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Legislative Summary

BILL S-5:
AN ACT RESPECTING THE INTEROPERABILITY OF HEALTH INFORMATION TECHNOLOGY AND TO PROHIBIT DATA BLOCKING BY HEALTH INFORMATION TECHNOLOGY VENDORS

45-1-S5-E

12 February 2026

Joey Arseneault-Watters, Dana Fan and Tu-Quynh Trinh

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AUTHORSHIP

12 February 2026 Joey Arseneault-Watters, Dana Fan and Tu-Quynh Trinh

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Legislative Summary of Bill S-5
(Preliminary version)

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LEGISLATIVE SUMMARY OF BILL S-5: AN ACT RESPECTING THE INTEROPERABILITY OF HEALTH INFORMATION TECHNOLOGY AND TO PROHIBIT DATA BLOCKING BY HEALTH INFORMATION TECHNOLOGY VENDORS

1 BACKGROUND

Bill S-5, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors (short title: Connected Care for Canadians Act),[1] was introduced in the Senate on 4 February 2026 by the Honourable Senator Pierre Moreau.

Bill S-5 essentially reproduces the measures in Bill C-72, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors,[2] which had been introduced in the House of Commons on 6 June 2024, during the 44th Parliament.

On 18 June 2024, the Minister of Justice tabled a Charter statement[3] for Bill C-72 in the House of Commons, declaring that no potential effects on the *Canadian Charter of Rights and Freedoms*[4] had been identified.

Bill C-72 died on the *Order Paper* when the 44th Parliament was prorogued on 6 January 2025. At that time, the bill had not passed second reading in the House of Commons.

Bill S-5 seeks to:

- enable access to and use and exchange of electronic health information; and
- prohibit data blocking by health information technology vendors.

1.1 DISCONNECTED HEALTH CARE SYSTEMS

Upon the introduction of Bill S-5, Health Canada characterized the legislation in this way: “The Act is about enabling different systems to connect. At its core, Bill S-5 is about patient safety. It’s about keeping pace with emerging international standards in digital health care to remain competitive globally.”[5]

According to that department, "only 29% of providers share electronic information securely and seamlessly outside of their offices."[6] Health Canada stated that this legislation seeks "to build up and protect the health care system, and empower Canadians to have more control over their health," as well as "establish the foundation needed for the health sector to benefit from [artificial intelligence] innovations."[7]

Health Canada added that "[t]he Government of Canada is collaborating with its provincial and territorial partners in the development of the regulations to ensure the protection and secure sharing of Canadians' own health data."[8]

1.1.1 Pan-Canadian Health Data Strategy

In 2020, an expert advisory group for the Pan-Canadian Health Data Strategy was formed to recommend solutions for systemic problems with the collection, sharing and use of health data in Canada. The advisory group operated between 2020 and 2022 and published three reports.[9] These reports highlighted, notably, Canada's "highly fragmented health data ecosystem"[10] and the need for coherent and regulated interoperability standards.[11] The advisory group identified, as one opportunity for action, the enactment of legislation requiring interoperability and prohibiting data blocking.[12]

"Interoperability" can be understood as the ability of "information to flow seamlessly between different solutions and devices":

> When different parts of the health system are interoperable with each other, they can "speak the same language." Interoperability improves continuity of care, collaboration between health providers and patient access to their health information. By breaking down data silos, it also reduces inefficiencies and redundancies within the health system.[13]

1.1.2 "Working together to improve health care for Canadians" Plan

The work of the advisory group informed the "Working together to improve health care for Canadians" plan, announced in February 2023.[14] This plan, supported by a federal investment of approximately $200 billion over 10 years, beginning in 2023–2024,[15] included the shared health priority of "modernizing the health care system with standardized information and digital tools so health care providers and patients have access to electronic health information."[16]

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As part of the plan, the federal government announced that it would also provide $505 million over five years to the Canadian Institute for Health Information, Canada Health Infoway and other federal data partners to work with provinces and territories to advance, among other objectives, an interoperability roadmap.[17]

The federal government reached agreements in principle in respect of this plan with all provinces and territories except Quebec.[18]

1.1.3 Shared Pan-Canadian Interoperability Roadmap

The Shared Pan-Canadian Interoperability Roadmap,[19] developed by Canada Health Infoway, has been endorsed by the federal, provincial and territorial governments (Quebec excepted).[20]

In the roadmap, Canada Health Infoway notes that "health data is largely digitized today, but not sufficiently standardized or connected,"[21] revealing the need for a more connected health system:

> Digital health systems need to interact with each other across all care settings so that Canadians' health information moves with them through the system, ensuring no patients fall through the cracks. For clinicians and care providers, technology must support effective and efficient communications, and improve care delivery and the patient experience. Beyond accessing information for the provision of care, health systems need to be able to access and analyze large data sets to inform health system planning and performance, analytics, research and population health management to protect and optimize a learning health system for the generations to come. Similarly, health data needs to continue to support Canada's reputation of worldclass research (e.g., biotechnology), medical breakthroughs (e.g., genomics) and innovation.[22]

Canada Health Infoway also highlighted the role that increased connectivity can play in ensuring equity for all, including for Canadians living in remote, underserved and vulnerable communities, as well as Indigenous peoples' rights to data sovereignty and ownership.[23]

To address those systemic issues, Canada Health Infoway outlined pan-Canadian interoperability goals that include the reduction of data blocking and easing of portability, particularly through legislative or policy changes.[24]

According to Canada Health Infoway, the roadmap "will inform and guide all jurisdictions to progress towards the same … data, technical and policy standards."[25] In its turn, Bill C-72 "[aimed] to accelerate adoption of these standards."[26]

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2 DESCRIPTION AND ANALYSIS

Bill S-5 contains 11 clauses; only the main clauses are discussed in this section.

2.1 PURPOSE (PREAMBLE AND CLAUSE 3)

The preamble of Bill S-5 recognizes several key issues and objectives related to the accessibility and interoperability of health information in Canada. It acknowledges a context of increasing mobility among Canadians and health care professionals and a growing use of digital health tools, notably in rural and remote areas. Against this backdrop, the preamble highlights the need for easy, complete and secure access to health information for patients and health care professionals alike, to promote patient safety, improved health outcomes, equitable care and innovation. Finally, the preamble expresses Parliament's desire to foster cooperation among governments and stakeholders to establish standards for a connected health system.

To this end, clause 3 states that the bill is designed "to enable easy, complete and secure access to and use and exchange of electronic health information and to prohibit data blocking by health information technology vendors."

2.2 INTEROPERABILITY AND DATA BLOCKING (CLAUSES 2, 5 AND 6)

Clause 5(1) obliges health information technology vendors to ensure that the health information technology that they license, sell or supply as a service is interoperable.

A "health information technology vendor" means, according to clause 2, an individual, corporation, joint venture, partnership, organization or association that licenses or sells health information technology or supplies it as a service.

"Health information technology" is defined, also at clause 2, as including any hardware, software, technologies, intellectual property or upgrades that are designed for creating, maintaining, accessing or exchanging electronic health information.

"Electronic health information," under clause 2, encompasses "electronic personal health information" (regardless of whether it has been de-identified), including any details about a person's health and health services received, and any information collected (incidentally or otherwise) during the provision of such services. "Health service" is not defined.

Clause 5(2) establishes the criteria for a health information technology to be considered interoperable, notably that it allows users to easily, completely and securely access, use and exchange all electronic health information, unless prohibited by an applicable law.

Clause 6 prohibits health information technology vendors from "data blocking" – which means, according to clause 2, preventing, discouraging or interfering with access to or the use or exchange of electronic health information.

2.3 APPLICATION AND ORDER IN COUNCIL (CLAUSES 4 AND 7)

Clause 4 stipulates that the Connected Care for Canadians Act applies only in provinces or territories that are subject to an order under clause 7, which provides that the Governor in Council may order that any provision or regulation of the Act apply in any province or territory that does not have requirements that are "substantially similar" to or exceed those established under the Act. This approach is like the one taken with the *Personal Information Protection and Electronic Documents Act*.[27]

2.4 REGULATORY POWERS AND NON-APPLICATION (CLAUSES 8 TO 10)

Clause 8 authorizes the Governor in Council to make regulations to (among other purposes) amend the definitions in the Act, specify interoperability standards, verify compliance with the Act and its regulations, and impose administrative monetary penalties on non-compliant vendors.

Clause 9 provides that the limitation relating to the incorporation of a document by reference (as set out in section 18.1(2)(a) of the *Statutory Instruments Act*[28]) does not apply to the power under clause 8 to make regulations specifying interoperability standards. The removal of this limitation allows regulations to update automatically when the documents they refer to change.

Clause 10 states that section 126 of the *Criminal Code*,[29] which makes it an offence to intentionally disobey a federal statute, does not apply to the Connected Care for Canadians Act and its regulations.

2.5 COMING INTO FORCE

Clause 11 provides that this Act comes into force on a day to be fixed by order of the Governor in Council.[30]

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NOTES

1. Bill S-5, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors, 45th Parliament, 1st Session.

2. Bill C-72, An Act respecting the interoperability of health information technology and to prohibit data blocking by health information technology vendors, 44th Parliament, 1st Session.

3. Government of Canada, *Bill C-72: An Act respecting the interoperability of health information in Canada and the prohibition of data blocking by health information technology vendors – Charter Statement*, 18 June 2024.

4. *Canadian Charter of Rights and Freedoms*, Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982*, 1982, c. 11 (U.K.).

5. Health Canada, *The Government of Canada introduces legislation to build a more connected health care system*, News release, 4 February 2026.

6. Ibid.

7. Ibid.

8. Ibid.

9. Government of Canada, *Overview of the former expert advisory group for the Pan-Canadian Health Data Strategy*.

10. Public Health Agency of Canada, *Expert Advisory Group Report 1: Charting a Path toward Ambition*, 17 June 2021.

11. Government of Canada, *Overview of the former expert advisory group for the Pan-Canadian Health Data Strategy*. See also Public Health Agency of Canada, *Expert Advisory Group Report 2: Building Canada's Health Data Foundation*, November 2021.

12. Public Health Agency of Canada, *Expert Advisory Group Report 3: Toward a world-class health data system*, 3 May 2022. To "block data" is to "[make] it impossible to share health information across systems": Canada Health Infoway, *Shared Pan-Canadian Interoperability Roadmap*, May 2023, p. 5.

13. Canada Health Infoway, *Interoperability: Enabling connection and communication across the health system*. The expert advisory group defined "interoperability" as

    > [t]he capacity for seamless sharing of health data and information between health sector stakeholders by means of policy, governance, workflow and, especially, technical alignment. [Public Health Agency of Canada, *Expert Advisory Group Report 3: Toward a world-class health data system*, 3 May 2022.]

14. Government of Canada, *Overview of the former expert advisory group for the Pan-Canadian Health Data Strategy*.

15. Government of Canada, *A Made-in-Canada Plan: Strong Middle Class, Affordable Economy, Healthy Future*, Budget 2023; and Health Canada, *Departmental Plan 2024–2025*.

16. Government of Canada, *Working together to improve health care in Canada: Overview*; and Health Canada, *Working together to improve health care for Canadians*, Backgrounder, 7 February 2023.

17. Health Canada, *Working together to improve health care for Canadians*, Backgrounder, 7 February 2023.

18. Government of Canada, *Working together to improve health care in Canada: Overview*. With respect to Quebec's position, see also, for example, Health Canada, *Federal Provincial Territorial Health Ministers' Meeting*, Statement.

19. Canada Health Infoway, *Shared Pan-Canadian Interoperability Roadmap*, May 2023.

20. Health Canada, *Advancing on our Shared Priority of Connecting You to Modern Health Care*, News release, 29 May 2023.

21. Canada Health Infoway, *Shared Pan-Canadian Interoperability Roadmap*, May 2023, p. 8.

22. Ibid., p. 1.

23. Ibid., p. 15.

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24. Ibid., p. 2.

25. Ibid., pp. 8–9.

26. Health Canada, *The Government of Canada introduces the* Connected Care for Canadians Act, News release, 6 June 2024.

27. *Personal Information Protection and Electronic Documents Act* (PIPEDA), S.C. 2000, c. 5. Alberta, British Columbia and Quebec have their own private-sector privacy laws that have been deemed substantially similar to PIPEDA: see Office of the Privacy Commissioner of Canada, *PIPEDA requirements in brief*.

28. *Statutory Instruments Act*, R.S.C. 1985, c. S-22.

29. *Criminal Code*, R.S.C. 1985, c. C-46.

30. See Kate Sinnott, "Coming into Force of Federal Legislation: A Practical Guide," *HillNotes*, Library of Parliament, 4 October 2022; and Government of Canada, *Orders In Council – Search*.