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CANADA

44th PARLIAMENT, 1st SESSION

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Official Report
(Hansard)

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Tuesday, April 16, 2024

Speaker: The Honourable Greg Fergus



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HOUSE OF COMMONS

Tuesday, April 16, 2024

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

- (1005)
[*English*]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Kevin Lamoureux (Parliamentary Secretary 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 return will be tabled in an electronic format.

While I am on my feet, I move:

That the House do now proceed to the orders of the day.

The Speaker: The question is on the motion.

If a member participating in person wishes that the motion be carried or carried on division, or if a member of a recognized party participating in person wishes to request a recorded division, I would invite them to rise and indicate it to the Chair.

Mr. Kevin Lamoureux: Mr. Speaker, we request a recorded division.

The Speaker: Call in the members.

- (1045)
(The House divided on the motion, which was agreed to on the following division:)

(Division No. 739)

YEAS

Members

Aldag	Alghabra
Ali	Anand
Angus	Arseneault
Arya	Ashton
Atwin	Bachrach
Badawey	Bains
Baker	Barron
Battiste	Beech
Bibeau	Bittle
Blair	Blaney
Blois	Boissonnault
Boulerice	Bradford

Brière	Cannings
Carr	Casey
Chagger	Chahal
Champagne	Chatel
Chen	Chiang
Collins (Hamilton East—Stoney Creek)	Collins (Victoria)
Cormier	Coteau
Dabrusin	Damoff
Davies	Desjarlais
Dhaliwal	Dhillon
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Ehsassi	El-Khoury
Erskine-Smith	Fillmore
Fisher	Fonseca
Fortier	Fragiskatos
Fraser	Freeland
Fry	Gaheer
Gainey	Garrison
Gazan	Gerretsen
Gould	Green
Guilbeault	Hajdu
Hanley	Hardie
Hepfner	Holland
Housefather	Hughes
Hussen	Hutchings
Iacono	Idlout
Ien	Jaczek
Johns	Jones
Jowhari	Julian
Kayabaga	Kelloway
Khalid	Khera
Koutrakis	Kusmierczyk
Kwan	Lalonde
Lambropoulos	Lamoureux
Lapointe	Lattanzio
Lauzon	LeBlanc
Lebouthillier	Lightbound
Long	Longfield
Louis (Kitchener—Conestoga)	MacAulay (Cardigan)
MacDonald (Malpeque)	MacGregor
MacKinnon (Gatineau)	Maloney
Martinez Ferrada	Masse
Mathysen	May (Cambridge)
May (Saanich—Gulf Islands)	McDonald (Avalon)
McGuinty	McKay
McKinnon (Coquitlam—Port Coquitlam)	McLeod
McPherson	Mendès
Mendicino	Miao
Miller	Morrice
Morrissey	Murray
Naqvi	Ng
Noormohamed	O'Connell
O'Regan	Petipas Taylor
Powlowski	Qualtrough
Robillard	Rodriguez
Rogers	Romanado
Rota	Sahota

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Members

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Arnold
Barlow
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Leslie
Lewis (Haldimand—Norfolk)
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The Speaker: I declare the motion carried.

GOVERNMENT ORDERS

[*English*]

PHARMACARE ACT

Hon. Mark Holland (Minister of Health, Lib.) moved that Bill C-64, An Act respecting pharmacare, be read the second time and referred to a committee.

He said: Mr. Speaker, it is my pleasure to rise.

I want to start by extending gratitude to the member for Vancouver Kingsway for his extraordinary work throughout this process. It was a long, hard discussion to find a place of meeting, but it is an example of what is possible when we, in this chamber, focus on getting things done and focus on working together, rather than focusing on what divides us. I think that sometimes we fundamentally misunderstand the purpose of democracy, which is to build consensus, to find points of commonality and to pull people together to find common ground; it is not to find differences or to sow division.

I also want to thank so many phenomenal colleagues on our side who have dedicated, in some cases, decades to fight for the moment when people are not forced to make a choice between the medication they need to stay healthy or the essential goods and services they need to stay alive, whether that be their rent or their food.

In the 1960s, we launched national medicare, but we forget how challenging that was. It was an incredibly turbulent period to actualize it and to bring it to reality. The dream had long existed, but to bring it to bear was extraordinarily difficult. However, at that moment in time, there were certain things left out, one of which was medicine. That was partially because, at that point in time, the number of medications available were very limited. They were typically prescribed in a hospital setting. They did not have the uses and abilities, and they were not as essential as they are today. Certainly, that dynamic has changed, and this means a new dawn for health.

I am going to talk specifically about pharmacare and the legislation therein, but before I do, I will paint a broader picture of the circumstances it faces.

Like all countries, everywhere in the world, the vast complexity of our health systems is overwhelming. We are driving down a highway at a 100 kilometres an hour, recognizing that we cannot slow down, and we have to change the engine while we are driving. Due to that difficulty, most health systems had not done the hard work of transformation, of really stepping back and looking upstream at how we deal with prevention and deal with reducing the amount of chronic disease and illness that exists within our system.

Then the pandemic hit, and in the pandemic, everywhere in the world, the strains and cracks in our health system were laid bare. Health care workers were asked to carry a burden that was impossibly large, working night and day to try to keep their communities safe, and carrying a load beyond imagining. However, in that moment, here in Canada and in a few places elsewhere in the world, we saw something I think quite remarkable happen, which was that in that chaos, there was one purpose in our system. Doctors, nurses and personal support care workers showed us the possibility of what happens when we move with one purpose, with one direction, and when we focus on people's health and nothing else. We could set aside egos, jurisdiction and turf, and we could make things happen. In an incredibly brief period of time, Canada's pandemic response was indeed one of the best in the world with one of the lowest death rates anywhere in the world. We had unbelievable support for the people working within the system and for one another for that period of time.

Then, challenges resumed. The pandemic began to recede. A war erupted in Europe. Global financial turmoil ensued. We forgot the lessons of the fruits of co-operation and of working together, and many of those divisions returned. Within our health system, we saw a workforce who had carried far too much and was dealing with burnout, yet still had the extraordinary weight of a system that needs to change. We saw, for the population, that health was a bit of a hot plate. People's experience of the pandemic was trauma, really, for everybody. It was especially so for health care workers, but nobody was saved from the traumatic experience of going through the pandemic.

• (1050)

I would say that it is the responsibility of not just this government, but also every government in this country to remember the incredible heroism of those who were working in the health workforce during those dark hours of the pandemic, and with that same spirit of co-operation and determination, to not focus on what di-

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vides us or what makes us different, but to focus on what can be done. That is no more important in any area than it is in health. Canadians do not care much about what political party someone is from. They do not care much about whose jurisdiction it is; they want to see results.

That is why the \$200 billion that we put forward to invest in health care over the next 10 years was so critical. It required an agreement with every single province and every single territory to develop a plan to deal with the crisis of today, to tackle those issues within our health system around the workforce, the backlogs, the health data and the sharing of patient information, to deal with issues like administrative backlogs, things that are legacies that do not make sense, and to work with every province and territory, regardless of its stripe.

Whether it was Adriana LaGrange in Alberta, Adrian Dix in B.C., Michelle Thompson in Nova Scotia or Bruce Fitch in New Brunswick, and so forth, in every instance, that spirit of co-operation pervaded our negotiations. There was a profound understanding in those conversations that we have to be bigger than our partisanship and have to find commonality. As a result, we have had extraordinary agreements signed with all the provinces and territories, in a short period of time, to lay out the next number of years and to see what that health transformation will look like.

That spirit of co-operation was also seen in Charlottetown, where we were able to have an agreement on some things that are really essential: health data; looking toward interoperability and how our systems work together with a digital charter; reducing wait times for recognition of foreign credentials, taking it down to a 90-day service standard. We were also able to work later with the College of Physicians and Surgeons to take a process of credential recognition that is normally a couple of years and were able to get it down to a couple of months.

The other thing these agreements and conversations did, which I think is critically important for the future of our health system, was to establish common indicators, meaning that every province will have the same indicators for their health system, so that whether someone is a Quebecker in Quebec or a Manitoban in Manitoba, one can see how their health system is faring, not by anecdote but in data, and that can be compared against other provinces. Making sure those indicators are there is essential. It is so important that people feel that positive change, that they experience it in outcomes and that it is also measurable in data.

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In our federation, as we are making changes and interventions, that ability to have data and to see how we are moving the needle is essential. What one measures, one achieves. For the first time in these health agreements, we have set these essential tools of measurement to be a key component of our health system.

We can then turn to dental care. There are some who say that this is just a boutique intervention, something that is a one-off, but it is actually part of a broader vision of health. Imagine that in this country there are nine million people today who do not have access to dental care. I want to thank my predecessor, the former minister of health, now the minister of procurement, the hon. member for Québec, for his extraordinary work to get us to this point in dental care. I want to thank the NDP and the member for Vancouver Kingsway for their work with our caucus in a common purpose to make sure that we pull together over health.

Mr. Peter Julian: Hear, hear! Thanks to the NDP.

Hon. Mark Holland: Yes, I want to thank parliamentary co-operation.

Madam Speaker, I would say to this place that this is what we were intended to do. When we were elected as members of Parliament, we are not here to shout things at each other, to belittle each other or to put each other down. We are here to listen to each other. The purpose of debate is to ensure that we take each other's ideas and that we find common ground. In this bill, Bill C-64, in pharmacare and in dental care, we are embodying exactly what I believe our constituents elected us to do.

• (1055)

Right now, we have 1.8 million seniors who, in many cases, have never had access to oral health care in their lives. I talked to a dentist who knew a senior who has not had new dentures for 50 years. They lost their dentures and had no money to replace them. The dentist talked about the dignity and the way that senior felt, knowing that they were going to get new teeth and that they could go out in the world, feeling that somebody cared about them. Let us think of the extraordinary nature of that.

When going to seniors homes and when talking to people who work with seniors, they ask if this is really going to happen. They talk about the dignity that comes from it. It is not only about that healthy smile or that they are not going to wind up in an emergency room for an avoidable procedure, but also about the dignity of saying that we care about them, that we see them and that their health matters.

We have one of the most extraordinary health care systems in the world, but it cannot be the best health care system in the world unless oral health is part of the equation. When we do not take care of oral health, when we are not there for oral health, then the costs, not just in terms of social justice but also in terms of health outcomes, are entirely unacceptable. I would submit that is not the country we want to live in.

I am also extraordinarily proud that, about two weeks ago, the Minister of Families, with many of us there, launched the national food program. When I was at the Heart and Stroke Foundation, I advocated for fiercely for that, knowing when a child goes to

school hungry, it is impossible to learn, and when a child is denied nutrition, it has devastating effects on their health. It is so sad to say that the research shows just one healthy meal a day has a dramatic change on health outcomes for children. The other thing it does is to give kids a taste for what nutritious food is. They develop their palates, and for their whole lives, their nutrition and nutritional profile is changed.

An essential part of being upstream and avoiding illness and sickness is dental care, a national food program and, yes, action on pharmacare. This is a big task. We know that some 21% of Canadians are struggling to meet the financial burden of being able to afford their medicines. We took essential action on bulk purchasing, reducing the cost of medicine in this country by hundreds of millions of dollars, by working with provinces and territories to do bulk purchasing.

We are taking critical action in P.E.I., with a plan for Islanders, on a pilot basis, to improve affordable access to prescription drugs. Since June 1, 2023, we have been able to reduce copays to five dollars for almost 60% of medications regularly used by Islanders. P.E.I. residents have saved more than \$2 million in out-of-pocket costs. This was a precursor to show us what could happen. Whether one goes to P.E.I. or other provinces, and I know that the member for Malpeque talks a lot about this, they will hear about the difference it is making in the lives of people, having medication taken off the table as a concern. It is absolutely huge.

We also launched, in March 2023, a national strategy for drugs for rare diseases, with an investment of \$1.5 billion over three years because we know that drugs for rare diseases can be crippling expensive, yet they are absolutely vital to keep people alive.

I will give one quick story before I talk about the bill in front of us and about the action we are taking. I had an opportunity a few weekends ago to be in the United States with my partner. We watched someone in front of us collapse. That person was obviously not a person of means. As they came to and I called 911, the thing that person was worried about was not their health, but it was how much money they were going to have to spend. How much money did my call to 911 burden that person with?

We do not want to be in a place, with any element of health care, where somebody of limited financial means, through no fault of their own, is in a circumstance that they cannot afford care, or where nurses on the front lines, taking care of patients and investing their entire lives in trying to make things better, are not given the opportunity to get proper health care for themselves.

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● (1100)

Why these drugs? Why did we start with diabetes medication and with universal contraceptives? Let me start with diabetes medication. I want to thank the member for Brampton South for her fantastic advocacy on diabetes specifically. There are 3.7 million Canadians, and it is a growing number, who have diabetes. When I had a conversation in Ottawa with 12-year-old Raina, she summed it up better than anybody else. She said that as a 12-year-old it is really hard in this world, and that no 12-year-old should have to worry about all the problems of the world and also how they are going to afford their medication. If 12-year-old Raina can get it, then this House can get it.

When a person does not have access to their diabetes medication, it means they risk heart attack, stroke, kidney failure, blindness and amputation. I was talking to Sarah in a diabetes clinic, who told me about patients who were reusing syringes because they could not afford them. The risk of blood-borne disease is terrible. That is not the country we should live in, so we all need to rise to this moment to say that for people with a precursor disease like diabetes, which is so indicative of whether they will have future chronic disease and illness, it is essential that we are there with medication for people.

On contraceptives, let me just give one example that illustrates the case. Oral contraceptives cost \$25 a month and have a 9% failure rate. The IUD costs about \$500, lasts five years and has a failure rate of 0.2%. What it means is that a person who does not have money ends up choosing the birth control option that is cheaper, which has a 9% fail rate and means they are more likely to wind up with an unwanted pregnancy or a sexually transmitted disease if they are not able to make the choices that give them autonomy over their own body and their reproductive health and future.

Therefore, it is absolutely essential, and not only for health. For example, in British Columbia, it has been demonstrated by UBC that it is saving more money with this initiative than it costs to roll it out. That is similar to what we are going to see in diabetes. This has such a powerful effect in prevention that it actually reduces costs overall.

The message it sends to women about their bodies and about their sexual and reproductive rights and autonomy is essential, which is that in this country, no matter where she is, a woman will get what she needs to have control over her future and her body. That is a powerful statement, and it goes beyond just contraceptives as a drug.

As a very young person, when I was very, very young, I was exposed to sexual violence. That experience, in a family that did not talk about sex and did not have a conversation about what healthy sexual relationships were, had a devastating effect on my life, my self-esteem and my ability to stand up for myself at different moments in my life. It is difficult for somebody who does not have the information about their sexual health, who is not told that sex would never have anything to do with violence, that violence is about control and sex is about connection, that sex should always be consensual, should never be exploitive, should never involve violence and should always involve what a person wants for their body, that it should be pleasurable and it should make them feel like themselves.

As a health minister, it should not be in any way controversial for me to say those things to people. Whether a person is in a marriage or intersecting for the first time with somebody else sexually, they need to understand it is okay to be themselves and that as long as it conforms to those things, such as that sex should be pleasurable and that one should be empowered in one's body and have access to the reproductive medicines one needs to make choices about one's life, it is going to save lives, because the second-leading cause of death for young people is suicide. We lose about 500 kids every single year, and way too often it has to do with them not feeling comfortable in their own bodies. We have to end that.

● (1105)

In totality, looking at all of these actions, this is a new dawn for health, dealing with the crisis of now and also looking at prevention, so that we can build on what we started in the 1960s and ensure that all Canadians have access to the greatest health care system in the world.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, those were interesting comments from the Minister of Health. He talked about the incredible results that he thinks he is getting with these new programs. Oddly enough, the backlogs for care in Canada have never been worse: It is 27 and a half weeks from the time of seeing a primary care provider to getting treatment from a specialist, the worst it has been in 30 years.

With regard to the Canada dental care program, he wants to talk about how many people have signed up for it. Although we know he will go on with the fantastical speech he has made here in his incredibly fact-devoid fantasy, the question that would remain for his great dental care program is this: How many dentists have actually signed up for the program?

Very specifically, how many dentists in Atlantic Canada and, specifically, how many in each province of Nova Scotia, New Brunswick, Newfoundland and P.E.I. have signed up for the dental care program?

● (1110)

Hon. Mark Holland: Madam Speaker, it was true in the 1960s and it is true now, that there are purveyors of doom.

There are those who try to push people to despair. When one does not believe in a public health care system, what does one want people to do? One wants people to despair, because nothing comes from despair. All change comes from looking at what is hard and true and driving for change.

Let us talk very specifically. Every health care system in the world is facing extraordinary backlogs as a result of COVID and stress on their system. It is a question how we meet that. These 13 agreements and these investments of \$200 billion are demonstrating that we are meeting that challenge. In these plans, in articulated detail, is exactly how we are going to get to the health system Canadians deserve.

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With respect to dental care, we have thousands and thousands of dentists who have signed up across the country.

Secondly, just on Thursday, I met with the dental associations, and I can tell the House that we are down to a couple of minor issues and that I am extraordinarily confident that over the next number of months, we will see virtually every dental office in the country participating in this program.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, the minister spoke about a lot of things. I feel he spoke very little about Bill C-64. However, when we talk to him about Quebec's interests, he rises in the House and always says that the Bloc Québécois is looking for a fight. Quebec has been administering a mixed drug insurance plan for the past 28 years, but the minister never sat down with Quebec before making his announcement to see how Quebec manages this and how much it might cost.

Does the minister know how many prescription drugs are covered by Quebec's drug insurance? Has he sat down with the health minister, who says that Quebec does have constitutional rights? When the minister says we are looking for a fight, he should add the word "constitutional". It is as though we Bloc members have more respect for Canada's Constitution than he does, despite his party having done all it could to prevent Quebec from signing the Constitution in 1982. Is he aware that the minister wants nothing to do with his pharmacare plan as proposed?

Hon. Mark Holland: Madam Speaker, there is no denying that Quebecers' interests are absolutely the same as those of everyone else in the country. Everyone wants access to a health care system that works properly for all.

As for the questions surrounding drug insurance, I have had some really good conversations with Minister Dubé in Quebec. There is a clear spirit of co-operation.

If one goes looking for a fight or problems, they are easy to find, but the idea is to find solutions and a way to work together to resolve the situation, to improve people's health across the country. For example, it is absolutely essential that we take into account the indicators for Quebecers, so that we can compare and contrast how things evolve in their system and how they evolve in the other provinces and territories. This is a very good thing to do, and it is also good to see where the federal money is in the plan. That is why it is more important to co-operate than to pick a fight.

[*English*]

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, I would like to congratulate the minister for working attentively with the effective NDP opposition to actually bring about this historic debate today. It is going to make a difference, on average, and I point this out to the Conservatives, to 18,000 constituents in each of the Conservative ridings across the country.

I wanted to reference one of my constituents, a Burnaby, B.C. resident, Amber Malott. She learned she had diabetes when she fell into a coma just before her 21st birthday. With all of the types of insulin and injections that she takes, her monthly bill on insulin because of her diabetes is close to \$900. We saw last week the disgraceful exhibit of Conservatives blocking even bringing this bill

forward to the House. They blocked it from the kind of debate we need to have on this bill. Conservatives have indicated they would like to destroy this initiative.

What would be the impact on people like Amber if the Conservatives had their way?

• (1115)

Hon. Mark Holland: Madam Speaker, I want to thank the hon. House leader for the NDP. I am very pleased to work with him again in his role as the critic for health. He is absolutely right. I appreciate that these were not always easy conversations. They were indicative of the conversations we had when we were both House leaders. Finding that common ground, as two different parties, is often difficult.

I think, for people like Amber, we can see what the difference is. The cost consequence for Amber of not being able to have access to the life-changing medication she needs, let us be very direct, could be devastating. It could mean that Amber winds up with a heart attack or stroke. It could mean that she has a limb amputated or that she dies. It certainly means that Amber is less productive, less able to contribute to society and almost definitely going to have an earlier death. The cost of not providing that medication is far superseded by those negative outcomes, not just as a matter of social justice but as a matter of material cost.

Are the Conservatives going to be there for Amber? Are they going to be there for people who need their diabetes medication? Are they going to vote for their constituents who need these medications, or are they going to vote against them?

Mr. Michael Coteau (Don Valley East, Lib.): Madam Speaker, I am proud to be part of a government that is bringing forward new national programs like child care, student nutrition, a dental plan and pharmacare. It has been decades since a government in this country has moved forward with such massive programs. In fact, we have not seen this type of movement for many decades. I would like to ask the minister about the relationship we have with the provinces and territories as we move forward.

As you move forward, what has been the response by some of the key people, like ministers and stakeholders in other provinces, for this specific plan?

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I will remind the hon. member to speak through me, please.

The hon. Minister of Health.

Hon. Mark Holland: Madam Speaker, I thank the member and my friend for an important question. I have been so encouraged by the conversations that I am having with every provincial health minister across the country, regardless of their stripe. Whether I am talking to Everett Hindley in Saskatchewan or Uzoma in Manitoba, the conversations have been incredibly productive and positive. They are focused on how we get people the care they need.

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I would challenge the Conservative opposition. They talk about wanting to destroy dental, how they do not want pharmacare and how they are going to block the national food program. They tell people not to dream about it and that they cannot have it. They tell people not to dream that they can get medication. They say not to dream that they can have dental care. The Conservatives are going to make sure it does not work. They are going to call dentists and scare them. They are going to give them false information. They are going to work against people getting care, for political reasons.

I think we should listen very carefully to what the Conservatives say. Are they asking questions about how they can help or how they can ensure that people get dental care? Are they asking questions about the problems that dentists have and how we can help fix them because they want to make sure people get dental care? No, they are saying to give up and have despair, and that they cannot do it. Shame on them for it.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, hopefully today we will move into reality as opposed to the fantasyland that has been painted by the Minister of Health.

When we look at it, the pharmacare program that is being introduced is really about the preservation of the costly coalition. We also know that Canadians are not going to be fooled by the foolishness that has been presented in the House this morning. We know that the other plan its members have is to clearly extend the date of an election so they can access their pensions. The worst state of being a politician one could possibly imagine is to be self-serving, when all of us who come to the House know we should be here for the benefit of Canadians. That is clearly not the case with the costly coalition members. Rather, it is about their preservation, which they have made very clear throughout Canada, which is an essential part of their ability to keep this inept government in power for as long as they have. That is the first part that Canadians, of course, are well aware of.

The other thing that Canadians are well aware of is the state of coverage with respect to pharmacare.

• (1120)

[*Translation*]

My Bloc Québécois colleagues are well aware that pharmacare falls squarely within provincial jurisdiction.

[*English*]

We know that 97.2% of Canadians are already eligible for some form of prescription drug coverage, which is not some funny Conservative talking point. It comes from Stats Canada, CIHI, CLHIA and the Conference Board of Canada. Therefore, when we look at the numbers, it becomes very simple to understand that there is a gap of about 1.1 million Canadians who struggle without coverage for pharmacare. I think it is important to point that out because we are attempting to have an honest conversation here.

We also know that the numbers of those who are uninsured have decreased precipitously since, for instance, the Ontario government introduced OHIP+. It is also interesting that the minister talked a bit about his historic meetings with all the provincial ministers of health, which I also chose to undertake myself. When I did, what those provincial ministers of health made clear was not the rubbish

the federal minister brought forward, but that they in no way, shape or form want another large federal program dropped on their heads to fund, which, as I said in French, is clearly a provincial area of responsibility, the delivery of health care. Oddly enough, the federal Minister of Health himself pointed out that the delivery of health care is a provincial responsibility and not that of the federal government, despite the fact he continues to intervene in moving the responsibility from the provincial authority to the federal government.

I did have an opportunity to mention this bill, and I would like to expand upon that. The bill would create another government agency, which is exactly what Canadians would like to have, more bureaucracy and more gatekeeping. It would create the Canadian drug agency, which would cost about \$90 million to create and perhaps another \$30 million or \$35 million a year to continue to exist as time goes on. However, who worries about monetary policy? It is certainly not the NDP-Liberal coalition.

It is also odd that the government posted on its Canada.ca website a list of drugs, diabetic drugs and contraceptives that may or may not represent what would actually be on the formulary in the future because we know it would be the responsibility of the Canadian drug agency, in consultation with provinces and other stakeholders, to create a formulary to be used.

I think it is also important to point out that, if we are to have any faith whatsoever, which I personally do not, in the formulary that has been put out thus far, much to the chagrin of Canadians, it is rife with older medications, with no fees for pharmacists or the primary care provided by pharmacists to many Canadians because of the sad reduction in the number of family physicians. It is also worth noting, very specifically, that the blockbuster drug in treatment of diabetes in a generation, namely Ozempic, is not included. There is no surprise there.

As I was saying, after the creation of the Canadian drug agency and a formulary, and after holding these consultations, the only consultations that have happened thus far, of course, are with the NDP costly coalition partners, which should not give Canadians any warming in their hearts.

When we look at the other issues that are clearly brewing in Canada at the current time, Canadians know that the state of our beloved health care system has been under siege by the inept management of the NDP-Liberal coalition. We know that wait times have surged beyond what they have ever been in history. For instance, the wait time from seeing a family physician to a specialist to obtaining specialist-based treatment has increased 195% to a 27-week wait time. This is the longest it has been in three decades. Is this a system that Canadians should be proud of?

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The other disturbing statistic is that 6.5 million Canadians are without access to primary care. As time will march forward, as it always does, by 2030, in Ontario alone, the 2.3 million Ontarians currently without access will surge to four million Ontarians without access to primary care. It is very clear, even if this were a good pharmacare plan, which it clearly is not, that without access to primary care, there is really no way to get medications. I would suggest that there is a bit of a misguided nature here.

The other difficulty that Canadians are also very aware of is that the newest medications, a class of medications called “biologics”, which account for 2% of claims, are now accounting for 30% of spending. Of course, none of these biologics are included on any of the proposed fantasyland formularies from the NDP-Liberal coalition.

The other problem we have in our health care system is wait times from application to approval of medications to be on the formulary to the actual acceptance on 50% of public formularies, and we have the longest wait times in the world at 25 months for new life-saving therapies. A government should be seized with policy changes to improve the lack of bureaucratic control and the ability to change things that would be cost effective for Canadians, and indeed changes like this to make a government work more efficiently, which would actually not cost the government anything, it would cost Canadians nothing. However, what is the government doing? As I said previously, it is interfering with clear provincial jurisdiction and adding federated programs that in no way, shape or form could possibly reduce the cost for medications.

The other reason, of course, is that the cost of these medications are already in a forum which allows all of the public plans to come together under a program called the “pCPA”, which already allows all public plans to negotiate for low prices for those medications. For the federal Minister of Health to suggest that this new plan would suddenly allow prices to drop precipitously is absolutely and categorically untrue.

The other major issue is related to finances and the cost of living. When Canadians were asked what the major cause of their inability to afford their medications was, and I suspect my colleagues know very well what the answer to that question is, it was inflation. Yes, inflation is cited as the major cause of Canadians' inability to afford their prescription medications.

Why do we have 40-year high inflation? Well, of course, it is because of the costly coalition of the NDP and Liberals. We know that the chance of a young Canadian now owning their own home is almost zero. It is a dream that is almost dead because of the NDP-Liberal coalition's incompetence. We also know that, more than ever, Canadians are turning to food banks to enable themselves to feed their families. Two million Canadians a month, very sadly, are having to go to food banks, and what do we see?

● (1125)

We are seeing more large federal government spending in what David Dodge called last evening “likely to be the worst budget” announcement in the history of this country. We are waiting for more of these terrible budget announcements today, in which we will see another estimated \$40 billion of deficit spending.

On top of that, we know that the \$1.2-trillion debt that the NDP-Liberal coalition has cobbled together, more than all Canadian governments in history combined, is costing more now to service than we are spending on health care. That is an incredibly sad state of affairs. I would suggest that it is one that Canadians are paying very close attention to.

We also know that simply saving for a down payment for a house is now taking 25 years, when the Canadian dream would be that those 25 years would allow us to pay a mortgage, not simply to save for the down payment.

Canadians are suffering more and more with their mental health. We also know that the Liberal government had committed \$4.5 billion to the Canada mental health transfer, and not one penny of that has been transferred. That is a very sad state of affairs, when one-quarter to one-third of all Canadians are currently suffering with mental health issues, and it is believed that 50% of those are suffering with inadequate treatment. The \$4.5 billion could go a long way to help treat the mental health of Canadians.

This NDP-Liberal coalition has had a multitude of failures, and they are worth pointing out simply because we question why Canadians would believe that another large federal program would ever come to fruition. What we know is that these programs are great announcements. The next prime minister of Canada has spoken about how people cannot eat the papers the announcements are printed on. They are incredible photo ops, when ministers go out to say that they might be capable of doing things, but Canadians know they are absolutely unable to do so.

I had asked a question of the Minister of Health, which he, sadly, once again, failed to provide an answer to, but now I am quite happy to provide that answer on the Canadian dental care program. Last week I had the opportunity to speak to every dental association in this country, save the Yukon, simply because of time. That being said, I have a sample of the number of dentists who have signed up for this widely touted program.

In my home province of Nova Scotia, four, not 400 or 14, but four dentists out of 400 have signed up for this program. It is shameful. In Prince Edward Island, it is even easier. The number is zero. There is no debating zero, it is none, zilch, nada. In New Brunswick, once again, to be clear, four out of 370 dentists have signed up. The most we were able to find was in speaking with the British Columbia Dental Association, and it had 400 out of 4,000, which is still a mere 10% of dentists.

This is a program that has been created without any consultation with respect to dentists. It has been creating an incredible administrative burden on dentists. It has also created a conflict where dentists have to sign a contract with a provider, namely the federal government, as opposed to having a relationship with the patient, which is how health care has historically been delivered in this country.

Dentists will continue to ask questions about this program. Why would they sign up for a program when they have distrust in this NDP-Liberal coalition?

Let us talk a bit about affordable housing, which was another failure. It was promised by the government in 2015. It would have to build 9.6 million homes over the next 10 years. We also know they are now building less than this country was building 50, and not 15, but 50 years ago. Fewer houses are being built now because of the terrible policies of the NDP-Liberal coalition.

• (1130)

We also know that the Prime Minister sat here in the House of Commons and promised 7,500 new doctors, nurses and nurse practitioners, and as I mentioned previously, 6.5 million Canadians now do not have access to primary care. We also know that the government continues to spend money, which could be easily used to generate these spots for Canadians, on its consultants. The government is quite happy to line the pockets of its friends.

The Liberals also said they would reduce Canada's federal debt-to-GDP ratio every year, which sadly has not happened. We know that they can barely even deliver passports, which is actually one thing that is in the purview of the federal government. It is now announcing things that certainly delve into provincial jurisdiction, yet it cannot do things it should be able to do that are the purview of the federal government. As we begin to look at these things, we know that the NDP-Liberal coalition is an abject failure.

People will often say that I have a lot of negative things to say. Why do I not give Canadians hope? Let us focus on that for a few minutes.

The blue seal program we have announced, as Canada's Conservatives, would allow those who have trained internationally to quickly and safely have their credentials recognized here in Canada. That is a program that we would create because, as we go around this country, what we hear from new Canadians who have trained in other countries is that now they are driving taxicabs. I heard a story from one trained physician who is not allowed to work in this country. He was very sad because his young child asked him why, if he was a physician, he went to work dressed as a security guard every day. It does not get any worse for new Canadians than that.

• (1135)

As we look at that, we know that Canada's Conservatives have been working hard to create policies that, when we form the next government, would easily allow new Canadians to have their credentials recognized here in Canada, so they can support Canada's health care system and work in a manner that is attuned to the training they have undertaken in their home countries.

We have, again, a photo op. We have papers. We have announcements. We do not have a plan that has been put forward by the NDP-Liberal coalition, in any way, shape or form. We have more announcements. We have no actions, and we have continued interference in provincial jurisdictional matters. As I said, I have gone around the country speaking to provincial ministers of health. The last thing they want is another federal program dropped in the laps of the provinces, which they have to pay for because of the ineptitude of the NDP-Liberal coalition.

We await the time when the Conservatives will form the next government of this country. We would have a new prime minister

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and new hope for Canadians, as they would be able to afford their lives, and the inflationary pressures and inflationary spending that continues to be put forth by the NDP-Liberal coalition would end. Canadians could then not be priced out of their lives.

We would axe the tax, build the houses, fix the budget and stop the crime.

I would like to put forward an amendment.

I move:

That the motion be amended by deleting all the words after the word "That" and substituting the following:

"The House decline to give second reading to Bill C-64, An Act respecting pharmacare, since the Bill does nothing to address the health care crisis and will instead offer Canadians an inferior pharmacare plan that covers less, costs more and builds up a massive new bureaucracy that Canadians can't afford."

• (1140)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, it is really important to look at the contrast between what the Government of Canada, the Liberal Party, and the Conservative Party are espousing. We are the only party that is espousing the national health care system that Canadians have grown to love for generations now. What we are talking about is expanding it and looking at ways we can complement the national health care system by bringing in a pharmacare program or at least taking a good step forward. That is what we are proposing.

The Conservatives, on the other hand, are proposing to kill it. They are proposing that the federal government should not play a role in many aspects of health care. I believe that the Conservative Party is doing a great disservice to Canadians. Can the member give a clear indication as to why the Conservative Party does not believe pharmaceutical care has the role to play in Canadian health care that Canadians want it to play?

Mr. Stephen Ellis: Madam Speaker, what this member says is categorically untrue. What we have pointed out with the eloquent speech that I just gave is that 6.5 million Canadians do not have access to health care. We know that the wait times are the longest that they have ever been in the history of this country. With the booing and guffawing behind me, they know it is all true that the difficulty that exists inside the current health care program is the inability of Canadians to access the program.

Why would we continue to put lipstick on a pig when the Liberals' inaction has allowed the system to deteriorate to the point where many Canadians say that the system is failing them, as indeed it is? When 17,000 to 30,000 men and women a year in this country are dying on a waiting list, that is a failing system.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, my colleague, the Conservative Party health critic, touched on an important point: access to care and wait times.

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Would he tell us about the Conservative Party's plan to reduce wait times? After all, when we were talking about health transfer agreements, I did not hear his leader lobby very hard in favour of doing more than what was on the table, which the provinces know will not be enough to resolve the problem he raised earlier.

How does his party plan to really strengthen health care systems in the provinces and Quebec?

Mr. Stephen Ellis: Madam Speaker, I believe it is always important to work with all the provinces and encourage necessary changes within the system, but also to respect provincial jurisdiction, which is a fundamental issue. I am sure provincial jurisdiction is important to my colleague as well.

That will be the Conservatives' goal when we form government.

[*English*]

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, I had flashbacks when the member was speaking because, of course, we lived through the terrible years of the Harper regime. When the member said the Conservatives would take care of health care, we saw what the Harper regime did, which was to gut health care across the country, leading to the crisis we see today.

The member talked about credential recognition. I heard the same speech from Harper and his minions just before the Conservatives formed government, and the reality was that they did nothing on credential recognition. They doubled the cost of housing. They increased and doubled the lineups at food banks. The Harper regime was absolutely dismal. We lived through it and that is why the Conservatives were thrown out of power. Now, the Conservatives are saying that this time they would be better, but it kind of strikes at credibility.

The member did say very clearly that the Conservatives would destroy pharmacare. This is in Cumberland—Colchester, where 17,000 of his constituents actually need the kinds of supports that come from providing support for diabetes medications, which can run up to \$900 a month. I would like the member to say clearly to his constituents in Cumberland—Colchester whether Conservatives would gut pharmacare. Do they refuse the kinds of supports that 17,000 people in Cumberland—Colchester need?

• (1145)

Mr. Stephen Ellis: Madam Speaker, I am not sure in what fantasyland the member was listening to the fantastic speech I gave. There was no mention of anything that he said in his question, so I am not sure where that came from.

That being said, what we do know is that a new day, a new dawn and a new sense of hope is out there with Canadians because of the hope that we, as the next Conservative government, are able to give Canadians. We know of the damage the policies of the NDP-Liberal coalition have caused for Canadians. As I said, the numbers speak for themselves. There are 6.5 million Canadians who do not have access to primary care.

As far as the great people of Cumberland—Colchester go, Nova Scotia, much like my colleague's riding in the great province of Quebec, has a program for pharmacare that already enables all No-

va Scotians to access a pharmacare program, which, indeed, covers even more medications than the one put forward by the inept NDP-Liberal coalition government with the anemic formularies that it has so far put forward.

The great people of Cumberland—Colchester have access to wonderful programs and those are the things that a Conservative government should be supporting in the future.

Mr. Larry Maguire (Brandon—Souris, CPC): Madam Speaker, in relation to the question my colleague from Cumberland—Colchester asked the Minister of Health, I have a letter from a local dentist in my area and I am wondering if the member could refer to any similarities between the Canadian dental care plan and what is being rolled out in the pharmacare plan.

This dentist says that it may place our oral dental care system in serious jeopardy. He goes on to say that it is deeply flawed and stands to jeopardize our entire established system and how they deliver care to their patients. He said that only 70% of dentists have said they are likely to participate as a provider in the CDCP program. He went on to say that patients are going to be surprised to learn that dental care will not be free, they may not be able to choose their preferred dentists and nothing has been done to protect access to third party insurance.

I would ask my colleague from Cumberland—Colchester if he can outline more than he did in his speech, which was a great speech, by the way, any similarities he can see between this plan and the pharmacare plan.

Mr. Stephen Ellis: Madam Speaker, we know that the NDP-Liberal coalition wants to create federated programs that are going to reduce choices for Canadians and push those who do have access to the beloved care they now have into programs that will cover much fewer medications. For instance, we know at the current time that public programs cover about half of the medications that privately funded plans do. That will reduce choice for Canadians.

What incentive will there be for employers to continue to provide plans for their hard-working employees in the future if a federated plan with a few old medications on it is what is being offered “for free” on the backs of all Canadians? Of course, we know that does not account for the bloated bureaucracy that it will take.

As I mentioned, just to create a new Canada drug agency, in and of itself, will cost at least \$90 million. Even though my great colleague suggested that perhaps 70% of dentists may support it, we know from the figures now that only less than 10% of the 26,500 dentists in Canada have signed up for this program, which is severely limiting access for Canadians. Indeed, last week, in one day, four great supporters in Cumberland—Colchester showed up at my office and said they have a shiny card for the dental care program, but they cannot find a dentist to provide the care because of the terrible nature of this program, which was created without consultation with the great dentists who provide care to millions of Canadians across this country.

It is a shame. Liberals should be ashamed of their program and should be ashamed of the fact that they want to introduce another bloated federated program on the backs of hard-working Canadians.

• (1150)

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I would remind hon. members that we are debating the amendment.

The hon. member for Montcalm.

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, after what I have heard, I would like to begin my speech by commenting briefly on the answer given by the Conservative health critic, with whom I serve on the Standing Committee on Health. In his answer, he spoke strictly about the jurisdictions of Quebec and the provinces and made no mention of what kind of additional funding the Conservatives would provide for health transfers. If I understood him correctly, basically, the only real option Quebecers have is the Bloc Québécois.

On one hand, we have the Liberal Party, which says that it will give the provinces money but only on its own terms and while infringing on their jurisdictions. The Liberals are duplicating programs and efforts. On the other hand, we have the Conservative Party, which says that it will not bother the provinces and will respect their jurisdictions but it will not give them a single cent more. That is the choice facing Canadian voters, except in Quebec, where they can vote for the Bloc Québécois.

I will begin my speech with a brief comment, and I hope that the Minister of Health will listen carefully to what I am saying. He always talks about the great discussions that he has with the Quebec health minister. I will come back to that a little later.

I want to begin by saying that in June 2019, the Quebec national state, through its National Assembly, with a single voice and across party lines, responded to this desire to implement coast-to-coast pharmacare. The National Assembly and the national state of the people of Quebec have not changed their position on this issue. The motion that was adopted the day after the Hoskins report reads as follows:

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;

I should point out that it has now been nearly 28 years.

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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.

That is what is going on right now. This motion was moved in June 2019. The House passed a motion twice on recognizing Quebec as a nation. When we respect a nation as a national state, by allegedly giving it more than mere token recognition, then the least we can do is avoid the kind of heavy-handed approach taken by the current federal Liberal minister of health. We have to sit down respectfully with the people who administer a plan, which is not perfect.

In fact, I imagine that if the federal government was being stingy with the health transfers, it was because it wanted to funnel some of the money into pharmacare and dental insurance. We will talk about that later. In this case, the government should have come and sat down to see who has the expertise, learn how the Quebec system operates and arrange to provide the full compensation that Quebec is calling for, with no strings attached. In that regard, we need to stop all the speculation around what Quebec wants to do with the money.

• (1155)

Quebec's health minister was very clear when he said, "we have no problem adding this money to the drug insurance program. But it has to be without conditions. It is not up to them to decide what the best drug coverage is for Quebecers".

His intention seems pretty clear. There is respect for Quebec symbolically. They call Quebec a nation to avoid looking foolish. When it comes down to it, though, this must not have any legislative consequences, period. The debate could end here if full compensation were offered. The bill provides for a list to be prepared. Earlier I asked the minister if he knew the list of drugs covered in Quebec, but he did not wish to answer my question. Do members know how many drugs are covered by Quebec's drug insurance plan? The answer is 8,000. I wanted to bring this 792-page list, but I found it a bit heavy.

These sorcerers' apprentices would have us believe they will arrange all this in no time at all. They will create the Canadian drug agency while in Quebec, there is already infrastructure. Ottawa has so much money that they are going to create another structure. There will be a duplication of structures. Is the Institut national d'excellence en santé et en services sociaux, or INESSS, not doing its job properly? It has been 28 years since Quebec has been making decisions, analyzing all the elements at a molecular level and determining whether these elements, many of which are innovative, are to be reimbursed. They are included in the list. Whether we are talking about the public part or the private part of this mixed plan, everyone has access to the same drugs.

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This would have been a great opportunity to respect the Quebec nation. The Quebec national state and all its parties are asking for the same thing. The leader of the NDP, that progressive party, is lecturing us. He is completely out to lunch, though, when he says that the health problem in Quebec has to do with the fact that the government has not invested enough in health care. The Government of Quebec increased its budget by 50%. It has enacted reforms to try to do more with less. It implemented a number of reforms and a lot of structural modifications in an effort to achieve greater health efficiencies.

We have a partner that has not been putting enough money on the table. Then, a few years later, this same partner has the nerve to say that Quebec does not know how to manage its own health care system and tries to explain how it should be done. The first thing that partner should do is hand over the money. That would be a good starting point. Quebec's current resistance to all this federal interference should not be that hard to grasp. It is easy for the Prime Minister to say that he does not care about jurisdictions. The Prime Minister does not care about the Constitution. Well, let him reopen the Constitution, then. We will see if he really does not care. The government likes to lecture everyone else, but cannot even take care of its own people. That is the federal government. I will come back to that.

One might think this bill was well-intentioned, but the road to hell is paved with good intentions and the devil is in the details. I asked only one question: How many prescription drugs will be covered by the national public pharmacare program with a single universal payer? Will Quebec's list be used? Will Quebec have to take any prescription drugs off its list? Will INESSS be made redundant, or will it be able to continue doing its good work? Why is a Canadian agency being created to supersede the process we have in Quebec? We are not getting any answers to these questions. However, the minister claims he has maintained a very good dialogue with Quebec. I gave an example. I think the minister is having a dialogue of the deaf, where he listens only to himself and not the other party.

● (1200)

It seems to me that it was quite clear when Quebec's health minister, Christian Dubé, said, "we have no problem adding this money to the drug insurance program. But it has to be without conditions". He then added the following:

The government is not only refusing to give us the money we asked for in health transfers, but it also wants to interfere in an area under Quebec's jurisdiction. The federal government knows full well that this is a provincial jurisdiction. We have had our own pharmacare program since 1997. That is almost 30 years. We also cover the widest range of prescription drugs of all the Canadian provinces.

The federal health minister just told us that he has very good conversations with him, even though the Premier of Quebec felt it necessary to hold a press conference to tell the federal Liberal government—which is in a coalition with the NDP and was not so centralist before the NDP got involved—to mind its own business. The minister just told us this morning that they have very good conversations, but when we stand up in question period, we are told that we are trying to pick a fight. All we are saying is that the federal government should mind its own business. We are only relaying the message from the National Assembly of Quebec, not from a single party but from all parties, on pharmacare.

The reason Ottawa has money in the first place is because of the fiscal imbalance. Well, we are going to enhance our own program. I challenge anyone here this morning to prove they could do a more competent job managing our program than those who are doing it right now in Quebec City. I challenge anyone willing to make that claim to go make their case to those managing the program and prove that they have the competence. I am talking not only about provincial competence in the jurisdictional sense, but also about incompetence. In that respect, I have a short list I will return to later.

Bill C-64 has put the cart before the horse, as the saying goes. Today, rather than sitting down, holding a summit, talking to people, looking at what was being done and coming up with something of substance, the government announced an intention of putting something in place. However, it did not talk to anyone, it is not open to anything without conditions, and it is saying that Quebec must march to the beat of Ottawa's drum.

This is not well intentioned; this is a political deal to stay in power until October 2025. That is what this bill is really about. That is what is behind it, because no one could be this keen to jump into as sensitive and critical a field as pharmacare.

Drugs in 2024 are not like they used to be in 1996 or 1997. We are not talking about codeine or Tylenol. We are talking about innovative molecules that often give rise to treatments that could potentially allow patients to avoid surgeries and transplants. A case in point is Trikafta for cystic fibrosis. Patients can take two pills and a glass of water a day, instead of being hospitalized for 280 or 320 days a year, instead of having to get a lung transplant. This drug needs to be covered. How will the list be compiled, and how can we trust the federal government, which starts things but then walks away?

After all, this is the government that pilfered from the EI fund and from workers and that never did the right thing by returning the money. This is the government that dumped the federal deficit on the provinces and cut health transfers in the mid-1990s. Jean Chrétien travelled the world, boasting to the G7 countries that all he had to do to balance his budget was cut health transfers and that the best part was that people were protesting in front of the Quebec National Assembly, not in front of the Parliament of Canada. That is what the federal government is like.

● (1205)

It is creating a program now, but how many years will it be before the government disengages because it got the math wrong, it is unable to manage the program properly, and the infrastructure is cumbersome and redundant, when the money should be on the ground, going directly to patients as quickly as possible?

The minister delivered a very nice speech, saying the governments get along really well, the principles are sound, the Quebec government wants to co-operate. In reality, the Quebec government's response was to ask Ottawa to mind its own business.

The federal government is not even capable of handling its own affairs properly. Think about the whole F-35 saga or the lack of investment in defence. Think about Phoenix, the borders, passports, asylum seekers. The national emergency stockpile was empty when the pandemic hit. The Global Public Health Intelligence Network had been dismantled and was ineffective at the start of the pandemic. The federal government should mind its own business and clean up its own house before lecturing us.

It lectures the provinces about health care management, but it is the worst employer for federal health employees. Communities under the federal government's jurisdiction are neglected. The funding Ottawa provides for public health care is insufficient, to be sure, but the federal government treats its employees worse than the provinces do. How it can then lecture anyone, I just do not know.

The bill seeks to put in place principles, and then, based on these principles, a list will be compiled. After this list is compiled, an agency and then a committee will be established. The government is so clueless about where it wants to go with this that it is tabling a bill to create a committee that will make recommendations for rolling out pharmacare. Bravo.

The Bloc Québécois is not opposed to state pharmacare. It already exists in Quebec. It is far from perfect, there are positives and negatives, but it does guarantee minimum coverage. What we are calling for is what the National Assembly has always demanded: the right to opt out with full compensation. Given how long Quebec has been administering pharmacare, if there was a real need elsewhere, I imagine others would have followed suit. However, that was not the case. We are going to ensure that no one is ever allowed to dismantle our system or reduce our coverage.

Medication is currently free for people aged 18 and under. The system is not perfect, of course, and there are certain fees involved. However, if we had the money, we could increase free coverage without compromising on the list of drugs we cover.

Does the federal government really know how much it is going to cost to make everything free from the first dollar invested? I am not sure these sorcerers' apprentices really know what they are doing. Based on the reaction of the National Assembly and the Quebec government, I am certain the federal government has never sat down with them to have a serious conversation about it. Quebec's example and expertise are not going to be on the agenda as the government implements its system.

• (1210)

[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, many years ago, the Province of Saskatchewan implemented a policy and a program that ultimately led, in good part, to the national government recognizing how important it was to develop a national health care system.

As a direct result, over generations now, we have benefited from Canada's system. However, many people advocated, over the years, for a pharmacare component. What we are seeing today is historic legislation that would lead us to achieving that particular goal.

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This is something that is universally shared across the country. People residing in every province understand and have faith in the Canada health system, whether they are in Winnipeg, Toronto, Montreal, Vancouver, Halifax or any municipality in between. There is a great deal of support for the federal government to be involved in health care. That is why we have the Canada Health Act.

Does the member not believe that Canada has more of a role to play than just being an ATM?

[Translation]

Mr. Luc Thériault: Madam Speaker, this is our money. What I just heard is very insulting. My colleague talks about an ATM when it is the government that manages our taxes.

All that we are asking for, and what everyone is asking for, is that the Government of Canada make a substantial and recurring investment in health transfers instead of the insignificant amount that has been put on the table.

During the third wave of COVID-19, experts told us that the side effects of the pandemic on non-COVID-19 patients could take from five to eight years before subsiding. Right in the middle of the third wave, what did the government do? It supposedly waited until after the pandemic to give the provinces *peanuts* to care for their people. That is not only insulting, it is absolutely criminal.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, I would like to thank my colleague for his passionate and factual remarks opposing the costly Liberal-NDP coalition and all its ridiculous programs.

My question is this: When the Bloc Québécois has the opportunity, will it vote against the budget, the government and the costly coalition?

Mr. Luc Thériault: Madam Speaker, we will look at the budget. Just yesterday, given Ottawa's encroachments into areas of Quebec jurisdiction, the Bloc Québécois House leader said that we could not vote for this budget. We will indeed vote against the budget.

However, I will let our critics take a position on this. That is not my job, as I am the health critic. I will not presume to take anyone else's job. In principle, the Bloc Québécois should vote against this budget because it does not respect the Quebec national state or the Quebec nation.

• (1215)

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Madam Speaker, I would like to thank my colleague for the points he raised in his speech.

As a progressive jurisdiction, Quebec is recognized as having a stronger social safety net than what exists in most of Canada, including its drug insurance plan, child care program, housing and so forth. This is not by chance; it is clearly the result of the battles waged by Quebecers over decades.

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That being said, there are many Canadians who have fought to expand and strengthen the health system in the rest of Canada. I am proud of the work done by the NDP on pharmacare. We have major concerns when it comes to the promises made by the Liberals. We feel we have to make sure to expand the pharmaceutical services that Canadians are entitled to.

Does my colleague agree that Canadians should have these services? As the NDP said, should there be negotiations with the Government of Quebec?

Mr. Luc Thériault: Madam Speaker, I am happy to see that the NDP member appears to know more about Quebec society than her leader, who said that, if things are not going well with health care in Quebec, it is because we are not investing enough. Since 2018, Quebec's health care budget has actually increased from \$40 billion to \$59 billion. We are investing in health care. The problem is that the federal government is not doing enough.

If other provinces want to adopt a pharmacare plan, they are free to do so, but I would like to hear the NDP and the member explicitly say that Quebec should have the right to opt out unconditionally with full compensation.

Mr. Rhéal Éloi Fortin (Rivière-du-Nord, BQ): Madam Speaker, my colleague from Montcalm's speech was extremely interesting.

I have been listening to all this and observing the federal government's spending spree in provincial areas of jurisdiction over the past few weeks, which is obviously terrible. I wonder if the real problem we are having with this bill and with the way the NDP-Liberal government is behaving by investing in provincial areas of jurisdiction is not a tax collection problem. Quebec collects taxes from us taxpayers so it can provide services within its jurisdiction; the federal government also collects taxes for services within its jurisdiction, and it always says it has too much and will give some back, but with conditions.

Is the problem we have with the bill not the same problem we have with every bill that encroaches on the provinces' jurisdictions? In the end, is the solution not simply for the federal government to stop taking more money out of Quebecers' pockets than necessary?

Perhaps Quebecers should finally make the decision to leave Confederation.

Mr. Luc Thériault: Madam Speaker, no one will be surprised to hear me say that, by continually oppressing us, by not recognizing that we are a national government, by making sure that any recognition is merely symbolic and has no legislative impact at all, the federal government is making sure that, one day, Quebecers will decide to take control of their own affairs and make Quebec its own country.

[English]

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Madam Speaker, with respect to our monetary policy and how it relates to health care policy, I did some quick math: \$1.2 trillion of national debt at a 4% interest rate would be \$48 billion for annual servicing costs.

What does the member for Montcalm think the likelihood is that the Liberal promises about health care, dental care and now pharmacare would actually be successful in this environment of high debt servicing costs?

[Translation]

Mr. Luc Thériault: Madam Speaker, there is not much time left until the election. The Liberals are incapable of hearing Quebec's demands, among other things. Quebec will not prevent the federal government from doing what it wants everywhere else, but it is warning the federal government to be careful, because Quebec requires the right to opt out unconditionally with full compensation. I think that, if the federal government denies this, it will not have time to do anything.

If the next government is Conservative, as today's polls suggest, I think that there will not be much for health care. If I understood the Conservative Party's health critic correctly earlier, the Conservatives will not interfere or tell us what to do, but we will not get a penny.

• (1220)

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, to begin, I will respond to my colleagues from the Bloc Québécois, because they do not seem to have read or listened to the Quebecers who support this bill.

I will start by reading the statements issued by the Centrale des syndicats démocratiques, or CSD, the Confédération des syndicats nationaux, or CSN, the Centrale des syndicats du Québec, or CSQ, and the Fédération des travailleurs et travailleuses du Québec, or FTQ. These labour federations represent one million Quebecers. When we factor in the families of these workers, these federations represent more than one-third of Quebec's population.

The labour federations said that they:

...welcome the introduction of a pharmacare bill by the federal government to lay the foundation for a future universal public pharmacare program. Several aspects of this bill are encouraging, including the fact that it takes into account the principles of the Canada Health Act (public administration, comprehensiveness, universality, portability and accessibility), maintains long-term federal funding, covers birth control and diabetes medication, and includes first dollar coverage.

I also want to quote the leaders of the labour federations. First, Luc Beauregard, secretary-treasurer of the CSQ, had this to say:

Quebeckers deserve better. They need a universal public pharmacare plan as soon as possible.

Next, Magali Picard, president of the FTQ, said this:

With the rising cost of living, many Quebecers are struggling to make ends meet. Every year, more than one person in 10 goes without prescription drugs because they cannot afford them. That sort of situation should not be tolerated. Medication should be free, because no one chooses to be sick and to need medication.

I would like to mention that “[t]he labour federations believe that Quebec is misguided in calling for an unconditional right to opt out.”

Caroline Senneville, president of the CSN, had this to say:

We feel it would be unacceptable for Quebec to receive federal funds unconditionally in order to maintain a dysfunctional and unfair system...

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Finally, Luc Vachon, president of the CSD, had this to say:

It is unacceptable for a person's health to depend on their income or to be up for negotiation. Quebec has its own system, but it discriminates against those with lower incomes. A real universal public system must guarantee everyone the right to easily access medication. There is a strong consensus in both Quebec and Canada on the implementation of a universal public pharmacare program, and the time has come to move beyond constitutional squabbling so that everyone has real access to affordable medication.

Again, the leaders of Quebec's largest labour federations have been clear. They represent more than one-third of Quebec's population.

We just heard the Bloc Québécois's arguments against this bill. I am asking them very nicely to listen to Quebeckers rather than assuming that they know what Quebeckers think. The Bloc Québécois does not like to hear that this bill represents what Quebeckers really want. The reality is that these are the voices in Quebec that the Bloc Québécois should be listening to.

It is no secret that Quebec's current system is not working. People are falling through the cracks. This bill, which the NDP pushed for and which is before the House because of the NDP, will make a difference in the lives of Quebeckers and Canadians across the country.

• (1225)

That is my message to my Bloc Québécois colleagues. It is difficult to be against Bill C-64 after hearing all those people who have looked at it and want us to move forward with it. They want us to help those who have trouble paying for their diabetes medication, as well as the low-income people who are falling through the cracks. It is something worth thinking about. I hope that my Bloc Québécois colleagues will hear these voices and act accordingly by voting in favour of the bill. They cannot just be reactionary like the Conservatives.

[*English*]

First, I want to talk about the impact of pharmacare. A little over three years ago, I brought forward, on behalf of the NDP caucus, the Canada pharmacare act. This would have made a difference in the lives of Canadians from coast to coast to coast. There were 120,000 Canadians who wrote to their members of Parliament, hundreds of them wrote to each Conservative MP and systematically the Conservatives and Liberals voted against that bill, which would have established, on the basis of the Canada Health Act and its five principles of universal health care, pharmacare in Canada.

For me, this is poetic justice. Three years later now, because of the NDP's pressure, the work of the leader of the NDP, my colleague from Burnaby South, our health critic at the time, the member of Parliament for Vancouver Kingsway, and the entire NDP caucus, using our weight and our pressure in a minority Parliament, we have actually achieved something that will make a significant difference in the lives of people.

The Conservatives have said that diabetes and contraception is only a start, which is very true, but the reality is that when we talk about diabetes medication, the cost of having diabetes, which is a profound health challenge, can be up to \$900 a month. I cited a little earlier that a resident of Burnaby, B.C., Amber Malott, pays \$900 a month.

Each and every Conservative MP has in their riding 17,000 people to 18,000 people who would be impacted by this significant move forward in Canadian health care. They would benefit from that. The ones who are paying anywhere from \$100 a month to even \$900 a month finally have that burden taken off them.

The Conservatives have signalled they want to gut it. They blocked the bill last week and refused to even have it brought to the floor of the House of Commons. They have indicated that they will try to block and destroy this legislation at every step. We have to ask the question, why? Is it just weird ideology, is it just their extremist leader or is it the fact that they have not even read the legislation and have not consulted their constituents? If they talked to 17,000 people or 18,000 people in each of their ridings, they would find those constituents saying that we need to adopt legislation, that they cannot continue to pay \$200 a month, or \$500 a month or \$900 a month for medication, that they simply cannot afford to put food on the table or keep a roof over their heads and pay for this medication at the same time.

If the Conservatives consulted their constituents, they would hear overwhelmingly from those 17,000 people or 18,000 people that this would make a difference in their lives. I certainly will be going out to Conservative ridings and consulting their constituents, because they seem unwilling to do so. For them to block the bill and to say that they do not even want it discussed on the floor of the House of Commons indicates their extremism within—

Some hon. members: Oh, oh!

• (1230)

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to remind members there will be an opportunity for 10 minutes of questions and comments. If hon. members have questions and comments, they know they should wait until the appropriate time to ask them.

The hon. member for New Westminster—Burnaby.

Mr. Peter Julian: Madam Speaker, from the reaction of the Conservatives, it is obvious they are a little worried about this. They know that they have not consulted their constituents. They have not talked to them.

The Conservatives love to say that they are concerned about affordability. We recall that under the dismal, terrible Harper regime, food line-ups and the price of housing doubled. They say that Liberals did the same thing, but the reality is that the Conservatives, at no point, have ever taken responsibility for what they imposed on Canadians. At least the Liberals are willing to accept NDP leadership to bring forward things that will benefit people, such as dental care, affordable housing and, now, pharmacare.

If the Conservatives are sensitive about this, if they are saying that do not want people talking to their constituents, the 17,000 to 18,000 people who would benefit from having their diabetes medication and devices taken care of, we have to wonder about their motivation. They do not want to consult their constituents themselves and they do not want anybody else to consult their constituents. They just want to, in a disconnected way, make their speeches in the House of Commons, without actually talking to the people who would benefit from the bill.

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We have to wonder about the kind of responsibility the Conservatives take as elected representatives, particularly given how deplorable their record was when in government. Under the Harper regime, it was the worst government in Canadian history. I could easily spend hours speaking to that, and in fact I did.

As members will recall, I spoke for 14 hours about the 2012 budget and the appalling impacts of that budget on Canadians, on Canadian seniors and on environmental policy. I could literally speak for hours about the scandals, the dishonesty, the lack of transparency and the brutality of the Harper regime; about what it did to seniors, forcing them to work longer; what it did to veterans by shutting off all their services. However, I am going to leave that for today. Hopefully, at some future time, we can really remind Canadians how dismal and terrible the Harper regime was. The Conservatives who were there should be ready to apologize, but they have never apologized for everything they did.

Here is an opportunity for the Conservatives to address the wrongs when they were in government, when housing prices doubled, when they slashed affordable housing and when they ensured that services were gutted. They have an opportunity to address some of those things, and they are saying no. They are refusing to provide pharmacare or have any kinds of supports for the people in their ridings, the 17,000 or 18,000 people in each of their ridings who would benefit from having their diabetes medication covered. They are saying that they do not want to help their constituents at all. That is a sad thing.

The reality is that this bill on pharmacare would make a big difference, on average, for every member of Parliament, not just the Conservatives. Every member of Parliament in the House of Commons would see 17,000 to 18,000 of their constituents benefit. The people who are struggling to pay for their diabetes medication, to put food on the table and to keep a roof over their head would benefit. Imagine the cost of up to \$900 a month, and we are talking about a \$10,000 benefit, yet the Conservatives say that they are not interested.

There is more. This is where we get back to three years ago when this was brought forward in the House of Commons. The Conservatives and Liberals, with alacrity, voted down the Canada pharmacare bill. Thankfully, the Liberals are now apologizing for that by bringing forward and supporting the pharmacare bill.

As we know, with pharmacare writ large, and the Parliament Budgetary Office has indicated this so many times, the overall savings to Canadians would be about \$4 billion. The savings to our health care system are enormous. Many of the people who end up in our emergency wards across the country are there because they cannot afford to pay for their medication that keeps them in good health.

Canada is the only country that has universal health care, thanks to Tommy Douglas and the NDP fighting hard for it in the 1960s, but does not have universal pharmacare.

• (1235)

Why is it that every other country has coupled universal health care with universal pharmacare? It is that having access to medication beyond the hospital makes good sense for the health care sys-

tem as a whole. If someone can take the medication their doctor prescribes for them to keep them in good health, they are not going to spend their time in the acute care ward or the emergency ward at the hospital. We know what those costs are. An acute care bed over the course of a week is \$30,000.

Why would we not put pharmacare in place in a way that allows someone to stay in good health and to stay out of the hospital? That is why the Parliamentary Budget Officer stressed not only the savings to the health care system, but also the savings that come from bulk purchasing negotiations that have led other countries like New Zealand to reduce the cost of some of its medications by up to 90%.

It is no longer a multitude of hundreds of different negotiations taking place where the pharmaceutical companies can play one against the other. With a universal pharmacare system, we can tell the pharmaceutical companies what prices we are going to pay. When New Zealand reduced the cost of some of its medications by 90%, that was due to bulk purchasing being the best practice.

Conservatives will not talk about this at all because, quite frankly, I find most Conservatives are mathematically challenged. When it comes to budgets, they simply do not do it well. We saw it under the Harper regime and its record deficits. They are terrible when it comes to managing money and to paying down debt.

According to a stellar source, the Ministry of Finance, in its fiscal period returns, actually compared NDP governments with Conservative and Liberal governments at the provincial and the federal levels. NDP governments, over the last 40 years, have been the best at managing money and at ensuring money goes into the health care system for things like that.

Rather than paying money to the pharmaceutical companies, we need to be negotiating cheaper prices and making sure it is accessible to everybody, which then saves money in the health care system. It means fewer stays in acute care beds and fewer visits to emergency wards. It makes sense, which is why other countries have universal health care and universal pharmacare.

This is the first important step to universal pharmacare. It is to ensure that people who are forced to take diabetes medication and who need access to diabetes devices actually have them paid for and no longer have to question whether they can pay for them. If they cannot pay for them, they end up in the hospital and it costs our health care system far more than having pharmacare in place. It just makes good sense.

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It is not just that people who cannot afford to pay for their medication end up in acute care beds and in emergency wards, but Canadian nurses have been telling us for years that, tragically, hundreds of Canadians die every year because they cannot afford to pay for the medication that would keep them alive. That is hundreds of Canadians.

This has been a crisis in our health care system. People cannot afford to pay for their medication, so they go to the hospital and cost the health care system more with an acute care bed, but worse, they also pass away. That creates even more mourning in the health care system. We simply should not be willing to tolerate that.

Conservatives and Liberals, for decades, have said that it is not their problem. They were not going to take charge of it. Thankfully, the Liberals, and I do compliment the Minister of Health for stepping up on this, are finally moving forward with the first step of pharmacare in Canada. This is vitally important.

Professionals in the health care system say that this is the smart thing to do. Financially, we know it costs \$4 billion less to have a pharmacare program in place than it would to continue with the patchwork we have now. If we could save hundreds of lives, then all these things make sense. It should not even be a matter of controversy. This should be adopted at all stages and adopted by all members of Parliament.

● (1240)

As I mentioned, 17,000 to 18,000 Canadians, in every riding in the country, would benefit from just having access to the diabetes medication that is prescribed in the bill. The NDP is happy to see this first step taken. We are not going to give up. We are going to keep pushing. I have constituents who are paying \$1,000 a month for heart medication, and that is going to be the next push for us. However, we believe strongly that the House should be adopting the bill. We should move it to committee, and we should get going with putting in place the first steps of pharmacare in Canada.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I have often witnessed a sad thing in Manitoba, where individuals who go into hospital situations require medications after they leave the hospital. While they are in the hospital, the medication is free, but when they leave, they have to cover their own costs for medications. That puts many people, especially those on fixed incomes, in positions where they have to decide on food versus medicine. Ultimately, they end up going back to the hospital because they are not taking the medications that they should be taking.

When I think of the long term and how we evolve and develop a pharmacare program, we should be reflecting on what it initially meant when we brought in a national health care system, and there was always the thought of having a pharmacare component to it. I wonder if my colleague could provide his thoughts on how important it is that we recognize this as is a stepping stone moving forward into a stronger and healthier health care system.

Mr. Peter Julian: Madam Speaker, I often disagree with the member for Winnipeg North, as he disagrees with me, but on this issue, we are in solidarity because he is absolutely right. We are wasting tax dollars on a health care system that has been dysfunc-

tional. When a person goes to a hospital due to a medical emergency, medication is paid for. Then, the moment they leave, it is up to them, and they are on their own. If they have to scrimp on food or have to move out of their apartment to pay for that medication, it is up to them. The reality for so many Canadians, for hundreds who die every year, is that they simply cannot afford to do all those things. It is time that we put in place pharmacare, and it is time that we start extending it to other types of medications.

Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC): Madam Speaker, this is not a pharmacare plan; this is a PR exercise by an NDP-Liberal coalition that is floundering in the polls. There is a reason that almost a quarter of the NDP MPs are not seeking re-election.

The member is from British Columbia, as am I also. As he was speaking, I was looking up what the plan is for pharmacare in B.C. It says, specifically, that pharmacare covers approved diabetes management supplies and most insulin. It is already covered. The plan being proposed does not even compare.

I wonder if the member will also mention that, due to inflationary spending, we have to pay \$50 billion in interest and that it is actually undermining health care across Canada.

Mr. Peter Julian: Madam Speaker, I think the member has just made my point.

Yes, B.C. is already moving. It is the leader in the country in terms of affordable housing, with more housing built in British Columbia than in the rest of the country combined. It is a leader in the country in environmental legislation, in health care investments and in post-secondary education. Therefore, the member is absolutely right to point out that the B.C. NDP government is doing the best job in the country of any government, and we appreciate that he is acknowledging that. The point is that we want to bring these best practices from B.C. and put them in place right across the country.

The member also mentioned deficits. I find it rich that any Conservative would talk about deficits after their deplorable record of \$30 billion a year given to overseas tax havens. Under the Harper tax haven treaties, it was \$30 billion. Over their watch, it was \$300 billion. They have been absolutely deplorable in financial management, and we are still paying the cost today.

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• (1245)

[*Translation*]

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Madam Speaker, I would like to start by pointing out what the NDP member did, that is, highlight the exemplary work of Quebec's labour federations, which fought for years for Quebec to implement universal pharmacare. We succeeded. For 20 years, I took part in the fight that led to the implementation of the pharmacare plan Quebec has today. The plan is not perfect, but it is false to claim that Canada is going to create a pharmacare plan without taking the reality of Quebec and the provinces into account.

If my colleague were honest, he could also have said that the labour federations called for the right to opt out with full compensation. It says so in their statements. However, the NDP does not care about that because it wants social programs that extend from coast to coast to coast. We know that New Zealand has a population of five million. Canada has a population of 34 million, and this number will continue to grow.

If the federal government does not respect the provinces' jurisdictions, in particular when it comes to administering social programs and programs like health care, that goes totally against what Canada stands for.

Mr. Peter Julian: Madam Speaker, the Bloc Québécois should apologize for trying to distort what I just said. Caroline Senneville, president of the Confédération des syndicats nationaux, said the following: "The labour federations believe that Quebec is misguided in calling for an unconditional right to opt out."

Luc Vachon, president of the Centrale des syndicats démocratiques, said that "the time has come to move beyond constitutional squabbling".

The reality is that all of these labour federations, which represent one million workers in Quebec, which amounts to almost one-third of Quebec's population, said that they welcomed the introduction of a pharmacare bill. Consequently, the Bloc Québécois should take responsibility by supporting the bill and sending it to committee so that we can move forward with the bill, which the labour federations welcome.

[*English*]

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, it was fascinating to watch the Conservatives put up their doctor who just trashed the notion of medical treatment, not with any facts, but with those kinds of bumper-sticker slogans: four legs good, two legs bad. I was trying to understand how a doctor could be so dismissive of basic health care. Then, of course, it dawned on me that the Conservatives' deputy leader was a lobbyist for AbbVie. That was a company that jacked up its medical prices for seniors by over 470%, so we know what the Conservatives would do with seniors and medical treatment. They do not want seniors to get pharmacare. Then, we also find out that the Conservative Party's governing body is full of lobbyists for big pharma.

I'd like to ask my hon. colleague why the Conservative MPs and their one doctor are so concerned about protecting the interests of companies that they worked for that have jacked up medical costs on basic pharmacare for seniors.

Mr. Peter Julian: Madam Speaker, that is an excellent question from my colleague from Timmins—James Bay. The corporate Conservatives are all over; there are lobbyists in their ranks and lobbyists influencing the Conservative Party. They see Canadians as plunder, and they can just jack up oil and gas prices. It was jacked up 30¢ in British Columbia as gas price gouging, and not a single Conservative MP from British Columbia said one word. With grocery price gouging and food price gouging, we find out that the director of the next Conservative campaign is a Loblaw's lobbyist. There is not a word about food price gouging. The Conservatives simply allow the corporate sector to plunder Canadians. We saw this under the Harper regime. As my colleague from Timmins—James Bay points out, it was the worst government in Canadian history.

We saw big corporations basically ravaging this country. The Conservatives' massive giveaway of \$30 billion each and every year did not go to seniors, to students or to health care. It does not go to support any building at all in the country. It went to the Harper tax haven treaties. Basically, they signed a whole bunch of tax haven treaties so that the wealthy and the big corporations could take their money overseas and not pay a dime of tax. Conservatives should be ashamed of themselves.

• (1250)

Mr. Chandra Arya (Nepean, Lib.): Madam Speaker, I am going to share my time with the member for Kingston and the Islands.

Bill C-64, the pharmacare act, is a transformative shift in our national approach to health care. We are taking a decisive step towards not just improving health care but also fundamentally redefining what it means to be a part of this great nation.

Health care is a cornerstone of Canadian identity, rooted in the belief that access to medical care should be based on need, not ability to pay. However, until now, this promise has been incomplete, because it has not fully covered medications.

Bill C-64 would establish a framework towards national universal pharmacare in Canada for certain prescription drugs and related products, including free coverage for contraception and diabetes medication. This is more than policy; it is a new chapter in our social contract.

This comes after our Canadian dental care program. That program reduced the financial barrier to accessing oral health care services for up to nine million uninsured Canadian residents.

Let us consider the significance of this moment. Many of our citizens, particularly the chronically ill and the economically vulnerable, have had to choose between medication and other essentials of life. This choice, which no one should ever have to make, has led to deteriorating health conditions, increased hospitalizations and, tragically, premature deaths.

Bill C-64 would also mandate that the Canadian Drug Agency works towards the development of a national formulary, develop a national bulk purchasing strategy and support the publication of a pan-Canadian strategy regarding the appropriate use of prescription medications.

Several G7 countries have implemented national pharmacare programs that vary in structure but share the common goal of improving access to medications. In the United Kingdom, the National Health Service covers most prescription medications, with patients paying a fixed prescription charge or obtaining an exemption. It has made medications free for children, the elderly and low-income individuals.

France operates a co-payment system in which patients are reimbursed for a significant portion of their medication costs based on the medication's necessity and effectiveness. Some essential medications are covered at 100%.

Germany features a statutory health insurance system that covers the vast majority of the population. Prescriptions require a nominal co-pay that is capped annually.

Similarly, Italy's national health system provides medications at low or no cost, depending on the medication's classification and the patient's income level.

Japan has a system where patients pay a percentage of the costs for their prescriptions. This is adjusted based on income, age and chronic health status, ensuring that no one is denied access because of financial constraints.

These G7 countries demonstrate a commitment to ensuring that essential medications are affordable. This reduces the financial burden on individuals and promotes better health outcomes across the population.

The United States and Canada have distinct health care systems that reflect differing approaches to health care management and funding. The U.S. health care system is predominantly privatized; health insurance is primarily provided through private entities. It is supplemented by government programs, including Medicare and Medicaid, for specific groups such as the elderly and low-income individuals. This system often results in higher out-of-pocket costs for individuals, depending on their insurance plans.

● (1255)

In contrast, Canada's health care system is publicly funded. Funded through taxation, it provides universal coverage for all Canadian citizens and permanent residents. Health care services in Canada are delivered through a single-payer system, meaning that the government pays for care that is delivered by private entities. This model aims to ensure that access to health care does not depend on one's ability to pay.

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While both systems aim to deliver high-quality medical care, the Canadian system is generally more focused on equitable access, whereas the U.S. system offers a wider range of provider choices and faster access to elective procedures, often at a higher cost to the consumer. The U.S. system also features higher health care spending per capita compared with Canada, which has managed to control costs more effectively through its single-payer system.

As a diabetic, I would like to touch on the transformative change that promises to reshape the lives of the more than 3.7 million Canadians living with diabetes.

Diabetes, a chronic and complex disease, poses one of the greatest health challenges in our nation, impacting an enormous swath of our population across every age, socio-economic status and community. The burden of diabetes is not only a personal struggle but also a national concern. The profound physical, emotional and financial strain of diabetes is well-documented. This disease, if not managed properly, can lead to devastating complications, such as blindness, kidney failure, heart disease and even amputations. However, despite the availability of effective treatments, a staggering one in four Canadians with diabetes has reported that, solely because of cost, they have not adhered to their prescribed medical regimen. This is not a failure in health management; it is a failure in our health policy.

The introduction of the pharmacare act is a beacon of hope. This legislation is a crucial step towards eliminating the financial barriers that too many Canadians face in accessing essential diabetes medications. By ensuring that no one is left out because they cannot afford their medicine, we would not only improve individual health outcomes but also enhance our nation's health security. The importance of this act for the diabetes community cannot be overstated. Improved access to necessary medications would mean better disease management and control, which would significantly reduce the risk of severe complications. This is a direct investment in the health of millions of people, and the ripple effects would be seen throughout our health care system. Fewer complications from diabetes mean reduced hospital admissions, fewer medical emergencies and a general decrease in the health care burden on our system. We are not just providing medication; we are restoring opportunities and enhancing the well-being of millions of Canadians.

I would say to all Canadians living with diabetes that this legislation is for them. It is a testament to our belief that, together, as a united nation, we can tackle the challenges of chronic disease with compassion and resolve. Let us move forward with the assurance that our government is committed to their health and well-being. Let us embrace this change, not just for those living with diabetes, but for us all, for a healthier, stronger Canada.

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To conclude, Bill C-64 lays out our plan for universal, single-payer coverage for contraception and diabetes medications. Through our bilateral health agreements with the provinces and territories, the Canadian dental care plan and now pharmacare, we are delivering on the promise that every Canadian deserves better health care.

● (1300)

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, one of the great failings of the Canadian medical system is that we stopped at the moment we brought in universal health care, which Canadians believe in and want, and did not go further in bringing forth the pharmacare every other G7 country has.

Considering what we are seeing now with right-wing provincial governments, such as Doug Ford leaving community after community in Ontario with ERs closed on the weekends and the fact that they will hire privatized nurses at huge costs while underfunding the public system, is the hon. member concerned that we are going to see the likes of premiers Danielle Smith, Scott Moe and Doug Ford try to kill a really important initiative to help Canadians? How will we prevent them from doing that?

Mr. Chandra Arya: Madam Speaker, the hon. member is right that the health care system is not perfect today. A lot of challenges are being faced, and the responsibility lies with the provinces.

The federal government has taken enormous steps to improve the health care of the country as a whole. We have allocated \$198 billion, mostly to the provinces and territories, to deliver better health care. My wish is that the provinces step up and shoulder their part of the responsibility to develop quality care for all residents.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Madam Speaker, I will follow up that question with some facts about Saskatchewan. Its provincial government is deeply engaged in assisting, as an example, its seniors get the medications they need if they do not have their own third party plan. My mother is a senior.

This program would not be sufficient and would be far more expensive than the care we have. There is a possibility that third party providers that exist now would throw up their hands, and no longer provide the kind of care that over 90% of Canadians are already receiving, to allow this program to exist in its stead. In challenging the provincial government in an area that is its responsibility and in which it is doing good work, is the member suggesting that maybe Canadians expect and fear this reality?

Mr. Chandra Arya: Madam Speaker, health care is important for all Canadians. It is the responsibility of all levels of government to work together collaboratively so Canadians get the quality health care they deserve.

Unfortunately, certain provinces are not in a very collaborative mood when it comes to dealing with the federal government, which has taken enormous steps during the last several years to provide additional funding to the health care system.

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Madam Speaker, I know my hon. colleague suffers from diabetes, so I am certainly interested in hearing his perspective as to why we are focusing on the two areas of diabetes and contraceptives at this

point. Why are we seeing the prioritization of diabetes and contraceptives in this bill?

● (1305)

Mr. Chandra Arya: Madam Speaker, there was a certain period of time in my life in Canada when I did not have any prescription coverage; therefore, as a diabetic myself, I understand personally how important it is that this sort of support is given to people who do not have coverage available to them.

As I mentioned in my speech, this is the first step towards dealing with that. We have to start somewhere. Diabetes affects a vast number of people. Coverage for contraceptives is available to about nine million Canadians, and diabetes coverage is available to about 3.7 million. This is a step towards a single universal pharmacare system in Canada.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Madam Speaker, I am very pleased to stand today and speak in support of this bill to bring in the first stages of national pharmacare to this country. Pharmacare has figured as a commitment in the Liberal platform. I would go further and say that it is an extension, really, of an arc of social justice that began many decades ago with hospital insurance. Before we had medicare, we had hospital insurance. If someone went to the hospital they did not have to pay, but then they would have to pay if they went to see their physician. Then, of course, we brought in medicare.

On that score, I would like to come back to something that the member for Cumberland—Colchester said that made me think back to 50 or 60 years ago. He said, in reference to dental care, that the plan for dental care would result in the dentist focusing more on the relationship with the payer, the insurance companies, than on the relationship with the patient.

That was one of the main criticisms of medicare in 1970 when the federal and provincial governments were implementing medicare. At the time, many medical professionals, doctors, said it would not be good because it would bureaucratize their profession as they would have to deal with government bureaucracy and that would leave less time to deal with patients. In the final analysis, we saw that it was a more efficient system. Doctors know that they will get paid. They do not have to hire a bill collection agency to collect medical bills and so on. It is funny that we are going back to arguments that were raised 70 years ago when there was opposition, initially, to implementing medicare in this country.

Government Orders

I would like to go back, for a moment, to the pandemic, because I think it is important. The pandemic was a watershed moment in so many ways. I think it will take decades of analysis and doctoral theses, maybe, to really understand how the pandemic changed our world. However, the pandemic did something for public policy that I am not sure we think enough about. It showed us that we can deliver support to citizens in ways that we never thought possible. If one had asked the government before the pandemic to offer support directly to Canadians through the CRA, through payments based on attestation, one would have been shut down right away. The bureaucrats and politicians would have said that it was absolutely impossible.

We proved that it was possible in a crisis to bring financial support to Canadians in a very streamlined way, in a very direct way and in a very timely way. I think that gave confidence to government that it could deliver other services in a very efficient way. Dental care is one example of that. I would bet that if someone had said we could deliver dental care directly through dentists with an insurance company making payments to dental offices and so forth, people would have said we could not do that as lots of bureaucracy would be needed. However, the pandemic showed us that we can do things directly and efficiently.

That brings me to pharmacare and this initial building block of a national pharmacare system. We have heard the Conservatives raise the spectre of a national pharmacare system requiring immense amounts of bureaucracy, but we have learned from the past that these kinds of services with this kind of financial support can be delivered rather effectively.

Now, we know that provincial health care systems across this country are bogged down in bureaucracy. We have seen some of the tragic consequences of that, but when we are talking about the delivery of drugs, each province has a very efficient and effective pharmacy network that already liaises with governments and with private insurance companies, such that when one gets a prescription, the pharmacist already knows that one is covered by a private insurer, or if one is not covered by a private insurer, they know that one is covered by the government system. There is already a very efficient infrastructure in place to deliver national pharmacare with the help of the infrastructure set up within the provinces, so I do not believe this idea that national pharmacare is going to create a heavy burden of bureaucracy.

● (1310)

The member for Cumberland—Colchester talked about the so-called blue seal program that his party is putting forward as a way of recognizing credentials for foreign-trained doctors. Our government is already doing that. Taking away from the fact that it is already provincial jurisdiction to recognize credentials, we do not hear any objections from the other side about invading provincial jurisdiction when we talk about recognizing credentials. The recognition of credentials is, in fact, something that is done by provincial colleges of medical professionals. All of a sudden, the invasion of provincial jurisdiction does not seem to enter into the picture.

However, the point is that, if we want to do that kind of thing, we are still going to need some bureaucracy. We are going to have to have some government employees who are coordinating something.

That is just the way it is in modern governments. Sometimes I fear that the Conservatives do not understand the realities of modern governments, but I will not get into all of that right now.

In terms of the role of the federal government when it comes to pharmaceutical products, let me go back to the CERB. It is conventional wisdom that it is the provincial governments that deliver social assistance in this country, yet during the pandemic I did not hear any provincial governments complaining that we were providing CERB to citizens in need. I did not hear it then. All of a sudden, it is back in the picture.

Back to pharmaceuticals, the federal government is deeply involved in the pharmaceutical industry. It does inspections of pharmaceutical companies. The Patented Medicine Prices Review Board has a role in determining the prices of pharmaceuticals. Health Canada is involved in approving drugs for safety and medical devices. This idea that there is this clean-cut distinction between the federal government and the provinces when it comes to those kinds of products is, I think, a bit of a stretch.

That being said I am not in the government but I think I can speak on behalf of the government. The federal government is not seeking to manage more things. We have lots of responsibilities. If the provinces can do something well, why not? If the provinces can achieve the goals that we have set, based on what Canadians want, then why not? The federal government is not seeking to manage all aspects of pharmacare, but I think that we are responding to the wishes and priorities of Canadians in proposing this plan.

I would like to come back to another argument that was raised by the Conservatives in this debate. Somehow, in a kind of twisted logic, it was suggested that national pharmacare is going to cause inflation. I do not understand that, but I could be wrong. Maybe I have a blind spot and I do not see all of the logic of the argument, but how can providing free drugs to Canadians who need drugs fuel pharmaceutical price inflation?

Pharmacare is an affordability measure. The Conservatives claim to care so much about affordability, but every time we want to do something on affordability, whether child care, pharmacare or dental care, they vote against it. I do not think they care about affordability.

● (1315)

Mr. Earl Dreeshen (Red Deer—Mountain View, CPC): Madam Speaker, I have a couple of points on the things I have heard this morning.

Of course, the NDP is talking about cuts that were there during the Harper era. If one were to look at the amount of money from the budgets over the years, when the Liberals first took power, that was the first time that it had ever ducked below the 3% floor that was given. That statement is certainly one that they talk a lot about, but it is incorrect.

Government Orders

The other question I would like to ask the member has to do with the formularies that the provinces already have. In order to get drugs approved, we go through the federal system, but then it goes into the provinces and they make the decisions on how much they can afford to cover. This is different around the country.

I am wondering if the member is at least curious about what the consequences will be when that decision comes from the federal government versus the provinces, whose responsibility it is to deliver health care.

Mr. Francis Scarpaleggia: Madam Speaker, the whole issue around pharmacoeconomics is very complex because governments look at the potential benefits of drug use versus the costs, and it becomes a budgetary and political decision. What we are doing with pharmacare is providing more funding so we can surmount these political and budgetary obstacles to providing Canadians with the drugs they need for free.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, I have been listening intently to my Conservative colleagues, who promise something and then oppose it. For example, they really pushed for the suicide hotline and then voted against it. They tried to cut off the funding for it. One wonders why they do these things.

I was noticing the Conservative deputy leader was a lobbyist for AbbVie. This is a pharmaceutical company that jacked up the price of medications for senior citizens by 470%. We know who the Conservatives work for. They are not there for seniors. They are not there for ordinary people. They are freaked out that, if people have access to medication and the Conservatives get into power, they are not going to be able to rip off seniors to benefit the lobbyists, who are pretty much running the national Conservative Party and certainly the deputy leader. This is why we have seen their complete unwillingness to take on grocery price hikes, because the member in Stornoway's boss is a Loblaw's lobbyist.

I would like to ask the member what he thinks about a party that would go along with jacking up medication for senior citizens by 470% to benefit its friends.

Mr. Francis Scarpaleggia: Madam Speaker, the first thing I would say is that I hope those individuals will not end up working in the health minister's office. That would be a tragedy, of course. However, what is important is that we have a lobbyist registration system and that lobbyist registration system ensures we have the kind of information the hon. member has taken good care to collate and to share with the House and with Canadians.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I am wondering if the member can expand on his comments regarding the recognition of credentials. The Conservatives are going around misleading Canadians by indicating that they have this grand blue seal program. It is as if they are going to form government and all the individuals who have credentials would get their credentials recognized. It is as if these individuals would just need to write a Conservative exam and miraculously they would be able to work in health care across Canada, across the provinces and so forth.

Would the member not agree that is exceptionally misleading to a very vulnerable component of our communities?

Mr. Francis Scarpaleggia: Madam Speaker, I agree. They are not just doing that with the blue seal program. They are doing it with climate change by suggesting there is some kind of magic bullet that does not cost anybody anything and we can magically get rid of greenhouse gas emissions. Yes, they need to be more forthcoming—

Mr. Ron Liepert: You guys can't even be honest with each other.

Mr. Francis Scarpaleggia: Madam Speaker, the opposition needs to be more forthcoming and be a little more direct and frank with Canadians.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to remind the hon. member for Calgary Signal Hill that, if he has questions and comments, he should wait for the appropriate time and not try to contribute to the debate until such time.

Resuming debate, the hon. member for Cariboo—Prince George.

• (1320)

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, it is an honour to rise today to speak to Bill C-64.

We have heard some doozies over the last day. Of course, today is budget day, so we will hear some more doozies about the billions upon billions that will be spent and heaped on the backs of taxpayers.

One of the reasons it is such a great honour to speak to Bill C-64 is that I get a chance to split my time with the newly minted Conservative member for Durham. Finally, we have a true blue Conservative in Durham, and I cannot wait to hear his speech. I believe it may be his maiden speech today. He is a great member of Parliament. If anybody has not heard his story, it is a true testament that a person can do anything they want if they set their mind to it and do not accept the barriers that life has placed before them. He is a cancer survivor. He was ruled illiterate in grade school and then went to Yale School of Law just seven years later. I am so honoured to share a bench and split my time with my colleague from Durham.

We are speaking about Bill C-64, which is yet another promise or plan of the Prime Minister's to hold onto whatever shreds of power he has. It is essentially a power grab, again. We will be talking a little about some of this announcement, as well some of the other failed announcements that the Prime Minister and his "speNDP" coalition have undertaken in the last four or five years.

Government Orders

From the onset, I will say that I believe that if a Canadian needs medication, we should be doing everything in our power to make sure they have access to the medications they need. However, this bill is not a pharmacare bill. It is a plan or a promise to work towards a bigger pharmacare system. Where did we hear that previously? Oh, that was with the dental care plan that we saw earlier, and now we are hearing that less than 10% of dentists across our country are signing up to it. It is a failed system. I will have more on that as we go further.

The Conference Board of Canada estimates that over 97% of Canadians are already eligible for some form of drug coverage. Over 27 million Canadians rely on privately administered workplace plans. I spoke with insurers who have no idea how this pharmacare plan would work. Are they to scrap their plans altogether? What happens to those 27 million Canadians who already have a plan?

Despite what the health minister said, that he has a great working relationship with Quebec, that was proven wrong time and time again. I believe it was the Quebec health minister who went public to say that there are no talks and that they do not agree with what the federal minister is saying regarding health care. We have seen this time and again with the Liberal government.

Going back to 2015, the member for Papineau campaigned on doing things differently. He campaigned on having the most open and transparent government in the history of our country. Wow. The one thing he has accomplished is having the most scandal-plagued government in the history of our country, and the NDP coalition is complicit in the cover-up of those scandals.

The pharmacare bill is just another in a long list of bills that allowed the Liberals to get in front of the cameras and say they are getting things done for Canadians, when they are really just trying to pull the wool over everyone's eyes.

• (1325)

Now, the Liberals and the NDP will stand up, pound their fists and say how bad Stephen Harper was in the dark years of Stephen Harper. Here is a news flash. The Liberals have been in power for nine years. If it was a priority for them, then they could have gotten it done. They had a majority, and now they have a majority with the NDP, so they could get things done if they really wanted to get things done.

Bill C-64 is nothing more than a photo op; that is it. It does not actually do anything concrete. It talks about, "to consider when working towards the implementation of national universal pharmacare". In other words, it is just another broken election promise. Why does the government not work with pharmaceutical companies to bring down the cost of all drugs to Canadians? That is a novel idea, but nothing is mentioned in there. All we get are future promises and no plan. Let us really, truly be honest with Canadians. This is a not a pharmacare plan; it is an empty promise that will not even come close to covering every medication that Canadians use.

I spoke about promises. We have heard that Nova Scotia has a bit of plan. We heard that Quebec, obviously, has a plan and was not even consulted on how it has done it. My province of B.C. has the fair pharmacare plan. As a matter of fact, we have 12 plans under

that one plan for British Columbians who have trouble accessing medication.

What the Liberals have proven time and again is that, after eight years, they neither trust nor respect Canadians. Apparently, they also think that Canadians are too foolish to see through the truth that is right before their eyes. The truth is that after eight long, miserable years, the NDP-Liberal government is simply not worth the cost. We say that time and time again. With this government, the choice is between costly programs and future promises, or should I say false promises, and Canadians know that NDP-Liberal promises never come true.

After eight long years of this Prime Minister, there have been so many broken promises. In 2015, he promised affordable housing, and then he doubled the mortgage, rent and down payment costs. It now takes 25 years to save for a down payment on the average home. In Vancouver, a person has to earn almost \$250,000 just to afford a home. Most young Canadians believe that they will never be able to afford a home. That used to be the dream; now it is just a nightmare. He promised that the carbon tax would not cost us anything, and now we find out that over 60% of Canadians pay more because of that tax. He doubled the tax; actually, he raised it by 23% on April 1, which was an April Fools' Day joke on all of us.

I talked briefly about dental care, and I want to read something from a dental office in Prince George, which wrote that what has been put out to the public as far as the coverage is totally not true. The dental office said that the government has said to the public is that this is free dental, but that it's nowhere close to being free dental, unfortunately. That's why, they said, there's frustration from patients who are signing up and phoning around. Patients are saying that they have free dental now, and they, the dental offices, have to give them the bad news.

She continued by saying that there hasn't been a whole lot of information released to dentists, and the government won't give any more information until you register. It hasn't been totally honest and transparent with the dentists, and the dentists are leery of signing up. She said that it was confusing for them, because they haven't been getting all the facts, and that until the facts are better explained to dental offices, dentists and owners, they're not going to register for something if they don't know what they're getting involved in.

That is par for the course with this government. Its members stand before the public and the cameras, perhaps with a tissue to their eye; they put their hand on their heart and say that they truly care. However, the reality is that they are not doing the work. We have good people across the way who are actually waking up and seeing the failures and the lies of their front bench.

Government Orders

It is about time that this failed NDP-Liberal coalition moved out of the way so that the member for Carleton, Canada's future prime minister, can start righting the wrongs of the last eight years. It is going to be tough, but we have the team and we are ready to do it.

● (1330)

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Madam Speaker, I must say that I disagree immensely with almost everything from the start to the end of the comments that my colleague made. Of course, I am not going to add to them. I would like to know what he would be doing, what your government would be doing and what your party would be doing, if it had the opportunity to become the government, which I hope it does not, actually, because I look back on the years of the previous Conservative government, and it was a question of taking away and deteriorating health care.

I think the dental program and the pharmacare program are really important to all my constituents. I am not getting the complaints my colleague was mentioning. My constituents are very grateful to have that program and are already using it. I would expect that my colleague has many people in his constituency who would be very glad to be able to access this program. Is he at a point of eventually supporting this program?

The Assistant Deputy Speaker (Mrs. Carol Hughes): I want to remind the member that a couple of times she actually was directing comments directly to the member, but she did correct herself at the end.

The hon. member for Cariboo—Prince George has the floor.

Mr. Todd Doherty: Madam Speaker, I have great respect for my colleague across the way.

I believe my hon. colleague from Cumberland—Colchester, who is a former physician, mentioned this earlier. We have to, first, eliminate the wait times Canadians face. For example, six million Canadians cannot get a primary care physician. They cannot get their medication if they need that. We would work with the pharmaceutical companies, writ large, to make sure that we were driving down the costs. We would work with the PMPRB. We may even just revamp the PMPRB so that we would be getting those drugs approved faster. Canadians with rare diseases could get the drugs that their friends and families seem to be getting faster in other countries, and they could be looked after sooner. We would develop a rare disease strategy so that those Canadians struggling with rare diseases could get the help they need when they need it.

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, we know that the Conservatives have consistently opposed pharmacare. We heard my colleague from Timmins—James Bay highlight that the Conservative deputy leader was a lobbyist for AbbVie, a large pharma company in North America that jacked up its prices on medications for seniors by over 470%. Who really needs pharmacare lobbyists when we have Conservatives here?

I want clarity, because I heard him say, misleading the House, that people in British Columbia are covered for insulin. That is not true.

I am going to give my colleague another chance to clarify that insulin is not free in British Columbia, and in fact, it is a huge cost

to many British Columbians, especially working-class British Columbians. Is he going to oppose, for those British Columbians who require insulin, this legislation that would provide them the support they need on life-saving medication, especially when someone loses their job and their deductible is no longer within their affordability level.

I would like some clarification from my colleague from Cariboo—Prince George.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I just want to remind the hon. member that he might want to retract something. He said the hon. member misled the House. He knows he cannot say indirectly what he cannot say directly.

Mr. Gord Johns: Madam Speaker, I will withdraw that statement, but I would like clarification, because my colleague was speaking on behalf of British Columbians, saying that they are fully covered. That is not true.

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member withdrew it. He does not need to elaborate. I just asked him to withdraw.

The hon. member for Cariboo—Prince George has the floor.

Mr. Todd Doherty: Madam Speaker, most of that member's minute-and-a-half-long rant was incomprehensible. I could not understand what he was saying. However, on one comment that he did mention is that they like to point fingers at other groups and lobbyists. I will remind the member that his leader's brother is a lobbyist for a big grocer. They may not like the answer. They obviously do not like the answer, so they are shouting over top—

Some hon. members: Oh, oh!

● (1335)

The Assistant Deputy Speaker (Mrs. Carol Hughes): Order.

I want to remind members that they have an opportunity to ask questions, but unless they are being recognized again, they should not be yelling out or trying to ask other questions.

The hon. member for Cariboo—Prince George has the floor.

Mr. Todd Doherty: Madam Speaker, it is unfortunate that when we speak the truth here, those members take offence to it, because all they want on the record is their misinformation. They can say everything they want about the Conservatives, but when we fire back at them, they take offence to it.

I hope I did not hurt the member's feelings by not answering, but I am sure we will speak off-line and hug it out afterward. I will end there.

Mr. Charlie Angus: Madam Speaker, I rise on a point of order. We have seen a lot in the House, but since the member could not answer the question, he does not need to attack the emotion of my colleague. He does not need to hug him; he needs to tell the truth. It is a simple thing.

The Assistant Deputy Speaker (Mrs. Carol Hughes): This is a point of debate, not a point of order.

Resuming debate, the hon. member for Durham.

Government Orders

Mr. Jamil Jivani (Durham, CPC): Madam Speaker, I rise in the chamber today as Canada's newest member of Parliament elected to represent the riding of Durham. I have a very clear message to deliver on behalf of my community in Durham. We are tired of the Prime Minister's broken promises. We are tired of the Prime Minister promising to fix this and that and, in return, what we receive is a life that is harder and more expensive.

The Conservatives believe that Canadians deserve better and that the topic of debate today, pharmacare, is just the latest example of the Prime Minister promising big things, only to disappoint the people of Canada. I put my name on a ballot and wanted this job as a member of Parliament because, despite the Prime Minister's best efforts, I am optimistic and hopeful about the future of our country. I believe that once we have a new leader in this great land, we will see brighter days ahead.

My optimism does not come from these big deficits or big budget announcements. My optimism comes from my knowledge of the people of Canada and the people of Durham. My optimism comes from people like Kirk Kemp, who runs one of the biggest and most important agricultural businesses in Canada, Algoma Orchards. As he becomes more successful in his business, he only gives back more to our community, supporting initiatives like the Bowmanville Hospital redevelopment.

My optimism comes from people like Dr. Kan Chandra, a dentist in Courtice, Ontario, who has built a tremendous business, provides for his family and gives back to our community as a connector for Durham's growing Tamil community.

My optimism comes from Kim and Leon Morrow over on Taunton Road East in Oshawa, who scrape together every spare dollar they can find and every spare moment to provide guidance and mentorship to young men and women who may otherwise fall into the pitfalls that await struggling youth. However, Kim and Leon have their backs. That is why I am hopeful about the future of the country.

I am very honoured to stand in this beautiful building and I appreciate the chance to dress up in a suit and tie, but my heart was not shaped in places like this. My heart was shaped by people like my grandfather, Robert McFarlane, may he rest in peace. My grandfather worked as a school custodian for decades in the Toronto District School Board, a man who swept and mopped the floors, who kept the classrooms tidy and locked up at the end of the night so that children had a place to learn and teachers had a place to work. I carry his story with me.

I come into this job very much a servant, like my grandpa. I am here to protect what makes the country special, to protect the rights and freedoms of Canadians, to ensure our country continues to be a place where people from all over the world can come and find a better life, people like my grandpa who came here from Scotland, my grandmother who came here from Ireland and my father who came here from Kenya.

I am aware that there is a Liberal playbook that gets used against people who disagree with the Prime Minister, a playbook that likes to marginalize and vilify anyone who has the audacity to stand up and say that what is happening in our country right now is not right.

That playbook the Prime Minister likes to use that casts people who disagree with him as racists. I would welcome the Prime Minister to try that with me. Based on our history, I do not think that will go so well for him.

The Prime Minister is completely out of touch with the needs and desires, hopes and dreams of our very diverse country and diverse communities like the one I represent in Durham. He is welcome to take his claims that people who disagree with him are racist to my African father and see how that goes for him.

The Prime Minister also uses the Liberal playbook to marginalize and vilify Canadians who disagree with him by calling those of us who believe in traditional family values bigots. I ask him to come to my diverse riding in Durham and try that on us, where we have Christians, Muslims, Sikhs, Hindus and Jews living together, all people who believe that mothers and fathers matter. He is welcome to try that with us.

● (1340)

I know his Liberal playbook also likes to say that people who disagree with him do not care about the working class or do not care about vulnerable people. That is not going to work on me either. I am not a trust fund baby. Like most people in the country, I have clawed, scraped and worked hard for everything I have. I do not think the Prime Minister can say the same thing.

The reality is this. He is welcome to try that message on people like my mom. She would love to have a conversation with him. She is a woman who raised three children by herself. She is 68 years old and continues to work hard every day, because she cannot afford to retire in the NDP-Liberal economy. The Liberal playbook is not going to work. The Liberals can try their greatest hits. Tune up the guitar, tune up the banjo, the greatest hits are not hitting anymore.

I am here to deliver that message very clearly on behalf of my community in Durham and people everywhere else in our great country who are unhappy with what is happening, who are feeling frustrated because they are unable to say what is happening in their hearts and their minds, do not feel validated and affirmed by the reality they experience not being echoed by many of the institutions across the country that have bought into a narrative that simply does not reflect reality.

With the remainder of my time, I would also like to deliver a message to any young men and women across the country who might hear my words. My presence in this chamber is a glitch in the system. I am not supposed to be here. When I was 15 years old, I failed the Ontario literacy test. I was labelled illiterate by the Ontario education system, but I am here.

Government Orders

At the age of 30, I was diagnosed with stage 4 cancer. I sat in a recliner with an IV in my arm, pumping my body with chemotherapy drugs. I laid on a hospital bed as radiation lasers ran along my spine for months, but I am here. I took on woke censorship from corporate Canada, looked it dead in the eye and I am here. I have been the subject of hit piece after hit piece from Liberal news media. Guess what, I am here.

The reality is that many young men and women are facing a variety of challenges across the country right now, some of whom are facing things I cannot even fathom. As long as I stand in the House of Commons, as long as I am honoured to call myself a member of Parliament, I hope I can be a walking, talking reminder that people should never give up. They should not give up on themselves, their families, their communities and our country. As long as I am here, I will not give up on them either.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I want to thank the member for sharing his personal stories and congratulate him on his first speech in the chamber.

Could the member give his personal perspective on the principles of a national pharmacare program?

• (1345)

Mr. Jamil Jivani: Madam Speaker, my concern in being asked about pharmacare is that I have been drawn into a debate that assumes the Liberal-NDP government will do what it says it will do. Over the course of the last eight years, we have seen that is simply not going to happen.

We have a country full of people, tens of millions of people, who have been led to believe over and over again that the Liberal-NDP government and the Prime Minister are going to deliver for the hard-working people of our country, yet that has never happened.

Before I discuss anything like the principles of pharmacare, I would like to be convinced that something substantive actually will happen for the people of Canada. I would love to go back to my riding and say that the Liberals have a plan for us. Unfortunately, everything I have seen since I got here last Monday has indicated otherwise.

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, I would like to join my colleagues in congratulating my colleague on his election and his first speech.

I recall a great quote by Scott Brison, who sat on both the Liberal and Conservative benches. When he sat in the House, he said that although he did not share a lot of the policies of the Conservative Party, regardless of where we sat in the House, we could have a huge impact and difference for Canadians. I hope my colleague will take that to heart and work collectively with members to try to find solutions to support Canadians as we walk forward together.

With respect to the question on insulin, my colleague cited the delays by the Liberal government, and I agree, but does he believe that if insulin were free of charge, it would be of benefit to his constituents and would he be willing to work with us to find a pathway to expedite that?

Mr. Jamil Jivani: Madam Speaker, when I was a cancer patient at North York General Hospital and Sunnybrook hospital, I saw many people in very dire health circumstances, people facing all sorts of challenges, some of with whom I shared a cancer ward. What was very clear to me was that we needed programs that could help people who did not have the money to purchase the drugs they needed. The cancer ward at North York General Hospital has a provincial program to help people with drugs.

What I continue to be confused about, as I hear this debate on pharmacare, is why there is not a greater recognition of the need to work with the provinces to solve some of these problems. I saw people right beside me, hooked up to the same IVs as I was, getting their body pumped with chemotherapy drugs. They depended on those provincial programs to get the health care they needed. What I worry about, and I think what my fellow cancer patients at North York General Hospital would worry as well, including cancer patients all across the country, is whether this is a matter of creating more bureaucracy in Ottawa or whether we are actually concerned about providing people with what they need at an affordable price.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, my colleague, the member for Durham, has had the opportunity to knock on doors very recently. I wonder if you can enlighten the House on the issues that you—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I would remind the hon. member to address his questions and comments through the Chair and not directly to the member.

Mr. Stephen Ellis: I apologize, Madam Speaker. I was caught up in the moment.

Could the member elaborate on the issues he heard, when he was knocking on doors in his most recent election, so all Canadians can understand what the issues are out there?

Mr. Jamil Jivani: Madam Speaker, the short answer to my colleague's question is affordability. People from all ages, whether they are seniors who are concerned about their pensions and not being able to afford a good quality of life, or people my own age who are living in their parents' basement, hoping to move out and start a family one day, across generations, across cultures, across languages, are concerned about affordability and whether the NDP-Liberal government can make life easier so we can move forward with our lives. What is uniting Canadians right now is their concern about affordability.

Mr. Mark Gerretsen (Kingston and the Islands, Lib.): Madam Speaker, it is a real pleasure to rise today to speak to a very important piece of legislation, Bill C-64. I will be sharing my time today with the hon. member for Humber River—Black Creek.

Government Orders

This is important legislation because, for decades, we have been talking about the need to bring in pharmacare. I look at this as the first step in bringing in pharmacare, which could cover a whole host of drugs and medicines that are very important for people. I would agree with the member for New Westminster—Burnaby, who was speaking earlier, that this is about preventative health care. This is about helping people before they get to the point when they would need to go to an emergency room. This is about getting people their very important medication.

When we have an issue like this that further builds on our health care system, which is a health care system that has developed over generations through, at times, very difficult partnerships and relationships with provinces, I am disheartened to see that, in the very first speech on this issue, when Conservatives stood, they brought in a motion to amend the bill. The amendment would basically substitute everything after the word “That” with “The House decline to give second reading”. That is all the Conservatives did.

Some hon. members: Oh, oh!

Mr. Mark Gerretsen: Madam Speaker, now they are clapping. Conservatives are clapping as a result of this non-motion. They could have just voted against the bill to say they were not interested. Instead, they introduced a second vote. It will take 10 minutes to vote down their amendment before we vote in favour and pass this very important piece of legislation. I imagine that, much like there was with the piece of legislation on sustainable jobs, which we finally voted on yesterday, there will be obstruction after obstruction with Conservatives playing with the bill at committee and through the various stages of the House.

I ask myself why Conservatives would be so dead set against legislation like this. In my opinion, this is about helping people, particularly the people who really need help. The vast majority of Conservative donors, and the people they look to for fundraising, are individuals who, quite frankly, could probably afford to have private insurance or work in a job that provides insurance. The individuals I see who would really benefit from this legislation are those vulnerable individuals in our society who are not covered by health care or pharmacare plans or who do not have insurance in one way or another.

One of the criticisms we hear from Conservatives is that this is about provincial jurisdiction. The Conservatives have said that this is provincial jurisdiction and ask why we are getting in the way of it. I will then ask them why they voted in favour of the national child care plan. They got up to talk down the plan for hours on end, but ultimately, they ended up voting in favour of it. That was something we needed to work together with the provinces on to make it a reality. The Conservatives saw a benefit in voting in favour of that, so they did. However, they cannot seem to see the same way forward with this particular issue.

This bill would introduce pharmacare by first setting up the system to provide for two drugs: insulin, for individuals with diabetes, and contraceptives. This is extremely important. There are nine million women and gender-diverse Canadians all across the country who would get access to the contraception and reproductive autonomy they deserve. This is really important in the context we are in, and I will explain why.

• (1350)

Right now, when we look south of the border, we are literally watching state legislatures and the Supreme Court of the United States make rulings that are further confining the ability of a woman's right to choose. We are seeing legislation being adopted that is something that we thought would have been dreamt up, that we would have assumed the United States had moved away from decades ago. Canada will stand up to a very aggressive position to say that we will not go down the same road as the United States. Despite the fact that many Conservatives, I am sure, would love to do that, we will not. We will ensure that a woman would have not only the right to choose, but also free access to the necessary medication specifically for contraceptive purposes.

I will certainly be voting in favour of this. I look forward to this bill coming to the House so we can have that vote, if the Conservatives ever let us get there.

• (1355)

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Madam Speaker, in my province of British Columbia, we are sending cancer patients for therapy to the United States. Does the member have concerns about provinces sending people to the American system?

The Minister of Health has said that we do not want to go to the United States' system, yet our public health care system in British Columbia is sending patients to the United States. Here we are, talking about expanding more bureaucracy, when we have provinces such as mine that are sending patients there. What does the member have to say about that sad state of affairs?

Mr. Mark Gerretsen: Madam Speaker, if I understand the member correctly, what he is saying is that his province has to send people to the U.S. for treatment. I do not know about that, but I will take his word for it that he believes it. He is saying his province has to send people to the United States, so we should not try to do anything else to help Canadians.

This legislation is about developing a national framework. I am sorry that there are issues in his province with health care. He should come to Ontario. I would love to have a chat with him about the issues that Doug Ford has created in Ontario.

However, that is beside the point. What we are talking about is developing a national strategy as it relates to pharmacare. This member can find all the excuses in the book that he wants to vote against this. At the end of the day, what he is going to do is vote against helping vulnerable Canadians, in particular, getting access to the medications they need.

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Madam Speaker, I listened to the speech of my colleague with great interest, and I know he is a great advocate for health care for Canadians.

I would like to ask him about the situation in Quebec. Maybe he is not that familiar with it, but we did hear how many unions are in favour of our health care plan, even if their members have employer drug insurance.

Statements by Members

Mr. Mark Gerretsen: Madam Speaker, that is an excellent question because we have different levels of coverage throughout our country. Those levels of coverage, directly or indirectly, are going to correlate to whether individuals are more wealthy or not. Therefore, somebody who works in a corporation, for example an executive high up in the corporation, probably has really good coverage. As well, within the unions, there are going to be different levels of coverage.

This is about accepting, realizing and coming to the conclusion that we all deserve the exact same level of coverage, regardless of who we are, where we work or what our income is.

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, in responding to the member from Quebec's question, the member just proved that he knows absolutely nothing about Quebec's pharmacare program. Everyone gets the same coverage and has access to the same molecules. The example he gave makes it absolutely clear that this government does not know what it is talking about when it talks about pharmacare. They are sorcerers' apprentices.

[English]

Mr. Mark Gerretsen: Madam Speaker, the member is referring to the question that was previously asked and not to my answer. I would say that maybe the member did not hear what the question was.

The question the member asked me was specifically about union support for this bill and unions in Quebec that support it. I would encourage my Bloc colleague, who stands up quite often for the workers of Quebec, to consider what the union folks in Quebec are saying about this legislation. From what I hear, they are saying that they are supportive of it, so maybe the Bloc members should really give some consideration to that when it comes time to vote for this.

STATEMENTS BY MEMBERS

● (1400)

[English]

NATIONAL TOURISM WEEK

Mr. Brendan Hanley (Yukon, Lib.): Madam Speaker, it is a different world up here in the Yukon. I am going to tell colleagues a few reasons why. Starting north on the Dempster Highway, someone can have the hike of their life in the magical Tombstone mountains. Then, drop into Dawson City, dine at BonTon, where each delicious bite is locally sourced. Then, get to the downtown for the sourtoe cocktail with a real toe that must touch one's lips. Then sally on to Diamond Tooth Gerties for a look at the showgirls and a round of roulette. Sleep at Bombay Peggy's, a Victorian Inn with a lubricious past.

Yes, tourism is big in the Yukon, thanks to supports like the tourism growth program and the indigenous tourism fund. The Yukon itself is gold.

Now, winter in the Yukon, "it's a little bit metal", they say. We have snowmobiles, mountains, trails, ice fishing, skiing and fat biking. After it all, come soak in the soothing pools of Eclipse hot

springs and gaze up at the northern lights. We have summer, fall or winter, but we do not really do spring. It is a different world up here, but be warned: once in the Yukon, one may never leave.

* * *

[Translation]

LOTBINIÈRE/LÉVIS RELAY FOR LIFE

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, I am very proud to be the honorary president of the Canadian Cancer Society's Relay for Life in Lotbinière/Lévis, which will take place on June 8.

As a symbol of perseverance and a message of hope for those affected by cancer, participants of all ages have been joining forces and taking turns walking along a track or road since 1999.

The highly anticipated event will be held at Terry Fox park in Saint-Apollinaire from 7 p.m. to 7 a.m. the next morning.

Funds raised are used to support innovative research into all types of cancer, provide the most extensive support network to improve the lives of people with cancer and shape public health policies.

I invite all members to set up teams and walk with me at the Lotbinière/Lévis Relay for Life in support of a noble cause that is especially important to me.

* * *

[English]

SIKH HERITAGE MONTH

Mr. Chandra Arya (Nepean, Lib.): Mr. Speaker, the month of April marks Sikh Heritage Month. It is an opportunity for us to reflect on, celebrate and educate future generations about the important role that Sikh Canadians have played, and continue to play, in communities across the country. Saturday, April 13, many of us celebrated Vaisakhi, which marks the creation of the Khalsa and the Sikh articles of faith.

Canada is the home to over 770,000 Sikh Canadians, making it one of the largest Sikh diasporas in the world. Since the arrival of Sikh immigrants in the late 19th century, Sikh Canadians have contributed immensely to Canada's social, economic, political and cultural fabric. This month and beyond, let us recognize and embrace the diversity that make our country strong and inclusive.

Statements by Members

[Translation]

SUPPLY MANAGEMENT

Mr. Yves Perron (Berthier—Maskinongé, BQ): Mr. Speaker, this afternoon, the Senate will vote on the future of Bill C-282 and supply-managed sectors in advance of upcoming international negotiations.

We are asking members of the Senate to respect the House of Commons' solid vote at third reading and to vote in favour of sending Bill C-282 to committee.

Protecting supply-managed producers also means protecting their relevant suppliers and the entire agricultural ecosystem for the good of agricultural production as a whole. It means ensuring that our rural areas have a stable, prosperous and dynamic population.

Most of all, supply management is about our people delivering a high-quality, home-grown product for our people. That is how we ensure our food security.

We ask that members of the Senate vote in favour. The economies of our rural areas and villages depend on it.

* * *

VISIT FROM FRENCH DELEGATION

Mrs. Marie-France Lalonde (Orléans, Lib.): Mr. Speaker, it was a privilege to welcome French Prime Minister Gabriel Attal to Canada last week, on his first official foreign visit outside the European Union.

As chair of the Canada-France Inter-Parliamentary Association, I also met with my French counterparts, Christopher Weissberg, Chair of the French branch of the Association, and Senator Yan Chantrel, Chair of the France-Canada Friendship Group in the Senate.

Canada and France have a shared history and enjoy a close friendship, which we also celebrated alongside the Canadian and French prime ministers as we gathered at the Amicitia France-Canada monument at Beechwood National Cemetery.

Canada and France remain key partners and share a number of priorities, such as climate change, the Francophonie, innovation and so on.

I would like to thank the entire French delegation for this wonderful and fruitful visit.

* * *

● (1405)

[English]

KJELL SUNDIN

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Mr. Speaker, today I would like to commemorate a dear friend, Kjell Sundin.

Kjell passed away on March 23 at 91 years old and was predeceased by his wife Hazel. He retired as an air traffic controller in 1988. He also worked in construction and was an avid traveller.

Kjell is survived by his nieces, nephews and many other relatives in Canada and in Sweden.

Kjell gave back in many ways, supporting local fundraisers and helping people who needed a hand, like driving friends to appointments. Kjell had a great memory, was a wonderful storyteller and loved politics. He would start a conversation by saying, "I put out signs for Diefenbaker." Kjell was the head sign guy on campaigns for all levels of government locally. His wooden sign design has been duplicated all over western Canada. In politics, he was always the first to volunteer and to mentor others, and was a serious campaigner.

My family, Larry, Daniel and I, send our deepest condolences to the Sundin family. We love and will miss Kjell.

* * *

NATIONAL TOURISM WEEK

Ms. Julie Dzerowicz (Davenport, Lib.): Mr. Speaker, this week is National Tourism Week, when we celebrate a pillar of the Canadian economy that employs nearly one in every 10 Canadians.

In my constituency of Davenport, we attract many tourists to places such as the Museum of Contemporary Art Toronto, the Drake, the many amazing art galleries, as well as countless cafés and foodie restaurants on Dundas West, West Queen West and Ossington Avenue.

In addition, across Canada, business events represent 40% of all tourism and over \$25 billion in direct GDP. That is why our federal government has invested \$50 million in the international convention attraction fund through Destination Canada, which is poised to inject another \$170 million into our economy.

This demonstrates our federal government's commitment to economic growth, job creation and it positions Canada as a global hub for business excellence and innovation. Tourism truly brings people together.

* * *

CANADIAN CANCER SOCIETY

Ms. Yvonne Jones (Labrador, Lib.): Mr. Speaker, April marks cancer awareness month, and it is an important time to spotlight the impact of cancer, recognize advancements in treatment and extend support to those affected.

Last week, I had the privilege of meeting with the Canadian Cancer Society and of listening to the inspiring stories of brave individuals battling this disease. It is crucial to acknowledge the deep disparities in cancer risk, care and costs that can significantly affect treatment outcomes and overall experiences. The Canadian Cancer Society is tirelessly working to bridge these gaps, striving to improve health care outcomes for the two in five Canadians who will receive a cancer diagnosis in their lifetime.

Statements by Members

On a personal note, as a two-time breast cancer survivor first diagnosed at age 42, I cannot stress enough the importance of opening regular mammography testing for women aged 40 and above. It should be available to all Canadians. It is a simple step that can save one's life or the lives of loved ones.

Let us all unite in the fight against cancer, raise awareness and advocate for better health.

* * *

GOVERNMENT CONTRACTS

Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC): Mr. Speaker, yesterday the Procurement Ombud published his damning report of the government's cozy relationship with McKinsey. McKinsey was led by Dominic Barton, a close adviser and personal friend of the Prime Minister. Barton and McKinsey were responsible for turbocharging opioid sales, fuelling the opioid crisis we face today.

The ombud found that the Liberal government changed the requirements for contracts to allow McKinsey to qualify. In one instance, it even disqualified the winning bid to ensure McKinsey received the contract. Then it switched to sole-sourced contracts, giving McKinsey tens of millions of dollars without any justification.

We have also learned that a minister personally approved one of these sole-sourced contracts, worth \$5.7 million. No wonder the NDP-Liberal coalition blocked Conservatives from getting the unredacted documents they asked for. This cover-up must end. Canadians deserve answers.

* * *

• (1410)

BIRTHDAY CONGRATULATIONS

Mr. Irek Kusmierczyk (Windsor—Tecumseh, Lib.): Mr. Speaker, a year after we landed in Canada, my father was still looking for work. He hopped on a bus from Scarborough to Windsor for a job interview at a manufacturing plant. The interview went late, and he missed the bus back to Toronto. It was dark, and he was hungry. He did not know anyone in Windsor.

He looked up the address of the Ursuline Sisters near Holy Trinity Catholic Parish and walked the five kilometres. Sister Malgorzata Gorska opened the door, invited my dad into the warmth and brought out supper. Sister Malgorzata knows the story of immigrants, having arrived in Canada in 1965 to open the first Ursuline convent in North America. It is the way of the Ursulines, to live in service and in kindness.

I want to take this opportunity to wish Sister Malgorzata a Happy 104th birthday and to say thanks for helping my dad that night, getting him on a bus back to Scarborough. The next day, when the phone rang, he got the job, and Windsor became home.

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FINANCE

Mr. Ryan Williams (Bay of Quinte, CPC): Mr. Speaker, there are two sureties with this tax-and-spend Liberal government: high taxes and high spending. The results of those have been high infla-

tion and high interest rates, which means Canadians are facing an affordability crisis with food prices and housing costs that are out of control. However, it is much worse than that. After this budget, Canadians are going to see higher taxes, higher prices and higher debt, with the carbon tax hurting our farmers and our citizens and with the worst housing crisis in a generation, with tent cities across this whole country and spending that is out of control on programs that are actually worse.

Margaret Thatcher said it best when she said, "The problem with [this sort of government] is that you eventually run out of other people's money."

It is easy to fix, so easy that even a toddler could get it, because it is as easy as *A, B, C*: Axe the tax, build the homes and cap the spending. Let us get the grown-ups in government, and let us bring it home.

* * *

THE ECONOMY

Mr. Dan Muys (Flamborough—Glanbrook, CPC): Mr. Speaker, in knocking on doors throughout the Hamilton area over the past two weekends, the message from Canadians is very clear. Life is unaffordable. Mortgage payments and rents are through the roof, and an entire generation has given up on home ownership.

Today is the day that the NDP-Liberal government can actually listen to Canadians and can help alleviate their very real worries. That is why, in today's budget, common-sense Conservative are calling on the NDP-Liberal government to help Canadians survive. Stop doubling the housing costs. Stop taxing our farmers and food. Stop the inflationary deficits that are driving up interest rates. Stop endangering our social programs and jobs with more and more debt.

The Prime Minister is not worth the cost. Today, will he please just stop?

* * *

[*Translation*]

NATIONAL TOURISM WEEK

Ms. Annie Koutrakis (Vimy, Lib.): Mr. Speaker, hon. members, as we kick off National Tourism Week, let us reflect on the immense economic value of tourism to Canada.

The tourism sector accounts for one out of every 10 jobs in Canada, and four out of 10 tourism jobs are based in rural areas. Canada's tourism sector supports 623,000 jobs and 232,000 businesses.

[*English*]

However, the best is yet to come.

Statements by Members

Just this year, we launched the Canadian Council of Tourism Ministers; announced the international convention attraction fund, which is estimated to attract \$170 million to Canada's economy; and unveiled the indigenous tourism fund, the largest investment in indigenous tourism in the country's history.

[Translation]

Let us celebrate the potential and resilience of Canada's tourism businesses.

[English]

They continue to rise to new heights.

* * *

FOREIGN AFFAIRS

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, as of March 23, the safeguarding national security bill in Hong Kong has passed, escalating arbitrary arrests, detentions and imprisonment for Hong Kongers who protested the implementation of the national security law in 2020.

The Liberals say that they stand with Hong Kong, yet the IRCC's processing time for the Hong Kong lifeboat scheme went from six months to 21 months. Hong Kong Link reports that over 8,000 applications are stuck, and while people wait, their work permits and study permits are expiring. They have lost jobs, health coverage and access to education for their children. Priority processing of these applications needs to continue.

To help cut the red tape and to expedite processing, I am calling on the government to automatically renew temporary permits of PR applicants from Hong Kong and to eliminate duplication for criminal record checks. Canada must prevent human rights defenders and pro-democracy activists seeking safety from being forced to return to Hong Kong.

* * *

● (1415)

[Translation]

STRIKE IN THE ARMED FORCES

Ms. Christine Normandin (Saint-Jean, BQ): One hundred days, Mr. Speaker. Soon, close to 500 employees on military bases across Canada will have been on strike for 100 days. These are men and women who support, train and assist members of the armed forces, veterans and their families on a daily basis.

Although these workers have been on strike for almost 100 days, their demands are not unreasonable. Seeing as they are paid up to 60% less than their public service counterparts, they are simply asking that an outdated order in council, relegating them to the role of second-class workers, be repealed. Day after day, they perform the same duties as public servants and they simply want to be recognized as such.

With the government's recent announcement of a defence policy update, focused on recruitment and retention issues within the armed forces, now is the perfect time to finally support the people who support the forces day in and day out.

Minister, the time has come to repeal the 1982 order in council. Non-Public Funds workers deserve this respect, and the Bloc Québécois stands with them.

* * *

[English]

GOVERNMENT PRIORITIES

Mr. Martin Shields (Bow River, CPC): Mr. Speaker, today, the NDP-Liberal government will table another inflammatory budget that will be inflationary, that will punish working Canadians by increasing taxes and that will drive the cost of living even higher.

Exemplary community leaders like Jackie Murray, who was a proud Canadian and who knew the importance of being a responsible steward of the tax dollar, would write me consistently to axe the carbon tax, restore Canadian principles and defend our nation's interests.

Today, the common-sense Conservatives have three ideas that we need to do. Instead of hiking the carbon tax again, they should axe the carbon tax on farmers and food, which can be done by passing Bill C-234 in its original form. Instead of announcing more failed programs, they should build homes, not bureaucracy, get the shovels in the ground and get structures in the air.

Canadians have had enough. The government must stop the hurt until the Conservatives can fix the Liberal-NDP's costly calamity.

* * *

NATIONAL TOURISM WEEK

Mr. Patrick Weiler (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Mr. Speaker, with breathtaking natural beauty, unique indigenous cultures, epic outdoor recreation, lively festivals and delicious foods, Canada has what the world wants to experience.

Tourism is the lifeblood of our nation. It is present in every town and city across our country. It contributes over \$109 billion a year to Canada's economy and it employs nearly one in 10 Canadians.

It is powered by over two million tourism workers, who expertly showcase and host visitors to our country's finest. These individuals are more than just employees. They are cultural ambassadors who unite us as a proud nation. I salute all of those who make our tourism sector what it is while we recommit, as a country, to work with them to make it even better.

Oral Questions

Happy National Tourism Week.

[English]

ORAL QUESTIONS

[Translation]

FINANCE

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, common-sense Conservatives are going to axe the tax, build the homes, fix the budget and stop the crime.

Then, in contrast, there is this Prime Minister, who is not worth the cost. After eight years, he has spent huge amounts of money with massive deficits and tax hikes, telling Canadians that someone else will pay.

It is never the millionaire prime minister or his billionaire friends who pay. It is always welders, single mothers and seniors who face rising food costs and doubled housing costs.

Why should today be any different?

Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, what Canadians just heard was the voice of a leader who has no vision, no ambition and no plan.

We on this side of the House understand—and Canadians understand—that a country with ambition is a country that invests. It is a country that invests to create more jobs. It is a country that invests to build more housing. It is a country that invests to encourage more growth.

On this side of the House, we will keep fighting for Canadians every day, while the Conservatives are sure to come up with a new slogan.

• (1420)

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, his goal is to replace his boss. He is not the only one.

He wants to fire this Prime Minister who is not worth the cost. After eight years, the results speak for themselves. He has doubled the cost of housing, inflated the price of food and has now doubled the national debt. The result: misery and exorbitant costs for Canadians.

How would another \$40 billion change the result now?

Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, the only goal we have on this side of the House is to work every day for Canadians. That is exactly what we have been doing for eight years.

While the Conservative leader comes up with a new slogan every week, Canadians know that slogans do not build homes. Slogans do not build growth. Slogans do not create jobs.

They have been there for eight years. When was the last time a job was created in Canada by the Conservatives?

On this side of the House, we will fight every day for Canadians, table a responsible budget and continue to create growth for this country.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, while common-sense Conservatives will axe the tax, build the homes, fix the budget and stop the crime, after eight years the Prime Minister is not worth the cost. The results are in. He told us that, if he massively increased debts and taxes, someone else would pay for it, but of course the millionaire trust-fund Prime Minister and his billionaire friends who invite him to private islands never pay a dime. It is always seniors, small businesses and single mothers.

Why would it be any different this time?

Hon. Anita Anand (President of the Treasury Board, Lib.): Mr. Speaker, in this budget, like all others, we will take into account the economic context as well as the needs of Canadians. That means, for millennials and gen Z as well, we will unlock supply in housing, we will ensure there are supports for renters and we will make sure there is a national school food program. On this side of the House, we will make sure we do that while maintaining a strong fiscal position, AAA credit rating and the lowest debt-to-GDP ratio in the G7.

Slogans do not make good policy.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, they have definitely proven that. Their slogan for the last eight years is that they can double the debt and someone else will just pay the bill, but we know who pays. Every single time, it is welders, waitresses, seniors, small businesses and single mothers who have faced doubling housing costs and unaffordable food. Now, the Liberals' solution is to do more of the same and pour on billions of dollars more of inflationary spending that will drive up interest rates, inflation and taxes.

Why would we expect it to be any different this time?

Hon. Anita Anand (President of the Treasury Board, Lib.): Mr. Speaker, on the contrary, our government has lifted 2.3 million Canadians out of poverty.

I would like to put this to the opposition members: If they truly believe in supporting Canadians, why have they voted against the Canada dental benefit? Why have they voted against pharmacare? Why have they voted against \$10-a-day child care? That does not make sense, because slogans do not make good policy.

Oral Questions

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, everything she just listed are slogans on which the Liberals have not delivered. What they have delivered is that they have doubled the debt, which has caused the worst inflation in 40 years, interest rates rising faster than at any time in history, the doubling of housing costs, the worst growth in the G7 and the worst housing price inflation in that same group of nations. Today, after all of these devastatingly costly results, what do they do? The same thing that got us into this problem in the first place.

Why will they not realize they are the problem and not the solution?

• (1425)

Hon. Sean Fraser (Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, the Leader of the Opposition has been masquerading across the country as a working-class hero, but it is fascinating to actually listen to what he thinks people do for a living. In a couple of recent speeches, he said he thinks electricians capture electricity from the sky and that welders weld with their bare hands. What is he going to tell me next, that the fishermen in my community dive beneath the ocean and catch fish with their bare teeth?

I can forgive the opposition leader for being a career politician who has been on the public dime for a couple of decades, but if he wants to represent the interests of the working class, he should talk to a person who has a real job.

* * *

[Translation]

HOUSING

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, when it comes to housing, Quebecers have been cheated by this government since 2019. We represent 22% of the population, yet have received only 14% of the funding and 6% of the affordable housing. Despite all this, the housing minister is giving lessons today. He told the press that, in his opinion, the government is acting in good faith and it is the provinces that should agree to do things differently. It is the federal government that needs to do things differently. It needs to stop shortchanging Quebecers.

Is the government going to give us our fair share in housing immediately instead of lecturing everyone and playing sorcerer's apprentice with our—

The Speaker: The hon. Minister of Housing, Infrastructure and Communities.

Hon. Sean Fraser (Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, it is not up to the Bloc Québécois to define Quebec's housing policy. We have a good relationship with our counterparts in the province of Quebec to build housing. For example, we are investing to build 8,000 affordable housing units. Looking at the program as a whole, it is clear that we are making sure Quebec gets its fair share. We are continuing our work to build homes in Quebec and across the country.

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, they are lecturing us. It is unbelievable. This is the same government that has exacerbated the current housing crisis. It lost control of immigration and has not given Quebec money for housing. This is the

same government that gave us ArriveCAN, that is incapable of printing passports, that is incapable of paying its own employees with Phoenix. We cannot make this stuff up. These geniuses are telling the provinces to act in good faith and do things differently.

Does the government understand that the only thing that needs to be done differently is for these geniuses to mind their own business and give money to Quebec?

Hon. Pablo Rodriguez (Minister of Transport, Lib.): Mr. Speaker, we are Quebecers and we are minding our own business. When we talk about housing we are told that the little Quebec Liberals need to mind their own business. When we stand up in the House and talk about ensuring that no child goes to school on an empty stomach, we Liberals from Quebec are told to sit down and mind our own business. However, when a prime minister from a foreign country comes here from another continent, we are told we need to listen to him. People would do well to listen to us because the 35 members from Quebec stand up for Quebec and for Canada and we will continue to do so.

* * *

TAXATION

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, Canada's largest companies are making huge profits and yet they are among those that pay the least amount of taxes in the world. That was a big gift that the Conservatives gave them and that the Liberals keep on giving. In the United States, President Biden has realized that this is unfair to workers and he is going to make these companies pay what they owe. Here, the Liberals are reluctant. They are dragging their feet. They are beating around the bush. There is a real concern that they do not have the courage to do the right thing.

Mr. Speaker, please tell me that I am mistaken about that.

Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, he is mistaken. That is the simple answer.

He seems to have a memory problem. We presented the biggest competition reform in the country with our NDP colleagues. Unfortunately, we know that the Conservatives were against it, but we moved forward anyway because we know that the best way to ensure price stability and affordability in Canada is to have more competition. More competition means more choice and better prices. That is why we are going to continue to fight every day to ensure that Canadians have a good quality of life.

* * *

• (1430)

[English]

OIL AND GAS INDUSTRY

Ms. Laurel Collins (Victoria, NDP): Mr. Speaker, while Canadians are struggling and food bank use is at an all-time high, rich oil and gas CEOs are making record profits. Canadians are frustrated.

Oral Questions

Sources say that the finance minister backed out from an excess profits tax in this budget. Why? It was because oil and gas lobbyists asked her to. Just as the Conservatives do, the Liberals keep caving to big oil and gas.

Why do the Liberals keep protecting the profits of big oil and gas instead of everyday Canadians?

Hon. Jonathan Wilkinson (Minister of Energy and Natural Resources, Lib.): Mr. Speaker, we have introduced a tax on share buybacks across the economy to tackle exactly that: excess profits.

I would point out that Canada is the first and only G20 country to have eliminated inefficient fossil fuel subsidies. Canada is putting into place the world's first and only oil and gas emissions cap to hold the industry accountable for its own commitments.

In contrast, the Conservative leader has pledged to his oil and gas CEO donors to make pollution free again. We know who is in the pockets of oil and gas. It is that party over there.

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FINANCE

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, after eight years under the Liberal-NDP Prime Minister, Canadians know that he is not worth the cost. Even proud Liberal and former Bank of Canada governor, David Dodge, who worked for Paul Martin and Jean Chrétien, says that this budget is on track to be the worst one since 1982.

Canadians know that this budget will bring higher taxes and higher spending, meaning even more misery for families that cannot afford to eat.

Instead of drowning everyone, will the Liberals fix the budget, axe the tax on farmers and food, and stop the endless spending with a dollar-for-dollar law so that Canadians can afford to live?

Hon. Anita Anand (President of the Treasury Board, Lib.): Mr. Speaker, I am not sure if the hon. member is aware of this, but our fiscal markers are very strong. That is a AAA credit rating by an independent, objective observer. That is the lowest debt-to-GDP ratio in the G7.

All the while, we will continue to support vulnerable Canadians, something they refuse to do on the other side of the House. They vote against \$10-a-day child care, families and seniors every single time. The hypocrisy is palpable.

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, I am not sure the hon. member is aware of the pain Canadians feel when they cannot afford to live in Canada.

What is worse is that they cannot even afford to die. The Prime Minister's own news agency, the CBC, is reporting that dead bodies are being stored in mobile freezers in provinces across Canada because people cannot afford the cost of laying their loved ones to rest.

Canadians cannot afford their homes, they cannot afford their groceries, they cannot afford their gas, and now they cannot afford a dignified goodbye.

We are asking the Prime Minister to just stop. We know he will not. How much inflationary fuel is the Prime Minister going to pour on the fire at four o'clock today?

Hon. Anita Anand (President of the Treasury Board, Lib.): Mr. Speaker, all Canadians deserve to die with dignity. They also deserve supports while they are alive, which is why we have reduced poverty by 22% on this side of the House. It is why we have supported families with \$10-a-day child care and the Canada child benefit, which has lifted 500,000 children out of poverty.

What we will do on this side of the House is maintain a strong fiscal position while supporting Canadians, especially vulnerable Canadians. We take that as our priority, unlike the other side of the House.

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, after eight years, we know that the Prime Minister and his NDP-Liberal government are not worth the cost.

His recent spending spree is inflationary and makes everything worse, adding billions to the debt. This year alone, the Liberals will throw \$52 billion towards debt servicing. That is more than is allocated to the provinces for health care.

Does the Prime Minister not see that his reckless spending is increasing inflation and debt, burdening all generations of already struggling Canadians, or is he too busy cutting cheques to care?

Hon. Randy Boissonnault (Minister of Employment, Workforce Development and Official Languages, Lib.): Mr. Speaker, let us delve into the numbers a bit. When the leader of the Conservatives was minister of jobs, unemployment in Canada was 11% higher, whereas wages in this country were 75% of what they are now. They had our foreign direct investment behind Ireland and Japan, and now we are third in the world. When we divide it by our population, we are first in the world on bringing good jobs, on bringing investments and on making Canada a place where everybody wants to call home, unlike the Conservatives, who are full of bluff and bluster.

● (1435)

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): These are spendy ways, Mr. Speaker.

David Dodge said that this was likely to be the worst budget since 1982. Who was prime minister then? How out of control was that budget? How broke did Canada and Canadians become before Pierre Elliott Trudeau finally took his walk in the snow?

Oral Questions

[Translation]

The more things change—

[English]

With two million visits to food banks in a single month, is it not clear that Canadians are desperately hungry for change? How many more Canadians need to visit food banks before the Prime Minister realizes that today's budget is a recipe for disaster?

Hon. Randy Boissonnault (Minister of Employment, Workforce Development and Official Languages, Lib.): Mr. Speaker, today sounds like a day for some of the greatest hits, so let us put the Conservatives in the spotlight.

When we formed government in 2015, one of the first things we did was ask the wealthiest 1% of Canadians to pay more. How did the Conservatives vote? They voted against. When we asked to make sure that Canadians and their children could have money coming to their houses every month, how did the Conservatives vote? They voted against. Now that we are going to have a national school food program, housing across country and investments to grow this country, how are the Conservatives going to vote? They are going to vote against.

[Translation]

The Speaker: Order.

I am sure that all members would like to hear the question from the hon. member for Charlesbourg—Haute-Saint-Charles.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, if we want to lower inflation and enable the Bank of Canada to reduce interest rates, we have limited options.

We need to cap spending by applying the dollar-for-dollar rule. If we spend a dollar, we have to find a way to save a dollar. It is simple. That is how ordinary Canadians manage their household budgets. That is how every minister in this government should run their department.

Will the Prime Minister cap spending in his upcoming budget to bring down inflation and interest rates?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, the Conservatives have always wanted to reduce taxes for the wealthiest Canadians and make life more difficult for everyone else, for the middle class and people with lower incomes. That is what they have always voted for.

That includes voting against the Canada child benefit in 2016. That was one of the first things they voted on. It includes voting against dental care for the 600,000 seniors who have now successfully enrolled in the new Canada dental insurance plan. The Conservative leader makes himself scarce when people ask him about the Canadian government's dental care plan.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, we are calling for three things today. It is not complicated.

One of the three things the Conservative Party is calling for is to build homes, not bureaucracy. The government insists on announcing inflationary measures that are costing Canadian taxpayers billions of dollars and only serve to increase inflation and the cost of

living. Even David Dodge, the former Liberal governor of the Bank of Canada, has predicted that this will be the worst budget since 1982.

Will the Prime Minister commit to heeding the calls of the Leader of the Opposition and building homes, not bureaucracy?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, my esteemed colleague is putting “homes” and “Leader of the Opposition” in the same sentence.

What it means, when we put the two together, is six affordable housing units built across the country during the entire term when the Leader of the Opposition, who is also the leader of insults, was the housing minister.

In my colleague's riding alone, looking at the Amarrage project as just one example, 12 affordable housing units have been built, along with many other projects, which is twice as many as the Conservative leader built across the country during his entire term.

* * *

JUSTICE

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, the English Montreal School Board has decided to challenge Bill 21 before the Supreme Court. That is fine, that is its right.

However, for the federal government to become directly involved in the case, against the will of the National Assembly, for it to provide money, our money, and lawyers, that is where we draw the line.

The Quebec lieutenant said that Canada is secular, that the government supports secularism, but he keeps telling us that we must defend freedom of religion against Bill 21.

When will the Liberals realize that the best way to protect religion is for the state to not have any?

Hon. Pablo Rodriguez (Minister of Transport, Lib.): Mr. Speaker, I will reiterate something my colleague knows full well: Quebec is secular and Canada is secular. That is a fact. We are working with that.

What I do not understand is that when we, as Quebeckers, want to speak to Quebec's issues, the Bloc Québécois tell us to mind our own business. The Bloc members tell us that every time. Now they are jumping for joy because a foreign leader came here to Canada and told them what to do. Someone comes from another continent and we have to listen to him.

I will repeat this to my colleague with all due respect: We are 35 members from Quebec elected by Quebeckers; we are proud Quebeckers, and we will always stand up for Quebec.

● (1440)

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, there are 32 members from Quebec who support the will of Quebec's National Assembly. By supporting the challenge to Quebec's Act respecting the laicity of the State, Ottawa is really challenging our model for living in harmony.

Oral Questions

Quebeckers want the separation of church and state. We have moved on. I am sure this is not easy to understand for members who fight to ensure that the House begins with a prayer every day. However, Quebeckers have chosen secularism. Religion is private and the state is public.

I would like a straight answer from the minister. Why is his government opposed to secularism?

Hon. Arif Virani (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, let us be clear. This is about a group of Quebeckers who went to court to defend their rights under the Quebec Charter of Human Rights and Freedoms and the Canadian Charter of Rights and Freedoms.

If Quebec appeals before the Supreme Court of Canada, we will be there, as we have mentioned several times over the past year, to intervene and participate in these important discussions pertaining to the Canadian charter and the Quebec charter.

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, we are in a Parliament that sings *God Save the King* for the head of the Anglican Church, a Parliament where elected officials pray every day, not at home, which would be entirely within their rights, but here in the House.

We have a government that wants to change the date of the election to accommodate Diwali, a religious holiday. Then, it tells us that Canada is in favour of secularism and that secularism is important. Come on.

Will the minister admit that he wants to challenge Bill 21 simply because he is against secularism?

Hon. Arif Virani (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, we are firmly committed to participating in these important national discussions that have a major impact on all Canadians, discussions about issues affecting our Canadian Charter of Rights and Freedoms and the Quebec Charter of Human Rights and Freedoms.

As we have said many times, we have serious concerns about the pre-emptive usage of the notwithstanding clause in section 33 of the charter. The first word should not be the last word in the dialogue between the legislative assemblies and the courts.

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[English]

CARBON PRICING

Ms. Lianne Rood (Lambton—Kent—Middlesex, CPC): Mr. Speaker, after eight years, the NDP-Liberal government is not worth the cost, but let us hear from some rural residents. Judy from Arkona writes, “The carbon tax is killing us”, and Scott from Tuperville says, “As a senior, I am finding it hard to cope.” Walter from Alvinston writes, “I have not even received a carbon rebate.”

In his broken-promise budget, set to be delivered at 4 p.m. today, will the Prime Minister finally axe the tax on farmers, make food cheaper for Canadians and pass Bill C-234 in its original form?

Hon. Gudie Hutchings (Minister of Rural Economic Development and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, I would really like to say to

the Conservatives that they do not have to wait until four o'clock. They can pass the fall economic statement, because that is impeding where rural top-ups are going. In my riding, that would mean \$1,430 to go to a family of four every year. All the way across the country, in Alberta, it would mean \$2,160. I wish they would pass the FES. Then they would truly be helping rural Canadians and rural families.

Ms. Lianne Rood (Lambton—Kent—Middlesex, CPC): Mr. Speaker, even the polls tell us that the majority of Canadians are fed up with the Prime Minister overspending, over-promising, under-delivering and failing this country. Over \$52 billion will be spent on servicing his debt alone. While Canadians are struggling, he raised the price of gas, groceries and home heating, raising the carbon tax by 23% just two weeks ago. This is punishment, not progress.

In his big-deficit budget later today, will the Prime Minister finally axe the tax on farmers and make food cheaper for Canadians?

Hon. Gudie Hutchings (Minister of Rural Economic Development and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, I want to tell a story again that I told a few weeks ago. A constituent in my riding took the time to track every single amount of money that he had paid. Do members know what? He doubled it. In case he missed a few things, he was in \$38 every time he got his cheque.

I wish they would do their homework, because eight out of 10 Canadians get more with their Canada carbon rebate, especially in rural Canada.

● (1445)

Mr. Warren Steinley (Regina—Lewvan, CPC): Mr. Speaker, this is coming from the Liberal member who said that if Canadians want programs, they should vote Liberal. Come on.

After eight long years, the Liberal-NDP government is not worth the cost. Canadians are finding it harder to make ends meet. We all know that at four o'clock today the government is going to table a dumpster fire budget. The Prime Minister simply is not worth the cost.

The question is this: Will he finally axe the tax on farmers so Canadians can put food on their tables?

Hon. Jonathan Wilkinson (Minister of Energy and Natural Resources, Lib.): Mr. Speaker, on this side of the House, we are focused on ensuring affordability for Canadians moving forward and addressing the climate issue. The price on pollution is an affordability mechanism. Eight out of 10 families get more money back. The PBO has underlined that. Three hundred economists across this country have underlined that.

Oral Questions

Every one of the Conservative MPs over there ran on a platform that included a price on pollution. That is the height of hypocrisy. Their only plan is to take money away from poor people and let the planet burn.

Mr. Warren Steinley (Regina—Lewvan, CPC): Mr. Speaker, “climate Ken” can say whatever he wants, but we are 62nd out of 67 countries—

Some hon. members: Oh, oh!

The Speaker: The hon. member, who is an experienced member of the House, understands that he cannot refer to other members other than by the titles they have, so I would ask him to start from the top and to avoid such language.

The hon. member for Regina—Lewvan.

Mr. Warren Steinley: Mr. Speaker, Canadians know that the Prime Minister is not worth the cost. They see it time and again when they go to the grocery store. We know that our farmers are paying more. By 2030, when the carbon tax is fully implemented at \$170 a tonne, farmers will be paying \$1 billion in taxes.

My question once again is this: At the government's four o'clock budget dumpster fire, will it axe the tax on farmers so Canadians can put food on the table?

Hon. Jonathan Wilkinson (Minister of Energy and Natural Resources, Lib.): Mr. Speaker, I am not sure if the hon. member is trying to insult me or give me a compliment, but I would say that it is important in this chamber that we use facts and are not misleading Canadians.

Eight out of 10 Canadians get more money back. That is underlined by 300 economists in this country. To be honest, it is underlined by the premier of his province. When Scott Moe came here and testified, he said that they looked at the alternatives and they were all too expensive. It is absolutely the right thing, because we have put in place something that does address affordability and reduces carbon emissions.

On that side of the House, Conservatives do not believe in climate change and they act—

Some hon. members: Oh, oh!

The Speaker: Order. The hon. member for Hamilton Centre.

* * *

HOUSING

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, this past weekend, I met with over 100 youth from Hamilton who told me they do not even know how they are going to be able to pay rent, let alone ever be able to afford to buy a home in their lifetimes. A recent Spectator news report confirms that Hamilton's rents are out of control and quickly outpacing Canadian cities.

Under the Liberals' watch, life has only gotten better for wealthy developers. They are raking it in—

Some hon. members: Oh, oh!

The Speaker: I can usually hear the hon. member for Hamilton Centre quite well, but I am having difficulty hearing him today. I

would ask all hon. members, in particular the member for Prince George—Peace River—Northern Rockies, to please only take the floor when recognized by the Speaker.

I will give the hon. member 20 seconds to finish his question.

The hon. member for Hamilton Centre.

Mr. Matthew Green: Mr. Speaker, under the Liberals' watch, life has only gotten better for big money developers, and they are raking it in while rents double for Canadians.

Why are the Liberals refusing to take on corporate developers and failing to build non-market affordable housing now?

● (1450)

Hon. Sean Fraser (Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, I have great respect for the hon. member and thank him for his advocacy on building more homes in Hamilton, but he may not be aware that we recently invested \$93.5 million in his city to help speed up the construction of up to 9,000 new homes. In addition, we are putting money on the table that is going to help speed up the development.

If the member's concern is about building non-market housing, I am pleased to point to the billion dollars we invested, in the fall economic statement, to build more affordable housing, the hundreds of millions we are using to build more co-operative housing and the \$4 billion we are using to deal with the needs of urban, rural and northern communities to serve indigenous peoples. We are going to build housing for the most vulnerable. We are going to build housing for everyone.

Ms. Leah Gazan (Winnipeg Centre, NDP): Mr. Speaker, indigenous people in Winnipeg make up nearly 75% of the unhoused population. Almost 90% are sleeping outdoors or living in encampments. The Liberals' inadequate response is costing lives, and the Conservative leader cut 8,000 affordable units when he was the minister in charge. It is clearly not a Conservative priority.

In today's budget, will the Liberals commit to increasing funding for affordable housing, with rent geared to income, and get serious about ending homelessness?

Oral Questions

Hon. Sean Fraser (Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, I thank the hon. member for her concern. She is right to point out the desperate need of so many communities across the country when it comes to building more affordable housing. She is right to point out the need for increased investment to support the needs of indigenous people who remain unhoused. That is why we put more than \$4 billion on the table to support the needs of indigenous peoples in communities and an additional \$4.3 billion to deal with the needs of indigenous peoples who live in urban, rural and northern environments. On top of that, we have invested more than \$120 million to build thousands of homes in the member's city. We are going to keep doing what we need to do to build more affordable housing.

I have one point of correction: It was 800,000 units that the opposition leader lost while he was housing minister.

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EMPLOYMENT

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Mr. Speaker, today, the Deputy Prime Minister will deliver the budget. Over the last few weeks, we have seen the important efforts of this government to invest in this country, building a record we can be proud of. On the other side, the Leader of the Opposition loves to talk about his record when he was minister of employment. He wants to convince Canadians that he has the solution to make life better: cut, cut, cut. Well, cuts do not create jobs. Cuts do not create investment. Cuts do not increase wages.

Can the Minister of Employment, Workforce Development and Official Languages tell the House what the government is going to do to make life better for Canadians?

Hon. Randy Boissonnault (Minister of Employment, Workforce Development and Official Languages, Lib.): Mr. Speaker, I want to thank my colleague from Fleetwood—Port Kells for his hard work. Since we took office in 2015, wages are up, employment is up and foreign direct investment is up. We are investing in Canadians and in the economy, creating great jobs and growth for the whole country.

When the Leader of the Opposition was minister of employment, wages were lower, employment was lower and foreign investment was lower. While we are fighting for fairness for every generation, his record is clear. There is one thing I will bring up. If he ever takes over, there will be cuts, cuts and more cuts.

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FINANCE

Mrs. Anna Roberts (King—Vaughan, CPC): Mr. Speaker, after eight years, it is clear the NDP-Liberal government is not worth the cost. In Newfoundland and Labrador, there are 28 bodies in a freezer outside of a hospital because their families cannot afford to bury them. This sounds like a Netflix horror movie, but sadly it is the nightmare of the Prime Minister's out-of-control spending. Conservatives demand that he stop the outrageous spending and make life affordable.

Will the Liberals listen and give Canadians the ability to bury their loved ones?

Hon. Gudie Hutchings (Minister of Rural Economic Development and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, we know it is a challenging time for many people. That is why we have been there all along. We have been there with the child care benefit. We have been there with the increased OAS and GIS. We are now there with a dental program that is rolling out to help people. We have our carbon rebate this year for people. We know it is challenging times. We will be there for Canadians and we always will be.

Mrs. Anna Roberts (King—Vaughan, CPC): Mr. Speaker, like the old song, it is “Stop! In the Name of Canadians”. There are 28 bodies in a freezer because families cannot afford to bury their loved ones. Houses have doubled. Food bank usage is higher. Families are losing their homes. It is enough. Today, the Liberals are announcing their budget.

Will they show some compassion and ensure there is a dollar of savings for every dollar of spending, so Canadians can afford to live?

• (1455)

The Speaker: Before the hon. minister gets up, I want to tell members that I hear some singing in the House. Members know that singing is not permitted in the House. I will just ask whoever is doing that to please stop.

The hon. Minister for Rural Economic Development.

Hon. Gudie Hutchings (Minister of Rural Economic Development and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, when people find themselves in a very challenging or upsetting time in their lives, they know that this party, on this side of the House, is there to help them in many ways.

We do not believe in slogans. We believe in helping people, which we have been doing since the very beginning. We will continue to help, especially with the budget later today.

[Translation]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, after eight years, this Liberal government is not worth the cost. After eight years of astronomical deficits and spiralling debt, this government has never managed to control spending. This is a perfect recipe for inflation.

Canadians know what inflation is. Rents have doubled. Mortgages have doubled. Things have reached a point where it is cheaper to stay in a motel than have an apartment.

At the very least, will there be a plan, if only to control spending, later on when the budget is tabled?

Oral Questions

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, when the Conservative leader was the minister responsible for housing, he built six affordable housing units across the entire country during his entire term.

Municipalities in Quebec are building 8,000 housing units with the help of the Canadian government. If we divide the 8,000 housing units by six, it amounts to about 1,200 times more. Nevertheless, the Conservative leader insults Quebec's municipalities by calling them incompetent.

Who is incompetent, the Conservative leader with six units or Quebec municipalities with 8,000 units?

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PUBLIC SERVICES AND PROCUREMENT

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, the member for Québec seems to enjoy playing with numbers these days. I have a number for him: 750. The ArriveCAN app cost 750 times more than it should have. Who was the President of the Treasury Board when that happened? It was the current member for Québec. What happened to him after that? He became the health minister. What is he now? He is the Minister of Public Services and Procurement. He has won the triple crown of mismanagement.

Does he find it insulting to have spent 750 times more on the app, when it was his responsibility to make sure it was done properly?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, “insulting” is indeed the key word. Quebec municipalities were insulted by being called incompetent.

They are creating 8,000 affordable housing units with the support of the Canadian government and the co-operation of the Quebec government, while the Conservative leader, the leader of insults, built just six affordable housing units across the country during his entire mandate as the minister responsible for housing. Some 66 units have been built in the past few weeks just in the riding of my colleague, the member for Louis-Saint-Laurent.

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, Ottawa is brewing a new fiasco at the border. On May 13, importers might hit a wall at customs. Why? Because that is when CARM, the new application for assessing and paying duties and taxes is officially implemented at the border.

Last week, 22 organizations raised concerns saying that neither the Canada Border Services Agency nor businesses will be ready on time.

Will Ottawa push back the implementation date until the Standing Committee on International Trade completes its study and makes recommendations?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, my colleague knows full well that we always want to work with the parliamentary committees. I had a discussion with the president of the CBSA yesterday about the issue raised by my colleague. I am sure that the CBSA is aware of the facts of this application. I am sure that it will be managed properly.

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, Ottawa set a precedent for failure in terms of implementing major new IT systems. One such precedent is called Phoenix. Eight years later, Ottawa still cannot pay its employees.

There is also a precedent with the Canada Border Services Agency. It is called ArriveCAN. How reassuring. It fills us with confidence. The CBSA has failed to provide the documents concerning CARM, as requested by the committee. The committee cannot complete its study, and no one seems to know exactly what to do if the application crashes on May 13.

Is Ottawa going to do the only thing there is to do, which is postpone the rollout?

• (1500)

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, once again, we have consulted exporters and importers, and we will continue to do so. We fully understand their concerns, and that is why I raised this issue with the president of the CBSA. I do not share my Bloc Québécois colleague's pessimism. As my colleague, the Quebec lieutenant, often says, they are experts in pessimism. I do not share that pessimism, but I understand the importance of doing things the right way.

[English]

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, after eight years of the NDP-Liberal Prime Minister, it is clear he is not worth the cost or the corruption, like the \$60-million arrive scam contractor, who is being hauled before the House of Commons tomorrow for refusing to answer committee questions about his role in the Prime Minister's latest multi-million-dollar scandal. This contractor claims that he only did Google searches and sent LinkedIn direct messages.

Therefore, what did this guy and his partner give to the Liberals in exchange for the multi-million dollars they were paid?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, just because my hon. friend continues to repeat something that he knows is not accurate does not make it so. He knows very well that a series of investigations are being undertaken. The RCMP is seized with this matter. If the House in its wisdom decides to call people before the bar, that is entirely within the purview of the House.

We have also said from the beginning that anybody who abused taxpayer money should face the consequences, and that is exactly what will happen.

Oral Questions

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, if the minister gets up and says something is not true, that points to the lie, because we know that 75% of the contractors listed on this app did no actual work. We know that two guys working out of a basement were paid tens of millions of dollars, but did no actual work. We know that every step of the way the Liberals have tried to cover it up, like how that minister and everyone on front bench, and right to the back, voted against having the Auditor General investigate.

The question is very simple. These yo-yos working out of a basement were paid tens of millions of dollars and did no actual work. What did they give the Liberals in exchange for that sweetheart deal?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, again, if our hon. friend wants me to point out the part of his question he knows is inaccurate, it is the last sentence of the question.

[Translation]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, the Liberal Prime Minister's ArriveCAN app has become the biggest scandal we have seen in the past 100 years. Tomorrow, Kristian Firth will have to come before the bar of the House of Commons to testify because he lied and he protected his contacts within the Liberal government by refusing to give their names.

Two men with no IT skills working out of a basement were given \$20 million to develop an app, ArriveCAN. I challenge the minister responsible for this historic level of corruption to rise and apologize for this scandal, which is making Liberal cronies rich at the expense of Canadian families.

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, my colleague knows full well that there are investigations under way. The House decided to summon someone to answer questions. That is all part of the responsibilities of the House of Commons. We are open to that.

We have also said from the beginning that we are open to a careful review of this situation, whether it be by the Auditor General, the RCMP or parliamentary committees. Anyone who has misused taxpayers' money will face the consequences.

* * *

TOURISM INDUSTRY

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Mr. Speaker, National Tourism Week celebrates one of Canada's vital industries. This industry accounts for one in 10 jobs and has a presence in every region, including mine, Châteauguay—Lacolle, soon to be renamed Châteauguay—Les Jardins-de-Napierville.

Our government has made strategic investments, such as the indigenous tourism fund and the tourism growth program.

This is in stark contrast to the Conservatives, who vote to abolish programs at every opportunity. Would the Minister of Tourism tell us how important the tourism industry is?

• (1505)

Hon. Soraya Martinez Ferrada (Minister of Tourism and Minister responsible for the Economic Development Agency of Canada for the Regions of Quebec, Lib.): Mr. Speaker, my colleague from Châteauguay—Lacolle is absolutely right. The tourism industry generated nearly \$100 billion in 2023 and employed nearly two million workers across the country. Beyond the numbers, tourism makes us proud. We are proud to share our destinations with more than 2.5 million visitors from around the world.

That is why I am so surprised that the Conservative Party voted against giving Bonhomme Carnaval a job. Those of us on this side of the House wish everyone a happy National Tourism Week.

* * *

[English]

PUBLIC SERVICES AND PROCUREMENT

Mr. Larry Brock (Brantford—Brant, CPC): Mr. Speaker, after eight years, the Prime Minister is not worth the cost. Just when one thinks that the NDP-Liberal government could not be even more out of touch, it goes ahead and nominates the CBSA as “unsung heroes” for the arrive scam.

Recklessly spending 60 million taxpayer dollars and demonstrating some of the worse financial record-keeping we have ever seen is the opposite of “innovative and effective” procurement practices. The CBSA should be an example of how not to do government procurement.

Why on earth would the government reward incompetence?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, my hon. friend knows very well that we have instituted a series of changes in terms of the procurement process both at CBSA and horizontally across the Government of Canada.

My colleague, the Minister of Public Services and Procurement, has spoken about the changes we have made in light of the recommendations of the Auditor General. We welcome other reviews, whether it is parliamentary committees. In the case of ArriveCAN, as we know, the RCMP are looking into this matter.

As I said, anybody who abused taxpayer money will properly face the consequences.

DENTAL CARE

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, the costly NDP-Liberal coalition has announced another poorly conceived federal idea. Its dental care debacle is failing Canadians.

I have one simple question. How many dentists in Nova Scotia, New Brunswick and P.E.I. have signed up for the dental care debacle?

Hon. Mark Holland (Minister of Health, Lib.): Mr. Speaker, it is great news, because, unlike the member opposite, we are working with dental providers and we are opening up a new portal, which means that in order to participate all they have to do is accept that dental card and provide service.

The dentists who I am talking to, as we work through these issues in the negotiation, are extremely excited to do what the member is not, which is to make sure that every Canadian from coast to coast to coast gets oral health care. That means that 1.8 million seniors and soon nine million Canadians will have the oral health care they need.

The Speaker: I will ask the hon. member for Oxford to please allow his colleague to ask a question and to allow the minister to answer.

The hon. member for Cumberland—Colchester.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, interestingly enough, the Minister of Health of the NDP-Liberal government has been singing the praises, in photo ops, of this program for months now. Their plan is lacking and it is failing Canadians.

I have one simple question, once again, for the minister. How many dentists in Nova Scotia, New Brunswick and P.E.I. have signed up for the botched dental care announcement? I will actually give him the answer. It is eight out of 1,107.

Hon. Mark Holland (Minister of Health, Lib.): Mr. Speaker, of course, the member opposite knows that we are opening a new portal and that members do not have to sign up. All that needs to happen is that they bring their card and they participate in the program.

Here is the truth—

Some hon. members: Oh, oh!

The Speaker: I will ask hon. members to please restrain themselves. I know that it is budget day; it is a big day.

The hon. minister has 20 seconds left on the clock.

Hon. Mark Holland: Mr. Speaker, the truth is that those members do not want the nine million Canadians who do not have dental care to get service. They do not want Canadians who do not have access to diabetes medication to get it. They do not want women to be able to get access to universal contraception. They push despair because they do not want people to hope for something better. We are there to deliver something better.

Oral Questions

• (1510)

CLIMATE CHANGE

Mr. Wilson Miao (Richmond Centre, Lib.): Mr. Speaker, climate change is real. The science is clear. Current drought conditions and above average temperatures are bringing an increasing risk of wildfires.

Last year, more than 230,000 Canadians were forced out of their homes, not knowing what the future looked like. Close to 100 fires are already burning in British Columbia and communities are rightfully concerned.

Could the Minister of Emergency Preparedness tell us what our federal government has been doing to—

The Speaker: Informally, I did ask the hon. member for Mission—Matsqui—Fraser Canyon to please allow the member for Richmond Centre to ask his question.

The hon. member for Richmond Centre has 15 seconds to finish his question.

Mr. Wilson Miao: Mr. Speaker, last year, more than 230,000 Canadians were forced out of their homes, not knowing what the future would hold. Close to 100 fires are already burning in British Columbia and communities are rightfully concerned.

Could the Minister of Emergency Preparedness tell us what our government has been doing to make sure we will be there for British Columbians this summer?

Hon. Harjit S. Sajjan (President of the King's Privy Council for Canada, Minister of Emergency Preparedness and Minister responsible for the Pacific Economic Development Agency of Canada, Lib.): Mr. Speaker, last year, we had the worst wildfire season in Canadian history because of climate change, and potentially this season could be even worse. We have been working very closely with the provinces and territories and indigenous leaders to provide the resources they need. We are training more firefighters, providing additional firefighting equipment and adding more initiatives to provide humanitarian support.

On this side of the House, we know the devastating impact that climate change is having on Canadians and we will be there for them.

* * *

SENIORS

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Mr. Speaker, seniors are being kicked out of their homes because assisted living is now fodder for greedy developers and private equity firms. Ninety year olds are being put on the street so that super-rich CEOs can make a buck.

The Liberals and the Conservatives let developers buy up affordable housing and now they are letting them go after long-term care. A family whose father was kicked out of his home called this a death sentence.

Points of Order

Will the government stop this in its tracks and use the budget to end greedy CEOs from evicting vulnerable seniors?

Hon. Sean Fraser (Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, as we move down a path of increasing investments to build more affordable housing, we have to acknowledge the very real challenge that exists when affordable housing that is already in communities is snapped up for the purpose of renovating those who live in it. That is why we are moving forward with a Canadian first, a new acquisition fund that is going to help non-profits buy up existing low-cost rentals so they can keep them affordable in perpetuity. This is a new direction that is going to help many thousands of Canadians not just find a place to call home, but to keep a place to call home that they can actually afford.

* * *

VETERANS AFFAIRS

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, in the past two years, there has been a 50% increase in denied claims for veterans seeking disability benefits. This is shameful. They served our country, risking their lives and safety in the process, yet the Liberals keep turning their backs on them, just like the Conservatives did for years before. This is an issue of respect and livelihood. Many veterans are struggling and they rely on these benefits to make ends meet.

Do the Liberals plan on fixing this or will they keep denying veterans their dignity?

Hon. Ginette Petitpas Taylor (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I would like to take a moment to thank my colleague for her important work on the veterans affairs committee.

Our government has always been there for veterans, and will continue to be there. Since 2015, we have invested more than \$11 billion in additional funding to support veterans and their families. In contrast to the Conservative Party of Canada, when it closed the Veterans Affairs offices, on this side of the House, we opened them immediately because we recognized they provided direct services to veterans.

We will always be there to help support our veterans and their families in their time of need.

* * *

● (1515)

PRESENCE IN GALLERY

The Speaker: It is a great privilege for me to draw the attention of hon. members to the presence in the gallery of Cindy Woodhouse Nepinak, National Chief of the Assembly of First Nations.

Some hon. members: Hear, hear!

* * *

POINTS OF ORDER

ORAL QUESTIONS

Hon. Ed Fast (Abbotsford, CPC): Mr. Speaker, I rise on a point of order. During question period today, the member for North Is-

land—Powell River directed a comment at us here in the back benches, and she directed it to me as well. She used the term “shut up.” She is a member who generally conducts herself in a very civil manner, but today she used the term “shut up” in a manner that is unbecoming of a parliamentarian.

It is you, Mr. Speaker, who ensures civility in the House. You are the one who corrects us when we use language that is unbecoming. She actually repeated the remark. When I asked her, “Did you tell us to shut up?”, she said, “Yes, shut up.” That is behaviour unbecoming of a parliamentarian, so I would ask you to ask her to apologize for that remark and to withdraw it unconditionally.

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, I thank the member for bringing up how disruptive the Conservatives continue to be in the House.

To clarify for the record, I did not actually tell him to shut up the second time; I told him to shush. I will not be withdrawing my comment, and I hope their behaviour gets better.

The Speaker: I thank the hon. member for Abbotsford for raising this issue. All members could do a lot to improve decorum in the House, and I hope we all will.

The issue has been raised by the member for Abbotsford, and the member for North Island—Powell River has acknowledged that she used language that causes disorder in the House. I would ask the hon. member for North Island—Powell River if she would do the honourable thing and withdraw the comment.

Ms. Rachel Blaney: Mr. Speaker, no, I will certainly not.

The Speaker: The hon. member for North Island—Powell River is a long-time member. We have served in the House and on many committees together. I will ask her once again if, out of respect to the Chair, she would please withdraw that remark.

Ms. Rachel Blaney: Mr. Speaker, I have served many years with you, but my concern, which is that members who are asking questions are being silenced again and again by the Conservatives, is very serious.

Out of respect, I will not withdraw the remark, and I do not mean that personally. It is so sad that the Conservatives are having very sensitive feelings about this.

* * *

NAMING OF MEMBER

The Speaker: Pursuant to the powers vested in me under Standing Order 11, I am afraid I have no choice but to ask the hon. member, for not following through with a request from the Chair, to please leave the chamber.

[*And Ms. Blaney having withdrawn:*]

POINTS OF ORDER

ORAL QUESTIONS

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, I rise on the same point of order. It is important for us to reflect on what has transpired in the House. You will recall there was a member from Regina who absolutely insulted a member. His entire question was given back to him. However, when there was the disruption of the back bench, from some who do not have the privilege of asking questions of the House, and they decided to interrupt my question, I did not receive the opportunity to ask it in full. It is at that point when the intervention happened.

Some hon members: Oh, oh!

Mr. Matthew Green: Mr. Speaker, if it is on the question of disruption, I would ask you to note the heckling and the disorder that is happening in the House right now. I encourage you to reflect on what you just did to the member, this hon. member from our party, when these people continue to act completely out of order in the House.

• (1520)

The Speaker: Colleagues, we are coming back to the point of why it is so important for us to conduct ourselves with dignity in this place.

The hon. member for Hamilton Centre has raised an important point. I would like to point out to the hon. member that the Chair did hear his question up until a certain point. Then, not being able to hear the hon. member, as I mentioned from the chair, I gave the hon. member more time to finish his question. First, I sought order in the House, and then I gave the hon. member more time to finish his question and to start further on. The hon. member for Regina—Lewvan, at the top end of the question, used language that was uncomplimentary, and I asked him to rephrase his question, which he did.

It is very difficult to sit in this chair and have members act in a way that is really not befitting of this place. Sometimes the Chair raises the issue when the Chair feels compelled to do so. Sometimes members raise the issue, and when members raise the issue, that is the time when the Chair has to deal with it.

As a result, it was with great regret that I asked the member for North Island—Powell River to leave this place for the day because it was requested of the Chair to ask for her comment to be withdrawn so that order could be restored to the House. This was raised by the member for Abbotsford. That is the only reason that happened.

I ask all members to remind themselves that, once again, the Chair can only go as far as members will permit the Chair to go. It requires members to act in a manner that is befitting of this place. I think we all can learn from this situation.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Mr. Speaker, on the same point of order, it is not up to any individual member to try to get the respect in the House that the Conservatives consistently refuse to show, so I would ask you to use the tools that you have available to you.

Points of Order

We have granted you the ability to dock questions. When Conservatives are causing disorder, as they do so frequently, I would ask you to exercise the powers you have to dock their questions so that members, such as the member for North Island—Powell River, are not forced to intervene to try to stop them from allowing us to ask questions in the House of Commons.

The Speaker: I thank the member for New Westminster—Burnaby for that intervention. Indeed, the Chair is increasingly reaching that point where, with proper warning, we will probably start moving that way. I hope I do not have to. I hope that members will be able to conduct themselves in a way that is befitting of this place.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, on the same point of order, the NDP House leader, the member for Timmins—James Bay and the member for Hamilton Centre, and we can check everyone off the list, are members of the fourth party in the House, and they create the same level of disorder as all members do. They engage in heckling, as is happening right now, but that is part of the customs that have been adopted by this place.

The matter at hand is that the Speaker made a ruling, and now, in succession, we have had NDP members standing up to chastise the Speaker for ruling the wrong way. That is not how it works in this place. Members of the official opposition, when asked to withdraw, in spite of their continuing to hold the convictions of what they said, out of deference to the Chair, have withdrawn and apologized. When they have not done so at any point in history, they have been ejected, and that is how this place works. We do not have every member then stand up and challenge the Chair's ruling because, frankly, that is unparliamentary and unbecoming of any member who does.

Order has been restored with the Chair's ruling. We thank you for that.

• (1525)

The Speaker: I thank the member for Leeds—Grenville—Thousand Islands and Rideau Lakes for his intervention.

Once again, I call on all members, because this is happening, unfortunately, far too often, and it causes disorder. It is not something Canadians appreciate. I do not think any member of Parliament who has spent a lot of time and effort to represent their constituents, to come this place to help pass laws, make laws and keep government to account, wants to participate in a place with behaviour that, frankly, would not be accepted in any other workplace in the country. I thank the hon. member. I hope that will serve as a purpose to encourage all members to conduct themselves in a better way.

I see the hon. member for Winnipeg Centre, a very passionate and contributing member, standing on her feet on the point of order. I hope it will add a new dimension to this debate.

Ms. Leah Gazan (Winnipeg Centre, NDP): Mr. Speaker, on the same point of order, we have had the occasion to speak about exactly what is going on in the House.

Points of Order

I have to say that, on Thursday of last week, I felt that I behaved in an unparliamentary way as well, but it is because it is out of control on the Conservative side of the bench, with the constant toxic masculinity, including the harassment of the member for Nunavut, which I found so offensive.

What I find shocking, with all due respect, is that this is the first occasion when this kind of severe response has been taken, yet there is a normalization of gender-based violence being perpetrated by Conservative members on that side. It happens every single day in the House, all day.

The Speaker: I thank the hon. member for Winnipeg Centre.

[*Translation*]

The hon. member for Mégantic—L'Érable wants to speak on the same topic, and I will allow him to do so, but I hope that we will be able to wrap up this debate, unless members have something new to add.

The hon. member for Mégantic—L'Érable.

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, in the past 15 minutes, you have allowed several members, in particular the New Democrats, to tell their side of the story, and astoundingly, they have tried to challenge your decision to ask the member for North Island—Powell River to leave the House.

Since then, the NDP members have started lobbing accusations at the Conservative Party. These accusations are unfounded and unwarranted. I would therefore ask the member who just spoke to retract her remarks about these unfounded accusations or to make her case. It is an insult to all parliamentarians to insinuate such things about the Conservatives, and I will not repeat her remarks.

Mr. Speaker, it is unacceptable that you tolerated her intervention until the end. Her remarks about the Conservative member are unacceptable. With all due respect, I request that you ask the member to retract her remarks and apologize for her vile comments about us.

● (1530)

The Speaker: I thank the member for Mégantic—L'Érable for raising the matter. I will certainly think about it and take the matter under advisement.

[*English*]

I see the hon. member for Battle River—Crowfoot, who had gotten up alongside the member for Windsor West, so I am going to ask the hon. member for Battle River—Crowfoot to go first, and then I will go to the member for Windsor West.

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Mr. Speaker, as an individual, I know that passions can run high in this place; I think all parliamentarians would fully acknowledge that. When a circumstance arose in which I had to face a consequence when the Deputy Speaker was in the chair, I certainly respected the ruling. I did not challenge that ruling, and I left this place.

I would also urge you, Mr. Speaker, to likewise consider the way that, when passions were running high in debate and the member for Kildonan—St. Paul had made a comment, my colleague from Manitoba respected the Chair.

It is very unfortunate that the NDP would make such accusations. Certainly, if one starts going through the list, as mentioned before, there has been significant harassment, especially toward some of my female colleagues in the Conservative Party, including from members of the NDP. It is unfortunate that there would be those accusations levelled at the Conservative Party, when the fundamental issue at stake here is respect for the chair and the institution it represents within this place.

The Speaker: I thank the hon. member. We are now getting into accusations of he said, she said or they said, they said. This has been raised. The Chair clearly understands it.

The member for North Island—Powell River left the chamber on the request of the Chair. She has not come back in here to debate this matter, nor did the member for Battle River—Crowfoot when he was ejected by the Chair some months ago.

The hon. member for Windsor West.

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, I do not like to rise on this. In a couple of weeks it will be my 22nd year here, and I can tell the House that it is different. It is not heckling or a sense of involvement in the debate; outright bullying tactics and verbal abuse are taking place. This chamber has changed significantly.

Because of your being on that side, down the aisle of the chamber, Mr. Speaker, you may not be aware of this, but I can also testify that it depends on which member rises in the House, what gender they are and what they look like. This determines how they are treated. It is a regular behaviour that has escalated significantly in the last number of years.

In particular, right now, there was your decision about the member from Hamilton Centre, for example. He had an important question to ask. I appreciate your position on it, but he cannot do in 20 seconds what he should have had the right, in 35 seconds, to do, for his constituents and for what he wants to do for this country, without the type of harassment that takes place.

I ask you to review not only what takes place in this chamber and how you respond to it, to reflect back over the years and the way it has been dealt with in the past, but also the behaviour that takes place behind the curtains, in the hallways. They are definitely included, and what takes place there spills into the chamber. Especially during late nights in this place, we have had young people exposed to behaviour that is not becoming. It is not acceptable in a workplace to have a number of different activities taking place that are especially encouraged when the camera is off, clearly, and that may not be seen when the camera is on.

The Speaker: I thank the member for Windsor West for his intervention.

I thank all colleagues for standing and raising these issues.

Once again, I think this shows the importance of conducting ourselves in a better manner. Most members do conduct themselves in a way that is befitting. Sometimes, we go over the limit. I call on all members to reflect on what has happened today and in the past, so we can do better going forward.

Government Orders

I thank all members for their participation in that.

• (1535)

CORRECTION TO OFFICIAL RECORD

Mr. Larry Maguire (Brandon—Souris, CPC): Mr. Speaker, this morning in debate, when I was asking a question of my colleague from Cumberland—Colchester, I used the word “likely” when I should have said “unlikely”. I just wondered if I could have that noted.

The Speaker: I thank the hon. member for clarifying.

GOVERNMENT ORDERS

[English]

PHARMACARE ACT

The House resumed consideration of the motion that Bill C-64, An Act respecting pharmacare, be read the second time and referred to a committee, and of the amendment.

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I was not sure I would get the opportunity to speak this afternoon, so I am glad to be able to join in debate on a very important bill, Bill C-64, an act respecting pharmacare.

Bill C-64 represents the next phase of our government's commitment to establishing a national universal pharmacare program. It proposes the foundational principles of the first phase of national universal pharmacare and our intent to work with provinces and territories to provide universal, single-payer coverage for a number of contraception and diabetes medications. This is an important step forward in improving health equity, affordability and outcomes, and it has the potential to provide long-term savings in our very endangered health care system.

Public health care in Canada was built on the promise that, no matter where one lives or what one earns, one will always be able to get the medical care one needs. Despite this promise, Canada is the only country in the world with universal health care that does not provide universal coverage for prescription drugs. In the bill, we talk specifically about contraception and the things needed for diabetes. They are very important aspects of this program.

When medicare was first introduced, prescription drugs outside of hospitals cost less and played a smaller role in health care. Today, prescription drugs are an essential part of our health, helping to control chronic conditions, treat temporary ones, and aid in overall health and well-being. We need to work harder to get those costs reduced.

One area that has seen significant change is diabetes treatment, as mentioned earlier by the minister and by other colleagues. Over 100 years ago, thanks to a Canadian team of researchers, Frederick Banting, Charles Herbert Best, John J.R. Macleod and James Bertram Collip, insulin was discovered. Since this monumental scientific discovery, there have been several advancements in diabetes treatment, from the introduction of fully synthetic human insulin to glucose monitors and insulin pumps.

These breakthroughs have improved quality of life immensely for people living with diabetes, whether it is by enhancing their self-esteem, increasing social participation, or improving overall health and well-being. Through hard work, one colleague in the House brought forward a program for a national diabetes strategy. These breakthroughs have come with higher costs, creating new affordability challenges for Canadians.

Outside of hospital, prescription drug coverage comes from a mix of private insurance, out-of-pocket cash payments and various provincial programs. While the majority of Canadians have access to some form of public or private insurance, about 2.8%, or 1.1 million Canadians, do not. We constantly hear just how expensive everything is in and around the diabetes forum on a monthly basis for an individual.

Although most Canadians have some form of drug coverage, as I mentioned, this does not mean that those with insurance have equal access to the prescription drugs they need. The existing patchwork system of private and public drug plans leaves millions of Canadians under-insured. That is, their out-of-pocket prescription drug costs create a financial burden that leaves them struggling to afford an essential part of health care.

In 2021, Statistics Canada found that more than one in every five adults in Canada reported not having the insurance they needed to cover their prescription costs. They had to decide whether they were going to fill their prescription or buy dinner.

• (1540)

Under-insurance can take many forms. For example, Canadians may have high deductibles, resulting in significant out-of-pocket costs before their insurance coverage even kicks in; they may reach the maximum annual or lifetime coverage limits for their insurance and have to pay out-of-pocket; or they may have high co-payments, which are often more than 20% of the drug's cost on private plans and sometimes more on public plans.

All provinces have drug coverage to protect Canadians from catastrophic drug costs, but deductibles under these plans can range from 0% to 20% of net family income. In many cases, Canadians will never reach the deductible, leaving them without any support for their drug costs. This variability across the country creates a postal code lottery.

Government Orders

We can again consider the advancements in diabetes treatments. For a working-age Canadian with no private insurance, out-of-pocket costs vary widely. In some parts of the country, out-of-pocket costs for people living with type 1 diabetes can be higher than \$18,000 per year out-of-pocket; for type 2 diabetes, they can be higher than \$10,000 per year in out-of-pocket expenses. Even those with private insurance can face high co-pays or exceed annual plan maximums, resulting in high out-of-pocket costs.

Even for cases in which an individual is not accessing devices that cost thousands of dollars, they can face significant out-of-pocket costs. For example, we can consider a woman in her mid-twenties who is working a minimum wage job. An IUD, one of the most effective forms of birth control, can cost up to \$500 with no insurance. Even with private insurance, a co-pay of 20% would be \$100. While IUDs can last from three to 12 years and save money over the long term, the high upfront cost can make them inaccessible.

Under-insurance can be a particular concern for young adults, who age out of their parents' private insurance but do not have their own form of private coverage. Lower-income Canadians also make up a disproportionate share of the under-insured. While most provinces have put drug coverage in place for those accessing social assistance benefits, a gap clearly persists. Many lower-income households that do not qualify for social assistance continue to struggle with out-of-pocket prescription drug costs.

Employment factors contribute to differences in insurance coverage. People with low-paying jobs, such as entry-level, contract and part-time positions, often report less adequate drug insurance coverage. This may even discourage people who are accessing social assistance benefits from applying for jobs: Once hired, they may lose their public drug coverage, but many entry-level and part-time jobs do not offer drug benefits. One study found that only 27% of part-time employees reported receiving medical benefit coverage.

Under-insurance can have serious consequences. Many Canadians with high out-of-pocket costs report forgoing essential needs, such as food and heat, or not adhering to their prescriptions because of the costs they have to pay. Statistics Canada also found that, in 2021, close to one in five Canadians spent \$500 or more out-of-pocket for their prescription medication; almost one in 10 reported not adhering to their prescription medication because of costs. This includes delaying filling prescriptions or skipping doses in order to save money.

When people do not take their prescription drugs the way they are supposed to, their health can suffer, and this results in serious consequences for the individual and their household. It also results in unnecessary costs to the health care system, as patients are more likely to visit an emergency room and be admitted to hospital. For example, the full cost of diabetes to the health care system in 2018 was estimated to be around \$27 billion, and it could exceed \$39 billion by 2028.

I think we can all agree that no Canadian should be put in a position where they must choose between the prescription drugs they need for their health and well-being and putting food on the table. This is unacceptable, and it is why we are continuing our work to improve accessibility, affordability and appropriate use of prescription drugs as we move forward with national universal pharmacare.

I am thankful for the opportunity to speak to a very important bill, as we start the debate and move towards to the legislation passing in this House.

• (1545)

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Mr. Speaker, it was an interesting speech. Once again, it would appear that the Liberals are suffering from counting problems today.

That being said, we have often heard today about the number of insulins covered on this fantasy pharmacare program proposed by the NDP-Liberal costly coalition. We know, clearly, that in British Columbia, on their formulary, there are 17 insulins covered, and on this program there are only nine. Again, we come back to the magical number of eight, which is how many insulins are not covered by this program. I thought I would give the answer to the member before there is difficulty answering the question, as there has been all day.

I would also like to ask a question. For a cash-paying customer paying for birth control pills, how much would that be a month? Certainly the numbers are not adding up once again.

Hon. Judy A. Sgro: Mr. Speaker, this is a new program that is being introduced. I cannot tell the House how pleased I am that it is here.

I have heard from my constituents, whether they are interested in the issue of diabetes support or in talking about contraception opportunities. At the end of the day, this would save lives and a lot of money. It would also make our country far more understanding and appreciative of what people are suffering. When we talk about affordability, we need to start by helping people with their drug costs.

[*Translation*]

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, I would like to thank my colleague for her speech. She is the chair of the committee I sit on. We have often worked together in the past four and a half years, almost five. I have sat on the same committee since I first came to the House, so I have had the opportunity to work with the chair.

I will digress briefly, if I may. I urge her to table the motion we adopted last Tuesday as soon as possible. It has been a week now, and it would be nice to see it tabled in the House as soon as possible.

Now that I have said that, here is my question.

Quebec is certainly not against pharmacare, seeing as we have our own plan and are very good at public programs. Why would it be so difficult to include a right to opt out with full financial compensation that would allow us to receive our share of the money and improve our existing programs? That would make everyone happy.

[English]

Hon. Judy A. Sgro: Mr. Speaker, the member's first question was regarding a report. The member can rest assured that I will report the motion to the House at the first opportunity I have to do so.

On to the issue of Bill C-64, this is the beginning. It is a new program. We expect that there will be times for alterations as to how we do things. We will continue to work with the provinces on how we do the rollout of this plan. I think the best thing the member could do would be to work with all of us, and all of the parties in the House, to see that this legislation, Bill C-64, gets passed as soon as it can.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, certainly New Democrats support investments in pharmacare. We support the national dental care plan, which is bitterly opposed by the lobbyists in the Conservative ranks.

We have to look at larger issues of health care. I want to speak about indigenous health care, particularly children's health care. The government has spent millions of dollars fighting against the implementation of Jordan's principle at the Human Rights Tribunal, yet we still see, time after time, the government refusing to pay in a timely manner for children who need treatment in all manner of areas. We have therapists who simply cannot keep the lights on because the federal government refuses to pay.

Does the member not understand that these are obligations that were ordered by the Human Rights Tribunal, and that if we are going to provide health care, it has to be done in a timely manner for the vulnerable indigenous children covered under Jordan's principle?

• (1550)

Hon. Judy A. Sgro: Mr. Speaker, I want to thank the hon. member for his commitment to his community and the indigenous community, in particular.

Bill C-64 is one more way for us to talk about health care in Canada. We are certainly talking about the indigenous community, but we are also talking about all Canadians. The more opportunity we have to look at where we could improve the system, the better it is for all of us.

The Deputy Speaker: Before I call the next speaker, I would remind members that we will probably have to stop right around four o'clock. The member might get her whole speech in, but maybe not.

The hon. member for Fort McMurray—Cold Lake.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Mr. Speaker, it is an absolute honour to be able to rise in this place and bring forward a perspective on this bill and to speak in support of the amendment that has been brought forward by my colleague and friend, the member for Cumberland—Colchester.

Government Orders

It is very terrifying to me, because this is effectively another fairy tale promise that the government is pushing forward, along with a long line of fairy tale promises when it comes to the things it is claiming it is doing on behalf of Canadians.

This bill is not a pharmacare plan. Government members might state that it is a pharmacare plan and they can repeat it over and over again, but that does not necessarily make it true. Just because one says something over and over again does not make it so. This is something I will repeat over and over again, because if they think that it somehow works, then maybe we need to bring this forward as well.

This is a legislative framework to look at possibly one day, maybe, kind of, sort of, creating a pharmacare scheme of sorts, but it is not a true pharmacare scheme because it would only cover a couple of different drug types for a couple of different spaces, and it flies directly in the face of many provinces. In fact, in my home province of Alberta, the health minister, who is a former colleague of mine, Adriana LaGrange, very early on was exceptionally clear that Alberta would pull out of a federal pharmacare plan, citing subsidy program concerns and a lack of consultation from the federal government.

Whether the government and its NDP partners in its coalition want to admit it or not, provinces and territories in this country are the ones constitutionally responsible for the delivery of health care in this country. Therefore, not doing adequate consultation with provinces and territories before bringing forward a bill that would directly impact the delivery of health care is exceptionally concerning and should concern every single person in this chamber, whether they care about what the Constitution says or not.

Inevitably, we will see something similar to what we have seen with so many of the bills brought forward by the government. It will end up resulting in a whole bunch of lawyers getting rich from court cases when it gets found out five years, six years or seven years from now that, unfortunately, it did not fall within the government's jurisdiction and it overstepped.

The government has an opportunity right now. We are giving it an out. We are giving it a pass. It can accept the amendment from my colleague and vote against this and allow us to have a bit more consultation and to have some real conversations about this. However, government members are not concerned about that. They want to bully through. They think that Ottawa knows best, and frankly, in Fort McMurray—Cold Lake and right across Canada, the people in those communities know better for their communities. The provinces know better about how to deliver health care than Ottawa will ever know, but the Liberals will not pull the cotton out of their ears long enough to listen, and that is very unfortunate.

The Budget

Like I said, this is just a promise. This is a promise along the lines of so many broken promises over the last eight years from the government. The government promised affordable health care. The reality is that it doubled housing costs. It promised that the carbon tax would not cost us anything, yet the reality is that we found 60% of families are paying more because of these carbon taxes. It promised taxes would go down, yet the reality is that taxes have gone up. It also promised safe streets, yet the reality is that we see crime, chaos, drugs and disorder.

I point out these broken promises because Canadians deserve to understand that, after eight years, the Liberal-NDP coalition government is just not worth the cost. It bears repeating that it is yet again trying to buy votes with a fairy tale scheme of sorts to possibly one day look at something that should be looked at, but it should actually consult with provinces and territories, which is something the government has decided to completely abdicate its role in.

• (1555)

I want to highlight the fact that I would be splitting my time with the member for Souris—Moose Mountain, who is one of my colleagues on the health committee and someone who is very passionate when it comes to provincial jurisdiction, as well as making sure that people are getting adequate care.

Going back to the broken promises we hear time and time again, it is indicative of a pattern. If we do not look at the patterns and take the government at its word because it claims this is new and shiny and that we should trust it, that would terrify the people I have talked to in Fort McMurray—Cold Lake. It is something people do not want to hear. They know full well that Ottawa breaks the things that it touches. I hear that day in and day out. People are saying something might be an okay idea and that we should talk about it, but they do not trust that the government is going to get it done.

Housing is a perfect example of this. We have seen, under the last eight years of the Liberal-NDP government, that housing prices have doubled. People in my generation do not think they will ever be able to afford a home. It now takes longer to afford a down payment on a home than it took most Canadians in the previous generation to pay off their mortgages. If that does not terrify everyone in this room, there are some serious problems at play.

We will continue to fight for Canadians because they deserve to have someone to fight for them right now.

We understand that the NDP did this in a quest to grab on to some form of power and to prop up a government that it complains about on every occasion yet votes with time and time again. New Democrats will get up in question period and have a big fight, but when push comes to shove, they co-sign everything the Liberal-NDP government puts forward.

Canadians have had enough. I hear from them every single day, as do all of my Conservative colleagues. We hear from people who are struggling to put groceries in their fridges and feed their kids a nutritious meal. We hear from families who are struggling with whether to turn the heat up in the dead of winter or put food on the table. These are real, true, honest concerns, but the government

seems to be completely negligent when it comes to standing up for Canadians.

The news is positive. Conservatives have been very clear. We want to see a few things from this government, especially in this upcoming budget. We want to see it axe the tax. We want to see it build the homes. We want to see it stop the crime, and we want to see it bring forward a dollar-for-dollar law so that Canadians do not have to pay for its extravagant promises and costs.

Frankly, the Liberals would do well if they took my advice, voted for this amendment and allowed us to axe this bill.

The Speaker: It being 4 p.m., the House will now proceed to the consideration of Ways and Means Proceedings No. 20 concerning the budget presentation.

* * *

• (1600)

[Translation]

THE BUDGET

FINANCIAL STATEMENT OF MINISTER OF FINANCE

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.) moved:

That this House approve in general the budgetary policy of the government.

She said: Mr. Speaker, pursuant to Standing Order 83(1), I would like to table, in both official languages, the budget documents for 2024, including notices of ways and means motions. The details of the measures are contained in these documents.

Pursuant to Standing Order 83(2), I am requesting that an order of the day be designated for consideration of these motions.

[English]

We are acting today to ensure fairness for every generation. We are moving with purpose to help build more homes faster. We are making life cost less. We are driving the kind of economic growth that will ensure every generation of Canadians can reach their full potential, and we are making Canada's tax system more fair by ensuring that the very wealthiest pay their fair share.

We are doing this because a fair chance to build a good middle-class life, to do as well as one's parents and grandparents or better, has always been the promise of Canada. However, today, millennial and generation Z Canadians can get a good job, they can work hard and they can do everything their parents did and more, yet too often the reward remains out of reach. They look at their parents' lives and wonder, "How will I ever be able to afford that?"

The Budget

The same anxiety haunts those of us who care about our younger generations: their parents and grandparents. What many parents have achieved for themselves, a degree of comfort and security, we want for our children and grandchildren. We want their hard work to be rewarded, as it has been for us. We want them to look forward to a future with a sense of anticipation, not angst.

[Translation]

We have arrived at a pivotal moment for millennials and gen Z. These Canadians have so much talent and potential. They need to see and believe that our country can work for them. Making the promise of Canada real for younger Canadians requires action from us, and that is what we are delivering.

[English]

It begins with building more homes at a pace and scale not seen since after the Second World War. Over the past three weeks, we have shared with Canadians our new and ambitious plan to solve the housing crisis and to help ensure that Canadians, especially younger Canadians, are able to afford their rent or mortgage payments. We are investing to kick-start the construction of more rental apartments and more affordable housing across our country. We are topping up the housing accelerator fund, which is doing exactly what we intended and exactly what Canada needs: cutting through red tape and breaking down zoning barriers. This innovative fund is at the vanguard of a housing revolution in Canada and is fast-tracking the creation of new homes.

We are making the math work for builders by cutting federal taxes on new apartment construction, breaking down regulatory and zoning barriers, providing direct low-cost financing and making more government land available for building.

• (1605)

[Translation]

In a country with winters as long and as cold as ours, we are scaling up innovative construction techniques, like modular housing, to build homes year-round. Modular housing makes Canadian homes less expensive and the Canadian economy more productive. To support all this new housing, we are investing in the infrastructure communities need to grow and increasing the number of construction workers, by creating opportunities for apprentices and recognizing foreign credentials.

[English]

We are making it easier for Canadian homeowners to add a basement suite or a laneway house so that middle-class Canadians can be part of the housing solution too. Our work to build more homes faster across our country is quite literally an exercise in nation building. It is a true team Canada effort.

Together, we are putting into action a plan to build nearly four million homes by 2031 and to unlock the door to the middle class for more young Canadians.

[Translation]

While we work urgently to increase the supply of housing, our government is taking action to bring relief to Canadians—especially younger Canadians—by making it more affordable to rent or to

buy a new home. This starts with better protecting renters from steep rent increases and renovations. It also means making sure they get credit for their on-time rental payments—so they are in a better position to qualify for a mortgage, maybe even at a lower rate, when the time comes to buy their first home.

[English]

For first-time buyers, we will be extending the maximum amortization period of a mortgage to 30 years on new builds, including condos. That means lower monthly payments and greater opportunity for young people to get those first keys of their own. Combined with tax-free ways to save for a first down payment through the tax-free first home savings account and the enhanced homebuyers' plan, the longer amortization period would ensure more younger Canadians are able to afford that first home and take that next big step into a prosperous middle-class life.

[Translation]

The second part of our plan is making life cost less. Inflation has now been back within the Bank of Canada's target range for three months in a row. That is good news for Canadians, but more is needed to help reduce the cost of living—to help younger Canadians gain ground. As a government, we have made transformative enhancements to Canada's social safety net.

[English]

Ten-dollar-a-day child care is already saving parents thousands of dollars a year and making it financially possible for more Canadians to choose to start a family of their own. Now we are making further investments, creating even more child care spaces so more families can benefit and more mothers do not have to choose between a career and a family. This is feminist social policy and it is smart economic policy, too. Already, thanks to our early learning and child care investments, Canada has reached a record high for working-age women's labour force participation.

Our new Canadian dental care plan started in December and more than 1.7 million Canadians have already signed up. Next year, nine million uninsured Canadians will have dental coverage.

The Budget

[*Translation*]

We have also introduced legislation to deliver the first phase of national pharmacare, which will provide universal coverage for many diabetes medications and make contraceptives free—ensuring every Canadian woman can freely choose the contraceptive that works best for her, not just the only one she can afford.

• (1610)

[*English*]

Free contraceptives are central to a woman's right to control her own body. That is a fundamental woman's right and it is a fundamental human right. As a woman, as a mother and as Canada's finance minister and Deputy Prime Minister, let me say clearly here today that this is an essential right our government will always protect.

Women in other countries, our friends, our neighbours, are losing their right to control their own bodies. We will not let that happen here in Canada.

Our government's transformative investments are having a meaningful impact, helping every generation save money. The Canada child benefit is the foundation of our support to young Canadian families and has helped lift more than 650,000 children out of poverty since 2016.

The Canada workers benefit provides a meaningful boost to our lowest-paid and often most essential workers. Our new Canada disability benefit will increase the financial well-being of low-income Canadians with disabilities.

[*Translation*]

We will also launch a national school food program—working with provinces and territories to expand access to school food programs and help 400,000 more children get good, healthy food—so that they can have a fair start at a good, healthy life.

The list of supportive, cost-saving measures goes on. The GST credit arrives every three months to put some extra money in the pockets of millions of Canadians.

The Canada carbon rebate ensures that we fight climate change in the most cost-effective way, delivering hundreds of dollars to Canadians, every three months, including yesterday. Eight out of 10 Canadians get back more than they pay in the provinces where the federal price on pollution applies, and in this budget, we are delivering on our promise to return carbon pricing proceeds to small- and medium-sized businesses.

• (1615)

[*English*]

I am so proud to announce that our new Canada carbon rebate for small businesses will soon return over \$2.5 billion directly to about 600,000 small and medium-sized businesses. This real, meaningful support is a testament to our commitment to Canada's small businesses.

At a time when prices are high, we are delivering real investments that help make life cost less for Canadians. The third part of

our plan is growing the economy in a way that is shared by everyone.

To drive the kind of growth Canada needs today, we are redoubling our efforts to attract investment, increase productivity and boost innovation. We are working to empower our best entrepreneurs to put their ideas to work here in Canada and create good-paying and meaningful jobs.

How do we do that? To quote one of our country's great philosophers, we need to skate to where the puck is going.

[*Translation*]

That means doubling down on artificial intelligence. We were the first country to have a national AI strategy.

Over the past several years, we have supported the creation and growth of one of the world's leading, most talented AI communities.

[*English*]

Today we are taking the next step to secure Canada's AI advantage.

We are equipping our AI innovators with the computing power they need to attract and nurture the best researchers, to scale up businesses and to drive the innovation that will deliver transformative economic opportunities for Canada and Canadians. Homegrown Canadian AI companies are already helping to boost the productivity of Canadian workers.

A natural area to seize a further competitive advantage for Canada is building the mechanical heart of the AI economy: data centres. We have a natural edge. We have abundant and clean electricity. We have skilled and experienced engineers. We have the cold climate needed to help cool supercomputers, and we are physically close to the world's largest market, which has vast data-processing needs.

We are introducing the accelerated capital cost allowance for innovation-enabling and productivity-enhancing assets. This means that investments in things like computers, data network infrastructure and more will be eligible for immediate write-offs. This will encourage companies to reinvest, create more jobs and make their businesses more productive and innovative.

The Budget

In the first three-quarters of 2023, Canada attracted the very highest per-capita foreign direct investment in the G7 and the third most total FDI in the world. Our budget builds on that significant accomplishment, because attracting investment is key to driving growth, increasing productivity and boosting innovation.

• (1620)

With the Canada growth fund and our \$93-billion suite of investment tax credits, we are already encouraging businesses to invest in emerging clean technologies that can drive growth and productivity and create more good paying jobs. Today we are proposing a new investment tax credit to attract companies investing across the electric vehicle supply chain. Canada boasts an abundance of natural resources. We intend to leverage this national advantage to build entire supply chains, and our new investment tax credit will encourage precisely that.

We are investing over \$5 billion in Canadian brain power. More funding for research and scholarships will help Canada attract the next generation of game-changing thinkers pursuing excellence. We are building on our track record of making it more affordable to go to college and university by renewing the increase in upfront Canada student grants and interest-free loans, increasing the amount of financial aid students get for housing and making it easier for mature students to go back to school affordably. All of this is on top of our campaign promise to eliminate interest on Canada student loans, which we delivered on a year ago.

[*Translation*]

Our new Canadian entrepreneurs' incentive will ensure entrepreneurs get to keep a bigger share of the profits from the risks they take and the hard work they do and have more money to reinvest into their next venture.

A prosperous future and abundant good paying jobs depend on Canada's innovators, entrepreneurs and researchers. That is why we are supporting them.

[*English*]

There are those who claim that the only good thing government can do when it comes to economic growth is to get out of the way. I would like to introduce those people who just cheered to the talented tradespeople and the brilliant engineers who, last Thursday, made the final weld, known as the golden weld, on a great national project: the Trans Mountain pipeline.

It took an activist, determined Liberal government to get it built. Last week, the Bank of Canada estimated this project alone will add one-quarter of a percentage point to Canada's GDP.

As we invest with purpose for the benefit of our younger generations and those who love them, we continue to stick to a responsible fiscal plan. As part of that plan, in the fall, we set three very specific fiscal guideposts: maintaining the 2023-24 deficit at or below \$40.1 billion; lowering the debt-to-GDP ratio in 2024-25, relative to the 2023 fall economic statement, and keeping it on a declining track thereafter; and maintaining a declining deficit-to-GDP ratio in 2024-25 and keeping deficits below 1% of GDP in 2026-27 and in future years.

• (1625)

In this budget, every single one of these objectives is being met, as is our fiscal anchor, which is a declining federal debt-to-GDP ratio over the medium term. In fact, Canada has the lowest deficit and net debt-to-GDP ratios in the G7, as recognized in our AAA credit rating.

[*Translation*]

Private sector forecasters are now predicting a soft landing for the Canadian economy—avoiding the recession and heartbreaking surge in unemployment that many had thought was inevitable.

Canadians know how important it is to responsibly manage a budget in the face of rising costs, and they rightly expect their government to do the same.

[*English*]

That is why, going forward, federal public service organizations will be required to cover a portion of increased operating costs through their existing resources. Most of these savings will be achieved through natural attrition in the federal public service. As a result, over the next four years, we expect the ranks of the public service to decline by approximately 5,000 full-time equivalent positions.

To responsibly build a fairer future for younger Canadians, we need to make sure our tax system is fairer too. In Canada and around the world, the 21st century, winner-takes-all economy is making those at the very top richer, while too many middle-class Canadians are struggling just to avoid falling behind.

The job of our tax system is to lean against this structural inequality and to fund investments in the middle class, especially in young Canadians, by asking those who are benefiting from the winner-takes-all economy to pay a little more. Today, our tax system does not do that. Today, it is possible for a nurse or a carpenter to pay tax at a higher marginal rate than a multi-millionaire. That is not fair. That must change, and it will.

Our government is raising the inclusion rate to two-thirds on annual capital gains above \$250,000 for individuals. This new revenue will help make life cost less for millions of Canadians, particularly millennials and gen Z. It will help fund our efforts to turbocharge the building of more homes. It will support investments in growth and productivity that will pay dividends for years to come.

The Budget

Who will pay more? Most Canadians have no capital gains in a typical year, so they will not pay more. The first \$250,000 in capital gains every single year enjoyed by each individual Canadian will be taxed at the current rate. Individual Canadians enjoying this substantial annual gain will not pay a penny more.

The lifetime capital gains exemption, an amount fully exempt from taxation, will be raised to \$1.25 million, and this change will not, of course, apply to the sale of Canadians' principal residence, which is and will remain fully exempt from the tax on capital gains. Only 0.13% of Canadians with an average annual income of \$1.4 million will pay more on their capital gains. For 99.87% of Canadians, personal income taxes on capital gains will not increase.

Taxing capital gains is not an inherently partisan idea. It is an idea that everyone who cares about fairness should support. In fact, the idea of taxing capital gains in Canada was first broached by the government of former prime minister John Diefenbaker and his Royal Commission on Taxation, which was chaired by Kenneth Carter, and former prime minister Brian Mulroney raised the capital gains inclusion rate to 75%, higher than the rate we are establishing today.

• (1630)

I know there will be many voices raised in protest. No one likes paying more tax, even, or perhaps, particularly, those who can afford it the most. Before they complain too bitterly, I would like to ask Canada's 1%, Canada's 0.1%, to consider this: What kind of country do they want to live in? Do they want to live in a country where we can tell the size of one's paycheque by their smile? Do they want to live in a country where kids go to school hungry? Do they want to live in a country where a teenage girl gets pregnant because she does not have the money to buy birth control? Do they want to live in a country where the only young Canadians who can buy their own homes are those with parents who can help with the down payment? Do they want to live in a country where we make the investments we need in health care, in housing, in old age pensions, but we lack the political will to pay for them and choose instead to pass a ballooning debt on to our children? Do they want to live in a country where those at the very top live lives of luxury but must do so in gated communities behind ever-higher fences using private health care and private planes because the public sphere is so degraded and the wrath of the vast majority of their less-privileged compatriots burns so hot?

Everyone of us here in this chamber today, and every Canadian across our truly great country, needs to ask themselves these same questions because the stakes could not be higher.

Democracy is not inevitable. It has succeeded and succeeds because it has delivered a good life for the middle class. When liberal democracy fails to deliver on that most fundamental social contract, we should not be surprised if the middle class loses faith in democracy itself.

Tax policy is not only, or chiefly, the province of accountants or economists. It belongs to all of us because it is how we decide what kind of a country we want to live in and what kind of a country we want to build. Today, our government is making our choice.

• (1635)

[*Translation*]

This is our path forward. This is our plan to renew the promise of Canada. There are some in the House, especially those across the aisle, who do not share our vision. They would get rid of the programs that we have supported to improve the lives of all generations. They believe that the job of government is to do little, then less, and ultimately as close as possible to nothing at all.

[*English*]

Years ago, they ripped up early learning and child care. When he was the housing minister in a former government, the current Leader of the Opposition only got a handful of homes constructed. It was our Prime Minister, not a Conservative, who actually got a pipeline built. Do colleagues know why that is? That is because our government understands that to do big things in Canada, sometimes the government needs to lead the charge, whether it is getting more homes built faster or finally creating a national system of early learning and child care, or bending the curve on emissions.

Let us be honest about what austerity and shrinking the state would mean for Canadians. It means they would be on their own. It means no one would give them a hand when they falter and that they would be choosing to turn their backs on a friend or neighbour who has not been as lucky as they. That is not the Canadian way. In this country, we take care of each other.

To make a positive difference in people's lives, to get big things built, to get big things done, we need more than a slogan, more than a rhyme or two. We cannot *Hop on Pop* our way to a better country. To make a difference in people's lives, we need a plan. Canada needs action, not indifference. We are acting. The times call for building up our country, not sitting on the sidelines. We are building.

Today, we say to our younger generations and to those who care about them that we are putting all the power of government to work for them. We will build more homes. We will make life cost less. We will grow our economy in a way that works for everyone. Together, we will unlock the door to the middle class for more Canadians and renew the promise of our great country.

• (1640)

[*Translation*]

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, this is the ninth deficit budget since the Prime Minister said that budgets balance themselves. Everything he spends money on only gets worse.

The Budget

He promised that these deficits would make housing affordable. Then rent, mortgage payments and down payments for buying a home doubled.

He said that food would become more affordable. Now it costs 30% more, and one in four children do not have access to a nutritious meal.

After nine deficits, the government is rich and the people are poor.

Today, he is doing much the same with a \$40-billion inflationary deficit in new spending, which is the equivalent of \$2,400 in inflation for every family. We are spending more on interest on the national debt than we are on health.

That is why common-sense Conservatives will be voting against this pyromaniac firefighter who is pouring fuel instead of water on the inflationary fire he has set.

[*English*]

This is the ninth deficit after the Prime Minister promised the budget would balance itself, and what did he do with the money? Everything he has spent on has become more expensive. He has doubled the rent, doubled mortgage payments, doubled the needed down payment for a home and forced 3,500 homeless encampments. In Halifax alone, one in four kids cannot afford food, and now he is adding \$40 billion of new debt and new spending, which is \$2,400 of new inflation.

That is why Conservatives will vote against this wasteful inflationary budget, which is like a pyromaniac spraying gas on the inflationary fire that he lit. It is getting too hot and too expensive for Canadians, and that is why we need a carbon tax election to replace him with a common-sense Conservative government.

Hon. Chrystia Freeland: Mr. Speaker, I have a point that I think it would be good to get the Leader of the Opposition to offer clarity on.

We presented a clear choice to Canadians. We said to Canadians that we believe we need the power of government to get things built for young Canadians and to get things built for the people of Alberta, who needed the pipeline that we got built. We presented a clear, fiscally responsible way to finance those essential investments: increasing the inclusion rate on capital gains. However, I think that it is high time for the opposition, which poses as being on the side of working people, to clarify its position today.

Will the opposition join us in asking those at the very top to pay a little bit more to support Canadians, or are they going to show their true colours and stand with the 0.1%? That is what Canadians want to know today.

[*Translation*]

Mr. Jean-Denis Garon (Mirabel, BQ): Mr. Speaker, the minister just tabled a centralizing budget with a view to interfering in Quebec's jurisdictions. These are new encroachments on education, municipal zoning and health, new conditions on housing, conditions for child care, and new infringements on property tax.

Does the minister realize that these intrusions that use the federal power to spend, demonstrate that the fiscal imbalance is preventing

the National Assembly of Quebec from acting freely in its own areas of jurisdiction?

● (1645)

Hon. Chrystia Freeland: Mr. Speaker, I am very pleased that my colleague is raising the issue of child care because I think that this issue is a perfect example of the close co-operation between the federal government and the Government of Quebec. The idea for a child care system was initiated by Quebec, by feminists in Quebec. I want to commend them and thank them for that.

When we took the initiative to create a national child care system, we reached an agreement with Quebec at the same time to help Quebec do more. That is what we will continue to do. Yesterday, I spoke with Minister Eric Girard about some of the budget initiatives. We are working closely with his government and will continue to do so.

[*English*]

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, New Democrats know that Canadians are facing a serious economic and climate crisis. Millions of people are struggling to make ends meet and are worried about the future of their children. That is why we have used our seats in the House to successfully press for meaningful relief and progress in this budget in numerous areas. Those include building more homes; preserving existing affordable housing and protecting renters; delivering universal public pharmacare, starting with contraception and diabetes medications and devices; establishing a national school nutrition program; reversing damaging cuts to indigenous services; and helping workers transition to a sustainable economy.

However, despite record corporate profits across many sectors, from food conglomerates to oil and gas multinationals, there is nothing to ensure the corporate sector pays its fair share so that we can better fund the services Canadians need.

Can the minister explain why she declined to raise corporate tax rates in Canada, despite them being among the lowest in the OECD and despite the U.S. doing so, in the face of record prices and profits? Was the lobbying that effective?

Hon. Chrystia Freeland: Mr. Speaker, I want to start by congratulating the member for Vancouver Kingsway on his new role as finance critic. I am going to share with the House that he and I both grew up in Edmonton and first met when I was a teenager and he was working on my mother's election campaign. Life is funny that way. I, therefore, agree with the member for Vancouver Kingsway on so many things and have for so many years. However, I have to say that, on this specific issue, we are going to have to agree to differ.

The Budget

We believe in a fiscally responsible policy and believe that when we make investments, we need to finance them.

We also believe in fairness and believe that a fair tax system is essential to building a fair country and to delivering fairness, particularly for young Canadians.

It is also really important for us to ensure that Canada continues to be internationally competitive and continues to be an attractive investment destination for foreign and for Canadian investors. It was with that in mind that we were very thoughtful about the revenue-raising methods we chose.

Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC): Mr. Speaker, common-sense Conservatives told the Liberal-NDP Prime Minister to stop his spending, his deficits, inflation and his tax hikes, but the Prime Minister blew right through that stop sign, dumping \$40 billion of fuel on the inflationary fire, which he started.

This photo op budget would do nothing for average Canadians, who cannot afford a home and groceries today. Will the finance minister tell us how much each Canadian household is on the hook for, for the \$54 billion just in interest charges on the Prime Minister's debt?

• (1650)

Hon. Chrystia Freeland: Mr. Speaker, let me share with the member opposite the good news we got today, which is that inflation for March was 2.9%. For three months in a row, inflation in Canada has been within the Bank of Canada's target range. Thanks to Canadians, that is very good news for our country.

[*Translation*]

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, for the ninth time, the Prime Minister promised that if he spent more and taxed more, Canadians would be better off. For the ninth time, we see that quality of life declined, especially for the middle class he is always talking about.

The cost of rent doubled, and then there were big government programs for affordable housing. According to the government itself, one in four children do not have enough to eat, even after programs were created to make food affordable.

Furthermore, the government talks about a state-funded pipeline like it is the biggest accomplishment there could be in a society. If the government had not gotten involved, it never would have happened. This is a project that is 500% more expensive than planned. The money to buy the project went to Texas. This is another example of massive waste.

That is why common-sense Conservatives are going to vote against the budget and in favour of an election that will allow Canadians to choose a party that will axe the tax, build the homes, fix the budget and stop the crime. That is common sense.

[*English*]

Here we have, today, a ninth consecutive deficit, with the budget still not balancing itself. Everything on which the Prime Minister spends gets worse and gets more costly. He is spent and Canadians are broke. The country is broken.

We have a doubling of housing costs. We have 8,000 people joining a Facebook group to study how they can get a meal out of a garbage can after food prices have gone up faster than at any time in a generation because of the carbon tax he is imposing on our food, a carbon tax that, with the help of the NDP, he plans to quadruple to 61¢ a litre.

Today, did he learn anything from these catastrophic failures? No. He doubles down on the same failure, with \$40 billion of new deficits and \$40 billion of new spending, and that is to say, it is \$2,400 for every family in new debt and in new inflationary spending. Now, for the first time in a generation, we are spending more on debt interest than on health care. That is money for bankers and bondholders rather than doctors and nurses.

The great example of how wonderful government can be, given after a tremendous theatrical pause, was the government's purchase of the Trans Mountain pipeline. What would have happened if the government had just gotten out of the way, asked the finance minister.

The answer is that the thing would have been built with private money rather than \$30 billion of taxpayer bailouts. In fact, a project the Prime Minister said would cost \$5 billion is up to \$30 billion. That is 500% over budget. It is \$2,000 in costs for every single Canadian family for a project that the private sector was going to be building on its own. The company that was going to build it was bought out, and it took the money to Texas, where it is building Texan pipelines with Canadian dollars. All of our exes are in Texas.

Then, to close it off, we have got some of the most hair-raising, ideological fervour from the minister, who says that what Canadians really need is a stronger government. They have created a stronger government in order to make for weaker and more suffering people. This is not a government that gives people everything they want; it is a government that takes everything they have.

The good news is that we want big Canadian citizens with a smaller and more efficient government, where the state is servant and not master, where our priorities are clear, to axe the tax, build the homes, fix the budget and stop the crime.

As soon as the NDP takes away its support from the Prime Minister, we will have a carbon tax election, where the people will be able to make that decision for themselves, in a country where they can earn powerful paycheques that buy affordable food, gas and homes in safe neighbourhoods, the country that we all knew and that we still love, a country based on the common sense of the common people, united for our common home: their home, my home, our home. Let us bring it home.

The Budget

I now move:

(The House adjourned at 4:56 p.m.)

That the debate be now adjourned.

(Motion agreed to)

• (1655)

[*Translation*]

The Speaker: Pursuant to Standing Order 83(2), the motion is deemed adopted. Accordingly, the House stands adjourned until tomorrow at 2 p.m., pursuant to Standing Order 24(1).

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