



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 134

Thursday, October 24, 2024

Chair: Mr. Sean Casey



Standing Committee on Health

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• (1545)

[English]

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

Welcome to meeting number 134 of the House of Commons Standing Committee on Health.

Before we begin, I'd like to ask all in-person participants to read the guidelines on the cards on the table. These measures are in place to protect the health and safety of all participants, including the interpreters, and to help prevent audio and feedback incidents.

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

Pursuant to an order of reference adopted by the House of Commons on Wednesday, June 12, 2024, the committee is commencing its clause-by-clause consideration of Bill C-277, an act to establish a national strategy on brain injuries.

I'd like to welcome our witness, who is available for any content-related questions on the legislation. We also have a couple of experts to my right from the legislative counsel office, Jean-François Pagé and Alexie Labelle, who are here for any procedural or technical questions in connection with the legislation.

The witness we have with us, whom I'm pleased to welcome, is Michael Collins, vice president of health promotion and chronic disease prevention branch. Thanks for being with us.

I presume you don't have any sort of a statement. You're here for any questions that may arise. Am I correct in that?

Mr. Michael Collins (Vice President, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada): You are correct.

The Chair: Thank you.

I'd like to provide members of the committee with some instructions and a few comments on how the committee will proceed with clause-by-clause consideration of Bill C-277.

As the name indicates, this is an examination of all the clauses in the order in which they appear in the bill. I will call each clause successively, and each clause is subject to debate and a vote.

If there are amendments to the clause in question, I will recognize the member proposing it, who may explain it. The amendment

will then be open for debate. When no further members wish to intervene, the amendment will be voted on.

The amendments will be considered in the order in which they appear in the bill, or in the package each member received from the clerk.

Members should note that amendments must be submitted in writing to the clerk of the committee.

I will go slowly to allow members to follow the proceedings properly. If I break that promise, remind me, and I'll slow down.

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

During debate on an amendment, members are permitted to move subamendments. These subamendments must be submitted in writing. They do not require the approval of the mover of the amendment.

Only one subamendment may be considered at a time, and the subamendment cannot be further amended.

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

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

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

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, my parliamentary and legislative assistant is still waiting to be admitted to the Zoom application meeting. It would be good if she could attend the meeting now.

The Chair: All participants received two links, one for the in camera portion and one for the public portion. It's possible that she chose the wrong link.

[English]

We're just trying to resolve this technical issue.

Mr. Doherty.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Once we come back, if possible, I'd like you to recognize me for a comment.

The Chair: Mr. Doherty, we haven't suspended. If you have something to say, go ahead.

• (1550)

Mr. Todd Doherty: Mr. Chair, it's a rarity that we get a bill or a piece of legislation for which we all can come to an agreement that it will benefit so many Canadians. What we have before us is a bill that deals with those who are head injured and who are struggling. We heard great testimony when Mr. MacGregor and the witness came forward to defend the bill.

I see these amendments and while I appreciate the work that goes into these, it is not my first rodeo. I see these amendments only as a source to water down a piece of legislation that is good. I find that committees always seem to try to perfect legislation and what have you. That attempt for perfection seems to always water down pieces of good legislation. I would love to see us move to adopt this piece of legislation without amendments, but of course, I would defer to Mr. MacGregor.

I can simply go through.... "The strategy may include measures designed to assist in identifying the training, education and guidance". We look at the words "within 18 months". They are only watering down this legislation. This legislation is good, and it's a rarity to find us agreeing with our NDP colleagues. I personally would like to thank Mr. MacGregor for the work he did on this.

As I mentioned before, somebody within my family struggled and lived with a head injury for a long time. I think this is something that is needed. I think we should adopt it as is. Really, I don't even think we need to look at these amendments. They only serve to water down this piece of legislation.

Mr. Chair, I don't know whether there is a mechanism to do that. I think I would move to adopt this as it stands right now and go through that.

Mr. Chair, I move to adopt the piece of legislation as is, unamended.

The Chair: I regret to inform you, Mr. Doherty, that your motion is out of order.

Under the Standing Orders, we're obliged to go through the legislation clause by clause. As we go through it clause by clause, if members find your submissions compelling, they can choose not to move the amendments that they have put on notice, or the committee can choose to vote them down. The result would be the same, but under the Standing Orders, we're obliged to do a clause-by-clause examination, so I need to call every individual clause.

Mr. Todd Doherty: Mr. Chair, I get what you're saying, but is there a mechanism by which a member can call for unanimous consent that all committee members agree to adopt a piece of legislation as is?

The Chair: You can do anything by unanimous consent, even though the advice that I've been given is that we have to stick with the Standing Orders.

Do we have unanimous consent to adopt the bill without amendment?

An hon. member: No.

The Chair: We do not. Okay.

[*Translation*]

I have now received confirmation that Mr. Thériault's assistant was able to access the meeting.

We will now begin clause-by-clause consideration of the bill.

[*English*]

Pursuant to Standing Order 75(1), consideration of clause 1, the short title, is postponed. The chair therefore calls clause 2.

(On clause 2)

The Chair: There is an amendment standing in the name of Mr. Naqvi.

Mr. Naqvi, do you wish to move and speak to your amendment?

• (1555)

Mr. Yasir Naqvi (Ottawa Centre, Lib.): Chair, do you want me to move the amendment first and then speak to it?

The Chair: Sure.

Mr. Yasir Naqvi: I move that Bill C-277, in clause 2, be amended by replacing line 13 on page 1 with the following:

(2) The strategy may include measures designed to

The amendment is being proposed to provide greater flexibility to determine the content of the strategy, following consultations with provinces, territories, stakeholders and indigenous peoples.

By having the word "shall", it's restricting the consultation process to just the factors that are enumerated in that particular clause. By having the word "may", it broadens it up. It is more inclusive, and it allows for a broader consultation process with the eye of developing the framework.

Thus, engagement should be meaningful and allow for the inclusion of their priorities, while keeping it in federal jurisdiction as we do the consultations and as we develop the framework being required by this legislation, if approved.

That's the reason behind the amendment to replace "shall" with "may".

The Chair: Thank you, Mr. Naqvi.

I have a speakers list now for this amendment, and it is Ms. Goodridge, followed Mr. MacGregor and Mr. Doherty.

Ms. Goodridge, you have the floor.

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

We heard it right there. We asked for unanimous consent to try to move forward this very common-sense bill on brain injuries, and the Liberals said no to that. We tried to do this. Their position has become very clear in their very first amendment, which is completely watering down the bill and changing a “must” to a “may”, which means they could decide to not promote the implementation of preventive measures to reduce the risk of brain injuries because they're not required to do so, and that means every single one of the strategy listings, which are quite extensive and quite reasonable.

We heard from many stakeholders that they wanted to see this bill passed unamended. We've heard it from Canadians. I've had countless emails from Canadians asking me to pass this bill unamended, yet here we have the Liberal government trying to water down this bill, allowing them to cherry-pick which items they will and won't adhere to in this bill. I think it is absolutely shameful.

I would urge all of my colleagues to vote against this amendment. This is going to make this bill less effective for Canadians. This is going to make this bill less useful for people who are survivors of brain injuries. It is going to make it less useful in reducing the risks of brain injuries in general.

I will leave it at that.

The Chair: Thank you, Ms. Goodridge.

Next is Mr. MacGregor, please.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): I'll keep it brief.

I also cannot support this amendment. I believe changing the word “must” is a mistake. I had my staff go through it, and 13 of the briefs specifically asked for the bill to be passed without amendment. The remaining 21 urged swift passage. They had no amendments to offer, only suggestions for the implementation stage. In regular correspondence from people with lived experience, none of them expressed a desire to change the bill. They only expressed support.

I do believe that if you look at the content of the strategy, there's still a lot of flexibility on how the government implements those points. We've asked legislative drafters to look at other private members' bills. The use of the word “must” is a very common phrase. I did take a week to consider this amendment. I just wanted the Liberals to know that, but I'm not prepared to support it.

The Chair: Thank you, Mr. MacGregor.

Mr. Doherty, go ahead, please.

Mr. Todd Doherty: Mr. Chair, I'm going to try to be as brief as I can with respect to Mr. Naqvi's amendment. I'm going to substitute the word “may” for what the bill has. Instead of saying, “The strategy must include measures designed to”, it will say, “The strategy may include measures designed to”:

(a) promote the implementation of preventive measures to reduce the risk of brain injuries;

It's that it “may”. It's not yes or no but “may”. It “may”:

(b) identify the training, education and guidance needs of health care and other professionals related to brain injury prevention

It “may”:

(c) promote research and improve data collection

It “may”:

(d) promote information and knowledge sharing

It “may”:

(e) create national guidelines on the prevention

It “may”:

(f) promote awareness and education

It “may”:

(g) foster collaboration with and provide financial support to national, provincial and local brain injury associations

It “may”:

(h) encourage consultation

Mr. Naqvi's comments and arguments were that the word “must” will limit consultation. The Liberals are simply trying to get out of the responsibilities of what this bill is designed to do and what the original intent is.

I'll go down further. It says that it “may”:

(i) identify challenges resulting from brain injury

and “may”:

(j) maintain, in collaboration with Brain Injury Canada

It “may”:

(k) establish a task force to include policy makers [and] stakeholders

This is a common-sense bill. The strategy must include these areas and these suggestions here. It's not a “may” or “maybe”. It's a “must”. That is the reason we do not have a national strategy on brain injuries. If we are not going to take a stand now, why are we doing this?

I encourage our Liberal colleagues across the way to vote this amendment down. There are no grey areas. Either it “must” or it won't. “May” gives the government the ability to skirt its responsibility.

Mr. Chair, with all due respect, I'll be voting no on this amendment.

● (1600)

The Chair: Thank you, Mr. Doherty.

We'll go to Dr. Hanley, please.

Mr. Brendan Hanley (Yukon, Lib.): First of all, I want to express my support for the intent of this bill. I think there is some question over what the right legislative language is.

I wonder if the legislative clerks might be able to assist with the word “must” and the interpretation of “must” versus “may” versus “can” versus “will”. I wonder if there's anything that might be useful to hear from the legislative clerks on that.

The Chair: Mr. Collins, would you like to take that?

Mr. Michael Collins: Thank you.

Let me be very clear. I am not a legislative drafter in this particular context in which I'm here. I'm coming from the Public Health Agency of Canada and administering a series of programs that we have actively in this space, which this bill builds on.

I would want to refrain from wading in on the “will” versus “must” versus what have you in this context. At the end of the day, as a public servant, I will abide by the will of the committee and Parliament in terms of whatever way this goes.

My final point would be that, yes, there's a recognition that there is some complexity in terms of jurisdictional issues in provinces and territories and the need for indigenous engagement, which previous witnesses have testified to. There is some sense that, underneath this and the very good will here, there is some complexity.

The Chair: Thank you, sir.

The folks from the legislative counsel office have advised me that they're here on matters of procedure and are not comfortable answering this question, unless Mr. Pagé has had a change of heart.

No, he still feels the same way.

Dr. Powlowski wants in on this, but he has a couple of his colleagues ahead of him on the speaking order.

An hon. member: He's a lawyer.

The Chair: Yes, I know that.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): As someone who, in a former life, actually wrote legislation for the World Health Organization, I want to say that the change is exceedingly significant, and “may” is very different from what “shall” means. Legislative writers, when they're writing, certainly pay attention to the difference between “may” and “shall”. It's a pivotal change.

For that reason, I will vote against it.

• (1605)

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

Mr. Yasir Naqvi: I want to make a couple of points.

First of all, I'll start with a very fundamental point that the government supports this legislation. We are very much in favour of this legislation. We'll be voting in support of this legislation.

Second, I want to congratulate Mr. MacGregor for the work that he has done in bringing forward this legislation. I also want to thank him for his collaboration, as I've had several opportunities to meet with him and to work with him, and for his thoughtfulness in making sure that he's bringing forward a piece of legislation that actually improves the lives of many Canadians.

We collaborated to the point of discussing these amendments ahead of time with Mr. MacGregor, so there are no surprises. It's only fair to have differences of opinions. This is the setting we operate in.

The last point I will make, Chair, is that the purpose of committees, especially for clause-by-clause study, is to go through every clause to look at possible ways of improving the legislation. We may have a difference of opinion on whether that improves a piece of legislation or not. The fact that this process is happening does not in any way deviate from the support for the legislation or from the outcomes it is going to achieve. It actually helps to improve this legislation, and of course, democratically, we'll decide that.

This is the very last point. I'm also a lawyer, and I also have helped draft legislation. I served in a role as the attorney general of the province, where I reviewed a lot of draft legislation.

An hon. member: [*Inaudible—Editor*]

Mr. Yasir Naqvi: Please do drink some water.

“May” and “shall” or “must” do have differences. The term “may” opens the opportunity to take in far more factors than are enumerated in legislation. You can ask any legislative drafter, and they will tell you that terms like “shall” and “must” constrain you and restrict you to factors that are enumerated. The use of “may”, especially in this context, when you are outlining several factors, as consultations are taking place with provinces, territories and indigenous peoples, would allow for other factors that they may outline which are not enumerated to also be added.

It's in that spirit that I'm suggesting the amendment of “may”. It's not to water it down, but to ensure there is an opportunity by the mechanism of consultation to not miss any of the factors that may not currently be enumerated in this clause.

The Chair: Thank you, Mr. Naqvi.

Ms. Sidhu, go ahead, please.

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

I think I was on the speaking list before. Mr. Naqvi made the point that we are absolutely in favour of this bill. I just want to put that on the record.

The second thing is that I think it's the committee's job to look into the amendments and to bring forward the amendments. That is our job, and that is what we are doing.

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

Mr. Todd Doherty: Thanks, Mr. Chair.

First off, Mr. Naqvi, nobody believes you.

Mr. Yasir Naqvi: [*Inaudible—Editor*]

Mr. Todd Doherty: I'm just stating the obvious. You waxed on for—

Mr. Yasir Naqvi: [*Inaudible—Editor*]

Mr. Todd Doherty: Well, there you go. At least you have that going for you.

Mr. Yasir Naqvi: I'm very proud of that.

Mr. Todd Doherty: You should be.

This is a piece of legislation that you are attempting to water down. It is very clear. I may have a drink of water, or I must have a drink of water. If my doctor said, “You may have a drink of water,” or “You must have a drink of water,” I shall have a drink of water, or I must have a drink of water. You are definitely trying to water this down. There are no two ways about it.

I would ask, Mr. Chair, through you, that we call the vote.

I don't know if there are more people on the speakers list. I am not trying to filibuster this. It may seem like it. I'm only trying to fight for it, actually. I think it's a common-sense piece of legislation.

I just think that, again, they're wordsmithing. They're trying to play...not “they”. I won't lump everybody into that, but Mr. Naqvi is trying to skirt or at least is trying to provide the Liberal government with a grey area where it may or may not follow through with its responsibility.

Mr. Chair, I would ask that you call the vote.

• (1610)

The Chair: I will call the vote as soon as the speaking list is exhausted.

[*Translation*]

Mr. Thériault, you have the floor.

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

In the French version of the bill, it is written that the strategy “*prévoit des mesures*”, whereas, in the English version, it says that the strategy must include measures. Perhaps the French version denotes a more neutral or unifying intention. In any case, when we read that the strategy “*prévoit des mesures*”, we don't have to wonder whether it must or whether it can; it simply does provide for measures.

I just wanted to point out that the differences between English and French sometimes get us into debates. I don't doubt the government's intention. That said, my vote is somewhat conditional on the adoption of my amendment, obviously. That's why I've expressed a certain reservation. We have four clauses to discuss today. It's not a lot, so we can deal with them quickly. The amendment I tabled is important to respect the spirit of shared jurisdiction and co-operation between the provinces and the federal government. That's why I think we need to deal with all four clauses of the bill.

Now, I'll probably vote the same way as Mr. MacGregor.

[*English*]

The Chair: Thank you, Mr. Thériault.

Dr. Powlowski.

Mr. Marcus Powlowski: I'm not changing my vote.

I very much understand and think the difference between “must” and “may” is highly significant. However, in defence of Mr. Naqvi, I think all these measures listed would certainly be part of a brain injury strategy. I don't think that the government or Mr. Naqvi, in using the word “may”, put it in there to try to give the government

flexibility to take some of these things out, because without these things, it would basically be a pretty hollow bill.

I do not think that's at all the intent of Mr. Naqvi's recommendations, but I do appreciate the difference. I think the importance of using.... I'm kind of surprised that it's not “shall”, but “must” is okay with me, and I would prefer to leave that in.

The Chair: Seeing no further interventions, I'll now proceed to the question.

Is it the will of the committee to proceed by a show of hands, or do we require a standing vote?

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Let's do a recorded division.

The Chair: A recorded division has been requested.

To be clear, the question for you is whether amendment G-1 shall pass.

(Amendment negated: nays 10; yeas 1)

The Chair: That brings us to the next amendment on clause 2.

[*Translation*]

This is amendment BQ-1, which is being proposed by the Bloc Québécois.

Mr. Thériault, would you like to present this amendment?

• (1615)

Mr. Luc Thériault: I'll read it first.

I move that Bill C-277, in clause 2, be amended by replacing line 16 on page 1 with the following:

(b) assist in identifying the training, education and guidance

As I already said in the speech I gave on the bill, there's a difference between the wording I'm proposing and that currently found in the bill, where it says that the government will “identify the training [...] needs”, and so on, whereas this falls under provincial jurisdiction. This bill will come into force and this strategy will be developed once everyone feels concerned and is willing to collaborate.

That's why, in my opinion, it's better to write that we'll “help identify training needs”, and so on. This would be much better received by the partners, and we'd have a better chance of achieving a positive result.

The Chair: Thank you, Mr. Thériault.

[*English*]

We'll go to Mr. MacGregor, please.

Mr. Alistair MacGregor: Mr. Chair, I'm actually okay with this amendment. If we want to try to keep some harmony and recognize provincial jurisdiction, it's still keeping the bulk of the language for paragraph 2(2)(b). If we're going to force the federal government to assist in identifying that training, education and guidance, I can live with that.

The Chair: Mr. Doherty, did you want to add anything?

Mr. Todd Doherty: I would agree with Mr. MacGregor and with Mr. Thériault's explanation. I have a better understanding of what his intent was, so I would agree with that.

The Chair: Are there any further submissions? Are we ready for the question?

[*Translation*]

Does amendment BQ-1 carry?

There appears to be unanimous consent.

(Amendment agreed to)

[*English*]

The Chair: Next is government amendment G-2, standing in the name of Mr. Naqvi.

Do you wish to present G-2, Mr. Naqvi?

Mr. Yasir Naqvi: Thanks, Chair.

I move to amend clause 2 in Bill C-277 by, (a), replacing lines 13 and 14 on page 2 with the following:

(g) foster collaboration with national, provincial and local brain injury

(b), replacing line 16 on page 2 with the following:

velop enhanced and integrated mental

and (c), replacing lines 30 to 34 on page 2 with the following:

(j) develop and publish online resources providing current facts, research and best practices related to brain injuries; and

There are three changes here that I'll speak to.

This amendment is being proposed to remove provisions that would encroach on provincial and territorial jurisdiction, or legislate specific financial support. Typically with bills like this, when you're creating guidelines, it is important to create the framework. When the framework is created, then you determine the needs of the funding, what kind of funding is needed in what amount. Then that funding, of course, through the usual process of approving funding through Treasury Board, etc., is approved.

There are a few examples. Most recently, that was the process that was followed with, for example, the firefighter health bill that MP Romanado brought forward. There was the framework on autism, I think brought forward by MP Lake, where a very similar process was followed. The diabetes strategy that MP Sidhu brought forward was done in a similar way. This is keeping it very much aligned with the practice that has been pursued in these types of bills.

The other change that's being proposed in paragraph 2(2)(g) is to remove the requirement, as I mentioned, around the financial support so that we can determine what's needed.

Additionally, we are proposing that we amend paragraph 2(2)(j) to remove reference to maintaining a national website in collaboration with Brain Injury Canada. The purpose behind this is that it's highly unusual to indicate or highlight one organization, as is the case here with Brain Injury Canada. It's simply from the perspective of what if, some years from now, Brain Injury Canada does not exist, or they change their name, or they amalgamate with another

organization? It's probably more prudent to make reference to organizations that deal with brain injury in a more general way so that we don't run into a situation where the legislation feels obsolete, or does not speak to what the reality is, or highlights just one specific entity. The attempt in this amendment is to remove a specific reference to Brain Injury Canada and make the language more general in terms of organizations that work in that space.

Lastly, we're proposing that a national website be replaced with online resources. Again, it's to make the language more inclusive so that there could be flexibility on all kinds of resources, including a website, of course, that could provide the information that has been referenced to.

Once again, I want to say that I've spoken to Mr. MacGregor about these changes. We've had a discussion around that and around the reasons these amendments are being proposed.

● (1620)

The Chair: Thank you, Mr. Naqvi.

Mr. MacGregor.

Mr. Alistair MacGregor: Mr. Chair, I have submitted a subamendment to this amendment to the clerk, so I'll give the signal for that to start being distributed to committee members.

Before I read the subamendment, I want to address the arguments that Mr. Naqvi made.

We have checked with legislative counsel and the original drafters. In their response, they said paragraph 2(2)(g) "is drafted such that the government would not be legally bound to providing financial support. The bill provides that the Minister of Health must develop a strategy that sets out measures designed to provide financial support. It's akin to requiring the minister to make a plan to do X, but not making the minister actually do X. If there was such a binding requirement on the government to fund, the legislative clerks would have concluded that the bill required a royal recommendation." For that reason, my subamendment...

Before I move to the subamendment, I agree with the concerns that were raised about naming Brain Injury Canada. Therefore, in the subamendment I submitted to the clerk, I am simply moving that we delete both (a) and (b) in amendment G-2, and then (c) would be replaced with language that says "develop, publish and maintain online resources providing current facts, research and best practices related to brain injuries; and". "Maintain" is the key change.

I'm essentially moving to remove two-thirds of the amendment in G-2, but keeping the change identified in (c).

I'll conclude there, Mr. Chair.

The Chair: The subamendment is in order, except that it has not yet been translated into French, so I think the appropriate measure would be to suspend until we have a French version and then we will begin the debate on the subamendment.

The meeting is suspended for five minutes.

Thank you.

• (1620) _____ (Pause) _____

• (1640)

The Chair: I call the meeting back to order. We're now back in session.

You should have now in your email inboxes the subamendment in both official languages.

I have Ms. Goodridge and Mr. Doherty on the speakers list, so I recognize Ms. Goodridge on the subamendment, please.

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

I think this is a very common-sense subamendment. It actually addresses the concern I brought to Mr. MacGregor at the end of his meeting. I think he did a spectacular job of developing a solution. I think this is absolutely great, and I urge everyone to vote for it.

The Chair: Mr. Doherty.

Mr. Todd Doherty: Mr. Chair, with regard to Mr. Naqvi's comment, I too had the same concern about a private member's bill that had financial ramifications for the responsibilities of the government. I take Mr. MacGregor's comment and understand it, and I would vote in favour of the subamendment as well.

The Chair: Is there any further discussion on the subamendment proposed by Mr. MacGregor?

[*Translation*]

Mr. Thériault, you have the floor.

Mr. Luc Thériault: I want to make sure I understand. When we talk about deleting point (a), are we talking about the wording of the amendment or the wording of the bill?

• (1645)

Mr. Jean-François Pagé (Legislative Clerk): This is point (a) of amendment G-2.

Mr. Luc Thériault: All right.

If we delete what is associated with paragraph (b) in the bill from amendment G-2, what will happen to my amendment?

Mr. Jean-François Pagé: We're talking about point (b) here, which is part of the amendment. It's not paragraph (b) of the bill.

Mr. Luc Thériault: All right, that's fine. I understand. So, in paragraph 2(2)(j) proposed in the amendment, the subamendment would simply replace "*élaborer et offrir*" with "*élaborer, offrir et maintenir*".

That's perfect.

The Chair: Are there any other comments or questions?

[*English*]

I see none. Are we ready for the question on the subamendment?

It appears to be unanimous.

(Subamendment agreed to)

The Chair: Now we move to amendment G-2 as amended.

[*Translation*]

Mr. Luc Thériault: Mr. Chair, could we read the amendment in French, so we know what it looks like now that it's been amended?

The Chair: Yes.

Mr. Jean-François Pagé: In the French version, amendment G-2 now proposes that paragraph 2(2)(j) of the bill read as follows:

élaborer, offrir et maintenir des ressources en ligne servant à diffuser l'actualité des faits, de la recherche et des pratiques exemplaires en matière de lésions cérébrales;

The Chair: All right.

[*English*]

Are there any other interventions with respect to G-2 as amended?

(Amendment as amended agreed to)

(Clause 2 as amended agreed to)

(On clause 3)

The Chair: We have one amendment proposed for clause 3. It's G-3 in the name of Mr. Naqvi.

Mr. Naqvi, do you wish to move and speak to that amendment?

Mr. Yasir Naqvi: Thanks, Chair.

I move that Bill C-277 in clause 3 be amended by replacing line 1 on page 3 with the following:

"3 (1) Within 18 months after the day on which this Act"

The simple purpose behind this amendment is, again, to create flexibility in time for the appropriate work that needs to happen in order to develop this important framework. It allows for that flexibility of up to 18 months, as opposed to just 12 months, to do the appropriate engagement with provinces, territories, indigenous peoples and other stakeholders. It ensures that the jurisdiction for health care rests with the provinces, that the administration of health care is within provincial and territorial jurisdiction and that the Government of Canada is appropriately engaging with those entities and indigenous communities in developing this national strategy. Therefore, that flexibility in the timeline will be helpful.

Once again, I have discussed this change with Mr. MacGregor and explained to him the reason behind saying "within 18 months" as opposed to just 12 months. It's to create that time flexibility.

The Chair: Ms. Goodridge.

Mrs. Laila Goodridge: Mr. Chair, it's just another example of the Liberals trying to gut this bill and make it harder. I don't understand. Twelve months is a reasonable amount of time, and it forces the government to get to work quickly on this. This is something we've unanimously agreed should go forward. We've unanimously passed this. We do not understand the difference six months would make. I want to see the government not sit on its heels and wait for this, but get to work immediately so that we have this.

Having a 12-month deadline makes it so that they have to act quickly and can't dither, so I will be opposing this.

• (1650)

The Chair: Thank you.

Mr. MacGregor.

Mr. Alistair MacGregor: Mr. Naqvi, when you and I had conversations about this, I understood the reasoning you were putting forward, and at that time I gave some signs of being favourable to clause 3, but over the weekend and leading up to today's meeting, I've had some second thoughts about it. I think I've been persuaded by some of the arguments that my Conservative colleagues have put forward.

If I look at the wording of the bill, it reads, "the Minister of Health must prepare a report setting out the strategy and cause the report to be tabled". I know there's a lot in there, but Health Canada commands a lot of resources. The Public Health Agency of Canada commands a lot of resources.

People living with brain injuries have been waiting quite a long time, so I think I am going to maintain my position that the way the bill is currently written is what I'd like to see.

The Chair: Thank you, Mr. MacGregor.

Mr. Doherty.

Mr. Todd Doherty: Mr. Chair, again, it's either a priority or it isn't. At the end of the day, it's six months that Mr. Naqvi is talking about. This is either a priority for this government or a priority when we form government in the next election. I would offer that the argument Mr. Naqvi has given about consultation, about making sure they dot their i's and cross their t's and get this right, is just an opportunity for them to delay and dither, as my colleague mentioned, and far be it from me to go rouge...I mean, rogue on this.

That's an inside joke for one of our assistants, who said we were going "rouge" and meant "rogue".

Voices: Oh, oh!

Mr. Todd Doherty: I would offer this. On the hesitation we are having in accepting Mr. Naqvi's changes to this, I would hope that, should this amendment be amended or be rejected, this bill, out of spite, and Mr. Naqvi's anger or frustration that his amendments aren't being passed.... I would hope that this doesn't flavour whether the government supports or doesn't support post committee appearance. Our colleagues have been in support of it. I would hope that the fact that a couple of their amendments did not pass does not flavour their final vote on this bill, because this is a common-sense bill. Whether it's 18 months or a year, let's get this done. Canada does not have a national brain injury strategy.

Mr. Naqvi, you could have the legacy of being the first government to do that or you could have the legacy of dithering and delaying it.

I'll leave that with you, Mr. Chair. I will be voting against this amendment.

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu: Mr. Chair, my first point is that we'll support this bill regardless.

The second point is that this is to properly engage with the patients, with all the stakeholders and with all communities, including indigenous communities. Plus, this is not Health Canada. This is something where we have to talk to provincial partners and territories.

I think what Mr. Naqvi is proposing, 18 months, is a fair amount of time.

The Chair: Dr. Hanley.

Mr. Brendan Hanley: I have more or less the same comments as my colleague Ms. Sidhu. I think we just have to be pragmatic. This is about supporting the implementation of this really important bill. I think if there's a legacy from this committee, it's that we have unanimous support for this bill going forward. It's really just about a practical implementation.

I support the amendment.

• (1655)

The Chair: Dr. Powlowski.

Mr. Marcus Powlowski: Having rejected the amendment that would change "must" to "may", the government must do all these things. It's a pretty lengthy list, with a lot of consultation—10 provinces, three territories, indigenous groups. I think you guys will all appreciate the fact that organizing meetings, especially in different parts of the country, will take some amount of time. People aren't always available. Times aren't convenient.

Since we must do this, if we're going to do a good job, I think adding another six months is not that onerous and would perhaps make for a better strategy.

I support the proposed amendment.

[*Translation*]

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

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

If we follow Mr. Doherty's logic, there could be an election this spring. If I were in the Conservatives' shoes, I'd want time to implement this national strategy. If we get stuck in this logic and the seats in the House change sides, updating this strategy will be delayed, while the transfer of power takes place, for example. He's been talking about it for some time now.

When legislating, we shouldn't take partisan circumstances into account, but we can take current events and political circumstances into account.

Normally, when you have the will to establish a national strategy, you have to get each of the provinces to accept the idea. As things stand, I can tell you that the federal government is not welcome in Quebec. It took a year to sign the health transfer agreements. That means things are not going well. Things might get better if there were a change of government, but I haven't heard the Conservatives commit to increasing health transfers either.

Quebec, on the other hand, is in the midst of a health care reform, and it's got its hands full. I have the impression that it will take a lot of tact to present a national strategy to the Quebec Ministry of Health. If we hurry, we may fail.

We'd be heedless legislators if we didn't take political reality into account. We do politics in real time.

In this sense, what's important is that this bill be passed as quickly as possible, in both the House and the Senate. As we know, the Senate sometimes deals with private members' bills as it sees fit, depending on its priorities. Still, we hope that the bill will be sent to the Senate as quickly as possible, and that the Senate will be able to process it as quickly as possible before an election is called. We've already had this done to us once, in the case of supply management. We could have it done to us a second time.

Many steps along the way, from drafting this strategy to implementing it, require collaboration. That's what the bill provides for. It's not just a desire; it's a necessity. In my opinion, we need time. Whether it's 12 months or 18 months, it makes no difference to me. The Bloc Québécois acts in the interest of the people. It's not obsessed with power, because it won't take it. What matters to us in the Bloc Québécois is the interests of patients and people. We must also try to be realistic. I don't think a 12-month deadline is realistic.

That's my point of view.

The Chair: Thank you.

[English]

Mr. MacGregor, do you have an intervention? You have the floor.

Mr. Alistair MacGregor: Yes, it's very quick.

I understand the rationale. It's just that my change in heart comes from the fact that the brain injury community has been waiting for so long. The process with this bill is not closed. This meeting right now is happening in public. This bill has been on the public record. I guess that's all to say that if we're having such unanimous support for this bill, then the government right now is aware of what is coming its way, so the government doesn't actually have to wait to start getting prepared. If it can read the tea leaves and if it understands that this bill stands a very good chance of passing, then maybe some of that preparation work can happen.

I do understand the government's position on wanting more time. I'm just trying to hold firm for the brain injury community who have been waiting for so long. That's why I've had my change of heart, Mr. Chair. I'll leave it at that.

• (1700)

The Chair: Thank you.

Mr. Doherty.

Mr. Todd Doherty: Mr. Chair, I appreciate Mr. MacGregor's comments, and that is the sole reason I'm imploring this committee and our colleagues across the way to consider it, and why I said earlier that either it's a priority or it isn't.

As I said earlier and as Mr. Hanley mentioned, as a committee, our legacy could be that we adopted a piece of legislation, that we got it back to the House and that we passed it unanimously. For the

very first time, Canada could have a piece of legislation that calls on the government to develop a national brain injury strategy, which I think is so important. It has never happened before. Through successive governments, it has been asked for. It's not the first time it's been asked for, but it is the first time it's gotten to this point, where we have a piece of legislation that, by all appearances, has unanimous support.

I would implore our colleagues across the way, in the spirit of collaboration—and perhaps Mr. Naqvi will see his way to withdrawing his amendment—to keep it at a year because, if it is a priority, the government.... I'll say it again. Whether it's this government or the next government or whoever, if it's a priority now, when we're all saying that it is, let's get to work and get it done.

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

Mr. Yasir Naqvi: Chair, I agree with Mr. MacGregor's point that the brain injury community has been wanting to have a framework in place for some time, and rightly so. They've been doing some really important work, but what I've also heard from them is that they want a good strategy, a thoughtful strategy, a strategy that actually is going to work, and we cannot let them down or disappoint them by rushing into a strategy.

This is not about resources at Health Canada. Of course, Health Canada will do the work, as required, if this legislation is passed into law. It would also make sure that consultations that are asked for in this legislation, with provinces and territories, with community organizations and with indigenous communities, would be done properly. We cannot expect that they will have all the same resources.

I often hear from my colleagues, especially from the Conservatives, about doing appropriate consultations and making sure that we are talking to the provinces and territories. That work is really important, and for this strategy to work appropriately, we need to make sure that work is done thoroughly. Not all provinces or territories are the same size or have the same capacity. In indigenous communities, there are many other files that they've been consulted on.

Keeping all that in mind, I agree with Mr. Thériault on this point. This is not about lack of priority or resources. This is about making sure that we get this done right and that we have a timeline in place that is practical, which will result in a strategy that is going to help Canadians, loved ones, people suffering from brain injury.

The Chair: Thank you, Mr. Naqvi.

Ms. Kayabaga, go ahead, please.

Ms. Arielle Kayabaga (London West, Lib.): Chair, I put up my hand to say exactly what my colleague said. The provinces and territories are being consulted right now on many different priorities, and as my colleague has very well stated, some of them have less capacity than others, and the same goes for indigenous organizations. I think the time frame here should accommodate that to make sure that this is done right, all across the country.

• (1705)

The Chair: Are there any further interventions with respect to amendment G-3?

Mr. Doherty.

Mr. Todd Doherty: Mr. Chair, perhaps I misdirected my comments. Perhaps I should be speaking directly to Mr. Thériault.

I would agree that collaboration must take place with all the provinces, but we have seen pieces of legislation where this government has said that it will collaborate, work through and speak to all the stakeholders—provinces and what have you. However, what we have seen over the last nine years is that it has not done that, whether it's 12 months, 18 months or a rushed piece of legislation.

I would ask, implore and see that you are.... Mr. Thériault is essentially the kingmaker here in terms of this piece of legislation. His vote matters with regard to this piece of legislation. It matters all of the time, but it makes a difference whether it is 12 months or 18 months.

I would ask, through you, Mr. Chair, that Mr. Thériault reconsider where his vote is going to land on this. This is an opportunity for us to, once again, send a message to the government that this matters, that it is a priority and that we can get to work doing it right away.

The proponent of the bill, Mr. MacGregor, has stated why it is so important that we get to work on this. It's been a rare chance where opposition comes together in recent months and years to defend a piece of legislation that another opposition party has put forward.

This is an amendment. I get it. I understand. I've had pieces of legislation myself. I've agreed to that time frame. I've argued pieces of legislation where the government has said that it has consulted and has done the work, and we know that it hasn't.

Regardless of whether it's 12 months or 18 months, we know that it's going to miss it. However, we know that if we send a message today to the brain injury group that we have held firm in what the initial drafting of this piece of legislation was and that we are saying let's get to work on this, it sends a message to the government to get its house in order and get going on it. It's true collaboration.

That also can be directed, should it choose to work collaboratively with the proponent of the piece of legislation, which is what we did when we had our national framework on post-traumatic stress disorder. We worked with the government on how our framework was going to roll out. There are opportunities with that.

I would leave it at that, and I would ask that Mr. Thériault perhaps reconsider. It's one last piece of amendment on this piece of the bill, and hopefully we can move forward with it.

[*Translation*]

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

Mr. Luc Thériault: Mr. Chair, I only have the interests of people with brain injuries in mind.

We can't mislead them either. Even if we set a 12-month deadline today, that wouldn't necessarily guarantee the implementation of a national strategy in 12 months.

I want it to be understood that the real issue is for this bill to receive Royal Assent as soon as possible before an election is called. Right now, the Conservatives are calling for an election every day. If there's another motion of censure and we decide to call an election because the timetable is coming to an end, we'll have to tell these people that there won't be a national strategy after all. That's what it also means. That's the real deadline. It's not just a theoretical deadline.

I have nothing against a theoretical deadline. I can agree to a 12-month deadline. When the time comes, Mr. Ellis may be Minister of Health. Then I can stand up in the House and remind him that the national strategy has not yet been established. But thinking like that doesn't show that you have people's interests at heart. At the Bloc Québécois, we don't play politics that way.

We know very well that co-operation between the federal government and Quebec on health care is problematic on several levels. I don't want to go on too long, but when we toured the province as part of the opioid crisis, we had planned to visit certain facilities. However, the Quebec government, through some deputy minister, decided that we wouldn't be going into such and such a place. You know all about that. That's because the Quebec government didn't want us in its affairs. That's the current state of relations between Quebec and Ottawa, no matter what the Minister of Health says.

The goal here is to have a national strategy in place within 12 months. This implies that we will continue to sit until the end of the current government's mandate. The truth is, if we continue to sit, we could find ourselves in an election overnight. If everyone is in an election, we won't be in the process of ensuring that the strategy is being developed.

Concretely speaking, this is a theoretical discussion we're having here. If it makes people happy, so much the better, but they need to be aware that this is not the real deadline. The real deadline is a possible election call, because if that were the case, the bill would die on the Order Paper. We have to tell people, because a lot of them don't know.

The supply management bill is important to me, personally. The Conservatives have the opportunity to ask 125 questions a week during oral question period in the House. Yet I've never heard them ask a single question in order to pressure the Liberals to speed up the process in the Senate, whereas they did so in the case of Bill C-234. Will the supply management bill finally make it out of the Senate? I don't know, but it may not before an election is called. If it does, we'll be sacrificing supply management and a lot of farmers who currently need people to back them up and help them psychologically.

That said, I want people to understand very clearly that we're working in their interests. Setting a deadline of 18 months is not a delaying tactic. It's because it would be difficult to get there any faster, in my opinion.

If I were a bit opportunistic and playing petty politics, I'd position myself in favour of a 12-month deadline, then stand up in the House and tell the Conservatives they haven't kept their word. I'd pull out the minutes of our deliberations and ask our Conservative colleagues what they're waiting for to implement the strategy.

• (1710)

[English]

The Chair: Are there any further interventions with respect to amendment G-3?

Dr. Ellis.

[Translation]

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

We have an opportunity right now to respect provincial jurisdiction. I've already spoken with Mr. Dubé, Quebec's Minister of Health, and respecting Quebec's jurisdiction was the first topic of our conversation. The same goes for the other provinces. I think this is really important. It illustrates the importance the Conservatives want to place on respecting provincial jurisdictions.

Moreover, I think it's fair to say that this bill will be a priority for the Conservatives, if they win the next election, but it's also possible that it won't.

• (1715)

Mr. Luc Thériault: The problem lies with the senators.

Mr. Stephen Ellis: What the senators are struggling with right now is the question of privilege before the House. As you know, Mr. Thériault, the reason for this question of privilege is that our Liberal partners don't want to provide the House with all the information. That's what I think the problem is right now. It's acceptable for the information provided to be partially redacted, but it's necessary to have all the documents requested in order to make a decision.

In the case of Bill C-277, if the process can conceivably be completed in 12 months, I feel that that is what we must aim for. Considering all the Canadians who are watching the committee's work right now, I don't think it's appropriate to say it will take 18 months. What Canadians want to hear is that it will only take 12 months to put the brain injury strategy in place.

That's what I think the problem is. That's why we need to pass the bill as Mr. MacGregor has written. Indeed, in the context of this bill, a 12-month deadline is sufficient.

The Chair: Thank you, Mr. Ellis.

Mr. Thériault, you have the floor.

Mr. Luc Thériault: We don't want to mislead the people who are waiting for this national strategy and who are right to want it as soon as possible. I repeat, however, that the main issue is to ensure that the Senate doesn't drag its feet when it comes to examining this bill. We don't seem to have any control over the Senate. The Senate doesn't give priority to bills originating from MPs.

In addition, there is another problem. As Mr. Ellis pointed out, the House is not considering any bills at the moment. How long will this last?

Fortunately, if prorogation occurs, the bill won't necessarily die on the Order Paper. However, if an election is called, Bill C-277 will no longer exist. People need to know that. That's the real deadline, in my opinion. We need to tell people so they don't get the wrong idea.

Right now my Conservative friends are telling my Liberal friends that the reason the government is proposing this amendment is because they don't want to move forward in 12 months. That has nothing to do with it. The real deadline is a possible election call. If we have an election and there's a change of government, it will be some time before the machinery starts up again, work resumes in the House and such a bill is reintroduced. That's what will happen, unless the Senate fast-tracks the bill. However, that would surprise me enormously.

In fact, is there anyone who can tell us if the Senate is waiting for the bill and is willing to fast-track it before we call an election? If so, I'll join my colleagues. In fact, I'm almost tempted to join them just to show that it won't happen. However, I don't want to mislead the public or the people who are waiting for this strategy.

That's my point. I think it's fair to say so. I, too, am in contact with the Quebec government.

Right now, the possibility of an election changes things completely. By the way, I'd like to remind my Liberal friends that October 29 is Tuesday.

That's what I have to say to you.

[English]

The Chair: Are there any further interventions?

Seeing none, shall G-3 carry?

(Amendment agreed to)

(Clause 3 as amended agreed to)

(Clause 4 agreed to)

The Chair: Shall the short title carry?

Some hon. members: Agreed.

The Chair: Shall the title carry?

Some hon. members: Agreed.

The Chair: Shall the bill as amended carry?

Some hon. members: Agreed.

The Chair: Shall the chair report the bill as amended to the House?

Some hon. members: Agreed.

The Chair: Shall the committee order a reprint of the bill as amended for the use of the House at report stage?

Some hon. members: Agreed.

The Chair: Thank you, colleagues.

Thank you, Mr. Collins.

Mr. MacGregor has something to say.

• (1720)

Mr. Alistair MacGregor: Very briefly, I really want to thank all members of this committee. Truly, the brain injury community is watching, and this is a really big day for them. I'll leave it at that.

Thank you very much for all of your work on this bill.

The Chair: Thank you, Mr. MacGregor. Congratulations.

That concludes the clause-by-clause review of Bill C-277.

Mr. Collins, you are free to spend the rest of your day doing something equally interesting if you so desire. Thanks for being with us.

Our agenda calls for us to move in camera to consider the draft report, so I'm inclined to suspend the meeting, unless somebody has something to say before I do.

Mr. Doherty.

Mr. Todd Doherty: Mr. Chair, it is 5:21. There's not enough time to suspend and then get into the details of this.

I would move to adjourn and then take this up at the next available opportunity.

(Motion agreed to)

The Chair: Thank you, Mr. Doherty.

We're adjourned.

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