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• (1635)

[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order. Welcome to meeting number 37 of the House of Commons Standing Committee on Health.

Today we meet for two hours with ministers and witnesses on our study of Bill C-31, an act respecting cost of living relief measures related to dental care and rental housing.

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022. All the regular opening remarks apply, including the warning against taking screenshots or photos of your screen. The proceedings will be made available on the House of Commons website.

I would now like to welcome the ministers and witnesses with us here this afternoon.

We have the Honourable Jean-Yves Duclos, Minister of Health, as well as the Honourable Ahmed Hussen, Minister of Housing and Diversity and Inclusion.

They are joined by officials from Health Canada: Dr. Stephen Lucas, deputy minister, and Lynne Tomson, associate assistant deputy minister, strategic policy branch. We also have officials from the Canada Mortgage and Housing Corporation: Ms. Nadine Leblanc, senior vice-president, policy, and Ms. Patricia Roset-Zuppa, vice-president, policy development.

Thank you, all, for being here today.

Just before we go to you, Minister Duclos, I believe we have a point of order from Monsieur Garon.

[Translation]

Mr. Jean-Denis Garon (Mirabel, BQ): Mr. Chair, I would just like you to confirm that everyone participating in the meeting on-line has done the sound tests for the interpretation and they were successful.

The Chair: The clerk confirms that it was done.

[English]

Thank you to all of the witnesses.

Minister Duclos, we're going to start with you. You have the floor for the next five minutes. Welcome to the committee, Minister.

[Translation]

Hon. Jean-Yves Duclos (Minister of Health): Thank you, Mr. Chair.

Good afternoon, members of this committee.

Thank you for this opportunity to discuss Bill C-31, An Act respecting cost of living relief measures related to dental care and rental housing, with you.

As you noted, I am accompanied by Stephen Lucas, the Deputy Minister of Health, and by Lynne Tomson...

[English]

Ms. Jenny Kwan (Vancouver East, NDP): My translation is not working. Maybe I'll just move the chair. I'm sorry. It was working a minute ago and then it stopped. We can try to see if the system works.

[Translation]

The Chair: Can you hear me in English in your headset?

Ms. Jenny Kwan: Yes.

The Chair: Right.

Hon. Jean-Yves Duclos: Excellent.

I am accompanied by Lynne Tomson, who is the Associate Assistant Deputy Minister.

With inflation rising, Canadians are feeling the pinch. Food, housing and other essentials are all becoming more expensive. That leaves many families making difficult choices about how to spend their money. And sometimes, important expenditures have to be put on hold - including dental care for the kids.

While inflation is a global challenge, the Government of Canada is taking action to make life more affordable for families in this country. We have therefore tabled legislation that proposes a Canada dental benefit to help bridge the gap for families who struggle to pay for dental care for their children. If passed, this interim benefit would be available later this year to eligible families with children under 12.

[English]

I believe we all agree that, without a doubt, dental care is essential to maintaining good oral health, but for too many families the cost of care means seeing a dental professional is simply out of reach. Approximately one-third of Canadians do not have insurance to cover dental costs. In 2018, more than one in five Canadians reported that they could not afford dental care. That is roughly seven million people, many of whom are children.

Faced with such difficult financial choices, too many parents have to postpone or forgo important dental care for their children at a time when their teeth are developing. The result can be poor oral health outcomes for some of our youngest children, who can carry the consequences through their childhood and beyond.

[Translation]

That is why we are introducing the Canada dental benefit.

Under this proposed legislation, the benefit would be available for eligible families with children under 12. It would allow these families to access direct payments totalling up to \$1,300 per eligible child over a two-year period, up to \$650 per year, for dental care services. The benefit would also be tax-free.

To be eligible for the benefit, applicants will have to meet certain criteria. First, they must have a child under 12 years of age in their care who does not have access to private dental care coverage. Second, they will have to provide information about their employer, to help verify whether or not they have access to dental insurance for their child. Third, they must have an adjusted family net income under \$90,000 per year. Fourth, they must have filed their most recent tax return. Fifth, they must be the parent or legal guardian who receives the Canada Child Benefit for the eligible child. And sixth, they must have spent, or have a plan to spend, money on dental care expenses for the child that won't be fully reimbursed under another public program.

Parents will be able to apply for the benefit through the Canada Revenue Agency's My Account, or through their CRA contact centre. If eligible, they will receive a payment up front, which they can use to take their child to the dentist. This will help ensure that families are not out of pocket for dental expenses they cannot afford.

That will eliminate more barriers to access to care and ensure that children do not miss out on dental care at a critical point in their development.

• (1640)

[English]

In conclusion, in Canada we believe that costs should not be a barrier to proper health care, including oral health care. If passed, the Canada dental benefit would provide more equitable access to dental care for children so that they can enjoy the benefits of positive oral health.

Our hope is that the proposed legislation will be passed quickly so that individual families can receive the Canada dental benefit in 2022.

Thank you.

The Chair: Thank you, Minister Duclos.

Next we have the Minister of Housing, Diversity and Inclusion, the Honourable Ahmed Hussen.

Welcome to the committee, Minister Hussen. You have the floor for the next five minutes.

[Translation]

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion): Thank you, Mr. Chair.

Before I begin, I would like to acknowledge that the land on which we gather today is part of the traditional territories of the Algonquin Anishinaabe people.

[English]

I'm very pleased to appear before this committee today to talk about one of the affordability measures that we introduced in the House of Commons on September 20, the one time top-up to the Canada housing benefit.

Our government has made housing a priority throughout its mandate. We all believe that every Canadian deserves a safe and affordable place to call home, but we also recognize that it is becoming increasingly challenging for many Canadians to afford rent or to find housing across the country. As part of our efforts to make life more affordable for Canadians in all aspects of their lives, our government recognizes that many need immediate additional assistance.

That is why we have introduced this legislation to provide a direct federal government housing top-up payment of \$500 to 1.8 million Canadians who are struggling with the cost of rent. The impacts of the pandemic are still being felt by many Canadians. This one-time top-up will be a tax-free payment to provide direct support to low-income renters, those who are experiencing housing affordability challenges.

This federal benefit will be available to applicants with an adjusted net income below \$35,000 for families, or below \$20,000 for individuals, and who pay at least 30% of their adjusted net income on rent.

[Translation]

There's a reason housing is at the heart of Budget 2022, with more than \$14 billion committed to doubling the number of new safe and affordable homes we're building across the country, to tackle the rising cost of housing and to find long-term solutions for the housing sector in Canada.

[English]

This new, one-time federal payment will be in addition to the already existing Canada housing benefit that is already delivered in partnership with provinces and territories. We know that families need the support now. That is why we are hoping that this payment will be launched before the end of the year.

This one-time payment for renters is another targeted approach to ensuring that vulnerable families are not left behind. It is part of our government's plan to make housing more affordable for all Canadians.

• (1645)

[Translation]

However, it is not enough to find a single solution to help the Canadians who need it most. The National Housing Strategy, a ten-year plan of over \$72 billion, includes multiple solutions to make housing more affordable for everyone.

[English]

This includes programs like the rapid housing initiative, which has already delivered or is on track to deliver over 10,250 permanently affordable homes for the most vulnerable. As announced in budget 2022, the success of this program is leading us to move forward with the third round of the rapid housing initiative, which will deliver an additional 4,500 units of deeply affordable housing for the most vulnerable.

I want to close by reiterating that making life more affordable for Canadians who need it most is the top priority for our government. Our proposed one-time top-up payment to the Canada housing benefit will help us deliver on this priority and offer real help to Canadians who need it now.

These are the kinds of measures that our government is putting into action right now to tackle the housing crisis, while taking a human rights-based approach to housing.

I want to thank you, Mr. Chair, for this opportunity. I'm happy to answer any questions posed by my colleagues.

[Translation]

Thank you.

[English]

The Chair: Thank you, Minister.

We're now going to proceed to the rounds of questions, beginning with the Conservatives.

We'll go to Mrs. Goodridge, please, for six minutes.

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

Thank you to the ministers for attending. It would have been nice to be able to have more witnesses, but alas, here we are.

I will start out with the Minister of Health.

Did you consult with the minister of health from Newfoundland?

Hon. Jean-Yves Duclos: Thank you for the question.

Yes, we have talked with, listened to and engaged with all health ministers. We have had many meetings over the last few months. Although we are working on different files, we all know that this file is important.

Mrs. Laila Goodridge: Did you consult with every single minister of health specifically on this piece of legislation before introducing it?

Hon. Jean-Yves Duclos: As I said, we've spoken with and we listened to all health ministers. We've had many meetings in the last few months. We are all working on many different important files for Canadians. This one is also an important one.

Mrs. Laila Goodridge: Did all the health ministers support this?

Hon. Jean-Yves Duclos: All ministers—and I'm one of them—recognize that dental care is health care. When you invest in dental care, you invest in prevention. You invest in diagnostic. You invest in treatments. If a child ends up in a hospital with a generalized infection because of—

Mrs. Laila Goodridge: Thank you.

Minister, we have a convention in this committee that you can answer for about as long as the question takes.

I will shift gears now and go to Minister Hussen.

Did you consult with the provincial and territorial ministers of housing?

Hon. Ahmed Hussen: Absolutely. Not only am I in constant contact with my counterparts—ministers in the provinces and territories—we recently concluded a very productive meeting of federal-provincial-territorial ministers responsible for housing and homelessness. We've engaged constantly on issues around support for renters.

Mrs. Laila Goodridge: Were they were supportive of this exact legislation?

Hon. Ahmed Hussen: I spoke to them about the need to support Canadian renters, low-income families—

Mrs. Laila Goodridge: Do they support this exact legislation, yes or no?

Hon. Ahmed Hussen: We remain in touch on all aspects of the housing spectrum, including how to better support vulnerable renters. This is one of the approaches to do that.

Mrs. Laila Goodridge: Minister, with all due respect, most rent across the country is, on average, \$2,000 a month. This will cover approximately one week's rent in the entire year. I'm not sure if this is going to solve the homelessness issue across this country.

Hon. Ahmed Hussen: My response is that this is a one-time top-up payment to an already existing program called the Canada housing benefit, which already delivers an average of \$2,500 to Canadian renters from coast to coast to coast.

I want to also highlight the fact that all 10 provinces and three territories have signed on to the Canada housing benefit. It's a cost-shared program.

This particular payment will reach 1.8 million Canadian renters. We know that they need that support now.

Mrs. Laila Goodridge: Minister, how many affordable housing units were built in the territory of Nunavut in this last year?

Hon. Ahmed Hussen: I can tell you that we have a number of programs in the north to tackle the specific challenges—

• (1650)

Mrs. Laila Goodridge: How many housing units were built?

Hon. Ahmed Hussen: I'm happy to answer the question, if you let me.

In the north, we understand the unique challenges faced by northern communities when it comes to building affordable housing. We've dedicated not only—

Mrs. Laila Goodridge: Minister, it was a simple question. A simple answer would be appreciated.

Hon. Ahmed Hussen: I'm happy to answer it, if you'll let me.

If I may continue, we understand the importance of investing in affordable housing in the north. Over the years we've put in place programs that enable northern communities to access more federal housing dollars—

Mrs. Laila Goodridge: It's—

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Chair, I have a point of order.

I think this is the exact issue we went through, Mr. Chair, and sadly the Conservatives were on the losing end of this last time. I would respectfully ask that the give-and-take that we've established, which I think has worked very well in this committee, be respected here. My colleague has asked the minister multiple times for a very short answer to the question, which to me would be a number that's somewhere between zero and eight gazillion. I don't think we need an explanation. It's a number.

Thank you, sir.

The Chair: Ms. Goodridge has ensured that Minister Hussen has not gone on longer than the period of her question, which she is absolutely entitled to do, so I'm not sure we've breached the convention. If she's not satisfied with the answer, that's not something the chair can fix. In terms of being fair to the witness and fair to the person posing the questions, I think we're doing fine.

Go ahead, Ms. Goodridge.

Mrs. Laila Goodridge: Thank you.

I was simply trying to get a simple number, which I would have hoped the minister would have had readily at his disposal, of every housing unit that's been created across this country. Clearly, the answer is that he does not have that simple fact. There are three territories that have unique housing needs. The minister was completely unable to provide a simple answer as to how many housing units were built in this last year. The lack of affordable housing units directly impacts homelessness and the housing crisis in northern

communities. It's something that's very near and dear to my heart. It's disappointing that a simple question, which was asked multiple times, did not receive a simple answer.

But I digress. I don't think I'm going to get an answer to this.

I will switch back to the Minister of Health.

What would prevent a low-income family with private insurance from utilizing this plan?

Hon. Jean-Yves Duclos: What would prevent that family from...? The rules are quite clear. You need to have a child below the age of 12, you need to not have access to private dental insurance and you need to incur expenditures on dental care.

Mrs. Laila Goodridge: Okay, but how would you know if someone had private insurance or not? Is it just based on the honour system?

Hon. Jean-Yves Duclos: It's based on an attestation that people need to fill in. Then it would be based on monitoring and possible enforcement by CRA, the Canada Revenue Agency.

Mrs. Laila Goodridge: Have you guys done a costing of what the administration would cost for the enforcement side?

Hon. Jean-Yves Duclos: We understand that you'll be having access to great officials with great advice and information on the role of the CRA later this afternoon or this evening. I suppose and suggest you could talk to them.

Mrs. Laila Goodridge: Not that you're aware of; that's the answer.

Hon. Jean-Yves Duclos: It's a matter for officials who know the file providing the right information and the correct answer to a great question.

Mrs. Laila Goodridge: We actually asked to have the minister of CRA present, and that was declined.

The Chair: Thank you, Ms. Goodridge.

Next we have Ms. Sidhu, please, for six minutes.

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

Thank you, Minister Hussen, Minister Duclos and all of the officials for joining us to help advance this important piece of legislation.

My first question is for Minister Duclos.

Minister, I know that we have said that this is just the first step. Can you comment on how Bill C-31 will help inform the full vision for dental coverage for all Canadians?

Hon. Jean-Yves Duclos: Thank you, MP Sidhu, or Sonia.

We know that approximately seven million Canadians don't go to see a dentist every year because dental care is too expensive. Now, that's a terrible outcome, because not doing so means they end up with a lack of preventive care and a lack of diagnostics and treatment. In many cases, they end up in an emergency room. About \$2 billion in hospitalization costs are spent every year to look after emergency dental care, most of which would not be needed if those people had access to proper dental care in this country.

• (1655)

Ms. Sonia Sidhu: I know that December 1 is coming. This is a target date for children under 12 to benefit from better dental care. Can you speak to how it will roll out once this bill receives royal assent?

Hon. Jean-Yves Duclos: If Parliament approves the bill, as you said, MP Sidhu, by December 1 we are hoping to make Canadians access this benefit. Approximately 500,000 children below the age of 12 would be eligible for that benefit. It would save obviously a lot of money in a context in which the cost of living is very severe for families with children, especially young children.

In addition to that, as we noted, it will help those children not only avoid the severe mental health and physical health costs of not having access to dental care, but it then would reduce the risk of future diabetes, cardiovascular disease and gastrointestinal disease, including the risk of generalized infection, the cost of which, when people go to a hospital, can range between \$12,000 and \$25,000 per emergency visit.

Ms. Sonia Sidhu: Thank you.

My next question is for Minister Hussen.

Minister Hussen, you said in your remarks that 1.8 million renters will benefit on the one-time top-up. Can you explain how they can apply, how they will be getting this top-up benefit and how many...? Is it 1.8 million renters?

Hon. Ahmed Hussen: Thank you very much, MP Sidhu, for that important question.

Yes, this legislation will benefit 1.8 million renters struggling with the cost of housing in this country. It will be available to applicants with a family income below \$35,000, or \$20,000 for individuals, and who pay at least 30% of their net income on rent. The application process for this benefit will be attestation-based, as my colleague has indicated, and the CRA will provide the upfront verification of an applicant's eligibility.

It's really important to also note that this benefit will not reduce other federal income-based benefits programs, and we will work with provinces and territories to ensure that recipients do not have their provincial and territorial benefits negatively impacted as a result of receiving this housing benefit.

The payment will be launched by the end of the year, pending passage of this legislation, so I really urge my Conservative colleagues to stop obstructing the passage of this legislation and to help us deliver this much-needed payment to Canadians as soon as possible.

Ms. Sonia Sidhu: Thank you, Minister Hussen.

I'm coming back to Minister Duclos.

Minister Duclos, you mentioned that two million school days are missed by children every year because they need to go to emergency dental care. Can you expand on how this bill will help avoid emergency dental care interventions?

Hon. Jean-Yves Duclos: That's correct. About 2.2 million days of school are missed by children because of emergency dental care, as you've noted. They unfortunately in many cases end up in an emergency room in a hospital, and we know that this is not the right place for children to be looked after.

That is also the source of the majority of surgeries under anesthesia for children. If you look at all surgeries under anesthesia that are done for children, the majority of those are due to dental conditions, which, again, prevention would have prevented in many cases. It obviously impacts much more so the lower-income families, including families from marginalized communities who face all sorts of trouble and struggles in life, making them, again, very unable to access basic, fundamental dental care for their children.

It's a fundamental right in Canada to have access to appropriate health care, and that includes appropriate dental care.

Ms. Sonia Sidhu: I want to say thank you to the ministers and all the officials. Thank you for your hard work. It's important legislation. I know how many millions of Canadians are getting benefits from it.

Thank you.

The Chair: Thank you, Ms. Sidhu.

• (1700)

[*Translation*]

Mr. Garon, the floor is yours for six minutes.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

I would like to thank the ministers and the officials for being here with us.

Mr. Duclos, the Parliamentary Budget Officer has shown, and this is a fact, that what you call your dental care program will severely penalize Quebec. Quebec has 23 per cent of the children in Canada and will receive 13 per cent of the money. There are two reasons why Quebec is being penalized: first, Quebec already has a dental care coverage system, imperfect though it may be, for children aged ten and under; second, Quebecers are more unionized than people in the rest of Canada and are therefore more likely to have paid for group insurance out of their own and their employer's pockets, which makes them ineligible for benefits.

Minister, I want to be sure that Quebecers hear your answer. Are you aware that your bill, which is sponsored by the NDP, is anti-union?

Hon. Jean-Yves Duclos: Thank you for your question, Mr. Garon. I congratulate you on your interest in this issue, which is a very important one, including for children and families in Quebec.

I have two answers to that.

First, the Canada dental benefit supplements the Quebec program, which, as we know, covers children aged nine and under, but does not cover preventive care. When it comes to health, we know how important preventive care is. There is scaling, cleaning, fluoride...

Mr. Jean-Denis Garon: Mr. Chair, the Minister is not answering my question.

Are you aware that your Bill C-31, sponsored by the NDP, is anti-union? Do you know this? I expect a brief answer.

Hon. Jean-Yves Duclos: Let me finish. You are doing well. You insist, and you deserve an appropriate answer, given your interest in the question.

The first thing is that these Quebec children are going to have strengthened coverage, especially for prevention, because, as you know very well, prevention is essential in health care. Preventing health problems is therefore...

Mr. Jean-Denis Garon: Thank you, Mr. Chair, and thank you, Minister.

So the Minister does not realize that his bill is anti-union. We will remind Quebecers of this.

Your approach consists of using your spending power to send cheques directly to individuals. Are you aware that if we had done the same thing in the 1970s with the provinces' health care systems, that is, send cheques to people instead of helping the provinces, we would have a private health care system today? And yet the NDP is backing this.

Are you aware of this fact?

Hon. Jean-Yves Duclos: You are certainly aware, Mr. Garon, that this is a first step toward a better and more appropriate dental insurance plan, because, as you said so well, this is a temporary measure, which will lead, a little later, and we are eager to provide the details, to a dental insurance plan that will be better than the one we are going to have in the next few weeks.

Mr. Jean-Denis Garon: Minister, you are in a good mood today. You come to the committee. It does not bother you that when it comes to the spending allocated to your program, a Quebecer is worth half of a Canadian in the rest of Canada. Are you proud of that? You are telling us you are happy with that.

Hon. Jean-Yves Duclos: I wanted to answer you just now, but you interrupted me several times.

I told you that in Quebec, children aged nine and under already had access to a program, and that is wonderful. However, it is an incomplete program that is going to be supplemented by this benefit, which will be offered to all children and all families in Quebec, to add to preventive health care, which is essential.

We all know, and you know very well too, that when it comes to health care, it is preferable to act before people need health care.

Mr. Jean-Denis Garon: Thank you, Minister.

It is not an excellent bill, but you have an innate talent for not answering questions, Minister.

Your parliamentary secretary suggested earlier this week that there was no point in hearing witnesses today, because, in any event, everything had been decided in advance, the bill would not be amended, and its inherent problems would not be solved by the committee.

Is that your opinion?

Hon. Jean-Yves Duclos: I would be happy to participate in your work, if you invited me even more often.

I know one thing. The work done by the committee is work on which a minister has no direct impact.

If you take, between you...

[*English*]

Mr. Adam van Koevorden (Milton, Lib.): I have a point of order, Mr. Chair.

Monsieur Garon actually implied that we said something in camera, and we're not allowed to talk about what we talk about in camera.

The Chair: I actually wondered whether his reference was to something that was said in camera or something that may have been said in the House. I don't know.

[*Translation*]

Mr. Garon, if the subject you spoke of was mentioned in camera...

Mr. Jean-Denis Garon: No, Mr. Chair, that is not the case.

The Chair: Right.

Go ahead.

Mr. Jean-Denis Garon: Thank you.

Minister, you know that you could have simply raised the Canada Child Benefit, the CCB, without using a dentist's bill, so that everyone got their share. You know there is no connection between the amount of the payment you are offering and the amount of the dentist's bill.

Are you aware of that?

Hon. Jean-Yves Duclos: What we are aware of, and you know it as well, is that this payment is a dental benefit.

Children and families are going to use this money to cover the dental care they would not have covered otherwise and to which they would not have had access otherwise. It is a very good thing...

• (1705)

Mr. Jean-Denis Garon: Thank you, Minister.

Hon. Jean-Yves Duclos: ... to obviously reduce the cost of living, but also to have a...

Mr. Jean-Denis Garon: Thank you, Minister.

We have tight timing. You did not want to have witnesses and be here long, so we have to time things.

My next question is for the Minister of Housing and Diversity and Inclusion.

In your mandate letter, the Prime Minister directed you to "work with provinces ... to develop a Fairness in Real Estate Action Plan".

Minister, who is the minister responsible for housing in Quebec? What is her name?

It seems not. You undoubtedly have it in your notes. So you certainly did not call her.

You did call her. You checked it on your phone.

We have met once in our lives, and I know your name.

[English]

Hon. Ahmed Hussen: I will tell you. She's in my contact list, actually—

[Translation]

Mr. Jean-Denis Garon: Right. We have the answer. It is very clear.

Minister, you are also the Minister of Equity. At present, under your program, in Quebec, a senior who is very poor, single, and living only on their old age security pension and Guaranteed Income Supplement, has an annual income of \$20,500. They are not eligible for your benefit.

Is that your definition of equity? Is that what equity looks like where you come from?

[English]

Hon. Ahmed Hussen: First of all, the new minister is France-Élaine Duranceau—

[Translation]

Mr. Jean-Denis Garon: That concerns the previous question. I have asked a new one.

[English]

Hon. Ahmed Hussen: You asked me the question. I'm answering.

In terms of the issue of the money helping residents of Quebec...

[Translation]

We know that it is increasingly difficult for many Canadians to pay higher rents, or even to find housing they can afford. That is why we are bringing a bill forward that will enable us to pay \$500 quickly to the 1.8 million Canadian renters who are having trouble paying their rent.

[English]

That includes, of course, residents of Quebec. This will help them as well. This already builds up on the existing Canada housing benefit agreement that we've signed with the Province of Quebec, which is already helping 145,000 households in Quebec. We have been active in providing rental supports to vulnerable Quebecers, and we'll continue to do that with this one-time top-up.

The Chair: Thank you, Minister.

[Translation]

Thank you, Mr. Garon.

[English]

Next is Ms. Kwan for six minutes.

Welcome to the committee, Ms. Kwan. You have the floor.

Ms. Jenny Kwan: Thank you very much, Mr. Chair.

Thank you, Ministers and officials, for being here today.

First, I'd like to ask a question of Minister Duclos with respect to the dental care plan. One of the issues that's surfaced.... Constituents of mine and others have been asking about this, and I want to hear directly from the minister about it.

Indigenous children are under a different program. They're under the non-insured health benefits program. How do the provisions within this initiative measure against that? That is to say, is it the case that indigenous children under the non-insured health benefits are getting equivalent services or supports under their program?

Hon. Jean-Yves Duclos: Thank you, MP Kwan. That's a great question. Let me try to answer it in two pieces.

First, you are correct. The non-insured health benefits are available for indigenous children. Second, this benefit could also be available to them if—although it's unlikely—there are services that they need in addition to the NIHB, which they would need to pay for themselves. They could then ask for the benefit to cover those extra costs.

Otherwise, these two benefits are quite different, because this is an interim benefit that requires people to ask for support before they see a dentist, whereas NIHB is a dental insurance plan that doesn't ask people and doesn't require people to ask for support first, before they go and see a dental professional.

Ms. Jenny Kwan: Do you anticipate, Minister, that once this program is fully in force, those under the NIHB coverage would get equivalent coverage if, under the NIHB initiative, they're not getting the same level of coverage? Is that what you anticipate, Minister?

Hon. Jean-Yves Duclos: I would say the top priority is to make sure that indigenous children in Canada have the dental care they need and deserve. That's the utmost priority. We will then work in a manner that makes sure that this remains the case.

We look forward to working with all members of the House, and some more in particular, to make sure that the other longer-term program is as susceptible as possible of assisting the dental health conditions of non-indigenous Canadians.

• (1710)

Ms. Jenny Kwan: Thank you.

I'll follow up on the dental care piece, and then I'll turn to housing.

There's the income threshold that's required. It's less than \$70,000 or less than \$90,000 in the space on the previous year's income assessment. If, during the course of the year, especially now, with the economy potentially being impacted by a recession, people may lose their jobs.... In the event that should happen, people lose their insurance midway through.

Is there an ability for them to access dental care?

Hon. Jean-Yves Duclos: Dental care eligibility is based on eligibility for the Canada child benefit. We don't have officials around this table, although Ms. Tomson would probably know more than I do. There are no officials from CRA or ESDC who would be able to detail how CCB is or is not adjusted, according to changes in yearly income in the conditions you described.

Go ahead, Ms. Tomson.

Ms. Lynne Tomson (Associate Assistant Deputy Minister, Strategic Policy Branch, Department of Health): Yes, I know there are adjustments. I just don't know the regularity with which they are done under the child benefit. We can get that for you later on this evening.

Ms. Jenny Kwan: That would be great. I assume there would be adjustments as long as there is flexibility in the program to accommodate that, because people's circumstances may well change. It sounds like there is a process with respect to that now. I'll wait for the detailed information later on tonight.

I'd like, then, to turn to Minister Hussen on the housing piece. One of the issues that come up from time to time is that, when the federal government, for example, provided pandemic support to people in need, it impacted their situation in, let's say, their GIS eligibility. First, I want to make sure that this \$500 one-time benefit would not impact people's eligibility for GIS. Second, for those who might be living in a partially subsidized situation, because their situation is based on their income, when they receive this \$500 injection, it would change their income—increase it by \$500. As a result, their landlord, the manager of those buildings, may well increase their rent for the following year.

I wonder whether or not the minister has given some thought to ensuring that, first, measures are in place to ensure that people's GIS will not be impacted and, second, that those who are in those kinds of housing situations are not going to see their rent increase as a result of this one-time increase in benefit.

Hon. Ahmed Hussen: Thank you very much for the question, Madam Kwan.

I can tell you that this benefit will not impact federal income-based benefits. We will work very diligently with provinces and territories to also ensure that recipients will not have their provincial or territorial benefits negatively impacted as a result of this payment.

With respect to the scenario you highlighted with landlords, my aim would be to make sure that, as we provide this rental support to vulnerable renters, it doesn't actually lead to an increase in their rent. We will work to ensure that's not the case. We are still looking at those different scenarios, but the one that you highlight is very important. We need to pay particular attention to that.

The Chair: Thank you, Ministers. Thank you, Ms. Kwan.

Next we have Mr. Doherty, please, for five minutes.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thank you, Mr. Chair.

Minister Duclos, I have a question for you, and perhaps Minister Hussen as well.

I came late. I want to make sure that I'm hearing this correctly. I'm sure that many of my colleagues are dealing with the same as what I'm seeing in my riding. With the CERB, we have seniors and those who applied for and received CERB who, after the fact, were told that they were indeed ineligible. Now their OAS and GIS are being clawed back. Will this impact that? Are we going to experience something similar to what we are seeing with CERB?

We have seniors who are becoming very marginalized, and I want assurances from you that this is not going to be the case. What steps have been taken to ensure that?

• (1715)

Hon. Jean-Yves Duclos: Thank you for the great question.

First, it's not going to impact CERB obviously because CERB is—

Mr. Todd Doherty: Not CERB, but the GIS and OAS....

Hon. Jean-Yves Duclos: I thought you had understood that. Second, it's not going to impact other benefits, because this is considered—

Mr. Todd Doherty: It's stackable.

Hon. Jean-Yves Duclos: —to be a non-taxable benefit. It has no impact on the CCB, GIS or OAS.

Mr. Todd Doherty: Okay.

Minister Hussen—again, I came in late—how many affordable housing units were built in Nunavut?

Hon. Ahmed Hussen: The different national housing strategy programs that are working on the ground in Nunavut are varied. They have different deliverables in terms of the unit numbers, the affordability levels and the dollar—

Mr. Todd Doherty: I'm just looking for a number.

Hon. Ahmed Hussen: I can get you a total number, but I can also tell you how much money we have invested in Nunavut and the different programs that have gone into—

Mr. Todd Doherty: Can you get it to the committee by the end of the week, please?

Hon. Ahmed Hussen: I can certainly turn to my officials to work with you on that, yes.

Mr. Todd Doherty: Mr. Duclos, under proposed section 7 of the dental benefit act, eligible families can apply to receive additional benefits if a child's dental care exceeds \$650. Is there a cap on the dollar amount of this additional benefit?

Hon. Jean-Yves Duclos: The maximum is \$650 per year, and \$1,300 over two years. Beyond this level of \$70,000 family income, there is a copayment, which is 40%, and another copayment of 60% beyond \$80,000 to \$90,000. Before \$70,000 there's no copayment, so it is up to \$650, and then there are the two levels of copayments I mentioned, between \$70,000 and \$90,000.

Mr. Todd Doherty: How were these thresholds attained? How did you come up with them?

Hon. Jean-Yves Duclos: First, that was the commitment we made. Second, there needs to be a slight change between \$70,000 and \$90,000 for there not to be an abrupt cliff at \$90,000. It's a way to smooth the—

Mr. Todd Doherty: Minister, with all due respect, you're not answering my question. These numbers, how did you come up with these thresholds?

Hon. Jean-Yves Duclos: These are thresholds that had been suggested by various stakeholders who also have experience in—

Mr. Todd Doherty: Which stakeholders?

Hon. Jean-Yves Duclos: We've consulted. I have about two pages. I can list them. I suppose that's not of great interest to all of the committee members, but obviously they're experts, including dental health care experts but also dental health experts from a variety of perspectives.

Mr. Todd Doherty: With respect to both the rental and dental payments, how were those thresholds come to, the \$500 and \$650? How were they thought up? Why \$650 per year for two years? Why \$500? That's for Minister Hussen.

Hon. Ahmed Hussien: About the \$500 one-time top-up payment to the Canada housing benefit, I feel like I have to always repeat this. This is on top of an existing permanent program called the Canada housing benefit, which is delivering an average of \$2,500 to vulnerable renters right across the country, in every province and territory. The Canada housing benefit is working, but we recognize there are additional challenges. That's why the one-time top-up payment of \$500 is very critical.

Mr. Todd Doherty: Thank you, Minister.

Minister Duclos, with respect to proposed subsection 9(2), in the case of a shared-custody parent who is entitled to 50% of the amount of the benefit outlined in proposed subsection 9(1), can you explain the rationale behind the decision to split the amount between parents in a shared custody situation?

Hon. Jean-Yves Duclos: That's a great question. Let me turn to Ms. Tomson because a great question requires a good answer, and she'll provide a good answer.

Ms. Lynne Tomson: This is based on the Canada child benefit. That is how that is structured. In shared custody it is 50% shared by the agreement that CRA would have in its possession about the arrangement for that child. We are following that same approach as is being undertaken under the Canada child benefit. Each parent

would need to apply. They could receive 50%, depending on their income.

• (1720)

The Chair: Thank you, Ms. Tomson and Mr. Doherty.

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

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

First of all, thank you to both ministers and your officials for coming on such short notice. I understand this is a bill that's not only important to the government but important to Canadians. I just want to acknowledge that and thank you.

I'm going to start with Minister Duclos.

Minister Duclos, at the outset there was a lot of discussion around consultation with the provinces and territories. You were very clear in responding to that. Some of my colleagues later on asked about the level of consultations that were done with the experts. You said you were in a position to share that. Sir, can you share with us who you talked to and what the scope of it was? It would probably shed some further light into that breakdown that was the topic of discussion a few minutes ago.

Hon. Jean-Yves Duclos: Thank you. You'll stop me when I have exhausted my time.

They were the Canadian Dental Association; the Manitoba Dental Association; the Ontario Dental Association; New Brunswick, Yukon, Nova Scotia; the Dental Association of P.E.I.—and then I'll skip a couple of others—the Canadian Dental Hygienists Association; the Association des chirurgiens dentistes du Québec; the Association of Canadian Faculties of Dentistry; the Canadian Association of Public Health Dentistry; the Canadian Dental Assistants Association; the Canadian Dental Therapists Association; the Denturist Association of Canada; the Canadian Academy of Pediatric Dentistry; the Canadian Association of Emergency Physicians; the Coalition for Dentalcare; the Canadian Society for Disability and Oral Health; the Society of Rural Physicians of Canada; Children's Healthcare Canada; and HelpAge Canada.

I have about 20 more that I could list as well.

Mr. Majid Jowhari: Thank you, Minister.

That really gave me a sense that you reached out not only to oral health professionals but also to pediatricians to be able to have a whole approach. It makes me a lot more comfortable understanding where the benefit of \$650 came from. Was there a logic in saying that \$650 is equivalent to one annual checkup, one annual cleaning and one annual...? Is there anything that you or your official could share to shed light on that?

Hon. Jean-Yves Duclos: That's a wonderful question.

It's indeed what we did. When I say "we," I mean all those experts and very engaged stakeholders who care very much about the dental health of our children. They looked at, as you said, a basket of what preventative, diagnostic and curative services would be, looking at it over a significant amount of time as to what's right for them to reduce their risk of ending up with their oral health in bad condition, which, as I said, can lead to severe cases of generalized infections, diabetes and many other diseases that have an impact on long-term health.

Having constructed that basket, they estimated the average cost of that particular basket and ended up with the figure of about \$650, which, in some cases, might be above what they would need in a particular year, but that's fine. Because the cost of living for families with such young children is very significant, we know they'll be using these resources for the best health care services possible for their children.

Mr. Majid Jowhari: Thank you, Minister.

Minister, this package is called the Canada dental benefit, and we understand it's over two years, but this is our initial work toward what we call the national dental care program. Can you explain how the work that we are doing now would strongly position us to be able to not only develop but roll out the longer term national dental care program?

Hon. Jean-Yves Duclos: Thank you, MP Jowhari, for recalling that this is a first step, an interim step, an interim benefit that is going to have an immediate impact on approximately 500,000 children of low to average income, and this is where we know the need is the greatest. Then, as you also pointed out, there will be a second program, a longer-term program that, as we discussed earlier with MP Kwan, will be better suited to the dental health care that other Canadians, including younger children, will need over time. That includes seniors, people with disabilities and people in relatively low or middle income ranges.

We know that this is going to be further improved over time, but we are quite grateful for your support and very proud of this immediate step that we're soon going to be able to take following, hopefully, approval by Parliament.

• (1725)

The Chair: Thank you, Minister.

Thank you, Mr. Jowhari.

[Translation]

Mr. Garon, the floor is yours for two and a half minutes.

Mr. Jean-Denis Garon: Minister, we are going to do a bit of a sprint.

I am going to ask you a technical question. Assume that I am a single-parent mother, my salary is \$20,000 per year, I am eligible for the program, and I submit a dentist's bill for \$2.50.

How much will the payment I am entitled to be?

Hon. Jean-Yves Duclos: A person who meets the criteria, who does not have access to private dental insurance, and who plans to spend...

Mr. Jean-Denis Garon: We have exceeded the time for the answer. As I said, this is a sprint. The answer is \$650.

You know that for a \$2 dentist bill, not only are you going to give \$650 to a family, a family that might be excluded in any case if it is in Quebec, because that is what you are doing, but the difference between the two will never be invested in Quebec's public plan to offer real dental care to another child who needs it.

As an economist, you know how insurance works.

Hon. Jean-Yves Duclos: There are two things.

First, families' needs vary considerably from one family to another, including among low-income families.

Second, the example of a single-parent family, a mother who is the sole family breadwinner, to take care of her children, suggests that this person would be unable to use that money to care for her children. I find that a bit over the top.

Mr. Jean-Denis Garon: Mr. Chair, I have to manage my speaking time and I am being accused of saying all sorts of things that I did not say.

Minister, if it were possible to give the Government of Quebec the right to withdraw with financial compensation for a program with similar objectives, what would you choose: immediate care for children in Quebec or a maple leaf in the corner of a cheque? That is what the federal government is after.

What would you choose: dental care or the maple leaf?

Hon. Jean-Yves Duclos: Like you, I think I would choose immediate care, and that is what is...

Mr. Jean-Denis Garon: So why are you doing the opposite?

Hon. Jean-Yves Duclos: We are not on *Infoman*, Mr. Garon.

You interrupt me every time I start to say something useful. It may be funny, but it is not really the objective of the meeting today.

I would say that we have to choose the immediate care. That is why, if members of Parliament agree, this is what we will be doing in a few weeks. I think we all have to be happy about this, particularly since it supplements the other...

Mr. Jean-Denis Garon: Mr. Chair, *Infoman* is going to interrupt the Minister again.

I have talked to economists you knew in your former professional life. They told me that the minister was simply using the billing to put up a barrier to assistance that everyone needs. Those people even told me that it was impossible for Jean-Yves Duclos to have done that and it probably came from higher up, because it had to be hurried up with the NDP.

What do you think about that?

Hon. Jean-Yves Duclos: You are correct, Mr. Garon.

Yes, it is a barrier. Many families in Quebec are dealing with major financial barriers. It is not easy to manage with the cost of living in Quebec. I do not know your personal situation. Myself, I have children. So I was earning a relatively good salary, because I was a university professor, as you were. However, I am well aware that many people earn less than I do and are facing even more barriers. Those people have to give it thought and decide whether they are going to pay their rent at the end of the month, pay for groceries at the end of the week, or take their children to the dentist.

Those are very difficult choices to make. This program will add some money to what the Government of Quebec is providing now.

The Chair: Thank you, Minister.

[English]

Next is Ms. Kwan, please, for two and a half minutes.

Ms. Jenny Kwan: Thank you, Mr. Chair.

Yes, the NDP actually support this program. We feel very strongly that there should be a universal dental care program, and we're glad to hear that this is now before us.

Because this is by attestation for both the dental piece and the one-time housing benefit top-up, what plan does the government have to ensure that people know so that they can apply?

Hon. Jean-Yves Duclos: That's very important, MP Kwan. That's why these conversations are so valuable.

We still have a few more weeks, but, first, we must pass this bill, given the urgency of the situation, and, second, we must all work together so that once this bill is passed Canadians know about it.

As MPs, this is one of our roles, to make sure Canadians, and especially Canadians with lower incomes, know about the program and access it, because this is good only if people access it. We have a lot of work to do in the next few weeks.

Ms. Jenny Kwan: I have the same question for Minister Hussen.

Hon. Ahmed Hussen: In addition to what Minister Duclos has just stated, I think it's also important to seek out all of the different stakeholders that the minister stated, in addition to all of the affordable housing stakeholders and advocates, to amplify what we're doing here so that vulnerable Canadians can benefit from this important help.

• (1730)

Ms. Jenny Kwan: Would the government be undertaking—for example, in the dental care plan, because it's based on people's incomes—to send information directly to people's households to advise them that, if your income is less than \$90,000 or less than \$70,000, then you would be eligible? Would it be able to?

You could do a mail-out like that to every household so that people would become aware. You could do the same for the housing benefit as well. Would that be considered?

Hon. Jean-Yves Duclos: That's an excellent suggestion. I would propose—I certainly wouldn't want to impose that—that you ask the question to the CRA officials who have come.... There are other things that the CRA does in general, such as awareness of the Canada child benefit, old age security and the guaranteed income supplement. I would suppose that they have already thought

through these important actions that they can take to raise awareness and therefore increase access.

Ms. Jenny Kwan: Yes, because this is all tied to the child care benefit and you have in the system who is actually accessing that program. If a mail-out went out to those people, they would actually be able to have this information. I think that would be very useful.

Now I'll go on to the application process, particularly in relation to the housing benefit. The application process is only a 90-day process, which is a very quick turnaround. I'm particularly worried that people who have little access to technology or who have language barriers would not know about the program and would not be able to access it. What is the minister doing to address that?

The Chair: Ms. Kwan, can you come to your question quickly? You're out of time.

Ms. Jenny Kwan: Yes. That was my question.

The Chair: Okay.

Could we have a brief answer, please?

Hon. Ahmed Hussen: It's important that we work with a number of different advocates and organizations that do a lot of work to help people navigate different benefit systems for people who are eligible and need these supports. We'll work with them to make sure that's the case, as well as working with provinces and territories, as I said earlier, to make sure that people are not negatively impacted.

The Chair: Thank you.

Dr. Ellis, you have five minutes, please.

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

Thank you to the witnesses.

Minister Duclos, are you aware of how many witnesses are appearing before this committee that intends to spend \$10 billion with this bill over five years?

Hon. Jean-Yves Duclos: Thank you, MP Ellis. I'm not aware of the committee's work. This work is done independently, certainly, of ministers like me, so I would ask the question—

Mr. Stephen Ellis: Have you any idea of how many public sector witnesses are going to be coming before this committee, for spending \$10 billion over five years?

Hon. Jean-Yves Duclos: I'm certainly aware of these two—

Mr. Stephen Ellis: Of the public sector, sir.

Hon. Jean-Yves Duclos: I'm sorry...?

Mr. Stephen Ellis: I mean public sector witnesses.

Hon. Jean-Yves Duclos: In the public sector, these are in Health Canada—

Mr. Stephen Ellis: They're with the government.

Great. Thank you, sir.

That being said, think about this. An economist once said that people need to learn how to spend their money, and that certain things need to be put on hold. Those are good words, I would suggest, sir.

Do you agree with that?

Hon. Jean-Yves Duclos: Yes, resources are rare. They need to be allocated where they matter the most. As I said earlier, this is—

Mr. Stephen Ellis: Great. Thank you. That's wonderful, because it was you who said that.

It's interesting, sir, that with regard to mental health transfers, in the Liberal election platform of 2021, \$875 million was to be spent or budgeted by now on mental health care, and here we are. We've not seen any of that money, sir, and we're spending money on dental care. That was promised in your platform. Dental care was not. What's the reason for that?

Hon. Jean-Yves Duclos: In the platform, \$3 billion was indeed targeted for mental health care, plus additional dollars. The \$3 billion was in the fiscal framework. We are negotiating agreements with provinces and territories on how to allocate that over the next five years.

Mr. Stephen Ellis: Sir, we're beyond the year with \$875 million not budgeted, not a penny spent, and we're spending something that was not in your platform. Can you explain to me the urgency that we need to get this money out there?

Hon. Jean-Yves Duclos: In—

Mr. Stephen Ellis: I'm sorry. There's just one thing I might add. I apologize for interrupting you.

In fact, we do know that there is a crisis in mental health care. I think everybody here knows that. I think anybody you passed on the street would say that. I'm not meaning to be disparaging on dental care, but I don't think anybody out there would say there's a dental care crisis. Mental health? Yes. True. Dental care crisis? I don't know about that, sir. That's \$875 million.

Would you agree that there's a mental health crisis in this country?

Hon. Jean-Yves Duclos: Yes. There is one. That's why we're acting, and that's why, as I said—

Mr. Stephen Ellis: Great. Thank you, sir. I appreciate that.

• (1735)

The Chair: No. That's a little too abrupt after a 40-second question.

Minister, go ahead. You have another 38 seconds to answer the question.

Hon. Jean-Yves Duclos: That's why, as I said earlier, we have \$3 billion that we are currently allocating to provinces and territories in addition to the other \$3 billion that we have invested since 2017.

Remember that the 2017 agreement was for over 10 years. It was \$3 billion plus \$3 billion, and we are currently in the second

five years. That's why that \$3 billion is there, and there will be more because the Prime Minister promised that. He promised that in the campaign, as you correctly noted.

Mr. Stephen Ellis: I guess, sir, the comment would be that, for those folks waiting for mental health care, they'd like the money today.

That being said, for Atlantic Canadians, some of whom I represent, it appears in this from the PBO that there's really no benefit, because we have a comprehensive program already. Is that correct, sir?

Hon. Jean-Yves Duclos: There are all sorts of programs in Canada. No program covers as much as this particular benefit. For children under the age of 12, with all the preventive, diagnostic and curative services included, there's no other program that exists in Canada.

Now, the great news is that, if there is such a program, that's fine because this is going to be complementary to what already exists.

Mr. Stephen Ellis: Then it's clear, sir, that those provinces who have excellent programs now will be expected to continue those programs.

Hon. Jean-Yves Duclos: I think we're all in the same boat. We all want good health for our children. The better we work together, the better it will be for our families and children.

Mr. Stephen Ellis: Sir, am I correct in my assumption that Nova Scotia needs to continue its \$11-million-a-year program for comprehensive dental care for children under 14?

Hon. Jean-Yves Duclos: I think we've seen over the last decade, and in fact over the last 155 years now, how Canada works as a team.

Mr. Stephen Ellis: Sir, I think that's a simple question. Are they expected to continue their program for \$11 million a year?

Hon. Jean-Yves Duclos: We all expect provinces and territories to keep investing in the health care of their people, including dental health care. Dental health care is health care. Our mouth is part of our body. It's a bit bizarre. I don't understand why you think oral health is not part of health.

Mr. Stephen Ellis: Sir, I get that. That's not an issue.

For someone who has spent \$36 for a child under two to have a dental assessment and review, they are going to get \$650 from this program. Is that true? Can you get less than \$650, sir, or do you spend \$36 and get \$650?

Hon. Jean-Yves Duclos: What you do is spend on dental care for your children, and you need to have an income level below \$90,000. You have to—

Mr. Stephen Ellis: I heard that part, sir. Do they get the money or not?

Hon. Jean-Yves Duclos: You cannot have access to private dental insurance; therefore, you are typically struggling in life. You have to look after your children. You don't have a very large income, and you have to choose between paying your rent, your groceries or paying dental care for your children. That's a very hard choice to make for many families.

Mr. Stephen Ellis: That wasn't my question at all.

The Chair: Thank you, but that is your time.

We have Dr. Hanley, please, for five minutes.

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

I'd like to add my thanks to the ministers and officials for being here.

Minister Duclos, you have certainly spoken well to the importance of oral health. I salute this first foray into dental coverage for Canadians, coverage that we expect to see eventually expand into full dental care for Canadians. I can't emphasize enough how important an initiative this is, and thank you for your work on this.

To follow on Dr. Ellis's point, I think we may not be in an acute dental crisis, but I think we all agree that we are in the midst of an affordability crisis. I know in addition that access to dental care, including to preventative care, is not equal around the country.

In fact, I was at a national meeting of Canadian dental hygienists in Whitehorse just a few weeks ago. Yes, we do have national meetings in Whitehorse. We certainly heard loud and clear how important preventative care dental therapy for children is to help set them up for lifelong health, good psychological health, good mental health, better attention and learning ability in class, less risk for chronic disease and healthier teeth.

Do you think that children who currently fall between the cracks of access to dental care through provincial and territorial programs may, during an affordability crisis, forgo access to dental care? Is this a means to address not only affordability but to enable access to dental care that may, for some children, not exist?

• (1740)

Hon. Jean-Yves Duclos: Yes. I think the phrase you pointed to at the end, MP Hanley, is one of the most important ones. Some of our children don't... Our children are not equal, and those living in families with lower incomes particularly struggle when they need to access dental care.

Just to give you a quick figure, if we cut the population into three pieces and look at the third-lowest income, the population with children, they have two-thirds of the cavities and emergency dental care needs of the population. You see how unequally distributed dental care conditions are, and therefore, the dental care needs are across our children.

Let's start by acknowledging that—the impacts on those who live in families with lower incomes and those whose parents don't have access to private dental insurance. We need to acknowledge that. As we acknowledge that together, we can focus on how we can help those families look after their children. That's their objective. That's our objective, I believe, as policy-makers as well.

Mr. Brendan Hanley: Thank you.

To change tracks a little bit, Minister Duclos, and take advantage of your being an economist, maybe you can talk to the general principle of targeted versus broad measures to address affordability and to enable a break, as it were, for those who are most in need at a time when we have a cost of living crisis and rising inflation.

Hon. Jean-Yves Duclos: Let me speak to what economists call “utility”.

Jean-Denis and others wouldn't want to dig too deeply into this.

Welfare or utility well-being, to be properly defined, is a function of many variables. One of them is how much income you have. Another one is your health.

[*Translation*]

In French, we say that money can't buy health, and that is true. You cannot put a price on health.

[*English*]

I think we have to acknowledge that. As we're reducing poverty, which we have done very successfully through the Canada child benefit, we need to acknowledge that there are other conditions of our children that matter for their well-being. Health is one and oral health is absolutely one of them.

When we invest in those, then we increase the utility function of the family. More importantly, we increase the well-being of the whole family including the children because parents care about their children. They struggle in asking themselves where to invest their rare dollars. Do they invest them in buying clothing for school or buying nutritious food, which is very expensive, or do they bring them to see a dentist?

Unfortunately, too many of our lower-income families don't go to see a dentist because they believe they don't have the means to do so. That's very unfortunate in our collective and individual well-being functions.

The Chair: Thank you, Minister.

Next we go back to Dr. Ellis for five minutes, please.

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

I think we've established very clearly that there's no dental crisis here. We know there's a mental health crisis.

The minister has a long list of government witnesses, private sector witnesses and other provincial government witnesses. In this process, how many of those do you think we should be able to speak to here at the committee?

Hon. Jean-Yves Duclos: That's a great question, MP Ellis.

I think you should ask yourselves that question. It's your wonderful committee members who have the ability and the power to make those decisions among yourselves.

Mr. Stephen Ellis: Do you think it should be more than government witnesses?

Hon. Jean-Yves Duclos: I think it's the question you need to ask yourselves. You have a lot of work, obviously, because health is a very busy committee and you have all sorts of priorities.

We just heard that you want to spend more time on mental health. There is a crisis in accessing family health teams. There are crises affecting our health care workers in long-term care, home care and palliative care. These are all important aspects of health care that you want to invest some of your time and resources in, I'm quite certain.

• (1745)

Mr. Stephen Ellis: All those things are very important. You used the word "crisis" many times.

I think the Canadian Medical Association established that there's a crisis—a catastrophe even. I think those are the words that have been used by the president of the Canadian Medical Association about our Canadian health care system, and here we are spending money on this. What's the urgency, sir? I don't understand.

I know you're going to tell me that oral care is health care. I get all that. Why do we need to rush this thing? Ten billion dollars is a lot of money, and of course, sir, as you know, your government has already added more to the debt in seven years than the previous 148 years of government of this great country.

What's the rush to spend \$10 billion?

Hon. Jean-Yves Duclos: I'm going to try not to be partisan, but I have listened to your questions, Stephen, and others in the House, especially from the Conservative side. You've pointed quite often to the affordability crisis that we are living in. This is an important answer to that crisis.

I find it very difficult to reconcile what I hear in the House about the need to support Canadians—low-income and average-income Canadians—with what we are hearing from you now, which is that it's not a crisis and that we can wait a long time before we help those families.

Mr. Stephen Ellis: I think it's important that we understand there's a guillotine motion with respect to this bill in the House and we're not having a good debate respecting \$10 billion.

It's clear, sir, that you don't understand the position that we have on this side of the House. Not to be disparaging towards you, but you're not articulating our position, nor would I expect you to. It's certainly your own partisan opinion and I can understand that because it's hard for you to unravel that, just as it would be for me to understand why you would want to spend \$10 billion of Canadians' hard-earned money.

If you want to hand out cheques for \$650, that's your prerogative. I don't have an issue with that, but the rush to get this bill through when, as I said, we've clearly established here that there's no dental care crisis.... We do know there's a mental health crisis out there. You're not addressing that at all, sir. Again, I'll go back to the \$875

million that should have been spent or at least budgeted by now—which is clearly not—and the \$4.5 billion in mental health transfers that have not happened.

We know that people are hurting out there and that money that you already said you were going to spend, you haven't. Now suddenly—big surprise—it's necessary that we spend another \$10 billion. It is absolutely mind-boggling to me, when clearly you said yourself that in households, certain things need to be put on hold—

Mr. Adam van Koevorden: I have a point of order, Mr. Chair, on relevancy.

The Chair: There's a fairly broad latitude on relevancy.

Dr. Ellis, go right ahead, but come to your point.

Mr. Stephen Ellis: I think it's very important when we know there's a guillotine motion here to try to pass this legislation unbelievably quickly with respect to \$10 billion, give or take, with very little oversight. It is mind-boggling to Canadians how you continue to want to spend their money. I guess that's it.

I do want to go back to the fact that again that Atlantic Canada, which already has a comprehensive program, is really getting no benefit from this program, as you clearly pointed out, because there's not even a copay in Nova Scotia they can apply to this program. Why do you want to penalize Atlantic Canadians?

Hon. Jean-Yves Duclos: Maybe I should come back to your very early statement, MP Ellis, about the link between this package and inflation. I think it would be very unfair and perhaps even offensive to claim that investing in low-income Canadians is fuelling inflation in Canada.

Inflation is not driven by our support to low- and average-income families. Inflation is driven by the outcomes of the pandemic, the supply chain disruptions, the war in the Ukraine and the energy crisis. No, investing in low- and middle-income families is not driving inflation in Canada.

Mr. Stephen Ellis: I have a point of order, Mr. Chair. The minister is going on about me talking about inflation. I never even said the word "inflation", so I'm not sure what the relevance of that is.

The Chair: You took two and a half minutes to pose your question and he's going to take about another 30 seconds to answer it. Then we're going to move on.

Go ahead, Mr. Minister.

Mr. Stephen Ellis: He can knock himself out.

Hon. Jean-Yves Duclos: This \$900-million investment to look after the dental care needs of our children, that's not driving inflation in Canada and that's not going to drive inflation in the rest of the world either. This is helping low- and middle-income Canadians.

Inflation is driven by other factors than investments in our most disadvantaged families. That, I think, we need to resist spreading opinions on. I think we need to keep doing what we all do well, regardless of party, which is to be mindful, as you do really well in the House, of the cost of living crisis, and repeat the need for the government to invest to make the lives of lower-income families more affordable. You do this really well in the House. We are reacting with this type of measure, and we hope everyone will support it.

• (1750)

The Chair: Thank you, Minister.

We have Mr. van Koeverden, please, for five minutes.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

Minister Duclos, thank you for being here. A chief argument against Bill C-31 here and in the House during the 11 hours that it was debated in the House has been that there are provincial government systems that are already in place, so I looked up some of them.

I'm familiar with the Ontario smiles program because I have constituents reaching out all the time whom it fails and leaves needing dental care, in many cases, emergency dental care, which is not often covered or the threshold for the eligibility on their income is exceeded. In Ontario, a family can earn no more than \$27,000 with two children, and even with eight kids, the income limit is \$38,000, so it's extremely low.

In Nova Scotia, which is far more comprehensive, it only includes one exam, two X-rays and one cleaning. I know that when I was a kid, I needed more than that at the dentist sometimes. This will support many families in my riding and certainly even some in provinces that already have a comprehensive program like Nova Scotia's, which I'd note is not the only Atlantic province.

It will also have an impact on backlogs in hospitals, because as you noted there are, in many cases, young kids at the hospital with an abscess or in need of a root canal who then have to wait for a dentist to come to the hospital. There are also a lot of people in my riding who have changes in work and, particularly recently, gig workers and self-employed Canadians who don't have insurance and earn less than 90,000 and will be eligible for this.

I'm actually surprised at the number of times as a local MP I've forwarded families with young kids to a dentist locally who will do it for free, despite the fact that the healthy smiles program has failed them. I also looked at the Nova Scotia website, which said, if any additional services are required, the dentist may charge for those at a private rate, which this program will account for.

Any consideration for all those families.... I note that Conservatives seem to hate means-tested programming. Any time there is a program that is sent out to people who really need it, families who don't have access, they either say it's not doing enough or we're spending too much money. I actually find this, when I do the math, quite reasonable—

Mrs. Laila Goodridge: I have a point of order, Mr. Chair.

I think the fact that the member opposite is putting words into our mouths as Conservatives and saying that we hate a specific type

of program is absolute lunacy. It's going down a path that is neither productive nor helpful. I would ask him to keep on topic.

The Chair: That's not a point of order.

Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thank you.

I apologize for the lunacy.

I'll note that when we brought forward the Canada child benefit, the Conservatives suggested that people might spend that money on popcorn and beer.

Mrs. Laila Goodridge: Actually, that was the Liberals. Thanks.

The Chair: Go ahead, Mr. van Koeverden. You still have the floor.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

Are there any reflections on how this will have an impact on middle-class families who really need it, at a time when there is an affordability crisis?

Hon. Jean-Yves Duclos: Thank you, Adam.

Let us first acknowledge that there are programs and benefits financed and provided by provinces and territories, and that's all fine and great because we're a federation. We all need to play our role.

That being said, we know that approximately seven million Canadians don't go to see a dentist every year because they can't afford it, and many of these seven million Canadians happen to be lower-income Canadians. They are Canadians who don't have access to dental care via private insurance. Seven million Canadians is a lot of people. As we said, that has all sorts of physical and mental health costs, both in the short term and, certainly, in the longer term for children.

As we acknowledge that, we also acknowledge that there are gaps in both eligibility and the baskets of those dental care programs in Canada. Four per cent of total dental care expenses are covered by provinces and territories. However, as I said, almost 30% of Canadians don't go to see a dentist. Out of the total dental care expenditures, 40% of them are paid for directly by people out of their pockets.

We have 4% paid for by provinces and territories and 40% paid for by individuals, many of whom find it quite expensive. Many more—seven million—don't even go to see a dentist, because it's too expensive. Let's acknowledge that the existing system exists by definition, but there are severe gaps in both eligibility and the coverage of the basket of dental care services.

• (1755)

Mr. Adam van Koeverden: Thank you, Minister.

Again, many Conservatives have suggested that \$500 isn't enough to make an impact. Ironically, at the same time, they're advocating that we should spend less money and lower payroll deductions, which would disproportionately benefit wealthier Canadians—as many of their suggestions would—and do nothing for lower-income Canadians who pay little or nothing on contributions to payroll deductions.

Minister Hussen, like you, I come from a modest background financially, and I can imagine that \$500 would have helped my mom a lot, particularly at a time like this. For a single person who earns only \$20,000 a year, I note that this would represent 2.5% of their income.

Can we reflect on the added benefit that an additional \$500 will have for Canadians?

The Chair: Answer briefly, please, Minister.

Hon. Ahmed Hussen: Thank you very much, MP van Koevreden, for that important question and your perspective in highlighting the importance of the support for Canadian renters.

Again, the \$500 one-time top-up to the Canada housing benefit is on top of the already existing permanent average of \$2,500 that is already going to vulnerable renters right across the country through the Canada housing benefit. It's a program that is now real in all 10 provinces and three territories. We have agreements with all of those governments. This is a cost-shared program. It is already delivering a lot of support to those Canadian renters.

This payment—which we expect to launch by the end of the year, pending the passage of this important legislation—will, I believe, deliver much-needed rental supports to Canadian families and individuals, and it will make a difference. We need to send that support as soon as possible. I urge my colleagues to pass this piece of legislation.

The Chair: Thank you, Minister.

[*Translation*]

Mr. Garon, the floor is yours for two and a half minutes.

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

Mr. Duclos, I imagine you have complete confidence in the Parliamentary Budget Officer, who is one of our institutions.

Last Friday, he tabled a report stating that under your dental care program, Quebec and Quebecers will receive half of what other Canadians are going to receive.

Have you read the Parliamentary Budget Officer's report?

In addition, as a minister and member from Quebec, are you comfortable with the fact that under our program, a Quebecer is worth half of another person in Canada?

Hon. Jean-Yves Duclos: To answer the first question, yes, I have read the report.

With respect to the second question, Health Canada is in contact with the Parliamentary Budget Officer to understand his assumptions better. As was said a little earlier, children aged nine and under in Quebec have access to a dental care system, but it is incomplete: it does not cover all preventive services. A majority of chil-

dren who go to see a dentist need cleaning, scaling, sealants, and a fluoride application. We are in contact with the Parliamentary Budget Officer about this.

Mr. Jean-Denis Garon: Thank you, Minister.

I imagine you did not introduce a measure as important as this one without your department doing its own calculations.

Would you be able to provide the committee with your calculations on the amounts to be allocated to each of the provinces under this program, by the end of the week?

Hon. Jean-Yves Duclos: What we are going to be very happy to do, because you deserve it, is provide you with the information, which is probably already public, about the structure of access to dental care in Canada, including in Quebec.

Mr. Jean-Denis Garon: Thank you, Minister.

Mr. Hussen, Quebecers have made social choices, including the choice to build a lot of social housing, a lot of housing cooperatives, and a lot of affordable housing. Under the current rules in Quebec, people who qualify for that housing may not spend more than 30 per cent of their income on their rent. These people are excluded from your benefits system at present. We are talking about 86,700 vulnerable low-income people, often single parents, who will not receive the payments.

The Bloc Québécois has introduced an amendment so that these people will be included in the program and will receive the payments, including by eliminating the rule that someone not spend more than 30 per cent of their income on rent.

As Minister of Housing and Diversity and Inclusion, what do you think of that amendment? Would you be prepared to take a step forward to ensure greater equality in Quebec?

• (1800)

[*English*]

Hon. Ahmed Hussen: Thank you for the question.

I agree with you that many families and individuals in Quebec and right across Canada need this support now.

I want to remind you once again that we are already investing \$454.3 million to provide 145,000 households in Quebec with rental supports through the Canada housing benefit agreement that we signed with Quebec. That money is already flowing. This is a \$500 one-time top-up to that existing support.

The 30% threshold is recognized as a metric to make sure that all Canadians are eligible to have equitable access, no matter where they live. It is recognized as an indicator of whether an individual has access to affordable housing or not. If they are spending 30% of their income or more on housing costs, then that is considered unaffordable.

The Chair: Thank you, Minister.

The last round of questions before we let you go will come from Ms. Kwan, for two and a half minutes.

Ms. Jenny Kwan: Thank you.

I'm glad that I get this last two and a half minutes. I just heard the Conservatives say that dental care is not in crisis. Why do we need this in such a hurry?

I have to say that it's only been sixty years since Tommy Douglas introduced universal health care. Part of that vision was always to include dental care. Here we are, sixty years later. I'm glad that we have this for Canadians as a first step.

I note that the Conservatives voted against this last year and they to continue to be against it. I'm glad that the government had a change of heart and is now supporting this. I very much appreciate it. Dental care is important, and it is needed. There's no question.

I want to ask a question about housing, though, as well.

The housing benefit is a one-time benefit, and yes, it is on top of the existing benefit. In light of the fact that inflation and costs are going up—there is even a projection that there might be a recession coming—would Minister Hussen be amenable to extending this program into next year should the situation, in terms of the pressures for Canadian families, persist?

Hon. Ahmed Hussen: Thank you very much. That's a really important question to highlight the challenges facing Canadian families. As a government, we have had the backs of vulnerable Canadians throughout the pandemic and beyond—and even before that. This is support that is needed immediately. We need to get it out as soon as possible so that it can get to Canadian families that need it now.

Obviously, we will continue to monitor the situation. We'll continue to be there for vulnerable Canadians, whether they need access to affordable dental care or access to affordable housing and rental supports through the Canada housing benefit. We will continue to monitor the situation, but the focus right now is on getting this support out as soon as possible.

Ms. Jenny Kwan: Thank you, Minister. I hope the government will bring forward a similar program next year. The dental care piece will continue next year for others who are not qualified at this moment, but the housing piece will stop. I think we do need more than a one-time piece.

The other thing ties into the issue around mental health. Doing dental care does not necessarily mean to say that the government should not recognize the need for mental health. The NDP absolutely calls for mental health support and investments to address that.

Maybe Minister Duclos can advise. Can we ensure that the government will flow the money to address the mental health crisis?

Hon. Jean-Yves Duclos: Thank you, Ms. Kwan.

Given that we don't have a lot of time, and given that for the first time ever in history we have a Minister of Mental Health and Addictions, perhaps the committee, just as a suggestion, might want to invite Minister Bennett. She would be most able, and certainly very pleased, to speak about the crisis and the actions we need to take and continue to take to address that crisis.

The Chair: Thank you very much, Minister.

Ms. Jenny Kwan: I appreciate that. Thank you very much, Minister.

The Chair: It's now after 6 p.m. The motion we adopted was to have the ministers come until 6 p.m.

Thank you very much. We're going to continue on with your officials. We certainly appreciate your coming here, urgently.

Yes, Ms. Goodridge.

• (1805)

Mrs. Laila Goodridge: On a point of order, Mr. Chair, I appreciate the fact that our motion said that the ministers would stay until 6 p.m. Our meeting started late. You have been very loose with the time. I think if the ministers were amenable.... We were given only two hours in total to hear from witnesses on this critically important bill. I would ask if the ministers would consider sticking around for a little bit of extra time.

I'm not sure if you're aware, ministers, but you guys are the only witnesses we are hearing from on this critically important bill. I think it is incumbent on you to stay so that we can continue asking the important questions Canadians have sent us here to ask.

The Chair: The meeting started about four minutes late, and the ministers have now overstayed the time allotted in the motion by five minutes, so I'm not sure that's a valid point of order.

I am, of course, in the committee's hands. The ministers committed to be here with us until 6 p.m. I'm guess I'm saying to them now that they are free to leave.

We appreciate your being here. We appreciate the patience with which you handled all of the questions. We look forward to continuing the meeting with your officials. Thank you.

The meeting will suspend for a couple of minutes so that the ministers can be on their way. We'll be back in a couple of minutes.

We're suspended.

• (1805)

(Pause)

• (1805)

The Chair: I call the meeting back to order.

I understand that we have CRA officials with us in the room as well. They're going to move up to the table.

The answer to your question, Ms. Goodridge, is no. We have a hard stop at 6:30 in order for the translation folks to get a bit of a break before we restart again at seven o'clock. There will be a hard stop at 6:30.

• (1810)

Mrs. Laila Goodridge: Can I ask that everyone get to their seats relatively quickly? This is an absolute abuse of —

The Chair: The meeting is back in session, and you have the floor for the next five minutes, Ms. Goodridge. Go ahead.

Mrs. Laila Goodridge: Thank you, Mr. Chair. It's quite unfortunate that we don't even have our witnesses sitting at the table to be able to be here to respond to this. At least we're continuing on, I guess.

I come from Alberta. I have a little kid. I'm not sure if you guys are possibly aware of that. One of the questions that was raised to me by someone in my riding was about what would happen in a situation where, let's say, you have a little guy like I have who is 14 months old and has a full set of teeth. You decide that you're going to bring him for his very first dental check. I looked it up on the Alberta dental fee guide. The dental fee guide says that the charge is \$77.18. Many dentists in Alberta charge well beyond the dental fee guide. Let's say they're probably sitting somewhere around \$100 for a little guy to get his very first dental checkup, his first dental visit and orientation with the dentist.

If a parent who has low income went to apply for this benefit, would they be getting the full sum of \$650 if there was nothing wrong and it was a very good, productive meeting? Would the parent receive a flat payment of \$650 even though their out-of-pocket cost was only \$100?

Dr. Stephen Lucas (Deputy Minister, Department of Health): Yes. Mr. Chair, the benefit is based on an application for and, if they meet the criteria, receipt of the full benefit amount of \$650. As Minister Duclos had noted that is based on an assessment, in consultation with experts, and an examination of the average spending of Canadians in this age bracket in terms of dental expenditures.

Mrs. Laila Goodridge: Okay. Then this leads me to be quite concerned, especially in this space where we're dealing with an inflationary crisis and parents are already having a hard time having the two ends meet, that they will apply for the least amount of dental possible for their child so that they can get this \$650 so they can use the extra money to be able to pay for groceries that month and pay for other things. They will not perhaps give their children the full dental care it might be found they need, but instead do just the very bare minimum so they can get access to this funding.

Do you have any protections in place to prevent that from happening?

Dr. Stephen Lucas: Among the criteria, the person needs to indicate the planned dental visit, either that it has happened or is planned. There will certainly be promotion and engagement with Canadians in terms of the importance of reaching the population for the dental care, and we will be working with dental providers, as well, and associations, on the importance of these early investments. Indeed, as the experiences for many of us with our children or ourselves have indicated, those initial visits and checkups can identify cavities and other challenges that this program will be able to support.

Mrs. Laila Goodridge: I think that early intervention in dental is critically important. My husband and I were chatting about the fact that we should be bringing our little guy to get his teeth

checked because he now has eight teeth and we want to make sure we're taking care of his oral health. My fear is that they will take them for a visit, the dentist will identify there are cavities and it will cost money well beyond the \$650, but the parents will opt not to spend any further money and take the money that has been paid to them through this program to help cover the shortfalls that exist elsewhere in their budget.

Dr. Stephen Lucas: As noted, I think the overall focus of this benefit is that it's an interim measure to support families of low and average incomes to access dental benefits. It does consider those situations where expenditures could go beyond \$650 in terms of accessing in a year the total \$1,300 of benefit over the course of two years. But I think the fundamental point is that there are Canadians in need who aren't accessing services now, and this will enable them to access those dental services.

• (1815)

Mrs. Laila Goodridge: Thank you.

I just want to point out for the committee's knowledge that, contrary to what my colleague from Milton suggested, the phrase "beer and popcorn" actually comes from 2005, when there was a senior Liberal strategist and adviser Scott Reid—he was a senior strategist to Paul Martin—who suggested that parents would spend their child benefit dollars that were being proposed by the Conservatives at the time on beer and popcorn rather than on child care. It's actually a statement that came from Liberals, not Conservatives. I can understand the confusion, because Scott Reid is actually a fantastic Conservative member of Parliament, but there is also a Liberal strategist by the name of Scott Reid.

Thank you.

The Chair: Thank you, Ms. Goodridge.

Dr. Powlowski, you have five minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): We've heard repeatedly, what is the hurry? I want to ask the officials about it. Presumably the hurry is the fact that we realize there are a lot of families who are struggling to get by. The dental benefit is \$650 per year. The end of the year is January. The first reading of this bill was on September 20. Before this actually becomes law and you get the \$650 into people's pockets, it's a spending bill so doesn't it have to first go to Treasury Board? Doesn't it have to go to the Senate? Is that not the reason we are trying to get this done as soon as possible?

Dr. Stephen Lucas: I think Minister Duclos previously spoke to the importance of this in supporting the affordability challenges low- and lower-income Canadians are facing.

In terms of the process of moving the bill forward, I'll turn to my colleague Lynne Tomson to speak to it.

Ms. Lynne Tomson: We are hoping to get royal assent fairly quickly. Barring amendments or limited amendments—because they could have an impact on CRA systems—we are hoping to be able to launch on December 1 with the way the bill has been structured, given that it is not a full year, in order for parents to get access to the benefit and be able to go visit a dentist and bring their child for care. They could. The bill has been tabled.

They could go as of now, so we've said as of October, to at least allow a bit more of that buildup period up until June 30 to go and see that oral health practitioner.

Mr. Marcus Powlowski: I'm sorry. I'm a little unclear about the timeline. When would people start being able to access this benefit of \$650? Is it before the end of the year?

Ms. Lynne Tomson: Once we have royal assent, CRA will make the changes it needs to its systems to be able to launch. As soon as it's launched, on day one, parents who fit the eligibility criteria that we've talked about can apply, either through My Account or by calling CRA.

Mr. Marcus Powlowski: The second question is on attestation and what's required in order to access the benefit. I note the wording is pretty loose. All that's required is the intent to have dental treatment.

I know the opposition thinks our government is stupid, but I don't think that is true. I think there was some thinking that went into it, including the fact that poor families and poor families with kids are struggling to get by. There are a lot of costs in life. Dental care is certainly one of them, but you have to buy your kid shoes, you have to buy them food and you have to pay for their minor league hockey. These are all costs for families.

Perhaps we made it fairly vague on purpose, so that as many people as possible could apply for this benefit. Hopefully, people will use it for their children's oral health. However, it can be used, generally speaking, by people of low income with families who are struggling to get by and need the money as soon as possible.

I'm suggesting that is why the wording is rather loose and there isn't the requirement that you get your whole 650 dollars' worth.

Dr. Stephen Lucas: I think the government's intent with this portion of the bill is clear. It's to support access for low- and lower-income Canadians for dental services for their children. It is based on an application, and that application has a number of criteria as outlined in the bill, including the fact that they have either received dental services and/or plan to access the services, and they will be attesting to that as part of the application to receive the benefit.

We believe, based on analysis and work with experts and survey data on average expenditures by Canadians on dental care, that it will address the majority of the need.

• (1820)

Ms. Lynne Tomson: If I could add to that, it is because we know there are a lot of challenges for parents in the income brackets that this bill is targeting to go to the dentist up front. This is a way to get money to then allow them to visit the dentist, instead of it being a reimbursement. It is about providing that.

It's not necessarily.... You have to keep the receipts. CRA may then do, as part of compliance, outreach with the various families, and you'll have to produce receipts. There are different thresholds, though, in terms of that attestation. You also have to provide the name of your employer so that they can ensure, again from a compliance perspective, whether there's access to private insurance.

There are different layers in the attestation base.

The Chair: Thank you, Mr. Powlowski and Ms. Tomson.

Mr. Doherty, you have five minutes.

Mr. Todd Doherty: I don't know whom I'm directing this to, but perhaps the most knowledgeable witness will be able to chime in.

How are dental fees set in Canada?

Dr. Stephen Lucas: Dental fees are set by provincial dental associations. They establish their fee guides for the range of different services they offer.

Mr. Todd Doherty: Would it be fair to say that, if the government is stepping into providing relief or a benefit to Canadians, they will want to ensure at some point that dental care is going to be affordable with the \$650 or whatever that benefit is?

Dr. Stephen Lucas: In establishing the benefit level, as Minister Ducloux indicated, we looked at a typical basket of services from preventative to treatment to curative. We have utilized information based on fee guides and an understanding of their evolution over time.

Mr. Todd Doherty: With all due respect, is there anything stopping the dental associations, now that they see that this benefit is out there, from raising their fees and making it once again unaffordable for these Canadians who are receiving this benefit?

Dr. Stephen Lucas: I would just observe that the annual work on fee setting through the dental associations happens in a broader context, with their support for Canadians supported through programs of their employers, Canadians who pay out of pocket, their work with provinces and then this benefit, which will help address the gap faced by those people.

Mr. Todd Doherty: Will the government be overseeing that? Will it at one point be stepping in and doing its due diligence to make sure that \$650, or whatever that benefit is set at in the future, is still going to have a measurable impact and be affordable to Canadians who are marginalized and require dental benefits?

Dr. Stephen Lucas: As the bill envisages, it's an interim dental benefit over a two-year period as the government develops its longer-term program.

In developing a longer-term program, the government will be considering a whole range of factors, including working with all stakeholders, provinces and territories, dental associations and looking at those broader issues.

Mr. Todd Doherty: I guess it's an easy question.

Will there be checks and balances? Will somebody from the government be checking to ensure that the independent dental associations are not going to take full advantage of the situation and raise the fee guides?

Dr. Stephen Lucas: The government will certainly continue its engagement with those dental associations, and with a broad range of dental health and oral health stakeholders. Again, those fee guides and the dental associations work in the context of support for employer-based plans, people paying out of pocket and provincial services. There's a broader consideration than just this benefit.

• (1825)

Mr. Todd Doherty: I appreciate that. Thank you.

Going back to the previous questioning, this is going to be solely based on an honour system. Canadians will apply for it. If they meet the criteria, they'll receive it, but there's no guarantee that they'll use that towards dental benefits. They could, as Mr. Powlowski commented, spend it on hockey gear or sporting equipment instead.

Is that correct?

Ms. Lynne Tomson: When they are applying for the benefit, they need to attest that they will be using the funds to bring their child to see an oral health practitioner. I use that term because it could be a dentist or an oral hygienist. There are different practitioners there.

Mr. Todd Doherty: Again, it's the honour system.

Ms. Lynne Tomson: There are teeth in the bill as well. There is compliance. If people are found to have provided misinformation, there are consequences, as outlined.

Mr. Todd Doherty: Okay. I appreciate that.

If Bill C-31 is adopted, applicants have a 90-day window after the RHBA comes into force in which to apply for the rental housing benefit. The bill also provides additional details on how the rental housing benefit would be administered.

If they miss that 90-day window, what provisions are in place for Canadians who require this relief?

Ms. Nadine Leblanc (Senior Vice-President, Policy, Canada Mortgage and Housing Corporation): Thank you for this question.

The 90-day window is definitely part of the bill. We are working with Revenue Canada to have some very strong communication plans to help Canadians get their income tax 2021 filing in time, so that it's done as fast as—

Mr. Todd Doherty: That's because it's based off of the previous year's income. Is that correct?

Ms. Nadine Leblanc: It's based on 2021 income. We are making sure they have access to My Account with CRA, because this is the platform that will get the most efficient dollars to Canadians as fast as we can. There is a large communication strategy in place to get to Canadians, including at the level of local communities and working with them.

The Chair: Thank you, Mr. Doherty.

We have about three minutes left before 6:30.

Ms. Sidhu, you have the floor for that time. Go ahead.

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

My question is this: Would legal guardians be eligible to apply for the Canada dental benefit for children under 12 years of age who are in their care?

Ms. Lynne Tomson: Yes.

Ms. Sonia Sidhu: Thank you.

Is there any other rationale you want to give to Canadians, like when it will start and who is going to be eligible?

Ms. Lynne Tomson: I'm sorry, I didn't hear your last....

Ms. Sonia Sidhu: Who is going to be eligible? Can you give us how many kids are getting benefits?

Ms. Lynne Tomson: We've estimated that 500,000 children would be receiving this benefit.

Ms. Sonia Sidhu: Thank you.

The Chair: Thank you very much, Ms. Sidhu.

Thank you to all of our officials. I understand that you're going to be back with us here in half an hour as we begin clause-by-clause. Thank you for taking the substantive questions. We look forward to having you back here after we take a little pause.

With that, is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: We're adjourned.

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