



# CANADIAN HEALTH COALITION

# 2026 LOBBY

## WHAT WE HEARD AND WHAT'S NEXT

MARCH 2026  
TRACY GLYNN, PHD



Participants of the Canadian Health Coalition's 2026 Lobby met with almost 100 parliamentarians on February 10. Our lobby participants also continue to engage MPs in their ridings and senators in their regions on protecting and expanding universal public health care in Canada.

Besides meeting with MPs and senators, lobby participants celebrated the advocacy of Alicia Carty with Justicia (Justice for Migrant Workers), rallied on Parliament Hill, networked, and had fun.



Some of the 200 participants gathered for the 2026 Canadian Health Coalition Lobby in Ottawa on Feb. 9, 2026. Photo by John Major.



Lobby teams were asked to complete report-back forms following each meeting with a MP or senator. This report is a snapshot of what we heard based on information on 87 forms completed by participants and comments heard at a debrief session on February 11. The summary of what was heard is followed by upcoming opportunities for defending and expanding Medicare.

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Alicia Carty, recipient of 2026 Nell Toussaint Award for Universal Health Care, addressing lobby participants on Feb. 9. Photo by John Major.




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Left-to-right: Mary Huang, Ottawa Community Benefits Network, Neena Saxena, Saskatchewan Health Coalition, and Barb Nederpel, Hospital Employees' Union (CUPE) at the lobby orientation on Feb. 9. Photo by John Major.

# WHAT WE HEARD

A top concern of lobby participants this year is Alberta's Bill 11 - *Health Statutes Amendment Act, 2025* (No. 2), that allows private payment for medically necessary care in the province, privileging health care access for those who can pay. It sets a dangerous national precedent, inviting similar legislation in other provinces, thereby weakening Canada's universal public health care system. Kent MacDonald, MP for Cardigan, PEI, told our lobby participants there is much discussion in the Liberal caucus about Alberta's Bill 11.



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Chris Gallaway, Friends of Medicare, and Jason MacLean, Canadian Health Coalition, address lobby participants at the lobby debrief on Feb. 11. Photo by John Major.

Lobby participants discussed four topics with MPs and Senators that were detailed in a [Parliamentary Briefing Note](#).

Lobby participants rated the responses of MPs and Senators, on a spectrum from strongly agree to strongly disagree, on questions related to our positions on public health care.



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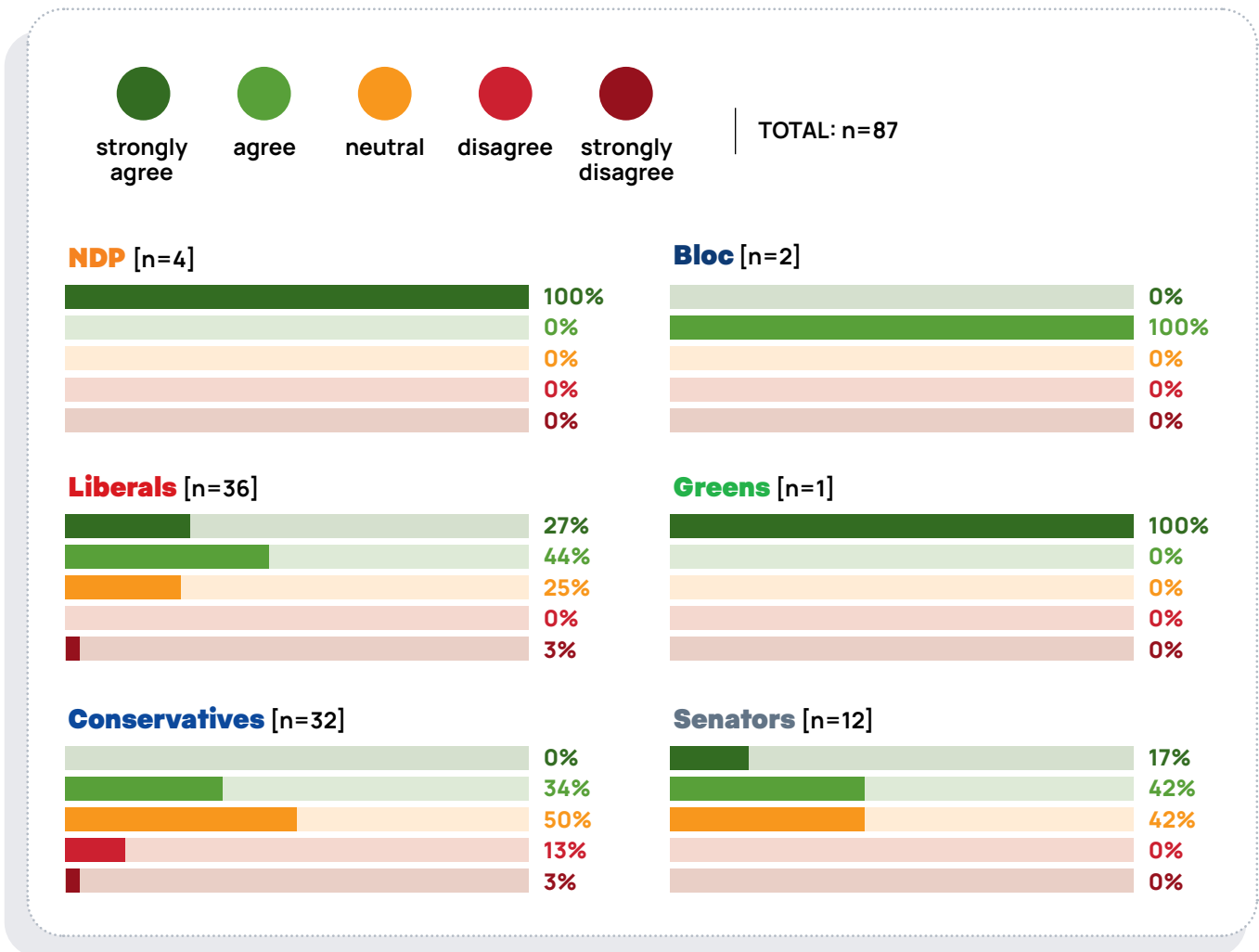
Pamela Parks, CUPE Local 6364, reporting back on her meetings with MPs at the lobby debrief on Feb. 11. Photo by John Major.

# 1. Don't cut health care funding and jobs

The federal government is cutting hundreds of millions of dollars from Health Canada, and axing jobs which puts Canadians' health and safety at greater risk.

Furthermore, the federal health funding contributions to provinces and territories will decrease by hundreds of millions of dollars in the coming years.

## Q. Did the MP/Senator agree that the federal government should not reduce spending on health care?

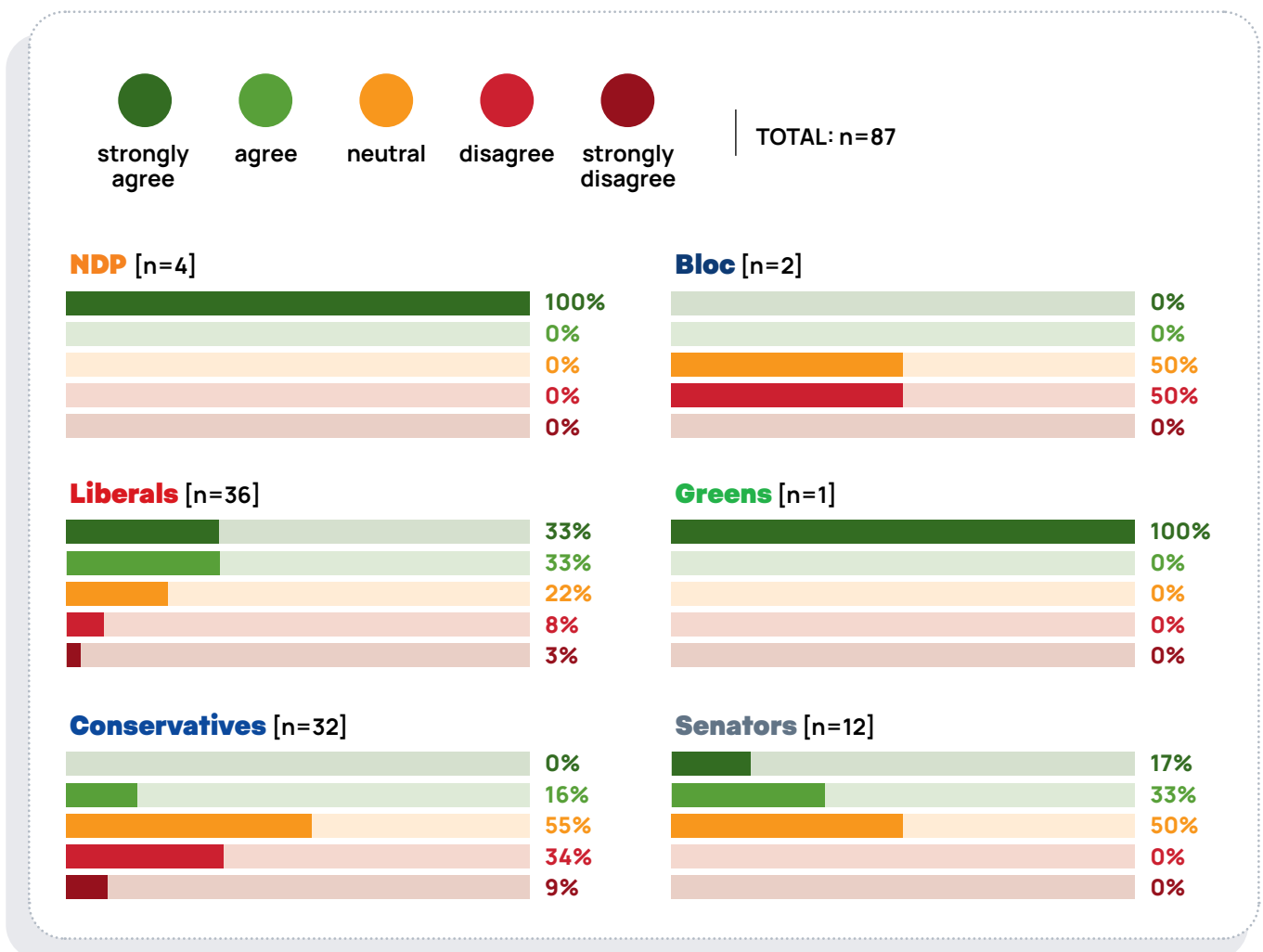


Most MPs and Senators either strongly agreed or agreed that the federal government should not reduce spending on health care. More Conservative MPs, 66 per cent, were either neutral or disagreed with not reducing spending on health care. Not seeing the connection between a strong economy and adequately funded health care system, several Conservative MPs told our lobby participants that we needed to reduce the government deficit before committing more money to health care.

## 2. Uphold the *Canada Health Act*

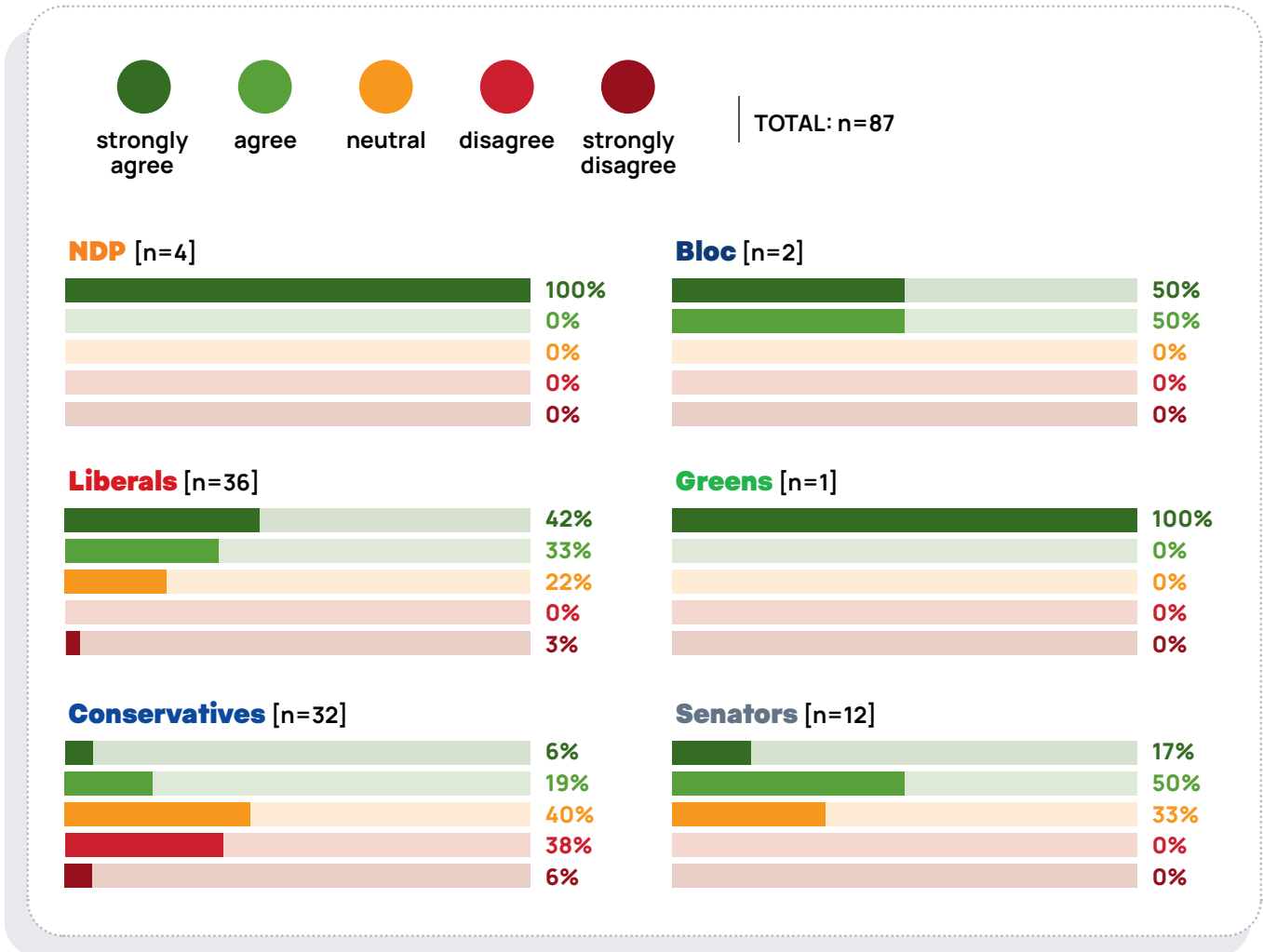
Some provinces, such as Ontario and Quebec, are putting patients at risk of unfair charges by privatizing health services to private, for-profit firms. In Alberta, Bill-11 made changes to give doctors and for-profit facilities the unrestricted ability to charge patients for medically necessary care. The wealthy will skip the line, while wait times will get longer for everybody else.

**Q. Did the MP/Senator agree that the federal government should enforce the *Canada Health Act*, including pausing federal health care transfers to provinces and territories that don't adhere to principles of providing access to health care to everyone, without financial barriers?**



All NDP and Green MPs strongly agreed that the federal government should enforce the *Canada Health Act*, including pausing federal health care transfers to provinces and territories that don't adhere to principles of providing access to health care to everyone, without financial barriers. Sixty-six per cent of Liberal MPs either strongly agreed or agreed, 22 per cent were neutral on the question while 11 per cent either disagreed or strongly disagreed. More Conservatives, 43 per cent, disagreed with pausing the federal health care transfers to provinces and territories that did not adhere to the principles of the *Canada Health Act*. Sixteen per cent agreed with pausing transfers. Senators were divided between those agreeing and those being on neutral on the question. Of the two Bloc members, one was neutral on the question and the other disagreed.

**Q. Did the MP/Senator agree that federal dollars should support our publicly owned health care system, and not private, for-profit providers?**

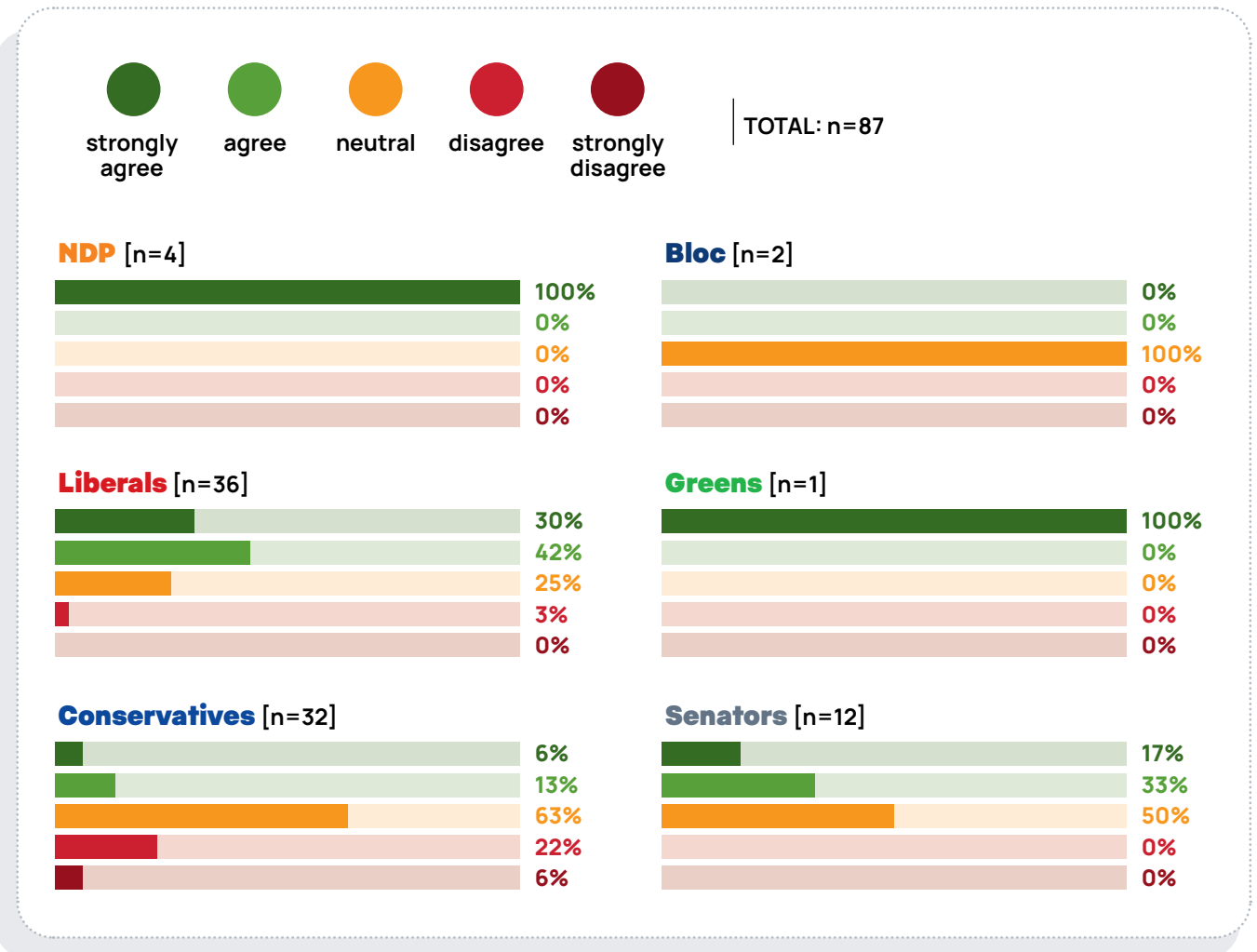


All NDP, Green and Bloc MPs agreed that federal dollars should not go towards private, for-profit providers. Seventy-five per cent of Liberal MPs either strongly agreed or agreed, while 22 per cent were neutral and 3 per cent strongly disagreed. Fewer Conservative MPs, only 25 per cent, agreed that federal money should go towards the public health care system and not towards private, for-profit providers. Forty-four per cent either disagreed or strongly disagreed while 40 per cent were neutral on the question. Sixty-seven per cent of senators either strongly agreed or agreed that federal dollars should support our publicly owned health care system, and not private, for-profit providers while 33 per cent were neutral on the question.

### 3. Expand pharmacare

The long-promised national universal pharmacare program has stalled, leaving only four provinces and territories receiving federal funding to provide residents with free contraceptives and diabetes treatments. This leaves only one-in-five Canadians able to benefit from the program

**Q. Did the MP/Senator agree that the federal government should continue to build a national universal pharmacare program by enrolling the remaining provinces and territories, and funding public coverage of essential prescription medications?**

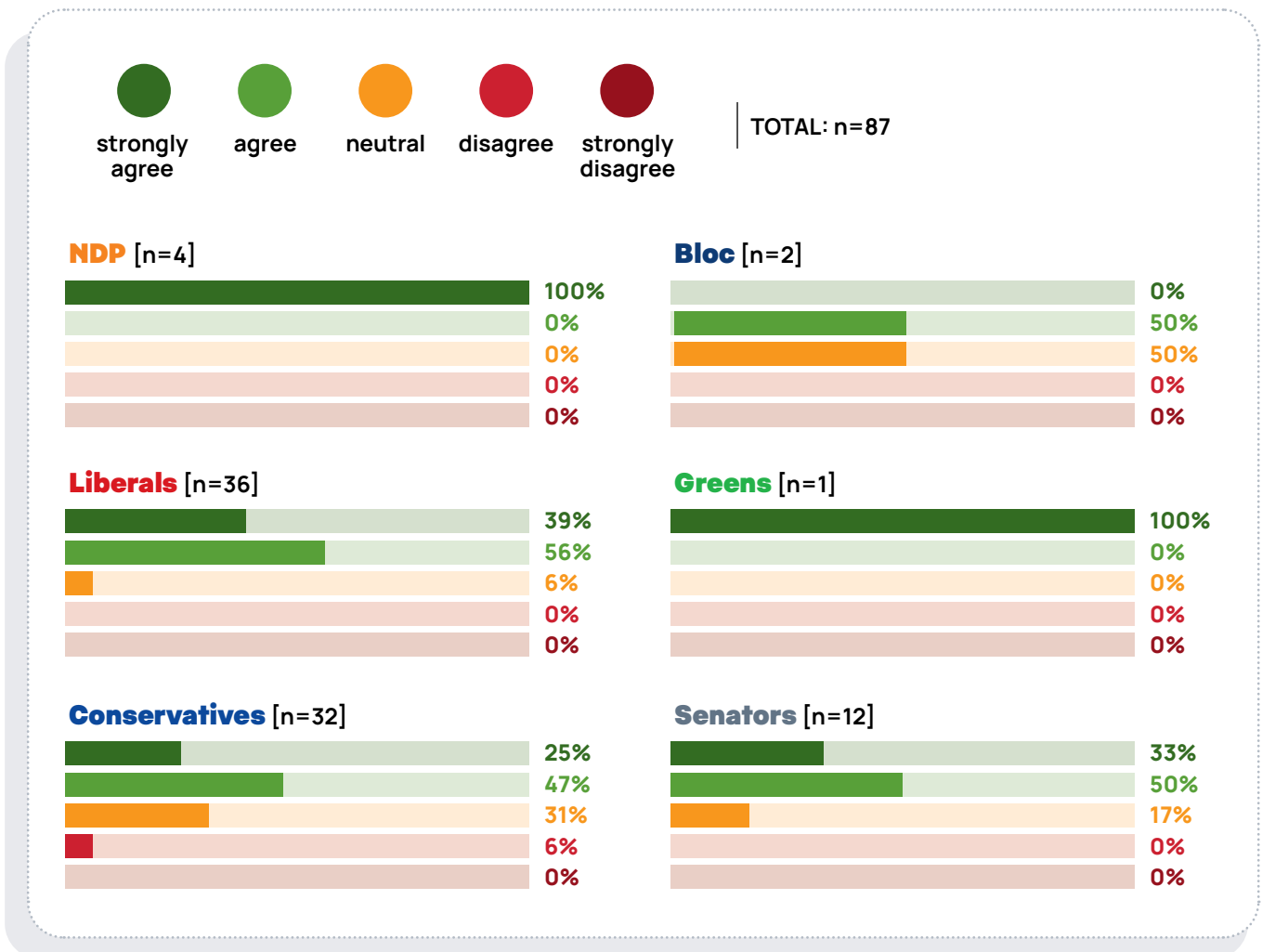


All NDP and Green MPs strongly agreed on expanding universal pharmacare while 72 per cent of Liberal MPs strongly agreed or agreed. Twenty-five per cent of Liberals, many of them rookie Liberal MPs, were neutral on pharmacare while three per cent disagreed with universal pharmacare. Of Conservative MPs, only 19 per cent strongly agreed or agreed with universal pharmacare while 63 per cent were neutral and 28 per cent either disagreed or strongly disagreed with universal pharmacare. The Bloc MPs were neutral on the topic while senators were 50 per cent in favour and 50 per cent neutral on expanding universal drug coverage.

## 4. Support health care workers

A 2025 national survey conducted by Abacus Data for the National Union of Public and General Employees (NUPGE) reported that 80 per cent of health care workers feel that working short-staffed has a moderate or severe impact on their health. Sixty-one per cent of workers report heavy workloads and burnout. Forty per cent of health care professionals are considering leaving their jobs within the next three years.

**Q. Did the MP/Senator agree that frontline health care workers should be more involved in finding solutions to the challenges faced by public health care at all levels?**



All NDP and Green MPs were strongly supportive of frontline health care workers being more involved in finding solutions to health care challenges while 95 per cent of Liberal MPs, 72 per cent of Conservative MPs, 50 per cent of Bloc MPs and 83 per cent of senators either strongly agreed or agreed.

# Summary of Liberal MP Meetings

Canadian Health Coalition teams met with 41 Liberal MPs from across Canada.

## A health minister missing in action

Lobby participants were not the only ones shocked to learn that Health Minister Marjorie Michel has rejected several meeting invitations from the Canadian Health Coalition as well as several opportunities during the three-day lobby to address lobby participants. Liberal MPs were also concerned upon hearing this was the case from the lobby participants. Almost half of the Liberal MPs we met said they would either talk to Michel or help us get a meeting with her. Jonathan Wilkinson, MP for North Vancouver—Capilano, BC, recommended we focus our lobbying efforts on members of the Liberal caucus who have a health care background as they may be more likely to champion our issues within the caucus.



Left-to-right: Kathleen Brooks, Unifor, Debora Angelis, UFCW, Candace Basara, Unifor, Katelyn Page, OPSEU LOCAL 215, and Juanita Nathan, MP for Pickering-Brooklin.



Left-to-right: Mikela Fong, Health Sciences Association of British Columbia, Leanne Alfaro, Health Sciences Association of Alberta, Jonathan Wilkinson, MP for North Vancouver—Capilano, Rob Samulak, Registered Nurses Association of Ontario, and Nicole Seguin, Health Sciences Association of British Columbia.

Sean Casey, former chair of the Standing Committee on Health and MP for Charlottetown, said, “it wasn’t a good look” that the Canadian Health Coalition could not get a meeting with Minister Michel. Parliamentary Secretary of Health Maggie Chi was also not available to meet with us. The previous health minister, Mark Holland, addressed our SOS Medicare 3.0 Conference in Ottawa one year ago on February 24, 2025.



Left-to-right: Sean Casey, MP for Charlottetown, Tracy Glynn, Canadian Health Coalition, and dental hygienists and Public Service Alliance of Canada members Janice Layte and Trina Seca.

Stating that the health minister should meet with us were Liberal MPs Paul Connors (Cardigan), Madeleine Chenette (Thérèse-de-Blainville), Bardish Chagger (Waterloo), Wade Chang (Burnaby Central), Greg Fergus (Hull-Aylmer), Corey Hogan (Calgary Confederation), Mike Kelloway (Sydney-Glace Bay), Ernie Klassen, (South Surrey-White Rock), Tim Louis (Kitchener–Conestoga), Aslam Rana (Hamilton Centre), Brad Redekopp (Saskatoon West), Pauline Rochefort (Nipissing–Timiskaming), Joanne Thompson (St. John’s East), and Louis Villeneuve (Brome–Missisquoi, Quebec) and Jonathan Wilkinson, (North Vancouver–Capilano). Staff in Patty Hajdu’s office also committed to reach out to the Minister of Health about meeting with the Canadian Health Coalition.

Liberal MPs were divided into two camps, with one group vowing to defend the *Canada Health Act* and another group making excuses for why the Canadian government can’t do more to defend Medicare.

Ginette Lavack, MP for St. Boniface-St. Vital, emphasized that the Prairie and Northern Liberal caucuses have been meeting to discuss Bill 11 and are trying to emphasize how dangerous it is to the prime minister, specifically, that two-tier health care won’t be contained to just Alberta. She was supportive of enforcing the *Canada Health Act*, calling it: “really problematic and scary.” She opposed privatization and mixed-use systems, pointing to Australia as example where such systems have not reduced wait times.

Rebecca Alty, MP for the Northwest Territories, agreed that the *Canada Health Act* should be enforced and noted she is part of caucus in Parliament seeking to ensure that the Act is enforced, and that the creation of a two-tier health care system is stopped. Bruce Fanjoy, MP for Carleton, was clear that all residents should be entitled to the same level of care and that health care must be accessible to all.



Left-to-right: Chris Wilski, Retiree Chair for Unifor Local 584, Bruce Fanjoy, MP for Carleton, and Michael MacIsaac, Congress of Union Retirees of Canada (CURC).

Alty insisted that the federal health transfers are shielded from cuts and that the cuts in Health Canada are targeted at consultants. However, at a webinar hosted by the Canadian Health Coalition on November 4, 2025, Angella MacEwen, senior economist of the Canadian Union of Public Employees (CUPE), noted that the budget has the Canada Health Transfer not keeping up with inflation, which will equate to a cut of \$300 million to the transfer in 2028 and in 2029.



Left-to-right: Horatio Sam-Aggrey, Union of Northern Workers, Local 33 (PSAC), Amber-Joy Gruben, Union of Northern Workers (PSAC), Rebecca Alty, MP for Northwest Territories, Josee-Anne Spirito, Public Service Alliance of Canada North, and Ken Ewanchuk, United Nurses of Alberta.

Ginette Lavack, MP for St. Boniface-St. Vital, was strongly in favour of the Canada Health Transfer being formulated to keep up with inflation and not be cut. She was acutely aware of how maintaining funding can amount to a cut in real dollars.



Left-to-right: Wayne Chacun, Manitoba Association of Health Care Professionals (MAHCP), Noah Schulz, Manitoba Health Coalition, Ginette Lavack, MP for St. Boniface-St. Vital, Derek Myhre, Manitoba Association of Health Care Professional (MAHCP), and Margaret Schroeder, CUPE Local 204.

Several Liberal MPs appeared to misunderstand or not see the importance of fighting for a stronger role of the federal government in upholding the *Canada Health Act* and how Health Canada is empowered to deduct part of the federal health transfer to non-compliant provinces.

Marie-France Lalonde, MP for Orléans, Ontario said she was passionate about health care and keeping it public. She blamed the privatization of health care on the provinces. She suggested we meet with provincial governments. Madeleine Chenette, MP for Thérèse-De Blainville, Québec, also spoke of health care as a provincial jurisdiction. She said her government has a long list of priorities, implying it is difficult to raise health care issues.

Rebecca Alty, MP for the Northwest Territories, emphasized that it would be more productive for the federal government to engage with provinces on the issue of the *Canada Health Act* than for it to pause funding because the disagreement could lead to constitutional challenges in court. Bardish Chagger, MP for Waterloo, also argued that if the federal government tried to put strings on health care spending on the provinces, that they would lose in court, as it is not specified how they should spend the money, with exception of new funding.

While stating opposition to two-tiered health care, Alana Hirtle, MP for Cumberland-Colchester, Nova Scotia, said it was above her pay grade to enforce the *Canada Health Act*. Karina Gould, MP for Burlington and Chair of the Standing Committee on Finance, was also skeptical of the powers of the federal government to withhold federal funding to provinces that are not upholding the *Canada Health Act* and allowing private health care.



Left-to-right: Elizabeth Houlding, OPSEU, Angela Preocanin, Ontario Nurses' Association, Karina Gould, MP for Burlington, Emily Watkins, Canadian Federation of Nurses Unions, and Elizabeth Kwan, Canadian Labour Congress.

Jaime Battiste, MP for Cape Breton-Canso-Antigonish, was not on board with calls to enforce the *Canada Health Act*, going so far as to say the federal government cannot attach strings to health transfers to the provinces.

Leslie Church, MP for Toronto-St. Paul's, also did not believe the federal government can attach strings to the federal health transfer and should instead do bilateral agreements.

On the other hand, Parm Bairns, MP for Richmond East-Steveston, BC, was focused on accountability metrics that show provinces are spending money on health care. John Zerucelli, MP for Etobicoke, said he thinks health care is problematic to fund because the government needs to invest in other sectors that generate revenue.

Kody Blois, MP for Kings-Hants, Nova Scotia, talked about fiscal responsibility and federal debt and the costs, like many Conservative MPs that used the debt to argue against public spending on public health care.

## Liberal MPs divided on pharmacare

On pharmacare, Rebecca Alty, MP for Northwest Territories, promised to follow up with the health minister to learn why pharmacare has not rolled out to all the provinces and territories. Emma-Lee Harrison, MP for Peterborough, said she will raise our issues in the Liberal caucus and find out why the government is not pushing forward a universal pharmacare plan.

Chris d'Entremont, MP for Acadie-Annapolis, noted he has not heard from the province of Nova Scotia on pharmacare. He recognized that people cannot afford their medicine.

Karina Gould, MP for Burlington, argued that the economic case for pharmacare needs to be made, specifically that we needed to address affordability, that people are choosing between medicine and food, and getting sicker, putting more burden on our public health care system.

Paul Connors, MP for Avalon, noted the Newfoundland and Labrador Premier's support of pharmacare and that he would like to see that through. He was going into look in the reason for the delays, indicating that he has a meeting with Deputy Premier Barry Petten on pharmacare. Greg Fergus, MP for Hull-Aylmer, confirmed that the federal government is currently holding pharmacare talks with Newfoundland and Labrador. In a year or so, when the Carney government has eliminated the operational deficit, Fergus thinks the government will expand pharmacare.



Left-to-right: Kim Parsons, Registered Nurses Union Newfoundland and Labrador, Paul Connors, MP for Avalon, Kelly Piercey, Newfoundland and Labrador Association of Public and Private Employees (NAPE), Brian Murphy, Unifor, and Trevor King, Newfoundland and Labrador Association of Public and Private Employees (NAPE).

While several Liberal MPs said they support the idea of universal pharmacare, a few rookie MPs did not know much about the program.

Pauline Rochefort, Liberal MP for Nipissing-Timiskaming, did not have an opinion on pharmacare. She said she was newly elected and believed that all Canadians should have access to medicines but did not know the best way to do it. The lobby team referred her to the Dr. Eric Hoskins report, "[A Prescription for Canada: Achieving Pharmacare for All.](#)" Madeleine Chenette, MP for Thérèse-de-Blainville, Quebec, said she did not think access to medication was an issue in her riding, which lobby participants challenged.

Bardish Chagger, MP for Waterloo, noted that Mark Carney did not run on increasing the pharmacare program, however, they did run on keeping existing programs.

In February, several Liberal MPs voiced their support for pharmacare while debating the Conservatives in Question Period. They included François-Philippe Champagne, Minister of Finance and MP for Saint-Maurice-Champlain, Québec, Lena Metlege Diab, Minister of Immigration and MP for Halifax West, Peter Fragiskotas, MP for London Centre, Sukh Dhaliwal, MP for Surrey Newton, BC, Mike Kelloway, MP for Sydney-Glace Bay, and Kevin Lamoreux, MP for Winnipeg North. On February 26, Champagne said:

When it was the time not to speak and not to ask questions, but to vote, the Conservatives voted against dental care. They voted against pharmacare, and they voted against the national school food program. They voted against every measure that will help Canadians. Canadians at home know who stands with them. We have their back.

Responding to NDP Health Critic Gord Johns' remarks on pharmacare on Feb. 23 in Question Period, Health Minister Marjorie Michel, said:

Speaker, as my colleague knows, I am having conversations with each of the health ministers in the provinces and territories about pharmacare. We will let him know as soon as we are ready to move forward.

Previously, on Feb. 13, Maggie Chi, Parliamentary Secretary of Health and MP for Don Valley North, said in response to Johns' comment that pharmacare should be extended to more than 17 per cent of Canadians:

Speaker, I know that the hon. member works really hard for his community, and I appreciate the collaboration on this very matter. Our government will always protect Canada's health care system, including pharmacare and dental care. These are clear commitments, and we will always keep them. We are continuing to work with all provinces and territories to see how we can best support them to strengthen the health care system, including pharmacare.

Manitoba was the first province to implement pharmacare. Ginette Lavack, MP for St. Boniface-St. Vital, Manitoba expressed her support for expanding pharmacare to other provinces.

## Support for national health care human resource plan

On health care issues, Lavack was interested in a national health care human resource plan to train people in locations of vacancies. She also expressed support for more rural and northern access to education and training. Taleeb Noormahamed, MP for Vancouver Granville, recommended we advocate for immigrant health care workers to remove barriers for them to be able to work in Canada.

Finally, Wade Chang, MP for Burnaby Central, told his constituent, Shabana Vakil from BC General Employees' Union (BCGEU) that he would make a personal visit to the care home where she worked. Chang agreed with our demands on pharmacare and Medicare and said he would contact the health minister on our behalf.

# Summary of Conservative MP Meetings

Canadian Health Coalition teams met with 38 Conservative MPs from across Canada.

Andrew Lawton, MP for Elgin-St. Thomas-London South, Ontario, was "surprised and outraged" that the health minister has not met with the Canadian Health Coalition. Blaine Calkins, MP for Ponoka-Didsbury, Alberta, was also very surprised to know that the health minister had not met with us as was Blake Richards, Conservative MP for Airdrie-Cochrane, Alberta. Sukhman Gill, MP for Abbotsford-South Langley, BC, shared his own experience with family members who have not been able to get permanent jobs in health care. He was also surprised the health minister would not meet with the Canadian Health Coalition.

Colin Reynolds, MP for Elmwood-Transcona, said he wants to see the *Canada Health Act* enforced and for there to be accountability for provinces that violate it. Blake Richards, MP for Airdrie-Cochrane, Alberta said that the Conservative Party of Canada supports the *Canada Health Act* but refused to commit to the federal government stepping in on provinces who violate the Act. Michael Chong, MP for Wellington-Halton Hills North, Ontario, said he has family members who are in health care and that he is for public health care. He blamed the provinces for problems with health care delivery. He wants to hear of any violations of the *Canada Health Act*. Pat Kelly, MP for Calgary Crowfoot, said federal funding should be predictable and transparent.

Fred Davies, MP for Niagara South who has served on a hospital board, was more supportive of investing in public health care than other Conservative MPs. He was especially concerned about the state of mental health care in Canada and about urgent care facilities closing in his riding. He wants to see some of the new health care infrastructure funding going towards keeping those facilities open. He is concerned about rural and remote health care infrastructure across the country being closed and about the populations living in those areas not having proper health care access.

Adam Chambers, MP for Simcoe North, Ontario, said patients should not pay for health care and supported universal health care where no one is allowed to skip the line because of their ability to pay. Brad Vis, MP for Mission-Matsqui-Abbotsford, BC, conveyed there was no issue with private and public health delivery if patients do not have to pay out-of-pocket for care.



Left-to-right: Shabana Vakil, BC General Employees' Union (BCGEU), Brad Vis, MP for Mission–Matsqui–Abbotsford, Rick Bizarro, Unifor, and Judy Lederer, Friends of Medicare.

While some Conservative MPs understood the importance of upholding the *Canada Health Act*, several Conservative MPs were more supportive of two-tier health care, including Andrew Lawton, MP for Elgin-St. Thomas-London South, Ontario, James Bezan, MP for Selkirk-Interlake-Eastman, Manitoba and Kerry Diotte, MP for Edmonton Griesbach. Diotte agreed that the health care system is in crisis, particularly in Alberta, but does not agree that solely funding public health care is the answer. On Alberta's Bill 11 violating the *Canada Health Act*, he said the courts should decide, but that he felt following the *Canada Health Act* was important.

Andrew Lawton, MP for Elgin-St. Thomas-London South, Ontario, said he does not support more money for health care but does support "more efficient use of federal funds" for health care and more going directly to workers. He expressed concern about the federal deficit.

Fraser Tolmie, MP for Moose Jaw-Lake Centre-Lanigan, Saskatchewan, said he is frustrated at his inability to get things done, compared to when he was a mayor. He wants to find health care solutions that do not cost more money. Jason Groleau, a rookie MP, representing Beauce, Québec, agreed with *Canada Health Act* principles of accessibility and universality, but also said that the health care system is a "bottomless pit" and asked about solutions. On health care transfers and cuts, he said he needs more information before taking a position. He showed a slight preference for private health care, citing the example of a private medical cooperative, Coop Santé Robert-Cliche, in his region that charges \$100 per year for membership.




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Left-to-right: Patrick Hallé, CUPE, Jason Groleau, MP for Beauce, Nikolas Barry-Shaw, Council of Canadians, and Françoise Ramel, Fédération interprofessionnelle de la santé du Québec (FIQ).

Tom Kmiec, MP for Calgary Shepard, is worried about Alberta and separation. He is a fan of private care. Meanwhile, Dane Lloyd, MP for Parkland, was not openly hostile against public health care but showed no tangible support for enforcing the *Canada Health Act*. Jonathan Rowe, MP for Terra Nova-The Peninsulas, often brought up United States' policies and their "good ideas" for health care and education.




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Left-to-right: Tristan Newby, Canadian Health Coalition Secretary and British Columbia Nurses Union Vice-President, Christine Moncrieff, United Nurses of Alberta, Tom Kmiec, MP for Calgary Shepard, Joel French, British Columbia Nurses Union Campaigns Officer, and Megan Connolly, Health Sciences Association of Alberta (HSAA).

Jagsharan Singh Mahal, MP for Edmonton Southeast, believes that the current system is broken and that experimentation with new approaches is needed. He wanted to hear about solutions that are not just "opposition to privatization."




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Left-to-right: Jagsharan Singh Mahal, MP for Edmonton Southeast, Sarah Hedges-Chou, Inter Pares, and Daniel Sims, Unifor.

Richard Bragdon, MP for Tobique-Mactaquac, New Brunswick, noted Canada's fiscal crisis, a 1.5 trillion-dollar deficit. With this deficit he said there is less money to invest in health care and education. He argued that we need to address revenue streams before we can fix a crumbling health care system.




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Left-to-right: Jennifer Murray, Unifor, Raelyn Lagace, New Brunswick Nurses' Union, Richard Bragdon, MP for Tobique-Mactaquac, and Patrick Gallant, New Brunswick Nurses' Union.

Billy Morin, MP for Edmonton Northwest, talked highly about building a private surgical unit on the ENOCH Cree Nation that will also support the delivery of publicly funded surgeries. He noted that he fully supports public health care but does see value in private care. He wants to study other countries that have private health care systems. He referenced Switzerland and Taiwan as examples.




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Left-to-right: Jacqueline Beach, Health Sciences Association of Alberta, Cassie Schattle, Health Sciences Association of Alberta, Billy Morin, MP for Edmonton Northwest, Faika Satterthwaite, Health Sciences Association of Alberta, and Shelby Skelton, United Nurses of Alberta.

Grant Jackson, MP for Brandon-Souris, Manitoba, does not support a fully two-tier health care system or paying to skip the line but wants to see "modernization" of health care and being able to use a Medicare card for public or private health services. He supports cuts to Health Canada's budget but not to the Canada Health Transfer or the front lines of health care.

## Pharmacare for some

Many Conservative MPs did not support universal pharmacare but a fill-the-gaps approach, which pharmacare experts like Dr. Eric Hoskins have already concluded is more expensive to the health care system. Michael Kram, MP for Regina-Wascana, was one of few Conservative MPs to note his understanding of the cost-savings by stating that pharmacare should involve bulk buying of medications.

Brad Redekopp, MP for Saskatoon West, said pharmacare is too expensive and he supports a fill-the-gaps approach to cover medications for those, such as seniors, who do not have coverage through work. He believes we need a strong economy to pay for everything we want. Mike Lake, MP for Leduc—Wetaskiwin, Alberta, also said he's not a big supporter of pharmacare due to the fiscal situation.

Jeff Kibble, Cowichan-Malahat-Langford, BC, said he supported pharmacare but not expanding it. Similarly, Colin Reynolds, MP for Elmwood-Transcona, supported keeping Manitoba's pharmacare deal with the federal government but was less committal on expanding the program. Other Manitoba MPs, James Bezan, MP for Selkirk-Interlake-Eastman, and Grant Jackson, MP for Brandon-Souris, said they supported pharmacare coverage for people without insurance coverage. Similarly, Adam Chambers, MP for Simcoe North, Ontario, said he supported pharmacare for those with no health coverage or benefits, and not just for diabetes medication.

Tom Kmiec, MP for Calgary Shepard, does not believe in universal pharmacare "as people will abuse their drugs." In fact, nearly one-quarter, 22 per cent, of Canadians, report skipping doses, splitting pills, or not filling prescriptions due to cost. Not being able to afford and take medications leads 1 in 10 chronic condition patients ending up in emergency rooms, according to the Heart and Stroke Foundation.

Blake Richards, Conservative MP for Airdrie-Cochrane, Alberta, supported the idea that essential medications be covered. While non-committal on expanding the current pharmacare program, he did support public coverage of medications to an extent and beyond the current framework of contraceptives and diabetic medications.

Fred Davies, MP for Niagara South, did not know much about the pharmacare program and that Ontario was missing out on it. He wanted stories of people harmed by not having access to pharmacare.

## Support for health care workers

Chris Warkentin, MP for Grande Prairie, Alberta, said ideas for improving health care should come from frontline workers. Blake Richards, Conservative MP for Airdrie-Cochrane, Alberta, also said he supports front line health workers having a voice in health care discussions.



Left-to-right: Margaret Nasedkin, United Nurses of Alberta, Chris Warkentin, MP for Grande Prairie, and Liza Mannen, Yukon Employees' Union (Public Service Alliance of Canada).

Brad Redekopp, MP for Saskatoon West, said he supports health care workers but also wonders if the system is sustainable as it is. Lianne Rood, MP for Middlesex-London, Ontario, said she wants to identify the root cause of health care challenges and pointed to problems with bureaucracy in public health care.

Colin Reynolds, MP for Elmwood-Transcona, was interested in the idea of a national health care human resource strategy.

Jeff Kibble, Cowichan-Malahat-Langford, BC, and Bill Morin, MP for Edmonton Northwest, spoke about the importance of the Blue Seal program that would fast track the certifications of health care workers from other countries. Pat Kelly, MP for Calgary Crowfoot, also brought up the Blue Seal Program and recommended an end to rationing seats available to health care professions.

Adam Chambers, MP for Simcoe North, Mike Lake, Leduc-Wetaskiwin, Alberta, and Jagsharan Singh Mahal, MP for Edmonton Southeast, spoke of support for training and licensing for foreign doctors and nurses to help address health human resources crisis. Mahal was sympathetic to situation of health care workers, saying that innovation is needed to address wait times and access issues.

Michael Kram, MP for Regina-Wascana, supports recognizing credentials for nurses across the provinces. Mike Lake, Leduc-Wetaskiwin, Alberta, supported unregulated professionals being inserted into the workforce without spending more money.

A few Conservative MPs mentioned that they wanted more money to flow to health care workers and less to upper management, including Chak Au, MP for Richmond Centre-Marpole, Andrew Lawton and Mike Lake, Leduc-Wetaskiwin, Alberta. James Bezan, MP for Selkirk-Interlake-Eastman, Manitoba, said he supports more rural education such as satellite classes and educating/certifying more health care workers.



Left-to-right: Tristan Howell, Nunavut Employees Union (PSAC), Chak Au, MP for Richmond Centre-Marpole, Gina Sanche, Health Sciences Association of British Columbia, and Jena Merkosak, Public Service Alliance of Canada.

Adam Chambers, MP for Simcoe North, noted that reducing agency nurses will increase hospital budgets for health care.

Chambers also spoke of reducing administration burdens on family doctors so they can focus on seeing patients. Mike Lake, Leduc-Wetaskiwin, Alberta, also expressed concern about the administrative burden on doctors doing paperwork and credentialing getting done for immigrants.

Andrew Lawton, MP for Elgin-St. Thomas-London South, Ontario, said he supported Bill C-14 that introduces tougher penalties for assaults on first responders. James Bezan, MP for Selkirk-Interlake-Eastman, and Chak Au, MP for Richmond Centre-Marpole, also raised the issue of protecting health care workers from violence.

# Summary of Bloc Québécois MP Meetings

Lobby participants reported on meetings with two Bloc Québécois MPs.

Andréanne Larouche, MP for Shefford, expressed concern about the impacts of cuts to Health Canada. She lamented the difficulty of being heard and doing political work properly. She spoke about her experience in the community sector and said that she shared most of our concerns.

Louis Plamondon, MP for Bécancour-Nicolet-Sauvel-Alnôbak, said he would talk to the Bloc leadership about the Canadian Health Coalition having more access to Bloc members. He is concerned that if the federal government manages a universal system, it will be flawed and there will be no real savings.



Lobby participants from Québec at the evening reception on Feb. 9. Left-to-right: Olivier Suprenant, Union des consommateurs, Genevieve Lamarche, Coalition Solidarité Santé, Sébastien Pitre, Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS), Lise Goulet, Centrale des syndicats du Québec, Emilie Beauchesne, Fédération interprofessionnelle de la santé du Québec – FIQ, Sara Dubuc, Ex aequo, and Françoise Ramel, Fédération interprofessionnelle de la santé du Québec-FIQ. Photo by John Major.

# Summary of NDP MP Meetings

Lobby participants met with NDP MPs, Lori Idlout (Nunavut), Gord Johns (Courtenay-Alberni, BC), Jenny Kwan (Vancouver East) and Heather McPherson (Edmonton-Strathcona). They noted the NDP MPs strongly supported enforcing the *Canada Health Act*, expanding pharmacare, and including health care workers in solutions to the public health care challenges.

Gord Johns is the NDP critic of health. His office arranged for 50 of our lobby participants to attend Question Period on Feb. 11. On that day, Johns said in Parliament:

Mr. Speaker, Alberta's Bill 11 is American-style two-tier medicine. It allows doctors to bill privately while also billing the public system, and it allows private insurance for medically necessary care. This breaks the promise of Canadian Medicare, creating one system for the wealthy and one where the rest of us are left waiting even longer.



Gord Johns, NDP critic of health and MP for Courtenay-Alberni, speaking at a rally for public health care on Parliament Hill on Feb. 10. Photo by John Major.

On pharmacare, Johns later said in Question Period on February 23:

Mr. Speaker, we keep asking the Liberal government when pharmacare will expand, and we cannot get a straight answer from the Minister of Health. British Columbia's pharmacare agreement starts next week, because New Democrats pushed for it and because the B.C. NDP moved quickly.

In the meeting with Lori Idlout, MP for Nunavut, lobby participants discussed racism and culturally insensitivity in the health care system and how that creates barriers for people to access health care.



Left-to-right: Tristan Howell, Nunavut Employees Union (PSAC), Jena Merkosak, Public Service Alliance of Canada, Lori Idlout, MP for Nunavut, and Gina Sanche, Health Sciences Association of British Columbia.

Heather McPherson, MP for Edmonton Strathcona, told lobby participants that she has previously raised health care in the Parliament, and will continue to do so.

The week before the Lobby, McPherson raised the privatization of health care in Alberta during Question Period. On January 28, she said:

Mr. Speaker, I asked a question of the government on the privatization of health care in Alberta. I want to be very clear: This is something that is starting in Alberta but something that I am deeply worried will have impacts across this country. I also want to be clear: This is not a theoretical issue.

McPherson continued:

Mr. Speaker, that was not a response to my question about when the government is going to step in to tell Danielle Smith to adhere to the *Canada Health Act*. I want to talk about one other piece that Danielle Smith is attacking, which is the rights of trans kids and trans people in my province.

Alberta UCP Premier Danielle Smith introduced Bill 11, *the Health Statutes Amendment Act*, in Alberta on November 24, 2025. The bill was passed on December 18. The bill allows two-tier health care by allowing doctors and facilities to charge either the public or private system. The day after it was introduced, on November 25, McPherson said during Question Period: Mr. Speaker, Danielle Smith is making an unprecedented attack on health care in this country. If she is allowed to get away with privatization, it will be the beginning of the end of public, universal, single-payer health care in this country, which is central to Canadian identity.

Following the Canadian Health Coalition Lobby, on February 24, in the House Debate, McPherson, highlighted the need to expand pharmacare and that the Health Minister has refused to meet with the Canadian Health Coalition. She said:

Mr. Speaker, the *Canada Health Act* guarantees Canadians universal access to public health care, but Danielle Smith is creating a private system that will hollow out health care in Alberta and spread to other provinces, making the crisis across the country even worse. At the same time, Canadians in nine provinces and territories still have no access to national pharmacare, and the health minister will not even meet with the **Canadian Health Coalition** to talk about it.

NDP Leader Don Davies also continues to raise pharmacare during Question Period. On November 18, 2025, he said:

Mr. Speaker, last year Parliament passed legislation to deliver diabetes medication and contraception medication to every Canadian through our public health care system. This is vital to millions of people's health and the foundation of universal pharmacare. In budget 2025, Liberals promised Canadians they would protect pharmacare, but they did not allocate any money to it.

## Summary of Green MP Meetings

British Columbian lobby participants met with lone Green MP Elizabeth May. They noted she was very knowledgeable about the history of public health care in Canada, noting the legacy of Tommy Douglas. May believes that long-term care, mental health and addictions should be included in the *Canada Health Act*. May spoke of how public health care is a shared Canadian value that unites people.

May was surprised that Health Minister Marjorie Michel would meet with the insurance lobbyists but not with the Canadian Health Coalition. She does not believe that she will be minister for long. She looks forward to Dr. Danielle Martin being in cabinet. Dr. Martin is currently running in the University-Rosedale byelection to replace Chrystia Freeland.

On pharmacare, May acknowledged that people not being able to afford medications costs the system more and that bulk buying nationally drives down drug costs.

The Green Party Leader thanked Clio Lake, community co-chair of the BC Health Coalition and project coordinator for the Society for Advocacy for Gender-Affirming Healthcare (Sagah), for their advocacy on trans care as it is under threat.



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Clio Lake, community co-chair of the BC Health Coalition and project coordinator for the Society for Advocacy for Gender-Affirming Healthcare (Sagah), reporting back on their meetings at the lobby debrief on Feb. 11. Photo by John Major.

# Summary of Senator Meetings

Lobby participants met with Senators Colin Deacon, Raymonde Gagne, Rosa Galvez, Martine Hebert, Joan Kingston, Elizabeth Marshall, Mary-Jane McCallum, Tracy Muggli, Iris Petten, Mohamed-iqbal Ravalia, Karen Sorenson and Allister Surette.

Like in previous years, senators had somewhat mixed views on health care.

Of the senators, Mohamed-iqbal Ravalia, a physician in rural Twillingate, Newfoundland and Labrador and member of the Independent Senators Group, appeared to be the strongest proponent of public health care. He doesn't agree with any privatization of health care.



Left-to-right: Kim Parsons, Registered Nurses Union Newfoundland and Labrador, Senator Mohamed-iqbal Ravalia, Brian Murphy, Unifor, Kelly Piercey, Newfoundland and Labrador Association of Public and Private Employees (NAPE), and Trevor King, Newfoundland and Labrador Association of Public and Private Employees (NAPE).

Manitoba Senator Mary-Jane McCallum has worked to provide dental and medical services to northern and Indigenous communities across Manitoba and Saskatchewan. A dentist and associated with the Conservative Party of Canada, she wanted statistics on where federal money is going to private, for-profit health care. She was unsure about pharmacare and said critical drugs should be prioritized. She has concerns regarding big pharma pushing forward drugs without checks and balances from a prescribing physician.

Senator Colin Deacon from Nova Scotia and affiliated with the Canadian Senators Group felt health care dollars and resources needed new innovations to be efficient.

Senator Joan Kingston is a nurse, educator, former member of the New Brunswick Legislative Assembly, and member of the Independent Senators Group. She was concerned about health authorities not being transparent. She wanted better retention and recruitment of health care workers.

Senator Tracy Muggli is from Saskatchewan. A social worker and affiliated with the Progressive Senate Group, she noted that there are bills coming up for debate that are focused on including women's health, and mental health and addictions in the *Canada Health Act*. She seemed very supportive of the bills. She also committed to encouraging Health Minister Marjorie Michel to meet with the Canadian Health Coalition. Muggli also encouraged us to connect with the two nurses and five medical doctors in the Senate to gain support for our issues.




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Left-to-right: Tristan Newby, Canadian Health Coalition Secretary and British Columbia Nurses' Union Vice-President, Christine Moncrieff, United Nurses of Alberta, Tracy Muggli, Senator, Megan Connolly, Health Sciences Association of Alberta (HSAA), and Joel French, British Columbia Nurses' Union.

Senator Raymonde Gagné, a non-affiliated senator from Manitoba, seemed disappointed that the federal health minister had not responded to numerous invitations to meet with the Canadian Health Coalition. She also seemed surprised and concerned about the budget cuts imposed on Health Canada. A researcher herself, she raised the importance of independent research in fulfilling public protection mandates.

On pharmacare, Gagné, who is a senator in province where pharmacare has rolled out, Manitoba, was concerned that only generic drugs for diabetes are covered by the public system.

Allister Surette is Chair of Official Language Committee and affiliated with the Independent Senators Group. During lobby week, he tabled a report on access to francophone health care providers and requested information on challenges of bilingual access in the health care system. From Nova Scotia where pharmacare has not yet rolled out, Surette said supported universal pharmacare.




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Left-to-right: Sandra Mullen, Nova Scotia Government and General Employees Union (NSGEU), Senator Allister Surette, Donna Gillis, Nova Scotia Nurses Union, Tracy d'Entremont, Nova Scotia Nurses Union, and Wanda Deadman, United Nurses of Alberta.

Senator Martine Hébert, a Quebec economist and affiliated with the Independent Senators Group, thought that Quebec's mixed public-private health care system is good. Senator Elizabeth Marshall of Newfoundland and Labrador and affiliated with the Conservative Party of Canada talked about how two stream health care works in Belize and other countries.

On Feb. 12, Kris Wells, said in Senate:

Senator Moreau, protecting our publicly funded, single-payer, universal health care system is the responsibility of the federal government under the *Canada Health Act*, but at this moment, it is under threat.

In my own home province of Alberta, the provincial government is opening the door to more American-style, private, for-profit care that undermines services for all Albertans. The province's proposed Bill 11 will take practitioners out of the public system at a time when shortages are being felt by families across the province.

What steps is the federal government prepared to take in order to protect public health care in Alberta and across the country?

Wells also acknowledged the work of the Canadian Health Coalition:

Thank you. Our public health care system is something that unites us all as Canadians. It is how we look after each other, but at this moment, we are seeing efforts by the UCP to Americanize our health care system. In fact, the **Canadian Health Coalition** has even expressed concern that Bill 11 puts at risk the carve-out of public health insurance in our trade agreements, which stops U.S. private health insurance companies from swamping our country.

Senator Moreau, is the federal government doing an analysis of what Alberta's Bill 11 would mean for our current free trade agreement obligations?



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Siobhán Vipond, Canadian Labour Congress, speaking at the rally for public health care on Parliament Hill on Feb. 10. Photo by John Major.

# WHAT'S NEXT

## Future opportunities for defending and expanding public health care.

Lobby participants noted the following opportunities to engage on public health care priorities.

**MARCH 4-6:** Broadbent Profess Summit in Ottawa

**MARCH 5:** Media conference against Bill 11 on Parliament Hill with Canadian Health Coalition Chair Jason MacLean, Canadian Doctors for Medicare President Danyaal Raza and Canadian Medical Association President Dr. Margot Burnell

**MARCH 16:** National Day of Action Against Two-Tier Health Care

**APRIL 9-11:** Liberal Convention in Montreal

**JULY 21-22:** Council of the Federation Meeting (Premiers' Meeting) in Charlottetown, PEI

**Thank you to all the volunteers** who made the Canadian Health Coalition Lobby a success – Morgan Carl, CUPE, Jessica Aubé, CUPE, Laura Rashotte, NUPGE, Erin Harrison, Unifor, Brian Chang, OPSEU, Salah Shadir and Deb Tviet, Ontario Health Coalition, and Divine Bright and Samantha Ho, Carleton University students/Citizens for Public Justice.



Left-to-right: Canadian Health Coalition staff Haylee Keyes, Tracy Glynn, Steven Staples and Anne Lagacé Dowson. Photo by John Major.

# Appendix

## MPs and Senators who met with 2026 Canadian Health Coalition lobby participants

### **Bloc Québécois MPs**

Andréanne Larouche, Shefford, Quebec

Louis Plamondon, Bécancour-Nicolet-Saurel-Alnôbak, Quebec

### **Conservative Party of Canada MPs**

Ziad Aboultaif, Edmonton Manning, Alberta

Scott Anderson, Vernon-Lake Country-Monashee, British Columbia

Chak Au, Richmond Centre-Marpole, British Columbia

James Bezan, Selkirk-Interlake-Eastman, Manitoba

Richard Bragdon, Tobique-Mactaquac, New Brunswick

Blaine Calkins, Ponoka-Didsbury, Alberta

Adam Chambers, Simcoe North, Ontario

Michael D. Chong, Wellington-Halton Hills, Ontario

Frederick Davies, Niagara South, Ontario

Kerry Diotte, Edmonton Griesbach, Alberta

Bernard Généreux, Côte-du-Sud-Rivière-du-Loup-Kataskomik-Témiscouata, Quebec

Marilyn Gladu, Sarnia-Lambton-Bkejwanong, Ontario

Sukhman Gill, Abbotsford-South Langley, British Columbia

Jason Groleau, Beauce, Quebec

Kurt Holman, London-Fanshawe, Ontario

Grant Jackson, Brandon-Souris, Manitoba

Pat Kelly, Battle River-Crowfoot, Alberta

Jeff Kibble, Cowichan-Malahat-Langford, British Columbia

Rhonda Kirkland, Oshawa, Ontario

Tom Kmiec, Calgary Shepard, Alberta

Michael Kram, Regina-Wascana, Saskatchewan

Tamara Kronis, Nanaimo-Ladysmith, British Columbia

Mike Lake, Leduc-Wetaskiwin, Alberta

Andrew Lawton, Elgin-St. Thomas-London South, Ontario

Dane Lloyd, Parkland, Alberta

Jagsharan Singh Mahal, Edmonton Southeast, Alberta

Kelly McCauley, Edmonton West, Alberta

Billy Morin, Edmonton Northwest, Alberta

**John Nater**, Perth-Wellington, Ontario  
**Brad Redekopp**, Saskatoon West, Saskatchewan  
**Colin Reynolds**, Elmwood-Transcona, Manitoba  
**Blake Richards**, Airdrie-Cochrane, Alberta  
**Lianne Rood**, Middlesex-London, Ontario  
**Ellis Ross**, Skeena-Bulkley Valley, British Columbia  
**Jonathan Rowe**, Terra Nova-The Peninsulas, Newfoundland and Labrador  
**Fraser Tolmie**, Moose Jaw-Lake Centre-Lanigan, Saskatchewan  
**Brad Vis**, Mission-Matsqui-Abbotsford, British Columbia  
**Chris Warkentin**, Grande Prairie, Alberta

### **Green Party MPs**

**Elizabeth May**, Saanich-Gulf Islands, British Columbia

### **Liberal MPs**

**Rebecca Alty**, Northwest Territories  
**Parm Bains**, Richmond East-Steveston, British Columbia  
**Jaime Battiste**, Cape Breton-Canso-Antigonish, Nova Scotia  
**Kody Blois**, Kings-Hants, Nova Scotia  
**Sean Casey**, Charlottetown, Prince Edward Island  
**Bardish Chagger**, Waterloo, Ontario  
**Wade Chang**, Burnaby Central, British Columbia  
**Madeleine Chenette**, Thérèse-De Blainville, Quebec  
**Leslie Church**, Toronto-St. Paul's, Ontario  
**Paul Connors**, Avalon, Newfoundland and Labrador  
**Chris d'Entremont**, Acadie-Annapolis, Nova Scotia  
**Bruce Fanjoy**, Carleton, Ontario  
**Greg Fergus**, Hull-Aylmer, Quebec  
**Stephen Fuhr**, Kelowna, British Columbia  
**Karina Gould**, Burlington, Ontario  
**Patricia Hajdu**, Thunder Bay-Superior North, Ontario (met with staff)  
**Brendan Hanley**, Yukon  
**Emma Harrison Hill**, Peterborough, Ontario  
**Alana Hirtle**, Cumberland-Colchester, Nova Scotia  
**Corey Hogan**, Calgary Confederation, Alberta  
**Mike Kelloway**, Sydney-Glace Bay, Nova Scotia  
**Ernie Klassen**, South Surrey-White Rock, British Columbia  
**Marie-France Lalonde**, Orléans, Ontario  
**Viviane LaPointe**, Sudbury, Ontario

Ginette Lavack, St. Boniface-St. Vital, Manitoba  
 Tim Louis, Kitchener-Conestoga, Ontario  
 Kent MacDonald, Cardigan, Prince Edward Island  
 Stephanie McLean, Esquimalt-Saanich-Sooke, British Columbia  
 Shannon Miedema, Halifax, Nova Scotia  
 Juanita Nathan, Pickering—Brooklin, Ontario  
 Taleeb Noormohamed, Vancouver Granville, British Columbia  
 Tom Osborne, Cape Spear, Newfoundland and Labrador  
 Jacques Ramsay, La Prairie-Atateken, Quebec  
 Aslam Rana, Hamilton Centre, Ontario  
 Pauline Rochefort, Nipissing-Timiskaming, Ontario  
 Gurbux Saini, Fleetwood-Port Kells, British Columbia  
 Terry Sheehan, Sault Ste. Marie-Algoma, Ontario  
 Louis Villeneuve, Brome-Missisquoi, Quebec  
 Jonathan Wilkinson, North Vancouver-Capilano, British Columbia  
 Salma Zahid, Scarborough Centre-Don Valley East, Ontario  
 John Zerucelli, Etobicoke North, Ontario

## **NDP MPs**

Lori Idlout, Nunavut  
 Gord Johns, Courtenay-Alberni, British Columbia  
 Jenny Wai Ching Kwan, Vancouver East, British Columbia  
 Heather McPherson, Edmonton Strathcona, Alberta

## **Senators**

Colin Deacon, Nova Scotia, Canadian Senators Group  
 Rosa Galvez, Bedford, Quebec, Independent Senators Group  
 Raymonde Gagné, Manitoba, Non-affiliated  
 Martine Hébert, Quebec, Independent Senators Group  
 Joan Kingston, New Brunswick, Independent Senators Group  
 Elizabeth Marshall, Newfoundland and Labrador, Conservative Party of Canada  
 Mary Jane McCallum, Manitoba, Non-affiliated  
 Tracy Muggli, Saskatchewan, Progressive Senate Group  
 Iris G. Petten, Newfoundland and Labrador, Government Representative Office  
 Mohamed-Iqbal Ravalía, Newfoundland and Labrador, Independent Senators Group  
 Karen Sorensen, Alberta, Independent Senators Group  
 Allister W. Surette, Nova Scotia, Independent Senators Group