the case; some don't. I think it's very important that we take a look at this.

I would suggest one thing, and that is in terms of how we proceed with this study. The elephant in the room right now is the motion that's going to be voted on by the House tonight. If that motion passes, then this committee will be directed to study COVID. I believe there's agreement across all party lines around this table that this is the number one public health issue facing our country. I'm concerned about House resources and how we would be able to proceed with two studies at the same time.

In my five years on committee, I don't think we've ever done that; I may be wrong. That doesn't mean we can't. I would suggest that we're in a unique situation now, because in normal circumstances we could just schedule more meetings. Now, with the technology issues and the limited resources of the House, I'm not sure we can meet more frequently. I would point out that this committee is still only meeting once a week, when it is our normal practice to meet twice a week. My understanding is that this is because there is a lack of resources and support for things like interpretation and technology.

I'm going to suggest that we vote for the study and proceed with it simultaneously, but we do it in this fashion: start with a briefing from the PMPRB itself, so all committee members know what the changes are. I know there were guidelines issued on Friday. I've read through them. It's a very complicated area; there is no question. This is not an easy thing to digest. Before we hear from anybody, I think we need to understand, as committee members, what exactly is being proposed in the PMPRB changes: What are they going to do? What are they not going to do?

Then, I suggest we invite the witnesses that Mr. Thériault has identified to send written submissions to the committee. Once we get those written submissions, we can then, armed with an understanding of what the PMPRB changes are and what the position of the stakeholders is, narrow it down and decide to hold hearings and hear evidence from those witnesses the committee feels are important to hear from first-hand.

That way we get the PMPRB study going right away. We start with a solid understanding of what the changes are; we create a portal for all the stakeholder groups that Mr. Thériault has identified to get their input into the committee, which is something they desperately want; and then we can be in a better position to use our very limited time wisely. Maybe it's late November; maybe it's early December. Maybe it's one meeting or two meetings or three meetings. I'm not sure how many we will need to hear from witnesses in person about their changes.

• (1135)

I'm going to conclude by saying that I want to add my voice to those of the cystic fibrosis community in Canada, who have done a great job in raising this concern, and also my thanks. Of course, they used the example of the fact that patients are not getting access to the life-saving and life-improving medication now, which is Trikafta. Speaking for my party, I will say that we believe that every Canadian should get the drug they need when they need it, without regard to their ability to pay.

There's clearly an issue, and a very live issue as to why they're not getting that medication. The pharmaceutical industry is blaming the PMPRB changes. Others say that is not the case, that big phar-

ma...that there are other reasons those drugs aren't available. I think we do need to look into this issue and get to the bottom of it, but if it's okay with Mr. Thériault, if that process is okay with him, I think that accomplishes everything we want to do.

Finally, again, if the House motion passes tonight, we'll be directed to study the COVID issue. We will have no choice about that and will proceed with that, which will allow us to, as he says, walk and chew gum at the same time, but in a manner that I think is an intelligent and efficient use of our time and resources.

The Chair: Thank you, Mr. Davies.

We go now to Mr. Fisher.

Mr. Fisher, go ahead.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you, Mr. Chair.

I'm not sure whether Mr. Davies was moving an amendment or just making a suggestion on how we might proceed, assuming that we have support for this. I'm happy to support Mr. Thériault in this. I understand the points that Don made, and some of them certainly will be impacted by the outcome of today's vote.

Mr. Thériault's motion talks about the regulations from June, and I wonder whether Mr. Thériault wants to look at the regulations in the new guidelines that were released on Friday, as some of them have changed. Two of them have changed.

Do you want to go back to June? Do you want to stick with the ones that were released in June and not the new ones that were released on October 23?

Mr. Chair, is it okay if I ask that question of Mr. Thériault?

The Chair: I believe you can ask him on a point of information and keep your speaking order.

Mr. Darren Fisher: Okay.

The Chair: Monsieur Thériault, did you wish to respond to Mr. Fisher's point of information?

[*Translation*]

Mr. Luc Thériault: Mr. Chair, when I read the motion earlier, where the old version said June 15, I said "issued on October 23, 2020". That's what I moved this morning. I didn't say June 15. I said October 23, 2020.

[*English*]

Mr. Darren Fisher: Thank you very much for that, Mr. Thériault. I appreciate that. When you read the motion, I was listening through the French to the English translation and I didn't catch that. Thank you for this.

I am happy to support this. Don said that he had gone over the new changes quite closely. I was also on that great Zoom meeting on Friday, as he said, with probably 20 or 30 parliamentarians, but I haven't had a chance yet to dig through the details of the changes that were made—just the few major changes that Don and Elizabeth May and I talked about on Friday.

I will support this motion. I want to thank Mr. Thériault for bringing it forward. What he is asking here is something that is not only important, but also framed in a way such that we are seeking the information we want to get.

I'm glad to see that, although I'm very disappointed that once again we didn't get a chance to talk about Mr. Van Bynen's very important motion on mental health as it pertains to COVID-19. I'm an eternal optimist, and I do hope that we will make sure, as Mr. Maguire said, that we give a high level of discussion on that topic in this committee in the future.

Mr. Thériault, I am happy to support this. Thank you, my friend.

● (1140)

The Chair: Thank you, Mr. Fisher.

We will go now to Dr. Powlowski, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Thank you very much, Mr. Chair.

I certainly support this motion. I welcome a return to discussions regarding health care rather than politics. There has been a lot of talk lately about our filibustering. I just want to point out that in the last few meetings [*Technical difficulty—Editor*]. I'm someone who naturally likes to talk a lot and very slowly. You can ask my wife about that.

Let's get back to talking about health. I do like this subject. It's a very interesting one. Apparently, in Canada we have some of the highest prices for patented drugs among all developing countries, but the issue of patent protection for medications, especially essential medications, is a very complex issue.

I heard a number a few years ago that in order to recoup the cost of developing a drug, I was told that pharmaceutical companies have to be able to sell about a billion dollar's worth of a medication. That's not just for that one medication. For every medication they come up with that they can market, there's a whole bunch of other medications that don't get that far, so it's really important to allow pharmaceutical companies to charge an adequate amount for their products. Otherwise there's no incentive to carry on research, and we have seen that, for example, with Trikafta. It's a medication that can substantially help a lot of people.

We certainly want to ensure that the incentive for pharmaceutical companies to carry out research remains, and that means allowing them to charge adequate prices for medications. However, it's also important to allow people both in Canada and globally to access essential medications.

This battle between two opposing concerns—allowing pharmaceutical companies to make adequate money to compensate for the development of drugs versus allowing people to access affordable medications—played out a number of years ago in Africa in relation to access to antiretrovirals for the treatment of HIV/AIDS.

I don't know if you remember, but back then antiretrovirals were exceedingly expensive. Africa was being devastated by the HIV pandemic. This issue came before the World Trade Organization at that time, and the WTO reaffirmed what's called the TRIPS flexibility. TRIPS is trade-related aspects of intellectual property, whose

flexibilities allow poor countries to access medications that are still under patent and to make those medications affordable when a country needs to for the sake of the public health of its citizens.

This battle has been played out. There are certainly competing interests. I think with respect to the actual changes to the Patented Medicine Prices Review Board, we see a lot of these same sorts of considerations taking place. I do agree that it is something worth studying. It's a complex issue, and I welcome spending some time doing it. I think the suggestion already made as to how we do it concurrently with continuing studies of COVID is something that is certainly desirable.

Since I have the floor, Mr. Chair, I would ask whether now would be the time to propose a new motion or when I can propose a new motion.

● (1145)

The Chair: The motion would not be in order at this time since we are engaged in debate on Mr. Thériault's motion, but I can put you on the list once we dispose of this motion.

Are you done?

Mr. Marcus Powlowski: Yes, I'm done.

The Chair: Thank you.

Ms. Rempel Garner, please.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Thank you, Mr. Chair.

I was just wondering if, similar to what happened before, I could ask Mr. Thériault a point of clarification related to some of the suggestions that have come up from both Mr. Fisher and Mr. Davies. Specifically, I was wondering if Mr. Thériault would be amenable to allowing....

The process for this motion to roll out is that the committee would request written briefs to be submitted by November 6 or somewhere thereabouts. Then we would schedule witnesses based on the written briefs.

This is just from the reality of potentially running two studies at once and realizing that opposition members have, like, two or three staff. You government members get a lot more than that.

It's more a way of facilitating our work. That's what we were kind of hoping he would be amenable to do. I think it's what Mr. Davies had asked for clarification on.

I was just hoping he could speak to that.

The Chair: I will ask Mr. Thériault if he wishes to speak to that.

I would point out that if this motion passes, we can decide on how to proceed accordingly. We will have more committee resources available to us after this week.

Mr. Thériault, did you wish to respond to Ms. Rempel Garner?

[*Translation*]

Mr. Luc Thériault: Yes, Mr. Chair.

The important thing for me is to adopt the motion today. In terms of how we proceed, I'm open to ideas.

In any case, the various interest groups are already prepared, since they've already submitted briefs. The important thing today is to give people the opportunity to speak. I should point out that the consultations were conducted in writing and in a very closed manner. Some people want to speak, and I think that we must hear from them as soon as possible.

Of course, I'd like us to hear from all the people who want to meet with us. There aren't that many people. They're all part of groups, such as patient associations, industry groups, or research and life sciences groups. There are also economists who are a little more neutral. These economists are currently having a very difficult time measuring the real impact of these guidelines, not only on the introductory ceiling price of drugs, but also on patients' access to innovative therapies over the coming years, particularly in immunology and oncology. Trikafta is a good example of this.

In short, I want us to move forward. We'll be able to hold discussions and make adjustments as we discover things. I gather today that everyone has agreed to move forward. Based on what I'm hearing from both sides, I'm confident that we'll work well together on this study. I'm very optimistic.

• (1150)

[English]

The Chair: Thank you, Mr. Thériault.

That was on a point of clarification from Ms. Rempel Garner.

Ms. Rempel Garner, you still have the floor.

Hon. Michelle Rempel Garner: Great.

Well, in a positive way for the health committee, I think we have some consensus on how we can move forward, and I want to thank Mr. Thériault for that. I'm also sensing some desire to put some clarification around the timeline for both stakeholders and committee members to be able to plan work schedules, especially in light of the COVID-19 study.

What I would like to do, and I will look to Mr. Thériault for whether he wants to support this...but I think there's a desire to amend the motion to clarify the written brief submission.

The amendment I would move would come after the words, "if the committee deems it necessary", and would read:

that the committee issue a request for written briefs and for requests to appear by the end of the week with a submission deadline of November 6, 2020.

Here are my thoughts on this for Mr. Thériault. First of all, my understanding is that at this point in time, today's meeting is the only currently scheduled for the health committee this week. Then we'll have meetings next week should the motion on COVID pass in the House. I'm assuming that one of those meetings, at the very least, would be an organizational meeting to get ready for the House of Commons direction on COVID.

I don't want two weeks wasted, such that we wouldn't be scheduling witnesses for Mr. Thériault's study until the end of November. This amendment would be a very clear signal to the stakeholder community to augment this. What we would be saying is, please submit written briefs for consideration by the end of next week so that there's movement on the study, and the clerk can start

considering this information. Then we would start scheduling witnesses once we have some clarity from the House on when additional resources could be provided.

Here's the other thing that I'm thinking about, Mr. Thériault. The week following November 6 is a recess week for the House. I'm assuming there's not as much of a drain on resources that week. As we're doing a concurrent study, it would allow us to schedule witnesses that week and plan out work.

I'm hoping that Mr. Thériault would be amenable to that.

The reason I'm moving it now is that I'm not sure when we're going to have another meeting to discuss the work plan. I would hate to see his motion not get scheduled until the end of November. It's more of a help for him. If we give direction on this today, we can start asking stakeholders for briefs and start the work right away, and then our stakeholder community would be happy with us.

The Chair: Thank you, Ms. Rempel Garner.

Are you moving an amendment?

Hon. Michelle Rempel Garner: Yes, I moved it.

The Chair: Okay.

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

Next on my list, I have Monsieur Thériault.

Monsieur Thériault, please go ahead. You are speaking on the amendment.

[Translation]

Mr. Luc Thériault: We can look at the text later. However, I gather that people would first be asked to submit briefs and show their desire to appear. This is the clarification that we want to add. That way, we wouldn't need a subcommittee and we could proceed immediately. This is exactly what I expect, meaning that we would move forward. So I fully agree. I'm even prepared to put this in the motion to speed things up.

[English]

Hon. Michelle Rempel Garner: On a point of clarification, Mr. Chair, if you'll just beg the indulgence—

The Chair: Yes, go ahead.

Hon. Michelle Rempel Garner: That was exactly the intent of the amendment. Of course, we're going to have witnesses, but this would allow the committee to start work concurrently without having to wait for a meeting to be scheduled to deal with scheduling at a date unknown.

The Chair: Thank you for your clarification, Ms. Rempel Garner.

Mr. Darren Fisher: Mr. Chair, I'm sorry, but could I make a quick point of order, or, again, a point of clarification?

The House motion that we vote on today takes precedence over everything. Is that the case?

Is this amendment, then, going to create some type of parallel...? I want to make sure that Mr. Thériault gets what he wants, but if the motion passes today in the House, my understanding is that we wouldn't get to this study. That's the clarification I'm seeking.

• (1155)

Hon. Michelle Rempel Garner: On that point of order, Mr. Chair, my understanding is that the way that Mr. Thériault has worded the motion, this motion would happen concurrently should the House motion pass. I believe it's right in the wording of the motion.

Mr. Darren Fisher: Okay, I have just one more point then. Can a motion of the committee do that when the motion of the House supersedes the committee's?

The Chair: I'll stop debate here as we're kind of on a side issue.

The motion of the House will give us a reference that we are committed to, that we're obliged to follow. It is not necessarily exclusive; however, as long as we can fulfill the intent of the House motion, we can do other things. It's kind of up to us to manage our business.

Anyway, let us carry on with Mr. Davies.

Mr. Davies, you're up next on the amendment. Please go ahead.

Mr. Don Davies: Thank you, Mr. Chair.

Thank you to my colleagues for moving the amendment.

Thank you, Mr. Thériault, for your indulgence.

Yes, I think we need a little bit more shape to this. The beauty of the amendment is that, if it's adopted today, we can invite the stakeholders immediately to start sending in their feedback to us in written submission form. As Ms. Rempel Garner said, if we don't do that, we're not going to be able to have any input from any patient groups of any type for at least three weeks. This way it gets action on Mr. Thériault's motion immediately.

I want to be clear. I think it also has the additional benefit of helping the committee once we get those written submissions. I think there's a deadline in Ms. Rempel Garner's motion of November 6. Do I have that correct, that it's the deadline for written submissions?

It will allow us then to select from those submissions if we have many to focus on from representative groups. For instance, I don't think we need to hear from 11 patient groups who are going to tell us about the same issue. Nor do we need to hear from many pharmaceutical companies that have the same testimony. It will allow us to zero in on what the committee wants to focus on in terms of the oral testimony.

I do want to state for the record that I think it's very important that we do provide an opportunity, particularly for patient groups, to appear before committee and give us their views on the changes in person. I know there's frustration with the process so far. I think it needs to be said that there have been a number of opportunities for stakeholders to submit their written submissions to the government on the PMPRB changes over the last several years. I think what patient groups want is a chance to get in front of parliamentarians in a personal-appearance format, and I think that needs to be encouraged. We need to facilitate that.

As a matter of pragmatic scheduling, the way I'm viewing this, and I want to just be clear that I understand this, is that we give everybody until November 6 to get their submissions in. Then the committee will take a look at those submissions and decide as a committee whom we need to hear from, and we will schedule—I think it's up to four meetings in the motion, if I understand correctly—a representative sample of the viewpoints.

That's where I'll conclude. I think it is important to get a representative sample because, again, I will point out that there are patient groups and experts who very much support these changes, and there are those who do not. I think the committee needs to hear the full range. I think that by getting the written submissions, it will give the committee a really good sample from which we can choose to make sure that, when we do have our meetings in person, we will have canvassed a very good representative sample of those different points of view.

The Chair: Thank you, Mr. Davies.

We go now to Mr. Fisher.

Mr. Darren Fisher: Thank you.

I wonder, Mr. Chair, if we could ask the clerk about the concurrent portion in ensuring that, when a House motion comes to us, we can still run something. I know what Don is saying. We can certainly get the written submissions, but when it comes to scheduling a time to have people appear before us virtually, I just wonder if the clerk could chime in on what the House motion is going to direct the health committee to do.

• (1200)

The Chair: Thank you, Mr. Fisher.

I will ask the clerk accordingly.

Mr. Clerk, if the motion before the House at this time passes, what is our ability to do a concurrent study?

The Clerk of the Committee (Mr. Jean-François Pagé): It depends on the resources, of course, but we can do two things at the same time. Let's say we get a bill from the House and it's an order from the House; we can do further studies or other meetings on estimates, or whatever. It's up to the committee to decide. Of course, it depends on the resources, but we can do it at the same time. It's up to the committee.

Mr. Darren Fisher: Can the committee determine to do a separate study even though the House has demanded that the committee do a particular study?

The Clerk: If we have more meetings, yes, sir.

The Chair: Thank you, Mr. Fisher. Are you done with your intervention?

Mr. Darren Fisher: Yes.

The Chair: We'll go now to Dr. Powlowski.

Please go ahead.

Mr. Marcus Powlowski: Sorry, I withdraw that. I lower my hand.

The Chair: I know that was difficult, but there you go.

Mr. Kelloway, please go ahead.

Mr. Mike Kelloway: Thanks, Mr. Chair.

I will be quick because MP Don Davies actually brought this up. It's about our ability to hear from patient groups or pharmaceutical companies, whatever representative sample or whoever makes up that representative sample. We need to also take into account the ability to hear from people by Zoom, in addition to written statements and things of that nature. I think it's going to be really key here for this particular motion.

Thanks so much.

The Chair: Thank you, Mr. Kelloway.

Mr. Thériault, on the amendment, please go ahead.

[*Translation*]

Mr. Luc Thériault: I said earlier that I was very much in favour of the amendment. I even said that, to save time, I was prepared to put this amendment in the motion. We could simply reread my motion and include the amendment, and then proceed to a vote.

[*English*]

The Chair: Thank you, Mr. Thériault.

I don't think it helps. We do have the amendment on the floor being debated. Once debate ends on that amendment, we can have a vote.

I see no more hands raised to speak on the amendment. Seeing no hands I shall ask the clerk to conduct a vote. First of all, let's see if we have unanimous consent to adopt this amendment. Is there anyone who does not agree with passing this amendment?

Mr. Don Davies: Mr. Chair, I just want to be clear. I think we have consensus here, but Ms. Rempel Garner moved a motion on the written submissions. Do we have broad agreement? I don't know that I need to move an amendment to this effect that we are supporting the course forward that I suggested—that is, we get the written submissions and then as a committee we determine when the meetings will be and who we will hear from. Is that correct?

The Chair: We can't entertain another amendment at this time. We can vote on the amendment that is on the floor by Ms. Rempel Garner. If you wish to move another amendment following that, it would be up to you. At this point, the vote before us is whether to accept Ms. Rempel Garner's amendment or not.

Mr. Don Davies: Can you then read the motion as amended please.

The Chair: I will ask the clerk to do so.

Mr. Clerk, if you would please.

The Clerk: I don't have the text so it's hard for me to read it. Perhaps Ms. Rempel Garner could read it.

The Chair: Ms. Rempel Garner, if you would please.

Hon. Michelle Rempel Garner: Mr. Chair, my amendment would add after the words, "if the committee deems it necessary", the following text:

that the committee issue a request for written briefs and for requests to appear by the end of the week with a submission deadline of November 6, 2020.

Just to clarify what we're asking for, we are asking the clerk to issue an open call for written briefs by the end of this week, and that those written briefs and requests to appear be submitted to the clerk by November 6, which is the end of the following week.

• (1205)

The Chair: Are we all clear now on the amendment?

Therefore, I think it's best to go to a vote.

Mr. Clerk, would you please call the vote.

(Amendment agreed to: yeas 11; nays 0)

The Chair: Debate can continue now on the motion as amended.

Go ahead, Mr. Davies, please.

Mr. Don Davies: Again, I just want to test my colleagues.

If we have an understanding of how we're going to proceed, I don't think we need to amend the motion further. I just want to be sure that once we get the written submissions, we will then meet as a committee meet, or perhaps the subcommittee can meet. I think we've scheduled up to four meetings to hear from a representative sample of those who wish to appear in person. If that's my colleagues' understanding, then I think we can proceed to the motion.

I want to know if anybody thinks differently about that.

The Chair: We have Dr. Powlowski.

Please go ahead.

Mr. Marcus Powlowski: I support the now as-amended motion, with the caveat that the question of whether we have the resources to have an adequate number of meetings, given the motion that we're voting on in the House, certainly is of concern. My understanding is that there are only so many open spots to do these committee meetings. It would be a real shame if this motion never actually got there before January 1. I think it's Mr. Thériault's intention that this be looked at by the committee before those changes go into effect.

Given the technical limitations, I question our ability to do this, should the motion before the House get passed.

The Chair: Let me point out to the committee that new resources are being added to the committee resources, if you will. Our ability to have meetings will be increased after, I believe, next week.

We have now Monsieur Thériault.

The Clerk: If I may, Mr. Chair, the whips will decide which meetings will be held.

The Chair: As the clerk said, the whips will decide who gets what priority, but there is more capacity coming.

Monsieur Thériault.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, the motion also mustn't be distorted by comments and requests for clarification. The motion calls for a minimum, not a maximum, of four committee meetings. In my estimation, we'll need a minimum of four meetings. We may be able to accomplish everything in just four meetings using the methodology proposed by my colleagues. However, the motion does say "a minimum of four meetings".

We'll also be inviting people to submit briefs and show their desire to appear as witnesses. I'm not worried about whom we'll invite. Every committee member said that they wanted to hear all points of view. So all points of view must be heard, including the patients' point of view. Some of them have said that, if the guidelines were adopted as they stand, this could impede access to innovative drugs in the coming years. I'm very concerned about this.

People are reporting that their voices weren't heard throughout the Patented Medicine Prices Review Board process. They want to take the floor and provide input. The methodology is important. However, it doesn't matter to me, as long as we make it clear that each party can propose a witness, as we did with the other motion.

I think that this discussion can take place in a subcommittee and that we're certainly ready to vote on the motion today.

• (1210)

[*English*]

The Chair: Thank you, Mr. Thériault, for that clarification of the wording of the motion.

My recommendation to the committee is to not get too deep into process issues right now. If this motion passes, we can carry on and do our work plan and so forth accordingly.

Ms. Rempel Garner, please go ahead.

Hon. Michelle Rempel Garner: Briefly, Chair, thank you. I want to thank both my colleagues for working so collegially. I'm sure, as the clerk said, that we can find the resources to do both the COVID study and this study. There are standing order provisions that can compel us to hold a meeting to discuss the work plan, as Mr. Davies has suggested. If necessary, we can absolutely do that. I would support that approach, and I think that if we adopt the motion as amended and proceed in the way that we just discussed, it will allow patients, other groups and so on to get some clarity on this study moving forward.

I offer my congratulations to Mr. Thériault and my thanks to my colleagues for clarifying this motion. I look forward to getting started on this study as soon as possible.

The Chair: Thank you, Ms. Rempel Garner.

I see no more hands raised. We'll go to a vote on the motion as amended.

Mr. Clerk, would you please call the vote?

(Motion as amended agreed to: yeas 11; nays 0 [*See Minutes of Proceedings*])

The Chair: Thank you, Mr. Clerk.

It would appear that the motion as amended has passed. Thank you, everyone.

Dr. Powlowski, I said I would put you first on the list after this matter was disposed of. Please go ahead.

Mr. Marcus Powlowski: I want to propose a modified version of the motion that is currently before the House.

Yes, I am trying to reinvent the wheel, but this is providing an alternative so that if in the vote today we vote against the motion, there is an alternative motion before us and an alternative path.

That said, here is our motion:

That pursuant to Standing Order 108(2) the Committee receive a briefing from the analysts and report its findings and recommendations to the House as regards the study on the Canadian response to the outbreak of the coronavirus that it had undertaken in the 1st session of the 43rd Parliament; and that the Committee then commence a study on the emergency situation facing Canadians in light of the second wave of the COVID-19 pandemic, and that this study evaluate, review and examine all issues relevant to this situation. The initial 5 topics that shall be studied will be determined by each party submitting a ranked list of their top 5 priority study areas to the clerk by October 27th at 5 p.m. so that he can prepare a ranked list. Each party will be entitled to one witness per one hour witness panel, and two witnesses per two hour witness panel; and that we request pertinent documents, topic by topic, after hearing from witnesses and ascertaining which documents are relative to a productive study of the issue.

I think that the issue in the change regarding what documents would be required is an important change to what has been proposed in the motion that is on the floor.

Certainly we have heard a lot of discussion from various interest groups, various manufacturers, about the implications of the motion that is before the House. This would allow us to tailor the request for documents topic by topic. That is important. For example, in the motion before the House there are provisions to protect things like contractual obligations with respect to vaccines; however, that doesn't seem to be there with respect to PPE, and certainly there was concern by manufacturers that the motion before the House could lead to revealing contractual details between companies and companies that have done a lot of work to refit their plants in order to make PPE.

There is also some concern about trade secrets being revealed, so when it comes to PPE we may want to have a slightly different request from the government in terms of what documents are required.

Similarly, on the issue of vaccines and the documents required in relation to vaccine deals that the government has made with other countries, there is a lot more concern there about contractual details being revealed and possibly harming our ability to access the vaccines, which everybody knows is essential to our getting out of this deep hole we are in as a result of COVID.

There is another concern with respect to procuring documents regarding vaccines and redactions. There will be redactions, even based on the motion before the House. There will be redactions from that material, but that is going to be problematic, because, as a lot of you know, there are a lot of conspiracy theories hovering around vaccines, some really crazy stuff. I've heard seemingly intelligent people telling me that they believed the virus was developed by Microsoft and we will have a vaccine that will inject little microchips into people. This is a crazy idea, but a lot of people believe this, so as soon as you produce all these documents from the government with respect to vaccines and there are these blacked-out segments, there will be a lot of concern and people are going to read into this: "What are they hiding from us? They are hiding something."

The current motion before the House seeks to procure a vast number of documents. This is a war. We are in a war against COVID, and we don't want to do anything wrong.

• (1215)

I think the current request for documents is problematic, and we're hearing about it from companies. It is probably in all of our best interests to try to refine it, hone it down a bit, and because of that, I'm putting out my motion as an alternative path.

Thank you, Mr. Chair.

• (1220)

The Chair: Thank you, Dr. Powlowski.

We go now to Mr. Barlow. Please go ahead.

Mr. John Barlow (Foothills, CPC): Thank you very much, Mr. Chair.

I think this is the first time in my parliamentary history, in my years as a member of Parliament, that I've had a colleague say that revealing documents and transparency will add to misinformation

that's out there. That is from my colleague Mr. Powlowski, I'm really surprised.

I think the best step forward would be the motion that we have in the House today. Because of that misinformation that's out there for Canadians, don't you think the best solution would be to reveal the documents and reveal the path and decisions that went into getting us to where we are?

There's a very strong list of exemptions in that motion, and we had this debate last week. We debated this through a full day, and we said time and time again that there are exemptions in the motion to ensure that we protect some of those things, such as deals with or agreements with corporate Canada.

I find it interesting that you're concerned about this. The Minister of Health has put in an interim order that gives her special powers right now to compel drug companies across Canada to give her documents. There's a bit of hypocrisy here when you are concerned about revealing trade secrets or agreements with corporate Canada and drug companies through the documents we're requesting, yet the government has no problem whatsoever in allowing the Minister of Health to compel the drug companies and corporate Canada to give those same documents to the government.

I think it's really important that we have transparency. I know my constituents—and I'm getting many of the same questions that Mr. Powlowski is—want to know what decisions were made for us to get here. I think we should be waiting for what happens with the motion that's in front of the House today. We're going to be voting on that, and then if it fails, Mr. Powlowski can bring his motion up afterwards.

All of the opposition parties seem to be in support of the motion that's in front of the House today. The only group that isn't in favour is the Liberal party. I think that shows that the opposition parties have worked together to put this motion forward to ensure we are supporting our constituents who want some answers. They are worried about their health and they're worried about their safety, but they're also worried about their businesses and their jobs and their families. They want to know the details behind the reason our early warning system was dismantled, why we don't have access to rapid testing, and clearly, to Mr. Powlowski's question, they want to know the future with vaccines. Are they going to be accessible? How are they going to be distributed? Who is going to make those decisions? What are we basing our best practices on?

I think it's important for us to focus on the motion that's in front of the House today. We had this debate, and now we're putting the cart before the horse.

Mr. Powlowski, you're already assuming that the motion this afternoon is going to fail. We've had this debate out there, and for you to be trying to neuter this already.... Despite the arguments that you and your colleagues had in the House last week, I think it's really important that we stand up for transparency and accountability, for scrutiny of these documents, and to understand, to know....

I just want to conclude with this. There were a lot of arguments last week that we want to start looking forward. Mr. Fisher and I had this discussion on a panel last week: "We want to look forward. We want to look forward."

Mr. Powlowski, if you were treating a patient as a medical physician, you would want to know whether the treatment was working. I would think you would want to look at what the treatment was throughout the process before you decided to continue forward. I would not say, "Let's not worry how I've been treating this patient for the past eight months; let's just continue. We don't need to worry if it's actually working or not, or whether it's maybe actually harmful." You want to assess that process as you go along.

The argument from the Liberals right now is that they don't want to assess how this has been going. They just want to look forward. I think that is very wrong. I think we should be assessing this process every step of the way, to ensure that we make the best decisions for the best outcomes for Canadians.

We cannot ignore how we got here, the decisions that were made to get us here, the dollars that were spent, if we have any hope of ensuring that we make the best possible decisions over the next few months.

● (1225)

I will conclude there.

Thank you very much, Mr. Chair.

The Chair: Thank you, Mr. Barlow.

We'll now go to Ms. Rempel Garner, please.

Hon. Michelle Rempel Garner: Thank you, Mr. Chair.

The Standing Committee on Health is tasked with looking at issues related to the health and safety of Canadians. Right now, we are in the middle of a pandemic.

I am concerned that in several places across the country we are seeing record numbers of COVID cases, months into the pandemic. I'm worried about people losing their lives. I'm worried about regulations having to be put in place again to shut businesses down. I think there is no greater job for our committee right now than to be looking at—in a very pragmatic, calm way—whether the government is looking at this issue appropriately. Are there things that we need to do differently so that we can provide some stability to the Canadian public at this time? That is the motion that is in front of the House this afternoon. I want to remind my colleagues that this motion is to be voted on this afternoon.

I want to address some of the issues that my colleague brought up. I did so already in a national press conference this morning, but I'll go over it again.

First of all, with regard to the issue of confidentiality, the motion itself has many different provisions for confidentiality, including the issue of confidentiality around vaccine production and so on. The law clerk is tasked with doing the redactions. If the Liberals on this committee are concerned about that, we should have the law clerk as our first witness here, and the law clerk can tell us about their approach to redactions. If we need to discuss this in the House, there are ways that we can discuss it, but instead of trying to get to a "yes", I can tell you what the Liberals did over the weekend. We know this because we had pharmaceutical companies call our party and say, "The government called us and said that X, Y and Z were going to happen. What's going on?" Instead of trying to get to "yes", the government was trying to fearmonger on this stuff with pharmaceutical companies while we saw cases of COVID-19 grow.

At this point in time, I can only surmise that what the government is trying to do is orchestrate an election around this issue. Now, in terms of this being an issue of confidence, it is Parliament's job to scrutinize expenditures related to issues like the COVID-19 pandemic. That is what this committee is being tasked to do, including with regard to the production of documents. I am very confident that we can manage this in a professional way. I am very confident about the motion itself. I do firmly think that we should look at the results of the House vote this afternoon before examining this motion.

I'd also like to talk about the supplementary estimates. This committee has not reviewed the supplementary estimates yet. Given that there is a House vote this afternoon, I do move to adjourn debate on this motion.

The Chair: Thank you, Ms. Rempel Garner.

The motion to adjourn debate is not debatable.

We will go now to the clerk to conduct the vote.

Mr. Don Davies: I'm sorry, but could you read the motion again? My sound blacked out when I was going between my headsets.

The Chair: The motion is to adjourn debate on Dr. Powlowski's motion.

(Motion agreed to: yeas 6; nays 5)

The Chair: Thank you all.

The debate on Dr. Powlowski's motion is adjourned.

Ms. Rempel Garner, you still have the floor.

● (1230)

Hon. Michelle Rempel Garner: Thank you.

Mr. Chair, I move:

That, pursuant to the Order of Reference of October 22, 2020, the Minister of Health appear before the Committee for no fewer than 2 hours to consider the Supplementary Estimates (B) on or before Friday, October 30, 2020; and that this meeting be televised.

My rationale for moving this motion is as follows. We haven't been able to scrutinize government expenditures in some time. This committee, should the COVID motion pass, will be tasked with this issue, as well as the very important PMPRB study. I think it would behoove the committee to have the minister appear on supplementary estimates this week, prior to our undertaking those issues, since we have a little bit of time between now and when the House motion, should it pass, kicks in.

This would also give committee members the opportunity to review some of the minister's responses to the supplementary estimates as part of planning the work plan for the COVID-19 study. We have some time this week. The minister hasn't been before committee for some time now. I think it would be a very productive use of our time to scrutinize the supplementary estimates (B). We should certainly reach out to her and invite her to appear before the end of the week.

Thank you.

The Chair: Thank you, Ms. Rempel Garner. Will you please send a text of your motion to the clerk?

Hon. Michelle Rempel Garner: Yes, I will do that right now.

The Chair: On Ms. Rempel Garner's motion, we go now to Mr. Maguire.

Mr. Larry Maguire: Thank you, Mr. Chair.

I feel that this is a common motion that we need to have. It's just for information's sake. I'm in favour of it.

The Chair: Thank you, Mr. Maguire.

Mr. Davies is next.

Mr. Don Davies: I'm sorry, Mr. Chair; my hand is up to move a motion, not for debate.

The Chair: Thank you.

Ms. Sidhu, go ahead.

Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Chair, I would like to introduce my motion:

That, pursuant to Standing Order 108(2), the Committee undertake a study on the impacts of the COVID-19 pandemic on Canadians in Long Term Care Facilities, and the role that the federal government can play in supporting provincial and territorial partners [in] whose jurisdictions these facilities are; that the Committee report its findings and recommendations to the House and that pursuant to Standing Order 109, the Committee request that the Government table a comprehensive response to the report.

The Chair: Thank you, Ms. Sidhu. However, that motion is not in order at this time. There is a motion being debated on the floor.

Ms. Sonia Sidhu: Mr. Chair, can I amend the motion so that it would not be this week that the minister would come on the main estimates? Can I amend that motion?

The Chair: If you wish to move an amendment on Ms. Rempel Garner's motion, go ahead.

Ms. Sonia Sidhu: Can we remove "this week"?

The Chair: I'm not clear on what your amendment is.

Ms. Sonia Sidhu: It's on the minister appearing. I want to amend that motion.

The Chair: I'm not clear on exactly what amendment you're making.

Ms. Sonia Sidhu: I want to clarify, Mr. Chair. On the main estimates, I think we need to.... Can you clarify that—

Hon. Michelle Rempel Garner: On a point of order, Chair, this isn't a motion on the main estimates.

The Chair: Ms. Rempel Garner, if you've sent the motion to the clerk already, perhaps we can get a copy from him.

Ms. Sonia Sidhu: Mr. Chair, I want to amend Ms. Rempel's motion to remove that the minister is to come this week.

The Chair: Ms. Rempel, I too am not quite clear on the specific language of your motion. I hope to see it imminently from the clerk.

Hon. Michelle Rempel Garner: On a point of order, I did send it to the clerk. It's a standard motion that every committee deals with, inviting the minister to appear on the supplementary estimates.

While I have the floor on a point of order, to my colleague, it's standard practice for the committee to invite the minister within a certain time frame. It is up to the minister whether or not she appears. I think if we pass this motion, it's really up to the minister whether or not she decides to come before the committee. I know we can't compel her, but certainly you would think that the health minister would appear before the health committee on the supplementary estimates.

• (1235)

The Chair: I kind of missed that language in your motion. Did you say you wanted the health minister to come this week?

Hon. Michelle Rempel Garner: I will read it again.

The Chair: Please do. Thank you.

Hon. Michelle Rempel Garner: It states:

That, pursuant to the Order of Reference of October 22, 2020, the Minister of Health appear before the Committee for no fewer than 2 hours to consider the Supplementary Estimates (B) on or before Friday, October 30, 2020; and that this meeting be televised.

This is pretty basic stuff, Mr. Chair. It's a motion to get the minister in front of the committee for supplementary estimates.

The Chair: Thank you, Ms. Rempel Garner.

Mr. Darren Fisher: Mr. Chair, on a point of order on the level of sarcasm there, that's four days away. Ms. Sidhu was asking if we could just remove "on or before" the 30th. We all on the committee, I'm sure, will agree that we want the minister to come, and that we want it televised. Let's do it. We know these things. We always ask the minister to come.

That's all Ms. Sidhu was asking for. There was no need to poke fun.

The Chair: Thank you, Mr. Fisher.

I should also point out that we don't have any meetings scheduled this week. I'm not sure what the availability of time for that will be. We will have to check with the clerk and the whips, of course, to see if we can do that.

We shall carry on with Mr. Davies, please.

Mr. Don Davies: I'm sorry, Mr. Chair; I'm still waiting just to move my own motion.

The Chair: Okay.

Mr. Don Davies: While I have the floor, though, Mr. Chair, I have a bit of a question for you. It has to do with your last comment.

I know it's very difficult right now to figure out where we're going, because we don't know the outcome of the vote tonight. I believe there is a time requirement in the motion tonight to commence the study of COVID, which, if it passes tonight, I believe would probably require us to commence the study a week from today. I also think the motion of my colleague Ms. Rempel Garner to study the supplementary estimates and have the minister appear is also extremely valuable. She is quite right that we have not heard from the minister in quite a long time. I think a lot of committee members have a lot of questions to ask her.

My question is around the fact that you said we don't have a meeting scheduled. According to the rules, any four members of this committee could put in a motion at any time and require a meeting within 48 hours. It's in either Standing Order 106 or Standing Order 108, if I'm not mistaken. The fact that we don't have a scheduled meeting this week doesn't mean we could not schedule a meeting this week if we wanted to. I just wanted to clarify that. There may be reasons for or against this with my colleagues—Ms. Sidhu may have some reasons she wants to have more time, and I respect that—but I want to be clear that if we do pass a motion today to hear from the minister on the supplementary estimates no later than this Friday, we absolutely can do that, because the rules allow for it.

I just wanted you to clarify that.

The Chair: Absolutely. I am just speaking in terms of the availability of resources. According to Standing Order 106(4), based on a letter from four members of the committee, we have five days to call a meeting, which requires 48 hours' notice of that meeting. Absolutely, that could be done. However, it's a question of whether we have the meeting resources available to us for that. That's all I'm addressing in that point of information.

In any case, Mr. Davies, if you lower your hand, I will put you on the list for the first order of business after we resolve this matter.

Mr. Marcus Powlowski: On a point of order, Mr. Chairman, there was a motion on the floor from Ms. Rempel Garner, but didn't Sonia propose an amendment? Isn't there a motion to amend the motion? Are we not debating that now?

• (1240)

The Chair: Yes, we are. Thank you for the clarification.

I believe Ms. Sidhu moved that we remove from the motion the time referencing this week specifically. That amendment is before the committee at this time.

Dr. Powlowski, did you wish to speak on that amendment?

Mr. Marcus Powlowski: Sure, I'll be very brief. It seems like it would be a good idea. It would seem very difficult to get the minister in the next four days to appear before the committee. It would be hard to get the committee together, and undoubtedly certain members of the committee will then point to the fact that it was yet another example of how the Minister of Health refused to appear before the committee. It wasn't a refusal. It was just that technically getting it done in four days was really difficult.

I think we should drop that, and I agree with the amended version.

The Chair: Mr. Van Bynen, please go ahead.

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

I think it's quite reasonable and quite appropriate for the minister to appear before the committee to discuss these matters. I do not think it's reasonable to require the minister to show up in four days. The minister is in the middle of a pandemic, thank you very much, and there are some priorities that we need to deal with, and the House is sitting as well. I think there are a lot of things that need to be considered, and to require the minister to report in four days is just setting this up and being unrealistic.

While I fully support that the minister be there and I don't anticipate any difficulty in having her appear, I find that the timelines are totally unrealistic and unfair to the minister—someone who has very significant responsibilities as we go through this pandemic. I think we should provide full consideration for that. These people are working 10 to 12 hours a day, if not more, so I think we need to be able to accommodate our schedule to when they're available.

Let's be realistic and supportive at a time when people are working all out.

The Chair: Thank you, Mr. Van Bynen.

Mr. Maguire, please go ahead.

Mr. Larry Maguire: Thank you, Mr. Chair.

I think, for Mr. Van Bynen's very reasons, it's quite appropriate to have the minister appear this week. We are in the middle of a pandemic and we've had a month now since Parliament was prorogued. I think it's just an opportunity to have the minister come here in a timely fashion and have the discussions with her in regard to the supplementary estimates (B), because then we're going to go right into the meetings for our own committee work subsequent to that. Rather than taking up meeting time in those areas, I think we could quite appropriately ask the minister to come this week. There are a lot of indications that the answers that might come up in the supplementary estimates, the answers that the minister might want to put forward in a presentation to us, might actually help us in the deliberations we will do in subsequent weeks.

For that reason, I believe it's totally appropriate that they do come this week. It's even more important because we are right in the middle of a pandemic that's expanding, so I would vote in favour of it.

The Chair: Thank you, Mr. Maguire.

[*Translation*]

Mr. Thériault, the floor is yours.

Mr. Luc Thériault: I'll make some brief comments, Mr. Chair.

When the government tables supplementary estimates, it isn't an unexpected or unforeseen occurrence. It's part of the normal course of events. If the government does it, the government is prepared to do it. This doesn't require any exceptional preparation.

In my view, the committee must be able to establish what it wants to do. I would fully understand, under the circumstances, if the minister has a valid reason for being unable to come and speak to us. However, we don't need to censor ourselves when it comes to the steps that we want to take. We're saying what we want to do. I think that she's ready. Two hours go by quickly. I'm available.

I want to point out to my colleagues that we've turned on a dime quite a bit faster than this under other circumstances. During the first wave of the pandemic, we held meetings for several days in a row and we had people coming in one after the other. We often received the briefs just before the meeting, and we managed with this.

I think that the government and the minister are ready. She must be ready, because she tabled the supplementary estimates for her department. We want to hear her speak about this topic, and we have the opportunity to do so. The suggestion has been made that we do this now, so that we can then prepare our work. If she can't come, she can't come. That's it. However, I think that she's ready. This doesn't require any exceptional preparation.

That's why I'm in favour of the motion.

If we must ask the executive for permission every time we want to make a decision that concerns it, I believe that this isn't part of our job as legislators.

• (1245)

[*English*]

Mr. Darren Fisher: I have a quick point of order, Mr. Chair.

The Chair: Go ahead on a point of order.

Mr. Darren Fisher: We're debating Ms. Sidhu's amendment to remove "on or before Friday, October 30". Is that correct? It sounds as if Mr. Thériault and Mr. Maguire were talking about the main motion. I'm just clarifying.

The Chair: That is correct. Thank you.

Ms. Sidhu, go ahead, please.

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

What I proposed is quite reasonable. We want the minister to come, but four days is not enough time. We are not asking that the minister not come. It's about the resources, and that's why I think it's quite reasonable. It's not like we don't want the minister to come. We want the minister, and we have until November 27. We are happy to have her, but we propose "prior to November 27".

It's not like we don't want the minister. We want the minister to come, but four days is not enough. It's not about the minister; it's about the resources.

Thank you, Mr. Chair.

The Chair: Thank you, Ms. Sidhu.

Mr. Fisher, go ahead, please.

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

We have heard about resources. We have heard about.... The committee can't compel her to come, as Ms. Rempel Garner said, but I suggest she probably will want to come, especially on an important topic like this.

There are no heads nodding here, but I think everybody supports the idea of inviting the minister here. Again, I have sat on other committees before, and I don't remember a committee ever voting against inviting the minister.

I will ask my colleague Mr. Davies, have you ever had a motion, notwithstanding Standing Order 106(4), that said invite the minister and we want her in three days, not counting today? Maybe that's happened. I have never seen it happen. I have seen ministers invited for everything, and there's always a time frame.

I think what we should do is move on, support the amendment, support the amended motion, and invite the minister. I would be very surprised if the minister didn't show up.

The Chair: Thank you, Mr. Fisher.

Mr. Kelloway, please go ahead.

Mr. Mike Kelloway: Thanks, Mr. Chair.

I was going to comment on some of the things that MP Fisher brought up. Again, it's not a matter of not wanting the minister to come. I definitely do, and I think every parliamentarian, everyone on this Zoom call and anyone watching wants her to come. I suspect that Ms. Hajdu, the Minister of Health, relishes that opportunity as well.

We talked about some words today. I have been listening to some key words that have come up today, such as “pragmatic” and “calm”. Those were some of the words I heard today. I think one of them is about the ability to look at this from a common-sense approach and look at the fact that the Minister of Health is like all of us, every parliamentarian and every Canadian, waging a battle against COVID. I think we can do better than to give her three days to come here. I think there's a common ground between this committee and the minister's staff to look at a time when she can come, answer questions, and we go from there.

My hope is that we can look at this amendment in this spirit. It's a common-sense approach to get to the dialogue we need to have with the Minister of Health of this federal government.

• (1250)

The Chair: Thank you, Mr. Kelloway.

We go now to Monsieur d'Entremont, please. Go ahead.

Mr. Chris d'Entremont: Thank you very much, Mr. Chair.

What I'm finding concerning about making this amendment is that it doesn't give any end date. We want to give a date, by Friday. The Liberals are suggesting to keep it open-ended.

Mr. Chair, COVID-19 is growing in our communities, maybe not here in Nova Scotia, but definitely in Quebec, Ontario and Saskatchewan. They have all had the highest numbers they have seen in the last number of months, the highest numbers since COVID-19 came in.

If we think that the Minister of Health is going to get less busy over the next number of weeks as she's trying to fix the problems created by the second wave of COVID-19, we're dreaming in technicolour. I think she needs to come here as soon as possible because it's going to get busy for her over the next number of days.

Her estimates have been brought forward. If she doesn't know them and she's not ready for this, then why is she Minister of Health? Every minister of health needs to know their estimates, what they are bringing forward, and be able to debate them at the earliest convenience.

If she can't be here by Friday, then I would suggest to my colleagues to provide another date that makes more sense, rather than leaving it open-ended, so that if she doesn't come before November 27, they can't say, “Oh, well, she got busy and can't come before us.”

That's my suggestion.

Ms. Sonia Sidhu: I have a point of order, Mr. Chair.

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

Go ahead, Ms. Sidhu.

Ms. Sonia Sidhu: It was not open-ended. The end date is November 27. I proposed that already.

Thank you.

Hon. Michelle Rempel Garner: No, you didn't.

On a point of order, the motion was to take away—

The Chair: Ms. Rempel Garner, please.

Ms. Sidhu, thank you, but the amendment as I understood it was to simply remove the time limit.

Ms. Sonia Sidhu: Mr. Chair, I said in my remarks November 27 and—

Mr. Larry Maguire: No, she didn't, Mr. Chair.

Mr. John Barlow: On a point of order, Mr. Chair, she did not. That was not her motion.

Ms. Sonia Sidhu: Not the motion, but when I said my statement—

The Chair: Excuse me, everyone. Wait until you're recognized, please.

Ms. Sidhu, I did not hear that. That is not the motion on the floor as I understand it. We can pass or fail this motion with this amendment. If somebody wishes to move a motion to amend it according to a specific date, that will be different, but we will have to go with that particular interpretation at this time.

Dr. Powlowski, you're up next, please.

Mr. Marcus Powlowski: The argument now is about whether or not it's reasonable to ask the minister to appear within four days to address the committee. In listening to this, I hark back to what Mr. Barlow threw out to me with regard to discussing the procurement of documents issue.

He said, “Dr. Powlowski, as a doctor, wouldn't you first of all take the time to review everything that's happened in the past before you deal with this patient before you?” I like that he asked that question, because I have the answer to it. The answer is that as an emergency room physician, no, that's not what you do. When you have an emergency right before you, you don't spend all your time on the computer looking at the records for the past five years while the person dies in front of you.

As an emergency room doctor, you have to address the problems as they come up. This is really fundamental. The same is true for health care and the ministries of health and hospitals all across this country. They are busy. They're busy dealing with the second wave. I know the opposition doesn't think that this is the case and thinks that the ministry of health has all of these people who are sitting around drinking coffee all day, and of course they can walk and chew gum at the same time and they can produce these documents.

But I think you have to realize—and yes, there are politics going on there—that you are getting people who are really busy trying to fight this pandemic and making them do something else, making them dance to your tune. You may be telling us, “Oh yeah, they can do it”, but I would suggest—

• (1255)

The Chair: Dr. Powlowski, please address the chair. Thank you.

Mr. Marcus Powlowski: Okay.

Mr. Chair, I would suggest that the Minister of Health and everyone else in the ministry of health and everyone else in the health care profession are very busy trying to address this pandemic, and what you are asking them to do, which is to have them dance to your tune as quickly as you want them to dance, is pulling them away from their essential jobs. I would really question whether you're doing the country any favours.

The Chair: Thank you, Dr. Powlowski.

We go now to Mr. Davies.

Mr. Don Davies: Thank you.

I am actually hearing a lot of agreement. I'll just preface my comments by saying that of course the minister is busy, and of course the health officials are busy—so are we—but accountability to Parliament and to this health committee is not an inconvenience. It is part and parcel of what we are elected to do. Canadians send us here to Parliament either to govern, if you're on the government side, or, if you're in the opposition, to hold the government to account. That's not accountability when it's convenient or just when you're not busy; it's kind of busy all the time.

I think there's a compromise here, and I'm going to move that we amend the motion to have the minister appear, if she can, on the supplementary estimates (B) before November 6. That's two weeks. Again, as has been pointed out on all sides of this question, this doesn't compel the minister to come, but I think it gives the minister a reasonable opportunity. I think two weeks' notice of an appearance for her to come before the health committee is a reasonable amount of time in the circumstances.

I would also just say that the pandemic argument is really a double-edged sword. I've heard it argued that we can't have the minister come because she's just completely preoccupied and busy with this pandemic that is ravaging our country. On the other hand, I would argue that the seriousness with which this issue is affecting our country is all the more reason why we need to have accountability.

I don't know that any of us disagree with any of that, by the way. To break the logjam, I would move that we amend the motion to invite the minister to appear by November 6.

The Chair: Thank you, Mr. Davies. I appreciate that. However, the amendment is out of order, because we have Ms. Sidhu's amendment before us at this time.

I would suggest that—

Mr. Don Davies: Mr. Chair, perhaps I can canvass Ms. Sidhu and ask her if she would consider that a friendly amendment and amend her amendment herself. I don't know if that would be amenable to her.

Ms. Sonia Sidhu: May I speak, Mr. Chair?

The Chair: Go ahead.

Ms. Sonia Sidhu: Mr. Chair, if it's a subamendment, yes, that can be....

The Chair: We can't really do subamendments.

I can ask if there is unanimous consent from the committee to take Ms. Sidhu's motion to be amended as Mr. Davies has proposed. I think we can do that. Does anyone dissent on that particular change?

Seeing no dissent, I believe it is the unanimous will of the committee to accept Mr. Davies's changes to Ms. Sidhu's motion. Ms. Sidhu's motion now is that the minister be invited to appear on or before November 6. Is that correct? Okay. That is the amendment as it stands at this point.

We still have a number of people on the speakers list.

Mr. Davies, your hand is still up. Do you wish to carry on with your comments? You're done. Okay.

Mr. Van Bynen, please go ahead.

Mr. Tony Van Bynen: I was going to suggest the same thing Mr. Davies did, so I'll take my hand down as well.

The Chair: Thank you.

Mr. Fisher, please go ahead.

Mr. Darren Fisher: No, I'm good, Mr. Chair. I was going to suggest the same thing as well.

The Chair: We have a lot of great minds thinking alike here.

Mr. Kelloway, please go ahead.

Mr. Mike Kelloway: Well, let me add to the chorus: I like where we ended up. I'll take my hand down.

Thank you very much.

• (1300)

The Chair: It seems we've had a burst of agreement.

Seeing no further hands raised, I will call the vote on the amendment as most recently modified, to invite the minister to appear before November 6.

(Amendment agreed to: yeas 11; nays 0 [*See Minutes of Proceedings*])

The Chair: Thank you very much.

Ms. Rempel Garner's motion as amended is that we invite the minister to appear on or before November 6. The discussion carries on to the motion as amended.

Mr. Van Bynen, your hand is up.

Mr. Tony Van Bynen: I'm sorry, Mr. Chair; I did not lower my hand from the previous discussion.

The Chair: Okay.

I see no hands raised to speak on this motion as amended. Therefore, I will call the vote.

(Motion as amended agreed to: yeas 11; nays 0 [*See Minutes of Proceedings*])

The Chair: Thank you very much.

That matter having been disposed of, I offer to Mr. Davies that he could have the floor to move his motion immediately following.

Mr. Fisher's hand is up. Is that on a point of order? I would recognize you on a point of order.

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

I would love to hear from Mr. Davies. I wanted to ask a question of the clerk; it's a little bit of a question of process. It can come at any time before the adjournment; it's not a big deal.

Thank you.

The Chair: I should bring it to the attention of the committee that we are at the end of our allotted time.

Is it the will of the committee to carry on? Is there any dissent for adjourning the meeting at this time?

Hon. Michelle Rempel Garner: I have a point of order, Chair.

I'd let Mr. Davies speak to that.

The Chair: Okay, that's fair enough.

Mr. Don Davies: Thank you, Mr. Chair.

I wanted to move one of my motions about a potential study subject, but we're not going to have enough time to debate it, so I'm happy to move it now and then adjourn, provided that it's on the record and that we can come back to it at some other time, if that's okay.

I'll read it into the record, and then, perhaps, we can adjourn the meeting.

The Chair: Please go ahead.

Mr. Don Davies: Thank you.

I'd like to move the motion for which I have served notice to my colleagues:

That, pursuant to Standing Order 108(2), the Committee undertake a study on the development of a national dental care program as an insured service for Canadians; that the Committee report its findings and recommendations to the House; and that, pursuant to Standing Order 109, the Committee request that the government table a comprehensive response to the report.

• (1305)

The Chair: Thank you, Mr. Davies.

According to the discussion, I believe the committee wishes to adjourn at this time. Is there any dissent on that? I see none.

We'll certainly take up this matter at our next meeting. Mr. Davies, you'll have to move to resume debate on the motion.

I'm remiss. I should have mentioned that, relating to the study on PMPRB, I should ask all members to get lists of potential witnesses and potential contacts to reach out to for briefs to the clerk as soon as possible so that he can issue the appropriate.... I guess for briefs it is going to be by this Friday that he needs to make that request.

Of course, we need at some point to take a look at the lists of witnesses, and we'll ask the analysts to maybe propose a work plan for us based on the list we give them. If we could get those lists of witnesses in as soon as possible, preferably by Wednesday, that would be great.

Having said that, I see Mr. Fisher and Ms. Sidhu have their hands raised. Are these points we've dealt with or...?

Mr. Darren Fisher: I was going to ask the clerk a point of clarification on something, but that can wait until next meeting, Mr. Chair.

The Chair: Okay, thank you.

Ms. Sidhu.

Ms. Sonia Sidhu: Mr. Chair, I know I tabled my motion before when I shouldn't have. I'm sorry about that; I apologize.

I really want to table my motion and after that we can adjourn, if you will allow, because it is very important to my residents. That's why I keep bringing up my LTC motion. If it is the committee's will, I can table my motion today and then we can adjourn.

The Chair: Strictly speaking, Mr. Davies's motion is still on the floor and still open for debate, so we can't move another motion at this time.

Hon. Michelle Rempel Garner: On a point of order, Chair, I would perhaps clarify to Ms. Sidhu that she did technically attempt to move it, so I would say her motion is in the public domain. Is that correct?

I would then say that she has tabled it. She's given notice of motion of it already, so her repeating it now would not do anything.

The Chair: Thank you, Ms. Rempel Garner.

Seeing no more interventions, I will say that the meeting is adjourned at this time.

Thank you, everybody.

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