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# House of Commons Debates

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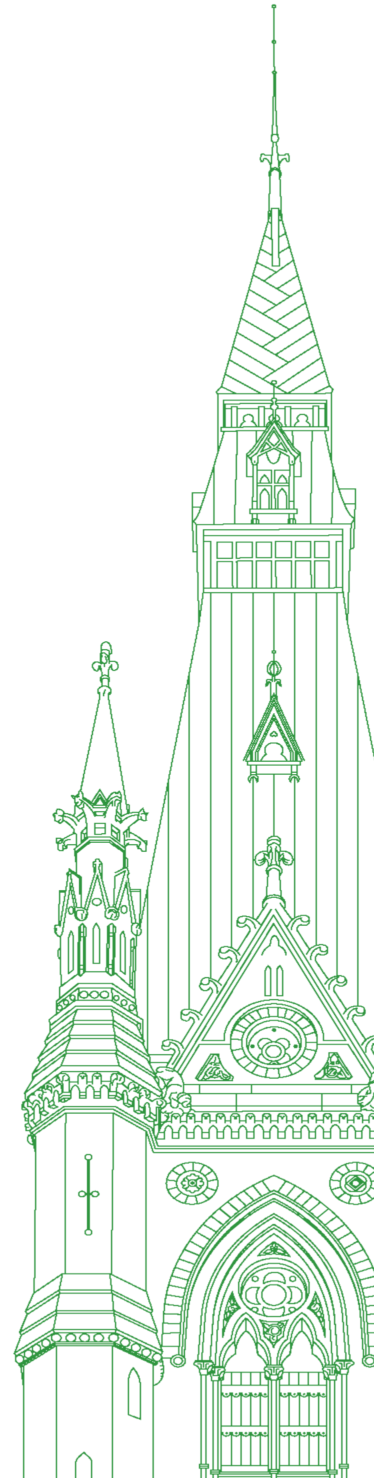

Speaker: The Honourable Anthony Rota

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# HOUSE OF COMMONS

**Thursday, March 12, 2020**

The House met at 10 a.m.

*Prayer*

## ROUTINE PROCEEDINGS

● (1005)

[*English*]

### PUBLIC SECTOR INTEGRITY COMMISSIONER

**The Speaker:** I have the honour, pursuant to section 38 of the Public Servants Disclosure Protection Act, to lay upon the table the case report of the Public Sector Integrity Commissioner in the matter of an investigation into a disclosure of wrongdoing.

This report is deemed to have been permanently referred to the Standing Committee on Government Operations and Estimates.

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### PARLIAMENTARY BUDGET OFFICER

**The Speaker:** Pursuant to subsection 79.2(2) of the Parliament of Canada Act, it is my duty to present to the House a report from the Parliamentary Budget Officer entitled “The Government's Expenditure Plan and Main Estimates for 2020-21”.

* * *

[*Translation*]

### COMMISSIONER OF LOBBYING

**The Speaker:** Pursuant to section 10.5 of the Lobbying Act, it is my duty to present to the House two reports on investigations from the Commissioner of Lobbying.

* * *

### CONFLICT OF INTEREST AND ETHICS COMMISSIONER

**The Speaker:** Pursuant to section 15(3) of the Conflict of Interest Code for Members of the House of Commons, it is my duty to lay upon the table the list of all sponsored travel by members for the year 2019 with a supplement that is provided by the Conflict of Interest and Ethics Commissioner.

### NATIONAL SECURITY AND INTELLIGENCE COMMITTEE OF PARLIAMENTARIANS

**Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, pursuant to subsections 21(6) and 21(5) of the National Security and Intelligence Committee of Parliamentarians Act, I have the honour to table, in both official languages, two reports.

The first is the National Security and Intelligence Committee of Parliamentarians annual report for 2019.

The second is the special report on the collection, use, retention and dissemination of information on Canadians.

[*English*]

Pursuant to paragraph 21(7)(b) of the act, I request that the reports be referred to the Standing Committee on Public Safety and National Security.

* * *

### IMMIGRATION, REFUGEES AND CITIZENSHIP

**Hon. Marco Mendicino (Minister of Immigration, Refugees and Citizenship, Lib.):** Mr. Speaker, pursuant to subsection 94(1) of the Immigration and Refugee Protection Act, I have the honour to table, in both official languages, the annual report to Parliament on immigration, 2019.

* * *

### GOVERNMENT RESPONSE TO PETITIONS

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen’s Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, pursuant to Standing Order 36(8)(a), I have the honour to table, in both official languages, the government's response to one petition. This response will be tabled in an electronic format.

* * *

### WOMEN AND GENDER EQUALITY

**Hon. Maryam Monsef (Minister of Women and Gender Equality and Rural Economic Development, Lib.):** Mr. Speaker, *bonjour*, *aaniin*, *as-salaam alaikum* to my hon. colleagues.

The great women feminists in my life, the Angelas, the Farrahs, the Lynns and my own mother, remind me that women hold up more than half the sky. A large part of that sky is above Canada. I stand here before the House on this traditional Algonquin territory as the Minister of Women and Gender Equality.

I am fully aware that my role intersects with so many of the concerns that face all of us today, such as economic development, climate change and reconciliation. Youth, seniors and those in between, in rural communities and in larger centres, are concerned with addressing and preventing gender-based violence, including domestic and sexual assaults; supporting LGBTQ2 services and equality-seeking organizations; making progress on housing and addressing homelessness; improving economic security; and representation, because representation matters.

On International Women's Day I, like so many of my colleagues, was back in my riding. In Peterborough—Kawartha I walked with Rosemary Ganley, who was in Beijing in 1995 and helped shape the Beijing Declaration and Platform for Action, the most comprehensive blueprint for gender equality.

I also walked with my 10-year-old and three-year-old nieces, Leila and Ellia. I know when they get a little older they are going to look me in the eye and ask, “What did you do while you were in power to make things better for all of us?” I want to be able to tell them that I did everything I could. I know that all my colleagues want to be able to tell the little people in their lives the same thing.

I am confident that I will be able to have a good answer for them because, first and foremost, we have an incredible team, and some of them are here with me today, who wake up every day thinking about the very same outcome. I am also part of a movement that existed long before any of us got here, a movement that will continue long after we are gone.

On International Women's Day, we have an opportunity in this House to come together across party lines and talk about why it is important to hold up those who hold up more than half the sky. The French call this day, *la Journée internationale de lutte féministe pour les droits des femmes, personnes trans et non-binaire*, which in English is the international day of the feminist struggle for women, trans and non-binary people's rights.

For me, here in Canada, March 8 brings opportunities to connect with amazing feminists who believe in equality for all women, men, non-binary individuals and trans people. It reminds all of us that no one can make progress alone. Feminists across the country and around the world have taught me there is no universal woman. That is the beauty of International Women's Day. It gives us a chance to connect to our own community and to connect to women's experiences across the country as we galvanize around the work we have accomplished and the work we still have to do.

As a Canadian, I am deeply proud of our spectacular country. We are unique because of our diversity and our diversity is our strength. I am proud to be a feminist in a movement that has incorporated its shared experiences of women, including those of women who are indigenous to these lands and those of immigrants from all corners of the world.

There are women who trace their ancestry to formerly enslaved Africans who fled north for freedom, women who trace their legacy to settlers who arrived here from Europe and women who continue to arrive here as refugees, seeking safety from war and political strife. They all have stories to share. We all have stories to share.

Canada is remarkable because we strive to share these stories and to learn from them. The leadership from women from all these realities has shaped and will continue to shape this great country we all call home.

A more difficult reality to face is that the making of our nation has resulted in specific oppressions and violence against particular groups of women, especially indigenous women and girls. These are wrongs we are working to make right. Making this right includes acting on the recommendations from the National Inquiry into Missing and Murdered Indigenous Women and Girls, which I and the Minister of Crown-Indigenous Relations, and all of our government are committed to addressing and responding to.

● (1010)

We will always take our lead from feminists and leaders across this country. Because we are working with them, our plan is working, and we are well equipped for the work ahead. We all know that these problems are multi-generational and, while they cannot all be eradicated in just four years, we are determined to continue to face them head-on.

In the months to come, I will once again be relying on meaningful conversations with feminists and equality seekers from across the country to develop Canada's first national action plan for addressing gender-based violence and to develop Canada's first federal gender equality plan.

Having grown up in family of strong-willed women, I do not expect we will always agree, but I am counting on the support of my colleagues and of Canadians to ensure our approach is intersectional, trauma-informed and culturally sensitive. We want to ensure that when we invest $100 million in women's organizations, which will be the single largest investment in grassroots organizations in Canada's history, we are empowering every single community across this country to become resilient and strong.

Our government will work with all willing partners to make the most of this momentum forward because, as our first openly feminist Prime Minister says, doing this work is not just the right thing to do, it is also the smart thing to do. Our future and our economy depend on it.

**Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC):** Mr. Speaker, it is an honour to rise on behalf of Her Majesty's loyal opposition to mark International Women's Day. It is a time that we celebrate women's contributions to our country and our society and reflect on the work that still needs to be done.

We have seen women make incredible strides in their own fields. In sports it is women such as Hayley Wickenheiser, Bianca Andreescu and Brooke Henderson. For women such as Lynn Smurthwaite-Murphy, Linda Hasenfratz and Dawn Farrell, it is in their roles as CEOs of major corporations here in Canada. In politics, Agnes Macphail, Nelly McClung and Flora MacDonald Denison made incredible strides.

Although it has been almost 100 years since women were granted the right to vote and the first female parliamentarian took her seat in the House of Commons, we know there is still a lot of work to be done. We know that Canada's population is over 50% women, yet, in this House, only 29% of elected officials are women. We must continue to work further.

We know the same challenges exist for women in the STEM fields. More women are graduating from these programs but tend not to remain in their fields after graduation. Recent information published in January revealed that, on average, women earned 12% less than men just one year after graduation.

As of February 1, 2019, women accounted for 15.7% of the Canadian Armed Forces. Aboriginal women are three times more likely to be victims of violence than non-aboriginal women, and 83% of women with disabilities will experience some form of violence in their lifetime. There is still more work that needs to be done.

The question I have for everyone in this place, at home and across the country, is what can they do to achieve gender equality? International Women's Day 2020 reminds us, “We are all parts of a whole. Our individual actions, conversations, behaviours and mindsets can have an impact on our larger society.”

We must continue to fight against bias, stereotypes and bad behaviour. We must continue to fight to protect the most vulnerable women and girls who are victims of sexual exploitation and trafficking. We must continue to address issues like cyberbullying and online violence. We must continue to remove the barriers impacting women's well-being.

Words are not enough and our actions matter. How can we be part of the change? How can we open the doors for women and girls and provide them the same opportunities? What can we do to help to increase confidence, teach skills and build capacity for women?

Together we can make change. Together we can help create a gender-equal world. We can all work together toward equality if we are all paddling in the same direction, and we can do it faster.

By achieving equality, we will reduce domestic and sexual violence. We will close the pay gap, and we will create a better society for all Canadians. This year, Canada's theme for International Women's Day is “Because of You”. We are the difference. Happy International Women's Day.

● (1015)

[*Translation*]

**Ms. Andréanne Larouche (Shefford, BQ):** Mr. Speaker, the Collectif 8 mars celebrated International Women's Day with the theme “Feminist with All of Our Might”. That might is something we still need, now more than ever, I would say, because we are all growing more aware of the inequality and injustice that women still face. The worst thing we could do is pretend that equality is within reach. I would have liked to stand here and talk about everything women have accomplished, everything our mothers, our grandmothers and countless other women before them endured and won, but I really feel I have a duty to talk about freedom. Freedom is a precious thing. Few women can say they are truly free, free to think, free to choose and free to act without always having to justify themselves.

Even in the supposedly developed countries, women were once again marching in the streets demanding the right to make decisions about their own bodies. This is the 21st century, but there are still women around the world who do not have the right to abortion, such as in Argentina, the United States, Chile and even France, where the March 8 demonstrations were violently quashed. That is why, both at home and abroad, we still need to recognize the courage of women who dare to speak up for themselves, who dare to stand up for a more equal world. In many cases, these women are heroes who risk their lives to show their own children the value of freedom. This society belongs to everyone, but it belongs to me too.

I want my nieces and nephews to care about other people, to be interested in the wider world and to grow up truly believing that their gender identity has nothing to do with their abilities, their ambitions or their potential. I want them to learn tolerance and respect, but every year in Canada, religious communities take their kids out of their Catholic schools to join anti-abortion demonstrations on Parliament Hill. Ten- and twelve-year-olds are waving anti-abortion signs. This is as outrageous as it is sad. What message are we sending them?

People often talk about the great women of history, those who were involved in major social disruption. Of course they must never be forgotten. However, I want to take some time today to talk about ordinary great women, those who battle entrenched realities every day: architects, nurses, mothers, pregnant women, sex workers, refugees, politicians and homeless women. They are all making history, writing it and reshaping it as they strive to get ahead.

I also want to give a shout-out to all the “crazy bitches”, the “drama queens”, the “whores”, the “sluts”, the “fat chicks”, the “fat cows”, the “butches”, the “bimbos”, the “negresses”, the “lil' ladies”, the “witches”, the “stuck-up prudes”, the “babes”, and the “hey girls”. I want to talk to all of these women because every woman has been one of those things to someone at some point.

Today, I would like us to work together and I want to invite the men to join us too. We never talk about them, particularly not on International Women's Day, but they are important because, as equals, we protect each other. We respect each other as equals. We help each other get ahead as equals. I would like for men to help us help ourselves, for them to help us by helping themselves, for them to continue to want to be good role models for their sons and to show them that little girls are not less strong, less good or less courageous. They are just different, that's all. Girls have the same rights and responsibilities as boys, but, most importantly, they have the same freedom.

I would like to take this opportunity, in my privileged position as a member of the House, to say that I hope that one day all women will not just flirt with that freedom but fully assume it and be proud of it.

● (1020)

[*English*]

**Ms. Lindsay Mathyssen (London—Fanshawe, NDP):** Mr. Speaker, women in Canada and around the world continue to face many barriers and challenges. I appreciate the opportunity to raise some of them here in the House today. This is, of course, in part due to the cancelling of the 64th session of the Commission on the Status of Women due to the COVID-19 outbreak.

While this outbreak is having distressing impacts on people and communities around the world, like many diseases it will have a larger impact on those who are marginalized. This includes many women, particularly indigenous women and women in rural and remote communities.

This disease will also have a serious impact on unpaid and paid caregivers, health care workers who are on the front lines of this fight. Women comprise 82% of health care workers in Canada, and we need to make sure that the federal safety protocols for front-line health care workers are good enough to keep them safe and that the equipment they need is made available.

We know that our families, our communities and our country are stronger when women thrive. In Canada today, it is still all too common for women to experience discrimination and gender-based violence. We are seeing in reports that one out of two women has experienced sexual harassment in the workplace.

Canada and the global community have made it clear that violence and harassment in our society, including in our places of work, will not be tolerated and must end. That is why the International Labour Organization, which brings together governments, employers and workers, published a new international labour standard to combat violence and harassment for all. ILO convention 190 raises the bar, and Canada can and should be a leader as one of the first countries to ratify this agreement. It is our belief that the federal government has an important role to play in making work better, fairer and more secure for everyone.

In my community, as in many communities across Canada, there is a housing crisis. Everyone should have the right to a safe and affordable place to call home. However, for far too many women this is not a reality. Consecutive governments have neglected the housing crisis in Canada for far too long. The government makes inflated announcements, and when it comes to the actual dollars invested into housing, the Parliamentary Budget Officer found that the national housing strategy will spend 19% less on affordable housing than what was spent when the Conservatives were in power.

Housing is increasingly out of reach thanks to skyrocketing rents, demovictions and ballooning home prices. Parents lie awake at night worrying about how they can afford the family home, as costs keep going up but paycheques stagnate. Average rents rose in every single province last year, and today 1.7 million Canadian households spend more than 30% of their income on housing. This means that families in our communities are facing constant stress and impossible choices between rent or food and between living in substandard housing or relocating out of their community. Worse, they are facing the real risk of homelessness, especially when they are fleeing violence.

We are seeing women who are victims of violence being turned away from shelters across Canada due to a chronic lack of resources and funding. One in five shelters reports that it has not received funding increases in 10 years or more, a situation that is unsustainable. Shelters are essentially doing the same work year after year with far less money.

Our vision of Canada is one where women's organizations have stable funding so that women can access the support and advocacy they need when they need it. The government has been promising a national action plan to end gender-based violence for many years. This plan needs to be backed by funding to ensure that shelter services and other programs are available in all regions of the country, especially areas that have traditionally been underserved. It needs to be complemented by domestic violence leave policies in workplaces and improved police training on sexual assaults, and requires universities to develop plans to end sexual violence on campuses. The government also needs to address violence against indigenous women, girls and LGBTQI2S+ people by working with indigenous peoples to implement the calls for justice from the national inquiry.

There is also an affordability crisis in child care across this country. Families are struggling to find child care spaces and are forced onto wait-lists before their children are even born. Costs are unaffordable in many cities, and parents are forced to make impossible choices between delaying their return to work or paying huge amounts for the child care they need. Every parent across Canada should be able to find child care with a licensed provider who makes a fair wage. The government needs to work with other levels of government, indigenous communities, families and child care workers to ensure that care is inclusive and responsive to the needs of all Canadian children.

So much more needs to be done to address the many systemic barriers facing women today. The New Democrats commit to breaking down those barriers and advancing gender equality. We will not stop until the job is done. We owe it to women now and to the girls growing up to make the changes they need to be safe, secure and equal in every way.

● (1025)

[*Translation*]

**The Deputy Speaker:** I wonder if there is unanimous consent for the hon. member for Fredericton to say a few words about International Women's Day.

**Some hon. members:** Agreed.

**The Deputy Speaker:** The hon. member for Fredericton.

[*English*]

**Mrs. Jenica Atwin (Fredericton, GP):** Mr. Speaker, I thank my colleagues for the privilege of speaking today. I would like to thank the minister for her words and powerful statement and my colleagues for their words.

Ladies, life-givers, we make miracles and we are miracles. Today we celebrate sisterhood, the matriarchs, the clan mothers. We all have our own journeys. For me, I felt the most connected to my womanhood when I became a mother. I am a mom of two little boys, who see their mom working hard for Canada and giving a lot of time and attention to our citizens.

From the moment I announced my candidacy to taking my seat here in the House of Commons, the number one question I was asked is how I do it. What is it like balancing the demands of parliamentary life with the responsibilities of motherhood? The answer, as one might expect, is that it is difficult.

I know that seeing strong women in important positions makes them stronger, more balanced individuals with respect for all people of all genders. Even in saying this, I know it will not be that easy for us to set an example every day to be consistent and innovative in our approach to supporting women and creating opportunities for them all over the world.

[*Translation*]

While we celebrate women who are in decision-making positions and we acknowledge that a lot of progress has been made in reducing the wage gap, the fact remains that there is still a lot of work to be done.

[*English*]

Despite women's increased participation in the workforce, they continue to spend much of their time doing unpaid labour. On average, women continue to be the predominant providers of care to children and to family members with mental or physical limitations related to age or chronic health conditions. This mostly invisible unpaid labour means that working Canadian women spend an additional 3.9 hours per day performing household chores and caring for children, among other things.

[*Translation*]

While women are fighting against inequality in the workplace, they are also dealing with social expectations surrounding gender.

[*English*]

On top of it all, feeling like imperfect mothers and imperfect workers, women blame themselves for not being able to manage it all. Mom guilt is real. However, we sitting in the House know that good public policy and structural supports play an important role in shaping the experience of working mothers. We in the House need to pay particular attention to how achieving this balance becomes all the more difficult for low-income women, trans women, women struggling with mental illness, women with disabilities and women of colour.

When we invest in social services like long-term care, health care, pharmacare, mental health care, universal affordable child care and in protecting reproductive rights, we also invest in women. We normalize women's issues and interests, we level the playing field and we bring women closer to gender parity. I see the women of Canada, and they are spectacular.

* * *

● (1030)

## CANADA ELECTIONS ACT

**Mr. Don Davies (Vancouver Kingsway, NDP)** moved for leave to introduce Bill C-240, an act to amend the Canada Elections Act with regard to voting age.

He said: Mr. Speaker, I am honoured to rise today to introduce legislation that would extend the right to vote to all Canadians aged 16 and over. I would like to thank the hon. member for London—Fanshawe for seconding the bill.

The history of the franchise in Canada is one of constant expansion. At the time of Confederation, voting was restricted to male British subjects who were at least 21 years old and owned property. However, as our country progressed over the subsequent generations, voting rights were extended to women, Asian Canadians, indigenous people, those without property and those under 21 years of age. I believe it is time to give young people the full rights and responsibilities of citizenship as well.

Young Canadians are engaged, well informed and passionate advocates for a better future, for their future. Many young people work and pay taxes, but they have no say in how those tax dollars are spent. This disenfranchisement is unjustified and must change.

I call on all parliamentarians to make young people equal participants in our democracy by supporting this vital legislation.

(Motions deemed adopted, bill read the first time and printed)

*Business of Supply*

### PARLIAMENT OF CANADA ACT

**Mr. Don Davies (Vancouver Kingsway, NDP)** moved for leave to introduce Bill C-241, an act to amend the Parliament of Canada Act (change of political affiliation).

He said: Mr. Speaker, I am honoured to rise in the House today to introduce a bill that would address the issue of floor crossing, with thanks to the hon. member for London—Fanshawe.

Elections are an essential opportunity for voters to express their democratic preferences, but when parliamentarians cross the floor they unilaterally negate the will of their electors. This is a fundamental betrayal of trust.

For example, in my riding of Vancouver Kingsway, David Emerson ran as a Liberal in the 2006 election, only to immediately cross the floor to sit in the Conservative cabinet within weeks of being elected. Kingsway citizens of all persuasions were incensed. They know the only people who should have the right to determine which party represents a riding in the House of Commons are the voters themselves.

This legislation would not prevent MPs from leaving their caucus or changing their political affiliation, but it would require members who wish to join another party and sit with it to either obtain the consent of their constituents or sit as an independent until the next election.

I call on all members to support this fundamental democratic legislation and protect the basic rights of Canadian voters to choose how they wish to be represented in their House of Commons.

(Motions deemed adopted, bill read the first time and printed)

* * *

### PETITIONS

INDIA

**Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.):** Mr. Speaker, I rise today to table a petition signed by my constituents. The petition calls on the Government of Canada to condemn the national register of Indian citizens and national population register in India, and any excessive use of force by its police. It also asks the government to demand the withdrawal of India's Citizenship Amendment Act, national register of Indian citizens and national population register.

* * *

● (1035)

### QUESTIONS ON THE ORDER PAPER

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, I would ask that all questions be allowed to stand.

**The Deputy Speaker:** Is that agreed?

**Some hon. members:** Agreed.

**The Deputy Speaker:** I wish to inform the House that because of the ministerial statements, Government Orders will be extended by 23 minutes.

## GOVERNMENT ORDERS

[*English*]

OPPOSITION MOTION—PHARMACARE

**Mr. Don Davies (Vancouver Kingsway, NDP)** moved:

> That the House:
>
> (a) acknowledge the government's intention to introduce and implement national pharmacare;
>
> (b) call on the government to implement the full recommendations of the final report of the Hoskins Advisory Council on the Implementation of National Pharmacare, commencing with the immediate initiation of multilateral negotiations with the provinces and territories to establish a new, dedicated fiscal transfer to support universal, single-payer, public pharmacare that will be long term, predictable, fair and acceptable to provinces and territories;
>
> (c) urge the government to reject the U.S.-style private patchwork approach to drug coverage, which protects the profits of big pharmaceutical and insurance companies, but costs more to Canadians; and
>
> (d) recognize that investing in national pharmacare would help stimulate the economy while making life more affordable for everyone and strengthening our health care system.

He said: Mr. Speaker, it is a great privilege and an honour for me to rise on behalf of my colleagues in the New Democratic Party caucus and on behalf of the New Democratic Party of Canada and all of those Canadians from coast to coast to coast who care so deeply about our health care system.

It is timely to note at this time that Canadians find themselves in the grip of what can fairly be called a major public health crisis. The COVID-19 public health outbreak is affecting communities across our land. The one thing that Canadians feel extremely proud of and strong about at a time like this is that we have a strong public health care system that helps keep everybody across this country healthy and responds to keeping people healthy and, most importantly, regardless of anybody's ability to pay, but rather as a birthright of citizenship in this country.

That is why it gives me great pleasure to stand today and speak to an issue that represents an immediate, urgent and critically important gap that exists in our current health care system, and that is the lack of public coverage for prescribed pharmaceuticals, the medicines that Canadians need as their doctors prescribe.

I am going to cover four basic elements in my remarks today. I am going to read the motion, I am going to discuss the need, I am going to discuss the solution and I am going to talk about the responsibility that we have as legislators in this country.

First I will read the motion. New Democrats propose:

> That the House:
>
> (a) acknowledge the government's intention to introduce and implement national pharmacare;
>
> (b) call on the government to implement the full recommendations of the final report of the Hoskins Advisory Council on the Implementation of National Pharmacare, commencing with the immediate initiation of multilateral negotiations with the provinces and territories to establish a new, dedicated fiscal transfer to support universal, single-payer, public pharmacare that will be long term, predictable, fair and acceptable to provinces and territories;

(c) urge the government to reject the U.S.-style private patchwork approach to drug coverage, which protects the profits of big pharmaceutical and insurance companies, but costs more to Canadians; and

(d) recognize that investing in national pharmacare would help stimulate the economy while making life more affordable for everyone and strengthening our health care system.

I want to briefly review the need, the context in which the motion emanates, and what is really happening in all of our communities across our country.

Right now, as we gather today, one in five Canadians, that is 7.5 million people, either have no prescription drug coverage whatsoever or have such inadequate or sporadic coverage as to effectively have none at all.

Currently, each province offers different levels of drug coverage for different populations, creating significant and profound inequalities in prescription drug coverage between regions.

Canada currently does have a U.S.-style patchwork of more than 100 public and 100,000 private drug insurance plans. One in five Canadian households reports a family member who, in the past year alone, has not taken the prescribed medicine simply due to cost.

Nearly three million Canadians per year are unable to afford one or more of the prescription drugs their doctors prescribe as important and sometimes essential for their health. Of those three million Canadians who cannot afford their medications, 38% do have private insurance and 21% have public insurance, but these insurance plans are not sufficient to cover the medicine they need.

One million Canadians per year cut back on food or home heating in order to pay for their medication. One million Canadians per year borrow money to pay for prescription drugs.

● (1040)

Canadian adults are two to five times more likely to report skipping prescriptions because of costs than residents of comparable countries with universal pharmacare systems, like the United Kingdom. In fact, Canada is the only country with a modern economy that has universal health care coverage and does not provide some form of universal access to prescription coverage.

A recent study from the Canadian Federation of Nurses Unions reveals the human costs of this problem. It has found, just studying two different serious health conditions, diabetes and heart disease, that every year up to 1,000 people die purely because they do not have access to the medicine that would save them. That means that there are thousands of Canadians, if we include all medical conditions, maybe tens of thousands of Canadians, who die unnecessarily and prematurely because this country simply does not provide them with the medicine they need.

On the other hand, despite this horrific deficit in human terms, economically, Canadians perversely consistently pay among the highest prices in the world for prescription drugs due to our fragmented patchwork of drug coverage. In fact, prescription drug spending in Canada has increased every year since the current Liberal government took power in 2015. I am going to pause, because in 2015 the Prime Minister gave a mandate letter to then-Minister of Health Jane Philpott, and in that mandate letter he specifically tasked her, as a major goal, with reducing the cost of prescription drugs in Canada. I think Canadians know anecdotally that their access to drugs has not increased in the last five years, and they know that the price of prescription drugs certainly has not gone down.

I wanted to get the scientific answer to that question, so two months ago I wrote a letter to the Canadian Institute for Health Information, CIHI, and I asked what has happened to drug prices in Canada since 2015, when the Liberals took power. What it found was shocking. It found that on absolute terms, Canada as a country has spent more money every single year on prescription drugs since the Liberals took office and, on a per capita basis, each Canadian in this country has spent more money on prescription drugs every single year since the Liberals came to power.

That mandate, which was given in 2015, to reduce prescription costs has not only gone completely unfulfilled, it has actually gotten worse. From an institutional point of view, prescription drugs represent the second-largest category of spending in Canadian health care, surpassing spending on physician services. Only what we spend on hospitals costs us more as a nation than what we spend on prescription coverage.

What happens when patients cannot afford their prescription drugs? Besides getting sicker, which I will talk about in a moment, they access provincial and territorial health systems more often as their condition deteriorates. In 2016 about 303,000 Canadians had additional doctor visits, about 93,000 sought care in emergency departments and about 26,000 were admitted to hospital after being forced to forgo prescription medication due to cost.

HealthCareCAN, the national voice of health care organizations and hospitals across Canada, estimates that between 5.4% and 6.5% of all hospital admissions in Canada are the result of cost-related non-adherence to prescription medication, resulting in costs that they estimate to be at least $1.6 billion per year.

It has been almost one year, a Parliament and a general election ago, since the Hoskins advisory council on the implementation of national pharmacare issued its report. What was the conclusion of that Liberal-appointed committee, headed by a former Liberal minister of health from Ontario, a committee that crossed the country listening to consultations from every stakeholder group across the country?

● (1045)

What did the committee recommend this Parliament do? It said that Canada must implement universal, single-payer public pharmacare and get started on it now. Not only that, it gave us a blueprint.

The Hoskins advisory council told Parliament to work collaboratively in partnership with provincial and territorial governments to begin the implementation of national pharmacare in 2020, right now. It advised that we should have federal legislation in place by January 1, 2022, that outlines how governments will work together and share costs. It listed federal responsibilities and said that legislation must include the steps required for provincial and territorial governments to opt into national pharmacare. That is in less than two years.

The council said that Parliament must act immediately so that we offer universal coverage for at least a list of essential medicines by January 1, 2022. That is about 20 months from now. It suggested that we implement a detailed national strategy and distinct pathway for funding and access to expensive drugs for rare diseases by January 1, 2022, and said that this country needs to offer a fully comprehensive formulary, covering all medicines that Canadians need, that are cost-effective and that are required to keep them healthy and covered by a public single-payer system, no later than January 1, 2022.

Liberals often accuse the NDP of being in a hurry. Let me just pause for a moment and review the history of pharmacare. It was in 1964 that the Royal Commission on Health Services, chaired by Justice Emmett Hall, who was appointed by the Conservative then prime minister John Diefenbaker, issued a report to Canadians saying that Canada needed to offer prescription drug coverage in this country. That was almost half a century ago.

It was 23 years ago, in 1997, that the Liberal Party of Canada promised Canadians in a platform, in writing, that if the Liberals were elected and given the privilege of serving as the government they would bring in public pharmacare and they would produce a timeline in that Parliament for doing so. Incidentally, the Liberal government has had at least three majority governments since then, as well as a minority. They have had 13 years of majority government and minority government to make that happen since that time, and they have failed to do so.

Is half a century for bringing necessary medicine to Canadians too much of a hurry? Is 23 years to have a political party deliver on a promise that it made to Canadians in a solemn platform, in a public way, too much of a hurry?

Almost a year has passed since the Liberal-appointed advisory committee recommended the same thing as seven different royal commissions, task forces, Senate committees and House of Commons committees of all types have recommended and come to the same conclusion on. I want to pause and emphasize that every single body that has ever looked at this question of what is the most effective, efficient and fair way to make sure that all Canadians get the medicine they need when they need it, has found that it is through a public single-payer model.

The NDP does not just talk. We act. We do not dawdle. We work, we create and we deliver. The NDP has done the work that the Liberals promised to do and have failed to do, and that the Conservatives refused to even commit to. That is, we have drafted the very first, historic, groundbreaking legislation to make pharmacare a reality in the Canada pharmacare act. We will be introducing that legislation in the House of Commons in the weeks ahead.

What would the proposed act do? It is based on the recommendations of the Hoskins advisory council, along with the other expert reports, and we have modelled it on the Canada Health Act because prescription medicine should be covered, like every other medically necessary service, through our public health care system.

Our act would enshrine the principles and national standards of pharmacare in federal legislation, separate and distinct from, but parallel with, the Canada Health Act.

● (1050)

That means that the federal government would take a leadership role and ensure pharmaceuticals were delivered to Canadians just as other services are delivered, with provinces respecting the principles of universality, comprehensiveness, accessibility, portability and public administration.

Like the Hoskins report, our legislation would come into force exactly when Dr. Hoskins said it should: on January 1, 2022. The bill says that the federal government should take leadership by providing a stable fiscal transfer to the provinces that agree to respect the principles of it and make sure their citizens get the drugs that are covered on a negotiated formulary at no cost, just like they do every other medically necessary service.

I want to pause a moment and go to those who cannot afford it. Study after study, from the Parliamentary Budget Officer to academics, says that we can cover every single Canadian in this country and save billions of dollars doing so. The Parliamentary Budget Officer, using conservative assumptions, said that we would save $4.2 billion every single year by bringing in public pharmacare. Academics have said that is a low estimate and it would be billions more.

Why is that? It is because by bringing pharmacare under our public health care system, we could have national bulk buying led by the federal government for 37.5 million Canadians. We could have streamlined administration. We could take those 100,000 separate private plans and fold those into a single streamlined, efficient and effective administration program in each province. We would save money from the results of cost-related non-adherence, because we know that when Canadians do not take their medications, they get sicker, and when they get sicker, they end up in the ICU.

It has been estimated that having one diabetic in the ICU for three or four days because that person did not take his or her insulin costs more money than giving that person free insulin for life. That is the kind example I am talking about, and we would save money by having universal pharmacare.

Finally, we would save money by using a disciplined, evidence-based formulary, and by having an independent body in this country that assesses medication based on science and that gets the best value for money and efficacy. That would form the basis for prescribing practices in this country, and it would better prescribing practices.

It is time to act. Canadians cannot wait any longer for this and should not have to wait any longer. This is an essential health care policy initiative. It is essential from an economic point of view. It has been found that an average Canadian family would save $500 a year with public pharmacare and that the average employer would save $600 per insured employee. I have rarely seen a public policy that has broader stakeholder agreement than public pharmacare.

Outside of the pharmaceutical companies and the insurance companies, every single stakeholder group that appeared before the Standing Committee on Health said that it supported what the New Democrats are proposing. Employers support it because they want a healthy workforce. They know that pharmaceuticals are the fastest-growing and most expensive part of their extended private health care plans, and they cannot afford it. They know it is better to have this delivered through the public health care system. That is why Canada spends less money per capita than the United States does in delivering health care, and we cover every single Canadian.

It is time to act. I no longer want to hear the Liberal government give excuses about why it cannot move faster and it is studying the situation and has work to do. I have never heard the Prime Minister or the health minister, or in fact any Liberal health minister since 2015, utter a commitment to public health care. I have heard the Liberal finance minister tell his business colleagues that he prefers a U.S.-style private-public patchwork, but there has been radio silence from the government on public pharmacare. That ends today.

I challenge my Liberal colleagues to stand in the House today and tell Canadians if they support public pharmacare or if they support a private, U.S.-style patchwork. Canadians deserve to know. After 50 years of study after study telling us that Canadians need pharmacare, the New Democrats are going to continue to fight for patients and do what we have always done, which is to create and build public health care in Canada, just like Tommy Douglas envisioned back in the 1940s.

We are going to continue working hard until every Canadian has pharmacare, dental care, eye coverage, auditory coverage and full comprehensive coverage under a public health care system.

● (1055)

**Mr. Gagan Sikand (Mississauga—Streetsville, Lib.):** Mr. Speaker, historically our Liberal government did implement universal health care, with input through provincial NDP, and it is one of the cornerstones of our country. However, I would be remiss if I did not ask this question on behalf of my riding.

I represent a high concentration of pharmaceutical companies, colloquially known as Pill Hill, and they want us to strike a balance as we move forward. Their concern is that if we move too quickly, we are going to end up with a subpar health care system, because we are going to stymie innovation.

My position is, of course, that we want full pharmacare, but we want to strike that balance. I would like to know if my colleague could speak to that.

**Mr. Don Davies:** Mr. Speaker, to be more precise, we have public health care in this country because of the work of NDP MPs in the 1960s who worked together in a Liberal minority Parliament, the Pearson government. However, I would say that this provides another historic opportunity today, in my view, because the Liberals and the New Democrats together have enough votes in the House to make that next important expansion of our public health care system, which was always envisioned.

I want to speak to whether we are moving too fast or not. I will reiterate that pharmacare was envisioned as a critical piece of our public health care system back in 1964. My colleague's own party pledged to Canadians that it would bring in public pharmacare in 1997, but here we are in 2020, and the Liberals are saying, “I think we're moving too quickly.”

The most pointed answer I could give to my hon. colleague is that this motion today simply calls on Liberal colleagues to follow the recommendations of their own Hoskins advisory council, which recommended a timeline and provided a blueprint that requires us to work on legislation this year and commit to a public pharmacare system.

I still have not heard from my Liberal colleagues, but I will ask them every time: Do they or do they not support public pharmacare?

● (1100)

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Mr. Speaker, I was listening carefully to my colleague's speech. He knows I have an interest in this particular file, and I have more of a comment than a question.

When the member talked about single-payer, streamlining and efficiency when referring to national pharmacare, I hope he does not envision it from the same people who ran Phoenix or the F-35 procurement and who run most of the government. The CRA typically fails at delivering the needed services for taxpayers.

I will give a specific example, because the only time the member mentioned rare diseases was when he was quoting from the Hoskins report. I have an example from my riding where the public health care system failed in my province.

Sharon Lim and Joshua Wong are users of the public health care system. There is a drug approved through CADTH, and there are approved drugs in Canada, but this one is not approved for reimbursement through a public insurer, which I think the national pharmacare system would make even worse. In their particular case, they cannot even get access through the special access program to a competing drug. This is a perfect example of a problem that is unique to the public insurance system, which will be made worse.

I heard the member talk about cost-effectiveness and value for money, but those are decisions that should be made by patients and their doctors, not by bureaucrats in these towers here in Ottawa. This will affect patients with rare diseases such as cystic fibrosis, Alport syndrome and every single rare disease out there.

**Mr. Don Davies:** Mr. Speaker, I deeply appreciate my hon. colleague's concern for those with rare diseases and I absolutely agree, as the health critic for the NDP, that we need to find a better way for families suffering across this country and individuals who have rare diseases who cannot get access.

Interestingly, the example the member points out is a family who, under the current system, under the current private-public patchwork, cannot get access to the drugs they need. This is why the NDP is proposing a solution.

In the 1960s, there was a great debate in this country over public health care, and a very common argument against public medicare was that Canadians would not be able to get the services they need. That turned out to be a hollow argument.

Would Canadians today give up their public health care system and trade it for the U.S. style, the private-public patchwork? Do they think that would be a better way to access health services? No, because in this country Canadians know that every Canadian should get access to the health care they need, regardless of their ability to pay. We say the same thing should happen with prescription medicine.

It is absurd to have a medicare system that does not cover medicine. We know that the most efficient way to deliver health care services is through the public model. Study after study proves that. It is not me saying that, but academics, stakeholders and industry groups. It is renowned around the world. This is the best way, and that is why every single country does this.

[*Translation*]

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, I appreciated my colleague's passionate speech.

Quebec has had a pharmacare program since 1996, and it might even be due for some upgrades. Can my colleague explain why no other province has adopted such a program since 1996?

[*English*]

**Mr. Don Davies:** Mr. Speaker, it is a pleasure to sit with my hon. colleague on the health committee.

The member pointed out that Quebec has been a leader in this country on universal pharmacare. It is the only province right now that covers all of its citizens' pharmaceutical needs.

There are some criticisms of the model that Quebec uses, because it has a hybrid model that requires employers to cover their employees, while anybody else is covered by the public system. The health committee heard evidence that we should specifically not adopt that model for all of Canada, because Quebec has the highest per capita cost of delivering prescription drugs in the country.

Consequently, New Democrats believe it will benefit the Government of Quebec and Quebeckers to remain involved in the project we propose, considering its clear benefits to the people of Quebec, but we totally respect that it is Quebec's decision to retain its own system. It could absolutely withdraw from national pharmacare and use those funds to improve its existing system.

The NDP would like to sit down with all provinces, including Quebec, and look at how we can build a national system for delivering pharmacare, similar to the way we worked together on health care. However, it will absolutely be up to Quebec to decide if it wants to opt in or opt out, with federal compensation, because we respect Quebec's ability to do so if that is Quebec's choice.

● (1105)

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Mr. Speaker, I thank my colleague from Vancouver Kingsway for the motion, which is something we have talked about in this place before. As he has said many times, after many years—decades, in fact—it is high time that we got something done on this file.

I would like him to speak a little more on something that I always find strange in this debate. A lot of members from other parties routinely stand and say they want efficiency in government and less money spent overall. We know that prescription drug coverage for provinces is one of the major cost drivers in health care. Drug coverage on a federal scale is a way to drive down those prices, which are putting upward pressure on provincial budgets. It is always mystifying to me that when we come up with an idea that would, without sacrificing services, drive down the cost of something that governments are already providing, we do not see more support on the other side of the House.

I wonder if the member could speak to that phenomenon and maybe help Canadians understand how that could be.

**Mr. Don Davies:** Mr. Speaker, I thank my hon. colleague from Elmwood—Transcona for the wonderful work he does on behalf of his constituents in the House. He is a fine parliamentarian.

It is so important to emphasize to Canadians the economic advantages of what New Democrats are proposing. The Parliamentary Budget Officer, taking 2016 as a model year, calculated the amount spent in the country during that time on all drugs that would be covered under a pharmacare system. He found that about $24 billion was spent that year. He then ran a model to find out what would have been spent if there had been a public single-payer system covering exactly the same drugs. He found that $20 billion would have been spent, and that is with conservative assumptions.

He attributed no savings to cost-related non-adherence. He attributed no savings to streamlining the administration. The savings came only through bulk buying and a more disciplined way of delivering these drugs to Canadians.

As I said in my speech earlier, that is low. There are academics who say we will save much more, between $6 billion and $8 billion to $10 billion per year. As an economic imperative, this is essentially a policy no-brainer.

I want to come back to the most important thing of all, and that is Canadian patients. We should not be content in this country when seven and a half million Canadians cannot get medicine. We cannot be okay with that. We cannot be content with that when we know there is a way to make sure all Canadians get the medications they need. This is imperative.

New Democrats are asking the government and the Liberals to act now, commit to public pharmacare and endorse the Hoskins advisory council's recommendations. Let us get to work and provide pharmacare to everybody.

**Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.):** Mr. Speaker, I am certainly pleased to stand today to address the motion from the hon. member for Vancouver Kingsway. I congratulate him on his speech and I thank him for his work on the health committee.

The government is committed to implementing a national universal pharmacare program that ensures that all Canadians have access to the prescription drugs that they need. This is our goal, as clearly stated in the 43rd Speech from the Throne. It is a goal that we have been working towards for some time. While we are now closer than ever, it is important that we continue our measured, considered approach to implementation. We need to get this right.

This morning I will explain the steps the government is taking to make prescription drugs more accessible and affordable for Canadians. I will also explain why these actions are key to the implementation of a national pharmacare program.

Canadians should not have to choose between buying groceries and paying for medication, but for many people, paying for prescription drugs is a heavy burden and for others it is completely out of reach. Surveys show that more than seven million Canadians are either entirely uninsured or under-insured.

This means that many of these Canadians cannot afford to fill their prescriptions. They simply do without the medication they need. If their health absolutely depends on taking these drugs, they may forgo necessities, such as food and heat, so that they can pay for their prescriptions. We can no longer afford to do nothing. We cannot afford to wait.

That is why we asked Dr. Eric Hoskins and a panel of eminent Canadians to provide the government with a blueprint for a national pharmacare program. After hearing from many thousands of Canadians, the council found a consensus of opinion that everyone in Canada should have access to prescription drugs based on their need and not on their ability to pay.

The government shares this view. With national pharmacare on the horizon, addressing the affordability of drugs is imperative.

How do we do that? The first step is to update specific parts of our regulatory regime and bring them into line with the rest of the world.

Let me begin with a few words about the evolving use of pharmaceuticals in Canada and the associated increasing costs, costs that impact everyone.

Pharmaceuticals are important to the health of Canadians and a vital part of Canada's health care system. Drugs help cure or manage previously debilitating or fatal diseases, allowing Canadians to live longer and healthier lives. Diseases that were deadly 100 years ago, such as tetanus, diphtheria, polio and many others, can now be prevented by vaccination. An HIV/AIDS diagnosis was a death sentence at one time. New drugs offer innovative treatments for diseases like arthritis, hepatitis C and many types of cancer.

All this innovation comes at a cost. It is part of the reason that Canadians are paying higher prices for prescription drugs than they should. Patented drug prices in Canada are the third-highest in the world, behind only the United States and Switzerland. Canadian prices are, on average, almost 25% more than the OECD median for the same patented drugs. As a result, the private and public drug plans that cover the majority of Canadians are rapidly becoming unsustainable.

Let me give an example. Diabetes affects an estimated 3.4 million Canadians and is one of the leading causes of death in Canada. Canada spends nearly $600 million annually on new oral anti-diabetic drugs. The two top-selling oral anti-diabetic drugs cost Canadian public drug plans close to $1,000 per year per patient, twice as much as in France. Imagine the savings if Canada paid France's prices for these drugs. That is a lot of money. It is money that could be used to cover the cost of drugs for people with limited or no insurance coverage.

A second example is a drug used to treat a rare soft-bone disease. This disease used to be almost always fatal, but this drug changed the prognosis. However, it is one of the most expensive drugs in Canada, costing more than $1 million per year per patient, depending on the required dosage. Unfortunately, this high price resulted in difficult decisions and delayed access to the drug for many Canadians.

If Canada paid lower prices for all drugs, there would be more money available in drug plans to provide better coverage or to provide coverage to those without insurance.

● (1110)

Even outside the area of rare diseases, pharmaceutical costs keep going up. Drugs are now the second-largest category of spending in health care, and biologics and other specialty drugs account for an increasing share of these total drug costs. This rate of growth in drug costs is unsustainable, and it is hurting Canadians every single day.

As a trend toward higher-cost specialty drugs continues, we cannot continue to pay higher-than-average prices for drugs. What could we do? The answer is not to spend more. We already spend more per capita on pharmaceuticals than nearly every country in the world. We need a solution to bring fair prices and sustainable drug costs for Canada.

Part of the problem was that Canada's approach to patented drug price regulations was outdated. Our previous pricing regulations were established in the 1980s. We have more than 100 different public drug plans and thousands of private drug plans, which means that drug coverage is provided by a patchwork of payers.

It was well past time to bring these regulations into the 21st century. Canada needed a modernized approach to regulating patented drug prices, one that would provide long-term sustainability and protect Canadians from excessive prices. That is why last summer the government modernized the patented medicines regulations to provide the Patented Medicine Prices Review Board, or PMPRB, with the tools and information it needs to protect Canadians from excessive prices for patented medicines.

I want everyone to remember that Canada pays the third-highest costs in the world. As a comparison, we pay double what France pays on some drugs.

We will now benchmark prices against countries that are similar to Canada economically and similar from a consumer protection standpoint. Previously, the price ceilings for patented drugs in Canada were set by comparing our prices against prices in seven predetermined countries: France, Germany, Italy, Switzerland, Sweden, the United Kingdom and the United States. The list of countries has now been updated by removing the United States and Switzerland and adding Australia, Belgium, Japan, the Netherlands, Norway and Spain, for a total of 11 countries as comparables.

We then wanted the PMPRB to see the actual prices being paid in Canada, not just the list prices being published by pharmaceutical companies. When the PMPRB was created, the market prices of drugs matched the list prices. Over time, as a result of the significant confidential discounts and rebates negotiated by third party payers, actual prices paid in the market became significantly lower than list prices. Without access to this information, the PMPRB was left to regulate domestic price ceilings based on inflated list prices.

With the modernized regulations, patentees will be required to report Canadian price information as the net of all adjustments, such as rebates and discounts, so that the PMPRB is informed of the actual market prices being paid in Canada.

Finally, we wanted to consider the value that a drug offers and its overall affordability. Most other countries with national pharmacare programs already do this. When setting a price, we need to consider three things. First is the value for money: Does the drug offer a therapeutic benefit that justifies its cost? Next is the size of the market: How many people will benefit from the drug? Last is to consider Canada's GDP and GDP per capita: Can we afford to pay for the drug?

These changes will provide the PMPRB with the tools it needs to protect Canadians from excessive drug prices and bring us in line with the policies and practices of most other developed countries. This was a critical step toward improving the affordability and accessibility of prescription drugs. Taken together, we anticipate that these regulatory changes will save roughly $13 billion over the next 10 years. That is a significant saving for Canadians.

From those savings, public and private drug plans will have greater capacity to improve benefits for plan members or to consider new therapies not currently covered. All Canadians, including those with drug plans and those paying out of pocket, will benefit from lower prices for prescription drugs.

Modernizing pricing regulations complements the work already under way at Health Canada to streamline the regulatory review process for drugs by enabling priority drugs to reach the market more quickly. It supports the work already taking place under the pan-Canadian pharmaceutical alliance to negotiate lower prices for prescription drugs. As a member of this alliance, the Government of Canada is able to combine its buying power with that of the public plans in the provinces and territories.

● (1115)

It is estimated that the alliance saves public drug plans more than $2 billion a year. Successful negotiations result in more affordable prescription drug prices for public plans and lower generic drug prices for all players.

Before we can implement a national pharmacare program in Canada, we have to address the rising cost of drugs in the country by taking the steps I have outlined. Doing so will improve the viability of a national pharmacare program. National pharmacare, in and of itself, would be another step that could help us control drug prices.

I am confident that this government is on the right path. We are now exploring options as we move forward with a national pharmacare plan, and we are making significant investments.

Budget 2019 earmarked $1 billion over two years beginning in 2022, with up to $500 million ongoing to help Canadians with rare diseases access the drugs they need. This is very important. This is an investment that must be made.

Budget 2019 also proposed $35 million over four years to support the creation of the Canadian drug agency, an important step toward a national pharmacare program. We have pledged to work with provinces, territories and stakeholders on the creation of the Canada drug agency. This agency could use its negotiating power to achieve better prescription drug prices on behalf of Canadians. Negotiating better prices could help lower the cost of prescription drugs for Canadians by up to $3 billion over the long term.

I appreciate the opportunity to discuss some of the important work we are doing to prepare for the implementation of a national pharmacare program. Part of this effort involves addressing the affordability of prescription drugs, an essential building block for pharmacare. To do that, we have brought our regulatory approach to pharmaceutical pricing in line with approaches that are used in the rest of the world. The actions we have taken to improve the system will help to bring down the prices of prescription drugs.

I would very much like to thank the hon. member for Vancouver Kingsway for his motion. I am pleased to say that we are moving forward steadily. Each of the actions I have described today is helping to pave the way for an effective pharmacare program.

From bringing down prescription prices to improving the management of these drugs in our health care system, we are taking the time necessary to get this right, keeping in mind that the provinces and territories will have a key role to play in determining how pharmacare will take shape.

Pharmaceuticals are an important part of Canada's health care system. That is why federal, provincial and territorial ministers of health have made affordability, accessibility and appropriate use of prescription drugs a shared responsibility.

The updates we have made to the patented medicines regulations, when taken together with the Patent Act, will provide the PMPRB with the tools to protect Canadians consumers from excessive patented drug prices.

All of these measures are important steps in our plan to prepare for the implementation of a national pharmacare program. It is critical that the government work closely with the provinces and territories, as they play a key role in the development of a drug agency, the strategy for high-cost drugs and for rare diseases. Together we are making progress toward a more efficient and effective system.

Based on these initiatives and others I have outlined today, it is clear that we are in fact moving forward with the recommendations from the Hoskins report. I am pleased to support today's motion and urge other hon. members in the House to do so as well.

We must continue to collaborate with the provinces and territories. Our government looks forward to continuing these discussions while taking the critical next step to implement national universal pharmacare.

● (1120)

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Mr. Speaker, we are here 23 years after the Liberals initially promised this in their platform. They have had many years of majority government since making that promise. We just came off a Liberal majority government and the Liberals have not even had a meeting with the provinces to discuss the idea, to feel them out and see where they are with this.

If the Liberals are really serious about developing a single-payer national public comprehensive pharmacare plan, when will they call a meeting with the provinces for the express purpose of figuring out what the concerns of the provinces are so they can start to develop a plan to deal with those and make an offer that would be acceptable to the provinces to move ahead on? I do not want NDP MPs standing here 23 years from now, talking about 46 years of inaction by the Liberals. They first promised it in 1997.

When is the government going to actually convene a meeting with the provinces to talk about a national pharmacare plan? When is it going to happen?

**Mr. Darren Fisher:** Mr. Speaker, a lot of work has already happened in the last couple of years. A lot of collaboration has already begun and there are a lot of positive steps.

As we move forward on implementing national pharmacare, we have to continue to collaborate with the provinces and territories. I believe there is a meeting very soon, this spring in fact. Our government looks forward to continuing these discussions while taking critical next steps to implement national pharmacare.

**Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC):** Mr. Speaker, the parliamentary secretary specifically referenced the cost of drugs and what the government was doing to try to address that. I would just give this feedback for the member and for the government.

I was contacted last night by Theresa from my riding, who is the grandmother of nine-year-old Ruby. Ruby has cystic fibrosis. She has to do all sorts of things that kids her age never would have to contemplate, and it is very hard on her and her family.

Theresa specifically has said that Trikafta is not available. She says:

> And now we have a government who is overhauling this already cumbersome system starting with the PMPRB...who has been mandated to decide the ceiling price that will be paid for prescription medicines. However, they have not been differentiating medicines for rare diseases, like cystic fibrosis, from more common diseases. They just want to get the medicines at the lowest price they can. We all want that, however, it isn't reasonable to think that rare diseases should be decided upon the same way others are as research development for rare diseases requires a will to proceed that is a far greater commitment of pharmaceutical firms.

The member has said that his government is trying to take action on the cost, but he is actually denying access for important medicines to help children like Ruby.

Could the member explain to Theresa why his government's plan is benefiting Canadians, particularly those who are wrestling with this horrible disease?

● (1125)

**Mr. Darren Fisher:** Mr. Speaker, this is a very serious issue. We need to do some serious work on a rare diseases strategy for Canadians. It is very important. As it pertains specifically to Trikafta, the company has not submitted an application to market this product in Canada.

However, working toward the rare diseases strategy, budget 2019 put forward a billion dollars over two years and $500 million each year ongoing to come up with a way to solve this issue so Canadians have access and affordability.

I spoke about the fact that we paid the third-highest prices. Why is Canada paying the third-highest prices for pharmaceuticals in the world? Why is it twice as much as some countries? Why are we paying 25% more than OECD countries on average? We need to find a balance between affordability and accessibility so all Canadians can be safe and healthy.

[*Translation*]

**Ms. Louise Chabot (Thérèse-De Blainville, BQ):** Mr. Speaker, I would point out to the government and all members that Quebec did not wait for an agreement to be negotiated with the provinces before bringing in its own program, because we believe it is important that everyone have pharmacare coverage.

I would like to focus specifically on the cost of prescription drugs. We are talking about a universal program, but the cost of medication is a serious problem. Canada has the highest drug costs in the OECD. Drug patent policies, for example, are a federal jurisdiction, and no action has been taken on that. In our health care system, drug prices have the highest inflation rates.

I would like to know how we can incorporate lower drug costs into a real policy.

**Mr. Darren Fisher:** Mr. Speaker, I thank my colleague for her question.

[*English*]

I want to congratulate Quebec on doing a great job with moving toward national pharmacare. Quebec has one of the models for our country.

As the member said, Canadians do pay the highest prices in the world for prescription drugs, the third-highest behind the United States. We already have done more than any government in a generation to lower drug prices. We have new rules on patented drugs that will save Canadians over $13 billion. We joined the pan-Canadian pharmaceutical alliance. Now we are taking the next critical steps to implement national pharmacare. We will not rest until Canadians can get and afford the medications they need.

**Mr. Ken Hardie (Fleetwood—Port Kells, Lib.):** Mr. Speaker, we have heard in the past that the patchwork quilt of programs available to people cover perhaps as many as 60% of Canadians. However, as has been pointed out, this leads to inefficiencies and higher prices. One concern that many would have is whether a move to a single-payer public system to cover the costs of pharmaceuticals would involve a shift of costs from private companies, which currently contribute through their individual plans, to the government.

**Mr. Darren Fisher:** Mr. Speaker, I would not want to presuppose an outcome or what may or may not come to be when so much of the responsibility, so much of partnership with the federal government will be the provinces and territories. It is so important to not try to foist upon provinces and territories what the federal government wants, but to work closely with the provinces and territories to determine what is best for them and for Canadians to ensure access and affordability for all Canadians.

● (1130)

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Mr. Speaker, I want to thank the parliamentary secretary for laying out the government's position on this motion.

Many members know I have a lot of problems with the way we currently have our system designed. I am worried that a national pharmacare system will compound all those problems.

The parliamentary secretary did not address the fact that a lot of medications today are a substitute for surgeries and things that would have required a hospital stay in the past. He did mention CADTH and the Canadian drug agency. Therefore, I have a two-part question.

First, will the Canadian drug agency be subject to the Auditor General, to parliamentary oversight and to the Access to Information Act, the way CADTH is not today? CADTH is not subject to any type of parliamentary oversight, which was discussed once at the Standing Committee on Health.

Second, with respect to the $1 billion that has been set aside in future budgets for rare diseases, there are no details on that. I have a lot of patients in my riding with different rare diseases, such as cystic fibrosis. Cambia has been refused twice now, on October 2018 and November 2017, by CADTH, a government agency, and Trikafta is not coming to Canada. The Prime Minister even got the name of the medication wrong yesterday when he called it “trifacta”. When will cystic fibrosis patients get the medications they need? Also, will any of these agencies be subject to parliamentary oversight?

**Mr. Darren Fisher:** Mr. Speaker, this is a very sensitive and serious issue in Canada. We spoke earlier about Trikafta and how there had been no application for its approval in Canada yet. I know there are other issues.

For serious or life-threatening conditions, such as cystic fibrosis, there is the special access program. It does work and it has worked. However, we would not necessarily put specifics on what the $1 billion looks like until we form a partnership with the provinces and territories in order to move forward.

The $1 billion over two years and the $500 million ongoing each year is to ensure we can solve these problems the member has spoken about in the House before, which, frankly, are very serious and affect me personally.

I appreciate the comments of the member and the questions he has asked. We know we have to work on a rare diseases strategy. We have put the money in budget 2019 and in future budgets. We will continue to do the absolute most we can for Canadians.

**Mr. Matt Jeneroux (Edmonton Riverbend, CPC):** Mr. Speaker, it is an absolute pleasure to split my time with the member for Mégantic—L'Érable, my seatmate and a well-informed member on this topic.

I think members from all parties can agree that we want Canadians to receive the best possible health care. However, universal or national pharmacare would have serious implications for all Canadians, without changing the status quo for most. According to a 2017 report by The Conference Board of Canada, 98% of Canadians either have or are eligible for private or public drug coverage, so we know that the vast majority of Canadians can access the medications they need without financial burden.

If we implemented a universal pharmacare program, this would not be the case. To pay for a universal system, taxes would have to be raised for all Canadians. We do not know how much that could cost, but estimates are around $15 billion annually. Under a universal system, the most vulnerable Canadians would see their cost of living go up due to higher taxes.

Canadians who currently have the coverage they need would give up some of their disposable income to fund the new system, while seeing no change to their quality of life or access to prescription medication. One thing I consistently hear from my constituents is that they cannot afford more taxes. They cannot afford higher living costs. Things are stretched tight as it is.

The government needs to be mindful of the economic times we are in. Oil prices are in free fall, COVID-19 is predicted to have significant impacts on our economy, rail blockades caused millions of dollars in lost economic development and companies are rethinking investing in Canada because of our “political climate”. Just yesterday, the TSX fell by almost 700 points, and we are now in what is called a bear market.

We are in uncertain times. Some have even called it uncharted territory. Right now, many Canadians are worried about their jobs and livelihoods. Now is not the time to implement a pharmacare program that would come at a massive cost on the backs of taxpayers. I am especially worried because of the huge deficit we already have, which is close to $30 billion. In December of last year, finance department documents showed it was at $26.6 billion and expected to keep rising. We will find out more when the finance minister releases his budget on March 30, the date we finally learned just yesterday.

We have this huge deficit, and I am still scratching my head and wondering why. We have been in relatively good economic times for the past few years. Canada was in good shape until 2015 thanks to the previous Conservative government that had the restraint to save and make tough decisions. The government has squandered that good fortune. Instead, it has gone on a spending spree and racked up unsustainable levels of debt and will leave the bill to our children and grandchildren.

Most economists know that one saves money in the good times and puts money away for a rainy day, as the saying goes. That did not happen, and now we are heading into a series of stormy days. The government cannot give any sort of clear answer on how it is going to respond to a recession. My guess is that it has no idea.

This is a crucial time for Canada. Companies no longer see Canada as a place to make a safe investment. The government has actively worked to shut down the energy industry with legislation like Bill C-69 and Bill C-48. Thousands of hard-working men and women are finding themselves out of work in my home province of Alberta, and this has had a ripple effect on the entire economy. What does all this have to do with pharmacare? As I said earlier, Canadians cannot afford higher taxes, especially in these uncertain economic times.

In last year's budget, the government pledged to work with provinces, territories and stakeholders to create the Canadian drug agency and to spend $35 million to establish a Canadian drug agency transition office. The government's advisory group was headed by a former provincial Liberal, Dr. Eric Hoskins, a man who is no stranger to endless deficits and debt. It is no surprise that the report he authored recommended the creation of a universal system. It is always buy now, pay later.

The Canadian Chamber of Commerce has warned the government of the impact on workers should pharmacare be implemented. Its chief economist, Trevin Stratton, said millions of Canadians would lose access to medications they have under the current plans. He said the government needs to “carefully reflect” on how millions of Canadians who already have access to prescription drug coverage would be impacted.

● (1135)

Some families experienced this recently when the Ontario government implemented free prescription medication for people under the age of 25. This program, OHIP+, cost roughly $500 million a year when it was implemented in 2017. Private insurance for those under the age of 25 became obsolete. Many parents complained that medications for rare diseases were not on the list of approved medications under OHIP+. These medications had been covered under private insurance.

I worry that the same thing will happen with this government when it implements a universal pharmacare system across the country. The prescription medication that many people are currently using and covering the cost of through their private insurance may become unavailable if not approved.

Not only will a universal system put more strain on Canadians through higher taxes and deficit, but access to much-needed prescription drugs may be threatened. The Liberals have been promising a pharmacare plan for decades and have done absolutely nothing about it. It was in their 1997 election platform and was promised again in 2004. Any promises to implement pharmacare are purely for political posturing. In fact, their 2019 budget contained almost no health care money until 2022, well after the election.

We on this side of the House know that one of the best things we can do to help Canadians is keep taxes and the cost of living low. Fiscal restraint is required to ensure the prosperity of our future generations. We need to make good decisions now, and I do not believe adopting a universal pharmacare program is a smart decision. As I stated, it would have serious financial impacts through higher taxes and bigger deficits. It would threaten access to medications currently covered through private drug plans. Research shows that about 98% of Canadians already have or are eligible for private or public drug coverage.

While we know that some Canadians legitimately struggle to pay for access to prescription medications, this is not the case for the majority of our population. We already have one of the best health care systems in the world, and we should be proud of the system in place.

Instead of focusing on big-ticket items like national pharmacare, the government needs to focus on the unfolding economic crisis. We need urgent action to unleash our economy. Budget 2020 must include cuts for workers and entrepreneurs to reward investment and work, a reasonable plan to phase out the deficit and reassure investors, a rule to eliminate red tape and liberate businesses, an end to corporate welfare for favoured companies and an end to the wasteful Liberal spending that we have seen over the past four years.

We are all in the House to help our constituents and all Canadians. We want to see them be successful and get ahead. Implementing an expensive pharmacare system will not achieve this. It will put more tax burdens on hard-working Canadians and it is not needed by the vast majority of our population. These uncertain economic times are not suitable for introducing a $15-billion pharmacare plan.

● (1140)

**Ms. Laurel Collins (Victoria, NDP):** Mr. Speaker, according to the Hoskins report, universal single-payer public pharmacare will reduce out-of-pocket costs for families by $6.4 billion a year. That means families are saving money, families that are struggling with the high cost of housing and struggling with the high cost of child care.

Does the member opposite agree that we should be putting that money back into people's pockets and focusing on the high cost of prescription medication and the cost not only to the economy but to the day-to-day living experience of Canadians?

**Mr. Matt Jeneroux:** Mr. Speaker, ultimately that was the key component of my speech. As I indicated, yes, we do need to keep more money in the pockets of Canadians and keep our taxes low. Implementing a $15-billion pharmacare program is ultimately the antithesis to all of that.

According to The Conference Board of Canada numbers, only 1.8% of Canadians lack or are ineligible for any prescription drug coverage. To make the argument that we are suddenly putting more money back into constituents' pockets simply does not add up if we are going to spend $15 billion of public taxpayer money to do quite frankly the opposite.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, for the first time we have a Prime Minister who understands the issues and challenges that many Canadians have with trying to decide between medication and food. Issues of poverty are very real and tangible.

Our caucus has long been advocating to ensure that medications are affordable and will be there for individuals who need them. For the very first time we have a Prime Minister who has really taken this issue head-on to meet the needs of Canadians who require these types of medications. The cost of pharmaceuticals is too high.

I am wondering if my Conservative colleague across the way could give his thoughts in regard to the individuals who find this so difficult and are choosing between medication, food and often proper shelter because of the cost of their medications. Would he not agree that this issue has to be dealt with?

**Mr. Matt Jeneroux:** Mr. Speaker, the Liberals have been advocating on this for so long. It was in their 1997 election platform, yet no progress has been made. They have been in government a few times between then and now and have not been able to cross the threshold with it.

Ultimately, we all want to make sure that Canadians have access to the drugs they need when they need them. I would refer the member to The Conference Board of Canada report, which indicates that only 1.8% of Canadians, less than 2%, do not have access right now. We want to make sure we are doing everything we can for that 1.8%, but dumping $15 billion into the budget as the solution certainly does not address that 1.8%. It would also impact so many other Canadians through the cost of living regarding, as the member indicated, the price of food and higher taxes we will see with that cost.

The Conservatives say there is a better way. We can all agree that we need to address that 1.8%, but a pharmacare plan is certainly not the way to do it.

● (1145)

[*Translation*]

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, I would really like my colleague to explain what he thinks can be done to control drug prices, given that this is a federal jurisdiction first and foremost.

[*English*]

**Mr. Matt Jeneroux:** Mr. Speaker, I am glad my colleague on the health committee brought up that point. Right now, we are seeing investment in drugs in Canada come to a grinding halt. The changes the government has put in place with the PMPRB, which comes into effect in July, have really had a significant impact on companies' ability to move forward with the drugs they intend to market, which means there is a lack of investment in Canada, research and product investment. That has come to a grinding halt because we are moving forward at a rapid pace.

I had the opportunity just yesterday to ask the health minister at committee whether we could pause this just a bit because patients are coming to our offices to tell us they were not involved in the consultation process. Whether it be for rare disorders, as we heard in some of the earlier debate, or for future drugs, patients really have not been at the table.

The Conservatives are asking the health minister to consider including more of those conversations. We are going to see that a lot of these drugs will not be available in Canada and will go to the United States.

[*Translation*]

**Mr. Luc Berthold (Mégantic—L'Érable, CPC):** Mr. Speaker, let me begin by acknowledging the excellent work of my colleague, the hon. member for Edmonton Riverbend, who is our shadow minister for health. I also want to acknowledge the work of all members of the Standing Committee on Health and the government members who are working very hard to keep Canadians informed on this major crisis we are going through as a result of the terrible COVID-19 virus.

Setting aside all the partisanship we see in the House, I think we have to recognize that we are facing a major national crisis. Whether on the government side or in the various opposition parties, a great many people are currently working hard to make sure that we can deal with this crisis in an intelligent manner and that the right measures are taken at the right time.

Again, I commend and thank all Canadians, public officials and provinces for their work and their efforts to help us cope with this crisis. I know that these people are spending an enormous amount of time trying to find the best possible solutions. I think we too must work very hard to overcome this crisis and at the very least keep these people in our thoughts.

Canadians must receive the best health care available, whether it is preventative measures, hospital stays or medications. That goes for all Canadians. Even the most vulnerable members of our society must also have access not just to common medications, but also to the most innovative drugs.

The Liberal Party included a universal pharmacare program in its election platform, but it was not transparent about the cost. It should be noted that this is not the first time that the Liberals have talked about pharmacare. It was in their 1997 and 2004 platforms, as well as in the 2019 budget and election platform. Unfortunately, nothing has been done in all that time.

We even heard the Parliamentary Secretary to the Leader of the Government in the House of Commons say to us that, for the first time, Canada has a Prime Minister who is interested in the pharmacare program. Is it not ironic to hear someone from that side of the House tell us that all the previous prime ministers did not really intend to deal with this issue even though it was in their election platform? I was rather shocked to hear those comments, which probably foreshadow what will once again happen with the Liberal promises.

The Standing Committee on Health spent two years studying whether a national pharmacare system could be implemented. The Liberals created a task force, which is another approach. When a government does not know what to do, it creates a committee. When it does not know what to say, it consults the committee. When no results are forthcoming, it blames the committee. That is probably what will happen once again with this other promise, this intention to implement a pharmacare program, because there is no reason to believe that this time, things will be different. The Liberals are masters at raising hopes with their promises, but they are even better at creating disappointment because they never keep their promises when it counts.

Those of us on this side of the House are well aware that many Canadians have a hard time getting and paying for prescription drugs. However, the Liberals make empty promises and blab on and on in committee and in the task force, while the most vulnerable Canadians are left to fend for themselves. Instead of looking for real solutions, the Liberals are implying that one day there will be a universal pharmacare problem, which is an empty promise that they have been making for decades.

Budget 2019 does not contain a pharmacare program. Instead, the budget proposes working with the provinces, territories and stakeholders to create a new Canadian drug agency and spend $35 million to establish a Canadian drug agency transition office. Blah, blah, blah.

The advisory council on the implementation of national pharmacare published its final report and submitted recommendations to the Government of Canada. These recommendations included implementing single-payer, public pharmacare. According to the report, a program with limited coverage would cost an additional $3.5 billion in 2022, and comprehensive coverage would cost an additional $15 billion a year if implemented by 2027. The Parliamentary Budget Officer says that pharmacare would have cost taxpayers $20.4 billion if it had been implemented in 2015-16. That is a lot of money.

● (1150)

The Conservative Party wants to ensure that Canadians get the best health care possible, but how can we trust the Liberals when they cannot even give us the facts and be transparent? They suggest that they might do certain things, but then they go ahead and do the opposite. In 2015, when the Liberals said that they were going to run small deficits, many Canadians believed them. Five years later, they have racked up $100 billion in deficits, when the deficit should have been only about $26 billion or $28 billion for that period. The Liberals were supposed to balance the budget, but they did not. Such is the Liberal reality.

We, on this side of the House, respect Quebec's decision to institute a universal pharmacare program. Quebec had the jurisdiction to implement its own program. It did so. All Quebeckers are now covered by a public and private universal pharmacare program.

The system is not perfect and, of course, it could be improved. However, a first step was taken by a government that is responsible for caring for its people. That is the path we should take. The goal is not to put a little flag on pill bottles, but to ensure that all Canadians have access to the medication they need.

I think history has shown us that the federal government is not necessarily in the best position to implement, administer and run a program as important as this one. The economy was doing well. The global economy was doing well. During that time, the government spent freely. It put the country in debt. It used up all the wiggle room that the previous Conservative government had left behind. Now we are facing a major crisis, and there is no more wiggle room. The government does not have a penny left to pay for initiatives. We cannot trust the Liberals to manage universal pharmacare. They will lose control again, as they have done so many times already. There are plenty of examples.

I am the infrastructure critic. When we ask the government to provide us with a list of projects that have received funding from its $186-billion plan, we are told there is no list. In other words, the Liberals have lost track of 52,000 projects. That is the number they gave us.

We ask them for a list, but they cannot give us one, and today they say they are going to implement pharmacare for all Canadians. They are going to lose the game plan. They are going to lose something. This will not work. The cost will spiral out of control. This government is not capable of managing Canadians' money. We know that from experience. If it spent less time giving handouts to Loblaws, Mastercard and its buddies in the private sector, maybe it would have more time to spend on health care. It would be able to transfer more money to the provinces so that they could get started on their own agendas, as Quebec did.

In the last election campaign, the Conservatives pledged to increase and maintain Canadian health transfers and social programs. Those are logical choices that demonstrate our respect for provincial jurisdictions.

In conclusion, I want to mention an outstanding company in my riding, eTrace Medical Diagnostics. This company has developed a made-in-Quebec technology for early detection of cancer by breath analysis. That means cancer could be diagnosed earlier. This could lower the cost of treatment for all Canadians by diagnosing cancer at a very early stage just by analyzing a person's breath.

Several weeks ago, I sent the entire document to the Minister of Health to request a meeting with that company. The company does not want any money, it wants to know what it will take to get this technology deployed by Canadians for Canadians and not by foreign powers, because the company might be sold.

I received no response from the Minister of Health. I did not even receive an acknowledgement of receipt.

These are concrete measures to ensure that Canadians can get better treatment and to lower the cost of drugs. When we know that cancer is one of the worst diseases, that it affects the most Canadians and that we have a solution, I wonder why the government is hesitating and will not even meet a company that is on the verge of something that may change the lives of millions of people in Canada and around the world.

● (1155)

[*English*]

**Ms. Laurel Collins (Victoria, NDP):** Mr. Speaker, I want to correct the record. The member's Conservative colleague said that there is a small percentage of Canadians who are without coverage, who are struggling to pay for medication. It is one out of every five Canadians who is not taking their medication because they cannot afford it. That does not take into account those struggling to pay, who are paying but then going without other basic necessities.

Over the past 12 years, Canadian expenditures on drugs have outpaced all other countries, including the U.S., with 184.4% growth in total drug expenditures. Why did the Conservatives in their time in government do nothing to stop Canadians from being gouged by pharmaceutical companies?

The member opposite has a choice: Does he want to support universal single-payer pharmacare or does he want to protect big pharma? Whose side is he on?

[*Translation*]

**Mr. Luc Berthold:** Mr. Speaker, I side with Canadians. My only focus here today is to ensure that Canadians can have access to pharmacare.

It is immaterial whose system we go with. Currently 98% of Canadians have access to a drug plan. It may not be a perfect system. Some people are definitely having a tough time.

Instead of trying to come up with a solution for all Canadians, why not try to help only those people who are unable to pay for their drugs and address their situation? That would be much faster than waiting for the universal pharmacare the Liberals have been talking about since 1997.

If we take care of the 2% and are able to address their situation by transferring the necessary funds to the provinces, then the issue will be resolved.

[*English*]

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, let me attempt to restore some faith in my colleague across the way. Colleagues want to make reference to Liberal promises over many years.

Let me remind my colleague: The Prime Minister made a commitment to Canada's middle class to reduce taxes. That was done. We made a commitment to increase GIS for our seniors who were most in need. That was done. We made a commitment to increase the Canada child benefit. That was done. We have made a commitment to ensure that medications are going to be there for those Canadians who need it. I will assure the member across the way that this commitment too will be done.

● (1200)

[*Translation*]

**Mr. Luc Berthold:** Mr. Speaker, the Liberals said they would run small deficits. The deficit has reached $28 billion. They said they would change the electoral system. We still have the system that we did back then.

With regard to credibility, I know the parliamentary secretary has been working very hard to try to restore the credibility of his Prime Minister, but Canadians no longer believe him.

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, I am very happy to hear a Conservative member from Quebec say that the Quebec system and the Government of Quebec have full jurisdiction over pharmacare.

That program is currently suffering from the fact that successive federal governments have failed to take drug costs seriously and failed to take responsibility for them.

What does he propose as a means to limit and control drug prices?

**Mr. Luc Berthold:** Mr. Speaker, as I mentioned earlier, my colleague is a member of the Standing Committee on Health, which means that he is well informed on all of the measures.

There is clearly a serious problem with drug costs. Things evolve so quickly and drugs are becoming increasingly more expensive. Change will not come by preventing pharmaceutical companies from investing in Canada, as the Liberals are doing. Right now, the government is pushing everyone away. Not only are drugs too expensive, but we also risk losing having access to certain drugs because the Americans will keep everything for themselves. This is a very important aspect that we need to keep in mind.

Unfortunately, once again, it is not in the Liberals' nature to attract investments. They are all about rejecting investments and making sure that no one invests in Canada. When we do not have technology like the one I mentioned earlier, when we do not want to help a local company develop a product that could make a real difference, we have to live with the consequences.

Unfortunately, with the Liberals, we are losing control over our own business and racking up more bills to pay.

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, I will be sharing my time with the member for Montarville.

I am pleased to speak to the motion moved by my NDP colleagues.

To start, the motion is calling on the House to:

> (a) acknowledge the government's intention to introduce and implement national pharmacare;
>
> (b) call on the government to implement the full recommendations of the final report of the Hoskins Advisory Council on the Implementation of National Pharmacare....

I will stop there.

I am a member of the Bloc Québécois and a member from Quebec. During the last election campaign, I pledged to be the voice of Quebeckers in the House of Commons and to defend their interests. When a national assembly speaks unanimously on an issue concerning the relationship between Quebec and Ottawa, the Bloc Québécois takes notice and ensures that this consensus is echoed in the House of Commons.

I will read the motion that was adopted unanimously by the National Assembly on June 14.

> THAT the National Assembly acknowledge the federal report [the Hoskins report] recommending the establishment of a pan-Canadian pharmacare plan;
>
> THAT it reaffirm the Government of Québec's exclusive jurisdiction over health;
>
> THAT it also reaffirm that Québec has had its own general prescription insurance plan for 20 years;
>
> THAT it indicate to the federal government that Québec refuses to adhere to a pan-Canadian pharmacare plan;
>
> THAT it ask the Government of Québec to maintain its prescription drug insurance plan and that it demand full financial compensation from the federal government if a project for a pan-Canadian pharmacare plan is officially tabled.

Our National Assembly is speaking with one voice across party lines. It is fair to say that, when our National Assembly, a parliament of the people, of the Quebec nation, speaks with one voice across party lines, it is Quebec that is talking.

I would have liked my NDP colleague to take into account the will of the Quebec nation in the wording of his motion, especially since the 2005 Sherbrooke declaration is part of his party's history. The Sherbrooke declaration recognized asymmetrical federalism and intended to give Quebec the systematic right to opt out. It does not sound as though the NDP wanted to take into account the unanimous voice of Quebeckers in this motion. That is why the Bloc Québécois will vote against it.

The more progressive the successive federal governments, the more they seem to get bored of their areas of jurisdiction and their responsibilities. The government wants to create social programs. That is a noble intention, but it falls outside the government's jurisdiction.

When it comes to health, the federal government would have been more help to the Quebec nation and the various provinces if it had kept its 2015 election promise to increase health transfers. More than $4 billion over four years could have been invested in the respective health networks in order to take care of our population and fulfill our responsibilities.

● (1205)

The federal government has a hard time managing programs like Phoenix, and Canadians are not likely to forget that anytime soon. Rather than try to assert jurisdiction over health care with respect to access to medication, the federal government should focus on controlling the cost of medication. Drug prices are soaring, and the government is being complacent by refusing to immediately enforce the new Patented Medicines Regulations, which would save $9 billion over 10 years.

I began my speech with such enthusiasm, but I must not forget to stop after 10 minutes because I am sharing my time with the member for Montarville, who is listening to me very intently right now.

The Bloc has more faith in Quebec than it does in Canada, so it is surprising that a progressive party like the NDP wants a nation that is behind the times compared to ours to tell us how to be progressive.

Generally speaking, if we compare the two, Quebec's social safety net is broader than Canada's. Quebec also has the best family policy in North America, with parental leave and child care. Post-secondary studies are easier to access in Quebec than anywhere else in North America, and we have low tuition fees and plenty of financial aid. Our tax system is the most progressive in North America because income inequality, as measured by the Gini coefficient, is 0.31 for Quebec compared to 0.42 for the United States and 0.37 for Canada.

I would now like to talk about Quebec's pharmacare program, which has been in place since 1996. Yes, we have our own pharmacare program, and all Quebeckers are covered. It may not be perfect, but it is unique in North America.

Under Quebec's Act respecting prescription drug insurance, every person living in Quebec must be covered at all times by a pharmacare program. Workers and their families must be covered by private insurers. The rest of the population is covered by the public system administered by the Régie de l'assurance maladie du Québec. It is therefore a hybrid system. The public portion of the program costs the Quebec government $3.6 billion.

However, recognizing that the Quebec system is the best on the continent and emphasizing Quebec's right to make its own decisions does not mean that our system is perfect. Here is the problem. For the public part of the program, the government has managed to negotiate lower drug prices and limit dispensing fees. Pharmacists, and especially drug companies, have made up for that by inflating the prices they charge private insurers, so much so that the cost of private insurance has skyrocketed. That means more money not going into workers' pockets.

This problem is being exacerbated by a transformation in the pharmaceutical industry. It has been quite a while since the industry discovered any new molecules that could be used for a wide range of diseases. Newer medications are targeted at narrow groups of people, which means that research costs are spread over fewer people. As a result, costs are soaring.

Between 2007 and 2017, the average annual cost of treatment for the top 10 selling patented medicines in Canada increased by 800%. The number of medicines with annual per-patient costs of at least $10,000 increased sevenfold, from 20 to 135. These high-cost medicines account for 40% of new patented medicines. Fully 30% of insurer spending is allocated to these medicines, which cover less than 2% of beneficiaries.

Quebec's hybrid system may have reached the limit of what it can do for Quebeckers, but that decision is up to them. Quebeckers are perfectly able to look after their system and make improvements.

● (1210)

[*English*]

**Ms. Lindsay Mathyssen (London—Fanshawe, NDP):** Madam Speaker, I want to clarify something. My colleague who introduced the motion was very specific and said that we absolutely do recognize that Quebec has its own system. If it is Quebec's will that it continue on with its own system of pharmacare, then that is its choice. We wanted to provide as much choice as possible to the people of Quebec.

In fact, even though Quebec is ahead of the curve with its public and private system, Quebeckers are among those who spend the most per capita on prescription drugs and 10% of them cannot afford the drugs they need.

Even though Quebec has this ahead-of-the-curve system, would it not be something that the Bloc Québécois could consider in terms of improving things for the people of Quebec, that they listen to what the NDP has to say, explore the national version and see if that actually helps Quebeckers in their province?

[*Translation*]

**Mr. Luc Thériault:** Madam Speaker, I thank my colleague for her question.

When a program falls under my jurisdiction and the parliament of another nation compels me, through legislation, to negotiate something I did not need to negotiate in the first place, then I think that is a good reason to include such a statement in a motion.

Since that intent is not in the motion, we can say what we want. Quebec is being invited to a meeting that the Quebec National Assembly does not want to attend.

● (1215)

[*English*]

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, Canada is a great nation with many different partners. We have provincial governments. The Saskatchewan government played a critical role in terms of the health care system we have today. In many ways, it played a leadership role to ultimately having a national health care system from which the residents of Quebec, Manitoba, Atlantic Canada and B.C. have all benefited.

Quebec has played a very important role on the issue of pharmacare. Like Saskatchewan, Quebec has an opportunity to play a strong leadership role, so the residents of Quebec possibly have a more enhanced program. Would my colleague not agree that given the leadership that Quebec has demonstrated in the past, it can actually play a strong national leadership role in ensuring that Canadians from coast to coast to coast, including people in Quebec, could possibly have a better program? After all, are we not here to serve first the constituents we represent?

[*Translation*]

**Mr. Luc Thériault:** Madam Speaker, I encourage the Parliamentary Secretary to the Leader of the Government in the House of Commons to ask the Quebec National Assembly that question.

I understand that members want to improve the system, but there is a problem. If we were to insist on the 6% health transfers that Quebec is calling for, or on the 5.2% that the territories and provinces agreed upon, over a period of four years, the government would have to inject $4 billion into our health care networks. If the government just stuck to its own jurisdiction and sent that money straight to the front lines to help Quebeckers and Canadians instead of creating programs that would siphon off some of that money for overhead, then I think that would be more beneficial for everyone.

It is one thing to claim to want to start a discussion with another government, and I urge him to talk to all parties in the Quebec National Assembly, but it is a whole other thing for the parliament of another nation to force the Quebec nation to sit down at the table against its will.

**Mr. Stéphane Bergeron (Montarville, BQ):** Madam Speaker, I would like to congratulate my colleague from Montcalm on his excellent speech. I could almost say that there is nothing more to add. In fact, he said it all and left me with practically nothing to say.

In any event, as the Standing Orders would have it, I will add my voice to that of the hon. member for Montcalm. There may be some overlap, but that will only illustrate that the Bloc Québécois speaks in the House with one voice, the voice of Quebec.

We have heard our NDP colleagues present the same arguments in the House a few times now, either during question period or in their interventions. I have heard some extremely compelling arguments about the difficulty many Canadians have paying for the drugs they need for their health. I have to say that I appreciate the arguments being made by our NDP colleagues and why they are making them here.

The problem is that they are making these arguments in the wrong parliament. Under the Constitution Act, 1867, and the new version that was imposed on us in 1982, which changed nothing in this area, health is the exclusive jurisdiction of the provinces. The federal government has a very bad habit of meddling in the provinces' jurisdictions and neglecting its own. Rather than looking after its own affairs, it seems that it is always tempted to stick its nose in the affairs of others.

We saw this, for example, in the recent crisis involving the Wet'suwet'en. Under the Constitution, the federal government still has fiduciary responsibility for first nations in Canada, but the Prime Minister continued to repeat that it was up to the provinces and police forces to intervene. It was a crisis that strictly affected western Canada and relations between the federal government and a first nation, but every day the Prime Minister repeated that it was up to the provinces and the police to intervene.

The federal government meddled in the health sector. It left a bad taste in our mouth, and we are still talking about it today. My colleague referred to this, and I would like to expand on this subject.

One day, the federal government woke up and wondered whether it would be a good idea if all Canadians across the country had the same pharmacare coverage. The provinces answered that health care is their domain. The government then offered to foot 50% of the bill, hoping that would get the provinces on board. The provinces approved and said they agreed.

Today, the federal government is covering about 17% of the bill. Right now, we have to fight tooth and nail just to get the federal government to do the bare minimum and cover the increases to system costs, since the provincial health transfer escalator is 3% a year. However, health care costs across Canada, especially in Quebec, are rising at a rate of about 5%. We would like the federal government to increase its contribution, not to 50% as initially promised, but to a mere 25%. We are therefore requesting an annual escalator of just over 5%, but even that is asking too much.

For Quebec, it is a case of once bitten, twice shy. We are not exactly eager to have the federal government put its paws all over this yet again. The Quebec government gets the money to pay for its own pharmacare plan from the overall health care budget, but this overall budget is being underfunded by the federal government.

Are we going to let the federal government put its paws all over health care again? Certainly not. We suffered through previous federal government interference in health care. Years and decades later, we are still asking the federal government to reverse the changes that were made to health transfers by the previous Conservative government, which capped them at 3% a year.

● (1220)

That does not cover rising health care costs. There is a shortfall because annual increases to federal health transfers have been anemic. There is a shortfall, which means that the federal contribution to health is actually shrinking. That is a fact. Do we want the federal government to do more? No, for goodness' sake, no more federal involvement. The more it does, the more harm it causes. We do not want that.

My NDP colleague said she understands that Quebec is distinct and wants its own system. Why is that not reflected in the motion, as my colleague from Montcalm requested? This is the second time this has happened. The first time, the New Democrats were so surprised that the Bloc Québécois voted against their motion. I turned to the NDP's House leader, who wanted to me support his motion today, and I asked him why the motion did not say anything about letting Quebec maintain its own drug program and giving it the right to opt out with full compensation. The NDP's latest motion says nothing about that either. Why is it so hard for them to understand?

We are not going to make any commitments based solely on our colleagues' empty words. Empty words have caused nothing but trouble for Quebec and the provinces. Provinces are still struggling with what came to be called a fiscal imbalance. The tax base they were allocated to fulfill their responsibilities was far below what they needed. At the federal level, however, the tax base exceeded the government's needs, which means that, historically, the federal government has ended up with a lot of money. Not knowing what to do with that money, it decided it would be a good idea to take it and stomp right over provincial jurisdictions.

If the government is so flush with cash to invest in health care, it should increase transfers so that the provinces and Quebec can meet their needs. We are facing a global public health crisis, yet we are still quibbling over an increase to health transfers.

I think that if the federal government wants to do something, it should focus on its own areas of responsibility. With regard to prescription drugs, there are two things that fall to the federal government. First, the federal government needs to increase health transfers. That is the first thing. As I mentioned, Quebec has its own pharmacare plan, but it is funded from the overall health care budget. If the government increases its health transfer contributions, it will give the Quebec government some breathing room, which will help the province maintain its pharmacare plan and its health care system in general.

The second thing that the federal government needs to do is something we have been long waiting for, but it always gets put off. It involves amending the regulations so that Canadians stop overpaying for drugs. Our drug prices are aligned with those of several other countries, which, for a variety of market-related reasons, traditionally set prices too high. The United States is a classic example. The government needs to amend the regulations and stop aligning Canada's drug prices with those of the U.S. That alone will substantially change the cost of medication.

Instead of trying to meddle even more in Quebec and provincial jurisdictions, you should mind your own business and do what you have to do. One thing you must do at the federal level is amend the regulations.

● (1225)

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I would remind the member to address his remarks to the Chair. I am sure that when he uses the word "you", he does not mean that it is up to me to decide about implementing programs or anything of the kind. I would ask the member to direct his speeches to the Chair and not to the parties directly.

Questions and comments. The hon. member for Elmwood—Transcona.

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Madam Speaker, I think the member knows that the NDP supports the idea of increasing federal health transfers. Many Canadians, not just Quebeckers, are disappointed, not with the federal government per se, but with Liberals and Conservatives for not ensuring that the federal government pays its fair share.

Our party wants to work with Quebeckers and progressive Canadians across the country so that the federal government gives the provinces a fair amount to help them manage their provincial health care systems.

A program like the one we are discussing today has the potential to save money, something that no province can do alone. If we work together, across our great country, we can save money that we would not be able to save if every province works alone. That is the big advantage here.

**Mr. Stéphane Bergeron:** Madam Speaker, I thank my colleague for his speech.

I am pleased that the NDP, like the Bloc, is calling for an increase in health transfers. I think that this is imperative to allow the provinces and Quebec to address a certain number of phenomena, like that of the aging population. The federal government must contribute, but its contribution is far less than what it promised from the beginning.

With regard to the national program, and by national I mean Canadian in accordance with my NDP colleague's definition, I do not see any problem with Canada setting up such a program, but it cannot do so without keeping the provinces in the loop. It cannot do so without giving the Government of Quebec the right to opt out with full financial compensation. Since that right is not included in the motion, we will unfortunately vote against it.

● (1230)

[*English*]

**Mr. Gagan Sikand (Mississauga—Streetsville, Lib.):** Madam Speaker, earlier today I was speaking on behalf of my riding. As I mentioned, I have an area colloquially known as Pill Hill. That area was established in 1995 after the referendum. Many companies from Quebec came to our riding.

Since then, they re-established counterparts, probably even a larger footprint back in Quebec. From what I have heard from my riding, they want to strike a balance as we go forward. I was just wondering if my hon. colleague could speak to the counterparts in Quebec, the business case and perhaps what they want going forward.

[*Translation*]

**Mr. Stéphane Bergeron:** Madam Speaker, I am not sure what the connection is between the 1995 referendum and the businesses that would have set up shop in my hon. colleague's riding.

In case he has not seen all the figures, I would say to my colleague that Quebec is currently the most economically dynamic province. The Government of Quebec is the only government that currently has a budgetary surplus.

The situation in Quebec since the 1995 referendum is not as sombre as my colleague across the way would suggest. On the contrary, there are many other provinces that are much worse off than Quebec is right now.

[*English*]

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Madam Speaker, I will be splitting my time with the member for Victoria.

Today, I am rising in the House once again to address the issue of pharmacare. It is unfortunate, frankly, that we are still only addressing this issue through opposition day motions. It is a testament to the fact that the government has not brought anything to the House that would advance the cause of a national pharmacare program. It is something that we know we need. We have made these arguments many times before, and Canadians themselves have a real and intense sense of the need.

In a telephone town hall in my riding, we held a straw poll of the several hundred people on the call. We asked how many people, either themselves or people they knew, close friends or family members, were cutting their pills in half, choosing to go without food, struggling to pay the rent or going without their prescription drugs because they had to choose between food and rent. We asked how many were dealing with the consequences of not being able to manage their illnesses, and it was about a third of people in Elmwood—Transcona. That is consistent with national polling that says a lot of Canadians are in this boat. Why are they?

If we look at international drug pricing, we know that Canada pays among the highest prices for drugs. The Parliamentary Secretary to the Minister of Health, earlier in this debate, said we need to figure out why it is that Canada is paying among the highest prices in the OECD. We know why. It is because we are one of the only countries without a national pharmacare plan. It is not a puzzle or a mystery. We know exactly why. The Parliamentary Secretary to the Minister of Health was talking about how they are working at the problem around the edges and wondering why they are not having any success.

We know from report after report, going back to the 1960s, that the way to make serious progress on this issue is to cut right to the heart of the matter and have a proper national, universal, single-payer public pharmacare plan. If we were to do that, we would see Canada's standing on the OECD drug price list go down significantly. It is not a mystery. The only mystery is why a party that promised this 23 years ago in its election platform, and has had a number of majority governments since, has not been able to get it done. It is charitable to call it a mystery. It is a mystery if we do not give what I think is an obvious explanation to those who are not in a charitable mood, which is that drug company and insurance lobbyists clearly have a lot of influence on the government, and that is why we are not able to make headway on this important issue.

What we hear from the Liberals is that the NDP wants to move too fast, that it is in such a hurry. When we talk about a policy proposal from the 1960s, and a Liberal promise from over 23 years ago, I hardly think that New Democrats are moving too fast. That would be like saying that somebody who took out a 25-year mortgage on their home was moving too quickly and the person should not have amortized the home over 25 years, but longer. We can do a lot in 25 years. People have died waiting for a national pharmacare plan, and I hope there will not be any more. The evidence and the research is there. We hoped we had the conditions in this Parliament to make it happen.

Earlier in the debate today, there was talk of establishing medicare across the country and how that was a function of collaboration between a Liberal minority government under Pearson at the time and the NDP in the 1960s. New Democrats had hoped that there was the willingness on the part of the Liberals to make a bold policy move. The circumstances today are the same as then, and we are willing to work with the government.

We have drafted legislation that provides a framework and put forward the motion today. The research is already out there. Not only is it out there by the Parliamentary Budget Officer and a number of civil society and academic groups that have studied the issue, but the government commissioned its own report from the last Parliament that recommended exactly what we are proposing. The research is done. The conditions in Parliament have been obtained.

If the Liberals need somebody to blame, they can tell the insurance and drug companies, “We were trying to look out for your profits, but those bloody NDPers just would not give us a break and we had to do it.” Liberals can blame us; that is fine. We do not mind looking bad in the books of insurance and pharmaceutical companies if it means getting a win for Canadians struggling to pay for their drugs. They can blame us. That is how we have gotten a lot of good stuff done in this country.

● (1235)

The problem is that the government does not want a deal, and it does not want to move forward. I think the frustration here is that a lot of Canadians felt if we got a Parliament that looked like this one, we could move forward on a common-sense policy proposal.

Often when we talk about helping people out, common objections that come up are what it is going to cost and where we are going to find the money. The fact of the matter is that we can afford to not only maintain the existing level of service, but expand it to everyone and save billions of dollars at the same time. The money is already being spent. In fact, we are already overspending on prescription drugs in Canada. We have the research. We thought we had the political conditions to be able to get this done.

Part of what is happening, if we look at this and the reluctance of the Liberals to use this Parliament to make significant gains, is a little like outdated conventional wisdom. This is not grandpa's Liberal Party. It has not been the same since 1993, but there is still an image in the heads of a lot of Canadians. They think back to constructive minority Liberal governments that worked with the NDP to get good things done, but today it is like putting butter on a burn. That was something that people used to do because it seemed like a good idea.

However, when we look at the evidence that we have so far in this Parliament, and from the Liberal majority governments from 1993 onward, we can see that it is becoming a dated notion. The evidence disproves the claim that Liberals are here to do real progressive work and are willing to sign on to innovative new social policies that not only save money but also expand service for Canadians. I think that is a message that Canadians should take seriously.

There was a lot of talk in the last election about what a minority Parliament could produce, and I know that for people not just in Elmwood—Transcona, but right across the country, there was a real hope that we would be able to get this kind of collaboration. This is a starting point, as I have said. We have done a lot of work in order to make it as easy as possible for the Liberal government to move ahead. It is something that we desperately want to see. It is something that, when we look at the potential benefit to Canadians in their everyday life, is huge, and it is rare that we get that kind of benefit while saving money at the same time.

According to the Parliamentary Budget Officer, we are talking about over $4 billion a year that we are already spending that we would not have to spend. Members can look at some of the other studies. They talk about $6 billion, $8 billion or $10 billion a year that we could be spending. I think the PBO report is universally acknowledged as being quite conservative in its assumptions.

Here we are. We have the political conditions. We have the research. We can get it done. That is exactly what we need to do, and we are waiting for that to happen.

**An hon. member:** You have to call for split time again. They did not hear you.

**Mr. Daniel Blaikie:** I know.

● (1240)

**Ms. Elizabeth May:** I heard him say split time. I am sure about that.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** The hon. member has already indicated that he was splitting his time, so I am well aware of that.

**Mr. Daniel Blaikie:** Madam Speaker, I appreciate my colleague's enthusiasm to hear from the member for Victoria. I am looking forward to her speech as well. It is going to be an excellent speech, because it is a really important topic.

I am just going to wrap up by reiterating. It is rare that we have such a clear-cut public policy opportunity to save money and to expand services for people who really desperately need them. We spend so much time in politics listening to politicians say we need to cut the budget, we need to save money and we need to balance the budget. The biggest cost driver for provincial health budgets, which are paying for prescription drugs already, is prescription drugs. We can do something about that by mobilizing the purchasing power of the country and expanding the service for Canadians.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, the member was here when we heard the Bloc talking about the pharmacare program in the province of Quebec. Much as Saskatchewan played a very important role in our having a strong national presence on a national health care program, I think that Quebec could play a very important leadership role in terms of a national pharmacare program.

Would my colleague not agree that in order to have any form of national pharmacare program, it is absolutely critical that we work with provincial jurisdictions, given the important role that they play in health care?

**Mr. Daniel Blaikie:** Madam Speaker, in response to the member's question, I will just read item (b) from the motion:

> (b) call on the government to implement the full recommendations of the final report of the Hoskins Advisory Council on the Implementation of National Pharmacare, commencing with the immediate initiation of multilateral negotiations with the provinces and territories to establish a new, dedicated fiscal transfer to support universal, single-payer, public pharmacare....

It is right in the motion. Of course we believe that it is important to work with the provinces. It is why we put it in the motion.

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Madam Speaker, I have been listening to what people have been saying. I have more of a commentary on what the member said and what his colleague said when he introduced the motion this morning.

On November 25, 2019, the minister of finance in Alberta sent a letter to the Minister of Finance federally, indicating that Alberta would not participate in a national pharmacare program. In fact, Alberta would be asking for the same deal that Quebec has. I just want to make that part of the official record here, that it is an official ask from the Alberta government.

In this debate, too few members have talked about access. They have talked about prices and how difficult it is to pay for some of the latest medication and prescription medicine. Access for patients is what patients want to hear about, and too few members have mentioned it. I think the member for Montcalm was the first one to actually make a big deal out of it. For patients with cystic fibrosis and patients with chronic kidney conditions, like my children, national pharmacare is a recipe for disaster.

I look at CADTH. CADTH twice said no to Orkambi. In the patchwork system in the United States, people can get access to Orkambi. They can get access to Trikafta. They can get access to needed medication.

I just want members to be careful. When they say that it would give access to everybody, it would not. This system would not work for rare disease patients.

**Mr. Daniel Blaikie:** Madam Speaker, there has been a lot of debate, discussion and research on how medication for rare diseases is a separate category and needs to be treated differently. The idea is not that a national pharmacare plan would be a panacea for every patient and for every condition. The fact of the matter is, as the member has been pointing out often in the House and not just in the debate today, people already have trouble accessing those drugs in Canada under a patchwork system. That is not a reason not to have a system that makes it a lot easier and a lot cheaper to access common drugs for most Canadians, and then work on an appropriate solution for people who are struggling to get access to medication for rare diseases.

The member sees these two things as being in fundamental opposition. I disagree. He is identifying a legitimate need that needs a policy response, but the policy response is not to negate all of the benefits of a national pharmacare plan.

● (1245)

[*Translation*]

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** The member for Berthier—Maskinongé has time for a brief question.

**Mr. Yves Perron (Berthier—Maskinongé, BQ):** Madam Speaker, I commend my colleague on his intervention.

I would like to ask him about the level of intervention being suggested by the NDP. Why do they fail to understand that health is a jurisdiction of Quebec?

My two colleagues, the hon. members for Montarville and Montcalm, clearly asked the NDP why they omitted from their proposal the fact that Quebec has the right to opt out with full compensation. I heard them say, off mike, that it is in their platform. I am sorry, but to us platforms are vague promises. Canada has made plenty of vague promises. I could spend 45 minutes listing those promises and run out of time. We no longer believe the vague promises.

What was the real purpose of this omission?

I am sorry to have to vote against the motion. We are in favour of pharmacare, but we are here to protect Quebeckers and the National Assembly. We will have to vote against the motion.

What is the real reason the NDP omitted Quebec's right to opt out? Did they want to come across as more progressive than we are?

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I must ask the hon. member for Elmwood—Transcona to answer the question. When I say that we have time for a brief question, that is what I expect.

The hon. member for Elmwood—Transcona.

**Mr. Daniel Blaikie:** Madam Speaker, our health critic said today that it is part of our policy and it is in our platform.

We hope to have a program that works. Quebeckers can participate in the program if they wish. We are open to them joining it if they want to. We do not want to begin the process with the assumption that they will not participate. We want to convince them to join it, but we recognize that it is up to them.

[*English*]

**Ms. Laurel Collins (Victoria, NDP):** Madam Speaker, first I want to thank my hon. colleague for splitting his time and thank him for his excitement about me speaking. I am honestly in awe of his speech. He spoke eloquently and made it so clear how this is sensible and straightforward.

In Canada, we have a universal health care system and it is a source of pride for many people in our country, especially when we look south at the inequalities in the U.S. private health care system. Everyone should be able to access health care. It is not just for the people who can afford it. Health care is a fundamental human right.

However, Canada, as has been mentioned before, is the only industrialized country with a so-called universal health care system that does not include universal comprehensive public coverage for prescription medications. When it comes to medications, we are actually more similar to the U.S. than we are different. One out of every five Canadians is not taking their medication because they cannot afford it. Many Canadians are cutting their pills in half or even skipping their medication completely. Too many Canadians are ending up in the ER and in hospitals for longer stays because they cannot afford the essential prescriptions that they need. Hundreds have died prematurely every year.

Even people with private drug coverage have been seeing their employer benefits shrink, finding themselves working in more precarious jobs and feeling the squeeze on their family budget. Out of the three million Canadians who cannot afford their medication, 38% of those are on private insurance, but that private insurance does not actually cover enough of their costs and 21% have some form of public insurance that does not fully cover their costs.

Canada's currently fragmented, patchwork system of drug coverage, where each province is offering different levels of coverage with more than 100 public and more than 100,000 private drug insurance plans, is not working for Canadians. This patchwork system is also one of the main reasons why as a country we are consistently paying among the highest prices in the world for prescription drugs. Why is this allowed to occur when it does not make sense for Canadians?

The Liberals have been promising pharmacare for 23 years over and over again, but instead of delivering on that promise to Canadians, they have been helping deliver bigger and bigger profits to pharmaceutical and insurance companies. We recently found out that a so-called national pharmacare working group was sponsored by some of the biggest pharmaceutical and insurance companies in the world. We know that these pharmaceutical companies have been lobbying pretty effectively against single-payer pharmacare. A truly universal pharmacare system is not in the interest of these multinational corporations, but it is in the interest of hard-working Canadians. It is in the interest of small businesses and start-ups.

The federal government's own expert panel found that a universal single-payer system would save businesses over $600 per year, per employee. It would also particularly help small businesses and start-ups currently unable to afford employee drug coverage since it not only removes financial burdens from these businesses, but it also boosts productivity and results in fewer sick days.

It is in the interest of Canadians and small businesses. Health experts say that this is the way to go, but it is not in the interest of big pharmaceutical lobbyists. Who is the government going to listen to? For 23 years, over and over again, each time the Liberals say they are going to look out for Canadians, they turn around and look out for multinational pharmaceutical corporations. Last year, they promised pharmacare again, but they have taken no concrete action to make it happen.

In order to establish universal public pharmacare across Canada, Parliament must pass enabling legislation and the federal government must negotiate transfers with the provinces and territories, yet the Liberal government has remained silent on these foundational steps. Despite campaigning on pharmacare last fall, it has not committed to a truly universal single-payer system as recommended by its own Hoskins report. It also has not provided any timelines for implementation.

● (1250)

People are struggling now and they need action now. A resident of Victoria shared with me that he is on a disability pension and he spends about $100 a month on prescription medication. He knows he should be eating healthier food to complement his medication, but he is struggling to afford both.

This choice is all too common, choosing between essential medication and life's basic necessities. This is a choice that people should never have to make. The government has an opportunity to remedy this. The NDP is introducing this motion and, if passed, if we established a Canadian pharmacare act and provided the first steps in making universal pharmacare a reality, we could address the concerns of this resident and the many Canadians who are struggling to pay for essential medication.

Yesterday, the World Health Organization declared COVID-19 a pandemic. Once implemented, a pharmacare plan would be free for Canadians, it would make emergency wait times shorter, free up hospital beds and save the government $4.2 billion. Countries around the world are facing the possibility of having their health care systems overwhelmed. Now more than ever we need to make sure that ER wait times are shorter and that we have free hospital beds for those who really need them. We need to make sure that Canadians have access to the services that they depend on.

Canadians are struggling to access medication, and they are struggling with affordability of housing, food, dental care and child care. It is hard to make ends meet while everything is getting so expensive. This plan would save Canadians an average of $500 a year, and it would save employers $600 a year or more per insured worker.

I heard from so many of my community members who struggle to afford their medication, and I promised that I would fight for them. I promised that I would fight to take the next big step for our country with a truly universal, public, single-payer pharmacare system.

Like so many, when we are talking about health care and the cost of medication, it feels personal. My dad was diagnosed with terminal cancer just over 10 years ago. At the time, the doctors told him that he had about nine months and that he should be preparing his family. At the time, he joked and said that the downside was that he had cancer so bad that they could not do anything for him. The upside was that he had cancer so bad that they could not do anything for him. Luckily they did. He was put on an experimental clinical trial with an experimental treatment of calcium flushes for the bone cancer, and he is still with us today. He still has cancer, and his medication costs have fluctuated over the years, sometimes totalling $3,000 a month. Thankfully, most of it is covered.

If members could not already tell, my dad has a dark sense of humour, like many cancer survivors. He joked with me a few months ago that, thank God he has terminal cancer so that his medication is covered. However, there is a sad seed of truth in that. Many people in our country are struggling to pay for essential medication. Nobody should have to make the choice between food and medication, between paying for their rent and keeping a roof over their head and paying for their prescriptions. We need a government that is truly committed to universal pharmacare, not one that is trying use a hodgepodge of pharmacare promises, a patchwork system and more empty words to signal to voters that they are still progressive.

Adding medication to our national health care plan cannot be another broken Liberal promise. It cannot be, “Maybe someday we'll get around to it.” This is about life and death, and we need a government that understands that. We need to think boldly again, and we need to do the hard work to continue to build a country that we can be proud of, a Canada where people have access to the services they need when they need them, where nobody is making these impossible choices, and where politicians understand that these issues are personal to so many Canadians.

● (1255)

To me, fighting for that Canada, it is personal. We need courageous action from our elected officials, so I urge each colleague to support the Canadian pharmacare act because it is the right thing to do for constituents. It is my hope—

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** The time is up. I did try to allow some more time and signal to the member. I know that this is quite a passionate discussion. Maybe she could add more during questions and comments.

The hon. parliamentary secretary to the government House leader.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen’s Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, I listened to my friend's passion on the issue. The government under the leadership of the current Prime Minister has taken significant steps toward a national pharmacare program where people will be able to get prescribed medicines that they so badly need.

I could not help but reflect on another era when we had a Liberal minority government, when there was the Kelowna accord and a child accord to enhance day care. Because the NDP did not support the Liberals when it came to budget time, the Liberals were defeated and it virtually killed those very important accords.

What would my colleague's advice be to her colleagues if, in fact, we see an incorporation in some fashion for pharmacare continuing to move forward, in regard to the upcoming budget?

**Ms. Laurel Collins:** Madam Speaker, rather than advice for my colleagues, I am going to offer some advice to the member and to the Liberal Party as a whole, and that is to follow through on their commitments. It has been 23 years and drug costs just in this Parliament have gone up every single year since the Liberals took office.

Over the same period, the Liberal government has met with big pharma and insurance lobbyists more than 875 times. It is clear who the government is working for and it is not everyday people.

● (1300)

**Mr. Damien Kurek (Battle River—Crowfoot, CPC):** Madam Speaker, I appreciate the member's comments, and the story she shared about her dad's cancer is a touching one. I know I have similar stories in my family.

I would like to make a brief comment. She mentioned that pharmacare would result in free things for Canadians. The reality is that this is simply not the case. We see ballooning administration costs and bureaucracies that would keep the actual front-line services from getting the resources that they need.

My question for the member is quite simple. I have a number of small business owners, pharmacists, in my constituency who are very concerned about the current status of being able to access the medications that are prescribed to patients today. They are terrified. I use the word "terrified" because that is the word that was shared with me. These are small-town health care providers and pharmacists on the front line. They are terrified that they will not be able to access the drugs because of bloated government bureaucracy that would be the result of a national pharmacare strategy.

**Ms. Laurel Collins:** Madam Speaker, I think that my colleague previously spoke very well about these two different issues, one about access to specific medication for rare diseases, which needs to be addressed, and the other issue around single-payer universal health care. A year's supply of atorvastatin, a widely used cholesterol drug, costs about $143 in Canada but only—

**An hon. member:** There is a shortage of that drug.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I remind members that if there are other questions and comments, they should wait.

I would ask that the hon. member to continue briefly, so that I can try and allow another question.

**Ms. Laurel Collins:** Madam Speaker, it only costs $27 in the United Kingdom and Sweden, and $15 in New Zealand, so we can see very clearly that this would save Canadians money. If colleagues just read the Hoskins report, they would see that the pharmacare strategy would save small businesses and employers money as well. This is a benefit to Canadians.

[*Translation*]

**Mr. Michel Boudrias (Terrebonne, BQ):** Madam Speaker, obviously, we agree with the substance of the motion. As we have heard, Quebec is setting an example when it comes to protection and coverage for medical care, particularly regarding pharmacare. We already have a system that works, the first in Canada, which serves as a model. We fully agree on that.

However, it is important to keep in mind that this is a provincial jurisdiction and that the federal government spends $300 billion a year. Of that amount, $100 billion goes to real services, while $200 billion in transfer payments of all kinds are used to force the hand of various governments and blackmail them.

Would my colleague not agree that the money should be transferred to the provinces so they can create their own pharmacare programs?

[*English*]

**Ms. Laurel Collins:** Madam Speaker, I share the member's concern for these issues. It is true that Quebec has its own public system. If Quebec wants to, it can continue to have that system and get compensation.

Honestly, Quebeckers are paying so much in drug costs, partially because the federal government is not doing its fair share and not fulfilling its full responsibility. We want to increase health transfers. We also want to provide the option for all Canadians to experience universal single-payer pharmacare.

**Mr. Sean Fraser (Parliamentary Secretary to the Minister of Finance and to the Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.):** Madam Speaker, I will be sharing my time with the member for Bonavista—Burin—Trinity.

Today's motion is about pharmacare. Perhaps I will lead with my conclusion. I will be supporting this motion. I will be supporting it because quite frankly I am sick of knocking on the doors of seniors who tell me they have to split their medication because they cannot afford it, not only putting themselves in a difficult financial position but reducing the effectiveness of the medicine they have been prescribed.

Most of the people I talk to at home, and I dare say most Canadians, are happy with their own coverage right now. However, the golden thread that runs through the social fabric of Canada is that as Canadians, we care as much about our neighbours as we do about ourselves. It is incredibly frustrating for me to know that one in five Canadian households report that a family member is not taking his or her medication because he or she cannot afford it. I am sure that the 36 million Canadians who do not suffer from this problem are disappointed to know that one million Canadians cut back on their food or home heating because they cannot afford the cost of their pills. When my neighbours cannot afford the cost of their medication, it decreases the quality of my life to know I live in a society that does not adequately take care of its vulnerable.

One of the greatest frustrations I have as a federal member of Parliament is that the number one issue for my constituents is their health care system, whether that is access to a family doctor, the quality of mental health services, in-home care for their aging parents or a lack of access to quality medications. They sometimes end up at my office, despite the fact that health care is primarily a provincial responsibility under our Constitution. It is cold comfort for the people who bring these kinds of concerns to my office for me to say that I have to wash my hands of it because it is a provincial responsibility. What they are looking for is help in often desperate circumstances.

Despite the fact that there is this constitutional division of power, there are concrete things the federal government can do, such as transfer more money to the provincial health care systems, invest in research, invest to ensure we can do something to combat the family doctor shortage, or, yes, implement a national pharmacare program to ensure people have access to the medications they have been prescribed so they can be healthy, regardless of the financial circumstances they may have been born into through no fault of their own.

There are two categories of problems I see with the lack of access to an adequate national pharmacare system.

First is the lack of access to medication because of issues surrounding affordability. I find this to be a real problem. It discriminates against our seniors on the basis of their age, because they do have increased health care concerns as they get older. It discriminates against people who are living in poverty, because they cannot afford to access drugs.

It is heartbreaking to knock on a door that is answered by a child who has not had enough to eat that day and then to sit down with his or her parents, who explain the child has been prescribed medication to which they do not have access. It also discriminates against people who have an underlying health condition that may not be the subject of coverage through private or public insurance plans. In fact, of the people who report they cannot afford their medication, 38% have access to a private insurance plan and 21% have access to public coverage that does not cover their needs.

Second, in addition to the lack of access is an issue around the lack of systemic savings that we are not benefiting from because we have not been moving forward.

The Parliamentary Secretary to the Minister of Health, a colleague of mine from Nova Scotia, quite eloquently has described the fact that Canada is the third most expensive country in the world when it comes to the costs of medication, ranking only behind the United States and Switzerland.

We are so proud of our public health care system and the universality of it. No matter where people come from or who their parents are, they will be taken care of when they fall ill. The same is not true, and a lot of Canadians do not appreciate this, when it comes to access to the medications they need, which are often to sustain life or remain healthy.

Part of the reason this is the case in Canada is that we have a very serious patchwork of provincial and territorial programs and over 100,000 private sector health care plans in Canada. We do not necessarily benefit from the opportunity that presents itself when we can negotiate bulk purchases of medications. Some efforts have yielded success by partnering with various provinces. However, if we adopt the Costco model and buy in greater volume, we can reduce the price per unit and extend access to people who currently cannot afford their medication.

I have seen estimates in excess of $4 billion of systemic savings that come not only from a reduced cost in the price of medication, but also fewer visits to emergency rooms, fewer hospitalizations and more seniors being taken care of in their homes because they can afford access to the medication they need to be well.

● (1305)

We all can appreciate that there is a problem with access to medication in Canada. Over the past few years we have been working toward solving this problem.

Just a few years ago, we appointed an advisory committee, led by Dr. Eric Hoskins, the former minister of health for the Province of Ontario. That effort led to a report that identified the path forward to a national pharmacare program. The committee flagged that it would not happen overnight, but there were certain things that needed to happen to bring down the cost of drugs so we could benefit from the systemic savings that would accrue once we implemented those steps.

One of the very first steps we thankfully moved forward with in the last federal budget, with a $35-million investment, was the creation of the Canada drug agency. This body would be able to assess the effectiveness of drugs that could be proposed to enter into the Canadian system. It would provide an opportunity to negotiate better prices because of the purchase of increased volume that could be administered through the provincial public health care systems. The creation of a national formulary would allow us to ensure we would have consistent coverage, regardless of which community or province in Canada one may live.

In addition to the creation of the Canada drug agency, we have created a national strategy for high-cost drugs and rare diseases. This is important. Quite a few Canadians live with a condition that, despite the fact they may have coverage, do not have access to the medication because of its exorbitant cost or their insurance policy may not provide coverage for their particular condition or its required medication. We have earmarked $500 million annually for this approach.

It is simply not fair that the circumstances of people's birth means they would not be entitled to benefit from the medication that could keep them alive. There are still problems in Canada. Tragic cases pop up in every corner of our country each week. However, by moving forward with this rare disease strategy, we will be able to help some of the most vulnerable Canadians.

In addition to the creation of a drug agency and rare disease strategy, we have also moved forward with changes to patented medicine regulations, changes that will save billions of dollars to our health care system. One of these changes adds additional factors that need to be considered so the cost of drugs reflect the benefits to public health care system in which they can enter. Some of the regulations will require better reporting to ensure our regulations reflect the actual cost of medication.

Perhaps most important, from my perspective, is we have changed the comparator basket of countries we look at to set drug prices for Canada by removing the United States and Switzerland, the two most expensive countries in the world, and added other comparator countries with similar economies, such as the Netherlands and Japan, which will lead to a systemic reduction in the cost of medication in our country and, most important, for Canadians who need that help.

Health care is front of mind for people back home, whether it is access to a family doctor, the fact that their parents cannot find a place in a long-term care facility or the underserved mental health services in their communities. I hear about these things non-stop because people recognize there are problems. Whether they live with those problems or not, they are equally concerned for the people who live in their communities who do not have access to life-saving services and, importantly, life-saving medication.

There is something we can do. We can implement a national pharmacare program to ensure that no matter where people live, no matter where they were born or their parents' economic situation, they will not be denied access to medication because of their financial circumstances.

It is Canada in the 21st century. Canadians expect that they and their neighbours will have access to the medications they need to be well. By implementing a national pharmacare program, we can turn that dream into a reality for the millions of Canadians who go without the medicines they so desperately need.

● (1310)

[*Translation*]

**Mr. Stéphane Bergeron (Montarville, BQ):** Madam Speaker, I am very pleased to have the opportunity to put a question for the Parliamentary Secretary to the Minister of Finance, who I generally find to be very eloquent. I listened carefully to his speech, especially when he said that his greatest frustration as a federal MP was to see the difficulties experienced by our seniors and the most disadvantaged with health care.

I would like to ask him two questions. First, why did he not choose to run at the provincial level if his greatest concern is health care, which is not a federal jurisdiction but the exclusive jurisdiction of Quebec and the provinces?

Second, given that he chose to become a federal member and also the Parliamentary Secretary to the Minister of Finance, why not ensure that the federal government increases health transfers to make it possible for provinces to carry out their responsibilities and why does he not ensure the timely enactment of regulations lowering the cost of drugs?

[*English*]

**Mr. Sean Fraser:** Madam Speaker, there is a lot to unpack in that question, but I will do my best to address it.

In addition to my frustrations with the shortcomings of the provincial health care system, there are other issues squarely within the federal purview that I care deeply about, notably the fight against climate change and solving income inequality in Canada, which in turn will actually have benefits for our provincial health care systems.

That being said, there are items within the federal purview that allow us to demonstrate leadership and assist the provinces in delivering the quality of care our citizens so desperately need.

In terms of the question regarding the increases to the quality of the financial transfers, I will note that we actually did land on a 10-year health accord that has seen the federal transfer go up. On top of that, we have created additional investments. My province of Nova Scotia has $288 million additional dollars for in-home care for seniors and to improve mental health services.

I would be happy to go over the role I see for the federal government to improve health care services with the hon. member at his leisure.

● (1315)

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Madam Speaker, I am pleased to hear the parliamentary secretary's speech, but I would be more pleased if it were clear that Liberal members will be voting in favour of the opposition motion in the business of supply today. It is very clear that the majority of members of Parliament have been sent to this place by constituents who want a national pharmacare plan. Constituents want it to conform to the report by Dr. Hoskins, which was commissioned in the last Parliament. They do not want to risk delay. We want to get it passed while this minority Parliament is in session.

Could the hon. parliamentary secretary inform the House whether the Liberals will support this motion so we get a pharmacare plan in place as quickly as possible?

**Mr. Sean Fraser:** Madam Speaker, to reiterate my opening comment, when I said I would lead with my conclusion, I will be supporting this motion. I speak not for the government, but for myself. I hope my colleagues will do the same.

The fact is that we have a time-limited opportunity in this minority Parliament to make a real difference that will extend access to medication to some of Canada's most vulnerable. I will never forgive myself if I do not take the opportunity to do everything within my power to ensure the most vulnerable Canadians have access to the medication they so desperately need.

[*Translation*]

**Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.):** Madam Speaker, I listened with interest and with emotion to what my colleague said he has been hearing from his constituents.

We, the members from the province of Quebec, already have a pharmacare plan, but my constituents have mentioned that there are gaps in coverage.

I would like my colleague to tell us what the federal government accomplished with this major process so we can create a pharmacare program that helps everyone.

[*English*]

**Mr. Sean Fraser:** Madam Speaker, very quickly, we started by launching a nationwide consultation through the advisory council led by Dr. Hoskins. We followed that up with the creation of the Canada drug agency, which will ensure we can benefit from both purchasing and guarantee the effectiveness of drugs that enter the system.

Since then, we have made changes to certain medications to ensure we can bring the cost down and have some consistency in coverage. We have advanced a rare disease strategy, backed by hundreds of millions of dollars, to ensure the most vulnerable have access. These are the first steps in the process. We will get there and achieve universal coverage for drugs for Canadians.

**Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.):** Madam Speaker, it is a pleasure to rise today to discuss the motion tabled by the member for Vancouver Kingsway related to pharmacare. I too will be supporting this motion, because I believe and our government recognizes that the cost of drugs can directly affect the lives of Canadians.

Families should not have to choose between putting food on the table and paying for the drugs they need. That is why we have committed to implementing universal pharmacare to ensure that all Canadians have equitable and affordable access to the medicines they need.

Today I would like to highlight how the federal government is supporting innovative research to advance drug discovery and develop new therapies to improve the health of Canadians.

The Canadian Institutes of Health Research is the main federal agency responsible for funding health research across Canada. Every year the Government of Canada, through this group, invests over $1 billion in research initiatives that will generate new knowledge and evidence and lead to better and more affordable treatments for Canadians. Clinical trials are the cornerstone of an evidence-based practice and ensure timely access to new drugs and treatments for Canadians.

In 2016, CIHR launched the innovative clinical trials initiative. With an annual investment of $11.7 million, this initiative is supporting research focused on the development and implementation of innovative methods in clinical research. This specific initiative is part of the larger strategy for patient-oriented research, a national coalition of federal, provincial and territorial partners dedicated to the integration of research into care.

The SPOR innovative clinical trials initiative will contribute to increasing Canadian competitiveness in innovative clinical trials research and provide a stimulus for researchers to adopt new methodologies to conduct clinical trials. It will also encourage collaboration with various stakeholders, including patients, decision-makers and key stakeholders.

Innovative clinical trials use designs that are alternative to traditional trials methodologies. These new methods can reduce the cost of conducting trials, reduce the amount of time needed to answer research questions and increase the relevance of research findings to patients, health care providers and policy-makers. The direct outcome of these new methods is improved effectiveness of the trials while keeping the same high safety and effectiveness standards for the drugs. This will result in lowering the cost of drug development, ensuring that new, affordable and effective drugs are available for Canadians.

As part of this initiative, CIHR is supporting the CLEAN Meds project, led by researchers at Unity Health Toronto. Through a randomized controlled trial, researchers are investigating the effects of providing patients with free and convenient access to a selected set of medications. Each person is randomly assigned to either receive usual access to medications or to receive access to essential medications at no cost.

Preliminary findings from the CLEAN Meds trial demonstrate that the distribution of essential medicines at no charge for one year increased adherence to treatment medicines and improved some disease-specific health outcomes. These findings could help inform changes to medicine access policies such as publicly funding essential medicines.

Through the innovative clinical trials initiative, CIHR is also supporting a team led by Dr. Jacob Udell at the Women's College Hospital in Toronto. This work is looking at ways of leveraging big data to facilitate recruitment of patients in clinical trials, measurement of patient characteristics and follow-up of patient outcomes. It is expected that this approach will transform how clinical trials are conducted in Canada, which would ultimately contribute to lower drug development costs.

● (1320)

Leading researchers across the country are also conducting research to improve the safety and effectiveness of drugs. For example, CIHR is supporting a research project led by Dr. Michal Abrahamowicz at McGill University that aims to improve monitoring of adverse drug reactions. While most new drugs help improve patients' health, some may have important unintended side effects and others may be less effective than existing drugs. This research will allow for the development of new statistical methods that will allow for more accurate assessments of the safety and effectiveness of different drugs used by Canadians, and help to reduce the risk of serious adverse events.

Of course, underpinning all of this research are CIHR's research investments into the development of new drugs and therapies. For example, through CIHR's investigator-initiated programs, our government is investing $4.7 million in a research program led by Dr. Hanns Lochmüller at the Children's Hospital of Eastern Ontario Research Institute, right here in Ottawa, to discover and test several new therapies to treat neuromuscular diseases. Over 50,000 Canadians have a neuromuscular disease, of which there are over 150 types. Neuromuscular disease is associated with progressive muscle weakness, disability and early death, and can cause significant economic burdens on families that are affected.

Through his research, Dr. Lochmüller is using a combination of genomics, molecular biology, animal models and clinical trials to improve the diagnosis and treatment of neuromuscular disease. His objectives are to reveal the genetic mechanisms of 20 new genes associated with neuromuscular diseases, discover five new therapies and study seven therapies, four of which were repurposed and three new. The hope is that this research will lead to new ways to treat neuromuscular diseases.

Through the Canada research chairs program, CIHR is also supporting research led by Dr. Weihong Song at the University of British Columbia on Alzheimer's disease. Dementia has a significant and growing impact in Canada. We know that there are more than 419,000 Canadians aged 65 and older diagnosed with dementia. The impact of dementia on individuals, their families and the health care system is significant. In the absence of a cure or effective therapy, the total annual health care costs and out-of-pocket caregiver costs for Canadians with dementia are expected to exceed $16 billion by 2031. As the Canada Research Chair in Alzheimer's Disease, Dr. Song is studying the cause of dementia found in Alzheimer's disease and working to discover new drugs targeting Alzheimer's disease.

CIHR is also supporting groundbreaking research by Dr. Mick Bhatia at McMaster University in the hopes of uncovering new treatments for leukemia, a cancer that starts in blood stem cells.

Our government is committed to accelerating medical breakthroughs for people affected by rare diseases. Approximately one million people are affected by more than 7,000 different rare diseases in Canada. These diseases often appear at birth or emerge in early childhood. One-third of children with rare diseases die before their fifth birthday. For the vast majority of these conditions, there is no treatment available.

Canada, through CIHR and Genome Canada, is a founding member of the International Rare Diseases Research Consortium, which was established in April 2011 with a goal to develop 200 new therapies for rare diseases by 2020. I am pleased to note that the consortium had surpassed this target a few years early, with over 279 new medicinal products and therapies for rare diseases developed by 2017.

To conclude, I would like to reiterate that ensuring equitable access to necessary medicines is a priority for our government.

● (1325)

[*Translation*]

**Mr. Yves Perron (Berthier—Maskinongé, BQ):** Madam Speaker, I thank my colleague for his speech. I note, as I did at the beginning of the day, that there have been many thoughtful speeches that really speak to people on the sensitive issue of health.

To come back to the substance of the issue, I will ask my colleague two things. First, does he not believe that Quebec should have the right to opt out with full compensation if this motion is adopted? It is important to make that clear before the motion is adopted. Second, does he think that we should figure out how that would work right away?

[*English*]

**Mr. Churence Rogers:** Madam Speaker, we know we are embarking on a path toward universal pharmacare for this country, and our government believes it is necessary to support Canadians. As to how it will roll out in the provinces and territories, a whole set of negotiations and discussions need to be had before anybody can commit to what it might look like going forward.

● (1330)

**Ms. Jenny Kwan (Vancouver East, NDP):** Madam Speaker, we know that the Liberals have been embarking on this process of bringing in universal pharmacare for Canadians for 23 years now. As we are still embarking on this slow journey to get there, we have a motion before us in the House. Given that we have a plan, which has been laid out by the Hoskins report that the government itself had commissioned, will the member be supporting this motion?

**Mr. Churence Rogers:** Madam Speaker, as I said at the outset, I will be supporting this motion.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen’s Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, I would like to emphasize what I believe we have been witnessing over the last number of years. Under this Prime Minister, we have had a progressive government that has dealt with issues like poverty, lifting seniors and children out of poverty.

One way we can give a helping hand is to continue to move forward on pharmacare, which I believe is a really important issue to all Canadians. It does not matter what province they are from. The idea of providing medication to individuals through a pharmacare program is, in fact, long overdue. For the first time, we have a Prime Minister and government caucus committed to making a difference on this point.

I am wondering if my colleague and friend could provide his thoughts on how wonderful it is that we finally have a concentrated group of MPs in the government benches and others who want to see it happen.

**Mr. Churence Rogers:** Madam Speaker, health care funding has been a priority of this government. We know, for example, that transfers to the provinces are nearly $42 billion. Since 2014, there has been an additional $10 billion going to provinces, much of it aimed at taking care of issues like mental health and home care services. Now we want to move to a universal pharmacare program. This government is committed to making that happen and I fully support it.

**Mr. Damien Kurek (Battle River—Crowfoot, CPC):** Madam Speaker, my question is brief. Has the member spoken with pharmacists in his constituency about their feelings on the struggle that already exists for pharmacists to access the drugs that Canadians need?

**Mr. Churence Rogers:** Madam Speaker, I have spoken with many different groups and organizations, including pharmacists, and as I have stated very clearly, my position on universal pharmacare is that I support it and support what this government is trying to do.

**Ms. Jenny Kwan (Vancouver East, NDP):** Madam Speaker, I will be splitting my time with the member for New Westminster—Burnaby.

Today we are talking about an NDP motion on something we have been advocating for a very long time. It is for the government to act on bringing a universal comprehensive single-payer pharmacare system to Canadians.

This has been a long-time dream of the NDP. In fact, 53 years ago, Tommy Douglas brought to us medicare. This is what Canadians itemize as one of the single proudest moments in our Canadian history: to ensure that Canadians can see the doctors and get the medical services they need. This is unlike south of the border, where people in the United States literally cannot access the medical attention they need, and people die from that situation. We are the envy of the universe. To complete that dream of Tommy Douglas, it has always the vision of the CCF and the NDP to bring in a comprehensive universal single-payer pharmacare program.

We know that the Liberals have said they support this idea and have said so for a very long time. In fact, to be more precise, for exactly 23 years they have said that they would support it. Now we are in a situation of a minority government, so let us hope, and I hope with all of my heart, that in this Parliament we will implement a universal single-payer comprehensive pharmacare system. That is what our motion is pushing for. That is what we want to see, and I believe that is what Canadians want to see.

In fact, out of the government's own consultative process with its own council came the Hoskins report, with 60 unequivocal recommendations laying out a concise plan for achieving this goal. The report highlights a number of things that warrant attention in this House.

Just so we know, some 7.5 million Canadians do not have adequate prescription coverage. That is to say, some 7.5 million Canadians cannot get the medication they need. Sixteen per cent of the people in Canada went without medication for heart disease, for cholesterol or for hypertension because of cost.

The amount of prescription-drug spending paid out of pocket in Canada in 2016 was $7.6 billion. That is a lot of money coming out of the pockets of everyday Canadians, money that they could otherwise use to support their family if there were a universal pharmacare program. The government talks all the time about how it wants to support middle-class Canadians; implementing universal pharmacare would support every single Canadian, including middle-class Canadians.

The people who are perhaps hardest hit because they cannot access a pharmacare program are women. Fewer women have employer health benefits compared to men. Women are more likely to report noncompliance to their prescription medication because of costs, not because they do not want to comply but because they cannot afford it.

Cost-related noncompliance is a common problem among the indigenous community as well, and people between 18 and 44 years old, people with lower health status and people with lower incomes also often cannot access the medication they need because they cannot afford it.

There is no question in my mind that it is time to act. I know some members will say that we cannot proceed with this because the provinces and territories say they do not want to. One of the issues that provinces and territories have tabled and put on the record is that they need the government to ensure that the health transfer payments are kept up. If the Liberals actually wanted to do something about this and ensure that negotiations go well with provinces and territories, they would ensure that the health transfer payments are actually provided.

● (1335)

Instead of adopting the Harper Conservatives' cuts to the health transfer payments, the government could say, “No, we are not going to take that path. We are not going to go down the path of the Harper Conservatives. In fact, we will fully fulfill our requirements and responsibility for health care transfer payments.” When we do that, I fully expect that the provinces and territories will come to the table and earnestly negotiate with the Canadian government to put in place a universal comprehensive single-payer pharmacare program.

I will share a story with members.

During the campaign, like everyone else in the House, I went door knocking. One constituent's story has shaken me to this day. He is a senior who just recently retired. He worked hard all his life and paid his taxes and all of those things. As he aged, he became ill. He has a number of complicated health conditions, and his medication costs him about $1,000 a month. That is a lot of money for a senior on a fixed income.

He told me that he had some savings and he could pay for this medication for a few months, but of course his savings will run out, and then what will he do? I think he told me that his savings would run out by this summer. He was very worried about what would happen when that occurred, because he would not be able to get the life-saving medication that he needs. He said to me, “You have to go and fight for a universal pharmacare program, not just for me but for my friends and other people like me.”

I took his words to heart, and here we are in this debate. I ask the government to support this motion before us and then get on with it and actually fully realize this motion and put it into reality. No more excuses. No more delays. No more “I can't do this and I can't do that.” No more saying that we support it and then decades later we are still talking about it. I do not want to come back to the House to have to debate this once again. I want to see this program in place, and Canadians want to see it as well.

This program will save lives. We know that. More importantly, or perhaps of equal importance for those people who talk about money, this program will save money as well. How often do we get to do this? We can have our cake and eat it too. This is the kind of program that we are talking about. We are in a minority government situation, and it can become reality. How about we fulfill that dream? How about we end the notion that Canada is the only country in the world that has a universal medicare program without pharmacare? How about we put that to bed once and for all, forever, by implementing universal pharmacare?

The government says that it wants to act, but I do not want to hear just words anymore; I want to see this action in the budget. In the upcoming 2020 budget, I want to see the government allocate resources to get this done.

The Hoskins report, which I read page by page last night to get the full scope of its recommendations, has 60 recommendations. It outlines very clearly, step by step, how we can get this done and where the savings are, so the government cannot have the excuse of not having a blueprint. The government had this work done to counsel its work, and Dr. Hoskins and the team went out there and did this work, laying out in detail, step by step, how this could be done, so no more excuses.

The constituent I met during the campaign is in desperate need for the government to act. People in our community are in desperate need for the government to act. For members of Parliament, especially on the Liberal side, this is our moment to make that difference, to realize the legacy that Tommy Douglas has left us to fully implement universal medicare and pharmacare.

● (1340)

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Madam Speaker, there have been discussions among the parties, and if you were to seek it, I think you would find that there is consent to adopt the following motion:

> That, at the conclusion of today's debate on the Opposition motion in the name of the Member for Vancouver Kingsway, all questions necessary to dispose of the motion be deemed put and a recorded division deemed requested and deferred until Monday, March 23, 2020, at the expiry of the time provided for Government Orders.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** Does the hon. member have the unanimous consent to propose the motion?

**Some hon. members:** Agreed.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

**Some hon. members:** Agreed.

(Motion agreed to)

**Mr. Ken Hardie (Fleetwood—Port Kells, Lib.):** Madam Speaker, there is undoubtedly passion in my colleague's presentation, but there are two aspects that bring out my inner Conservative.

First, what would she do to preserve the contributions currently made by the private sector in some of the patchwork of programs that are being offered through private company plans and being used by Canadians right now? What would we do to avoid shipping those costs directly from the private sector onto the government?

Second, in deference to the story the member told about the person who was obviously not well off and was burdened with the expense, what does she propose to do with the very well off? Would she propose, for instance, to have an annual deductible on pharmacare, based basically on an income test?

● (1345)

**Ms. Jenny Kwan:** Madam Speaker, yes, it does bring out the Conservative side of the Liberals, because that is consistent with their action on many of their programs, not the least of which is universal pharmacare.

I would advise the member to read Dr. Hoskins' report, because that is what I did yesterday, and it answers all of these questions.

**Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC):** Madam Speaker, I appreciate hearing from my fellow British Columbian on this important matter.

The member seems to be very insistent on having her and her party's way. Obviously there are some constitutional issues, but what happens if a province disagrees with the NDP? What measures does she think the federal government needs to do to implement the New Democrats' vision, particularly when this is the jurisdiction of the provinces?

**Ms. Jenny Kwan:** Madam Speaker, the Hoskins report said this:

> Be bold, Canadians told us. Be brave, they appealed to us. But most of all, they reminded us to heed those uniquely Canadian values: looking out for one another, supporting neighbours and communities through tough times and treating each other with fairness.

That is the plan forward. I understand some provinces are saying that they do not have enough resources from the federal government. I would ask the Conservative members to check themselves, because it was the Harper government that cut the transfer payments to provinces and territories. Had it not done that, the provinces may well come to the table and say "Yes, we can do this."

As for the provinces, Quebec may well want to opt out because it has a fairly robust pharmacare program. There is that opportunity, but that said, I would also ask it to think carefully before it exercised that option, because the universal pharmacare program could actually save Quebec money as well.

[*Translation*]

**Ms. Louise Chabot (Thérèse-De Blainville, BQ):** Madam Speaker, we have a lot of audacity and courage.

The member is right to say that the cost of drugs is unacceptable. Quebeckers think so too. That is why we set up a universal plan so that no one falls through the cracks. There was a need. The program is now a done deal and we should show respect for those who implemented it.

The other question has to do with the cost of drugs. Even though we have a universal pharmacare plan that falls under the administrative aspect of this file, the situation that we are describing will go on as long as no decision is made to control drug prices, which is something that falls under federal jurisdiction. I repeat: Canada pays 19 times more than every other OECD country. The government needs to take action.

Do you agree that this universal issue that affects all of Canada must be addressed?

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I remind the member that she must address her remarks to the Chair and not directly to members.

The hon. member for Vancouver East for a brief response.

[*English*]

**Ms. Jenny Kwan:** Madam Speaker, that is the whole point about a national universal pharmacare program. Buying bulk would save money, and that may help Quebec as well.

Quebec could opt out if it wishes to. Having stronger negotiating power with the pharmaceuticals will make a difference in terms of costs and the price of drugs for Quebec and across the country. This is a power we can have with a national pharmacare program.

The Liberals actually engaged with pharmaceutical companies more than 700 times in talking about the companies' needs. Perhaps it is time for the government to focus on what everyday Canadians need.

[*Translation*]

**Mr. Peter Julian (New Westminster—Burnaby, NDP):** Madam Speaker, since we have just 10 minutes before the start of question period and since I will not be able to come back after that, I will limit my remarks to five minutes so my colleagues can ask questions. I think this is an extremely important conversation. I will stop talking five minutes before question period so my colleagues can ask questions.

● (1350)

[*English*]

We are facing a pandemic around the world. When we look at how our universal medicare is working, we see an illustrative example of why we are calling on Parliament today to ratify the idea of a universal, public pharmacare program. There is a clear difference between Canadian-style medicare, where we have managed to keep the risk of COVID-19 low, and public health officials across the country working hard to maintain that level, and other jurisdictions, for example the United States, where the medical system is neither universal nor publicly administered. As a result of that, it is much more costly than in the Canadian context.

In British Columbia, the B.C. NDP government, John Horgan and public health officials have been working hard to contain the virus. When we compare the infection rates of COVID-19 there to those in Washington state, right across the border, two hours from my home and from my constituency, we are seeing brush fires erupting in the area of Seattle. In Lynnwood, for example, we are progressively seeing schools closing, churches closing and not celebrating mass or communion. A series of senior centres have had to close as well. The difference is quite clear.

That is part of why, in Canada, it is so essential that we have access to the health care system at all times, without having to worry about having to pay or whether our families have the capacity to pay. It is the same principle with pharmacare. This is why this debate is so vital today.

As parliamentarians, we have had Liberal governments promising to deliver pharmacare for almost a quarter century. The choice needs to be made for a Canadian-style, universal, publicly administered pharmacare program as called for in the Hoskins report, as called for unanimously by the Standing Committee on Health, and as called for by the Standing Committee on Finance. In the report we tabled just two weeks ago, the Standing Committee on Finance called for a public, universal and national pharmacare program.

The difference between that and some kind of piecemeal, for-profit pharmacare program is quite clear. We know with piecemeal, for-profit pharmacare many people are left out, and the costs are much more expensive. The reality, as detailed by the Parliamentary Budget Officer, is that Canadians as a whole would save $4 billion if we moved to universal, publicly administered pharmacare. Businesses would save about $6 billion. Provinces would save, because of the federal government's contribution.

Canadians who are struggling to pay for medication prescribed to them by their doctor would benefit enormously from pharmacare. It would protect our whole country in the event of these kinds of pandemics that can occur.

I am going to tell two stories before I sit down to allow questions.

The first is about Jim. Jim sits outside the House of Commons in -30°C weather, in blizzards and in the blazing sun because he needs to beg to pay for his medication. He gets about $800 a month on social assistance, which is enough to pay for his room and his food. He cannot work because of his disability, and because of his need for that medication to keep him alive, he needs an additional $500 per month. It breaks my heart to see him every day. I make contributions, of course, and I think a number of other members of Parliament do, but in a country as wealthy as Canada, situations like Jim's should not exist. People should not have to beg in order to pay for their medication.

Another story is of a family that lives just a couple of blocks from my home in Burnaby, B.C., just off Cumberland Street. That family is paying $1,000 a month for heart medication that keeps the father of the family alive. They are having to make the tough choice, because of the escalating rents we are seeing, of whether to keep paying for the heart medication or to pay their rent. Canadian families should not have to make that choice.

That is why we need national, universal and publicly administered pharmacare, not piecemeal, not for-profit, not much more expensive, but the kind of universal program Tommy Douglas always advocated and that the NDP and our leader are proposing today.

● (1355)

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, the NDP are very much aware that in order for us to establish a national pharmacare program there is an obligation for the Government of Canada to work with our provinces and our territories. When the introducer of the motion came forward, he said that if the Province of Quebec wanted out, that it would not be a problem. Quebec could opt out of a national program.

Would the NDP advocate for that same treatment to be applied to other provinces? We have heard that Alberta wants to establish its own program. Would every other province and territory have to be part of the program, or would only Quebec be allowed to opt out?

**Mr. Peter Julian:** Madam Speaker, as the member knows, Quebec already has a pharmacare program in place. It could be improved by having federal contributions, but it is up to the Quebec government to decide how to administer it and how to improve the program that already exists.

However, in other parts of the country where there is no universal pharmacare, there is a real interest from the provinces. This morning I met with the Minister of Finance for the Province of Ontario, a Progressive Conservative. His primary concern is addressing the woeful cuts in health care funding, which happened under the Harper Conservatives and continue under the current government. Provinces want to see full health care funding restored. Beyond that, of course they are interested.

What government would not be interested in a program that allows people right across the country to access the medications they need, that saves businesses money, that saves society as a whole a lot of money and that allows for bulk purchasing? In New Zealand bulk purchasing led, in some cases, to the cost of pharmaceuticals being reduced by 90%. This is a win-win-win.

Yes, of course, some of the insurance companies want to maintain their profits. However, the government and Parliament should be acting in the national interest. That is why we are calling upon all parliamentarians to vote yes on this motion today.

[*Translation*]

**Mr. Yves Perron (Berthier—Maskinongé, BQ):** Madam Speaker, I will go back to the question I asked earlier. Why does the motion not include an option for Quebec and any other province to opt out of the program with full compensation? That would have enabled us to work together instead of forcing us to vote against the motion. We agree with our colleagues' emotional pleas. We would have liked to see it in writing. We no longer have faith in promises.

Why did they not put it in writing?

**Mr. Peter Julian:** Madam Speaker, it goes without saying. Of course we are talking to Quebeckers about this. I spent more than 10 years of my life in Quebec. I lived in Saguenay—Lac-Saint-Jean, in the Eastern Townships, in Montreal and in the Outaouais. The current pharmacare program is good, but it should be improved. That is what Quebeckers say when we talk to them about this. Too many pharmaceuticals are not covered.

If the federal government contributed its share, then of course Quebec could decide how to spend it. That might compensate, but it would also help improve the program. This is in Quebeckers' best interest. It is in everyone's interest to have a pharmacare program so that nobody has to beg or borrow money or go without the medications they need.

[*English*]

**Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC):** Madam Speaker, the government has an infrastructure bank that does not really fund much infrastructure. We have a centralized payroll system that was supposed to save us millions of dollars but, when it was finally put in place by the government and the button was pushed to start it up, we ended up with many public servants not being paid.

How is the member so confident that a national program could be implemented when there are 10 provincial systems that do a fairly good job? There could be improvements. This is an area where there are so many complexities, including drug choices and millions of Canadians. Does the member think that a national program with such complexity could be put in operation? Will we end up with another situation like the Phoenix pay issue, with so many lives on the line?

● (1400)

**Mr. Peter Julian:** Madam Speaker, my brief answer is Tommy Douglas. He pushed the dream of national, universal, publicly administered medicare. The Conservatives at the time were raising the same concerns. There is not a single Conservative in this House today who would stand up and say they want to get rid of universal, publicly administered medicare, because even they understand the importance of having a program in place that benefits everybody.

Even the Conservatives will be convinced. If we pass the motion over the next few days, Conservatives 10 years from now will stand up and say yes to universal pharmacare, because they will see the benefits for their constituents and all Canadians.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** Before I recognize the first statement, I want to remind members that there is quite a bit of chatter going on right now and it is very difficult to hear.

Out of respect for the members who will be making their statements, and then during questions and comments, I would ask people to keep their chatter down. It is not just here on the floor of the House of Commons, but also up in the galleries.

The hon. member for Sydney—Victoria.

## STATEMENTS BY MEMBERS

[*English*]

### MUSICOUNTS TEACHER OF THE YEAR AWARD

**Mr. Jaime Battiste (Sydney—Victoria, Lib.):** Madam Speaker, I rise today to commend and congratulate a Cape Breton teacher and musician. Mr. Carter Chiasson, a teacher at Allison Bernard Memorial High School in Eskasoni, was awarded the 2020 MusiCounts Teacher of the Year Award. This award recognizes inspirational and passionate Canadian music educators' impact on students.

We all remember that teacher who went above and beyond the call, who did more than instruct but inspired. Carter's dedication and talent has helped students reach their amazing musical potential over many years. Recently, Carter's rendition of The Beatles' *Blackbird* sung in the Mi'kmaq language by Emma Stevens has been viewed more than a million times on YouTube and was nominated for a Nova Scotia music award for best music video. When Sir Paul McCartney himself praises someone's video publicly, the person knows he or she has reached greatness.

I congratulate Carter on this well-deserved honour.

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### SHOP LOCAL: AIRDRIE

**Mr. Blake Richards (Banff—Airdrie, CPC):** Madam Speaker, in the face of challenging times for local businesses in Alberta, the small business community in Airdrie has banded together.

Lindsey Cybulskie and other local business owners in the community joined forces and created a Shop Local Facebook group. The reaction to the group has been incredibly positive. New members joined from across Airdrie and the Facebook group dramatically expanded in size. It provides a platform through which to share positive reviews, spread the word about exciting events and allows residents of Airdrie to explore local business options.

The community came together and the Facebook group has transformed into a movement that supports and empowers local businesses in Airdrie. Shop Local: Airdrie has led events, such as a flash mob lunch date; a selfie challenge that encouraged community members to take a selfie with a business and its owner; and a midnight madness event, where local businesses were open late for Christmas shopping. The Facebook group now has over 11,000 members.

The Shop Local: Airdrie movement has become a unifying force, supporting small businesses and reminding us all of the great strength in our community.

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[*Translation*]

### WOMEN'S ENTREPRENEURSHIP STRATEGY

**Ms. Rachel Bendayan (Outremont, Lib.):** Mr. Speaker, as parliamentary secretary, I meet so many women in business, whether in Montreal or across the country. I want to share with the House what we are doing to help women entrepreneurs. Our government launched the very first women's entrepreneurship strategy, and we have already put $2 billion on the table.

Export Development Canada just doubled the amount available to women-owned exporters. The Business Development Bank of Canada already has a fund devoted to women.

[*English*]

Whether it is through our trade commissioner service that helps hundreds of thousands of women export, or providing access to capital through the BDC, or our women entrepreneurship fund, we are committed to doubling the number of women-led businesses in this country, because a woman's place is at the head of the table.

* * *

[*Translation*]

### GREEN CAFETERIA PROJECT

**Mr. Rhéal Fortin (Rivière-du-Nord, BQ):** Mr. Speaker, in an era of climate change, and given the importance of taking measures for the health of our planet, I want to highlight a remarkable initiative launched by students at the École polyvalente Saint-Jérôme in my riding.

A dozen students took it upon themselves to create a mini sorting centre in their cafeteria in order to reduce waste and its impact on the environment. This project, called “Cafétéria verte”, is supported by the Fondation Monique Fitz-Back and backed by many stakeholders in my community, including the Rivière-du-Nord RCM, the Carrefour Jeunesse-emploi Rivière-du-Nord and the Tricentris sorting centre.

I want to commend this initiative and the students behind this environmentally responsible project.

Way to go, Rosalie, Manuel, Victorianne and Émylie.

On behalf of myself and my Bloc Québécois colleagues, I can assure them of our unwavering support in the fight against climate change.

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● (1405)

[*English*]

### ISLAMOPHOBIA

**Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.):** Mr. Speaker, on March 15, 2019, a terrorist stepped into two mosques in Christchurch, New Zealand, during Friday prayers. He gunned downed 51 people and injured 49 others, women, men and children. On his weapon, he had the name of the terrorist who shot worshippers right here in Canada at the Quebec City mosque on January 29, 2017.

There is no mistaking that this attack was a result of Islamophobia. The consequence of this hate is families who are mourning their loved ones today and every day.

It should never feel normal to see news about attacks like this, but violent hate crimes seem to be more and more commonplace around the world. In the face of this, we as elected officials need to speak out against hate and work toward a more inclusive Canada. It falls on every one of us not to just send our thoughts and prayers, but to lead with action.

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## BEYOND BORDERS CIRCLE OF CHANGE

**Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC):** Mr. Speaker, it gives me great pleasure to highlight the Kindness Wins initiative in my community of Lloydminster. Beyond Borders Circle of Change awards Kindness Wins grants to schools that pick a project that intentionally embodies that message.

Last week, I had the opportunity to join Madame Michaud's grade 2 class at École St. Thomas, who looked beyond our community to spread kindness. These creative and thoughtful students crafted crosses and cards with messages of gratitude for our Canadian Forces men and women in uniform. These students had previously made Christmas cards for our serving members of the Canadian Armed Forces and wanted to demonstrate their continued appreciation.

Our Canadian Armed Forces selflessly safeguard the freedoms and values that we enjoy every day here in Canada. It is truly encouraging to see these young students understand and appreciate their sacrifices. I would like to congratulate École St. Thomas' students for a job well done. I invite all members of this House to help spread their message that kindness wins.

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## CAIN'S QUEST

**Ms. Yvonne Jones (Labrador, Lib.):** Mr. Speaker, I rise today to congratulate the organizers, sponsors, racers and volunteers of Cain's Quest 2020. Labrador is the home for Cain's Quest snowmobile race.

Through some of the most rugged and challenging lands in Canada's north, this race is one of tremendous endurance. Through 3,100 kilometres of land, over 19 checkpoints with 100 snowmobilers, it is one of the most enduring races on the planet today. This year, we also had two women's teams, one from Canada and the U.S. and one from Finland, and I want to give a big shout-out to them. Cain's Quest really pushes both the individual and the machine to the limits. It takes skill, stamina and determination.

I want to congratulate all those who took part and the winners of the cup, Rod Pye of Lodge Bay and Darryl Burdett of Cartwright, the Mighty Haulers, on their championship win in Cain's Quest.

[*Translation*]

## GA INTERNATIONAL

**Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.):** Mr. Speaker, last week, I had the great pleasure of visiting a business located in my riding of Marc-Aurèle-Fortin. GA International is a world leader in cryogenic labels. GA International's clients have very specific, unusual needs. For example, a laboratory may need labels to identify cryogenic storage flasks subject to extreme temperatures as low as -196°C and as high as 121°C.

On behalf of the hon. Minister of Economic Development, I was pleased to announce that this outstanding Quebec business would be receiving a contribution of $162,000 from a Canada Economic Development for Quebec Regions program to adopt an enterprise resource planning system. This contribution will create 36 new jobs, on top of the 40 jobs that already exist. GA International expects to double its production by the end of 2020.

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● (1410)

[*English*]

## THE ECONOMY

**Mr. Gerald Soroka (Yellowhead, CPC):** Mr. Speaker, I was raised on a farm where I learned the value of money and the importance of financial planning.

With every budget the Liberals put out, they continue to add billions of dollars to our national debt. This is not budgeting; this is reckless spending. There are now so many uncertainties in the Canadian economy, with companies like Teck and investors like Warren Buffett unwilling to invest in Canada. Now, combined with the coronavirus, the future of the Canadian economy is looking pretty bleak.

I am sure the Liberals will paint a pretty picture that navigating our turbulent economy will be like gently floating down a stream in an inner tube, and it might even be enjoyable. I wonder what theatrical words the Prime Minister will use to describe why we are heading straight over Niagara Falls.

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## INTERNATIONAL WOMEN'S DAY

**Mr. Peter Fonseca (Mississauga East—Cooksville, Lib.):** Mr. Speaker, March 8 was International Women's Day.

I would like to highlight a community not-for-profit organization from Mississauga, Indus Community Services. It has served my community for over 33 years, providing newcomer services, housing information, health services and senior care. I was happy to hear about their women-oriented programs. Through the advocacy, counselling, empowerment and safety program for women, they provide culturally responsive counselling to victims of domestic or family violence and abuse. Each one of us has a role to play in creating a more positive and equal world.

I would like to thank organizations like Indus that have made such dreams possible for women to participate freely, fully and equally in our economies and in society, free to realize their full potential. Every woman deserves to live a life free from fear of abuse or violence. Let us continue to celebrate women's contributions, stand up for women's rights and listen to women's voices, not only on International Women's Day, but every day of the year.

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## WOMEN'S HUSKIES BASKETBALL

**Mr. Kevin Waugh (Saskatoon—Grasswood, CPC):** Mr. Speaker, last weekend the University of Saskatchewan's women's basketball team defeated Brock 82-64 to claim the U Sports Women's Basketball Championships. For the Huskies, it was their second bronze baby in the last five years.

Seventeen years ago I was at the news conference when they decided to hire head coach Lisa Thomaidis. The program then was dead last in the country. Now with coach Thomaidis, they have built the number one team in the country. I should add Lisa will be the head coach of the national team for the 2020 Olympics in Tokyo.

Sunday was a total team effort. Player of the game Summer Masikewich had 20 points, nine rebounds. The championship MVP, Sabine Dukate, had eight three-pointers and had a total of 24 points. Katriana Philipenko added 11 points. Libby Epoch, along with Carly Ahlstrom, both put up nine.

Congratulations to the Huskie program. It has done us proud.

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## COVID-19

**Mr. Dane Lloyd (Sturgeon River—Parkland, CPC):** Mr. Speaker, I was prepared to rise today to give a statement regarding what I believe to be the Liberal government's failure to stand up for our energy industry, specifically by not supporting Teck Resources' Frontier oil sands mine, but today another partisan speech is the last thing that my constituents or Canadians need to hear. There will be plenty of time for holding the Liberal government to account.

Today, as we face the pandemic of COVID-19, we learn that the Prime Minister and his wife have entered self-isolation. We learn of new cases every day. I urge Canadians not to give in to fear. We are going to carry on. We are going to survive, and we are going to be stronger than ever.

I want to extend my heartfelt prayers to the Prime Minister and his family and to all Canadians who are suffering. God bless them all.

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## PERLA DE PERALTA

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, I rise today to pay tribute to one of the finest Vancouver Kingsway citizens I have had the privilege of knowing and serving, my dear friend Mrs. Perla de Peralta. I am deeply saddened to report Perla's untimely passing on March 8.

Perla was one of those rare persons who was universally loved, respected and cherished. She was kind, gracious and generous. She was wise, patient and considerate. She carried herself with extraordinary dignity and decency.

Perla was a pillar of our community at large and an icon of the Canadian Filipino community in particular. Her leadership of many Filipino groups, most recently the Filcanes New Era Society, spanned decades. Throughout, she demonstrated outstanding competence, integrity and energy.

Go to your Delfin, your family, your Lord and the angels, my dear Perla.

Perla will be deeply missed but never forgotten.

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● (1415)

[*Translation*]

## JANI BARRÉ

**Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ):** Mr. Speaker, today I would like to pay tribute to a woman from Saint-Hyacinthe who is a true hometown hero. Jani Barré has brittle bone disease, which means she runs the risk of breaking a bone every time she moves.

Nevertheless, last month, she completed her fifth marathon, in four hours and 47 minutes in Miami. This is a feat that most people with this disease will never accomplish. This month, Jani is on the front page of Pace magazine.

Her father, Bernard Barré, ran against me in the last election, and I still have the utmost respect for him. When we spoke at the one-hour and two-hour relay race event in Saint-Hyacinthe, he told me that Jani is totally fearless. He was right.

March 8 was International Women's Day, and this week, I would like to honour the first Quebec woman to complete marathons in a wheelchair.

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[*English*]

## VETERANS AFFAIRS

**Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC):** Mr. Speaker, in June 2017 the Royal Canadian Legion first sounded the alarm on the veteran disability application backlog crisis, two years after the current government took office. By December, the Canadian Press was reporting that the backlog had grown to 29,000 cases, a 50% increase since March of that year. Here we are, three years later, having spent $42 million, and the backlog has become worse, having now grown to more than 44,000 applications.

Today at committee, we received testimony that on February 24 of this year the minister said to union leadership in a closed-door meeting, “I don't really control the department.” The union left the meeting not feeling positive, and disappointed. Its leadership expressed concerns that nothing was going to change.

Sadly, this came as no surprise, since the minister told the Standing Committee on Veterans Affairs two days ago that the department runs the department. We must ensure veterans are getting the care and support they need. It is time to end the backlog crisis. Veterans deserve better. They have earned it.

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### ACADIA UNIVERSITY

**Mr. Kody Blois (Kings—Hants, Lib.):** Mr. Speaker, I have said it before in the House and it bears repeating: Acadia University is a key institution in my riding of Kings—Hants, and of course the entire Annapolis Valley.

Acadia is not only an excellent institution for higher learning and education, creating important relationships around the globe for Nova Scotia, but the university also has a rich sporting tradition. Acadia's sporting tradition will add another chapter this weekend as Acadia plays host to the University Cup, a hockey tournament that brings together the top varsity programs from across the country, which is fitting, given that Windsor, in Kings—Hants, is the birthplace of hockey.

This weekend, eight teams will vie for the title of national champion at the Scotiabank Centre in Halifax. Acadia begins the tournament with a quarter-final matchup tomorrow evening against the University of Ottawa. As I stand proudly in the House wearing the Acadia Axemen jersey, I would like to wish all teams and players an enjoyable experience in Nova Scotia. Particularly, to the members of the host team, I say we are in their corner and go, Acadia, go.

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## ORAL QUESTIONS

[*English*]

### HEALTH

**Hon. Andrew Scheer (Leader of the Opposition, CPC):** Mr. Speaker, I am sure I speak for all members when I convey our best wishes to the Prime Minister and his wife, and any other parliamentarians who may be affected by symptoms. We wish them a speedy recovery.

The World Health Organization has declared coronavirus to be a pandemic, and while the government says that the risk to Canadians is low, countries around the world are taking decisive action. Italy is one of the hardest-hit countries and it has initiated many measures to lock parts of that country down. However, when the final flight out of Italy landed here, passengers were not screened. No temperatures were taken and no one was quarantined. They were given a pamphlet and sent on their way.

Is the government convinced that a departmental pamphlet is enough to reduce the spread of this disease?

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, let me begin by addressing all Canadians at this anxious time. As Canadians, we are fortunate to have an outstanding health care system and fantastic medical professionals. We need to continue to listen to our medical experts. They are telling us that the situation will get worse before it gets better. They also say that Canada is well prepared.

Our government will do whatever it takes to keep Canadians healthy and safe, and I know that is the commitment of all members of this House.

● (1420)

**Hon. Andrew Scheer (Leader of the Opposition, CPC):** Mr. Speaker, communities across Canada are already reporting concerns about potential shortages of critical equipment like ventilators. This is a vital piece of medical equipment for managing symptoms of the disease. In countries like Italy, when cases spiked, local resources were overwhelmed and doctors were forced to make heartbreaking decisions. If what happened in Italy happens here, the results could be catastrophic.

Has the government secured a supplier to provide additional ventilators?

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, our absolute priority is the health and safety of Canadians. The federal government is providing, and will continue to provide, leadership in partnership with the provinces, territories and all Canadians. We are already leading a bulk national procurement effort to ensure Canadians have the necessary medical equipment. I want to be clear: This is not a time for us to quibble about federal and provincial responsibilities. This is a time for Canadians to work together, and that is what we are doing.

**Hon. Andrew Scheer (Leader of the Opposition, CPC):** Mr. Speaker, other countries around the world have started to flatten the growth curve of the coronavirus by implementing tangible decisions to stop the transmission. The Liberals decided not to impose mandatory screening at airports. They have decided not to impose mandatory quarantine procedures. They have decided not to implement any restrictions on travellers entering into Canada.

Can the Deputy Prime Minister inform the House: what evidence has the government based these decisions on?

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, let me start by assuring Canadians that Canada's public health system is outstanding and our public health officials are doing a terrific job on the ground. The health and safety of Canadians is our number one priority and our government is guided in all of its decisions by advice from medical professionals and by scientists. Enhanced screening and detection processes are in place at all international airports, at land crossings and at ports. We are constantly evaluating the measures in place and the developing international situation.

[*Translation*]

**Mr. Alain Rayes (Richmond—Arthabaska, CPC):** Mr. Speaker, major sports organizations like the National Basketball Association, Major League Soccer and the National Hockey League are taking concrete measures to protect their athletes and fans against the coronavirus. American, Italian and Chinese authorities have implemented strong measures. The Government of Quebec has taken extraordinary measures, such as cancelling any gathering of more than 250 people. Unfortunately, here in Canada, we are still waiting for a plan to protect our border and manage large gatherings.

When will the government present a plan for both of these scenarios to comply with the recommendations from the World Health Organisation?

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, I want to address all Canadians.

We are fortunate to have an outstanding health care system and fantastic health care professionals. We need to continue to listen to medical experts, who are telling us that the situation will get worse before it gets better. They also say that Canada is well prepared.

Our government will do whatever it takes.

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## EMPLOYMENT INSURANCE

**Mr. Alain Rayes (Richmond—Arthabaska, CPC):** Mr. Speaker, as we all know, the World Health Organisation has declared a global pandemic and has called on all countries to take concrete action in response to the situation. Aside from the border and large gatherings, the Prime Minister announced that it would be easier to access EI, but that does not help workers who lose their jobs as a direct result of the coronavirus. We are talking about thousands of Canadians and Quebeckers.

We would like to know when the government will announce concrete measures to support workers whose employers are directly affected by the coronavirus. The measures that were announced unfortunately do nothing for those individuals.

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, our government is aware that the coronavirus is having a significant economic impact around the world and in Canada. We know that we must support Canadians who may not be able to work because of illness or quarantine. We reduced the two-week EI waiting period so that there is no waiting period. We are committed to extending EI benefits. We will continue to monitor the economic situation, and we are poised to take more steps.

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● (1425)

## HEALTH

**Ms. Christine Normandin (Saint-Jean, BQ):** Mr. Speaker, I also wish to convey our best wishes to Ms. Grégoire for a speedy recovery.

This morning, the National Assembly of Quebec expressed all Quebeckers' concern over the coronavirus when it unanimously called on the Government of Canada to implement a meaningful testing protocol for the coronavirus, or COVID-19, for everyone entering Canada by giving border services personnel the tools they need. We have already lost far too much time.

Will the government respect the unanimous will of Quebec? What will it do to immediately tighten border security?

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, allow me to speak directly to the situation of the Prime Minister and Ms. Grégoire Trudeau. The doctor's advice to the Prime Minister is to continue daily activities while self-monitoring, given he is exhibiting no symptoms himself. However, out of an abundance of caution, the Prime Minister is opting to self-isolate and work from home until receiving Ms. Grégoire Trudeau's results. I thank hon. members for their kind wishes.

**Ms. Christine Normandin (Saint-Jean, BQ):** Mr. Speaker, I have a question anyway.

Municipalities are telling us that border security measures are inadequate. This has been confirmed by first responders, by customs officers and by travellers themselves. Today, Quebec's National Assembly unanimously declared that border controls need to be stepped up. That is quite a lot of people telling us there is no border protocol.

Will the government finally implement robust control measures for all people entering Quebec and Canada?

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, the health and safety of Canadians is our top priority. We are following all of the evidence-based public health advice. We have stepped up screening activities, and detection processes have been introduced at all international airports, land crossings and points of entry. We will continue to monitor the situation very closely.

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## EMPLOYMENT INSURANCE

**Mr. Peter Julian (New Westminster—Burnaby, NDP):** Mr. Speaker, our thoughts are also with Ms. Grégoire and all victims of the virus.

The Liberals' announcement about COVID-19 leaves workers out in the cold as usual. Staying home is not an option for people without sick leave. They may lose their pay and maybe even their jobs.

[*English*]

Almost 60% of Canadian workers do not qualify for employment insurance. Therefore, if we want to ensure the virus does not spread, people have to be able to stay home if they are sick and still pay their rent.

When will the government guarantee that all workers who have to self-quarantine get the financial support they need to feed their families?

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, we are very aware that the coronavirus is having a significant economic impact around the world and in Canada. We know that we must support Canadians who may not be able to work because of illness or quarantine.

That is why our government announced this week a $1-billion coronavirus response package. That package does include significant measures to support workers who need to miss work because they are ill or are in quarantine.

Now, of course, as the situation develops, our government will be monitoring it and is poised to take more steps.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Mr. Speaker, I do not think the Liberals really understand the issue.

The COVID-19 pandemic does not affect everyone equally. Many cannot call in sick and still collect a paycheque. Many of these people are women and come from marginalized groups. They work in the service industry and on the front lines.

It is in everyone's best interest that they have the ability to self-quarantine if they need to. What is taking so long? These are real people who need real solutions, and the promises made will not do it for those people. Therefore, when is action going to happen?

● (1430)

**Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Intergovernmental Affairs, Lib.):** Mr. Speaker, our government is absolutely aware of the economic impact of the coronavirus. We are also aware of how important it is to ensure there are no economic barriers to Canadians doing the right thing, which is staying home if they are unwell. I want to thank all Canadians who are doing that.

This week our government announced a $1 billion coronavirus response package. That is just a first economic step. It does include measures to support workers who need to stay at home. We are monitoring the situation and we will continue to act with alacrity.

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## HEALTH

**Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC):** Mr. Speaker, yesterday the World Health Organization declared the global COVID-19 outbreak a pandemic. Today the organization's director-general recommended a four-pronged strategy: first, prepare and be ready; second, detect, prevent and treat; third, reduce and suppress; and fourth, innovate and improve.

The scale and speed of transmission around the world is of grave concern to Canadians. What proactive measures is the government taking to implement this strategy to combat COVID-19?

**Hon. Patty Hajdu (Minister of Health, Lib.):** Mr. Speaker, the member opposite has outlined many of the steps we are taking and in fact have had as a strategy since we first noticed those outbreaks in Wuhan so long ago. It is hard to imagine that we are here now.

It was very encouraging to hear a member from the opposition get up and use his S. O. 31 to talk about the fact that as Canadians, we are all going to have to pull together. This is a public health crisis that we have not seen in recent times. All of the measures the member opposite said are important. We have been working in all those four critical areas, and I am happy to report more as time goes on.

**Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC):** Mr. Speaker, more needs to be done. All around the world major events are being cancelled and companies are proactively taking action to slow the spread of the coronavirus.

The NBA and the NHL have suspended their seasons. The International Olympic Committee is considering hosting the Olympics without spectators. Major companies like CIBC, Royal Bank and BMO are finding ways to introduce social distancing.

Will the government show leadership and introduce telework for federal employees?

[*Translation*]

**Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.):** Mr. Speaker, I appreciate my colleague's question.

Speaking as President of the Treasury Board, as a government, we have a responsibility not only to work with public servants, but also to ensure that they have a safe workplace that protects their health and the health of their loved ones and co-workers.

That is why the Treasury Board has very clear directives to ensure that, when the time comes, the appropriate services and arrangements will be available to Government of Canada employees.

**Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC):** Mr. Speaker, yesterday, I asked the Prime Minister about the urgent need for additional screening measures at our airports.

In his answer, he reassured Canadians by saying that our airports are well prepared. A few hours later, we learned that passengers on flights returning from Italy were simply given a fact sheet on the coronavirus.

The Premier of Quebec is asking everyone who is returning from abroad to voluntarily self-quarantine for 14 days.

Could the government put more screening measures in place for all travellers coming from abroad?

[*English*]

**Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.):** Mr. Speaker, the health and safety of all Canadians is of the utmost priority and remains our priority.

Based on the advice and leadership we have received from our excellent public health officials, the CBSA has implemented enhanced screening and detection processes at all our international airports, as well at our land border, ferry and rail ports of entry. Our officers observe and question every traveller who may be a risk to Canada, including those coming from tier three regions. In addition, they are also conducting an initial screening of travellers who are symptomatic, referring all who are experiencing such symptoms to public health staff for further examination.

[*Translation*]

**Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC):** Mr. Speaker, yesterday, the United States announced serious measures to protect the public. One of those measures is a ban on flights from Europe for the next 30 days.

Here in Canada, travellers on flights from Italy are coming right into the country without being screened. We learned yesterday that a passenger on one of those flights, a person from Quebec's Eastern Townships, has COVID-19. Canadians are worried.

Is the government satisfied with the existing measures to protect Canadians?

● (1435)

[*English*]

**Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.):** Mr. Speaker, let me assure the member opposite that we are in regular contact with our allies and international partners around the world to discuss issues of mutual concern regarding the safety of our citizens and the safe and efficient movement of trade among our countries. We will continue to monitor the situation clearly.

However, let me assure the House that we have very effective and enhanced screening and detection measures in place for all persons travelling from affected regions. For all who enter our country and may be symptomatic, they are quickly referred to our public health officials, who are doing an outstanding job of keeping Canadians safe.

**Mr. Matt Jeneroux (Edmonton Riverbend, CPC):** Mr. Speaker, yesterday the minister said that between 30% to 70% of Canadians could become infected with COVID-19. These numbers are alarming, especially with the growing seniors population and many Canadians with underlying health issues being directly at risk.

Is the minister confident that Canada has a sufficient supply of beds, ventilators, testing kits and general supplies to keep Canadians healthy and safe?

**Hon. Patty Hajdu (Minister of Health, Lib.):** Mr. Speaker, as late as this morning, I had a conversation with my provincial and territorial partners, who are working diligently to make sure their health care systems are ready. That is the intent behind the $500 million that was part of our announcement yesterday, which is to make sure they can rapidly access money.

We are obviously working together on this. We know there may be more. We stand by the provinces and territories as they prepare their health care systems.

**Mr. Matt Jeneroux (Edmonton Riverbend, CPC):** Mr. Speaker, we are starting to see community spread of COVID-19 in British Columbia. The NBA, Major League Baseball, NHL and others have suspended their seasons. Large events are being cancelled and governments across the world are shutting down to avoid spread.

The minister has said between 30% and 70% of Canadians may become infected. What is the government doing to show leadership and encourage social distancing to prevent further community spread?

**Hon. Patty Hajdu (Minister of Health, Lib.):** Mr. Speaker, the member is absolutely right. The way we conduct ourselves as Canadians now can significantly decrease the rate of infection in Canadian society. Part of that is making decisions as individuals about where we will go, whether they are large gatherings, and reconsidering going to areas where there are a large number of people, which might include places like churches, or community centres. It might also include concerts and various sporting events.

We have technical guidance that supports the provinces and territories to make those decisions on a provincial level. Of course, under federal jurisdiction, we will spare no expense to protect the Canadians' health.

[*Translation*]

**Mr. Stéphane Bergeron (Montarville, BQ):** Mr. Speaker, the meeting of the premiers of Quebec and the provinces in Ottawa has been cancelled. That is a wise decision, but also a shame because we might have finally found out what Canada's emergency plan for containing COVID-19 is.

The Deputy Prime Minister even required the Quebec and provincial premiers to present their plans. Every time we ask for her own government's plan, we just get bits and pieces of information day after day.

Will the federal government finally release its emergency plan in order to reassure the public, please?

[*English*]

**Hon. Patty Hajdu (Minister of Health, Lib.):** Mr. Speaker, we provide technical briefings every day to our official critics. Certainly, we are open to sharing those more broadly.

It is really important as Canadians, as leaders in our various communities, that we have information to protect Canadians' health and safety. I will examine what further we can do to make sure everybody understands how we can ensure that the people we represent are safe and healthy.

[*Translation*]

**Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ):** Mr. Speaker, just yesterday, travellers arriving from Italy at Pierre Elliott Trudeau airport were shocked to see that no one asked them any questions. They were coming from one of the largest outbreak zones in the world, yet they were simply handed a pamphlet.

This afternoon, the government's travel advisory for Europe still indicated the lowest possible risk level, even though when we are in a full-blown pandemic. There is a happy medium between panicking and doing nothing.

Will the government finally take real measures to monitor the coronavirus?

[*English*]

**Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.):** Mr. Speaker, let me assure the member opposite that we, in fact, have implemented very significant new enhanced screening and detection processes for all of our CBSA officers. In addition, we have made sure that they have the training and equipment they need to do this important job. All persons who enter this country from affected regions are subject to questioning by our CBSA officers, and those who are determined to be symptomatic are quickly referred to our public health officials.

I want to assure the member opposite that our officers stand ready. They have the tools and training they need to do their part to assist in this public health crisis.

* * *

● (1440)

[*Translation*]

## THE ECONOMY

**Mrs. Caroline Desbiens (Beauport-Côte-de-Beaupré-Île d'Orléans-Charlevoix, BQ):** Mr. Speaker, events all over the world are being cancelled due to the coronavirus. Festivals in Quebec are subject to the same uncertainty and the same concerns. From Le Festif! in Baie-Saint-Paul, a major cultural, tourist and economic attraction for our region, to the Quebec City Summer Festival, as well as festivals of all sizes in Montreal and across Quebec, everyone is in suspense.

Can the festivals go ahead with their programming? If organizers have to cancel events, will the grant programs be maintained? What about lost ticket sales and sponsorships? We need to plan for this now.

Will they be compensated?

**Hon. Mélanie Joly (Minister of Economic Development and Official Languages, Lib.):** Mr. Speaker, I thank my colleague for her question. Of course, I am sure she would agree with me and all members of the House that the health of Quebeckers and Canadians is our top priority.

We understand the concerns being expressed by people in the tourism and cultural sectors, and we know very well, from our discussions, that most stakeholders are worried. That is why I am having productive conversations with the ministers. I will have an opportunity to have a conversation with tourism ministers from across the country via teleconference this afternoon. We will take appropriate measures as needed.

* * *

[*English*]

## NATURAL RESOURCES

**Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC):** Mr. Speaker, Teck Frontier's application withdrawal was yet another devastating blow to western Canadians. That decision was a direct result of the Prime Minister's anti-energy death-by-delay tactics.

Canadians know that Liberals killed Teck. Recent revelations that senior cabinet ministers were actively campaigning for its rejection prove that. Among the most vocal was the Minister of Agriculture.

How can the Minister of Agriculture expect to have any credibility with farmers in western Canada when she attacks our region?

**Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.):** Mr. Speaker, our government is committed to growing our economy while also protecting the environment. We remain focused on ensuring that good projects can move forward.

Albertans certainly are facing real economic challenges. We work together to ensure that there are better economic opportunities for all. As Premier Kenney himself said the other day, we are seeing declining demand at the same as increasing supply. It is a very significant challenge that we need to work on together, and we certainly intend to work with the Government of Alberta going forward.

[*Translation*]

**Mr. Gérard Deltell (Louis-Saint-Laurent, CPC):** Mr. Speaker, I have bad news for the government: that is not really how things went down. The Globe and Mail reported this morning that senior ministers with economic portfolios did everything they could to block the very important Teck Frontier project. We knew that was happening, and The Globe and Mail identified the culprits, who included the Minister of Agriculture and Agri-Food.

How can the Minister of Agriculture and Agri-Food say that she is standing up for farmers in the west and across Canada, while staunchly opposing a project that is good for the west's economy and Canada's economy? I hope that the Minister of Agriculture will answer this time.

**Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.):** Mr. Speaker, our government is committed to growing our economy while protecting our environment, and we will continue to ensure that good projects move forward in a timely manner. Investors and consumers are shifting to a cleaner economy, and many industries are innovating to achieve that. Our government will continue to work with Alberta and all provinces and territories to provide good jobs and clean, sustainable growth for people in all of Canada's regions.

[*English*]

**Mr. John Barlow (Foothills, CPC):** Mr. Speaker, the agriculture minister was not standing up for farmers before and she is not standing up for farmers now, and we know why. It is because she was too busy ensuring that Canada's oil and gas workers remain unemployed by opposing the Teck Frontier mine at cabinet. Her focus should have been reopening lost trade markets, removing the carbon tax from farm fuels, addressing the processing capacity for Ontario ranchers or removing illegal blockades, things that actually would have had an impact on Canadian agriculture.

Instead of advocating for farmers and standing up for Canadian agriculture, why is her top priority attacking Canadian energy workers?

**Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.):** Mr. Speaker, I would suggest there is some revisionist history going on in the House. The CEO of Teck made the decision to withdraw the application before it ever came before cabinet for consideration.

We are very clear that the oil and gas sector in this country is going through an extremely difficult period of time. We are seeing declining demand and growing supply. That is something Premier Kenney has pointed out as a significant challenge going forward.

We intend to work productively and co-operatively with the provinces and territories most affected to ensure that we have a good path forward, to ensure that good projects succeed. That is exactly what we are going to do.

**Some hon. members:** Oh, oh!

● (1445)

**The Speaker:** I want to clarify that it is my duty to make sure that this chamber functions well, and I want to thank everyone for the first half. However, we hit the halfway point and suddenly everything went sideways. Hopefully I will be able to thank everyone for the second half.

The hon. member for Churchill—Keewatinook Aski.

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## INDIGENOUS AFFAIRS

**Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP):** Mr. Speaker, first nations in northern Manitoba are scared of the impact of COVID-19 on their communities. People in the Island Lake region are sounding the alarm. There is no running water, overcrowded housing, no hospital and nowhere to self-isolate and get treatment. Meanwhile, the government is talking conference calls, hand sanitizer and testing tents. These are first world responses to a third world reality.

The government needs to get real about what first nations are facing on the ground. These communities need urgent infrastructure now and before the winter road season shuts down. What will the government do to take COVID-19's impact on first nations seriously now?

**Hon. Marc Miller (Minister of Indigenous Services, Lib.):** Mr. Speaker, we recognize that despite historic investments in housing, there are deeply concerning conditions of housing infrastructure that many indigenous communities face. We are continuing to work toward a long-term solution.

In light of COVID-19, we are exploring all options to address these challenges, including providing temporary isolation facilities and additional health staff for communities, as needed. These supports for indigenous communities are absolutely not limited by financial capacity.

We continue to work closely with communities to coordinate resources. They are and will be there.

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Mr. Speaker, if PowerPoint decks could stop a pandemic, the government could be the world champion in preventive health. I am not saying that to be flippant, but two months into this crisis, isolated first nations are waiting for the basics, like hand sanitizer, gloves and masks, let alone ventilators.

If COVID-19 hits a community like Bearskin Lake or Kashechewan, we are in a nightmare scenario because how do people self-isolate in a home of 21 people full of mould? The minister's plan is to bring in tents. In James Bay in March? That is not going to cut it.

When are we going to see a sense of urgency to protect the lives of first nation people?

**Hon. Marc Miller (Minister of Indigenous Services, Lib.):** Mr. Speaker, I want to thank the member opposite for attending the technical briefing this morning with my staff. The funding announced yesterday as part of the budget 2019 emergency investments is a start that enables us to take immediate action in communities to reduce the risk of spread as well as respond should cases arrive on reserve.

The reinforcement support for indigenous communities is not limited by financial capacities, and we are working closely to coordinate those resources with communities. We are providing supplies such as bottled water, hand sanitizer and personal protective equipment to communities as needed.

We will continue to work with our partners to ensure that indigenous communities are prepared to respond to COVID-19 and will continue to adapt our plan as needed.

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## AGRICULTURE AND AGRI-FOOD

**Hon. Geoff Regan (Halifax West, Lib.):** Mr. Speaker, since 2008, an organization in Halifax, Hope Blooms, has been making a difference. It has had a measurable impact on food security and social inclusion. It actively engages youth to grow food in its 4,000 square feet of organic garden. Through hard work, its members are improving social inclusion and food security. They even appeared on *Dragon's Den*, where they secured $40,000 to build a new greenhouse.

The Minister of Agriculture and Agri-Food was in Halifax last week to meet with them. Could she inform the House on how the government is supporting this kind of project?

**Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.):** Mr. Speaker, I was pleased to meet with extraordinary people last week in Nova Scotia. Hope Blooms is one of the first organizations to receive funding from the local food infrastructure fund. With this funding, it will build eight new cooking stations. This will help an additional 65 families and 70 at-risk youth to stay healthy. This is exactly why we have put in place the first-ever food policy for Canada to ensure all Canadians are able to access a sufficient amount of safe and healthy food.

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● (1450)

## PUBLIC SAFETY

**Ms. Raquel Dancho (Kildonan—St. Paul, CPC):** Mr. Speaker, the Liberals are introducing syringes into our federal prisons so that inmates can “safely” inject illegal drugs. Inmates at the Edmonton Institution for Women have protested against the prison needle exchange program. They do not want it, yet rather than listening to these women, the Liberals are risking the lives of inmates and correctional officers in the name of harm reduction. Stony Mountain prison employs correctional officers in Manitoba who have told me they are extremely concerned for their safety.

What do the Liberals say to our brave correctional officers who fear for their lives?

**Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.):** Mr. Speaker, the prevention and treatment of infections and diseases within correctional institutions not only protects the offender population, but also protects the correctional personnel and the Canadian public. It is harm reduction.

We conduct a thorough risk assessment before any inmate is approved to participate in the needle exchange program. Appropriate safeguards are in place to ensure that the needles are safely stored. It is important to recognize that since the introduction of this program in 2018, there have been no safety incidents involving either staff or inmates.

**Mr. James Bezan (Selkirk—Interlake—Eastman, CPC):** Mr. Speaker, the public safety minister is not listening to his own corrections officers.

The corrections officers and staff at Stony Mountain penitentiary in my riding are extremely worried about their own safety. Why? It is because the Liberal government is putting needles in the hands of hardened criminals. Stony Mountain is home to some of the most dangerous offenders in Canada, and the last thing we should be doing is arming inmates with contaminated needles.

Why is the minister putting the illegal drug use of convicts ahead of the safety of our hard-working corrections officers?

**Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.):** Mr. Speaker, the safety of our corrections officers is a priority for us. I will tell members that our corrections officers actually understand the principle of harm reduction, and we have been working very closely with them.

They have actually proposed a new, different harm reduction model. We have worked with them to design it. It is being piloted at institutions in Alberta and in Nova Scotia and Ontario this spring. It shows that there is a high level of co-operation and mutual effort to achieve the shared goal of safer, healthier correction environments.

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## INTERNATIONAL TRADE

**Mr. Randy Hoback (Prince Albert, CPC):** Mr. Speaker, on September 11, 2018, a spokesman for the finance minister commented on the government's retaliatory measures against steel and aluminum tariffs, saying that they are, “committed to making sure that every dollar raised [on]...tariffs is given back in the form of support for affected sectors,” but the PBO estimates that the government will actually spend $105 million less than it collected.

Could the Minister of Finance answer this: Where did the money go?

**Mr. Sean Fraser (Parliamentary Secretary to the Minister of Finance and to the Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.):** Mr. Speaker, the government will always stand for Canadian workers and Canadian interests.

In response to the unjustified U.S. tariffs on steel and aluminum, we provided targeted relief to begin countermeasures for Canadian manufacturers. As we have always said, all money collected through the retaliatory tariffs will go back to support the industry.

With the unjustified tariffs removed, we are going to continue to work with the industry, and expect that additional compensation could be provided over the next two years. More than $1.3 billion to date of support has been delivered to defend and protect the interests of Canadian workers, and additional support remains available for those who need it.

**Mr. Colin Carrie (Oshawa, CPC):** Mr. Speaker, the finance minister himself stated that the revenues collected from these surtaxes would go to supporting affected industries, but a closer look at the PBO's report shows that is not the case. Out of the approximate $1.3 billion collected, only $894 million went back to the steel and aluminum industries. The rest was spent on administration and programs that could be accessed by any industry in Canada.

Why has the Liberal government not kept its word and sent every dollar back to the negatively affected aluminum and steel industries?

**Mr. Sean Fraser (Parliamentary Secretary to the Minister of Finance and to the Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.):** Mr. Speaker, I note that the question is nearly identical to the one I just provided an answer for, so I apologize in advance if I sound like a broken record.

We have provided $1.3 billion to date in support for the steel and aluminum sectors in response to these retaliatory tariffs. In response to the unjustified tariffs, the case remains that every dollar collected will go back to support the industry. With the unjustified tariffs now being removed, we are going to continue to work with the industry, and expect that additional compensation will flow over the next two years.

We are going to ensure that we are there for the industry as the need may arise.

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[*Translation*]

## EMPLOYMENT INSURANCE

**Ms. Louise Chabot (Thérèse-De Blainville, BQ):** Mr. Speaker, with the coronavirus, we need to make sure that workers who feel sick stay home.

Eliminating the waiting period for EI is a step in the right direction, but the government needs to do much more, considering how long it takes to process applications.

Is the government prepared to relax the rules and pay EI from day one to everyone in quarantine who applies?

● (1455)

**Hon. Carla Qualtrough (Minister of Employment, Workforce Development and Disability Inclusion, Lib.):** Mr. Speaker, protecting the public health and safety of Canadians, especially workers, is paramount to this government. That is why we immediately responded to the threat of COVID-19. This includes measures implemented government-wide. We also eliminated the waiting period for EI sickness benefits. We continue to look at other measures to help Canadians who are affected, including those who are not eligible for EI sickness benefits.

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## HEALTH

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, we welcome the increase to the health transfer to combat the coronavirus. That said, the government is admitting that the existing 3% transfer is not enough for provinces to care for the sick. Ottawa should be contributing its share towards health care at all times, not just in times of crisis.

Will the government make this measure permanent and increase the health transfer escalator to 5.2%, as Quebec is calling for, to cover 25% of the costs?

[*English*]

**Hon. Patty Hajdu (Minister of Health, Lib.):** Mr. Speaker, as the member knows, under our leadership and the leadership of the Prime Minister, health transfers have significantly increased since we took office. We will continue to work with the provinces and territories on health transfers, and make sure they keep up with the costs of health care.

I will say that it is very important to remember that our country is facing a public health emergency right now. That is why we made the announcement yesterday of an additional $500 million, immediately, to provinces and territories to make sure they have the resources they need to deal with any potential health surge.

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## THE ECONOMY

**Mr. Warren Steinley (Regina—Lewvan, CPC):** Mr. Speaker, yesterday we all learned Liberal logic. The Prime Minister said proudly that Canada is attracting new investments.

Members should follow me, if they can. Warren Buffett invested $200 million in a wind farm, which taken alone is a good thing. However, days earlier, Buffett pulled out $4 billion from an LNG project in Quebec. I am just a farm kid from Saskatchewan, but here is some help for the Prime Minister: 200 is generally bigger than four, but, and here is the kicker, we always need to count the zeroes that follow.

Is this Liberal logic the reason why the budget must balance itself?

**Mr. Sean Fraser (Parliamentary Secretary to the Minister of Finance and to the Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.):** Mr. Speaker, if the member is interested in counting zeroes, I would direct him to the one million Canadians, that is one with six zeroes, who are no longer living in poverty.

The reality is that foreign direct investment is up 18% year over year. Because of the investments we have been making in the economy, more than 1.2 million Canadians are working today who did not have a job. The kinds of investments that we are putting into the economy are putting people to work, raising kids out of poverty, and I hope the Conservatives would agree that this is a good thing.

## JUSTICE

**Mr. Blaine Calkins (Red Deer—Lacombe, CPC):** Mr. Speaker, in December, Jeffrey Kraft was murdered in Lacombe. The two accused are charged with second degree murder, conspiracy to commit murder and robbery with a firearm, and are now free on bail. One of the accused is also charged with breaching conditions.

Residents in my riding have lost faith in the justice system due to the Liberals' soft-on-crime approach that puts the interests of offenders ahead of victims and their families.

Was this the hoped-for outcome that the minister had in mind when he and his party rammed through legislation that forces the courts to give bail at the earliest opportunity and with the fewest conditions?

**Hon. David Lametti (Minister of Justice, Lib.):** Mr. Speaker, our government introduced Bill C-75 in the last Parliament in order to prevent people from entering into the justice system, into that revolving circle of a justice system, without having any impact on reducing crime. We introduced good measures to fight crime efficiently, to fight crime fairly, to protect victims, but also to prevent the over-criminalization, particularly of certain peoples, like indigenous peoples or racialized peoples, in our criminal justice system.

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[*Translation*]

## INFRASTRUCTURE

**Mr. Luc Berthold (Mégantic—L'Érable, CPC):** Mr. Speaker, the Minister of Infrastructure is unable to provide a list of projects funded by the Liberals' $186-billion infrastructure plan. That is not surprising. When the Parliamentary Budget Officer asked the minister's department for the plan, he was told there was no plan.

The Toronto Sun got us looking for these billions of dollars. Infrastructure Canada lost track of 199 laptops and tablets. What is the minister's plan for finding the computers and the billions of dollars for infrastructure?

● (1500)

[*English*]

**Mr. Andy Fillmore (Parliamentary Secretary to the Minister of Infrastructure and Communities, Lib.):** Mr. Speaker, I can assure this House that we take security very seriously, as well as the need to keep equipment from getting lost or damaged. Department audits are routine and helpful, and we make them public to ensure accountability.

In this case, a total of seven computers, not 200, were not properly recorded in a new inventory system. We are engaged in efforts to ensure that we have a complete inventory to include those missing seven computers.

Has the hon. member read the report or just the headline? If he read the report, which is available online right now, he would see for himself that the headline is indeed overblown.

## PUBLIC SERVICES AND PROCUREMENT

**Mrs. Karen McCrimmon (Kanata—Carleton, Lib.):** Mr. Speaker, maintaining a strong working relationship with our municipal partners is an important component of this government's mandate. As the member of Parliament for Kanata—Carleton, I understand the special importance of working hand in hand with the City of Ottawa on matters that affect our region.

As the minister responsible for the NCC, the Minister of Public Services and Procurement recently met with the mayor of the City of Ottawa. Could the minister please tell us how that meeting went?

**Hon. Anita Anand (Minister of Public Services and Procurement, Lib.):** Mr. Speaker, I would like to thank the member for Kanata—Carleton for her continued hard work. I recently met with the mayor, Jim Watson, about the needs of the city and how we can work collaboratively to build up the city and the region. The parliamentary precinct's renovations alone have rendered three billion dollars' worth of investment into the region. I look forward to working closely with the mayor and to continue working hard for the city and the region.

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## TRANSPORT

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Mr. Speaker, later this year, Wayne Sands in my riding, will be made unemployed by Transport Canada. Wayne is 79 and was refused the renewal of his marine medical certificate for ocean-going vessels.

Wayne is the captain of the S.S. *Moyie*, an amusement park ride at Heritage Park for kids and tourists to enjoy 25-minute paddleboat rides. Having the same rules for container ship captains as we do for amusement park rides is a typical "Ottawa knows best" attitude.

Will the transport minister agree with me the situation is ridiculous and immediately approve Wayne's licence?

**Hon. Marc Garneau (Minister of Transport, Lib.):** Mr. Speaker, my hon. colleague actually brought this to my attention about three days ago with the letter he brought to me, and I undertook to look into it. I would ask him to be patient until I get back to him with an answer.

* * *

## JUSTICE

**Hon. Rob Moore (Fundy Royal, CPC):** Mr. Speaker, a Montreal man found guilty of sexually assaulting a four-year-old in 2015 was charged recently with making and distributing child pornography during the period he was having court-ordered supervised visits with the child he abused. This man was sentenced to a mere 22 months in prison for abusing this child.

The minister has stated that he will look to eliminate mandatory minimum sentences to give even more discretion in sentencing. Does the minister really think that justice is being served in a case like this?

**Hon. David Lametti (Minister of Justice, Lib.):** Mr. Speaker, cases like these are obviously tragic, and our hearts go out to the victims. It is also true that in our criminal justice system we rely a great deal on the facts and the evidence in any particular case, as well as giving, in the common law tradition, judges the ability to assess sentences as they move forward. We have promised to continue to look at and improve the criminal justice system as we move forward.

I will say with all certainty that the previous Conservative government's tough-on-crime stance was actually quite stupid on crime, and we will move forward with the evidence.

**Some hon. members:** Oh, oh!

**The Speaker:** Order, please. Order.

I want to remind hon. members to use parliamentary language and be judicious when they are using terms in the House.

The hon. member for West Nova.

* * *

● (1505)

## OFFICIAL LANGUAGES

**Mr. Chris d'Entremont (West Nova, CPC):** Mr. Speaker, my question is addressed to the Minister of Innovation.

[*Translation*]

This afternoon, the Standing Committee on Official Languages will hear from Statistics Canada about important issues related to the enumeration of rights holders in Canada for the 2021 census.

Time is tight. We need to know why we have not received confirmation of the approved questions that will be on the next short form census.

When will the government confirm that these important questions will be on the 2021 short form census?

**Hon. Navdeep Bains (Minister of Innovation, Science and Industry, Lib.):** Mr. Speaker, our government recognizes the importance of promoting and protecting linguistic minority rights, especially with respect to education.

Unlike the Harper Conservatives, we asked Statistics Canada to figure out the best way to collect high-quality information so we can enumerate rights holders.

* * *

[*English*]

## CANADIAN COAST GUARD

**Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.):** Mr. Speaker, my riding and communities across the country depend on the Canadian Coast Guard to keep our waterways safe and flowing all year round. Although we have been lucky with the light ice season this year, it has been detrimental to coastal communities in the past. Can the minister tell us how the Coast Guard is ensuring that our waters remain safe and open during the winter months?

**Hon. Bernadette Jordan (Minister of Fisheries, Oceans and the Canadian Coast Guard, Lib.):** Mr. Speaker, last spring, we announced the single largest investment ever made to renew the Canadian Coast Guard fleet, including six new icebreakers.

I am thrilled to say that I was able to announce a $12-million contract to the Shelburne Ship Repair for crucial work to one of the workhorses of our fleet. This investment will support up to 55 jobs and extend the life of this vessel, which is critical to maintaining service in this country.

The women and men of the Canadian Coast Guard deserve the best that we can give them, and that is why we are making sure they have the tools that they need.

* * *

## EMPLOYMENT INSURANCE

**Mr. Jack Harris (St. John's East, NDP):** Mr. Speaker, Newfoundland and Labrador is facing incredible financial struggles and we need the government to take real action, but it keeps failing. After the recent state of emergency in Newfoundland, New Democrats called on the government to help workers who lost up to a week's wages. The Liberals said they would help, but those workers are still waiting.

Now the government is telling Canadians it is here to help workers impacted by the coronavirus outbreak, who will lose wages that they will not be able to replace. Since the Liberals still have not delivered on the commitments they made for an eight-day state of emergency in my province, how can any Canadian believe they are going to come through this time?

**Hon. Carla Qualtrough (Minister of Employment, Workforce Development and Disability Inclusion, Lib.):** Mr. Speaker, I can assure everyone in this House that we are determined to support workers through the COVID-19 crisis. We have taken steps, as of yesterday, to waive the waiting period for sickness benefits. We are looking at means to help workers who do not qualify for EI. We will make sure that it is easier for workers to make strong public health choices to ensure that they do not have to work and that they can still pay their bills and support their families.

## VETERANS AFFAIRS

**Mrs. Jenica Atwin (Fredericton, GP):** Mr. Speaker, experts testified last month at the Veterans Affairs committee that treatments for family members of a former soldier were cut off or not approved and that there is a backlog of 18,330 cases.

[*Translation*]

The average wait time for applications is 32 weeks.

[*English*]

They also testified that there is a longer than average turnaround time for women and francophones.

The Minister of Veterans Affairs was tasked to ensure that the government lives up to its sacred obligation to our veterans and their families. I want to know when and how the government will start acting concretely on that commitment.

**Hon. Lawrence MacAulay (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.):** Mr. Speaker, I certainly agree with my hon. colleague that the backlog is totally unacceptable, but we have received an increase of 90% in first applications at Veterans Affairs and also the overall applications have doubled since 2015. We keep innovating our system by digitizing files and reducing paperwork. We continually, actually, say yes.

We have invested $10 billion in Veterans Affairs. We are going to make sure that veterans get the services they truly deserve.

● (1510)

**Mr. Kody Blois:** Mr. Speaker, I rise on a point of order. Although I am a new member to this House, I understand that we have rules that we are intended to follow. We had very important discussions in this House over the last two weeks on the advance payments program, which is a loans program to support farmers, and I appreciate any member in this House bringing it forward.

The member for Foothills said, and I quote from Hansard, “We have asked for extensions on the advance payments program loans, to waive interest fees and to give agriculture some sort of assistance”—

**The Speaker:** I am afraid we are getting into the territory of debate. I am going to have to cut the member off. I am sorry.

[*Translation*]

The hon. member for Saint-Jean.

**Ms. Christine Normandin:** Mr. Speaker, I seek the unanimous consent of the House to move the following motion: That it be resolved by the House to grant Raif Badawi honorary Canadian citizenship so that Canada may provide him the consular services he needs in Saudi Arabia.

**The Speaker:** Does the hon. member have the unanimous consent of the House to move the motion?

**Some hon. members:** Agreed.

**Some hon. members:** No.

## CONSULAR AFFAIRS

**Mr. Luc Berthold (Mégantic—L'Érable, CPC)** moved:

> That the House urge the government to offer consular services to Raif Badawi and work with the Government of Saudi Arabia to give him access to these consular services.

He said: Mr. Speaker, Raif Badawi deserves to have the Government of Canada provide him consular services to help him get out of prison and return to his family in Sherbrooke. Parliament needs to clearly state its support. That is why I am seeking the unanimous consent of the House to move the motion.

**The Speaker:** Does the hon. member have the unanimous consent of the House to move the motion?

**Some hon. members:** Agreed.

**The Speaker:** The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

**Some hon. members:** Agreed.

(Motion agreed to)

* * *

[*English*]

## BUSINESS OF THE HOUSE

**Mr. John Nater (Perth—Wellington, CPC):** Mr. Speaker, it being Thursday, I would like to ask the government house leader what business he intends to bring forward to this House for the remainder of this workweek and the Monday when we return.

[*Translation*]

**Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, I thank my colleague for the question.

This afternoon we will continue debate on the NDP motion.

Tomorrow, we will resume debate on Bill C-4 on the free trade agreement with Mexico and the United States. We hope to conclude the debate that afternoon.

[*English*]

When hon. colleagues return from the constituency week, we will follow up with Bill C-7 on medical assistance in dying, Bill C-8 on conversion therapy and Bill C-3 on CBSA oversight.

Finally, I would like to inform the House that Monday, March 23, and Thursday, March 26, shall be allotted days.

# GOVERNMENT ORDERS

[*English*]

## BUSINESS OF SUPPLY

### OPPOSITION MOTION—PHARMACARE

The House resumed consideration of the motion.

**Ms. Ruby Sahota (Brampton North, Lib.):** Mr. Speaker, I will be sharing my time with the member for Dorval—Lachine—LaSalle.

I am honoured to take part in today's opposition motion debate on pharmacare. Ensuring that Canadians have timely access to therapeutic products, including prescription drugs and medical devices, is a clear priority for our government. A strong regulatory system capable of efficiently assessing and monitoring therapeutic products as they move from concept to market is necessary in order for Canadians to have timely access to the products that they need.

I would like to speak to colleagues about the progress being made in Canada to further improve our government's approach to the regulation of these important therapeutic products.

Health Canada has been working towards a more agile regulatory system that better responds to health care system needs. This commitment to improve access to necessary prescription medications and medical devices was supported through funds allocated in budget 2017.

Health Canada has undertaken a number of initiatives to better serve the needs of Canadian patients in this area, including aligning regulatory processes with health care partners and international regulatory authorities, building capacity to be able to respond to changes in technology, using real-world data to bring more drugs and devices to Canadians and appropriately manage risks once products are on the market, modernizing the emergency provisions in the food and drug regulations to arrive at a less burdensome process for drugs accessed through the special access program and facilitating access to unauthorized drugs to address public and military health emergencies through an appropriate regulatory mechanism.

Health Canada is achieving this while maintaining its world-class and highly respected review of the safety, efficiency and quality of therapeutic products.

Within Canada, our government is working with health partners across the drug and medical device access spectrum to ensure earlier access to needed therapeutic products. We are reducing the time between initial approval and the reimbursement recommendation that is a key factor for a product to be made available. Portions of these reviews are now being completed in parallel, streamlining the multiple steps needed to get products to Canadians.

Health Canada is also facilitating access by expanding critical priority review pathways to ensure that the therapeutic products that are needed most by the health care system are reviewed more quickly.

Given the globalization of therapeutic product development, Canada cannot work in isolation. Health Canada has therefore committed to leveraging the knowledge gained from international counterparts, such as Australia, Europe and the United States, and is actively participating in international work sharing and collaborative drug reviews.

This international collaboration is strengthening relationships with foreign regulatory partners, improving alignment in regulatory processes and improving the efficiency and expediency of reviews. It is also maximizing the use of international scientific and regulatory expertise when reviewing drugs for safety, efficiency and quality. The change will also encourage the filing of submissions for approval of some products that would not otherwise be available in Canada.

Health Canada has also increased its capacity to review submissions for generic and biosimilar drugs so that these important and often more cost-effective therapeutic alternatives are made available to Canadians in a timely manner.

The special access program, or SAP, is an important mechanism for providing Canadians with access to drugs that are not yet marketed in Canada but are needed to treat serious or life-threatening diseases. Health Canada has published proposed regulatory changes to reduce the program's administrative burden and to make it more responsive to the needs of patients and physicians.

Regarding medical devices, Health Canada has developed a targeted review process for digital health technologies. It provides capacity to review these emerging innovative technologies in a more rapid manner. With this greater availability, these technologies will create potential cost savings in the health care system by shifting care from health care institutions to the home.

● (1515)

Finally, under the umbrella of access, Health Canada has finalized regulations supporting the public release of clinical data from therapeutic product submissions following a regulatory decision. Making this information available enables independent analysis by researchers and can offer new insights and perspectives that can benefit patient care.

Building on the work Health Canada is doing to support access to therapeutic products in Canada, the department has recently launched a new modernization plan focused on reducing barriers to innovation.

In response to the government's targeted reviews of the health and biosciences sector in 2018, Health Canada is advancing important work to make its regulations for therapeutic products more agile without compromising patient safety. This includes modernizing clinical trial regulations so that Canadians can access more treatment options through new and innovative clinical trial designs. Health Canada is also looking at its core market approval processes to make sure that they are flexible enough to accommodate continuous change in the sector.

Taken together, these initiatives play a key role in supporting greater access to innovative treatments needed by the health care system for all Canadians. The national pharmacare strategy will continue to build on the foundation set by Health Canada's regulatory modernization efforts.

● (1520)

[*Translation*]

**Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.):** Mr. Speaker, it is an honour to participate in this important discussion, and I will take the opportunity presented by this speech to outline the steps that our government is taking to advance this issue.

The government is committed to strengthening health care systems across the country and supporting the health of Canadians. We know Canadians are proud of their publicly funded health care system, which is based on need and not ability to pay. For many people, however, paying for prescription drugs is a heavy burden, and for others, it is completely out of reach.

Today, more than seven million Canadians lack adequate drug coverage and many are unable to take their medications due to cost. Every year, almost one million Canadians also give up food and heat to afford medicines. These often tend to be lower-income, working-age Canadians.

No Canadian should have to choose between paying for prescription drugs and putting food on the table. However, we know many are still forced to make this impossible decision. That is why our government is taking action to address these challenges through targeted measures to lower drug prices and improve the affordability of prescription drugs.

To help us chart our course forward, in 2018, the government created the advisory council on the implementation of national pharmacare. Chaired by Dr. Eric Hoskins, the council's mandate was to provide independent advice on how best to implement affordable national pharmacare for Canadians and their families, employers and governments.

After leading an extensive national dialogue, in its June 2019 final report the council recommended that the federal government work with provincial and territorial governments to establish a universal, single-payer, public system of prescription drug coverage in Canada. Given the scope of the transformation required to achieve national universal pharmacare, the council suggested that it would be practical to adopt a phased approach to implementation.

Guided by the council's recommendations, budget 2019 outlined three foundational elements to help Canada move forward on implementing national pharmacare: establishing a Canadian drug agency, developing a national strategy for high-cost drugs for rare diseases, and working toward a national formulary.

A Canadian drug agency would take a coordinated approach to assessing the effectiveness of new prescription drugs and negotiating drug prices on behalf of Canada's drug plans. The development of a national formulary—a comprehensive, evidence-based list of prescribed drugs—would promote more consistent coverage and patient access across the country. Both of these initiatives must be advanced in close collaboration with provinces and territories.

We recognize that for many Canadians who require prescription drugs to treat rare diseases, the cost of these medications can be astronomically high.

● (1525)

That is why budget 2019 proposed to invest up to $500 million per year, starting in 2022-23, to help Canadians with rare diseases access the drugs they need.

Working with provinces, territories and other partners will be key to developing a national strategy for high-cost drugs for rare diseases that includes gathering and evaluating evidence, improving decision-making consistency and access, negotiating prices and ensuring that effective treatments reach the patients who need them.

In addition, the Government of Canada modernized the way patented drug prices are regulated in Canada by amending the Patented Medicines Regulations. These amendments will better protect Canadians from excessive drug prices and are expected to save Canadians roughly $13 billion in drug spending over the next 10 years.

Our government is also working closely with the provinces and territories through the pan-Canadian pharmaceutical alliance, the pCPA. We are using our collective buying power to make drugs more affordable and lower generic drug prices for all payers. The pCPA has completed 345 negotiations with patented drug makers and has an additional 34 currently under way.

The alliance also concluded negotiation on a five-year agreement with the Canadian Generic Pharmaceutical Association that will provide significant savings for all Canadians who use prescription generic drugs. As of April 2019, the work of the pCPA has resulted in annual savings of more than $2 billion, through negotiated price reductions for both patented and generic drugs.

This work, as with the investments made in budget 2019, will help with the successful implementation of any national pharmacare program.

In conclusion, I appreciate this opportunity to discuss some of the important work we are doing on national pharmacare. I am pleased to say that we are moving forward steadily on this critical issue.

Each of the actions I have described today is helping to pave the way for an effective pharmacare program. We recognize the challenges that many Canadians face in accessing needed medications and are working to lay the groundwork for an effective and efficient pharmacare system. This includes bringing down prescription drug prices and improving the management of drugs in our health care system.

I think we can all agree that it is critical that the government work closely with the provinces and territories to determine how best to move forward. Provinces and territories will play a key role in the development of the drug agency, the strategy for high-cost drugs for rare diseases and pharmacare more generally.

It is necessary that we take the time to get this right. I am looking forward to discussions with my provincial and territorial counterparts this spring. Together, we will continue to make the affordability and accessibility of prescription drugs a shared priority for all Canadians.

● (1530)

[*English*]

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, as we have said in the House many times, we know that about seven and a half million Canadians do not have any pharmacare coverage through our medicare system. We also know that back in 1997, 23 years ago, the Liberals promised public pharmacare. The Hoskins advisory council reinforced this by, once again, showing that committing to a public pharmacare system would be the best way to deliver this essential health service.

I am wondering if the New Democrats can count on the member's positive vote in favour of this motion, so Canadians can have public pharmacare as soon as possible.

**Ms. Anju Dhillon:** Mr. Speaker, I will be supporting this motion from the NDP. It is a very important motion. My hon. colleague is right in saying that Canadians pay among the highest prices in the world for prescription drugs. Brand-name medicines cost about 20% more in Canada compared with other advanced economies.

It is high time we dealt with this issue. I am looking forward to listening to my other colleagues and hearing what they have to say.

[*Translation*]

**Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ):** Mr. Speaker, I thank my hon. colleague for her speech.

My colleague is a member from Quebec. We could discuss people's well-being and pharmacare. The problem is that this is not the right forum. Health is a provincial jurisdiction.

I would like to remind my colleague, who is from Quebec, that, on June 14, the National Assembly unanimously adopted a resolution indicating that Quebec is calling for full and unconditional financial compensation if a Canadian pharmacare plan is officially implemented. The National Assembly clearly stated that Quebec refuses to join a Canadian pharmacare plan.

They want to negotiate with the provinces, but how will they negotiate with Quebec, which has already said that it is not on board?

**Ms. Anju Dhillon:** Mr. Speaker, I would like to thank my colleague for paying close attention to my speech.

As I mentioned several times in my speech, it is extremely important for the provinces, territories and the federal government to collaborate and work together because it is for the well-being of all Canadians and thus all Quebeckers. This is about the health and safety of our fellow citizens. It is truly important that we work with the provinces and territories.

I also wanted to say that one of the recommendations of the Hoskins report was that we work together. That will make things more efficient while respecting jurisdictions.

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Mr. Speaker, I thank my colleague and neighbour for her excellent speech.

I completely agree that we need a national pharmacare plan right now. I want to ask another question that is in line with the one asked by my friend from Vancouver Kingsway.

Does the member know if the Liberal caucus plans to vote in favour of the motion, or is it just her intention as a member to vote in favour of the motion?

● (1535)

**Ms. Anju Dhillon:** Mr. Speaker, I thank my hon. colleague and neighbour. It is always a pleasure to be seated next to her. I learn so much from her.

I think that my colleagues will support the motion. As she mentioned, this system is very much needed to help Canadians, our constituents, and patients. I will be happy to vote in favour of the motion.

[*English*]

**Ms. Lindsay Mathyssen (London—Fanshawe, NDP):** Mr. Speaker, I will be splitting my time with the member for Churchill—Keewatinook Aski.

In the days before medicare, we saw our neighbours suffer because they could not afford the health care they needed. We saw people lose their homes, their farms and their businesses as they struggled to pay their medical bills. We saw illness destroy entire families. Today, decades later, as we look across the country we see the pain of inaccessible and unaffordable health care once again.

Millions of families cannot afford to take the medications they need because they have no employer-provided drug coverage. The number of uninsured people forced to skip their medications is growing as more people work on contract, are self-employed or have jobs that just do not come with health benefits. Too many seniors are putting their health at risk because they do not have job coverage and cannot afford to pay out of pocket. One in five Canadians either has no prescription drug coverage at all or has inadequate coverage for medication needs. That is 7.5 million people.

I met one gentleman in my riding of London—Fanshawe who really highlighted this issue for me. He was injured on the job. Thankfully his employer had health benefits that would cover some of his recovery. He wanted and needed to get back to work even though he was not well enough, because he knew that he was up against the clock and his employer's health benefits would soon run out. He would have to make the impossible choice of going back to work, further risking his health and the health and safety of others, or paying out of pocket with money he just did not have, throwing himself into deeper poverty.

Sadly, this story is not anything new. That is why on clinical, ethical and economic grounds universal public drug coverage has been recommended by commissions, committees and advisory councils dating as far back as the 1940s. Health policy experts are clear: A U.S.-style, private patchwork approach will cost more and deliver inferior access to prescription drugs.

It is why New Democrats have always understood that health care must be a right in Canada, not a privilege. We have been calling for universal public drug coverage since our founding convention in 1961.

Today, Canada is the only wealthy country in the world with a universal health care system that lacks universal prescription insurance coverage. We pay the third-highest prices for drugs in the world and have to deal with a patchwork of programs and coverage, if we are lucky enough to have coverage at all.

For 10 years, instead of addressing the growing costs of drug coverage, the Conservatives made the problem worse by reducing health care funding to the provinces and undermining efforts towards a national approach to pharmaceutical pricing. Now, the Liberal government has spent four years stalling, promising lower drug costs but delivering delays and more of the same piecemeal system that is failing Canadians and costing us more.

We see the direct cost of this inaction in our hospitals and our communities. With people unable to get the medicine they need, they turn to our emergency rooms. When patients cannot afford their prescription drugs, they access provincial and territorial health systems more often as their conditions deteriorate. In 2016, about 303,000 Canadians had additional doctor visits, about 93,000 sought care in the emergency department and 26,000 were admitted to hospital after being forced to forgo prescription medication due to cost.

HealthCareCAN, the national voice of health care organizations and hospitals across Canada, estimates that between 5.4% and 6.5% of hospital admissions in Canada are the result of cost-related non-adherence to prescription medication, resulting in costs of approximately $1.6 billion per year.

One in five Canadian households reports a family member who, in the past year, has not taken a prescription medication due to its cost. Nearly three million Canadians per year are unable to afford one or more of their prescription drugs. With a system that still struggles with mental health supports, we see people on the streets and in our correctional systems when what they really need is help.

In London, Victoria Hospital of the London Health Sciences Centre has a significant overcapacity problem, with more mental health patients than beds for 179 of the last 181 days. The hospital's average capacity on any given night was around 111%.

We see the desperate need for a national, single-payer, universal pharmacare program. I believe my colleagues across the way believe that we need one too. I am so glad to hear that they will be supporting our motion today.

Why would Liberals keep promising to bring forward a national pharmacare program for the last 23 years? Why would Liberals propose study after study, after commission, after advisory committee if they did not see a need for pharmacare? That is, unless they are constantly studying the program to make it look like they are considering the issue and have no intention of implementing it. This is my great fear.

● (1540)

Liberals have been promising pharmacare since 1997, but I wonder how long they have been making promises to big pharmaceutical and insurance companies to secure their skyrocketing profits. We know that drug costs have increased every year the Liberals have been in power since 2015, and in that same time the Liberals have met with companies from the pharmaceutical and insurance industries more than 875 times.

New Democrats have a clear plan on how to implement pharmacare. In fact, our plan is laid out by the Liberals' own Hoskins report. We are so committed to ensuring this happens that, immediately following the last election, the NDP began working to draft a framework to make a universal, comprehensive and public pharmacare program a reality. It was the first private member's bill that my colleague, the member for New Westminster—Burnaby, put forward and I thank him so much for his hard work. I thank my colleague, the member for Vancouver Kingsway, for the hard work he has done on this file, not only in putting forward this motion today but for his work on the health committee in the last Parliament.

The NDP's national pharmacare act is modelled after the Canada Health Act, again as recommended in the report of former Ontario Liberal health minister Hoskins. After all the studies and commissions, if we read the report, it lays out a very clear path on how to implement pharmacare. A plan should follow the same principles that are the bedrock of our public health care system: universality, comprehensiveness, accessibility, portability and public administration.

What also comes out of the endless reports and studies is that, beyond the positive impacts on health and fighting poverty, pharmacare will save Canadians and businesses money. Universal, comprehensive and public pharmacare will reduce annual system-wide spending on prescription drugs by $5 billion through the negotiation of lower drug prices, increased generic substitution and use of biosimilars and other shifts in prescribing toward lower-cost therapies. It will stimulate our economy by reducing prescription drug costs for businesses and employees by $16.6 billion annually and reduce out-of-pocket costs for families by $6.4 billion, according to that same Hoskins report.

When we consider the average median household income in London—Fanshawe is under $60,000 a year, and $30,000 per individual per year, it is well below the Canadian and Ontario average and this would be a huge boost to people in my riding. I think of the many seniors in London—Fanshawe that I have talked to, either on their doorsteps or in my constituency office. They tell me about how the cost of everyday items continues to increase while their incomes remain the same. The cost of drugs continues to be the fastest-growing expense for people and for families. Average drug costs are increasing by 4% every year. On average, Canadian households spend $450 a year on prescription drugs and $550 on private health plan premiums, which is a combined average of $1,000. Private premiums have risen rapidly in recent years, thanks largely to escalating drug prices, and are taking a growing bite out of workers' take-home pay.

After decades of delay, we have a historic opportunity in this minority Parliament to finally deliver for Canadians. We can come together and deliver, lifting people up in a real way and at the same time creating a healthier Canada. It is time for this Parliament to have the courage to put forward this program, to strengthen our health care system, strengthen our economy and strengthen our communities.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, as the member knows, the Province of Quebec has demonstrated significant leadership on the whole pharmacare file, demonstrating exactly what a province can do. It is encouraging when we see that sort of leadership.

I often hear my New Democrat friends refer to a 1997 promise. I will let my New Democrat friend know, which hopefully she will understand and appreciate, that since this Prime Minister has been the Prime Minister, we have been pushing this file in many different ways. It has been advancing. From my perspective, the leadership, the caucus and the current makeup of MPs in the House is advancing it. Otherwise, I could ask members why, for example, when we have had 10 NDP governments in the past, not one of them ever looked at a provincial pharmacare system similar to the Province of Quebec. Rather, it is the Province of Quebec that has led the pack in Canada on pharmacare.

Would the member not agree that it is the makeup of the House of Commons today that is going to provide the opportunity for the motion to pass?

● (1545)

**Ms. Lindsay Mathyssen:** Mr. Speaker, I am not sure if the member was trying to shift the responsibility from the majority Liberal governments over all of those years. They certainly had every opportunity. Even in the last session when it had a majority, it was at a snail's pace. Liberals keep saying there was all of this advancement, but I know that people in my riding, having to decide between food on their tables or the medications they need to survive, are not really appreciative of the fact that it has taken those 23 years to move this forward.

I am happy that the government has decided to support this motion. I hope Liberals continue to support the bill going forward so we can get the supports people need in London—Fanshawe and across the country.

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Mr. Speaker, throughout the day I have heard members talk about the price of drugs and how difficult it is for some individuals to gain access to them. I have given this example before.

Access is what we should be talking about, especially for patients with rare diseases. The system we have right now allows a quasi-governmental organization like CADTH to approve drugs, leaving provincial public insurers to reimburse the costs. I have constituents in my riding, like Joshua and Sharon Wong, who have a drug that is approved for use in Canada, but is not available for reimbursement by their public insurer.

This situation will get worse with a national pharmacare system. To control the costs of such a system a formulary must be introduced and it must be mandatory to stick to it, taking away the ability of patients and doctors to make decisions that are best for them. I do not believe a national pharmacare system will make it any better. The Canadian Organization for Rare Disorders has cautioned the government on this.

Could the member comment on that?

**Ms. Lindsay Mathyssen:** Mr. Speaker, I have heard my colleague bring this issue up in the House today. I appreciate that he is advocating so fiercely for some of his constituents, which is wonderful to see.

As other members in the House have mentioned, bringing in a universal pharmacare program does not mean we are giving up on continuing to advance the need for specific medications for people with rare diseases. We can lift everybody up and work toward equal access, which we have to do together. However, this is not about throwing one system out and replacing it with another.

[*Translation*]

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, I would like to know what kind of regulatory framework my colleague supports for drug costs, which is a federal jurisdiction.

[*English*]

**Ms. Lindsay Mathyssen:** Mr. Speaker, the member across the way has talked a lot about the importance of the Quebec system. The New Democrats are in full support. If Quebeckers want to negotiate higher transfer payments under the pharmacare program, they can do so. They have led the pack with respect to the provision of pharmacare.

It is important to look at our nation as a whole, look at the pharmacare program as a whole and look at what the bulk buying of those drugs can provide, not just to Quebeckers, or to Ontarians or to the people in Saskatchewan and so on, but to all Canadians. That is a really important part of the program.

**Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP):** Mr. Speaker, I am very proud to rise in the House in support of our opposition day motion.

I want to acknowledge the important work of my colleague, the member for Vancouver Kingsway, who has worked tirelessly on this front. I want to reflect on the fact that the push for national universal pharmacare is core to who we are as New Democrats.

It is the NDP that has pushed for medicare, leaders like Tommy Douglas, other NDP leaders and activists across the country. National universal pharmacare is very much part of that legacy. It is incumbent on us as New Democrats, but also as Canadians, to see that legacy realized. It is desperately needed in Canada today.

What we are proposing is so important. On clinical, ethical and economic grounds, universal public drug coverage has been recommended by commissions, committees and advisory councils dating as far back as the 1940s. Health policy experts have made it clear that a U.S.-style, private patchwork approach will cost more and deliver inferior access to prescription drugs.

According to the Liberals' own Hoskins report, universal, comprehensive and public pharmacare will reduce annual system-wide spending on prescription drugs by $5 billion through the negotiation of lower drug prices, increased generic substitution and use of biosimilars and other shifts in prescribing toward lower-cost therapies.

Pharmacare, to put it bluntly, is an investment in our future. It will stimulate our economy by reducing prescription drug costs for businesses and employees by $16.6 billion annually and out-of-pocket costs for families by $6.4 billion, according to the Hoskins report. It will take pressure off our public health care system through improved health outcomes, as individuals no longer face cost-related barriers to treatment. This will provide long-term savings, along with greater stability and resilience to shocks like the COVID-19 pandemic.

We believe pharmacare should follow the same principles that are the bedrock of our public health care system: universality, comprehensiveness, accessibility, portability and public administration. This is core to our opposition day motion today. It is core to who we are as New Democrats. I believe it is core to the values of so many Canadians. That is why I hope the House will see fit to support this critical motion.

We currently have a Liberal government, albeit a minority Liberal government, that has all too often used the right words to speak to the priorities of Canadians. We have heard the Liberals talk about their commitment to the middle class. We have heard them talk about reconciliation. We have heard them talk about making life more affordable for Canadians. However, their actions do not follow their messages.

In fact, in many of these cases, the Liberals employ what some are now calling “reconciliation washing”. They employ a kind of language that makes us all feel good about what needs to be done, yet we go on to watch them do the exact opposite.

When it comes to pharmacare, they have used that word incessantly, a “commitment to pharmacare”. We have heard about it repeatedly in the last majority government. We heard them talk about in previous majority governments. Here we are with no national universal pharmacare plan in front of us, yet a dire need for it.

What we have also seen from the Liberals is some clear actions that serve to benefit not Canadians, but actually the wealthiest among us and particularly corporations. Big pharma is definitely part of that.

In a report that the CCPA put out in 2018, it indicated a crisis in the pharmaceutical world, but not a crisis of profitability.

In December of 2015, Forbes magazine reported net profit margins of 25.5% from major pharmaceutical companies, 24.6% for biotechnology firms and 30% for generics. Comparable rates for tobacco companies, Internet software and services, information technology and large banks were 27.2%, 25%, 23% and 22.9% respectively.

The CCPA report went on to say, "...the crisis in the pharma sector is in the escalation of prices for individual drugs, especially but not exclusively in the United States", and that is also a reality here at home, "and the low number of new products that offer major therapeutic gains over existing medicines. The industry's lavish profits make these deficiencies all that much harder to tolerate."

● (1550)

We know that between 2006 and 2015, the 18 U.S. pharma companies listed in the S&P 500 index spent $465 billion on R and D, $261 billion on stock buy-backs and $255 billion paying out dividends. These companies are making a profit off the backs of everyday people in our communities. We know that big pharma has mobilized against the pharmacare plans that have been put forward.

I want to point to the work of the PressProgress. On March 10, it said:

> The pharmaceutical and insurance industry is quietly preparing a campaign to stop a coalition of 150 Canadian organizations pushing the federal government to follow the recommendations of its own expert panel and bring in a universal, single-payer pharmacare system.
>
> The Canadian Chamber of Commerce has launched an "action plan" on behalf "business stakeholders across the country," namely "benefits providers" and "pharmaceutical companies."

The Chamber of Commerce has the audacity to call it a "grassroots movement", and it says that it will "advocate the preferred pharmacare model with federal, provincial/territorial and municipal leaders" and "focus on targeting key policymakers in Ottawa."

This is a disturbing message. Canadians do not send members of Parliament here to make decisions to benefit the biggest and wealthiest corporations in our country.

Every one of us represents constituents who are struggling because they cannot afford life-saving drugs. Every one of us represents families that have to prioritize food and rent above the kind of medication they may need. Every one of us knows people who have ignored health issues and bypassed the drugs they need and have often ended up becoming much more serious.

I think of the many seniors in my riding who are struggling because they cannot afford the drugs they need. However, I am also increasingly thinking about young people, young people in my constituency who are working in jobs that a few years prior were covered with great pharmacare plans. In some cases, the jobs do not exist any longer and in some cases those pharmacare plans do not exist any longer. As more and more young people engage in precarious work, work that does not have the coverage necessary, we know the need for a national universal pharmacare plan is not theoretical. It is very much a reality and an urgent reality for so many.

These days, we need to deal with the pandemic of COVID-19, particularly in vulnerable communities like the first nations I represent. However, we also need to remind ourselves how critical it is to ensure Canadians are supported day in and day out and that they have the support so they are better prepared when a pandemic is around the corner. I think of the many people who are living with chronic illnesses right now. They are particularly worried about COVID-19. I think of people who are struggling to make ends meet, whether it is affording medicines or other essential goods. They do not know what a pandemic might mean financially to them. Let us make it easier for them.

As parliamentarians, as representatives, as people who have the power to change the lives of Canadians for the better, let us get behind a motion that pushes for universal pharmacare, that pushes Canada to do better when it comes to our health care system, which we are proud of, but it needs so much more support going forward. Let us be on the right side of history. Let us support this opposition motion and make national universal pharmacare a reality in Canada today.

● (1555)

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, since five years ago, when the Prime Minister, cabinet and the government caucus first sat around and started talking about the important issues Canadians have to deal with, we have often been told to raise concerns from our constituents, to bring them to our caucus. Pharmacare is one of the issues that has been top of mind for many of my Liberal colleagues. I have done many different things to try to raise the profile of the issue. I do that because of the constituency I represent. I know full well the degree to which they want to see something happen on this file.

In the last five years, we have seen more progress on the pharmacare file than we had seen in the previous 20 years. There has been virtually no progress at the provincial level, with the exception of one or two provinces. The bottom line is that there is movement toward getting this accomplished.

Would the hon. member not agree that we have to continue to work with provinces to make the best possible pharmacare program a reality, that Ottawa cannot or should not attempt to do it alone at least until we have worked—

● (1600)

**The Deputy Speaker:** The hon. member for Churchill—Keewatinook Aski.

**Ms. Niki Ashton:** Mr. Speaker, we have engaged in many conversations about how important pharmacare is. This is about action.

Right now we have an opportunity to support an opposition day motion directing the government to act on its own report, the Hoskins report, and ensure there is a national universal pharmacare program. The time for talk is over. It has been over for a long time. The needs of Canadians are only growing, given our demographics and, as I pointed out, given that increasingly many people, especially many young people, are not covered for medications by their work. We know that many people are in an increasingly precarious situation.

We have a moment in time to show leadership on this front. We can support broadening health care in our country and support our constituents. Let us take this moment in time; let us not waste any more of it. Let us get behind this opposition day motion. I implore the Liberals to do that today.

**Mr. Kevin Waugh (Saskatoon—Grasswood, CPC):** Mr. Speaker, it is an interesting conversation we are having here today, because this is a provincial issue. Not all provinces and territories agree with this motion. Saskatchewan has a list of drugs that it prioritizes, as compared to Nova Scotia's, New Brunswick's or B.C.'s. We have not even had the courtesy in the House of Commons to bring our health ministers from every province together to have this discussion.

There are jurisdictions in this country that do not want this. I wonder if the hon. member from Manitoba would like to comment on this. We are not even sure if her province is in favour of this.

**Ms. Niki Ashton:** Mr. Speaker, we are here to show leadership for Canadians, not jurisdictions. We are here to show leadership for our constituents. I think we can all agree that many constituents are struggling because they cannot afford their drug costs. This is the way we can act going forward.

I am sure that a lot of the messages we are hearing today are reminiscent of the kind of opposition that Tommy Douglas and others faced in bringing in medicare. They stood up for Canadians in their time in the face of great opposition, and often that opposition was from monied interests that wanted to profit off sick people.

Let us learn from that moment in time and have the courage to stand up and fully realize the idea of medicare for all by bringing in national universal pharmacare and really defending constituents, the people who send us here, the people who share the heartbreaking stories of what they are facing.

We have that opportunity at this moment in time, right now. Let us be on the right side of history.

**Ms. Lenore Zann (Cumberland—Colchester, Lib.):** Mr. Speaker, I will be sharing my time today with the member for Argenteuil—La Petite-Nation.

[*Translation*]

I would first like to acknowledge that we are on the traditional unceded territory of the Algonquin people.

● (1605)

[*English*]

I am pleased to rise to participate in this important discussion on implementing a national pharmacare program in Canada.

Our government is committed to strengthening health care systems across this country and supporting the health of all Canadians. We know that Canadians are proud of our publicly funded health care system, which is based on need and not the ability to pay, yet we know that at least one in 10 Canadians cannot afford the prescription drugs they need. At a time when we are facing the crisis of a coronavirus pandemic, one only has to look at what is happening south of the border to see what happens in a country that does not have a public health care system. I am so glad I live in Canada where we are looked after by our government, and I think it is very important to carry this on into pharmacare as well.

When medicare was first introduced, Tommy Douglas, the father of medicare, said at the time that he did not introduce it in Saskatchewan for 18 years because he wanted to make sure that his province could actually afford it. When he did introduce it, a lot of the push-back came from doctors, who felt they would not be making as much money. I am very pleased that when he was part of the Government of Canada after that, he talked with his colleagues opposite and together they passed medicare in Canada.

When medicare was first introduced, prescription drugs played a much more limited role in health care. Drugs used outside of the hospital were primarily inexpensive medicines used to treat common conditions such as high blood pressure. Now, with pharmaceutical advances, drugs play a vital role in health care and are helping to cure or manage previously debilitating or fatal diseases such as cancer, although we know that many of these drugs are still extremely expensive and unaffordable for some people.

With the rising rates of chronic disease and the growing number of conditions that can be treated by medications, Canadians are taking more prescription drugs each year. Globally, the drug landscape is also evolving rapidly. Specialty drugs to treat complex, serious conditions such as rare diseases are being developed at accelerated rates. These drugs are offering hope and improved health to many Canadians. However, many of these drugs are still not affordable, and Canada continues to rely on an incomplete patchwork of public and private drug plans offered by various provinces to provide this core part of health care, which, as I mentioned, is leaving a growing number of Canadians behind. That is why our government and I feel that the time for pharmacare has come.

Today, more than seven million Canadians lack adequate drug coverage, and many are unable to take their medications due to the cost. Every year, almost one million Canadians give up food and heat to afford medicines, and they often tend to be lower-income, working-age Canadians. Even individuals who have prescription drug coverage can face significant and prohibitive out-of-pocket expenses, often in the thousands of dollars, in the form of deductibles, copayments and costs that exceed their annual or lifetime coverage limits.

When Canadians cannot afford their drugs, their health often worsens, putting an even greater strain on our health care system. Roughly 25% of Canadians who report being unable to take their medications due to cost also report using a health service they otherwise would not have needed. This includes visits to doctors and emergency rooms, which place a huge strain on the system.

No Canadian should have to choose between paying for prescription drugs and putting food on the table. However, we know that many are still forced to make this impossible decision.

In addition, Canadians face some of the highest prescription drug prices in the world. The average annual cost of the top-10 selling patented drugs in Canada grew from $2,200 in 2006 to more than $18,000 in 2017. Prices for drugs to treat rare diseases can start at $100,000 and go upwards of $2 million per patient per year, often over a lifetime. The result is that both the public and private drug plans that many Canadians rely on are feeling the strain.

Drug spending in Canada is high, reaching more than an estimated $40 billion in 2019. Drugs are now the second-largest category of spending in health care. This is unsustainable, and it is hurting Canadians every single day. The unaffordability of many medications leads to Canadians being less healthy and creates higher health care costs for us all.

● (1610)

That is why the Government of Canada is committed to implementing a national universal pharmacare system. This program would save Canadians $13 billion in drug prices over the next 10 years. However, it will not be easy. We need to work closely with provinces, territories and stakeholders to improve drug coverage so Canadians, including those suffering from rare diseases, can have access to the drugs they need.

I was pleased to be part of a government in Nova Scotia that went toe to toe with the pharmaceutical companies. We lowered our drug prices from 85% down to 35%, which was a huge help for Nova Scotia. This is the sort of thing we need to do across the country, even though we know there will be a big push-back from the pharmaceutical companies. We are already feeling it now. Certain companies are already trying to get the government to back down on pharmacare. Companies are getting the families of certain people with rare diseases to try to convince the government to back off, and this is not okay. Unfortunately, pharmaceutical companies are using a very bad situation, with desperate and vulnerable people, to try to lobby government on their behalf so that they will have more money in their pockets.

To help us chart our course forward, in 2018 the government created the advisory council on the implementation of national pharmacare. Chaired by Dr. Eric Hoskins, the council's mandate was to provide independent advice on how best to implement national pharmacare so it would be affordable for Canadians and their families, employers and governments.

After leading an extensive national dialogue, in its June 2019 report the council recommended that the federal government work with provincial and territorial governments to establish a universal single-payer public system of prescription drug coverage in Canada. Given the scope of the transformation required to achieve this, the council suggested that it would be practical to adopt a phased approach to implementation.

Guided by the council's recommendations, budget 2019 outlined three foundational elements to help Canada move forward on implementing national pharmacare: one, establishing a Canadian drug agency; two, developing a strategy for high-cost drugs for rare diseases; and three, working toward a national formulary.

A Canadian drug agency would talk a coordinated approach to assessing effectiveness and negotiating prescription drug prices on behalf of all Canadians. The development of a national formulary, a comprehensive evidence-based list of prescribed drugs, would promote more consistent coverage and patient access across the country. Both of these initiatives must be done in close collaboration with provinces and territories. To make pharmacare sustainable, we also need to continue to look for opportunities to improve pharmaceutical management in partnership with our provinces and territories.

I would like to thank the hon. member for Vancouver Kingsway for his motion on national universal pharmacare. I think we can all agree that it is critical for the government to work closely with provinces, territories and our political colleagues to determine how best to move forward on this important issue. The government looks forward to productive discussions this spring, and together we will continue to make the affordability and accessibility of prescription drugs a shared priority.

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, I would like to congratulate my colleague on her very thoughtful and well-researched speech. I am very pleased to hear that she will be supporting our motion, and I am getting the feeling that my Liberal colleagues in the House will as well.

What is particularly gratifying is that the motion specifically calls for a commitment to deliver pharmacare through a single-payer system. Of course, there are good reasons for that. It was the recommendation of the Hoskins panel and of the Standing Committee on Health. In fact, every task force that has looked at this issue over the last 40 years has endorsed the idea of delivering pharmacare through our public system, because it is the cheapest, most effective and fairest way to do it.

I am wondering if my hon. colleague could elucidate why she believes pharmacare is best delivered through our public health care system, as opposed to through the private-public patchwork.

● (1615)

**Ms. Lenore Zann:** Mr. Speaker, I have always believed in universal medicare and universal pharmacare. I also believe we need to introduce dental care as well. Our mouths are part of our health, and I believe this is the only way forward for any civilized nation.

I look at our folks south of the border and I feel sorry for them at this moment in time. They are going through such a terrible time with the coronavirus, and they do not have a public health care system. In fact, in the United States they call it the health care industry, which speaks volumes to the difference in the way they look at things and the way we do here in Canada.

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Mr. Speaker, the comment the member made about patient families being used by pharmaceutical companies when they are coming to Parliament Hill to advocate for themselves is an absolutely shameful comment to make in the House.

My family is affected by a rare disease. Being in the province of Alberta, my family is allowed to gain access to a specific type of medication that helps my oldest son with the condition he has. However, Quebec has made the decision on its formulary that one is not allowed to do off-label prescribing, which is Quebec's choice to make. The province should be allowed to make that decision, so if I were a resident of Quebec, I would be going to my MNA in that province and advocating for it.

Patient families are coming to Parliament Hill and advocating for access to medication, and the issue is access, not pricing. There are medications approved in Canada for rare disorders for which there is no reimbursement through the public insurer, the government. There are patient families trapped between two governments arguing over the price, when the issue is accessing the medications we need.

I do not have a question. It is a comment. It is shameful to say that patient families with rare diseases coming to Parliament are only doing so because pharmaceutical companies are pushing them to do it.

**Ms. Lenore Zann:** Mr. Speaker, I never mentioned anything about families coming to Parliament Hill.

**An hon. member:** Yes, you did.

**Ms. Lenore Zann:** No, I did not. What I said was that I find there are some pharmaceutical companies, especially American ones, that have not even applied for their drugs to be sold or accepted in Canada yet. They are using the families of sick children to lobby the government to come up with a lower price when the time comes for them to negotiate with the government. I find that a shameful practice.

[*Translation*]

**Mrs. Louise Charbonneau (Trois-Rivières, BQ):** Mr. Speaker, I thank the hon. member for Churchill—Keewatinook Aski and the hon. member for Cumberland—Colchester for their speeches. They clearly have a lot of empathy and compassion for the most vulnerable members of our society and their constituents. The Bloc is also sensitive to the needs of our constituents.

However, does the member for Cumberland—Colchester acknowledge that larger transfers to the provinces would give each Canadian province and territory more latitude and freedom to spend money based on the individual needs of their citizens?

[*English*]

**Ms. Lenore Zann:** Mr. Speaker, I did not really hear a question in that, but I would say to the member opposite that I agree that the provinces do need help, especially right now with COVID-19. They are going to be getting extra help to look after all our Canadian citizens. It is very important.

[*Translation*]

**The Deputy Speaker:** I would simply like to clarify that members may ask questions or make comments. Both are acceptable.

Resuming debate, the hon. Parliamentary Secretary to the Minister of Seniors.

[*English*]

**Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.):** Mr. Speaker, I would like to thank my colleague from Cumberland—Colchester for sharing her time with me.

[*Translation*]

Our government is committed to providing the first nations and Inuit access to the health services they need, including the necessary medical benefits coverage provided by the non-insured health benefits program, the NIHB.

The NIHB program delivered by Indigenous Services Canada is one of the largest supplemental health benefits programs in the country. This program is national in scope and provides the necessary health benefits to roughly 868,000 eligible first nations and Inuit clients, both on and off reserve. Last year, the NIHB program spent more than $1 billion on providing access to these medically necessary health benefits and services.

The NIHB program provides significant coverage in different insurance zones that is complementary to the insurance already provided by the provinces, territories and private insurers. This includes prescription drugs, non-prescription drugs, medical supplies and equipment, mental health counselling, dental care, vision care, and medical transportation where health services are not available in the community.

Access to affordable medication is not just a provincial responsibility. The federal government administers five separate drug plans for first nations and Inuit peoples, for offenders in federal correctional institutions, for members of the military, for members of the RCMP and for veterans.

The NIHB program gives eligible first nations and Inuit peoples coverage for the prescription medications and over-the-counter drugs included in the NIHB drug benefit list when they are prescribed by a health care professional. The NIHB drug benefit list currently includes about 900 chemical entities, or about 8,500 separate drug identification numbers, known as DINs.

I should also note that coverage for certain drugs not included in the drug benefits list may be approved under exceptional circumstances. Unlike many other programs, the NIHB does not require eligible clients to pay a co-pay or deductible, and health care providers are encouraged to bill the program directly so that clients do not incur any additional fees. Federal drug plans have adopted an approach focused on assessing health technologies, to ensure that pharmaceutical products are accessible, affordable and appropriate for clients.

Once a drug is approved for sale in Canada, our country's public drug plans, including the NIHB program, must decide whether the drug will be eligible for public reimbursement. To facilitate this decision-making process, Indigenous Services Canada, along with the other administrators of federal drug plans, fully participates in the common drug review and the pan-Canadian oncology drug review, which are managed by the Canadian Agency for Drugs and Technologies in Health, or CADTH.

As part of its reviews, CADTH conducts objective evaluations of the clinical, economic and patient evidence on drugs and uses this evaluation to provide reimbursement recommendations and advice to Canada's federal, provincial and territorial public drug plans. Public drug plans, including the NIHB program, make their final decisions on whether to reimburse or cover drugs based on the recommendations of CADTH and on other factors, such as the plan's mandate, jurisdictional priorities and budgetary implications.

● (1620)

If necessary, price negotiations will take place to improve cost effectiveness.

Last year, a single drug class, biologic anti-inflammatory drugs used to treat certain autoimmune diseases such as rheumatoid arthritis, accounted for 10% of the pharmaceutical market, with sales totalling over $2 billion in Canada. That is a lot of money.

It is worth mentioning that we pay approximately 25% more to treat arthritis than other countries with similar markets. For example, in Ontario, the top-selling arthritis drug costs nearly $30,000 per year. In France, that same drug costs about $22,000 per year. If Canada paid the same price as France, we would have saved $220 million a year last year on that drug alone. Any failure to get the best price for a drug is a missed opportunity to do more for Canadians.

We can do better. The work has already begun. The federal, provincial and territorial governments came together to create the pan-Canadian pharmaceutical alliance, or pCPA. The pCPA negotiates drug prices on behalf of public drug plans. By harnessing the collective purchasing power of governments to negotiate the best price, we will save more and more money. We will continue to work to that same end as new drugs are added.

Treatment for hepatitis C is a good example. Hepatitis C can be debilitating and fatal. If left untreated, it can lead to liver failure and cancer. New hepatitis C treatments are effective for many patients, but they cost between $45,000 and $100,000 per patient.

In February 2017, the pCPA succeeded in lowering the cost of hepatitis C drugs. For public drug plans, lower prices mean more patients can get better treatment sooner. That is proof that working together makes the provinces and the country stronger and better able to make good decisions and work on reducing drug costs.

As a full member of the pCPA, the non-insured health benefits program, the NIHB, is implementing new agreements negotiated by the pCPA, which is making new drugs more affordable and more accessible for members of first nations and Inuit communities.

We recognize that there are serious problems related to substance use disorders across Canada, including in indigenous communities. The government takes the issue of client safety very seriously. The NIHB program is recognized as a national leader when it comes to efforts to address substance use disorders and protect client safety. It has implemented a broad range of measures over the past decade to ensure that clients receive the medication they need without putting them in danger.

Here are some examples of such measures: using warning and reject messages in real time to alert pharmacists of potentially worrisome situations regarding safety; introducing dosage and quantity limits, thereby limiting the quantity of drugs a client can receive; and imposing access restrictions on drugs when there is a safety risk or risk of diversion.

To detect high-risk drug tendencies, potentially inappropriate licensing and other safety problems, the NIHB program has a formal monitoring program, which directly implicates prescribers and providers when concerning trends are detected. Clients whose drug utilization patterns indicate an increased risk are entered into the client safety program.

Furthermore, the NIHB is guided by the Drugs and Therapeutics Advisory Committee, known as DTAC, which makes recommendations with respect to drug policies and the drug formulary. The DTAC is an advisory body of highly qualified health professionals who bring impartial and practical expert medical and pharmaceutical advice to the NIHB program to promote improvement in the health outcomes of first nations.

● (1625)

The approach is evidence-based and the advice reflects medical and scientific knowledge, current utilization trends, current clinical practice, health care delivery and specific departmental client health care needs.

● (1630)

[*English*]

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, there has been a lot of talk today about the proper relationship between the federal government and the provinces. Health care is a shared jurisdiction and in this country we have made it work with medicare, with the federal government providing transfer payments to provinces, which then are responsible for delivering those services to their citizens. It is a cost-share and nothing obligates a province to participate. Provinces could pull out of medicare tomorrow if they wanted. Why do they do it? Because they want the federal contributions, they want good health for their citizens and they agree to abide by the principles of the Canada Health Act.

The New Democrat proposal and the Hoskins proposal is to do that very same thing with pharmacare. The federal government would provide transfer funds to the provinces, they would negotiate a shared formulary and the provinces, if they wish to participate, would provide drugs at no cost, respecting the principles of the Canada Health Act, and receive money in exchange.

Does my hon. colleague agree with the NDP that it is a viable way of delivering pharmacare into the public system, just like we deliver all other covered health services under the Canada Health Act?

[*Translation*]

**Mr. Stéphane Lauzon:** Mr. Speaker, I would like to thank my colleague for his question and participation from the start of the debate.

Personally, my wife, my daughter and I have used Quebec's pharmacare plan. We are diabetic and require fairly expensive medications.

I am thinking of a colleague from the west or elsewhere in Canada who may not have access to these medications. Even though Quebec has pharmacare, I believe that the collaboration of the provinces and territories is the key to success. That is what we have been saying from the beginning, ever since I was elected in 2015. We have never prevented a province from moving forward.

I am proud that Quebec serves as a model. In Quebec, we are proud to work with the provinces to show the rest of Canada that we can always do better.

**Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ):** Mr. Speaker, I thank the member from Quebec for his valuable contribution to the debate, but he is not answering the fundamental question.

Earlier, my Liberal colleague talked about Quebec and Canada collaborating. I asked him the same question. There is no collaboration. Quebec's National Assembly is unanimous about that. Coalition Avenir Québec, Québec solidaire, the Liberal Party and the Parti Québécois all agree that the federal government should mind its own business.

Ever since the Constitution, health has been under provincial jurisdiction. If my colleagues want to change the Constitution, that would be fine by us. The Bloc Québécois has a number of demands relating to the Constitution. If MPs want to reopen the Constitution, we would be happy to. We could have a lot of conversations about that.

The National Assembly said no to collaboration. What we want is the money. We know what to do. We already know how to manage hospitals and doctors. As my colleague said, Quebec has had pharmacare for 20 years. It is not perfect, but it works pretty well. We want health transfers.

What does my colleague have to say to that?

**Mr. Stéphane Lauzon:** Mr. Speaker, I want to thank my colleague opposite for his question and his participation. He has asked many questions in the House. They often come back to the same thing, but I will be pleased to answer them.

First of all, I am very happy to represent Quebec. In Quebec, I benefited from a system that was very good to me. However, in the House, I have decided to represent Canada. I was elected to the Parliament of Canada to represent Canadians, and my role is to represent the entire country, not just one province.

I will use my province, which is a model when it comes to drug insurance, to spread the good news to all my colleagues in Canada. I never feel like I need to protect just one province, like my colleague across the way does. He speaks only on behalf of Quebec. He has no concern for other people in Canada who need medication.

**The Deputy Speaker:** Before we resume debate, it is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Edmonton Strathcona, International Development; the hon. member for Bow River, Health; the hon. member for Louis-Saint-Laurent, Natural Resources.

● (1635)

[*English*]

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Mr. Speaker, today I will be splitting my time with the member for Esquimalt—Saanich—Sooke.

I am really happy to be here today in the House talking about something that is so important to so many Canadians across this beautiful country. I am going to ask lenience from the Chair to wish my grandson a happy fifth birthday. Today, Shoshonne will be five. I was there when he came into the world and every birthday that I am not with him I am always a little sad. I want him to know that his *Chi-chia* loves him very much and wishes so much that I was with him today.

One of my mentors was the late Maya Angelou and she said, “When we know better, we do better.” When I think about the discussion we are having today on a national universal pharmacare program, I cannot help but think that we have known better for a very long time in this country and it is rather devastating that we are still having this conversation. In fact, we are the only country with a universal health care program that does not have the partnership with the universal pharmacare program and that is very concerning for myself and for many of the people that I represent in North Island—Powell River.

When I look at the history of this place, universal public drug coverage has been recommended by commissions, committees and advisory councils dating as far back as the 1940s and here we are in 2020 still having this debate when people are struggling every day in this country to afford medication that they need to survive. We know that in our country, one of the wealthiest countries in the world, people are dying because they cannot afford their medication. That is the type of isolation and pain that a family has to face that I cannot imagine. I am really shocked that we are still here having this debate like it is something we should be discussing instead of something we should simply be acting on.

The Hoskins report, which the Liberal government sponsored, was very clear. I do not know what else is really needed here, but here we are having this discussion again. The Hoskins report said a universal, comprehensive, public pharmacare program would reduce annual system-wide spending on prescription drugs. It would lower drug costs. It is something that is so important. I think of the many constituents who have come to me and talked about their personal reality. When we have an opportunity to do better for Canadians, I hope that everyone in the House will support this motion so that we can take that action.

In my opinion, pharmacare should follow the same basic principles that are the bedrock of our public health care system: universality, comprehensiveness, accessibility, portability and public administration. It just makes sense.

Once implemented, a pharmacare plan would make medication free for Canadians and there are a lot of constituents who cannot imagine a world without that financial burden, without the constant stress of worrying about how they are going to pay for their loved one's medications. I talked to family groups that are collaboratively coming together every month to put down the little that they have to buy medication for somebody in their family who is struggling with health concerns.

When we look at the system, we also know that it will have an impact on our emergency wait times because people will actually be taking the medication they need so that they do not have to go to the emergency wait lines all the time. It would free up more hospital beds for those who need them. People who need medications and cannot afford them should not have to be in those beds. They should be given the medication they need and not have to access the service. They deserve a better life than that.

We also know it would save governments more than $4 billion a year. Basically, after what the Hoskins report clearly stated, this is really a choice for the government to choose a system that will put Canadians first and will make sure that the health care and the well-being of Canadians is top of front and centre, or we will continue to have a system that largely benefits big pharma and the insurance industry.

In my riding of North Island—Powell River, we have a lot of rural and remote communities and a lot of people with differing experiences. The stories that I hear from each corner of the riding always make me concerned and I carry those stories with me.

I remember one woman who talked about her health care issue. She told me her family worked together so that she could buy a van. She needed the van because she could not afford rent. Her plan was to live in the van and then she would be able to afford her medication on her very limited income. She was worried about what it would be like in the winter. She had been living in her van for months, but it was the warmer months and she did not know what would happen when it got really cold.

● (1640)

This is Canada and this is a decision one of the people who lives in this country has to make.

I talked to a senior woman in my riding who lives in one of the northern parts, so it is a little bit more chilly during the winter. She talked about how every January and February she turns down the heat and has to wear extra sweaters and gloves in her house because she simply cannot afford the higher cost of heat, as well as her medication at the same time.

When I think of the people who built our country, the seniors of this country, asking them to do this just does not seem right to me.

I also have a constituent in the riding who has a very serious health issue that requires him to wear compression socks and he needs medication to keep him alive. The medication costs $70 per month and at this time he is only able to afford the medication, so he cannot afford to buy the compression stockings as well. This has gone on for several months. The family is really worried that he is going to end up in a hospital. Their frustration is that for the price of some compression socks why it is that he has to potentially spend time in the hospital? Where is the help? Where is the support?

Another woman named Ann in my riding spoke to us and said that she is a diabetic. Every month, the cost for her is $174 for the medication that she requires simply to stay alive. She will be 60 years old in June and she has no plans to retire because she cannot figure out any other way to afford her medication. It concerns her that it is different in every province. When she lived in Alberta, this expense was covered, but now that she is in B.C., it is not. I have heard this from young people as well with diabetes, who talk about the different services that they get in each part of this country.

We need to start looking at this because if we are going to have a universal health care system, as well as, hopefully soon, a universal pharmacare program, it really is devastating to think that some people get treated in some provinces and territories and they do not in others. That does not seem right to me if we want a universal system.

One in five Canadian households have reported a family member who, in the past year, has not taken prescribed medication due to cost. We know that after continuous cuts by the Liberal and Conservative governments, we have seen that less and less money going to the provinces for health care. All of these things are adding up, making it harder and harder for families every single day.

Nearly three million Canadians per year are unable to afford one or more of their prescription drugs. These stats are important because we know that people are not able to afford what is going to keep them well. Think about some of the challenges. I have talked to families who have children with serious health issues. I remember one in particular whose daughter had diabetes and had a scanner in her arm, but it cost a certain amount of money. When the father of the family was hurt at work and was on a disability pension, they could not afford that anymore and they had to get it removed from her arm. I cannot imagine families having to make these kinds of decisions.

There are some fundamental issues we need to deal with in this country. We know of the three million Canadians who cannot afford their medications, with 38% having private insurance and 21% having public insurance, which does not cover enough of their costs. Almost one million Canadians per year cut back on food or heating, like the senior in my riding, in order to pay for their medication and almost one million Canadians every year are borrowing money to pay for their medication.

I am a great admirer of the greatest Canadian in our country, and that is Tommy Douglas. He had a vision. I am hoping that today we will all be brave enough to step up to support this and move farther toward that dream and that vision, because this is really a way of making sure that everybody gets the treatment that they deserve in our country. It is about looking at how to spend money more effectively. I certainly would love to see money going into somebody's medication instead of it going into a hospital bed. We do not want people who are not well to be in a hospital bed when medication would make their lives that much better. Hopefully, we will see a positive result of this.

● (1645)

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Mr. Speaker, I have raised the issue repeatedly about access for rare disease patients. That is what I want to talk about some more. One of the ways the national pharmacare would work is this. The current architecture for drug approvals in Canada goes through CADTH first for a health technology assessment, or HTA. Then pCPA is the negotiating body on behalf of the provinces.

I know there are some Liberal members who have said the Canadian drug agency would basically do this now, but in the current architecture what is going to happen is that a drug will get approval and then not be reimbursed by the public insurers. It is happening and is going to happen in the national pharmacare system. I have examples from my riding and all across Canada of where this happens. In some cases, people are even prohibited from using a special access program, because they are told it is a drug approved in Canada, but it is not publicly reimbursed.

If the NDP thought it was important to introduce this, I would ask the member why there was no mention of rare disease patients in the motion if it is of concern to the national pharmacare system, because the architecture of the current regulatory system really disadvantages rare-disease patients' families.

**Ms. Rachel Blaney:** Mr. Speaker, I am the daughter of a nurse. She talked a lot about some of the challenges that people with rare diseases face in the work that she did.

I want to point out that this motion is really talking about what the Hoskins report said, and this issue was addressed in that. It is very important that, as we look forward to making sure we have a comprehensive plan, we understand that there are rare illnesses for which we need to make sure medication is accessible. I remind the member that the NDP will always fight for the people who are suffering the most, who need help the most and who are the most vulnerable, because that is the core belief of our party: No one gets left behind.

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Mr. Speaker, I am very pleased to have an opportunity to discuss pharmacare today. To me it is clear the majority of members in this place are onside to see this motion pass. I certainly hope that is the case. It is the tone of the debate.

I want to ask my colleague this. As we go forward, we know that a national pharmacare plan and the bulk buying of drugs will bring down the price of these drugs for every Canadian. I wonder if we can also think about assuring that the drugs we register will do more good than harm.

I think the motion suggests it. I am very taken by the work of the UBC therapeutics initiative. It assesses the drug data package to make sure that we are resistant to big pharma deciding we need drugs that might have significant and dangerous side effects, to make sure we register the drugs and make them accessible to all Canadians, and to make sure they are the drugs that we need and will do more good than harm.

**Ms. Rachel Blaney:** Mr. Speaker, when we look at the basis of the motion, and also the Hoskins report, one of the most important parts for me is that it takes a lot of power out of big pharma and insurance companies so we can have a better-regulated system. We need to ensure accountability on the part of the people who are producing the drugs to make sure they are as safe as possible and make sure that people do not get sicker because of the medication they are taking.

[*Translation*]

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, 20 years ago, the nation of Quebec brought in a pharmacare program for a number of reasons, including the one just raised by my NDP colleague. There has been talk about shared jurisdictions, but consecutive federal governments have failed to take responsibility for their own jurisdiction, particularly in relation to the regulatory framework for drug prices. What is my colleague's suggestion for that?

[*English*]

**Ms. Rachel Blaney:** Mr. Speaker, it is important that we work together with all the provinces and territories to figure out how this process will unfold. That will obviously be a mandate. We know that provinces may choose to opt out, but I certainly hope there is an understanding that the collaborative nature of this process will see costs going down dramatically. I think the Parliamentary Budget Officer was very clear about that in his report a couple of years ago.

● (1650)

**Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP):** Mr. Speaker, I am pleased to rise today to speak on my party's opposition day motion on pharmacare. I have to say that my twentysomething self would be somewhat perplexed that I am actually doing this, and that is not just to think that as a gay man I might be an MP, but also that we still have not finished Tommy Douglas' dream of comprehensive public free health care.

Strangely, we have convinced ourselves we already have that. We seem, somehow, to be turning a blind eye to the gaps in that system. Tommy always thought it would be a step-by-step process, but that eventually we would get there. I think we have to ask ourselves how we have convinced ourselves for so long that pharmacare and dental care should not become part of our comprehensive public health care system.

I am very pleased to sit in an NDP caucus, led by the member for Burnaby South and by the member for Vancouver Kingsway on this important question of how to advance toward the goal that Tommy set so many years ago. It is a caucus that has put forward clear and achievable plans to fill those gaps.

When the Liberals proposed the so-called middle-class tax cut last December, we proposed in return that we limit the benefits of those cuts to those earning less than $90,000. With the savings from limiting that tax cut's benefits to the rich, we could in turn finance a dental care program for everyone earning less than $90,000 a year.

There is a practical step we could take and a way to pay for it, one that is clearly within our means and clearly doable. I am hoping, after we debate pharmacare, that we will move to that next stage of debating dental care in this Parliament.

As promised by our leader, our first private member's bill that is going to be brought before the House here will be by the member for New Westminster—Burnaby, Bill C-213. This lays out a specific plan for pharmacare, based on the principles of medicare. Once again, this is a program that is universal, comprehensive, accessible, portable and publicly administered.

My twentysomething self would also be perplexed about why we do not already have this. When Tommy Douglas set out his dream, first in the provincial campaign in 1960 in Saskatchewan, he knew it would be difficult, he knew it would be step by step. In 1962, when he tried to add doctors' visits to the existing hospital insurance plan, he had to face down a 23-day doctors' strike.

We know there will always be people who will step forward, who will say there are so many reasons why we should not take the path we know is the right path.

In 1965, B.C. joined Saskatchewan with a hospital and doctor visit insurance plan, and then in 1966, in Pearson's second minority government, we had a federal government that finally offered financial assistance to provinces that had such a universal plan. Sure enough, within 10 years, we had public health care plans established in every province across the country.

When Tommy moved to the federal level, he brought his dream with him. In 1961, he became the leader of the newly established NDP. In the first platform the NDP put forward, specifically, a proposal to have a pharmacare program on the same principles as a medicare program. Unfortunately, it has taken us a bit longer than I think Tommy thought it would to get an NDP federal government. I know that, because in his last term I had the great privilege of having Tommy as my MP.

Along the way there were other reasons to be optimistic about pharmacare. I guess I would have to admit that. First of all, as previous members have mentioned, we have had numerous commissions, advisory councils and studies dating back 60 years, probably to the first one that I saw, recommending a universal pharmacare program.

One would think we would get to this. Skipping over all that time, last June we had the Hoskins report from the Liberal government's own appointee. A Liberal from Ontario sat down and worked through all of the issues, and ended up recommending the same thing that we have all known we needed, according to the five principles of the Canada Health Act. It was something he judged we could implement by January 1, 2022.

Perhaps today's motion is the first step toward that date: January 1, 2022. I really hope it is. I am encouraged by the things I have heard from previous Liberal speakers, that they are going to support this motion. This motion commits the House to moving forward on pharmacare. It is not just an expression of opinion, as opposition day motions sometimes are. It is a commitment, if it is passed by the majority, that we will actually do something to get pharmacare in place.

I would hope that action would occur quickly. The NDP has offered that opportunity with our private member's bill.

● (1655)

However, we would not be disappointed if the government introduced a bill even before that and decided to move it through expeditiously as a government. I am not seeing that happen, but maybe today this opposition motion marks a change in direction toward finally getting this done.

Let me talk for a moment about why we should be doing universal pharmacare, and in doing so I could talk about savings to the health care system. The Hoskins report was very clear that overall expenditures on prescription drugs in this country would drop by about $5 billion a year. This would come from a number of sources. One is, of course, that we would get the ability to negotiate lower prices for drugs through strategies such as bulk buying of drugs, increasing generic substitutions and also eliminating administrative costs.

For those members in the House who like to go on about bureaucracy, let us look at the patchwork system we have across the country with literally more than 1,000 health care plans all being administered to accomplish the same purpose. The Hoskins report was very clear about the savings overall to the system if we adopted a universal, comprehensive and publicly delivered pharmacare program.

I could talk about the savings that would come to the health care system through better health outcomes. This goes beyond that $5 billion. What it would really mean is if we remove the barrier of cost for people to actually get the treatment they need, in terms of prescription drugs, they are going to be healthier. That would reduce the stress on our already overburdened health care system.

This would mean that we could do more with the same resources we have now if we did not have people who end up in the emergency room, in the hospital or ill because they could not afford their prescription drugs. That is an additional savings that would not show up in dollars, but it would show up in less stress on the dollars we are already devoting to our health care system.

I could also talk about savings to business. This may be a strange one for some people to think about, but there would be important savings to businesses here from adopting this kind of national comprehensive program. Right now, businesses and their employees jointly spend about $16.6 billion in expenditures on drug plans. What happens to that money? That money takes costs away from businesses and their employees and transfers it over to be shared by all of us through the taxation system.

Therefore it would reduce the burden that businesses have to carry, but also, and here is where I am going to be an advocate for small business again, a comprehensive universal plan like this would help level the playing field for employment in small business. Lots of small business owners tell me they have trouble getting the highly skilled help they need because the scale of their operation is not big enough for them to offer a good drug plan. If we have a comprehensive public plan, when it comes to hiring employees, small businesses can compete with the big companies that already have those benefit plans.

We can understand why people might prefer to work at a small business in the community they are from, but have to think about their family when it comes to drug protection. Maybe they would choose their second choice as an employer and go with a big company because of the drug plan that it offered, and the safety and security that it would appear to offer their families. There would be an important benefit for small business by this levelling of the playing field when it comes to prescription drugs.

I can also talk about equity. A good reason for a national pharmacare program that is comprehensive and universal is that the patchwork we have now means that the treatment people get in Canada depends on which province they live in, who their employers are and how big their wallets are. That is certainly something that I, as a Canadian, do not believe we aspire to in this country when it comes to the health of our citizens.

The real reason I believe we should have a public universal program for pharmacare is its impact on ordinary families. Let me take a minute to talk about what this really means in everyday situations.

One in five Canadian households reports a family member who in the past year has not taken his or her prescribed medicine due to its cost. This means more sick days in families and, in many cases, means earlier deaths in families because people were not taking their proper prescriptions.

More than three million Canadians per year report that they are unable to afford one or more of their prescription drugs, and there are the same outcomes. It is bad for families, bad for their health and bad for the health care system.

Almost a million Canadians reported that each year they cut back on food or home heating in order to pay for their medication. This is a cruel choice that we are forcing on Canadians who do not have prescription drug coverage.

● (1700)

Finally, Canadian adults are two to five times more likely to report skipping their prescriptions than those who live in a system which already has a comprehensive and universal public program.

Here in 2020, we are at a historic moment. The Liberals have a minority government. Universal health care came through a Liberal minority government. Well, here is another opportunity to move forward. We in the New Democratic Party have presented proposals consistent with the Hoskins report, which will help us get a detailed plan in place.

Today we have the motion from the member for Vancouver Kingsway before us, a motion that will commit us to move forward to where we all want to go in this country.

**Ms. Rachael Harder (Lethbridge, CPC):** Mr. Speaker, in my riding of Lethbridge we have a university, and out of that place are coming incredible innovation and creativity and scientific advancement. In particular, there is some advancement with regard to medicine. Research is being done around creating software that would read a person's DNA, and then, based on the reading of that DNA, would be able to prescribe a medical compound. Rather than pharmaceuticals being what they already are on the shelf, they would be made directly for an individual based on that individual's DNA. This is absolutely incredible technology. It would forever change the face of medicine and the way that it is done.

This is something that would not be covered by a pharmacare program. In fact, a pharmacare program would stagnate the progress being achieved within the world of medicine, which means that Canadians would be put at an immense disadvantage and many of these diseases and rare conditions that we talked about earlier would be without a cure for a very long time. It would be a huge detriment to our country.

How would the hon. member respond to that in terms of advocating pharmacare?

**Mr. Randall Garrison:** Mr. Speaker, I certainly recognize that important medical research is going on across the country. What I cannot really understand from the member is why she thinks important medical advances would be excluded as a result of a national pharmacare program.

We could write the kind of formulary we want and we could put in place the procedures to decide how prescribing takes place. If a major advance were to come forward like the member is talking about, why would a national system not take advantage of that new technology? Why would it not build that into the system?

I am guessing we have a way to go yet, but there is no particular reason that those advances would not fit in a national, comprehensive and accessible pharmacare plan.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, there is an overwhelming amount of support in all regions of the country to have some form of pharmacare program, something that has been at the top of the public agenda for the last four or five years. When I address this issue a bit later, I will hopefully get the chance to clearly demonstrate why it has been getting the attention it has been given in the last four or five years.

Does the member not believe that we need to have negotiations with the provinces in order to maximize the benefits of a national pharmacare program for all Canadians?

**Mr. Randall Garrison:** Mr. Speaker, I want to start by responding to the first part of what the member said.

I do not believe the demand in this country is for some form of pharmacare. That is not what the Hoskins report called for. It called for a universal, publicly delivered, accessible, portable public program. It did not call for "some form of pharmacare" or some patchwork of it.

The member mentioned talking to the provinces. The motion calls for convening talks right away to get to work on this. Obviously we are going to talk to the provinces and obviously we are going to have to build a system across the country.

My hon. friends in the Bloc are always worried about jurisdiction and the ability to opt out of programs. There are differences in Quebec. We respect those. Those kinds of talks would have to go on in order to implement a national, universal, publicly funded, accessible and portable pharmacare system, not just "some form of pharmacare".

● (1705)

[*Translation*]

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Speaker, the NDP has moved a motion calling on the government to implement the full Hoskins report.

However, the Quebec National Assembly unanimously reacted to this report on June 14, 2019, saying that Quebec has exclusive jurisdiction over health and refuses to adhere to a pan-Canadian pharmacare plan.

How does the New Democrat member, who sometimes appears to be democratic only in his aspirations, think that his desire for cooperation will be taken seriously? A democratic parliament sent a clear message in writing, but this motion does not consider or acknowledge the will of the Quebec nation.

How can he think we will take his desire to work together seriously?

[*English*]

**Mr. Randall Garrison:** Mr. Speaker, when we take a serious look at the savings to both the federal and provincial governments in all the plans that are involved, it seems hard to believe that the Quebec government would not take part in discussions about such a national plan. I do not believe that it said it would never talk about this.

I know the Bloc members are excessively concerned about jurisdiction, but I know that ordinary Quebeckers are not so concerned about jurisdiction. They are concerned about affordability and the ability of the government to deliver programs like this.

I think we could look forward to very productive talks with Quebec on a national, universal, accessible, portable pharmacare program.

**Mr. Tako Van Popta (Langley—Aldergrove, CPC):** Mr. Speaker, I am pleased to rise to speak to the NDP's motion on universal pharmacare. I will be sharing my time with the member for Calgary Shepard.

I am going to talk about the affordability of having another government plan. Money does not grow on trees, but that is what the NDP would have us think: We can just wave a magic wand and $34 billion will appear to fund a universal, comprehensive, accessible, portable public prescription drug plan. That is what the Hoskins report says Canadians spent on prescription medication in 2018.

What will the federal government's contribution be to that very big cost? Where will that money come from? Will it come from increased taxes? Will it come from more borrowing by the federal government? Are we just going to keep adding to our national debt because our national debt is not quite as large as those of our trading partners? We have heard that quite often.

We often hear members opposite say that under their watch, one million Canadians have been lifted out of poverty. However, they failed to acknowledge that we went a further $80 to $100 billion in debt over that same period of time, and this during a time of full employment in a strong economy and good government revenues. If the government cannot balance a budget in good times, how is it going to manage the economy in the inevitable bad times? Of course, the government should not only be balancing the budget in good times but also be paying down debt. Under both Conservative and Liberal governments, that has been the tradition in Canada for many decades. Of course, these are not Chrétien or Martin Liberals; these are the other type of Liberals, the ones who think debt does not matter.

Pharmacare and medicare are primarily provincial matters. The federal government should be managing the national economy and staying out of the way of provincial governments so that they can do what they do best.

That brings me back to trees. Money can, in fact, grow out of trees. I am thinking of British Columbia trees, the ones that are not being harvested at the moment. There are a lot of reasons for that, including the lack of a softwood lumber treaty, the one that the government has failed to negotiate for us.

I have a great idea. Let us get our forest industry working again. Forestry is a wonderful renewable resource that could change the lives of many Canadians, yet it is being ignored. Let us get those revenues flowing again to the provincial coffers so that they can fund their provincial pharmacare plans and send revenues back to the federal government through income tax from fully employed Canadians.

While I am talking about resources, let me say that money also grows in the ocean, or at least it does when the west coast salmon industry is thriving, which it is not, for a lot of reasons, including ongoing mismanagement by the federal fisheries department. Let us pay more attention to that source of wealth. Let us get Canadian fishers out fishing again and paying taxes.

Money also grows in the ground. I am thinking of natural gas, for example, which is a potential big source of government revenues for my home province of B.C. Let us get the necessary infrastructure built so that we can start selling our clean, green liquid natural gas to the world. That can be a big part not only of our economy but also of Canada's contribution to the fight against global climate change.

Instead of economic development, we see railroad blockades by professional pipeline protesters thinly veiled as indigenous rights protectors.

Let us talk about indigenous reconciliation. This is—

● (1710)

**Ms. Elizabeth May:** Mr. Speaker, I rise on a point of order. With all due deference to my friend, I am sure at some point he will discuss pharmacare, but his discussion seems a little off topic so far.

**The Deputy Speaker:** Certainly members will know that comments and speech in here are intended to be and should be relevant to the question that is before the House. I heard the member speaking on some other topics. I will listen carefully to make sure that he is bringing the discussion back to the question at hand.

As a final note, members are certainly given a fair degree of latitude to do that, but must in fact bring their arguments to the point that is before the House.

The hon. member for Langley—Aldergrove.

**Mr. Tako Van Popta:** Mr. Speaker, I am talking about a strong economy, one that can fund a pharmacare program.

I am answering the question about how we can afford a pharmacare program of $34 billion, which is what the Hoskins report says pharmacare will cost. How can the government do that better than private enterprise is doing it already? We need a strong economy and right now, indigenous reconciliation, or the lack thereof, is standing in the way economic development. We want to get our pipelines built. We have some big projects that are going to wealth producers. The government is struggling to accomplish one of its main goals, indigenous reconciliation, which, of course, is great for indigenous communities but also good for Canada's economy. We need to get our economy going again.

Living off of borrowed money, in fact, does not create wealth. It redistributes wealth from future generations to this generation. That is a fair comment. How are we going to fund a pharmacare program? Is it going to be through borrowing money, which future generations are going to have to pay off, or are we going to create the wealth that will allow us to pay for a very rich pharmacare plan?

This brings me directly to the topic of the day. The NDP motion would have this House accept the Hoskins advisory council report and the implementation of a national pharmacare program based on that. The motion also says the House would "urge the government to reject the U.S.-style private patchwork approach to drug coverage, which protects the profits of big pharmaceutical and insurance companies". Apparently the NDP does not like to see big companies making profits. Let me share my personal experience in the business world prior to coming to Ottawa.

In my previous life we employed many people. We had to pay competitive salaries, and part of the competition was to have a very good, robust group benefits plan for the employees. If we did not offer that to future employees, they could go to other employers, so it was a very competitive world to get the best and the brightest people working for us. Our group benefit plans always included a very good pharmacare plan.

I would suggest that contrary to what the NDP is suggesting, insurance companies can do a very good job. I would also say that big pharma has done a good job. Competition is good for pharmacare, and I am afraid that the NDP motion would undermine that competition, which has served us very well over so many years.

The NDP does not like the patchwork that is currently in place and serving most Canadians quite well. Canadians are rightly proud of our universal public health care plan, but maybe it is not as good as we think it is. It is being challenged all the time. We keep saying that we do not want a two-tiered health care system. Just the fact that we have to say it suggests that it is being challenged.

I would tell the New Democratic Party not to ignore or completely write off a patchwork because it has served us very well for so many years. I will give the NDP credit for drawing to the attention of this House that there are some Canadians who fall through the cracks and I would support helping those people.

● (1715)

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, I fundamentally disagree with many points that my hon. colleague is asserting.

First, I do not know where he gets the $34-billion cost. That does not emerge from any of the studies. I sat through the two-year study at the Standing Committee on Health. We know that national pharmacare, through the public system, will save us billions of dollars. He also suggests that the system is working well, while his other colleagues stand and ask question after question about how it is failing Canadians with rare diseases in this country.

I have a two-part question. If he thinks this is a purely provincial matter and the federal government has no role to play in this, is it his position that the federal government should get out of health care and leave it entirely to the provinces, or does he think that we should continue to participate and provide transfer payments? Does he not agree that if we can save $4 billion to $8 billion by reorganizing our system, would that not make more money available to help all those Canadians who are not getting access to the drugs they need for their rare disorders?

**Mr. Tako Van Popta:** Mr. Speaker, I will quote from the executive summary of the Hoskins report. Sentence number one is "Canadians spent $34 billion on prescription medicines in 2018." That is sentence number one.

The second part of the question was related to possible savings that would come out of getting rid of the patchwork. That is a theory. It is not proven. I think the current system, which is competition and profit motivated, has served us very well. As an employer, I have paid a lot of money to hire employees, and I had to provide a very good pharmacare plan for them or they would go work for the competition. Competition actually does work.

**Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.):** Mr. Speaker, I would like to refer to the comments of the member for Vancouver Kingsway. As he remarked, the health committee did a rich study on this a couple years ago. The data is a little older than what Dr. Hoskins used, but the numbers in that report showed that the cost to the public was around $28 billion. That would be reduced to $20 billion with a national pharmacare program that followed the Quebec model. Of that, $13 billion is already paid for by different levels of government, so the gap is only about $6 billion.

Also from that report, we had testimony that said between $7 billion and $9 billion accrues as a cost to the different public systems by virtue of people not being able to take their medicines properly. In that sense, a national pharmacare program not only makes sense and is good for the country, but it will basically be covered off by many other lines on the balance sheet.

● (1720)

**Mr. Tako Van Popta:** Mr. Speaker, I am not sure that there was a question in there.

Big pharma spends a lot of money on designing new drugs. The profit margin is what drives them to do that. There is going to be a cost involved. Just making it a universal plan does not necessarily bring down all those costs.

I recognize that provinces already have pharmacare plans in place, and that a national plan would work together with them. I recognize that. It would not all be a cost to the federal government, but the total cost in 2018 was $34 billion. What will the federal government's contribution be toward that, and how will the federal government fund that contribution?

[*Translation*]

**Ms. Andréanne Larouche (Shefford, BQ):** Mr. Speaker, I thank my colleague for his speech.

Since he likes to talk numbers, does he recognize that the biggest part of the problem comes from the fact that Canada has some of the highest drug prices in the world? Drugs here cost 19% more than the OECD median, according to the federal government's own statistics.

The Bloc Québécois has been urging the government for years to change the list of countries that it uses to set prices and exclude the United States and Switzerland, where prices are way too high, almost prohibitive. I would like to know what my colleague thinks about that.

[*English*]

**Mr. Tako Van Popta:** Mr. Speaker, we have heard some examples of drugs that are more expensive in Canada than elsewhere, but for every example like that, there is an example of drugs that are cheaper in Canada than elsewhere.

There are state governments and other big employers that come to Canada to purchase drugs because they are more affordable here than in the United States. I do not know where the idea that Canada is the most expensive place for medication comes from. Certainly it is for some, but not for all. I do not think that is a fair general statement.

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Mr. Speaker, I am pleased to join the debate at this late hour.

For my introduction I have a good Yiddish proverb, which is, “It isn't done as easily as it's said.” It actually sounds way better in Yiddish. However, the proposal in the motion sounds good. It is something I think a lot of people would definitely get behind. If we called it the national grocery store plan to provide food to everybody for free or at a huge discount, of course a lot of people would think it was a great idea.

We have heard about the Hoskins report. The terms in the report that are repeated often include “value for money” and “cost-effectiveness”. A lot of members have talked about the price, but I want to talk about access, access to medication for rare-disease patients.

Currently, this is a highly regulated part of the free market. Pharmaceutical companies, whether they are big, small or medium-sized, compete in a very tightly controlled market, both through the patent system and in the generic markets. It is hyperregulated. In Canada, there are very few buyers.

What government members have talked about doing with a Canadian drug agency is something that the pCPA already does, and it discounts. This is why I disagree with the PBO report. The discount members keep talking about for medication is already assumed in what the pCPA was able to achieve by doing bulk purchasing and negotiating on behalf of all the provinces together.

My problem with the architecture of the current system is that there is very little parliamentary oversight. What a national pharmacare would do is put this system, and members will forgive for the pun, on steroids. In the current system, which would be expanded in a national pharmacare system, drugs will be approved and then governments will quibble over the cost with the manufacturers. I have yet to see a government manufacture a single drug or a single vaccine. This is a problem of access.

I have mentioned my constituents Sharon and Joshua Wong before. Sharon has a very rare form of lung cancer, and she has never smoked in her life. For her particular lung cancer, only 2% of patients have it, and hers is even rarer than that. She has an ROS1-positive type of lung cancer. There is a drug in Canada for it, and thank goodness it is approved, but it is not for reimbursement in my home province of Alberta.

I have talked to Pfizer and to the Government of Alberta, and I have talked directly to the assistant deputy minister responsible for it. I have to say that none of them is willing to budge. My constituent cannot access it, but it is not for lack of being able to pay. The drug is just not available to access because the public insurer and the manufacturer cannot agree on the price to be paid for it. In between all of this is a trapped family and 13-year-old Jonathan may not see his mother live much longer. This is not an issue of price. It is an issue of access to drugs for rare disease patients. This is a system that will be made worse.

On cystic fibrosis, I have had several constituents come to me over the years to talk about the fact that Orkambi has been twice refused by CADTH in Canada. It was refused in October 2018 and November 2017. It was refused because of value for money, the cost-effectiveness. It is right there in the pharmacoeconomic report produced by CADTH, which says that there is no value for money and so it is not going to approve it. However, it is approved in America. This patchwork system of America approved it, and cystic fibrosis patients there have access to Trikafta, Orkambi and Kalydeco.

In my province of Alberta, the health minister, the Hon. Tyler Shandro, got Kalydeco approved and reimbursed for patients in Alberta, and for that I thank him. At least some patients with cystic fibrosis will have access to the drug through their public insurer, and it is also available through many private insurers.

This is my problem with national pharmacare. It is not going to solve the problem that my colleagues in the NDP believe that it will, and I respect their work as parliamentarians.

I sat at that committee several times and listened to the discussion about national pharmacare. If members read the presumptions inside the Hoskins report, it says that all provinces would have to participate. Quebec has said that it will not because it has RAMQ, Régie de l'assurance maladie du Quebec. The Government of Alberta, in an official letter written in November of last year to the Minister of Finance, has said that it will not participate in the plan. Alberta has its own plan and can do this itself.

● (1725)

The Conference Board of Canada has said that only between 1.6% and 1.8% of Canadians do not have access to any plans and it is not even an issue of cost. They do not have access, and that is the greatest problem.

We talk about savings for small business. Small business can join a chamber. The chamber network has an excellent insurance benefit drug plan. Small business could go to a CPHR, a certified professional human resources association. I used to be a registrar for one of these associations before becoming a member of Parliament. A small business could go to one of them to find a benefit program that would work for it.

The issue is access, and a national pharmacare program would make the issue worse because the regulatory system does not work for patients with rare diseases. I have another example that I want to give the House.

The PMPRB, call it what it is, is a price control board for trademark medication. The entire consultation it has done is a sham. It did not involve patient groups. If members want to check online they just need to Google the Canadian Organization for Rare Disorders, which called the entire consultation process a sham. It excluded families of patients. It cancelled meetings. It did not want to hear from patients all across Canada. It is going to discourage companies, big and small, from coming to Canada to get listed on the formularies across the provinces. That is not helping patients. That is not helping people in my riding. That is not helping my kids. I am not here representing big pharma. I am here representing my constituents and my kids, who have a rare disorder called Alport syndrome. I know lots of people who have Alport syndrome. There are companies doing clinical trials on this.

Another example of why this PMPRB, this price control board, is a sham is the impact it is going to have on families. One-third fewer clinical trials are going on right now in Canada as a result of the announcement on what the Minister of Health is doing on the price control board. There is already a one-third drop, and it was at a low point. This is the problem.

I understand that the Liberals will be supporting this motion. In the lead-up to the introduction of national pharmacare, they are paving the way towards a single-payer, single-user universal pharmacare system despite two provinces saying they are out. Other provinces may bow out as well, thus reducing the cost savings in it. The assumptions in the Hoskins report fail under all of those currently evolving decisions being made by other governments, and they leave behind patients with a rare disease.

Money was announced in budget 2019, but there has been nothing with respect to how the money will be spent, whether it will be a pooling of risk, whether it will be a separate insurance system, and how to bring costs down.

I mentioned at the beginning of my remarks that this is a highly regulated part of the market. It is difficult to get a patented medication onto the market. A whole bunch of hurdles have to be cleared along the way, so many companies struggle with it. Companies have to get a product on the market before their patent runs out; otherwise, competitors begin to enter the market. The pan-Canadian system, the PCPA system we have right now, even if we look at the list of generic drugs and how we pay for generics, is a percentage of the trademark medication.

Nobody has really talked about what happens when a pharmaceutical company owns both the trademark and the generic drug. If it is just a percentage, why not just raise the price? There is no price transparency. When we buy Tylenol, we can see how much we are going to pay. We can buy Advil if we so choose. The price can be seen clearly. There is no visible price metric that is easily seen by patients, by organizations that are pro consumer or pharmaceutical company or the government.

I want to draw the House's attention to a book called *Overcharged: Why Americans Pay Too Much for Health Care*, by Charles Silver and David Hyman. The Dean of Harvard Medical School wrote the foreword. The book talks about the importance of price transparency, which does not exist in the current system. It is all inside baseball. The bureaucrats in the towers of Health Canada get to decide things. I am afraid with a national pharmacare system they will get more power to decide what type of medication will be approved.

Earlier today I heard the House leader for the New Democrats talking about New Zealand. New Zealand is absolutely the worst system in the world for someone with a rare disease. The vast majority of patients with a rare disease do not have access to their medication in New Zealand. We should not want to copy a system like that.

● (1730)

**Mr. Paul Manly (Nanaimo—Ladysmith, GP):** Madam Speaker, the Green Party supports this motion. It is a very good time to be moving toward universal pharmacare in our country. We know this will save our health care system money. We are the only country with a universal health care system that does not include universal pharmacare.

People who have chronic diseases and cannot afford their medicine end up with catastrophic medical issues. They end up in the hospital, which costs much more than if they had been able to get medicine provided to them through a universal single-payer pharmacare system.

We know that half the visits to emergency departments by seniors are related to them not taking the medication they need. Per capita, my riding has the largest population of people over the age of 75. Hospital officials will tell us that people need their medicines.

**Mr. Tom Kmiec:** Madam Speaker, this is from a report of a few years ago on the estimated effects of adding universal public coverage of an essential medicines list to existing public drug plans in Canada. It stated that 117 essential medicines on the model list accounted for 44% of all prescription drug expenditures in 2015. It is a very small group of medications that cost so much. We do not talk about that here. We are talking about everything; one model to fit them all.

The member talks about how much money we will save. The only way to save money on national pharmacare would be on the backs of rare disease patients because they would have to be cut off from that medication in order to save pennies and dollars. They will wind up in an emergency room because they will not have access to the medications they need.

● (1735)

**Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.):** Madam Speaker, the member does not want to support this measure because it will not solve the problem for people with rare diseases. Not implementing this would also not help that problem.

I encourage the hon. member to come on board. We can address those problems as part of the implementation of a national pharmacare program.

**Mr. Tom Kmiec:** Madam Speaker, the first order of good government is do no harm. I will go back to my business experience at the Chamber of Commerce. Before we would roll out a new program for our membership, we would first test everything that could possibly go wrong. If something did not work, we did not roll it out across the board to our entire membership base. The same principle should have applied to Phoenix.

Again, this program will not work the way the members expect it to. For example, Spinraza is a medication for SMA sufferers. I have a young constituent, Evan Palmer, who is in a wheelchair. For the longest time, the CADTH recommendation was to not cover him because he was too young and therefore not deserving of it. Every year he would wind up in a PICU bed at the children's hospital. A PICU bed costs about $10,000 a night. Therefore, for 30 days a year, it would cost $300,000. The medication was $150,000.

When I went to the minister of health in Alberta and made the business case for it, he said that I was absolutely right and that this should be done. Thanks to my local MLA Matt Jones, the minister in Alberta ignored the recommendation of CADTH, this regulatory body, and went ahead and negotiated a great deal for constituents like Evan Palmer to get access to the medications they needed. A business case can be made, but do no harm in the first place.

[*Translation*]

**Ms. Andréanne Larouche (Shefford, BQ):** Madam Speaker, I thank my colleague for his speech.

He spoke a lot about rare diseases and the high cost of drugs. I have a few numbers to illustrate what he was saying. Between 2007 and 2017, the average annual cost of treatment for the top 10 selling patented medicines in Canada increased by 800%. The number of medicines with annual per-patient treatment costs of at least $10,000 increased sevenfold, going from 20 to 135.

Does my colleague agree that we need to support the regulations excluding the United States and Switzerland, which would enable us to save $9 billion over 10 years? That could impact the most expensive drugs.

**Mr. Tom Kmiec:** Madam Speaker, I thank the hon. member for Shefford for the question. I will answer the first part of the question in French, and then I will switch to English to talk about the more technical aspects.

I agree that some countries should be removed from the list of countries that are considered when setting average prices.

[*English*]

I will switch to English, because this is a technical answer.

The PMPRB is also looking at quality-adjusted life year, which basically says, “this is the value of every single year of a life”, to determine whether it should finance that medication.

I am not saying that national pharmacare may not work. I am saying that it would likely fail and make things worse by limiting access to expensive medication at the beginning. These are real people, with real problems and real families, who will have to go overseas to get the medications they need.

**Mrs. Jenica Atwin (Fredericton, GP):** Madam Speaker, I wish to thank my NDP colleagues for giving me the opportunity to speak. I will be splitting my time with the member for Edmonton Strathcona.

One third of working Canadians do not have employer-funded drug coverage. One in five households reported a family member who had not taken a prescribed medicine in the past year due to its cost.

[*Translation*]

Every year, nearly three million Canadians say they cannot afford to fill one or more of their prescriptions.

[*English*]

In the 2019 election, I heard these statistics echoed at doors and across party lines. I am excited by the idea of national pharmacare and the support I know we have from members of the House to improve the lives of Canadians. I am also excited by how much work has already been done to understand what our national pharmacare plan needs to look like.

Last June, the well-known published final report of the advisory council on implementation of national pharmacare, also known as the Hoskins report, advised that it had received questionnaires from more than 15,000 people and organizations, received more 14,000 petitions or letters, reviewed more than 150 written submissions, investigated global best practices and hosted town halls and round tables. It uncovered significant gaps in drug coverage.

Of the nearly three million Canadians who said they were not able to afford their prescriptions, 38% had access to private insurance coverage and 21% had public coverage. However, with copays and exemptions, they still did not have the resources to afford their medications. Almost one million Canadians were forced to cut back on food or home heating to pay for their medication.

● (1740)

[*Translation*]

Nearly one million Canadians have had to borrow money to pay for their prescription drugs.

[*English*]

This highlights the crushing poverty weighing on Canadians. It has many causes but with pharmacare, we can take one worry away. We can alleviate some of the stress and uncertainty in their lives.

In the Hoskins report, the advisory council laid out several recommendations to address these gaps, and I will reiterate them.

Its first and foremost recommendation was that the federal government work with provincial and territorial governments to establish a universal, single-payer, public system of prescription drug coverage in Canada. A two-tiered system would create further inequity, leaving low-income and unemployed Canadians at risk. The administration of such a program would be cost-ineffective. A privately administered system would create profit incentives where public interest must be the first priority.

The council also recommended that national pharmacare benefits be portable across provinces and territories. This reinforces the need for federal leadership to come alongside provincial health departments to ensure the system is truly national in scope.

[*Translation*]

Another recommendation was to make everyone in Canada eligible for a pharmacare program to ensure that everyone can get the drugs they need to maintain their physical and mental health.

[*English*]

It also recommended a national formulary be developed to list which prescription drugs and related products should be covered to ensure all Canadians would have access equally to the medicines they needed to maintain or improve their health, no matter where they were living in Canada.

Clearly this is a big job. We are going to need leadership from our Prime Minister and his cabinet, and we are going to need significant financial investment from the federal government to make this happen.

It is remarkable that Canada is the only developed country that has a universal health care program that does not include universal coverage for prescription medication, especially when we know there are real costs associated with people who need to skip doses or avoid filling prescriptions because they cannot afford to buy them. These decisions put strain on our health care system.

[*Translation*]

People are struggling to stay healthy their whole lives, which leads to complications and chronic illnesses later in life.

[*English*]

Individuals end up in urgent health care situations, needing to return to hospital emergency rooms and taking up hospital beds, because they cannot afford to properly manage their conditions and illnesses at home.

The Parliamentary Budget Officer has already indicated that this will save federal, provincial and territorial governments billions of dollars, and that does not even consider the quality of life for Canadians who require prescription medicines.

A recent study by St. Michael's Hospital's MAP Centre for Urban Health Solutions found that providing free medicine resulted in a 44% increase in people taking their essential medications and led to a 160% increase in the likelihood of participants being able to make ends meet.

Ensuring people have access to the medications they need throughout their life will have real, positive impacts, such as poverty reduction, as people become able to direct their money toward food, rent, home heating or child care. When a chronic condition is well managed with medications, individuals can better access the workforce and participate in their communities.

[*Translation*]

People with rare diseases should not have to go bankrupt because of their diagnosis.

[*English*]

Those living on fixed incomes, such as seniors, are not stuck with increasing pharmaceutical costs. For people in immediate mental health crisis, the extra financial anxiety of a new medication does not have to weigh on them.

I am struck as well by the consensus that exists around this issue.

[*Translation*]

The majority of MPs in the House are members of parties that made this issue a priority in the last election.

[*English*]

Polls show that 90% of Canadians support equal access to prescription drugs, regardless of income. When I saw national pharmacare reference in the mandate letters of four ministers, I was hopeful that we would actually see this happen in the 43rd Parliament, but I am a little concerned that nothing seems to be moving on this front yet, and I am so thankful for this motion from my NDP colleagues.

Maybe we will be pleasantly surprised when the budget is tabled, but I fear that the government may be losing its courage, perhaps because of the lobbying that is being carried out by pharmaceutical and insurance companies. I hope the government is being vigilant against letting entities with deep pockets and full-time Ottawa-based lobbyists buy influence on our policy development process.

I have spent time with representatives from community organizations and health care professionals and their unions. They said that we need universal public pharmacare. These groups include the Heart and Stroke Foundation, National Nurses United, the Canadian Diabetes Association, the Canadian Counselling and Psychotherapy Association, the Canadian Health Coalition, the Canadian Labour Congress, and I could go on. These organizations represent average Canadians, workers in the health field and those who are living with, or caring for, people with chronic or acute disease. These are the people we work for.

The Canadian Medical Association shared stories of doctors fighting for national pharmacare. Dr. Nav Persaud had this to say: "Why did I spend all those years training to become a doctor if at the end of it, when I give someone a diagnosis, they don't fully benefit because they can't afford the treatment?"

The advisory council on the implementation of national pharmacare left us with the way forward: "It will take time, significant federal investment and close collaboration among all health system partners to turn Canada's patchwork of prescription drug insurance plans into a national public pharmacare program."

But it is possible. Thanks to the work of the council, the path forward is clear. The data are incontestable, Canadians are on board and parliamentarians in the House are mostly on board. We are here to represent the people, and this is what the people want.

My final reflection is this: What are we waiting for?

● (1745)

**Mr. Don Davies (Vancouver Kingsway, NDP):** Madam Speaker, I am really pleased to hear the remarks of my hon. colleague from the Green Party and her contributions to this important subject. I was particularly happy and thought it was really helpful in this debate when she named so many of the organizations that represent so many Canadians in various aspects of life across Canada that are in support of Canadian public pharmacare.

This is not just something that political parties are pushing here. This is something that comes from the grassroots of our communities, from doctors, health professionals, nurses, hospitals, patient groups, unions, employer groups, industry and health economists.

I wonder if my hon. colleague could elaborate on that and if she would tell the House her sense of the support that exists in her community and in stakeholder groups across this country. Does she believe that it has majority support of Canadians across our land?

**Mrs. Jenica Atwin:** Madam Speaker, I think back to the election process and knocking on countless doors, visiting every long-term care facility and senior care facilities in my riding to discuss these issues of health care and high costs. I have a very high demographic of seniors in my riding as well, and this was something that they acknowledged would help them.

They talked about the times they had to make the decision between heating or food and medication. We have heard that line so many times, but it is because it needs to be repeated. That should not be happening in Canada. There were nurses and doctors as well. We had so many meetings with these organizations over the past few months, and it was unanimous. It seemed to be a no-brainer, and I really hope that we can make this happen for them.

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Madam Speaker, the member for Fredericton mentioned that some members do not agree, so I thank her for recognizing that fact. I am pleased that she is here in the House and not her predecessor, whom I disagreed with often in this place.

Despite having disagreements, obviously we can agree that no patient should be left behind. The primary argument I have been making is that rare disease patients will be left behind in a national pharmacare system, because finding value for money and finding cost-effectiveness in the way the Hoskins report talks about requires picking which medications we will cover, and the current regulatory infrastructure and architecture that the federal government has will be simply enhanced.

Would the member agree that we should first fix the regulatory system we have before we try to impose an Ottawa-centric system on every single province across Canada?

**Mrs. Jenica Atwin:** Madam Speaker, I am happy to be here as well, instead of my predecessor. I also want to thank the hon. member for his advocacy for rare diseases. We also care deeply about that issue. We know we need to work harder.

To address the issue, maybe we should deal with the regulatory system as it is first, but I do not think we have time to wait. I think we can do these alongside of one another. It certainly should be part of the considerations for national pharmacare, but I do not think it has to mean we are leaving those patients behind.

● (1750)

[*Translation*]

**Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ):** Madam Speaker, I might be accused of always asking the same question, but that is because we never get an answer in the House. I will ask it anyway. I very much appreciated my hon. colleague's speech, and I have a great deal of empathy for anyone dealing with the tragedy of a rare disease. On that, I agree with everyone who spoke here today.

On the other hand, I do not how this will unfold. Last June, the National Assembly voted unanimously on a motion stating that Quebec would refuse to adhere to a pan-Canadian pharmacare plan. Whether the CAQ, the PQ or Québec solidaire is in power, everyone in Quebec wants nothing to do with this. We have our own system. It is not perfect, but it works pretty well.

What we want is for Ottawa to give us the money. We have no problem with Canada creating a national pharmacare program. What we want are health transfers. We have been asking for that for years now. Quebec's health care system is underfunded. We want a 5.2% health transfer. If Ottawa wants to create a national program, that is fine, but we want money.

What are my colleague's thoughts on that?

[*English*]

**Mrs. Jenica Atwin:** Madam Speaker, that is a challenge. It is going to take all provinces on board for this to be cost-effective and so it is really important that we have these debates in the House, that it goes to committee and we make sure that the interests of Quebec are looked after.

I look at all the statistics, the support and organizations, and I have a hard time understanding why someone would not want that program. We have also advocated for increases in health transfers. It seems like it would be the best thing for Quebec, as well as Canada. I would like to know more about why.

**Ms. Heather McPherson (Edmonton Strathcona, NDP):** Madam Speaker, I stand today to speak about my support for this motion.

I want to start with the COVID-19 pandemic. It is a timely reminder that we are all global citizens and are all connected to one another. The health of Canadians is connected to the health of people around the world. Some days we may even take our health and health care system for granted, but not today of course. The global pandemic is a stark reminder that our health is fragile and so is our health care system.

Across the planet, countries that have had the infrastructure and capacity to quickly isolate and treat patients have had the most success at flattening the curve of infection. These countries have been able to save the lives of what will probably end up being thousands if not tens of thousands of people. While Canadians are rightly proud of our national health care system, we lack the critical element that other countries possess: the ability to provide ongoing medical treatment through pharmaceuticals. As I said, we are all connected. My health affects others' health. If I cannot access the medications I need, others may suffer the consequences. Canadians understand that.

I am a new member of Parliament, and one of the members who have never run for office. It was a real privilege to knock on doors in my riding of Edmonton Strathcona to learn from my constituents. I was particularly struck by the intelligence and generosity of opinions expressed by the people of Edmonton, people who clearly understand the growing disparity between the haves and the have-nots in Canada.

Edmonton Strathcona is a very diverse riding, with Canadians from every region of the world and from as wide a range of socio-economic backgrounds and situations as we would see in any major city in this country. When speaking with my constituents on their doorsteps about the NDP's priorities, I was not surprised to hear overwhelming support for our platform from those struggling to make their needs met. However, I was a bit surprised by how often my constituents who were not struggling were concerned about the very same things.

I will never forget one young man, a successful business owner living in a beautiful new infill home. He told me that his number one priority was health care for struggling Canadians. We talked for a long time about the NDP's plan for pharmacare, dental care and mental care, and he told me about his two young daughters and the children at their day care and school. He was deeply concerned for his daughters' well-being of course, but he emphasized that their well-being was directly linked to that of their friends.

He described to me those he knew, many of them new Canadians who were not able to access the medicine that they needed. They or their children were going without necessary medications because they did not have drug coverage. He then looked me straight in the eye and said, “This is ridiculous. My child's health is in danger because these people can't pay for their drugs. You need to do something about this.” I am here hoping that I can.

Last week, Alberta was facing an economic crisis. Unemployment in Alberta has skyrocketed over the past nine months. Edmonton has the highest unemployment rate in the country. Thousands of Albertans have lost all or some of their employer-provided prescription drug coverage.

To make matters worse, Jason Kenney's United Conservative Party government just cut prescription drug coverage for thousands of seniors and their dependants, cut funding support for medical assistance devices for seniors and cut access to necessary biologics for thousands of others. In total, 46,000 Albertans have lost their health care and medication coverage or have had it drastically altered. Now these Albertans will have to pay out of their own pockets, if they can. If they cannot, they will pay with their health and possibly their lives.

One family affected by Jason Kenney's cruel cuts reached out to me recently. Helen spent 35 years in our community serving as a nurse. She had to retire before age 65 because of a brain injury. Thankfully, her husband Steve, who is over 65, had coverage for her and their son through a provincial seniors drug program. All three members of this family have health issues. When Jason Kenney kicked dependants off the seniors drug program, Helen and her son lost their coverage.

● (1755)

Today, this family is facing an additional $4,000 in drug costs. That is $4,000 per month. Helen and Stan are desperate for answers. Right now, they are looking into selling their home to cover the additional costs, but they do not know if that strategy will work. With unemployment so high in Alberta, housing prices in Edmonton are really declining.

This family is facing the most difficult decision of their lives. They are having to decide between their home and their health. This family and hundreds of thousands of other families across Canada live with these impossible dilemmas because Canada does not have a national universal pharmacare program.

When Jason Kenney cut this family's drug coverage, he saved the Alberta government millions of dollars, $72 million to be precise, and that is a lot of money. If we put that into context, the costs and savings hardly add up. For every tax dollar that Jason Kenney sent to foreign stockholders with his corporate tax cut, he got 1.5¢ in return from people like Helen and Stan. The cruelty is mind-boggling.

If we want to get a sense of how many Helens and Stans there are out there, we can ask a health care worker. Doctors know, and that is why they support universal pharmacare. Nurses know, and that is why they support universal pharmacare. Nearly every health care professional in our country supports universal pharmacare.

As I have mentioned in the House before, I am a cancer survivor. In fact, I have the incredibly good news to share that last week I was declared cancer-free. While I should have celebrated that news, I struggled to do so because I realized that I was lucky to access medication and the care that I needed to stand here as a cancer survivor. That is not the case for people in my province.

I had the opportunity to visit with my pharmacist the other day and discuss this issue with her. She told me that people would be shocked to learn how many people go without medicine because they cannot afford it. They stand in line with their prescriptions in hand and submit them, but when they find out how much their prescriptions cost, they leave. Those are the easy cases for her. Far more difficult for her are the ones who do not just leave, the ones who try to buy one or two pills, the ones who offer to pay for part of the cost now and some of it later, the ones who cry and the ones who beg.

She told me about one woman who, after paying for a prescription of medication her child needed, simply gathered up her child and her purse from her shopping cart and walked away, abandoning her groceries. This did not happen in a low-income area of Edmonton. This happened in the heart of Edmonton Strathcona, in an area full of lovely homes and well-educated residents.

It is not going to get better; it is only going to get worse. Last week, Alberta was facing an economic crisis. That was last week. This week, Albertans are facing economic collapse.

Tommy Douglas, the father of medicare, knew that our health care system was not complete without pharmacare. He recognized more than 40 years ago that health care is not universal if Canadians still have to pay out of pocket for their medications. In 1984, he said:

> Let’s not forget that the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick. That means clinics. That means making the hospitals available for active treatment cases only, getting chronic patients out into nursing homes, carrying on home nursing programs that are much more effective, making annual checkups and immunization available to everyone. It means expanding and improving Medicare by providing pharmacare and denticare programs. It means promoting physical fitness through sports and other activities.

The lack of pharmacare is a gaping hole in our health care system and Canadians are falling through.

For the past 23 years, the federal Liberals have made pharmacare a priority, or so they have said. It has been a cornerstone of the Liberals' platform in every election of the past two decades. The Prime Minister promised pharmacare in 2015 and 2019, and I suspect the Prime Minister will make the same promise again when the next election is called. How cynical must one be to continue to do this to Canadians? It is time to stop promising pharmacare. It is time to enact pharmacare.

● (1800)

**Mr. Earl Dreeshen (Red Deer—Mountain View, CPC):** Madam Speaker, I heard part of what the member had to say about some of the issues and concerns in Alberta. I was involved with the hospital boards back in the Chrétien times, when the amount of money that was transferred to the provinces went from 58% to 25%. I saw the problems we were trying to solve when Ralph Klein tried to look after what was left of the health care system after the devastation that had taken place because of the Liberals. When we were in power, we made sure there was money going into it. As a matter of fact, there was a guarantee of 3% going to the provinces that would be there forever and when the Liberals came in that went below 3%.

The Liberals always talk about how the Conservatives were cutting money and how they were these great folks who were going to save medicare. It is the same sort of thing with the NDP making comments like that about the problems and issues Alberta has. If we decide to take on this pharmacare for all, it is going to hurt everybody who is looking at rare disorders and the concerns we have there. I think the member should recognize the issues that are really out there for Alberta.

**Ms. Heather McPherson:** Madam Speaker, I would like to echo some of the people who have already spoken in the chamber this evening. I have deep concerns about our ability to meet the needs of those with rare diseases. It is something I have met with my constituents on frequently. There are constituents I will be visiting next week when I am back home, and I want to make sure they understand how important this is to me.

That said, it is a little rich to hear from my Conservative colleagues that they are blaming the race to the bottom between the Liberals and the Conservatives on who cut more to health care. Certainly, we saw a cut to the transfer payments under Stephen Harper. What we need to do is not necessarily talk about that, but talk about how we can make our system better. Universal pharmacare is of course the best way to do that.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, I wonder if my colleague could provide her thoughts on how important it is that we work with the provinces to maximize the benefits of any sort of national pharmacare program.

At the very least, we owe it to the provinces to have those detailed discussions. Otherwise, if the federal government were to do it alone in some of the provinces that have taken a fairly strong stand, we would not have the same maximum benefit of a pharmacare program for Canadians from coast to coast to coast.

● (1805)

**Ms. Heather McPherson:** Madam Speaker, part of the motion the NDP has put forward would make sure that conversation takes place. Considering the high support Canadians have expressed for a universal pharmacare program, I am quite confident that it would not be difficult to convince them to encourage their provincial leaders to support such a move.

**Mr. Paul Manly (Nanaimo—Ladysmith, GP):** Madam Speaker, discussing universal pharmacare is a really important thing. It is something this Parliament should do. We have talked about the cost savings and how much money we can save our health care system by providing prescription medicine to people who cannot afford it.

I wonder if the hon. member could expand on the cost savings to our system and how this is going to help Canadians and our health care system.

**Ms. Heather McPherson:** Madam Speaker, that is something we know will be the case. Having a national universal pharmacare program means we would be able to save by buying pharmaceuticals in bulk and by having a better system that works for all Canadians, not just those who can afford it. I would suggest that, yes, there would be a significant cost savings to Canadians.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, I will be splitting my time with the wonderful member for Brampton South.

Allow me to start off by just expressing my appreciation. I want to acknowledge the fantastic work of our health care providers and researchers who have provided in a very professional manner the facts and science that is necessary for the national government here in Ottawa, our provincial governments or others, in making good decisions, and those health care providers who have been providing wonderful services and, no doubt, will continue to provide with regard to the coronavirus.

I have been listening all day to the debate on a very important issue that the House of Commons is debating today, but we have had many other opportunities to debate. We have had debates on this matter in many forms, everything from private members' business to budget bills to other pieces of legislation. I suspect that it has taken in many forms. I have had the opportunity on behalf of the constituents of Winnipeg North to present many petitions on this very important issue.

I want to comment on the last question I just put on the floor. If Canada wants to have the best pharmacare system in the world, we need to work with our provincial governments. The only way we can actually maximize the true benefits of a national pharmacare program is to incorporate as much as possible or at least afford the opportunity for provinces to get on board. In some cases that is going to require a considerable amount of selling. We have heard from members opposite that the Alberta government wants nothing to do with it. We have heard members from the Bloc party say that Quebec already has one.

I would suggest that we have a great health care system because the province of Saskatchewan, along with many others, initiated a health care system that was truly unique in North America. As a result, in part with the federal government, we were able then to make it into a national program that was even better than what Saskatchewan had started off. Now we can take a look at what is happening in Quebec. There has been great leadership coming from Quebec and even some of the other provinces. We can incorporate some of those ideas and discussions.

I hope that the premiers and the ministers of health from all regions will recognize what it is that the Prime Minister, cabinet and many members of the House of Commons have recognized. It is that Canadians want to see a national pharmacare program.

This is not a new issue. I do not know why the NDP insist on politicizing it by saying that the Liberals have been promising it for a long time. I could politicize it by saying it was the Parti Québécois in Quebec that actually brought in the best program to date and the NDP administrations over nine NDP governments have done diddly-squat on pharmacare. They have demonstrated nothing in terms of leadership on the pharmacare file. Usually, it is the provinces that lead in improving the quality of health care in our provinces. I come from a province that has had many years of New Democratic administrations.

Taking a look at why it is such a hot debate today, I suggest that it goes back to the 2015 election. I can tell colleagues that there were 338 Liberal candidates back in 2015 who were going to doors talking about pharmacare. When we were fortunate enough to be able to come back to Ottawa with a majority government, we had a Prime Minister who was very keen on pushing that issue forward.

● (1810)

A majority of the MPs who were elected were saying that this is what Canadians want in all regions of our country.

We were reflecting what Canadians wanted in all regions of our country. Nothing has changed. We still recognize that. We are continuing to move forward. Often, if we listen to New Democrats, one might think that we could just wave a wand and, poof, there would be a national health care program. It does not work that way. They know that.

I did a little research. A nice thing about Hansard is we can always find what members have said in the past. In the Province of Manitoba, we have Hansard, too. I happened to be an MLA back in 1996. Here is quote from when I was having a discussion with the minister of health in 1996. The Minister of Health at the time said:

> Pharmacare has never been a part of the Canada Health Act and it never will be a part of the Canada Health Act. Manitoba has one of the most generous programs in this country.

Now, I do not know how factual that was back then. However, we can look at what my favourite MLA in the Manitoba legislature said two years ago, on March 13, 2018, and I am a little biased, my favourite MLA is my daughter. This is what she said in the Manitoba legislature:

> It is critical that members of this House understand why this is such an important issue.

She was referring to the national pharmacare program.

> Manitobans should not be forced to choose between their prescribed medications and heat in their homes. Unfortunately, they are.

The time is now. There is momentum for us to have a national health care program. It is not individuals, per se, who deserve the credit for raising the profile of this particular issue. It is the health care providers. It is the many stakeholders. Most importantly, it is Canadians as a whole, and the lobbying, talking at the doors and communicating with MPs who want to see it.

I believe all legislatures have Hansards. I would challenge colleagues on all sides of the House to show me where we have had a great, huge debate in the last 30 years on pharmacare, where there was a call for the national government to do something.

**Mr. Don Davies:** Two years ago.

**Mr. Kevin Lamoureux:** That is right, two years ago. Why is that? We have union movements. We have others who are saying, “We want to see a national pharmacare.”

For the first time, and I have been around as a parliamentarian for 30 years, it is an issue that has really come to the top. This is because, for the first time in many years, probably going back to the late 1960s, we have a Prime Minister, a Minister of Health and, I believe, a majority of current members in this chamber who understand and value what a national pharmacare program could do for the citizens of Canada.

I believe that is the reason it is being debated today. There is some very tangible movement towards it. We do not need to go back to 1996, as I just did, or back to 1997, making reference to what Liberals were saying back then. We should be talking about today. We should be talking about what Canadians want for us to do, and that is to be working together, putting partisan politics aside and realizing that when we do have something worthwhile pursuing, parties would in fact come together.

I am very pleased. From what I understand, New Democrats, Greens and the Liberals understand the benefits of a national pharmacare program. The Bloc is sympathetic to it, but might disagree in terms of the Province of Quebec playing an important role in a future national program.

● (1815)

They could play a leadership role, but I think it is important that we have one strong national program, and that is what we should be pursuing.

**Mr. Tom Kmiec (Calgary Shepard, CPC):** Madam Speaker, I have listened to the debate so far from various members. I have talked about access for rare disease patients being very important. There is a University of Ottawa study from the IFSD Institute, which is where the former Parliamentary Budget Officer, Kevin Page, went. It did a study on what pharmacare would cost and what the different implications would be. It took some of the Hoskins report, some of the underlying variables, and it estimated that we would have to raise the GST by 2% across all of Canada in order to finance this pharmacare system.

Does the member agree with that assessment? If he does not agree with it, will he then commit not to raise a single extra dollar in taxes on hard-working Canadians to pay for the national pharmacare system that will not work for rare disease patients?

**Mr. Kevin Lamoureux:** Madam Speaker, I would hope that there would be detailed negotiations and discussions between Ottawa and provincial jurisdictions. Financing is a very important component of it. To try to give an impression that, when we net everything out, there would be a huge cost to society, I would dispute that. I do not agree with that assessment and I do not believe that all reports would draw the same conclusions. At the end of the day, there is a huge cost factor by us not doing it. That is what I would ultimately argue.

As we have been doing from day one, we have to allow things like a standing committee. We had a commission and we allocated hundreds of millions of dollars to try to make sure we did this thing right. I believe that we are getting closer. I would like to think that it is only a question of time. We have been advancing. I look forward to the future and hope we will be able to achieve what I know a majority of Canadians would like to see in all regions of our country.

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Madam Speaker, I heard the member speak a lot about what has been going on in provincial legislatures. I cannot comment on that. I have never been a member of a provincial legislature. However, I am a member of the House of Commons and I can only comment on what is here before us.

I want to ask the member a very simple yes-or-no question. Will he be supporting this motion?

**Mr. Kevin Lamoureux:** Madam Speaker, I would suggest that the member needs a better understanding of how health care is administered in Canada. He says he was never an MLA, but as a member of Parliament, we have a responsibility to have an appreciation of how we administer health care, given the importance of health care to our country.

The member should be very much aware that we have now had several Liberal members of Parliament standing up saying they will be voting in favour of this motion. It is something we have been talking about all the way back to the 2015 election when we were knocking on doors and talking with Canadians first-hand and bringing the concerns of Canadians back to the government caucus when we won back in 2015.

● (1820)

**Mr. Han Dong (Don Valley North, Lib.):** Madam Speaker, I am very pleased to add a voice to today's debate. It is a very important issue. I heard the member from the NDP party mention that he has never been in the legislature. I actually was an MPP for the Ontario legislature and I remember going to hospitals and talking to businesses on their views of Ontario's pharmacare. We had a plan. Unfortunately, the current provincial government decided to cancel it. It is just a shameful, shameful move.

I heard loud and clear from the parents of a child who was diagnosed with cancer and the drug payment every month was in the five digits. As MPs, we are making a decent amount of money, but even then, I would have been broke.

How can we expect an Ontario family or other Canadians to afford this kind of drug? I think national pharmacare is the way to go. I have no problem supporting today's motion.



**Mr. Kevin Lamoureux:** Madam Speaker, my colleague and friend truly understands what it is we are trying to accomplish. I appreciate his comment. As a former member of a provincial legislature, he understands the important role that a provincial government plays, but he also understands the important role the national government plays. One of the ways we can deal with the patchwork of differences between provinces and provide the assurances that Canadians truly want in terms of a national program is by working with provinces to get the program that would best benefit all Canadians, no matter where they live in Canada. That means we need a strong national government with a strong Prime Minister and that is something that we have.

**Ms. Sonia Sidhu (Brampton South, Lib.):** Madam Speaker, as a member of the Standing Committee on Health, we conducted a study on pharmacare in the last Parliament. With 18 years of experience in the health care field, I know how important national pharmacare is and how beneficial it would be for Canadians and Bramptonians.

I am pleased to participate today in this important discussion on prescription drugs for Canadians. As part of budget 2018, we created the advisory council on the implementation of national pharmacare to provide independent advice to the government on how best to implement national pharmacare in a manner that would be affordable for Canadians and their families, employers and government.

Budget 2019 announced the next critical steps toward the implementation of national pharmacare. These include working with the provinces, territories and stakeholders on the creation of a Canadian drug agency, taking steps toward the development of a national formulary and creating a national strategy for high-cost drugs for rare diseases. It is important we continue with our measured and considered approach to implementation. We know that a national pharmacare program would bring cost savings to the health system.

In the meantime, the government has been working with partners on initial steps to make Canada's existing prescription drug system more efficient and responsive. This work will help with the successful implementation of a national pharmacare program.

In budget 2017, the government provided support for this commitment with an investment of $140 million over five years followed by $18.2 million each year on an ongoing basis for Health Canada, the Patented Medicine Prices Review Board and the Canadian Agency for Drugs and Technologies in Health to improve access to prescription medications, lower drug prices and support appropriate prescribing.

Drug spending in Canada is high. It has increased significantly and needs to be addressed. Drugs are now the second-largest category of spending in health care. The Canadian Institute for Health Information estimates drug spending reached over $40 billion in 2019.

Part of that spending results from an increase in the utilization of drugs resulting from the effects of both an aging population and a rise of chronic conditions. However, it is also a result of high drug prices.

Canadian prices for drugs are very high by international standards. According to the PMPRB, Canada's price regulator for patented drugs, our patented drugs prices are behind only the U.S. and Switzerland and well above the average for countries of the OECD. Indeed, OECD median prices are on average almost 20% below those in Canada.

Although the situation with respect to generic drug prices has improved in recent years, there is still room for improvement. As the PMPRB reported last year, in 2018 Canada ranked as having the 11th highest generic drug prices, just behind the United States, and, on average, OECD median generic drug prices were 15% lower than in Canada.

The government has taken action to address these challenges through targeted measures to lower drug prices and improve the affordability of prescription drugs to better protect Canadian consumers from excessive prices. The government has modernized the way prices for patented drugs are regulated.

The PMPRB was created in 1987 as a consumer protection pillar after a major set of reforms to the Patent Act. The PMPRB's mandate is to ensure that patent holders do not abuse their patent rights by charging consumers excessive prices.

Last August, the government updated the patented medicines regulations, which, together with the Patent Act, provided the PMPRB with the tools and information it needed to monitor and regulate patented drug prices in today's pharmaceutical environment. These are the most significant reforms to the regulations since their introduction in 1987.

● (1825)

The amendments, which come into force this July, are expected to save roughly $13 billion in the first 10 years of implementation.

Several changes were made to patented medicine regulations. The first updated the list of comparator countries. The PMPRB currently benchmarks the list prices of the patented drugs sold in Canada against the list prices in seven other countries. As the current countries used for these comparisons have some of the highest prices in the world, the benchmark fails to protect Canadians from excessive drug prices. The new regulation changes the countries that the PMPRB compares Canadian prices against. With the revision, the list of comparator countries includes a complement more like Canada economically and with similar price protections, such as Australia and the United Kingdom.

In addition to changing the list of comparator countries, there were other changes to the regulations, which help the PMPRB regulate the price for patented drugs. It is known, for example, that not all drug discoveries are alike. Some drugs represent breakthroughs that extend the lives of Canadians, while others offer a slight or no improvement over products already on the market.

While many factors go into determining a non-excessive drug price, value for money should be one of them. There must be evidence that a drug is likely to prolong life or improve the quality of life to justify a higher price tag. The amendments included new price regulatory factors, which will enable the PMPRB to ensure that the prices manufacturers charge Canadians reflects the value the drugs bring to the health care system.

Finally, the amendments also supported greater transparency in drug prices. When the PMPRB was created, prices paid in the market were similar to public list prices. Now, as a result of significant discounts and rebates to third party payers, the prices paid in the market are significantly lower than list prices. These rebates are typically negotiated in confidence, with the agreement that they will not be disclosed publicly. The amendments enable the PMPRB to see the actual prices being paid in Canada and not just the list prices published by the industry. Without this information, the PMPRB would be left to regulate prices on the basis of inflated prices that do not reflect the actual prices being paid in the market.

Through consultation on the changes to the regulations, Health Canada heard from a number of stakeholders including, among others, provinces and territories, industry, patient organizations and health policy experts. Changes reflected the feedback received as part of the consultation process. This suite of measures laid the groundwork for national pharmacare, and is the foundation of a system that would enable Canadians to access and afford the drugs they need.

The government is also working closely with the provinces and territories to reduce drug costs. As a member of the pan-Canadian pharmaceutical alliance, we are combining our collective buying power to make prescription drugs more affordable for public drug plans, while lowering generic drug prices for all payers. The initiative has been extraordinarily successful. The pCPA has completed 345 negotiations with the makers of patented drugs and has an additional 34 currently under way.

In 2018, the alliance also conducted negotiations on a five-year agreement with the Canadian Generic Pharmaceutical Association, providing significant savings for all Canadians who use generic prescription drugs. Through this initiative, the prices of nearly 70 of the most commonly prescribed generic drugs in Canada were reduced by 90% of the price of their brand-name equivalents. As of April 2019, the work of the pCPA had resulted in annual savings of more than $2 billion through negotiated price reduction for both patented and generic drugs.

Taken together, these two measures will have a significant impact on the affordability of drugs and represent the kind of improvement that must be made to ensure the success of national pharmacare. Last June, we welcomed the recommendation from the advisory council on the implementation of national pharmacare. These recommendations are—

● (1830)

**The Assistant Deputy Speaker (Mrs. Alexandra Mendès):** Unfortunately, that is all the time the member has.

Questions and comments, the hon. member for London North Centre.

**Mr. Peter Fragiskatos (London North Centre, Lib.):** Madam Speaker, I know my hon. colleague has a passion for working with advocates on diabetes and being a strong voice in the country on diabetes research. How will pharmacare help those living with diabetes?

**Ms. Sonia Sidhu:** Madam Speaker, the hon. member has a passion for the health care field as well.

As members know, our government's top priority is the health and safety of Canadians. We recognize the serious impact. When I was working on the health committee, we conducted a study. We heard loudly that more than 20% of Canadians could not get their medications. Without getting medications, they have serious consequences.

That is why, guided by the initial recommendation in the council's interim report, budget 2019 announced federal investments to move forward on three fundamental elements of national pharmacare, including creating a national drug agency. Also, budget 2019 announced critical steps toward implementing a national universal pharmacare.

[*Translation*]

**Ms. Andréanne Larouche (Shefford, BQ):** Madam Speaker, I thank my colleague for her speech.

As she mentioned, we know that the Patented Medicine Prices Review Board, which regulates drug prices, ties Canadian prices to those of countries where they are most expensive.

We thought we had won our case in 2017, with the publication of proposed regulations that excluded the United States and Switzerland and met our demands. However, as a result of pressure from the pharmaceutical industry, the government withdrew its regulations before they were scheduled to come into force, that is in January 2019.

This time, if I have understood correctly, her government plans to implement this measure in July 2020.

● (1835)

[*English*]

**Ms. Sonia Sidhu:** Madam Speaker, as I said, guided by the initial recommendations in the council's interim report, budget 2019's first step was to create a Canada drug agency to take a coordinated approach toward assessing the effectiveness of negotiating drug prices. Part of the work of the agency is the development of a national formulary, promoting more consistent coverage across the country and creating a national strategy for the high cost of drugs for rare diseases to help Canadians get better access to the effective treatments they need.

That is why budget 2019 proposed to provide Health Canada with $35 million over four years, starting in 2019-20, to establish a transition office to support the creating of a Canada drug agency and a national formulary, so everyone could benefit from it. This is the initial step toward national pharmacare.

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Madam Speaker, I would like to hear from my Liberal colleague across the way whether she will support this motion and whether she will work to ensure that whatever system the government comes forward with, it is universal, comprehensive, accessible, portable and public. Will she commit to supporting that kind of a system?

**Ms. Sonia Sidhu:** Madam Speaker, I appreciate the great passion from the hon. member. As he knows, in the health committee, I was a great advocate for national pharmacare. We conducted a study. As a health care professional for 18 years, I heard loudly what national pharmacare meant and how people needed it. That is why our government is taking important steps.

In 2016, we conducted a study on health care and other rare diseases. I talked to patients about rare diseases. It is a most important issue as a health care professional.

In 2018, the alliance concluded negotiations for a five-year agreement with the Canadian Generic Pharmaceutical Association, providing significant savings for all Canadians. That is why I commend our government for taking steps for universal pharmacare, which never happened before.

I know we need to do a lot more to better protect Canadians.

**The Assistant Deputy Speaker (Mrs. Alexandra Mendès):** It being 6:38 p.m., pursuant to an order made earlier today, all questions necessary to dispose of the opposition motion are deemed put and a recorded division deemed requested and deferred until Monday, March 23, 2020, at the expiry of the time provided for Government Orders.

**Mr. Kevin Lamoureux:** Madam Speaker, I suspect if you were to canvass the House, you would find unanimous consent to call it 6:53 p.m.

**The Assistant Deputy Speaker (Mrs. Alexandra Mendès):** Is that agreed?

**Some hon. members:** Agreed.

## ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

[*English*]

INTERNATIONAL DEVELOPMENT

**Ms. Heather McPherson (Edmonton Strathcona, NDP):** Madam Speaker, it is a great honour to speak in the House. I am honoured to speak on behalf of my constituents in Edmonton Strathcona and on behalf of Albertans.

With each passing day, I ask myself if there is a future for my children in Alberta. For 60 years, Alberta has become gradually and increasingly dependent on a single resource sector, a single resource that has driven the economies of Alberta and Canada in times of boom, but also devastated families and communities in times of bust. It is Albertans who have always paid the price for this dependence. Now Albertans face more than just another devastating bust cycle. Albertans are facing economic collapse.

Forty years of Conservative leadership in Alberta dedicated to rip and ship has cost Albertans dearly. It has meant that the value gained from a single resource and the jobs created declined even as production grew. Now, with the global climate crisis threatening our very existence, the world no longer needs or wants this single resource, a resource that accounts for 30% of Alberta's economy today.

Last week, I asked the government what it was going to do to help ensure a future for Alberta. I noted that unemployment in Edmonton, where I live, is the highest in Canada. I asked for investment in Alberta to create jobs now and investment to help diversify our economy for the future. I asked for our government to stop misleading Albertans, to stop telling us that there was going to be some sort of renewal of oil and gas and that it was coming back to $95 a barrel. I asked why the government is failing on diversification and failing to support Alberta workers. The Prime Minister responded, saying, “That is why we have worked to build the Trans Mountain pipeline expansion.” This is not good enough. Albertans desperately need this government to work with us to diversify our economy.

Last week Canadian crude was $47 a barrel. Today it was worth less than $20 a barrel. At the moment, it is $17.58. Last week Alberta was in the midst of an economic crisis. This week we are facing economic collapse. However, we do not have to. We can build a better future for Alberta if this government decides to take action.

My riding of Edmonton Strathcona is home to The King's University, the south campus of the Northern Alberta Institute of Technology and the University of Alberta. There are amazing researchers, inventors and innovators from academia and industry. Since my election, I have been privileged to hear a steady stream of ready-to-implement ideas to lower our greenhouse gas emissions and build our economy. In fact, I am convinced that we have the answers we need to address climate change and diversify our economy if we have the means to implement them.

Translation of research and development into commercialization and practice has always been a challenge for science and innovation. Every great idea or advancement requires funding to come to realization. Some projects, like advanced carbon sequestration practices, do not have access to venture capital because they do not have commercial outcomes. Others, like sulphur removal technologies, may have future commercial appeal but require funding for prototype development now.

Funding for these new ideas is one way to support Alberta. The Liberal government could help Alberta right now by creating an Alberta infrastructure bank for energy and other diversification projects and by targeting investment for—

● (1840)

**The Assistant Deputy Speaker (Mrs. Alexandra Mendès):** I have to ask the parliamentary secretary to provide an answer.

The hon. Parliamentary Secretary to the Minister of International Development.

**Ms. Kamal Khera (Parliamentary Secretary to the Minister of International Development, Lib.):** Madam Speaker, before I begin, I want to acknowledge that the question the member put forward for the adjournment debate was related to international development. I know she is also the shadow minister for international development and I would love to provide her with feedback in terms of what our government is doing for international development.

We are currently providing more than $6 billion in international assistance over the year to improve the lives of the poorest and most vulnerable around the world. To achieve our sustainable development goals, we committed an additional $2 billion over five years, starting in 2018-19, and in budget 2019 we announced an additional $700 million in 2023-24. These announcements represent the largest increase to Canadian aid since 2002.

However, our international assistance efforts go beyond dollars and cents. They are also measured by our leadership on international issues and our commitment to innovation. For example, through our assistance, we supported 2.9 million women and girls in gaining better access to sexual and reproductive health services, including modern methods of contraception. As an active member of the UN, we have a strong record on contributing innovative ideas and offering our global connections and expertise to address the world's most difficult peace and security challenges.

We currently chair the Peacebuilding Commission and are fostering cutting-edge work through the Elsie initiative on peacekeeping. We want to build on these and other efforts in securing a rotating seat on the UN Security Council in 2021-22, not as an end in itself but as a means to advance our foreign policy priorities and contribute to a peaceful, inclusive and sustainable world.

Ultimately, we want our international assistance to go farther and reach more people. We have new tools in place to attract more resources for sustainable development. We are building new partnerships, including with the private sector, and adopting more flexible and innovative approaches. The June 2019 announcement by our government will make sure that the equality fund, a partnership among government, philanthropists, the private sector and civil society, will create a sustainable source of funding for women's organizations and movements in developing countries.

We are confident that Canada is making and can continue to make a significant and positive difference on the world stage.

● (1845)

**Ms. Heather McPherson:** Madam Speaker, I am always happy to talk about our development efforts. Today's question was on the diversification of the economy for Alberta, but I would like to quickly point out that our official development assistance is at the lowest it has ever been and that there is much work we could do. Similar to what we see in Alberta, we have a government that is certainly speaking about the right things, with the feminist international assistance policy, and in terms of supporting Alberta, but is not actually doing the work we need to have it do.

There are things we could do in Alberta right now to help Alberta workers and I would encourage the government to move on that as soon as possible.

**Ms. Kamal Khera:** Madam Speaker, we are doing incredible work when it comes to foreign affairs on the national front, as well as the international front. I am extremely proud of the feminist international assistance policy that is helping the most vulnerable and the poorest individuals around the world. We will continue to foster sustainable development, work to reduce poverty, promote peace and security around the world and provide humanitarian assistance during crises to protect some of the most vulnerable people.

I know the member opposite has extensive experience in international development and I look forward to working with her and making that a reality.

HEALTH

**Mr. Martin Shields (Bow River, CPC):** Madam Speaker, it is great to be here tonight to speak on a very critical topic.

In 2017, Health Canada proposed changes to the Patented Medicine Prices Review Board regulations. These changes introduced new factors to determine whether a medicine is being sold at an excessive price. Since these changes were proposed, rare disease patients have been warning there will be a problem. The new PMPRB regulations require drug manufacturers to lower the prices by a lot. By some estimates, price cuts of 45% to 75% will be required.

That sounds great, but the reality is that it makes our country a much less attractive market and hurts patients, particularly those with rare diseases. The road to hell is paved with good intentions.

From November 1, 2019, to February 29, 2020, Health Canada registration for new clinical trials dropped by 60% below the average of the four preceding years. There has also been a two-thirds drop in drugs approved before approval in the United States or approved within a year of approval there. The rate is now 15% of drugs.

We are dangerously falling behind because of the chill these proposed changes have caused. This is having a real-world consequence.

In my riding, I have constituents suffering from rare disorders like cystic fibrosis. No, they cannot get a doctor to get a special certificate, because they are not available. That does not work. The Liberals say it constantly.

Cystic fibrosis patients desperately need approval of the new drug called Trikafta. It could help 90% of people with cystic fibrosis. It was fast-tracked for approval in the United States and the U.K. It is available in the U.S. and many other countries, but in Canada, patients have no access.

The manufacturer, Vertex Pharmaceuticals, says its concern about proposed changes to Canada's regulations for patented medicines is the reason the product has not been launched in Canada. When the Liberals say it has not applied, there is a reason it has not applied. It is because of the regulations. It cannot drop its prices by as much as the PMPRB changes would require. Like many other pharmaceutical companies, it will not even bother applying to Health Canada under these new rules. Who suffers? It is patients with rare diseases like cystic fibrosis.

This is not about pharmaceutical companies; it is about patients who are suffering and need the drugs. They need their government to deliver for them.

Now we have the coronavirus. There is no drug for it. What are we doing? We are doing all sorts of things in the world economy. The Liberal government gave $50 million to the UN to help with it, but how would $50 million have helped the patients who have cystic fibrosis? We know 90% of them would be helped by this drug, but the Liberals gave $50 million to the UN.

Patients understand that companies should bring drugs to market at a reasonable price, but they also need the government to make sure the regulatory environment does not prevent them from getting access to life-saving drugs.

Cystic fibrosis patients do not have time to wait for the government to sort this mess out. They need action now to get this drug. The government needs to stop the proposed changes at the PMPRB and find a better way to get new drugs into the hands of patients. They need them now.

● (1850)

**Ms. Kamal Khera (Parliamentary Secretary to the Minister of International Development, Lib.):** Madam Speaker, I rise to speak about this extremely important topic of access to therapies for rare diseases.

I would like to reassure the member and the House that our government recognizes the importance of providing access to medications for patients with serious conditions and few treatment options. The lack of timely access to therapies and the high cost of treatment are barriers often faced by individuals living with rare diseases.

Health Canada's initiative to expand priority review processes for drug submissions is decreasing the review time for health products, including drugs for rare diseases, which in turn allows these medications to become accessible to Canadians faster.

The department is also working to align its regulatory review process with partners such as the Canadian Agency for Drugs and Technologies in Health to reduce the time between approval of a drug and the reimbursement recommendations.

The drug authorization process is initiated when a manufacturer files a submission to Health Canada for review. While Health Canada encourages manufacturers of new drugs to seek authorization for sale in Canada, it is the company's decision whether to apply to market their product in Canada.

Additionally, we recognize that for many Canadians who require prescription drugs to treat rare diseases, the cost of these medications can be extremely high. This is why our government will continue to work with the provinces, territories and other key partners to develop a national strategy for high-cost drugs for rare diseases.

Budget 2019 proposed to invest up to $1 billion over two years, with up to $500 million per year ongoing, to help Canadians with rare diseases access the drugs they need.

To ensure that Canadians have access to safe, effective and high-quality medications, Health Canada conducts a thorough review of every drug for the Canadian market. This thorough review ensures that Canadians are being offered the best possible medications.

However, we also know that every patient will have their own response to a given medication, and that is why there is the special access program that allows access to unauthorized drugs for patients with serious or life-threatening diseases or conditions, under specific circumstances. SAP is available around the clock to respond to physician requests, and delivers a 24-hour service, 365 days a year.

There are situations where Health Canada is unable to authorize a drug available in another country because the manufacturer has not yet applied to market their drug in Canada. An example of this is the drug Trikafta, which my colleague talked about, and which is a breakthrough therapy used for cystic fibrosis. Although Health Canada has not received a new drug submission for this particular drug, there have been 14 requests for this drug through SAP.

We are absolutely committed to working with all our partners, including the provinces and territories, to reduce barriers to treatments for Canadians living with rare diseases. This important work includes improving access to necessary prescription medications and making them more affordable for every Canadian.

**Mr. Martin Shields:** Madam Speaker, I thank my hon. colleague for the information, but that is just not how it is working.

It is not working because companies will not apply. They are not going to apply to Canada because of those proposed regulations. That is why the numbers of companies applying has gone down 60%. Companies are not going to bring it here.

The problem is the member can say it is going faster, but it is not, because the companies have not applied.

We have people dying when 90% of cystic fibrosis people could survive. The cost to our health care system is phenomenal. These people are going to ERs because of their medical conditions. It is a huge cost. They could have a life, and 90% of the cases for CF patients could be resolved from this particular drug.

We need this done now.

● (1855)

**Ms. Kamal Khera:** Madam Speaker, as a registered nurse, having worked in the community as well as in hospitals, and having met with individuals with rare diseases, I can say that I understand what the member is talking about. There are significant challenges for patients with rare diseases in our country.

Under the Food and Drugs Act and regulations, all products sold or marketed in Canada that make a therapeutic claim need to be approved by Health Canada. The drug authorization process is initiated when a manufacturer files a submission to Health Canada for review. The drug company that the member talked about has not submitted this drug.

To improve the access of effective treatments to Canadians, we will work with the provinces, territories and other key partners to develop a national strategy for high-cost drugs for rare diseases.

[*Translation*]

NATURAL RESOURCES

**Mr. Gérard Deltell (Louis-Saint-Laurent, CPC):** Madam Speaker, we all know that winter is not pleasant for Canadians. However, in the midst of this bleak winter for the Canadian economy, there was a good day that brought good news. On February 4, the Court of Appeal handed down a ruling in favour of Trans Mountain. We can now move forward, as there was no appeal. In short, it is working. This is good news, because the Trans Mountain project is good for Canada's economy and its natural resources.

Unfortunately, the government nationalized the project. It took $4.5 billion of taxpayers' money to purchase a project that was not for sale. It decided to buy it and send the money to the United States. Unfortunately, the price keeps going up. We are talking about another $7 billion, and taxpayers will be the ones footing the bill.

Even so, it is a good project that has the support of all directly affected first nations. Better still, it will contribute $20 billion to Canadian, provincial and municipal coffers. That is why I asked the Minister of Canadian Heritage what he planned to do with the billions of dollars he will be able to spend as heritage minister, keeping in mind that he frequently spoke out against Trans Mountain in his past life.

Unfortunately, that is the only good news we have received since this government took office. Since the Liberals have been in power, 200,000 Canadian jobs have been lost in the energy sector, seven major projects have been cancelled, and $150 billion in potential investment has evaporated. That is this government's record.

It does not end there. Last week, a private investor withdrew funding from Quebec's Énergie Saguenay project, a pipeline that would bring liquefied natural gas from the west to Quebec. That private investor is not just anybody. It is the one and only Warren Buffett. He did it because he rightly feels that the current government has done everything in its power to discourage investment in natural resources.

[*English*]

Canada is closed for business.

[*Translation*]

That is unfortunate. Speaking of Quebec, it is important to remember that 50,000 people in Quebec work in the petrochemical industry. People in Quebec are said to be against the pipeline. Quebec has 2,000 kilometres of pipeline. Nine pipelines pass under the St. Lawrence River. In 2012, we built a pipeline that goes from Lévis to Montreal through 630 different areas, covering 248 kilometres and crossing 26 waterways, including the St. Lawrence River. It works so well that no one knows or talks about it. That is what happens when things are done right, and that is how Trans Mountain is going to do things.

What bothers me when we talk about energy in Quebec is the fact that Quebec bought 10.6 billion litres of oil. It does not bother me that we bought the oil, because we need it. What bothers me is that 62% of that oil comes from the United States. Why send billions of dollars to Donald Trump when we could keep that money here in Canada? That is why people in Quebec are in favour of developing natural resources, if it is done correctly. Yes, Quebeckers, like all Canadians, would rather buy Canadian oil than foreign oil. What is happening right now in Quebec is that the Liberals and their Bloc Québécois friends are against these development projects. They would rather let Donald Trump lead them by the nose than help the Canadian economy.

What will the Minister of Canadian Heritage, who was against the Trans Mountain project, do with the billions of dollars in tax revenue that this project will bring in for the governments?

● (1900)

[*English*]

**Ms. Kamal Khera (Parliamentary Secretary to the Minister of International Development, Lib.):** Madam Speaker, it is a core responsibility of the federal government to help get Canada's natural resources to market and support good middle-class jobs. We know this is only possible when we earn the public's trust and work toward addressing environmental, indigenous peoples' and local concerns.

The Trans Mountain expansion project is part of that. It is a critical project for Canada that is creating thousands of good, well-paying jobs. It will boost the price of valuable Canadian resources by unlocking new global markets, generate revenue to help fund clean energy and climate solutions and help advance reconciliation with indigenous people, including through economic opportunities. That is why we have done the hard work necessary to ensure that this project moves forward in the right way, every step of the way.

Construction is under way. Pipe is in the ground. Work is under way at the terminals in Edmonton and Kamloops. More than 2,900 hard-working Canadians are currently making this project a reality. The Federal Court of Appeal ruling was a positive one, especially for our energy workers.

These are not the only reasons this project is a positive one. We have always said that the economy and the environment not only can, but must, go hand in hand. We remain committed to that principle with this project. We will invest the revenues from the TMX project in climate and clean energy solutions.

Let me address a few of the investments our government has already made in energy efficiency and clean and renewable energy projects: more than $2.3 billion in clean technology, over $1 billion of new funding committed for energy efficiency through budget 2019, a coast-to-coast network of fast chargers for electric vehicles and new chargers at street level and apartment building retail outlets and workplaces.

We know the TMX project will support more of these investments and create significant economic benefits for the country. In fact, the Department of Finance estimates that additional federal corporate income tax revenues could be around $500 million per year once the project is completed. Every dollar we earn from this project will be reinvested in clean energy projects that will power our homes, businesses and communities for years to come.

We did the hard work necessary to get this project right because it is good for Canada and will advance our investments in clean energy.

**Mr. Gérard Deltell:** Madam Speaker, I want to thank the hon. member for the passion she has for this project. Unfortunately, this is only for one project. Because the government lacked leadership, we lost seven big projects. We lost $150 billion of investment because the government is closed for business in developing our natural resources.

[*Translation*]

The question was for the Minister of Canadian Heritage, who has a very colourful past. I have a lot of respect for him. He is very involved in environmental issues and said all kinds of bad things about Trans Mountain. Now, he is acting as though nothing happened.

We are asking the government why it took $4.5 billion of taxpayers' money to buy a project that was not for sale and that will now cost an additional $7 billion.

Before the government can invest one cent in the environment, it will have to spend tens of billions. How is that good management of public funds?

[*English*]

**Ms. Kamal Khera:** Madam Speaker, I assure the hon. member that I am extremely proud of our government, our Minister of Canadian Heritage and all cabinet members for the work they do in ensuring that we not only grow our economy but do it in a way that protects the environment.

We have a steadfast commitment to moving forward in the right way, every step of the way, on TMX, because we know how important it is to every Canadian. We believe that the success of this project and other projects will demonstrate that Canada can create the prosperity we all want and protect the environment we all cherish.

[*Translation*]

**The Assistant Deputy Speaker (Mrs. Alexandra Mendès):** The motion that the House do now adjourn is deemed to have been adopted. Accordingly the House stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 7:05 p.m.)

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