



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

44th PARLIAMENT, 1st SESSION

Standing Committee on Government Operations and Estimates

EVIDENCE

NUMBER 095

Thursday, December 7, 2023

Chair: Mr. Kelly McCauley



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• (1535)

[English]

The Chair (Mr. Kelly McCauley (Edmonton West, CPC)): I call this meeting to order.

Welcome to meeting number 95 of the House of Commons Standing Committee on Government Operations and Estimates, also known as the "mighty OGGO", the only committee that matters.

Pursuant to Standing Order 108(3)(c) and the motion adopted by the committee on Monday, October 17, 2023, the committee is meeting for its study of the changeover of the public service health care plan from Sun Life to Canada Life.

I will remind you to not put your earpieces next to the microphones, as it causes feedback and potential injury to our highly valued translators.

The next round of witnesses is already online, and I'll let you know that they have completed the required mic checks.

At the very end of the meeting, I will need about 30 seconds to approve a budget item.

We have two opening statements, one by Ms. Royds and one by Ms. Girard.

Please go ahead, Ms. Royds, for five minutes.

Ms. Mollie Royds (Associate Assistant Deputy Minister, Procurement Branch, Department of Public Works and Government Services): Good afternoon, Mr. Chair and committee members.

I am pleased to be here today, alongside my colleagues from the Treasury Board Secretariat, to support your important study into the Government of Canada contract awarded to Canada Life for the administration of the public service health care plan.

Let me begin by acknowledging that given that we are meeting in the national capital region, we are gathered on the unceded territory of the Algonquin Anishinabe peoples.

[Translation]

With me today is Pascale Archambault, acting director general of the business and technology solutions sector at Public Services and Procurement Canada, or PSPC.

As a common service provider for procurement, PSPC plays an important role in the daily operations of the Government of Canada, supporting federal departments and agencies to deliver their mandates.

As the central purchaser, PSPC has managed approximately \$25 billion in procurements of goods and services on behalf of client departments in the past three fiscal years.

[English]

Therefore, our support to the Treasury Board Secretariat in ensuring the delivery of the public service health care plan, the largest health care plan in Canada, is a core priority for us.

I would like to outline a few key facts related to the procurement of the administrator for the plan.

As part of our commitment to open, fair and transparent competitive processes, Canada began the process to retender this requirement in 2018.

This extensive, multi-year procurement process included multiple rounds of industry engagement on the administrative service requirements, industry best practices, socio-economic objectives—including indigenous participation and greening—and our proposed procurement approach. In addition, at the request of industry, we postponed the RFP release by six months due to the onset of the COVID-19 pandemic.

Three bids were submitted by major players in the health care plan administration space, which were evaluated against the government's technical and financial criteria. Significantly, all three bids were found to be compliant, with the bid from Canada Life ultimately ranking first. The contract was awarded to Canada Life on November 30, 2021. The current contract is valued at \$514 million for eight and a half years, and there are options available to extend the contract.

[Translation]

I would like to underscore the fact that this was a competitive process with three compliant bidders, evaluated against rigorous criteria established by both the technical authority at Treasury Board Secretariat and the contracting authority at PSPC.

Of note, the contract included a start-up phase of 18 months for Canada Life to take the necessary steps to prepare to administer the plan. The operations phase began July 1, 2023 and includes a six-month transition period.

[English]

As with any large switch from one service provider to another, especially on programs of this magnitude, issues with transition are not unexpected and are therefore planned for by all parties.

PSPC and the Treasury Board Secretariat have worked in close collaboration with Canada Life through this period to improve service for members, as well as to ensure communications on plan design changes that are the responsibility of the Government of Canada. In fact, as of today, Canada Life has advised the government that call centre wait times are one to three minutes, and their average claim processing time is 2.2 days.

There is still work to do, and we have lessons learned that will be applied both to this contract and to other major transitions. However, we are trending towards the service level that members expect and have the processes and mechanisms in place to respond as issues arise.

Mr. Chair, in everything we do, our overriding aim is clear: It is to provide the goods and services that departments need to deliver their programs at the best value to Canadians. We are committed to continuing to work closely with both the Treasury Board Secretariat and Canada Life to ensure that plan members receive the services that they deserve.

Thank you.

I'll now turn to my colleague.

The Chair: Thanks.

Ms. Girard, before you start, congratulations on your appointment as president of the Public Service Commission. Imagine the things people will do to get away from appearing at OGGO more often.

Congratulations, sincerely, and we'll turn the floor over to you for five minutes.

Ms. Marie-Chantal Girard (Senior Assistant Deputy Minister, Employee Relations and Total Compensation, Treasury Board Secretariat): Thank you, sir.

I will indeed look forward to the validation by the two Houses of this appointment.

Thank you for your kind words.

• (1540)

[Translation]

Good afternoon.

[English]

Thank you, Mr. Chair and members of the committee, for inviting me to appear before you today.

Before I begin my remarks, I would like to acknowledge that we are gathered on the traditional unceded territory of the Algonquin Anishinabe people.

With me today is David Prest, executive director of benefit plans, policies and programs at the office of the chief human resources officer at the TBS.

I'm pleased to be here with my colleagues from PSPC.

Mr. Chair, the public service health care plan, better known as PSHCP, is a negotiated, optional employer-sponsored health care plan. It provides supplementary coverage following coverage paid by the provinces and territories where plan members live.

The plan is part of the total compensation package that the Government of Canada provides to employees to help it recruit and retain talent.

My department supports the President of the Treasury Board and the Treasury Board itself as the plan sponsor. The TBS is also the project authority, meaning it oversees the performance of the plan administrator in collaboration with the PSHCP administration authority and PSPC.

The Government of Canada has an obligation to competitively retender the benefit plan contracts, and PSPC, as Mollie said, awarded the contract to Canada Life.

Our colleagues will be able to speak in more detail about that process.

[Translation]

Canada Life took over as the new plan administrator on July 1 of this year. It was a large-scale undertaking affecting 1.7 million plan members and marked the first time in 27 years there had been a new plan administrator.

Regardless of the change in administrator, the plan itself, meaning the coverage it offered, had not been updated since 2006, despite significant advancements in health care.

Therefore, through the Public Service Health Care Plan Partners Committee, the employer, bargaining agents and the association representing retirees negotiated and recommended plan changes to Treasury Board, which approved them.

The updated plan, which came into effect on July 1, 2023, provides enhanced support for mental health and well-being as well as supports for seniors, families, young adults, persons with disabilities and members of the 2SLGBTQIA+ community.

In addition, market-tested mechanisms to administer the plan in a more rigorous and modern way were introduced to align with industry standards and ensure the long-term viability of the plan. The measures include mandatory generic drug substitution and a prior authorization process.

We knew that switching to Canada Life, the new plan administrator, would be a complex and extensive undertaking. That is why we began working with our Canada Life partners 18 months before the contract came into effect.

That is also why, within days of our staff and Canada Life flagging problems such as claims processing delays and reimbursement issues, we set up a mechanism whereby Treasury Board Secretariat, PSPC and Canada Life representatives met daily. We continue to meet on a regular basis, jointly developing an action plan to address these problems.

This further illustrates why the contract included a six-month transition period, which is standard practice in the industry.

Canada Life informed us that, as of December 1, average call centre wait times were between one and three minutes, as mentioned, and claims were being processed much more quickly. This is thanks to its action plan, which included hiring additional staff to answer calls and process claims.

[English]

Other measures have been taken by Canada Life over the last several months to minimize the risk of delays with claims refunds and to improve the member experience.

At our end, and in collaboration with PSPC, bargaining agents, and the National Association of Federal Retirees, we strengthened our communications efforts to clarify and distinguish between plan changes and administrator changes.

Mr. Chair, there are always lessons to be learned from an undertaking of this size that can be applied to future large projects. For example, although a significant number of communications—

The Chair: I apologize. I have to ask you to wrap up.

Ms. Marie-Chantal Girard: Okay.

Although we communicated broadly, it seems that it was still not enough, so we're redoubling efforts in that regard.

I'll close by emphasizing that we continue to work with Canada Life. We see a clear path forward towards a steady state, and I'll be ready to answer any questions that you have. Thank you. *Meeg-wetch.*

The Chair: Thanks very much.

We'll start with Mrs. Kusie for six minutes, please.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Thank you, Chair, and thank you very much to our witnesses for being here today. I think it's very courageous that you're here, but also very important, because we have heard—Canadians have heard—so publicly and so insistently how this transition has not been ideal and how it has caused suffering for many public servants who have served Canada, as well as for their families. I'd like to mention a couple of stories in the media.

Kari Hentzelt, who suffers from Ehlers-Danlos syndrome, says in an article published by the CBC that without specific medication, she can suffer up to 20 migraines a month:

I am a chronically ill public servant in the midst of medical retirement. Every month I rely on medications for cardiac, neurological, musculoskeletal and pain reasons. Along with my husband's PSHCP and my own, we *were* adequately covered under Sun Life.

Since July 1, however, it has been nothing short of a nightmare.

I've been able to get through to a representative ONCE since July 1, after being on hold for ages.

I'm now almost two weeks late on my Emgality injection for migraines because they state that BC PharmaCare now covers it. I've talked to PharmaCare and they state my insurance should continue to cover it until my deductible is met.

Both myself and the drug company have sent them the special authority letter, as well as my pharmacy, but they still continue to deny this treatment to me.

Without it, I have approximately 15 to 20 migraines per month.

We are definitely not getting what we are paying for, and it's unacceptable.

The article continues:

Adam Shales spoke...about his nine-year-old son who relies on weekly intensive physiotherapy to counteract the debilitating nature of cerebral palsy.

Under the terms of the PSHCP, the family was covered at 80 per cent for claims up to \$500 and claims over \$1,000.

As of July 1, it's capped at \$1,500 annually.

"It's a major source of stress"....

"We don't have pots of money sitting around. So it's either we have to borrow for that or we have to reduce the amount of physio..., which then will have consequences and impacts on his body, his muscles, his range of motion and ultimately his quality of life."

We are hearing first-hand from public servants about how this is affecting them and their families, and of course we want to care for Canadians.

Why was it reported by Minister Anand at the beginning of November that there was only one bidder for the contract, despite the involvement of three competitive bidders in the process being confirmed here today?

That's for whoever would like to take it, please.

● (1545)

Ms. Mollie Royds: I'll start by addressing the question in relation to the number of bidders.

There were three compliant bidders associated with this particular process. I don't know the context of the comment by the minister, but I can confirm that we had a separate tendering process associated with the dental care plan for public servants' and pensioners' dental plan, where there was one compliant bidder, and Canada Life was the winning bidder in that scenario.

Perhaps there may be a misunderstanding between the two plans, but I can confirm that for this one there were three compliant bidders.

I believe my colleague wants to address the beginning portion of your question.

Ms. Marie-Chantal Girard: You indeed raised some of the difficulties that have been experienced in the implementation of the plans, but the two cases that you presented to us speak about exactly the two situations that were happening, the two types of changes that were happening at the same time.

The first one relates more to what the plan covers. This refers to the modernization of the plan, which had not been done since 2006 and which we did separately, meaning that we negotiated it separately and asked Canada Life to implement as of July 1.

It represents a new plan. Of course, it requires some training, and we understand that the previous administrator had 27 years of implementing the same plan.

Mrs. Stephanie Kusie: Thank you.

Ms. Girard, I want to go back to the negotiation process, specifically regarding physiotherapy and drug substitutions. Can you provide some insight as to what that process was, please?

Ms. Marie-Chantal Girard: Yes. I'll begin, and maybe David will want to supplement my response.

The physiotherapy modernization of the measure is an enhancement for the vast majority of plan users, particularly for physio services. We had the Canadian Physiotherapy Association providing us with data. Prior to the negotiations, we had benchmarking studies and usage analysis. For physio, we covered \$500 before. Then you had a corridor where you had to be out of pocket for \$500, which then took you to a larger amount. For many people, \$500 of physio was insufficient.

What was negotiated was to abolish the corridor and offer \$1,500 to all plan members for physiotherapy, allowing the vast majority.... The industry standard is much lower. I believe it's \$1,200.

• (1550)

Mr. David Prest (Executive Director, Benefits Policies and Programs, Employee Relations and Total Compensation, Treasury Board Secretariat): I think it's actually twice.

Ms. Marie-Chantal Girard: We're covering twice the average amount.

The Chair: Thanks very much. That is our time.

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

Mr. Parm Bains (Steveston—Richmond East, Lib.): Thank you, Mr. Chair.

Thank you to our witnesses for joining us today.

Indeed, this changeover has caused considerable concerns for my constituents, family members, friends who work at CBSA and other public servants.

My first question I'll direct to Ms. Royds.

During our opening remarks, you noted that there was a period of transition to Canada Life that began in July. Is it normal to have a transition period, and did you plan for a transition period as part of this contract?

Ms. Mollie Royds: Thank you for the question.

As I indicated in my opening remarks, when we are embarking on a program of this complexity, we absolutely would expect there to be a transition period, given some of the uncertainty that would be associated with the planning parameters that go into it. We have a transition period of six months, which will come to an end in January, within the contract. We have been working with Treasury

Board Secretariat and Canada Life to make the necessary adjustments through this transition period.

Mr. Parm Bains: What measurables are available to the federal government should the Canada Life Insurance company continue to be unable to administer the public service health care plan in accordance with its contractual obligations?

Ms. Mollie Royds: In terms of the measures that are available to Canada, we do have provisions in the contract associated with performance under the contract. That is something we will be looking at after we exit the transition period, which ranges from anything between.... We have some fee credits and some other provisions available to us.

I would stress that given the uncertainty and the transition period that we are in, we will be looking at that together with our colleagues from the Treasury Board Secretariat and taking stock of the situation once we enter into the January period.

Mr. Parm Bains: For the six-month period of transition, what's the lead-up time?

Ms. Mollie Royds: Prior to the transition period, there was a start-up phase of approximately 18 months, during which Canada Life prepared to take on the claims administration. That's when they would have undertaken the work necessary, including standing up the call centre and some of the solutions necessary to do the benefits processing. There were deliverables associated with that as well.

Mr. Parm Bains: Do you think that the 18-month lead-up was enough?

Ms. Mollie Royds: As we entered into the transition phase, there was no indication of any concerns. I think we have some important lessons learned about the transition phase, but I think at this stage it's too soon to say whether there was more time needed than the 18 months.

I don't know if my Treasury Board colleagues have a view on the length of time for the start-up phase at this stage, but I think it's too soon for us to make a comment on that.

Ms. Marie-Chantal Girard: We certainly observed that the combination of the new plan brought additional pressure on the administrator to deliver, although it had to be managed this way. However, 18 months gave a lot of opportunity to discuss and find solutions. There were dozens of committees working together to prepare for that, but we do realize that for a plan of this magnitude—1.7 million members, the largest employer benefit plan in Canada—it's a massive endeavour.

Mr. Parm Bains: During that 18 months, with the hiccups that you saw action taken on, were there measurables on how many? Were there 150 times or instances that this didn't work or that didn't work? Is there a number attached to that?

Mr. David Prest: Canada Life provided the Government of Canada with an integrated schedule of all of its deliverables. As we were approaching the July 1 date, there were a number of lower-priority items that the government was willing to defer until after the date in order for Canada Life to focus on some of the more important deliverables—for example, privacy and security concerns, making sure that those were in place to safeguard the health information of plan members. Another example is ensuring that plan members were properly communicated with. Those types of core deliverables were really the focus of Canada Life leading up to the July 1 date.

• (1555)

Mr. Parm Bains: Okay.

There's been discussion at committee about whether there's value for money for Canadians.

What did you do to ensure that Canadians would get value from this \$514-million contract?

Ms. Marie-Chantal Girard: From a contract perspective, it was retendered with the most accurate and up-to-date standards and criteria.

From a plan design perspective, when we started this negotiation with bargaining agents and the NAFR, the retirees, it was clear that having had the same administrator for many years, the best practices in the industry.... The contract had not been retendered, and there were some improvements needed in the administration and the efficiencies, such the fraud detection. The technology had evolved so much. We needed to see and introduce better administrative practices. That's what we did. That's what mandatory generic substitution is. We were the only ones lagging behind in not having that, for example.

The Chair: Thank you very much, Mr. Bains.

Ms. Vignola, you have six minutes.

[Translation]

Mrs. Julie Vignola (Beauport—Limoilou, BQ): Thank you, Mr. Chair.

Thank you to the witnesses for being here.

Ms. Royds, who besides Canada Life bid on the contract to administer the PSHCP?

[English]

Ms. Mollie Royds: I'm afraid that I'm not able to disclose the names of the other bidders. That is information that we have to hold confidential.

[Translation]

Mrs. Julie Vignola: When exactly did the transition period start, and when does it end?

[English]

Ms. Mollie Royds: The transition period began on July 1 and will last until January. A six-month period of transition was anticipated under the contract.

[Translation]

Mrs. Julie Vignola: What exactly is the 18-month period you mentioned in your opening statement for? When did it start?

[English]

Ms. Mollie Royds: Perhaps I will turn to my colleague Madame Archambault to go through the phases, including the timing associated with the 18 months. I don't have the exact dates.

Do you have the exact date of the start of the 18 months?

[Translation]

Ms. Pascale Archambault (Acting Director General, Business and Technology Solutions Sector, Department of Public Works and Government Services): Thank you.

The contract was set up in early November 2021.

The purpose of the start-up phase was for Canada Life to take the necessary steps to prepare to administer the plan, getting the website ready, setting up the claims process, hiring staff, finding office space and so forth. The company did not process any claims during that period.

Mrs. Julie Vignola: Do you know how many French-speaking staff were hired?

Ms. Pascale Archambault: I, myself, do not know.

Ms. Marie-Chantal Girard: Canada Life representatives are appearing after us, so that's a question you could ask them.

The number of staff has changed throughout the period. Canada Life doubled its workforce.

We know the service quality is the same in French as it is in English.

Mrs. Julie Vignola: Let's just say, from the emails people are sending me directly, I'm not so sure.

As part of the modernization effort, are the people who administer the plan trained to take into account the recommendations of professional associations or the Institut national d'excellence en santé et en services sociaux, say? Are they trained solely to apply the rules?

Ms. Marie-Chantal Girard: Again, I think the Canada Life representatives appearing before the committee next will be able to give you a more detailed answer.

I can tell you, however, that they are trained to answer eligibility questions for all the benefits. They have access to written scenarios with recommended answers. As we all know, health care is very complex, so there may be specific situations where claims staff need to consult with health professionals to better understand the claim. In those cases, neither employees of the government—so the employer—nor employees of Canada Life—the plan administrator—would ever take the place of a medical professional. They do not make those kinds of determinations. Doctors do.

Mrs. Julie Vignola: I don't know which doctors Canada Life is getting its advice from, because in some cases, people who need life-sustaining medication are being asked to take the generic version, even though it causes so many side effects that it jeopardizes their health.

Instead of understanding their situation, the plan administrator is asking people to provide even more documentation. Meanwhile, they aren't getting the medication they need to survive. They are being asked to make a choice: either submit the paperwork to prove that they genuinely need the brand-name drug, not the generic, to survive, or take the generic drug, which has the same effect as taking nothing at all, in other words, death.

Do you understand that?

• (1600)

Ms. Marie-Chantal Girard: I understand perfectly.

If I can have at least a minute to respond to your second question about substituting generic drugs for brand-name drugs, I can give you a more thorough answer.

I want to reiterate that mandatory generic drug substitution is an industry best practice. Generic drugs are approved by Health Canada and are suitable for most people.

That said, mandatory substitution will not come into effect until January 1, 2024. Again, we built in a transition period to inform plan members and give them time to consult a doctor or nurse practitioner about taking a generic drug. If they cannot take the generic drug, a form must be completed by the doctor or nurse, and that form is now one page shorter. As soon as the attending physician provides a medical reason, the individual will be exempted from the requirement.

Mrs. Julie Vignola: In the meantime, the person is still waiting for their medication.

Ms. Marie-Chantal Girard: We now have priority claims processing. If you give me the details of the person's case and their life or health is in jeopardy, their claim can be dealt with on a priority basis.

Mrs. Julie Vignola: Basically, you are guaranteeing me that, as of December 1, people are no longer waiting months for a decision on their claim. I have here names of people who submitted claims on October 22 and were told that Canada Life was still processing claims from September 15.

Are you guaranteeing me that no one will be told that kind of thing going forward?

Ms. Marie-Chantal Girard: I—

[*English*]

The Chair: I'm afraid that I have to cut you off there because we're past our time. Perhaps in the next round....

Mr. Johns, please go ahead.

Mr. Gord Johns (Courtenay—Alberni, NDP): First we had Phoenix, under which employees couldn't get paid for work they had done. Now we have federal government employees.... These are people who have dedicated their lives to serve their fellow

Canadians. They've had an absolute nightmare accessing their benefits.

The trust that public servants have in their employer, which is the Government of Canada, is evaporating. It's costing talent. You talked about this as being a really important tool for attracting workers. By extension, all Canadians benefit from this talent. It needs to be fixed.

When we look at all of the constituent stories that you're hearing around the table today, it's just a reminder of how necessary a pharmacare plan is for all Canadians. This is just public servants. Imagine Canadians who can't access any medicine. It is critical that we move forward with the pharmacare plan so that nobody is left without getting their medication in this situation.

To start, my question to you is this: What compensation can we expect for public servants and retirees who have suffered or paid interest out of pocket because of Canada Life's inability to process benefits in a timely way?

Ms. Marie-Chantal Girard: I'll let my colleagues speak about what they're doing to make sure that taxpayers' money is well managed.

Now, with regard to compensation, as regrettable as this has been—we're not denying that—I can assure you that every person who is owed money based on the plan parameters and the admissibility has been or will be made whole. They are being reimbursed everything that was due to them according to the plan. It might take longer, but they will get their reimbursement. We understand now that Canada Life is treating the requests much faster.

Mr. Gord Johns: That is great to hear.

Here's something else that I want to know about.

There are people who were covered for certain drugs or benefits, prior to Canada Life, by Sun Life. Some left their other plan. Maybe their partner had a plan, and they decided to go with this plan based on Sun Life's options. Now they're no longer fully covered for the same prescriptions. What are you going to do for those public servants, those people on the plan who are now not getting full access to the benefits they had before?

• (1605)

Ms. Marie-Chantal Girard: Actually, we enhanced the plan by 50 measures. No one—

Mr. Gord Johns: No. Specifically maybe you have—maybe you're offering more—but there are circumstances right now. We're hearing from people that they are paying above what they did before.

Will you make sure that in any situation like that, you're going to top it up and make sure that isn't happening? Can you give certainty to that?

Ms. Marie-Chantal Girard: I cannot make this commitment, because those are individual cases, medical situations, and it's not for the employer to make that determination. However, everything that was covered before remains covered.

David, do you want to—

Mr. Gord Johns: Then you can give certainty—I need to hear that today—that anything that was covered under Sun Life before, under the previous plan, will be covered under this plan. I want confirmation of that.

Ms. Marie-Chantal Girard: I explained that there are adjustments that have been made in the administration of the plan. It was outdated. It was not imposing the most rigorous stewardship on the public purse that it needed to, but in terms of benefits, there have been 50 enhancements.

Mr. Gord Johns: An updated plan can't be one that is going to cause harm or provide fewer benefits to those people who are working in the public service.

I'm going to come back to you and hope that this gets fixed, and maybe we can deal with you individually on those issues.

Can you maybe talk about what happened in the year and a half of transition preparations? Were there not requirements? Did they meet them? Why not have more oversight or penalties?

I'm sorry about having so many questions. I think you're going to wrap it into one because you're going to see the theme.

What are the compliance standards in the contract, and why did you give Canada Life a six-month grace period to meet them? At this point, is Canada Life even closely meeting those standards, and what can we expect to be the consequences for Canada Life if it doesn't meet them?

Ms. Marie-Chantal Girard: I think my colleague can wrap that thematic up with a few answers.

Ms. Mollie Royds: In terms of the start-up phase, as was previously indicated, there was an integrated schedule and plan associated with that, and there were milestones.

There were a number of items that were focused on from an essential perspective. I don't have the full assessment yet of the start-up in terms of exactly how many of the milestones were met exactly, but that's work that we are doing with our colleagues at the Treasury Board in terms of ensuring the appropriate due diligence. That's part of our role in terms of ensuring the proper stewardship of taxpayers' money.

I'll address the transition phase first. You asked why there is a transition period. A transition period is required, given the fact that we were undertaking a transition of this magnitude. There would have been no ability for a vendor to sign on to a forecast that was not one of its making. We anticipated this transition period to make necessary adjustments, as I indicated before.

When the standards come into place, that will be in January, and there are a number of specific measures associated with individual types of claims processing. There are different ones depending on the activities that are required by Canada Life. I cannot comment on how close Canada Life is to each of them because there are a number of them, and there are a range of different requirements that are made.

Certainly, as has been indicated, we do have improvements in the performance and in the service being delivered, and we are trending in the right direction at this stage.

The Chair: Thanks, Ms. Royds.

Mrs. Block, go ahead, please.

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Thank you very much, Mr. Chair.

I join my colleagues in welcoming our witnesses here today.

Ms. Royds, in your opening comments, you described the bidding process. Can you tell the committee Sun Life—the provider for the public service health care plan since 1996, the largest plan in Canada, as noted—did not bid on this new contract?

Ms. Mollie Royds: As I indicated in my opening remarks, we had three compliant bidders associated with this competitive procurement. I'm afraid I'm not able to comment on the other bidders that participated. That's part of the confidentiality requirements of the RFP, and it's an obligation as well under our trade agreement.

Canada Life was determined to have met, in the total overall score, the financial and technical requirements and criteria in the RFP, as evaluated by the teams from PSPC and the Treasury Board Secretariat.

• (1610)

Mrs. Kelly Block: Can you tell the committee who made the decision to go with Canada Life? Who was ultimately responsible for that final decision?

Ms. Mollie Royds: Again, it was a competitive process, and Canada Life was evaluated as being the top-ranked bidder within that process.

Due to the value of this particular contract, we did require the authority of the Treasury Board in order to award the contract, so we did go through that process. Then, ultimately, PSPC awarded the contract to Canada Life.

Mrs. Kelly Block: Thank you very much.

I assume that the benefits—these benefits, in particular, that are covered in this plan—are part of negotiations between the government and the unions.

As has been noted by my colleagues, parliamentarians have received many complaints from members about changes from the Sun Life plan to the Canada Life plan.

Were the reductions in the services provided put forward by the government or the unions? Were the reductions in the drugs that are covered or the services provided put forward by the government or the unions?

Ms. Marie-Chantal Girard: The plan is managed as part of governance, or part of the policy. Therefore, what the plan covers is indeed negotiated under the purview of the partners committee of the PSHCP. It includes representatives from bargaining agents, the NAFR—the national retiree federation—and the employer. It's negotiated there. We provide a recommendation if we can land on a joint proposal, which we did.

We provide the recommendation to the President of the Treasury Board, who in turn presents it to the Treasury Board. They were part of it. Because we, on an ongoing basis, oversee the policy of the plan, they were aware also, and they received the same benchmarking analysis. It's at those meetings that we will welcome, for example, the association of physiotherapists or massage therapists to present to us the evolution and the advancements in their fields. Therefore, they have exactly the same information as the employer when we begin negotiations.

It was a consensual recommendation to the President of the Treasury Board.

Mrs. Kelly Block: Thank you very much.

Mr. Chair, how much time do I have?

The Chair: You have one minute.

Mrs. Kelly Block: Thank you.

It is my understanding that the industry standard is to not conduct manual enrolment when transitioning plans, but that this was a requirement put in place by the federal government.

I do understand that the purpose was to use the transition to refresh data and to use Canada Life to remove those who should no longer be eligible for benefits. Canada Life was required to delay payments for thousands of claims until it completed pre-payment audits, which was not a requirement when Sun Life was the administrator.

In hindsight, do you think this was a mistake?

Ms. Marie-Chantal Girard: First, I believe that Sun Life had to, during the extensive period that it delivered this, update its information and its enrolment information of the members.

The Chair: I'm afraid that is our time. Perhaps you can get back to the committee in writing with this.

Ms. Marie-Chantal Girard: Indeed. Perfect. Thank you.

The Chair: Now we have Mr. Sousa, please, for five minutes.

Mr. Charles Sousa (Mississauga—Lakeshore, Lib.): Thank you, Mr. Chair.

Thanks to the witnesses for appearing before us. I appreciate it.

This is obviously a very topical issue for many. All of us in this room were somewhat affected as a consequence of this transition. We appreciate the challenges and also the ways that are being taken to overcome those challenges.

I would like to follow up the previous questioner, my colleague, by noting that you spoke about the differences between PSPC and the Treasury Board, which has a right to this contract.

Maybe it would be helpful to have some greater clarity on those different roles. Maybe you can explain those different roles that the Treasury Board and PSPC have in what has taken place and how it has come to be. People are worried about the procurement process not taking into account other issues. Maybe you can clarify all of that here.

• (1615)

Ms. Mollie Royds: Why don't I start and then turn to Marie-Chantal for a Treasury Board Secretariat perspective?

With regard to our respective roles here, PSPC is the contracting authority, so we're responsible for ensuring an open, fair and transparent procurement process—in this case, it was a competitive process—as well as supporting our colleagues in the stewardship of the contract and ensuring that we are appropriately managing our contractual relationship with Canada Life.

Again, this is one of great complexity in a large program, so the PSPC and Treasury Board teams are meeting daily with the supplier, Canada Life. There are a number of initiatives that are ongoing, but we're responsible for supporting the due diligence needed, supporting the stewardship and ensuring the performance against the contract itself.

I'll turn to Marie-Chantal regarding Treasury Board's role as the employer.

Ms. Marie-Chantal Girard: As the employer, the terms and conditions of employment that we offer to our employees include their salaries, of course, but also a pension and benefits. There are several benefit plans. There are plans in different organizations, but for the core public administration, we have health, dental and disability benefits.

It's good practice in the industry and an obligation for us as stewards of the public purse to retender those on, let's say, a more regular basis. We know there are innovations and that the systems are improving. To ensure that, we're asked by the Treasury Board to retender at a certain pace.

With the PSHCP being the largest one, we started there because it was outdated. We indeed had to update that contract and make Canadians and employees benefit from better industry practices. We started there. Then we did dental, which we just announced, and we'll move to disability later down the road.

It's a regular and structured process to make sure that the contracts we sign on behalf of Canadians remain competitive on the market.

Mr. Charles Sousa: Thank you for that.

We've spoken about what happened after July 1, raising issues with respect to some people not being able to reach Canada Life, some of the long wait times at the call centres and so forth. We've heard already about the situation.

You mentioned that the situation has improved somewhat. Could you provide more specifics to the committee as to what has been done and where the delays and wait times stand currently?

Ms. Marie-Chantal Girard: Absolutely. We have seen an evolution in the nature of the issues, and that has allowed us to monitor progress. Many things have been done.

First, Canada Life has more than doubled the staff that they put [*Technical difficulty—Editor*] call centres, but also for the treatment of claims themselves. Those are two different functions.

As well, they've increased and provided more in-depth training in those two areas, both at the call centres, to be able to better answer questions from our members, and also with the adjudication process.

The hours of operation have been extended. Throughout the summer until September and now until December 17, they remain open evenings and weekends.

By analyzing on a weekly basis what was happening, we observed that there were multiple doors of entry. We shut down two doors—chat and email—to only have phone calls. Instead of having people treat the same request many times, they only have it once. We've talked about letters and communications with pharmacists.

The Chair: That's our time, Mr. Sousa. Thanks very much.

Mrs. Vignola, you have two and a half minutes, please.

[*Translation*]

Mrs. Julie Vignola: Thank you, Mr. Chair.

I'm going to pick up where I left off last time.

As I was saying, someone who submitted their claim on October 22 received an email indicating that Canada Life was only up to September 15 claims.

Can you guarantee me that, going forward, no one else will be told to wait five weeks for their claim to be processed?

Ms. Marie-Chantal Girard: I'm going to look at the weekly dashboard we get from Canada Life. According to the information provided by Canada Life—again, its representatives will be appearing after us—the company had processed 13,000 claims as of November 29. Much of the backlog had been cleared and the average processing time was 2.2 days.

• (1620)

Mrs. Julie Vignola: You are guaranteeing me, then, that this will never happen again.

Ms. Marie-Chantal Girard: That is right, according to the information I have.

Mrs. Julie Vignola: I hope so.

Ms. Royds, this may not be how you put it, but you mentioned an analysis of the transition phase and criteria for compliance. Can you provide the committee with that report on Canada Life?

Ms. Pascale Archambault: As of now, we have no such report. When the transition period ends, we will have specific information on Canada Life, but we probably won't be able to disclose that information for confidentiality reasons.

Mrs. Julie Vignola: Ms. Girard, could you please provide the committee with the dashboard you referred to?

Ms. Marie-Chantal Girard: I think so.

It's also worth noting that, for a week and a half now, Canada Life has been posting performance data on its website, so that information is available to you.

I will still provide the dashboard.

Mrs. Julie Vignola: Thank you.

I will simply end with a comment.

In October 2023, the Senate administration allocated resources to help senators and their staff deal with issues caused by the switchover to the new plan administrator. Retirees and employees did not receive that same support, other than through their union.

Understand this: if the people at the Senate need help, ordinary folks must really be struggling.

Thank you.

[*English*]

The Chair: Thanks very much.

We have Mr. Johns, please, for two and a half minutes.

Mr. Gord Johns: Canada Life was well aware of the size, customer service expectations and expected challenges related to significant plan redesign of this contract, yet Canada Life reported that the first significant wave of hiring started really only weeks before July 1. I'm concerned as to why they didn't make serious efforts to staff up their customer service centre in advance of the handover date of July 1.

In the same vein, I guess, it's standard practice for plan administrators to put out informational resources to help plan members understand their benefits. While the PSHCP administrative authority and Treasury Board provide the service to plan members, industry best practices are for plan administrators to also educate their plan members.

Why did Canada Life not take this initiative? Is this a case of Canada Life doing only the bare minimum as required by the contract, or is Canada Life incentivized to not educate members, given the fees Canada Life is able to charge for customer support interactions when plan members need to call in for clarity?

Ms. Marie-Chantal Girard: Thank you.

Several of the questions that you ask are really directed towards Canada Life and their management practices, so perhaps open up those questions to them.

I will say that we also noted the need for more communications and adaptive communications. We have communicated extensively, but still we know that practices are changing and habits are changing. We know that longer communications are more complex, let's say. Technical ones are less easy to understand. We will adapt and learn from that.

Mr. Gord Johns: I'm hoping that you can put pressure on them to do better at this.

Plan members have reported receiving denials—again, I raised this earlier—for life-saving medications and treatments that were previously covered when the plan was administered by Sun Life. Some of these treatments are subject to plan directives that have not changed. Why is Canada Life taking such an extremely restrictive approach to cover exceptions?

To go back to what I talked about—people with a plan or a spousal plan—we've heard of people who actually aren't getting any coverage because they go to Canada Life first and then they're barred from their other plan. How are you going to fix that? This shouldn't be happening.

The Chair: I'm afraid we're out of time for Mr. Johns, but perhaps you can get back to the committee. I imagine your department probably has an action plan for this. Perhaps you could share that with us.

Getting back to Ms. Vignola's point, you were waving around the dashboard. Perhaps you could table that as well.

• (1625)

Ms. Marie-Chantal Girard: Yes.

The Chair: We have Mrs. Kusie, please, for five minutes, and then we'll go to Mr. Kusmierczyk.

Mrs. Stephanie Kusie: Thank you very much.

I was interested in the type of consultation you did with the public servants, please, prior to implementing this new plan.

Ms. Marie-Chantal Girard: Do you mean before the negotiation of the plan, not the contract part?

Mrs. Stephanie Kusie: What did it look like, please? Can you provide specifics as to the formats? Was there a survey administered? Was there a round table? How did these consultations take place, please?

Ms. Marie-Chantal Girard: I will start, and my colleague will complete my answer if need be.

There's a partners committee, with the support of the administration authority. That's how we receive information on an ongoing

basis on how the plan is doing. For example, for years we heard about how many appeals we had received. This is very helpful information, because we know where the pain points are in the plan. Then there are the number of requests the administrator gets. We do get reports from them. Those give us a sense of how the implementation is going.

Then we have research and analysis done for the partners committee on the various areas of the plan. It's mostly on what is newer. This sector advances and progresses at such a high speed that we have experts coming in and discussing it with us.

Then bargaining agents bring what they think are the key elements from consultations with their members. We also have discussions internally with the employer and certain experts in the system to see what would respond to needs.

I'll give you the example of mental health. We saw the trend with disability leave. For the community, we knew this was an issue we had an opportunity to better address through these negotiations.

This information, in addition to the benchmarking study and the analysis of what is made available elsewhere, informs the negotiations.

Mrs. Stephanie Kusie: Thank you.

Whose idea was it to implement a manual enrolment process rather than the industry standard automatic enrolment process?

Ms. Marie-Chantal Girard: I don't know if I would say "idea". Is "obligation" the right term? I'm not sure.

As we were changing administrators, when it was made clear that it was Canada Life who had won, we knew there were privacy issues and personal information that could not be transferred from one person to another. There were 1.7 million.... Some have retired. Some were dependants who were now out of school and were no longer covered by the plan. Some are deceased, unfortunately. From all of that we had to make sure we had a clean slate and a clean base of information to implement the new plan. That's part of the reason pre-enrolment was done.

Mrs. Stephanie Kusie: Was Canada Life able to have any consultations with Sun Life to ensure that the transition would be smooth for public servants?

Ms. Marie-Chantal Girard: To my knowledge, yes, they were. Sun Life and Canada Life were in touch. As part of the many committees during the implementation phase during the 18 months, both companies had interactions to ensure a smooth transition—which ended up not being so smooth.

Mrs. Stephanie Kusie: Sure.

Were you aware of any breakdowns in communication that led to the numerous issues we've seen throughout the last five months?

Mr. David Prest: I would say there was no breakdown in communications that the Government of Canada is aware of. What we saw was an unanticipated volume of calls.

I think you'll hear from Canada Life as well that they had been anticipating call volumes that were similar to what Sun Life had faced. As of July 1, the volumes were many times that.

Mrs. Stephanie Kusie: Thank you.

Is there a standard government practice to ensure that those who are receiving benefits are meant to be on the plan?

• (1630)

Ms. Marie-Chantal Girard: I'm sorry, Madam Kusie, but I'm not sure I understand your question.

Mrs. Stephanie Kusie: That's no problem.

Relative to the implementation of the manual enrolment process, how do you ensure that those who are meant to receive benefits do in fact receive the benefits? Is there a way to bridge the gap or to ensure the gap is bridged?

The Chair: You're going to have to provide that to us in writing, please.

Mr. Kusmierczyk, please go ahead.

Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.): Thank you, Mr. Chair.

Thank you so much for being here today on this important issue.

I have a question for Ms. Archambault.

It was mentioned that one of the benefits of retendering the contract is that doing so presents an opportunity to introduce new technology, new innovation or best practices. I'm not sure if I'm directing the question to the appropriate person, but would you be able to speak about some of the new technology innovation that this retendering process has introduced into the plan?

Ms. Pascale Archambault: I think Treasury Board would be better for that, but I can say that we did a lot of industry consultation when we were defining the requirement. They were all involved to help everybody define these requirements.

Mr. David Prest: Part of the retendering process was to improve the contract in the area of fraud detection, auditing and reporting, greening government and opportunities for indigenous Canadians under the new public service health care plan administrative contract as well.

Mr. Irek Kusmierczyk: Can you unpackage that for us a little bit? What does that mean? Maybe you can provide an example.

Mr. David Prest: Sure.

There were criteria, of course, under the former administrator to provide reporting and auditing. However, there was another level of fraud management from a digital perspective using artificial intelligence, for example, to identify cases of fraudulent claims.

It also involved the greening of government and moving our plan membership with 1.7 million individuals to mostly digital claims while still offering, of course, the opportunity for paper claims processing—especially for retired members, who seem to enjoy that—but really making it easier for our plan members to take advantage of the digital aspects.

Mr. Irek Kusmierczyk: This was definitely taking a digital leap with this new program, this new tender. Is that fair to say?

Mr. David Prest: Absolutely.

Mr. Irek Kusmierczyk: It's interesting. In another committee, we studied the impact of AI on workers, and I hadn't considered the impact that it might have on a public service health plan, so thank you very much for sharing that information.

What are some of the unique challenges, you would say, in operating this particular plan?

Mr. David Prest: This is an extremely complex plan. It's not only large in terms of membership, but also demographically spread out across Canada. We have a central national capital region where a number of our members reside, but they're across Canada in rural regions as well.

Access to medical professionals is not always equitable across the country. It's also an extremely complex benefit plan. This is why it's extremely important that we find a plan administrator who can adjudicate the claims and deal with a unique plan membership. It is complex, it's widespread, and it's the largest plan in Canada.

Mr. Irek Kusmierczyk: How many companies in Canada would you say—ballpark it—have the capacity to fulfill such a plan, the complexity of it, to the standards we expect? I'm just curious.

Ms. Marie-Chantal Girard: I wouldn't want to try to guess, but besides the largest known ones, there aren't that many that actually have the infrastructure and the capacity to deliver it. They do complement their service offer with the expertise of smaller companies, and that's why it gives opportunities now to indigenous companies that are specialized in different areas to work with them in the delivery.

It is usually quite large businesses that apply for those contracts.

• (1635)

The Chair: You have five seconds.

Mr. Irek Kusmierczyk: I will yield my time.

The Chair: Wonderful.

Seeing as Mr. Kusmierczyk has yielded 10 seconds to me, do you mind if I ask you a couple of quick questions?

You mentioned that there are 50 added benefits. Would you be able to provide to the committee not only the added benefits, but also, perhaps, the drugs and the benefits taken away?

Also, there were a lot of items we left for you on which you will respond back to the committee. Our committee passed a motion requiring all those within three weeks from today. We appreciate it.

We will excuse you. Thanks very much for joining us today.

Colleagues, we have Canada Life on the line and all ready to go, so we're only going to suspend.

We will have bells at 5:15. I'm hoping we'll have agreement so that we can work through the bells to get in the full rounds with Canada Life, if that's okay.

Witnesses, you are excused.

• (1635)

_____ (Pause) _____

• (1635)

The Chair: Colleagues, we are back. Joining us, we have officials from Canada Life.

We're starting with Mr. Weiss.

I understand you have an opening statement for us. Go ahead, Mr. Weiss. You have five minutes.

Mr. Ryan Weiss (Senior Vice-President, Group Benefits, Canada Life): Thank you, Mr. Chair.

My name is Ryan Weiss. I am the senior vice-president of group benefits at Canada Life. My portfolio includes the public service health care plan. I am joined today by Thi Vu, who is our regional vice-president within our group customer division in Quebec. We appreciate the opportunity to provide an update to the committee on implementation of the public service health care plan.

This plan provides benefits to thousands of Canadians who have dedicated their lives in the service of this country, and it is our honour to support them.

We know the transition has not been smooth for all members of the public service health care plan.

Before I pass it to my colleague Thi, let me just say to those who had a poor service experience in recent months, we are sorry.

Ms. Thi Vu (Regional Vice-President, Group Customer Division, Quebec Region, Canada Life): Thank you, Ryan.

[Translation]

Canada Life is the largest benefits provider in Canada. We take the trust that Canadians place with us seriously. Our success is rooted in our ability to provide personal and dedicated service to our customers.

Let me be clear: during the past few months, the service some PSHCP members and their families received did not meet their expectations or ours. Their experience is not acceptable. We have been working tirelessly with the Government of Canada to fix it.

The Public Service Health Care Plan is the government's benefit plan. As the plan sponsor, the government designs the plan and determines the benefits and coverage. Canada Life administers the plan, and its role is to pay claims as directed by the government.

When Canada Life began the administration of the PSHCP, the transition was the first of its kind in Canada. The scale and size of the PSHCP makes it unique in Canada. It provides health benefits to over 1.7 million Canadians, including federal public servants, retired public servants and their families. The transition of the PSHCP to Canada Life was the largest transition of a benefits plan in Canadian history. It came with real-time challenges, some of which were not anticipated.

We also recognize that there were other significant changes for plan members taking place at the same time as the transition to Canada Life. This included benefit and coverage limits changes to the plan introduced by the government that came into effect on July 1.

The combined impact of the government's changes in coverage and the transition of plan administration to Canada Life resulted in thousands of calls to our call centre, leading to long wait times and service disruptions. Regardless of what caused these challenges, we have been focused on fixing them, so that members and their families can access the benefits they are entitled to. Our goal is always to see that every eligible claim is paid and that we provide exceptional service to our customers.

• (1640)

[English]

Mr. Ryan Weiss: Mr. Chair, we are here today to reiterate our ongoing commitment to making this right.

As part of this commitment, Canada Life implemented a customer service action plan. This reduced call centre wait times. It accelerated claims payments and it escalated urgent cases. This included, as noted previously, extending call centre hours to seven days a week, doubling our call centre agents and adding more claims examiners. It also included introducing urgent escalation process channels to identify and resolve special cases.

We've also worked hard to be transparent to plan members throughout this period, publicly posting our progress on improving service standards and updating frequently asked questions on a regular basis.

Our action plan is working. Call wait times, as noted, are now, on average, within approximately one to three minutes, and claims are being processed within approximately two days.

Our top priority now is maintaining service levels so that all public service health care plan members—

The Chair: I have to ask you to wrap up, Mr. Weiss.

Mr. Ryan Weiss: —continue to get access to their benefits. We are working with the government to prepare for the upcoming changes they have made to the plan to take effect on January 1.

For over 175 years, Canadians have trusted Canada Life to deliver on its promises. We take that very seriously.

We now look forward to answering any questions the committee may have. Thank you.

The Chair: Thank you, Mr. Weiss.

Mrs. Kusie is next, please, for six minutes.

Mrs. Stephanie Kusie: Thank you very much, Mr. Chair, and thank you very much to our witnesses from Canada Life for being here today.

I'll open by saying the same thing I said to your governmental counterparts. As you indicated, this is a serious issue that has had a significant impact on public servants who have served Canada, and their families.

I want to provide a couple more stories that we have seen in the media that testify about the difficult time these families have been through.

The first one is from Sabrina Hoque.

Aydan Clark, age three, “was diagnosed with global developmental delay when he was three months old. He receives weekly speech therapy, occupational therapy and physiotherapy. With a \$1,500 cap on physiotherapy, his parents aren't sure they'll be able to provide him the care he needs.”

'I'm determined I'm not going to change his...plan,' his mother told the CBC. 'It's a stress and it's very frustrating.'

[She] spends about \$400 per month for regular physiotherapy, plus another \$1,650 for intensive physiotherapy every four months.

'So far, knock on wood, within [the] three years, there has been no regression and that's because we've kept a steady pace. We've been very determined. We've been on the ball with making sure that he gets weekly physiotherapy sessions',

But she said the physiotherapy cap has had a dramatic effect on the family's lives.

'We're left hung to dry,' she said.

'We're hitting a wall already with the nonexistent customer service. When we push through that wall...we connect with someone, to [then] be hit with another wall where there's no exception for families who are dealing with lifelong challenges.'

This one is from Allison Abraham:

[She has not] been able to submit her medication for Crohn's disease through Canada Life and she worries the drug company will stop paying for it because she's supposed to have medical insurance.

'When the government switched to Canada Life, we were promised seamless transfer of insurance. It has been nothing but a pain though. One of my life saving drugs...is about \$20,000 per injection, which I get every eight weeks. Without this drug, I would be bedridden and dying. Unfortunately, since the insurance switch, I do not have coverage. I have spent countless hours calling to make sure my coverage is active, but still can't process anything via their website or at the pharmacy. Thankfully, [they have] offered me temporary relief in order to get me my medication. It is infuriating that I am having to rely on a service that people who actually don't have coverage use, because my insurance provider can't get it together. I fear every time I order my medication that this will be the last time that it is covered.'

My first question for Canada Life is, did you have a discussion as to the resource requirements with the government prior to the July 1 implementation?

• (1645)

Mr. Ryan Weiss: Thank you, Mr. Chair.

To the honourable member's question, certainly we've discussed, as mentioned in the previous testimony as well.... In the 18-month start-up period there was significant collaboration with the government to ensure that we were working through a lot of the deliverables and being ready for the July 1 date.

Resource discussions were not a significant part of that discussion, although we had done our own estimates, based off of many of the historical points of data that were provided within the request for proposal from the previous contractor.

As noted several times, the complexity of the change and the quantity of changes that happened at the July 1 transition date did lead, unfortunately, to a number of calls and service issues that were unforeseeable. It was the addition of all of those changes together that created these unforeseeable challenges.

Regardless of that, we acted quickly and in collaboration with the government to enact our customer service action plan. To that, we have increased our call centre agents and increased our claims examiners.

Certainly we know that people are frustrated in the individual circumstances cited there. They do not meet the service standards that we would expect. However, our customer service action plan is working now and we are able to take calls with one to three minutes. We are committed to processing every eligible claim within the two-day period that we have now.

Mrs. Stephanie Kusie: Thank you.

Is it the standard practice of Canada Life to require manual enrolment when switching between plan administrators?

Mr. Ryan Weiss: To the honourable member's question, we understand that the government had the objective of completing a full re-enrolment in order to clean up a lot of the enrolment data and to make sure that we had everyone eligible on the plan. That was cited, of course, very publicly in the contract and was something we worked towards throughout that start-up period.

On the rest of our contracts, typically this is not a standard practice, but again, the plan of the PSHCP is unique. As cited by Treasury Board earlier in their testimony, the dispersion and high number of people all across the country—and some even posted abroad—necessitated a look at a manual re-enrolment process.

Mrs. Stephanie Kusie: In your estimation, then, what was the overall impact on call times and claims processing because of the use of manual enrolment, please?

Mr. Ryan Weiss: The initial manual re-enrolment period was certainly the driver of the majority of calls in the early parts of the contract. There were some people who were not able to access their benefit at that time, so we worked collaboratively with the government again to quickly enact the first part of our action plan, and that was to complete an accelerated enrolment to auto-enrol all remaining members.

Once that was completed, call volumes dropped significantly and it stopped becoming the significant and major issue that we were facing in our contact centres.

Mrs. Stephanie Kusie: For what period of time would you say this was a significant percentage of your calls—the adjustment for the manual enrolment?

The Chair: Give a very brief answer, please.

Mr. Ryan Weiss: Thank you, Mr. Chair.

For most of the summer months, the first two months of the contract, this was the majority issue, but it did begin to subside from there in September.

Mrs. Stephanie Kusie: Thank you.

• (1650)

The Chair: Thanks very much.

Mr. Powlowski, you have six minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): When the government officials were here earlier and talked about

the goals of the new revised plan, one of the things they listed was more opportunities for indigenous Canadians. I thought that was interesting because the one complaint I personally heard about Canada Life was from an indigenous friend who works in the civil service.

He immediately had a problem, in that apparently Canada Life was telling him that it should be non-insured health benefits that pay for his medications, not Canada Life, but he heard the the opposite from the non-insured health benefits plan, which said, “No, that should be Canada Life.”

Apparently that's been sorted out, but what was the problem there? Also, do there continue to be problems with indigenous people and their coverage and what they get under non-insured health benefits versus your plan?

Mr. Ryan Weiss: I cannot comment on the specifics of the individual case without those specifics and certainly would not want to do so publicly. I will comment broadly and will offer the suggestion as well that if you want to take it off-line,³ we'd be happy to look into this issue, even though you've noted that it seems to be resolved.

That said, we are committed to administering the plan as per the plan directive, as per the contract. That does include coordinating between other programs, whether they be government or the NIHB, as it's known, and as you've cited. We are working hard to make sure our members understand that and can answer their questions.

Mr. Marcus Powlowski: Thank you.

I heard of this one instance, but probably there are other similar instances of people within a family having another member of the family being covered—for example, a spouse who also has insurance. I personally am not in that category. Is that a problem? Has that changed under the new plan? Because, again, I know that often, for example, under your plan, my family is covered, but under my spouse's plan, perhaps I'm covered as well. Has that changed since we've changed over to Canada Life?

Mr. Ryan Weiss: On the question from the honourable member, no, in short, that has not changed. It is industry practice for us to essentially coordinate benefits, as it's termed, between other programs if other coverage is available, and there are industry standard guidelines that dictate which coverage prioritizes others.

It was also one of the objectives of that enrolment process to collect good data and refresh all the data on where other coverage existed. It was one of the main objectives as people went through that process not only to confirm contact information, details around the members and dependents who might be covered, but also to make sure they would cite whether they had other coverage so that we could coordinate that seamlessly and automatically.

We did achieve some good objectives there in cleaning that up, and it was certainly to the betterment of members that we have accurate information on coordinating benefits.

Mr. Marcus Powlowski: Hopefully I can ask a couple of specific questions in my remaining time.

As a long-time doctor, I am more familiar with being on the other side of the stretcher, but as someone who occasionally has used the health care system, I've been frustrated with some of the payments I've had to make that I thought were covered.

One is that I was surprised when I once got a bill for an ambulance ride. Another one is maternity benefits, for which there always seem to be gaps in our government-provided coverage. A third one is physio, which Ms. Kusie brought up. I thought that you actually increased the benefits for physio.

Mr. Ryan Weiss: If I understand the member's question correctly on whether we did increase the benefits or not, there are a couple of points of clarification.

First, most importantly, it was the government's decision—obviously through their process and through the negotiated collective bargaining process—to set that standard. I think there was a good discussion that you had here from the Government of Canada in the earlier testimony on how that was done and how it was collaborated on, for example, with industry bodies and association bodies.

Second, I do believe that the change there, as was noted earlier, was not a reduction in benefits but rather an adjustment, whereas previously people had that corridor of benefits that was an unlimited amount. Then, through that collective bargaining process, it was adjusted down to a cap of \$1,500. Again, I cannot comment on the efficacy of that, but certainly, as the administrator, we are committed to adjudicating all claims per the new negotiated agreement and in accordance with those provisions.

Mr. Marcus Powlowski: Do you know anything about maternity benefits?

Mr. Ryan Weiss: I do not believe there were any changes to the maternity benefits as part of that program. As was cited earlier, we can certainly share the 43 changes that were made effective on July 1, but I do not believe there were any changes made to maternity benefits.

• (1655)

Mr. Marcus Powlowski: Mr. Weiss, I think you'd rather tell us about what's better in the new plan than in the old plan rather than what's worse in the new plan.

I'll give you a minute to tell us what else we are getting under your plan that perhaps we didn't get under the old plan.

Mr. Ryan Weiss: An important point of clarification is that the plan is the Government of Canada's plan. We are simply administering it as the contract holder.

I do think it might be better to document those full outlines of the improvements. I do know, just for reference and for context, that there was some addition made specifically to gender-affirming care—this is the first time this has been introduced under this plan—and Treasury Board spoke a little bit about the consultation they had with various groups in the community to support that.

I do know as well that there were increases to some other benefits amounts. For example, we talked a little bit about physiotherapy, but there have been increases in other paramedical amounts to modernize the plan and to bring—

The Chair: Mr. Weiss, I'm afraid that is our time, but perhaps we can get back to it in the next round.

Mrs. Vignola, go ahead, please, for six minutes.

[*Translation*]

Mrs. Julie Vignola: Thank you, Mr. Chair.

Mr. Weiss and Ms. Vu, thank you for being here today.

You said you encountered surprises during the transition, and you had to hire more people.

How many employees were assigned to administer the plan on July 1, and how many employees do you have doing that now?

Ms. Thi Vu: I'm going to ask Mr. Weiss to answer that. He'll be able to give you more information about staffing.

[*English*]

Mr. Ryan Weiss: Thank you very much, Ms. Vu.

To answer the honourable member's question, by January 1 we project that we will have increased by several hundred the number of people who were supporting this plan on July 1. That includes primarily additional agents to process claims more efficiently and additional agents to answer calls in a more expeditious fashion.

Again, several hundred more people have been recruited to support the plan since we started on July 1.

[Translation]

Mrs. Julie Vignola: It's well and good to say that you hired several hundred more people, but you could say that if you had started with two employees processing claims and you were now up to 702.

I asked you how many employees you started with and how many you have now.

Ms. Thi Vu: I just want to say that Canada Life is committed to providing excellent service to plan members in the official language of their choice. I can tell you today that the service we provide to francophones—

Mrs. Julie Vignola: Sorry to cut you off. I don't mean to be rude, but I asked you for specific numbers. If you don't have them, you can tell me you don't have them right now, and I will ask you to get back to the committee with the information, plain and simple. Let's avoid the bowing and scraping, shall we?

Ms. Thi Vu: Of course.

Mrs. Julie Vignola: Thank you.

Since you brought up francophones, you both know that francophones have had a lot of trouble with Canada Life. They weren't getting answers to their questions. When people have questions about their health, they really prefer asking them in the official language of their choice.

Can you tell me how many of your current staff are able to serve francophones properly? If you can't tell me now, could you please provide the information later?

Ms. Thi Vu: We will, of course, get back to you with that information after the meeting.

Mrs. Julie Vignola: Thank you very much.

You talked about encountering challenges you didn't anticipate, challenges that still exist. Can you name one or two of the challenges that led to such a huge number of calls? This also caused delays in claims processing.

Ms. Thi Vu: As we mentioned, certain factors contributed to longer wait times. I can tell you that the many changes to the plan taking place at the same time as the transition to Canada Life is the reason.

• (1700)

Mrs. Julie Vignola: I was talking about unforeseen events. The multiple changes you are talking about were not unexpected. They were negotiated.

What unforeseen challenges did you encounter during the transition period?

Ms. Thi Vu: I'll give you an example. The high call volumes we experienced in July were unexpected. On July 1, we were receiving eight times as many calls as the previous provider, so I would say it was the number of calls that took us by surprise.

Mrs. Julie Vignola: Thank you.

Personally, I don't understand how that came as a surprise. With the switchover to a new administrator and the changes in coverage

all at the same time, you should have anticipated calls were going to come in. Maybe I just think differently. That's possible.

Mr. Weiss, you said earlier that physiotherapy benefits had not been reduced. Rather, they had been adjusted. Many families need physiotherapy on a weekly basis, such as workers injured on the job. To them, it doesn't matter whether you call it an adjustment or a reduction—it's the same thing. Would you agree?

[English]

Mr. Ryan Weiss: To the honourable member's question, we are just administering the program as per the planned directive and the negotiated changes. I probably wouldn't be in the best position to comment on whether that was perceived positively or negatively, but we do know that some members are frustrated with the changes.

Certainly, we have been working collaboratively with the government not only to increase the level of understanding of those changes in communication but also to give people avenues and escalated support if they have continued questions so that we can help them understand the new planned provisions and how they may work through that.

The Chair: Thank you, Mr. Weiss.

Mr. Johns, please go ahead for six minutes.

Mr. Gord Johns: It's a question I also had for the earlier panel. Can you confirm that there are no gaps in benefits and that you're equal to or better than the previous plan under Sun Life?

Mr. Ryan Weiss: Thank you, Mr. Chair. It's an important question from the member. [Technical difficulty—Editor]

Mr. Gord Johns: I'm sorry. I can't hear you.

Mr. Ryan Weiss: [Technical difficulty—Editor] to ours. I think that's been talked about a little bit, but again, to reiterate—

The Chair: Can I interrupt you, Mr. Weiss? We lost you there for a few seconds. Can you just start the sentence from the beginning?

Mr. Ryan Weiss: My apologies. Can you hear me okay now?

The Chair: It's loud and clear.

Mr. Ryan Weiss: Thank you, Mr. Chair.

I just wanted be clear that we do know the plan did change from the previous administrator to our plan, now administered by Canada Life. We talked about the negotiated changes, of which there were several: some to improve and augment the plan and to modernize it, and some to perhaps change some of the coverage levels. I'm not sure it's an appropriate comparison between the two to say there were no gaps in coverage, but we are administering completely to the plan directive and to all the coverage and benefit levels that have been negotiated through the collective bargaining process.

Mr. Gord Johns: Would it be possible for you to identify what the shortfalls are that you are hearing about from your clients, compared to the previous plan?

Mr. Ryan Weiss: Absolutely. I think we can also supplement to the committee some further details outlining all the different changes, if that would be helpful.

Just for context, there are a couple of examples here. We have talked about the physiotherapy one at length. Perhaps another good example would be that where it is allowed, in certain provinces there was the introduction of a cap on the dispensing fee that is paid for certain drugs.

Mr. Gord Johns: Okay. Would it be possible, Mr. Chair, if I could get support from the committee, to ask for that in writing to the committee by January 15?

Mr. Ryan Weiss: Absolutely, Mr. Chair.

Mr. Gord Johns: Great. Thank you, everybody.

What compensation can we expect for those who suffered because of your inability to process benefits in a timely way? I'm thinking in terms of single parents who had to put their children's medications on credit cards and incurred interest while waiting weeks or even months for reimbursement.

Mr. Ryan Weiss: I want to start by saying that we do know that people were very frustrated by some of the transition issues. We do know the service that some members expected and the families received did not meet their expectations nor ours, and we've been working very hard to fix that.

I've talked a little bit about our customer service action plan, and we have most of those issues behind us now, with the call centre wait times between one to three minutes and the ability to pay claims within about 2.2 days.

I think, to the honourable member's specific element, what has been most helpful in those cases is our urgent escalation process whereby, if a member was experiencing financial hardship or felt they hadn't had their eligible claim processed, they could reach out to us. There, we would take an escalated process to make sure we reached out to that member, and we would move their inquiry right to the top of the line. That was very helpful, and we were very public about that when we were behind on claim processing times. We made sure, for those who may have experienced that hardship, if they had to, for example, put some payments on their credit cards, that we could accelerate those and prioritize them for quick and prompt payment.

• (1705)

Mr. Gord Johns: That's if they could get through.

We hear that significant problems persist for public servants posted abroad—you touched on this a little earlier—or for those who have emergency claims while out of the country.

What are the processing times for these claims? Many of these claims are for urgent issues and can cost many thousands of dollars. How are you going to fix that?

Mr. Ryan Weiss: Thank you, Mr. Chair.

For context on the question, the coverage provided to members and to Canadians posted abroad in the public service is very important, but it's also one of the most complex elements of the public service health care plan. We know it's complex because there are different jurisdictions to handle and different medical centres in each and every country. Forms may be different and payments will be made in local currencies.

As a result of that, our customer service action plan has outlined improvements specific to those posted abroad. While the service standards there are still not up to our expectations, we are working hard to improve them.

One of the key elements, which you touched on, is prioritizing emergency claims and emergency issues. I want to be clear that if a member calls today with an emergency, we absolutely prioritize that. If a member has a claim that needs to be paid and that needs to be escalated, we do, as I noted, have an urgent escalation process for them to expedite the processing of that claim.

Mr. Gord Johns: I actually want to go there.

We've seen articles in the media. We've heard from our constituents about very serious conditions being exacerbated by the situation, such as people with cancer not getting their drugs in a timely way or people with serious neurological conditions not having access to the medicine they need.

A constituent of mine—Tom from Hornby Island—was having issues obtaining his wife's life-saving medications. He reached out to my office because his wife had only six days left of heart medication. During the health switchover, their prescription coverage was cut off. Canada Life decided that B.C. residents on the pharmacare program should have pharmacare paid for first by it and then by Canada Life. This should have been a smooth process because Sun Life had all of their information.

Tom was distressed and wondering why Canada Life had cut off his medication coverage. Our office had urgently requested that your company solve the issue so Tom's wife could access her medication.

This is unacceptable. Maybe you can help me understand how you're going to fix this.

Mr. Ryan Weiss: Thank you, Mr. Chair.

To the honourable member's question, I want to reiterate that we do know people were frustrated by some of the issues they experienced during the transition. I can't comment on that example in particular, but we did work with members of Parliament and our partners in the Government of Canada to implement an escalation process for those who had constituents come into their office who were facing serious or urgent issues, such as the one you cited.

That process has worked quite well since July—

The Chair: I have to cut you off there, Mr. Weiss.

Mr. Johns will have another round and perhaps you can finish off then.

Ms. Block, go ahead for five minutes.

Mrs. Kelly Block: Thank you very much, Mr. Chair.

Welcome to our witnesses from Canada Life.

I want to go back to the opening comments of Ms. Royds, in which she noted that the contract was for administrative services and that it included a start-up phase of 18 months for Canada Life to take the necessary steps to prepare to administer the plan. I assume that happened before the operations phase began on July 1, 2023. You can confirm that when I'm done asking my question.

She went on to say that, as with any large switch from one service provider to another, especially for programs of this magnitude, issues with transition are not unexpected and are therefore planned for by all parties.

We've heard throughout the testimony today that some things may not have been well planned for.

Can you provide to the committee what benchmarks or milestones Canada Life proposed with regard to its integrated schedule for the start-up phase?

I know, Mr. Weiss, that in response to another question you advised that resource discussions did not take place. What did Canada Life put in place in your integrated schedule in order to prepare for the start-up phase of taking over this contract?

• (1710)

Mr. Ryan Weiss: Honourable member, I can confirm that your assumption is correct. The 18-month start-up phase was the 18 months immediately preceding the July 1 operations ready date.

With regard to the second question on what, in our integrated schedule, the specific milestones were in preparation, for context I will pick the highlights. The integrated schedule was over 3,000 lines long. It was quite detailed to make sure that we could capture progress against all the specific requirements of the contract. That being said, major elements of the integrated start-up phase focused around the positive enrolment period, which had a defined period that began towards the end of March and continued right up until July 1, tracking those major deliverables.

A second major one was all the systems that needed to be built and tested by the contractor—which, in this case, was the Treasury Board—and brought into production for that July 1 date.

There were also significant milestones around the audit and claims verification program, ensuring that our contact centre and our claims-processing systems were all online and ready. Of course, there was also the screening of all personnel by the industrial security process, as administered by the Government of Canada. Each of those milestones was tracked rigorously. There was weekly reporting back to the project authority. As noted earlier, there was collaboration between both parties, often on a daily basis, to make sure that we were tracking well to that schedule.

Mrs. Kelly Block: Thank you very much.

In her remarks, Ms. Royds also commented on where you are today. I would like to provide you with the opportunity to advise us if the heightened workload from the changeover has decreased to a level that was expected for the ongoing service level for the plan.

Mr. Ryan Weiss: We have not yet seen a return to the level that was expected or that was historically experienced by the previous administrator. That said, we are achieving our target service levels now with the increased resourcing that we have brought on board over the last several months. One of the reasons we believe it has not returned to the level expected yet—although it will in the future—is that there are still some additional plan-design changes to come into force for the membership.

The major one of those still remaining would happen in January. We talked earlier about generic drugs. The utilization of generic-drug substitution will come into force for those who had brand-name drugs before July 1. We do anticipate that this will generate a significant number of calls, but we are increasing our resourcing to help support it.

Mrs. Kelly Block: Thank you very much.

I'm wondering if you have any details or statistics on how often doctor recommendations for non-generic drugs are accepted.

Mr. Ryan Weiss: I do not have those figures handy at this point. We'd be happy to provide them to the committee. More importantly, we are administering those exception requests—excuse me—based on the specific provisions set forth by the—

Mrs. Kelly Block: Please feel free to help yourself to water if you need to.

Mr. Ryan Weiss: Thank you. I apologize.

The point I was making there is that we are administering a further directive and per the guidelines set out by the government on those forms.

Mrs. Kelly Block: Thank you very much.

Thank you, Mr. Chair.

The Chair: Thank you, Mrs. Block.

Mr. Bains, go ahead.

Mr. Parm Bains: Thank you, Mr. Chair.

Thank you, Mr. Weiss and Ms. Vu, for joining us today. Thank you, Mr. Weiss, for recognizing numerous times the challenges and for owning up to some of the, maybe, mistakes that took place along the way in this transition.

Just in your previous answer there, you mentioned that there's going to be some time to get to the required achievement levels. How long do you think it will take to get to the required achievement levels that the previous provider had?

Mr. Ryan Weiss: I want to qualify, perhaps, some of my comments there.

We do expect to achieve target service levels much sooner than the actual volumes that would have been achieved from the previous contract. To be clear, we do have the resourcing now to improve our contact centre and wait times, as noted previously. We do expect to see that from here on out.

What I was referring to in the previous question was that the volume of calls will not recede to historical standards until we are through many of these plan-design changes.

• (1715)

Mr. Parm Bains: Thank you.

Do you have numbers—timelines, target dates—that you're working on? You have a team of people. What have you assigned to them?

Mr. Ryan Weiss: Thank you, Mr. Chair.

We do expect post the January change and the last major change there to be within target service standards. Again, we've talked about those, which are continuing to answer calls within one to three minutes and paying claims within about two to three business days. Again, I want to be clear: after that January cutover period, we do expect to be within target services.

We do still expect elevated volumes. However, our staff can handle those, and those volumes will continue to decrease to what we project in late 2024 to return to historical standards.

Mr. Parm Bains: Late 2024.... Okay.

I mean, there are always challenges with—

The Chair: Let me interrupt you there, Mr. Bains. You will have your time.

We have the bells ringing. Can we have consent to continue?

Majid, are you saying yes? Or would you like to speak?

Mr. Majid Jowhari (Richmond Hill, Lib.): I'd like to speak.

There's no unanimous consent. We had agreed to have two and a half minutes for the Bloc, two and a half minutes for the NDP, and then to pass the committee budget and adjourn.

The Chair: Is that fine?

Mrs. Stephanie Kusie: No. Nobody's giving unanimous consent to that if you give time to the Bloc and the—

The Chair: It's that, or we just end it.

You're saying that after Mr. Bains, we have the Bloc, the NDP and then we're done?

Mr. Majid Jowhari: To be honest with you, we just heard that the UC that was going to give us a little bit of a break in the middle of the vote tonight got rejected, so we need to—

The Chair: This UC or a different UC...?

Mr. Majid Jowhari: No, a different UC. We really need—

Mrs. Stephanie Kusie: This is a partisan matter they're bringing in here, so why should I give it to them?

The Chair: It's that, or we end right now.

Mrs. Stephanie Kusie: No.

Mr. Majid Jowhari: Do you want to end right now?

The Chair: Mr. Johns?

Mr. Gord Johns: I'm going to try to negotiate here.

Why don't the Liberals just eat their five minutes? That way Ms. Kusie would get her five minutes, we would get our two and a half each, and then we'd be done five minutes early.

Please, let's just get through this if we could.

Mrs. Stephanie Kusie: What a sensible solution from Mr. Johns.

An hon. member: Can we do that?

Mr. Majid Jowhari: No.

The Chair: We are adjourned then.

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