Question

With regard to federal expenditures related to medical assistance in dying, palliative care, and disability supports: (a) beyond the budget 2021 allocation previously disclosed for medical assistance in dying related training, resources, and tools, what federal expenditures have been incurred specifically in connection with medical assistance in dying, including the administration and operation of the federal medical assistance in dying monitoring regime, regulatory administration, secretariat support for the Federal-Provincial-Territorial Assistant Deputy Minister Committee on Medical Assistance in Dying, legal costs related to medical assistance in dying legislation or litigation, and any other departmental expenditures attributable to medical assistance in dying, broken down by expenditure category and fiscal year; (b) of the funding previously cited by the government under the budget 2017 home and community care allocation and the Aging With Dignity bilateral agreements, what portion was directed exclusively to palliative care, as distinct from home care, long-term care, and other continuing care priorities, broken down by fiscal year and province or territory; (c) what total federal expenditure has been directed through Health Canada's Health Care Policy and Strategies Program specifically to palliative care access, hospice infrastructure, and palliative care training since fiscal year 2021-22, broken down by initiative or recipient and by fiscal year, and, separately, what total has been directed specifically to medical assistance in dying related activities through the same program over the same period; (d) what total federal expenditure has been directed specifically toward community-based disability supports and independent living programs since fiscal year 2021-22, broken down by responsible department, program or initiative, and fiscal year; and (e) has the government conducted any comparative analysis of federal investment in medical assistance in dying related infrastructure, palliative care access, and community-based disability supports since 2016, and, if so, what are the dates and titles of those analyses?

Response

This response was tabled in the House of Commons on June 8, 2026, as Sessional Paper 8555-451-1096.

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Sessional Paper
8555-451-1096

House of Commons

Question number	Asked by	Date asked
Q-1096	Tamara Jansen (Cloverdale—Langley City)	April 21, 2026

Presented by

Kevin Lamoureux

Parliamentary Secretary to the Leader of the Government in the House of Commons

Health Canada

Reply by: the Minister of Health

Name of Signatory: Maggie Chi

Reply

Health Canada

(a) beyond the Budget 2021 allocation previously disclosed for medical assistance in dying related training, resources, and tools, what federal expenditures have been incurred specifically in connection with medical assistance in dying, including the administration and operation of the federal medical assistance in dying monitoring regime, regulatory administration, secretariat support for the Federal-Provincial-Territorial Assistant Deputy Minister Committee on Medical Assistance in Dying, legal costs related to medical assistance in dying legislation or litigation, and any other departmental expenditures attributable to medical assistance in dying, broken down by expenditure category and fiscal year?

Budget 2021 provided $13.2 million over five years plus $2.6 million annually ongoing in federal funding to support provinces and territories and stakeholders to put in place training, resources and tools to support safe and appropriate medical assistance in dying services. This also includes staffing for the operation and administration of the federal monitoring regime; secretariat support for all activities related to federal/provincial/territorial collaboration on medical assistance in dying; and all other operating costs related to medical assistance in dying in Health Canada.

The annual breakdown is as follows:

- 2021-2022: $763,435
- 2022-2023: $3,220,911
- 2023-2024: $3,296,527
- 2024-2025: $3,296,527
- 2025-2026: $2,644,350

Justice Canada will provide a response regarding legal costs related to medical assistance in dying legislation or litigation.

(b) of the funding previously cited by the government under the Budget 2017 home and community care allocation and the Aging With Dignity bilateral agreements, what portion was directed exclusively to palliative care, as distinct from home care, long-term care, and other continuing care priorities, broken down by fiscal year and province or territory?

Budget 2017 confirmed an investment of $6 billion over ten years to improve access to home and community care, including palliative care. Bilateral agreements were signed with all provinces and territories for Home and Community Care ($3.6 billion between 2017-18 and 2022-23) and Aging with Dignity ($2.4 billion between 2023-24 and 2026-27).

Funding for provinces and territories is allocated according to each jurisdiction's share of the Canadian population. To enable provinces and territories to respond to the unique needs of their populations and geography, action plans annexed to each bilateral agreement and outline broad initiatives to support one or more of the following areas set out in the Common Statement of Principles on Shared Health Priorities. These include: improving palliative and end-of-life care; expanding evidence-based home and community care models; bolstering caregiver support; and enhancing home care infrastructure. A detailed breakdown of palliative care spending is not available, as action plan initiatives often include spending in more than one shared health priority area.

(c) what total federal expenditure has been directed through Health Canada's Health Care Policy and Strategies Program specifically to palliative care access, hospice infrastructure, and palliative care training since fiscal year 2021-22, broken down by initiative or recipient and by fiscal year, and, separately, what total has been directed specifically to medical assistance in dying related activities through the same program over the same period?

Federal expenditures directed through the Health Care Policy and Strategies Program related to Palliative Care by fiscal year:

Project recipient	2021-22	2022-23	2023-24	2024-25	2025-26
Pallium Canada	$1,116,355	$1,162,232	$1,310,732	$1,191,409	$424,000
Bruyere Research Institute	$502,586	$1,193,915	$610,724	$476,413	$380,534
Canadian Virtual Hospice	$0	$0	$493,662	$506,338	$0

Project recipient	2021-22	2022-23	2023-24	2024-25	2025-26
Canadian Home Care Association	$0	$590,065	$969,397	$983,620	$0
Canadian Society of Palliative Medicine *[Formerly Canadian Society of Palliative Care Physicians]*	$0	$88,931	$156,816	$189,206	$111,371
Health Care Excellence Canada	$0	$500,000	$500,000	$500,000	$500,000
Roger Neilson Children's Hospice- Canadian Pediatric Center of Excellence	$0	$0	$295,000	$505,000	$600,000
Canadian Hospice Palliative Care Association	$0	$43,147	$794,763	$834,062	$0
McMaster University	$0	$0	$727,225	$807,386	$656,556.50
Lakehead University	$0	$0	$445,310	$637,320	$637,320
University of British Columbia	$461,674	$642,081	$643,891	$398,299	$0
University of British Columbia	$0	$0	$0	$518,375	$1,137,599
Total:	$2,385,095	$4,526,021	$7,316,940	$7,965,158	$4,770,101

Federal expenditures directed through the Health Care Policy and Strategies Program to Indigenous organizations for projects related to End-of-Life Care (which may include palliative care and/or medical assistance in dying)

Project recipient	2021-22	2022-23	2023-24	2024-25	2025-26
Congress of Aboriginal Peoples	$0	$497,869	$297,775	$0	$0
Métis National Council	$0	$74,753	$512,039	$0	$0
Les Femmes Michif Otipemisiwak	$0	$0	$134,400	$20,000	$0
Mawitam'k Society	$0	$0	$134,400	$20,000	$0
Métis Nation of British Columbia	$0	$0	$134,400	$270,000	$62,600
Manitoba Métis Federation	$0	$50,000	$300,000	$50,000	$100,000
Total:	$0	$622,622	$1,513,014	$360,000	$162,600

Project recipient	2021-22	2022-23	2023-24	2024-25	2025-26

Note: There is no available breakdown of funds per topic.

Federal expenditures directed through the Health Care Policy and Strategies Program for medical assistance in dying-related activities:

Project recipient	2021-22	2022-23*	2023-24*	2024-25*	2025-26*
Canadian Association of MAID Assessors and Providers	$0	$1,196,138	$1,039,434	$1,209,816	$1,208,698
University of Alberta	$0	$21,000	$275,000	$264,000	$0
Dalhousie University	$0	$0	$15,053	$170,770	$206,394
Canadian Psychiatric Association	$0	$0	$0	$0	$497,692
Total:	$0	$1,217,138	$1,329,487	$1,644,586	$1,912,784

*These expenditures fall under Budget 2021 funding allocations.

(d) what total federal expenditure has been directed specifically toward community-based disability supports and independent living programs since fiscal year 2021-22, broken down by responsible department, program or initiative, and fiscal year?

Provinces and territories are responsible for the management and delivery of health care services and supports. The federal government may have initiatives that support capacity, however, not delivery of programs and services.

(e) has the government conducted any comparative analysis of federal investment in medical assistance in dying related infrastructure, palliative care access, and community-based disability supports since 2016, and, if so, what are the dates and titles of those analyses?

Health Canada has not conducted any such comparative analyses.

Justice Canada

Reply by: the Minister of Justice and Attorney General of Canada and Minister responsible for the Atlantic Canada Opportunities Agency

Name of Signatory: the Parliamentary Secretary Patricia Lattanzio

Reply

Department of Justice

(a) Beyond the budget 2021 allocation previously disclosed for medical assistance in dying related training, resources, and tools, what federal expenditures have been incurred specifically in connection with medical assistance in dying, including the administration and operation of the federal medical assistance in dying monitoring regime, regulatory administration, secretariat support for the Federal-Provincial-Territorial Assistant Deputy Minister Committee on Medical Assistance in Dying, legal costs related to medical assistance in dying legislation or litigation, and any other departmental expenditures attributable to medical assistance in dying, broken down by expenditure category and fiscal year?

The response from the Department of Justice pertains specifically to legal costs related to medical assistance in dying legislation or litigation. Health Canada will respond to the remaining aspects of the inquiry.

With respect to legal costs related to medical assistance in dying legislation or litigation, and any other departmental expenditures attributable to medical assistance in dying, to the extent that the information that has been requested is or may be protected by any legal privileges, including solicitor-client privilege, the federal Crown asserts those privileges. In this case, it has only waived solicitor-client privilege, and only to the extent of revealing the total legal costs, as defined below.

The services targeted here are all services provided by the Department of Justice. Department of Justice lawyers, notaries and paralegals are salaried public servants and therefore no legal fees are incurred for their services. A “notional amount” can, however, be provided to account for the legal services they provide. The notional amount is calculated by multiplying the total hours recorded in the files for the relevant period by the applicable approved internal legal services hourly rates. Actual costs represent file related legal disbursements and legal agent fees, as the case may be. The total amount mentioned in this response is based on information contained in Department of Justice systems, as of May 1, 2026. The total legal costs (actual and notional costs) associated with medical assistance in dying legislation or litigation from fiscal year 2021-2022 to present, amount to approximately $2.85M.