Legislative Assembly of Alberta

The 30th Legislature
Second Session

Standing Committee
on
Private Bills and Private Members' Public Bills

Bill 204, Voluntary Blood Donations Repeal Act
Stakeholder Presentations

Monday, July 20, 2020
9 a.m.

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Standing Committee on Private Bills and Private Members' Public Bills

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Standing Committee on Private Bills and Private Members' Public Bills

Participants

9 a.m. Monday, July 20, 2020

[Mr. Ellis in the chair]

The Chair: Okay. Good morning, everyone. I'd like to call to order the meeting of the Standing Committee on Private Bills and Private Members' Public Bills and welcome everyone in attendance. My name is Mike Ellis. I'm the MLA for Calgary-West and chair of the committee.

Before we begin, I'd like to note that in accordance with the recommendations from Dr. Deena Hinshaw regarding physical distancing, attendees at today's meeting are advised to leave the appropriate distance between themselves and other meeting participants.

I'd like to ask the members and those joining the committee at the table to introduce themselves for the record. We'll begin on my right.

Mr. Schow: Joseph Schow, Cardston-Siksika.

Ms Glasgo: Michaela Glasgo, Brooks-Medicine Hat.

Mr. Jeremy Nixon: Jeremy Nixon, Calgary-Klein.

Mr. Neudorf: Nathan Neudorf, Lethbridge-East.

Mr. Horner: Nate Horner, Drumheller-Stettler.

Mr. Sigurdson: R.J. Sigurdson, Highwood.

Mr. Yao: Tany Yao, Fort McMurray-Wood Buffalo.

Ms Hoffman: Sarah Hoffman, Edmonton-Glenora.

Member Irwin: Good morning. Janis Irwin, Edmonton-Highlands-Norwood.

Ms Sigurdson: Lori Sigurdson, Edmonton-Riverview.

Mr. Nielsen: Good morning, everyone. Chris Nielsen, MLA for Edmonton-Decore.

Dr. Massolin: Good morning. Philip Massolin, clerk of committees and research services.

Mr. Kulicki: Good morning. Michael Kulicki, committee clerk.

The Chair: And, Member Pancholi, you're joining us by phone or Skype. Go ahead.

Ms Pancholi: Yeah. Good morning. MLA for Edmonton-Whitemud, Rakhi Pancholi.

The Chair: Thank you very much.

Okay. For the record there are no official substitutions, so we'll continue with a few housekeeping items to address before we turn to the business at hand. Please note that the microphones are operated by *Hansard*. Please set your cellphones and other devices to silent for the duration of the meeting. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV, and the audio- and video stream and transcripts of the meeting can be accessed via the Legislative Assembly website.

Next we'll go to the approval of the agenda. Are there any changes or additions to the draft agenda? Seeing none, we'd like someone to please make a motion to approve the agenda. Mr. Neudorf would move that the agenda for the July 20, 2020, meeting of the Standing Committee on Private Bills and Private Members' Public Bills be adopted as distributed. All in favour, say aye. Any opposed? On the phone? Thank you very much. That motion is carried.

We will now move on to the approval of the minutes. Next we have the draft minutes to review from our meeting of July 14. Are there any errors or omissions to note? If not, would a member like to make a motion to approve the minutes of the July 14 meeting? Mr. Sigurdson moves that the minutes of the July 14, 2020, meeting of the Standing Committee on Private Bills and Private Members' Public Bills be approved as distributed. All those in favour, say aye. Any opposed? On the phone? Thank you very much. That motion is carried.

We'll next move to the review of Bill 204, the Voluntary Blood Donations Repeal Act, stakeholder presentations. Hon. members, at our last meeting, on July 14, the committee agreed to invite stakeholders to provide oral presentations on Bill 204, the Voluntary Blood Donations Repeal Act, and to accept written submissions with respect to this bill. The caucuses were requested to submit their lists of stakeholders by noon on Wednesday, July 15. For the record the opposition caucus requested to hear from the B.C. chapter of the Canadian Hemophilia Society, BloodWatch, and the Canadian Blood Services, while the government caucus requested to hear from the Canadian Immunodeficiencies Patient Organization, and the Network of Rare Blood Disorder Organizations, and Dr. Peter Jaworski.

We will be hearing from our invited stakeholders shortly, but I will note for the record that the committee also received two written submissions from other stakeholders and members of the public, which were made available on the committee's internal website.

As chair I wish to thank everyone who has taken the time to participate in the committee's review.

Turning now to the stakeholder presentations, a list was posted to the committee's internal website. If members find the order of the list acceptable, we will now proceed to hear from our stakeholders. First – we have a list here – we are going to begin with Mr. Curtis Brandell, the president of the Canadian Hemophilia Society, the B.C. chapter, and he is participating via Skype.

Sir, you will have five minutes for your presentation, followed by up to 15 minutes of questions from the committee members. As has been the convention of this committee, this is a government member's bill, so we will begin with the Official Opposition.

After members have finished asking questions, I will thank, of course, all the stakeholders for their presentations.

With that, we'll begin with Mr. Curtis Brandell. Sir, the floor is yours.

Canadian Hemophilia Society, British Columbia Chapter

Mr. Brandell: Thank you very much. Good morning. Thank you for the invitation today. I'm the president of the B.C. chapter of the Canadian Hemophilia Society, and I've lived with severe hemophilia since birth. I am here to voice our opposition to Bill 204. Our members all know somebody affected by Canada's worst blood disaster, spreading HIV and hepatitis C to tens of thousands of Canadians. Canadian Blood Services was born from the lessons learned from this disaster, and with the directions outlined in the famous Krever inquiry, overnight our blood system went from a disaster to one of the safest, secure, and trusted blood systems in the world.

To date there has not been a shortage of plasma, and any future supply disruption does not warrant consideration of privatizing plasma collection in Alberta or any other province in Canada. We ask ourselves: why is this goal being considered? As of last year, CBS is about 14 per cent self-sufficient in plasma, but CBS's new plasma initiative has not been included with these numbers. This

bill tries to address this perceived problem by allowing private companies to open in Alberta to pay them for their plasma. One would think that this would increase supply for patients, but the opposite is true. The current company operating in other provinces sells 100 per cent of its plasma it collects overseas. None of the plasma collected by the paid centres in Canada has helped one Canadian patient.

When we researched recent media covering this, though, we found some common arguments to support this bill. They seem like compelling arguments, but with further investigation they don't stand the litmus test. "We must allow paid donations in Canada to become self-sufficient" is a common argument. This argument seems to forget that the current voluntary donations act does allow payment for plasma. This allows our public system to pay people if it becomes truly necessary.

"Costs are spiralling out of control, and we must allow paid plasma to save taxpayer money" is another common argument. It is true that the use of IVIG is on the rise and that costs are increasing as this form of treatment is becoming more widely used. However, with good planning and governance B.C. CBS has been able to cut the cost of this therapy by 9 per cent in the last fiscal year.

There is zero evidence that more collection from private companies in Alberta will lower costs. In fact, the CBS plasma collection site opens soon in Lethbridge. It may increase advertising costs to retain donors. Even if private paid plasma were to stay in Canada and be sold to CBS, why is it an assumption that a private company would sell at less than market values?

"What would happen if the U.S.A. were to adopt a policy to keep all that plasma within that country?" is another popular point among all those that support this bill. In reality, market forces are too strong for the U.S.A. to ever consider closing this lucrative plasma trade. The more significant risk to the supply is if a blood-borne pathogen like CJD were to enter the U.S. system like it did in the U.K. This is why CBS has a target of 50 per cent self-sufficiency. It is diversifying the supply chain to mitigate risk. With this in mind, CBS is 28 per cent complete in its quota before even starting with the new plasma collection strategy.

Our patient group relies on the support of plasma companies for financial donations to support our charity. The idea that we are against big pharma is not true. There is no ideology in our position on paid plasma; it is formed from studying this issue for over seven years, since the debate started in Canada. Our goal is to protect Canadian patients from harm.

Where the real exposure to harm lies is within fresh whole blood and plasma. The erosion of the traditional blood donor is a worry. You can't peel out one part of the blood system like plasma and make large changes to it without upsetting the system's balance as a whole.

Our society has been accused of unscientific fearmongering, yet the same voices offer comments such as: should paid plasma not be allowed, tens of thousands of patients around the world would suffer immense harm. Phrases like this have been a constant troll since 2010 for those promoting paid plasma, yet in these past 10 years there's not been a shortage of medication in Canada.

COVID-19 has taught many things about our health care system. CBS has done a wonderful job at keeping supplies available and our patients safe.

PPE has been another story. Ask doctors and nurses in Ontario and Quebec how safe they feel at work, and you will quickly find a huge problem with PPE supply chains. I'm going off topic here, but even Alberta did much better and helped other provinces, and I want to thank you for that. If we allow our plasma to be traded on the open market like 3M respirators, at some point there will be a supply chain either with blood or plasma.

I urge you to look at the system as a whole, think about your neighbours as you did with PPE, and vote to stop this bill. Thank you.

9:10

The Chair: Wonderful. Thank you very much, sir. Thank you for that presentation.

I do have a list going, so please either get myself or the clerk's attention on this. I will ask members that are going to ask Mr. Brandell questions, or any one of our guests, to please keep your questions short and to the point. I ask that our guests also keep their answers short and to the point so we have as many members as possible being able to ask questions. I also ask that members please keep their comments respectful to any of our guests.

With that, Ms Hoffman, you have got our attention. We will begin with you. Go ahead, please, ma'am.

Ms Hoffman: Thanks, and thank you, Mr. Brandell. I'm hoping you can elaborate a little bit. You touched very briefly on your concerns about the market influencing where 3M respirators have gone and that you think that that could be a model that would be vulnerable around plasma. Can you elaborate a little bit on what you've seen, and have you done an analysis on other jurisdictions? Can you elaborate a little bit. I know your time is tight.

Mr. Brandell: Okay. Well, the basic premise is that right now we have complete control over plasma within Canada. If we privatize it, we're basically putting it out to open tender, and that opens up plasma to the entire world. So if we were to think about that as in 3M respirators, it is entirely possible that all this plasma or all of our respirators could go to other jurisdictions and not help Canadian patients.

The Chair: Follow-up, please.

Ms Hoffman: Yeah. Just to follow up, there have been some conversations around who it is who would be most likely to donate if there was a paid market, and I'm just wondering what your thoughts are around folks who might be vulnerable and how this would impact them and, in turn, how it would impact you as a user of plasma.

Mr. Brandell: Well, this is a contentious issue. I think the big problem is that the people that are attracted to getting paid for plasma are the people that are most vulnerable in our society. I really don't want to talk about it too much because I don't want to stigmatize people that live in difficult financial situations. I know some people have said that it will erode the safety of our system. I think that that's going a little bit off topic considering that we really have built some suspenders as far as getting pathogens out of our system. However, the quality of donor does play a role. It has been shown that the people that donate plasma without getting paid have a higher quality plasma, and, therefore, the drugs are a better quality at the end of the chain.

The Chair: Okay. Thank you.

Member Glasgo, go ahead, please.

Ms Glasgo: Hi, Mr. Brandell. Thank you for joining us today. I understand you're with the B.C. chapter of the Canadian Hemophilia Society, but that's just a local B.C. chapter. Is that correct?

Mr. Brandell: That's right.

Ms Glasgo: Okay. I understand that you as a member of the B.C. Canadian Hemophilia Society are opposed to paid plasma donation,

but that contradicts the Canadian Hemophilia Society's position. Can you comment on whether the B.C. chapter is part of the national organization, and if not, why not?

Mr. Brandell: We are part of the national organization, but we are our own charity as well. So we're completely independent, but we are under the umbrella of the Canadian Hemophilia Society. Our chapter has had a different position on this because if you have a look at the policies and procedures within the Canadian Hemophilia Society, their position on paid plasma – one of the subgroups says that the private collection system of plasma should not impede the ability of the public system to collect plasma or blood. In British Columbia at any given time we're 10 to 15 per cent not self-sufficient in blood and plasma. In other words, we rely on other provinces to top us up. In British Columbia we have a different policy because, you know, we are just in a different situation than other provinces.

Ms Glasgo: Okay?

The Chair: Yeah, but just very briefly.

Ms Glasgo: Okay. So in that vein, if you are getting plasma from other provinces, does it not stand to reason that the blood of British Columbians or in this case Albertans is just every bit as valuable and, therefore, could be paid, could be compensated as the payment that we in our system are paying other provinces and other countries to give us their plasma?

Mr. Brandell: No. Actually, the main problem that we have in British Columbia is not so much plasma; it's more fresh whole blood that we have issues with. So any sort of competition that we have in other jurisdictions and other provinces could create a large problem for us. Right now we don't have a problem getting our extra blood from other provinces. There's not too much competition because the four most populous provinces have this Voluntary Blood Donations Act. You know, with the smaller provinces it's not that big of an issue, but should the bigger provinces start paying people for plasma, we have predicted and have looked at other jurisdictions where this has happened, and it does have an effect on the whole blood supply.

The Chair: All right. Thank you.

Member Irwin, go ahead, please.

Member Irwin: Thank you, Chair, and thank you, Mr. Brandell, for being here today. I just wanted to make sure I heard this correctly. I believe you said that none of the plasma has helped one Canadian patient. Can you just expand on that a little bit?

Ms Hoffman: Paid plasma.

Member Irwin: Yeah. Exactly. The paid plasma, to be clear.

Mr. Brandell: Yeah. Currently there's one company operating in Canada. It's Canadian Plasma Resources. There are a few separate companies in Winnipeg, but they operate for different reasons, and that's another topic. For all intents and purposes, we're here discussing a company like Canadian Plasma Resources. All of that plasma is collected, and it's shipped off to Biotest in Germany, and then all of that medication goes off to other places in the world for medications. At this point Canadian Blood Services doesn't have any contract with Biotest, so none of that medication has come back to Canada.

Member Irwin: Thank you.

One of the other things that you noted that really resonated with me was that you said something along the lines of: you urged us to think about our neighbours. I mean, we find ourselves in the midst of a pandemic. You know, our position here, at least on this side of the House, is that we should be doing everything we can to strengthen our public systems. Can you just expand a little bit on your comment there around thinking about our neighbours?

Mr. Brandell: Yeah. Exactly. Well, as I said, we're 10 to 15 per cent not self-sufficient in British Columbia, so we're very thankful to have neighbours like Alberta and Saskatchewan and other provinces be able to help us out with our blood and plasma supplies. Of course, you know, as Canadians we do think about our neighbours. The issue that I see here is that, as I said before, once we start having competition for the whole blood donor, we're going to have an erosion, and there are going to be problems in many provinces.

The Chair: Thank you very much.

Member Schow, go ahead, please.

Mr. Schow: Thank you, and good morning, Mr. Brandell. I appreciate you appearing before this committee, and I appreciate your time and your contributions and your presentation. I would also like to say that I think everybody should be happy to have a neighbour like Alberta. We are a very generous and prosperous province, and that was shown in your comments on our response to the COVID-19 pandemic, where we did have the foresight to go ahead and order things like ventilators and masks and procured those in a way that allowed us to supply our own population with the necessary PPE and then share that with other populations.

With that said, I'm curious to address your comments and wonder: why is that model a bad idea for us? I believe that this bill shows a lot of foresight in looking to increase our domestic supply of plasma and, in doing so, enables us to have that plasma here and, if possible, share it with other jurisdictions. So why is that a bad thing?

Mr. Brandell: Well, I've only had a quick look at the bill on the Internet. All combined, it's basically three pages and about five sentences with regard to it. It doesn't really give me any background with regard to the bill specifically, so I haven't been able to read the specifics into it. But the only way that you're going to ensure that there's going to be more domestic supply is if somewhere in the bill you compel a private company to sell domestically, within Canada or within Alberta. I don't believe that that's what's in the scope of the bill. Even if it were, how do you control the costs involved?

So I think that the concept of increasing supply is really not an issue. You're not really increasing the supply at all. You, in fact, are actually depleting the supply, especially if you look at CBS trying to open up a system in Lethbridge where they're not going to be paying plasma donors.

9:20

Mr. Schow: Thank you for that.

As a follow-up, you're saying that you did not read the bill in full, and I suspect, then, that you didn't hear the mover's presentation when we had the first committee. Then you might have missed the part where he had mentioned that jurisdictions with both paid and unpaid voluntary donations have higher donation percentages than places that are strictly unpaid. How would you respond to that?

Mr. Brandell: Could you please restate the question? I didn't quite understand what you were saying with that.

Mr. Schow: What I'm saying is that the jurisdictions that allow for both paid and unpaid donations actually have a higher donation percentage than those that have just strictly unpaid. How would you respond to that fact?

Mr. Brandell: Well, I would say that there's definitely a higher percentage of people that are donating because, of course, you're paying people to donate their plasma. The problem is that you lose the control over where that plasma goes. If you look at those jurisdictions and you have a look at the amount of plasma that is actually retained within their own blood system and the amount of plasma that's shipped overseas, you'll see that the amount of plasma actually drops off.

The Chair: Okay. Thanks.

We'll go to the Official Opposition. Member Hoffman.

Ms Hoffman: Thanks so much. I imagine that you did read the bill. It's very brief. It's basically just to repeal the bill that was brought in as a ban. There's not a lot to it other than the repealing piece. It's been highlighted by the mover that two provinces with Conservative governments have allowed for paid plasma, and I know you're in a province where it was unanimously supported to support the voluntary system. I'm wondering if you can talk about some of the arguments that various representatives from various parties made. Particularly, I don't believe that this should be a partisan issue. I think this is a Canadian issue. I'm wondering if you can talk about your experiences in B.C. or other jurisdictions. I know it was supported by Conservatives in Ontario as well. I'd find that helpful.

Mr. Brandell: Yeah. It was actually unanimous in Ontario as well. The big issue was that we had a lot of arguments about this early on in the process, but once it went to committee and people gave testimony and people started realizing the ins and outs of the blood and plasma system – you have to understand that it's quite complicated if you have a look at the system as a whole. Once people understood exactly what was going on, we did have unanimous consent on it.

As you said, I really hope it's not a partisan issue. Once this committee, just like all the other committees around Canada, has had a look at it, I think that they will become unanimous in getting rid of this current bill before us.

Ms Hoffman: Just as a follow-up, some argue that it's not the role of government or individual governments to be part of this conversation. Can you let us know your thoughts on that and why it is that you're taking time to present here this morning?

Mr. Brandell: I believe that it absolutely is the role of government. I wish the government would have had more foresight on a federal level. If we're looking at something like PPE, I think that that's a good illustration of how good public policy, as you had in Alberta, and good foresight in mitigating risks are important. I think that I really wish that the government of Canada would be more proactive in this rather than dealing with it on a provincial basis, but I understand, by the way the laws are written, that it remains a provincial issue, so we have to deal with it province by province.

The Chair: Thank you.

Mr. Horner, go ahead, please.

Mr. Horner: Thank you, Mr. Brandell, for your presentation. I'm just curious. To my understanding, within Canada we currently import about 87 per cent of our plasma from foreign jurisdictions, mostly the United States. I also heard in one of the opening presentations that per capita Canada is the second-highest purchaser of these products. We are using these products. My question is: do we not have a responsibility to help the situation even if it is a global supply, and isn't it a little hypocritical to say that we support paid plasma donations in countries like the U.S. and then purchase those products, but we don't allow the same situation, for Albertans in this case, within Canada?

Mr. Brandell: Well, I don't think it's hypocritical at all. The system in the United States is obviously completely different than the system in Canada, so it's really like comparing apples and oranges. The United States supplies much of the plasma for a lot of the world, and that's just the way that that blood system has evolved. In Canada we have quite a different system. Actually, for whole blood donations we're not on par with the percentage in the United States, so competition in that regard remains a concern for us.

The Chair: Okay. Thank you very much.

We certainly have a lot of presenters, so we are going to conclude this portion of our meeting when it comes to Mr. Brandell.

Mr. Brandell, thank you so much for being a guest. You certainly are welcome to stay on the line. I only ask that you be on mute if you do wish to participate. On behalf of the committee I'd like to thank you for participating in this meeting.

Next we will move on to Ms Whitney Goulstone. She's the executive director of the Canadian Immunodeficiencies Patient Organization. She is participating via Skype as well. As previously mentioned, ma'am, you'll have five minutes for your presentation, followed by up to 15 minutes' worth of questions.

Ms Goulstone: Good morning.

The Chair: Good morning. The floor is yours. Go ahead. Thank you.

Canadian Immunodeficiencies Patient Organization

Ms Goulstone: Thank you, esteemed members of this committee, for allowing me to appear in front of you today. Thank you for taking the time to review this bill, listen to experts, and understand what is really happening. On behalf of the Canadian Immunodeficiencies Patient Organization I'm here today representing the thousands of Albertans and Canadians living with primary immunodeficiency disease, or PI. I myself am a patient and depend on a plasma-derived product to live. I'm happy to be able to appear before you today virtually. Like many living with PI, I've been isolating throughout this pandemic because we're a high-risk group, and the isolation will continue until more is known.

Our only hope is a lifelong reliance on the plasma-based medicinal product immunoglobulin replacement therapy, or Ig. Thirty-five per cent of the world's plasma is used to treat PI patients in the form of Ig. Ig therapy is the only course of treatment. There is no alternative. Science and technology have nothing in the pipeline for us. There is no biologic, generic, or alternative coming. Science and research have brought us here to Ig. Whether given intravenously in hospital through IVIG or under the skin at home through SCIG, PI patients in Alberta and across Canada rely on Ig therapy for a number of reasons. These include to reduce the number and severity of infections, to reduce hospitalizations, and to increase life expectancy and quality of life.

Currently Canada, through Canadian Blood Services, who you'll hear from later this morning, only collects enough plasma to supply 13.5 per cent of our needs. As you know, the vast majority of

Canada's plasma needs are met on the global market, with a large dependence on the U.S. These medicines are made with plasma collected from compensated donors. CBS's business plan currently will increase Canada's plasma supply to 50 per cent, but this will take some time. CBS has stated that they are committed to an unpaid, voluntary donor model. We support CBS's plan and want to see it succeed, and we will do what we can to work with CBS going forward. However, we believe that their plan is ambitious and is unlikely to succeed without compensation in some format.

We're aware that CBS has an exemption to compensate in the current legislation under special circumstances. However, it is vital that this committee understands that this is not a one-off urgency. We are hearing terms like "challenge," "strain," and "disruption" in regard to supply. This is scary. No one wants to use the terms "shortage" and "panic." However, there is agreement on a looming Ig supply crisis globally. Unlike conventional medication it takes roughly nine to 18 months from collection to fractionation to finished product, or from vein to vein. When there is a shortage, there's no whipping up a new batch quickly. The demand for Ig is growing in Canada, from roughly 6 to 10 per cent year over year.

As Canadians we like to pride ourselves on our altruistic giving; in reality, only roughly 3 per cent of the adult population are blood donors. In Canada, when we think of and we hear the term "paid plasma," an image is conjured up of conducting things where cash is handed over for blood. It couldn't be further from the truth. The idea of compensation for a donor is not new even here in Canada and is practised around the world. The European Commission for the European Parliament felt it important to distinguish between the idea of compensation and incentive when discussing blood and plasma donors. In this crucial distinction more than half the EU member states, 24, compensate donors in the form of time off work, reimbursement for travel costs, and tax incentives.

9:30

The U.S. currently supplies over 70 per cent of the world's plasma supply, and it is feeling the global strain. With emerging Asian markets and growing global demand, there is mounting pressure. Starting in 2018, patients have reported product unavailable for pickup. This is happening in the U.S., the U.K., and now here. Last summer Canada experienced its first-ever Ig shortage when its sole supplier of SCIG, the home treatment of Ig, was not able to meet its forecasted demand. It has taken CBS 20 years to build their whole-blood donor base. We do not have 20 years to wait while they build their plasma donor base.

We hope that this committee and this government will do all they can to ensure continued access to immunoglobulin for patients in Alberta. Thank you.

The Chair: Ms Goulstone, thank you so much for that presentation. We really appreciate it.

We will now go to questions from committee members, starting with Ms Sigurdson. Go ahead, please.

Ms Sigurdson: Well, thank you so much, Ms Goulstone, for your presentation. I certainly do appreciate it. Certainly, I think that we all agree that we want to make sure that Canadians have the plasma that they need, and that's very important. You know, I have a different situation in terms of my health compared to you. Obviously, yours is ongoing, and I appreciate that that must be a challenging health issue. I have leukemia, and in 2018 I had several transfusions of plasma and many blood products, and I was so grateful, of course, to our Canadian system for the support I received and the fact that I'm even still on the planet because it was a bit touch and go there for a while.

One of the questions that I really want to understand is that distinction, you know, between the different systems in the different provinces. So I want to ask you: is there any difference in wait times in provinces that do have paid plasma, like Saskatchewan and New Brunswick, compared with provinces that have the voluntary donations?

Ms Goulstone: First, I'm very glad to hear that you're doing well. Congratulations on good health. Are you asking if there are differences in wait times for treatment?

Ms Sigurdson: Yeah, for receiving the blood. One has the system where they do get paid, and the other doesn't, so I'm just wondering if it makes any difference for the patient.

Ms Goulstone: Right. Well, receiving whole blood and receiving plasma are two separate things. All Canadians who receive treatment in Canada receive treatment through, obviously, their provincial health care system, and the provincial health care system receives products through Canadian Blood Services.

Those products: there are two companies that currently compensate donors for plasma in Canada, one in Winnipeg and the one operating in New Brunswick and Saskatchewan currently. The one in Winnipeg provides a product for Rh factor, and the other company, operating in New Brunswick and Saskatchewan, does not have a contract with Canadian Blood Services. The one operating in Winnipeg: that product goes around the world globally, including Canada. If you have that issue and you need that Rh product, you can receive that product across Canada for that limited number of people. But the other company: their product does not stay in Canada. So the company in Winnipeg's product does come back to Canada and goes globally.

As far as wait time is concerned, to answer your question, it does not make a difference to paid plasma because for the patients in Canada receiving plasma products, you receive your products through Canadian Blood Services to your hospital.

Ms Sigurdson: Right. Yeah. As your description showed – and what we've heard in this committee meeting is that it's complex, the situation. But, really, what I'm hearing is that having paid plasma, having these private companies, you know, pay people to donate their plasma, actually doesn't necessarily benefit Canadians because 100 per cent of it goes overseas to Germany or whatever. I mean, the system is just not set up for that, and if we're wanting to make for Canadians, obviously, Canadian blood, we want to make sure our country has that support. That is the challenge with this, wouldn't you say?

Ms Goulstone: Well, at the moment there are two companies. One company – and it's not so much that it wouldn't benefit Canadians. What we don't want to see is – you know, our supply is dropping, and it's dropping fast. Ten years ago we were at 30 per cent; now we're at 13.5 per cent. We're looking at models like Héma-Québec's model. They were very low. They were at the same range where Canadian Blood Services is now. Now they're at 22 per cent. However, it took them six years to get from 13 per cent to 22 per cent. So even if Canadian Blood Services starts their plasma supply, which we do believe in, that model, it will take many, many years to get the supply back up and running while immunoglobulin usage is growing year over year in Canada.

Also, the Canadian supply that we are using comes from the United States, where it's fuelling a global growing demand, so we're having issues globally. It would help so much if Canada were

able to increase their own supply. I don't think it's actually an issue of compensation necessarily. It has to do with: how can we as Canadians increase our supply? How can we as Canadians assist the global supply? What are the tools we can use to do that? The Health Canada report on immunoglobulin looks very closely at that, and there is no system in the world that did any good without compensation.

The Chair: Mr. Sigurdson, go ahead, please.

Mr. Sigurdson: Thank you, Chair, and thank you, Whitney, for coming and presenting today and providing us some more insight and depth from your perspective as somebody who relies on these resources. I just want to comment. CIPO says that it takes between nine and 12 people donating between nine and 24 hours of time to collect enough plasma to treat one patient with primary immune disorder. I think you can agree that, you know, we'd love to get there on unpaid and voluntary, but I think what you've stated is just the time. I think this was one thing that you have expressed, that the amount of time that it's going to take to get to where we need to be is critical right now, hearing what you're hearing. Do the patients that you represent or are speaking for agree with incentivizing donors through some form of compensation? I mean, I love the idea, as you said, of tax incentives, time off work. I mean, nine to 24 hours: that's a substantial amount of time. Is there a lot of support for those types of incentives or even donating to a charity on their behalf?

Ms Goulstone: Yeah. You know, you'll hear from Dr. Javorski later today. He knows a lot more about that kind of work. As I said, the member states in the EU look at many different kinds of incentives that don't involve handing over cash or loaded Visa Debit cards, which is what the U.S. model really is based on. Our patient population does support – we did a survey with our membership across Canada – the compensation for donation. They feel that the more we can increase Canada's immunoglobulin supply, the better because that will help ensure access to supply for them in the future, and that's what's important.

We got very scared. Our patient population was very scared with the shortage last summer, hoping that they would be able to continue. Obviously, patients already on product – no one was denied product, but patients waiting to start treatment had to wait even longer.

It's important to note that in Alberta you have the largest clinic for PI in Canada and in North America, with over 700 patients in Edmonton. You have a very high rate of diagnosis in Canada in Alberta. It's a large clinic, and we need to continue to support these patients.

The Chair: A brief follow-up, please.

Mr. Sigurdson: Just to go down this road, I mean, to get your perspective, can you elaborate on the shortages of plasma therapies that patients have recently experienced and any impacts they have experienced during COVID-19? I think it's important that we get that perspective from your perspective as a treatment patient.

9:40

Ms Goulstone: There haven't been any shortages during COVID. There have been some issues with supply from the vendors with vial sizes, things like that, but no shortages.

We had a shortage last summer with the in-home treatment, and in Alberta there was one patient who was in the ICU with an infection. One PI patient had an infection and ended up in the ICU, and there was a patient with some abscesses while waiting to go onto treatment. So we did have some issues in Alberta, for sure, while waiting for treatment and waiting to go onto treatment because treatment was delayed for in-home treatment. Those patients did have access to IVIG, but IVIG is once a month and not once a week. So there were a couple of issues in Alberta in the Edmonton clinic due to the shortage, but the shortage lasted four months. It was short, relatively, and that was due to forecasting of demand.

The Chair: Thank you.

Member Pancholi, go ahead, please.

Ms Pancholi: Thank you very much, Mr. Chair, and thank you, Ms Goulstone, for being here and for bringing your personal story but also the perspective of so many of the people that are part of your group. It's important to hear from patients, so I thank you for that.

I wanted to ask a little bit about – you know, I think overall we're all kind of coming from the same perspective on the fact that there's clearly a shortage of plasma and trying to find opportunities and strategies to improve our plasma access in Canada. Specifically, of course, we're talking about Alberta here.

I'm wondering. I did a little bit of research and reading into some of the history of paid donations. In Saskatoon, of course, they do allow for paid plasma, in Saskatchewan. I understand that CPR opened up a site in Saskatoon, and a little while after that opening up, I understand that the Canadian Blood Services raised some concerns about the fact that the opening up to paid plasma actually decreased the voluntary donations. They sort of raised that concern, that it didn't actually increase the self-sufficiency in Saskatchewan with respect to plasma by opening it up to paid plasma. I'm wondering if you have any understanding or experience with what happened there and if you could share your thoughts on the fact that, in that situation, it did not seem to increase voluntary donations or access to plasma.

Ms Goulstone: Yeah. Happy to address that. I think that Dr. Sher would be able to address that a little further when he's here. As far as I'm aware and our organization is aware, that is anecdotal data, and there hasn't been a research study done to look at that data further. We're not aware of any hard data showing crowding out in that area, but if he has some, I would love to see it. We would obviously, you know, support any efforts they have to bring those donors in, but as far as we're aware, they didn't correlate any crowding-out data in Health Canada's study.

I think it's important to note that this legislation isn't – we hope it's not just about one company. I think that if you open a door, you can't just say, "Well, we'll open it for one company" or "We won't open it for this other company." You need to be able to say that we're not – I mean, very reactionary legislation is dangerous. So it's important to note that it's not just – I mean, that one company, CPR, which, you know, we don't know much about: I know they're only operating in two places with very limited capacity and collecting very a limited amount of supply.

The Chair: Okay. A follow-up, please.

Ms Pancholi: Thank you. I appreciate that response.

One of the things that I think has been noted already is that Bill 204, that's before us today, is a very short bill because it essentially just repeals the Voluntary Blood Donations Act. It doesn't have any other provisions in it other than repealing that act. Again coming back to – the focus is about trying to increase access and plasma in Alberta.

One of my concerns would be is that simply by repealing the Voluntary Blood Donations Act, which did have a specific

exception for research, right? – I heard your comments around there being two pieces: there's access to plasma, that patients who have medical conditions may require, but also scientific research, which led to the development of Ig in your specific situation. Part of my concern is that simply having a bill that repeals the Voluntary Blood Donations Act, if there's nothing in there to actually encourage or mandate that private or paid plasma collection would actually come back to Alberta – so if we're trying to talk about supply, are there things that should be done, in your view, legislatively, that would actually increase private collection other than just repealing the Voluntary Blood Donations Act? I mean, it doesn't seem to have any other measures in place to encourage that those donations and those collections stay in Alberta. I'm wondering what your thoughts are on that.

Ms Goulstone: Well, in my opinion and in, you know, our organization's opinion, we really do believe this is a grey area. It's not black or white. There's a lot of room for private-public partnerships. That's our belief.

The Chair: Okay. Member Glasgo.

Ms Glasgo: Thank you, Mr. Chair, and thank you, Ms Goulstone, for presenting to us today. I know that this is obviously a very personal issue for you as you rely on these donations. We've had some conversations around incentivization and compensation for plasma donations, and I was wondering if you could maybe comment. I know some of the members opposite as well as many Albertans, and I think it's a very fair criticism, are concerned about vulnerable populations – maybe "coerce" is the wrong word – maybe being incentivized to . . .

The Chair: I'll allow the completion of the question and the answer.

Ms Glasgo: Thank you, Mr. Chair. Many are concerned about the incentivization process maybe gathering poor plasma. If you could just comment on that, I'd really appreciate that.

Ms Goulstone: Yeah. I'll keep it brief. Obviously, there's a lot of, again, anecdotal data. It has not actually been researched, but it's very provocative in the media to be able to say that they've opened up this plasma donation centre across from a homeless shelter. There is a lot of hard data that does show the quality that the FDA, Health Canada, them, and all of the organizations have to go through, the rigorous testing for the donor health and the health of the plasma itself. So we can say, without fail, that in over 25 years there has not been a disease transmission in a plasma product.

The Chair: Wonderful. Thank you very much, Ms Goulstone. Thank you so much for your presentation, and thank you very much to all members for asking questions. Again, Ms Goulstone, you're welcome to stay on the line as long as you put yourself on mute. I appreciate that.

Ms Goulstone: Thank you very much.

The Chair: Thank you very much.

Next we will move on to Ms Kat Lanteigne. She's the executive director of BloodWatch. Again, Ms Lanteigne, you have five minutes for your presentation, followed by up to 15 minutes of questions from committee members. Ms Lanteigne, the floor is yours when you are ready.

BloodWatch

Ms Lanteigne: Thank you for welcoming bloodwatch.org for this important policy discussion on securing Canada's blood supply. Our organization was cofounded by tainted-blood survivors, their families, and patients who use plasma-derived medications. Bloodwatch.org is a nonpartisan organization that advises on blood policy. We were one of only two delegates at the EU commission on plasma in 2019. The other delegate was Canadian Blood Services. We review legislation and regulations in Canada and around the world regarding blood and plasma collection. More importantly, we advocate for the safest and most rigorous standards that protect the Canadian blood system.

We are here today to respectfully request that Bill 204 not move forward at this time. Bill 204 aims to repeal the Voluntary Blood Donations Act, which protects the blood and plasma supply chain in Alberta from being exported to commercial markets. The current law in place does not ban payment for plasma in Alberta. What it does do is to enshrine into law that blood and plasma are a public resource, which means they are collected by the national blood authority, Canadian Blood Services, to be used to serve the constituents of Alberta and patients across Canada. Repealing this bill does not mitigate our dependence on the U.S. supply chain, and it does not secure more plasma for patients in Canada. This fact must be understood.

More importantly, the COVID-19 pandemic is not the time to deplete our supply chain or to siphon donors off to a private company when our national blood system needs them now more than ever. It is also a studied fact that the paid-donor model targets poor and vulnerable populations. That is really critical to understand as well. That is why they use their cash model base.

9:50

The federal government issued this private company and these licences to export out of New Brunswick and Saskatchewan based on the argument, the same one that Mr. Yao has used in support of this bill: this will give Canadian patients more plasma. Blood brokers will contribute to our national supply chain. Not a single drop of plasma collected by the company has gone to any patients in this country. It is also very important to understand that the government of Alberta actually has no control over how blood and plasma is distributed. That is the sole responsibility of Canadian Blood Services, which was set up as an arm's-length organization that is cofunded by the provinces and territories.

We want to make it clear to the legislators that the premise that repealing the bill will increase supply for Canada is false. The private paid plasma model is being systemically abandoned throughout the world. Public blood authorities are working to end their dependence on U.S.-sourced supply chains to ensure that domestic supply chains can be self-sufficient. COVID-19 has actually highlighted the risk of dependence on foreign supplies of life-saving products. The EU is updating their regulations to ensure that blood and plasma are treated as – and I quote – a strategic resource to ensure that member states end dependency on the U.S.

Countries like France, Italy, the Netherlands, Australia, Belgium, and New Zealand have all demonstrated that when plasma centres open and the public is asked to donate, the supply chain can be secured. Quebec has had great success with their Plasmavie program, and Canadian Blood Services has donors clamouring to donate plasma. The new plasma centre that will open up this summer in Sudbury needed 500 donors; they got a thousand. We expect the same outcome in Alberta, where there is a strong voluntary donor base willing to save the life of their fellow

Canadian. There is a sole-source plasma facility about to open up in Lethbridge.

If the government wants to support the export business of plasma, that depletes our supply chain, repealing this bill will offer up that result. However, if the government of Alberta wants to secure our supply chain, then we ask that this bill be put on hold. Allow Canadian Blood Services to fully implement their collection strategy so we can secure our supply chain and ensure that Canadian patients are served first. We need the security first, before support is granted for the plasma export business.

Thank you kindly for allowing us to present here today.

The Chair: Thank you very much for your presentation. Very much appreciated.

All right. Next we'll continue with 15 minutes' worth of questions from the committee members. We'll start with the Official Opposition and Member Hoffman. Go ahead, please.

Ms Hoffman: Thanks very much, and thanks, Ms Lanteigne, for participating here this morning. I understand that you were – or BloodWatch, rather. I think you represented BloodWatch. That was one of only two Canadian delegates that were part of the EU commission on this topic, so I'm wondering if you can speak a little bit to why you believe you were selected to be one of our representatives there. You did touch very briefly at the beginning about the legacy or how the organization was created. In this committee there was reference made to being here as a prop for labour or some reference like that, and I was just wondering if you can speak to any relationship between your organization and labour.

Ms Lanteigne: We were cofounded by tainted-blood survivors and their family members: the McCarthy family, the Cumming family, the Plater family, and Dr. Antonia Swann, whose husband was an incredible man, who, sadly, died of HIV and hepatitis C. We worked as a team prior to forming bloodwatch.org as an official organization and with the Ontario government, when we first advocated for this law in Ontario. That's how we were formed.

I think we were named as an extremist group. I'm not sure. I was making cherry jam when I heard that at committee. So I was a bit worried that there was anything about me or our organization that could ever be extreme. But I do want to make it clear that, no, we are not a shill for labour. We support Canadian Blood Services, which clearly has unionized members. We support public health care.

One of the reasons why we believe we got a seat at the EU commission is that BloodWatch also – we've also been very critical of Canadian Blood Services when we believe that they've gone off-track. We don't spare our criticism, and we don't withhold our praise, either to governments or the pharmaceutical industry or to our fellow other patient groups. That's the kind of level of work we do. We are advised by a group of volunteer hematologists. We work very diligently with the Premier's Council and members who built our blood system. So we have a really large swath of stakeholders that we work with, and we also review all of the material. So when we advise on blood policy, we are looking for the best outcome for Canadians and for Canadian patients, full stop.

The Chair: Member Hoffman, a follow-up, please.

Ms Hoffman: Thank you. I believe it was Mr. Brandell, in his Q and A, who talked about his fears that, when we talk about plasma, it's not in isolation, that if we did have pay for plasma, it could impact whole-blood donations as well. I'm just wondering if you can speak to your experience or understanding of how the different components can't be separated; like, they can when you're actually separating blood components but that paying in one part of the sector could impact other parts of the sector as well.

Ms Lanteigne: The reality is that a qualified donor is a donor. One of the reasons why you don't want to partition your donor base off is because of what they did in France. It only took them under four years to make their 50 per cent self-sufficiency target for plasma product and plasma collection. I visited France and toured their facilities. They have a very strong plasma collection program. Canadian Blood Services needs access to all the donors because what they do with whole-blood donors is that if they've got really strong whole-blood donors, they can actually transfer them and move them over to become plasma donors. So you need your national blood authority to manage the donor base.

So, for example, when COVID-19 struck, we had a huge drop all of a sudden in whole-blood donations. What Canadian Blood Services was able to do was that it was able to turn around their plasma collection facilities really quickly and collect whole blood in an emergency time – right? – in a time of crisis. Now that that's stabilized, they can go back, and those plasma donors can go back to donating plasma. But when you've brought in that donor base through your nationalized system, which is what we are – and that's with intent because we share blood and plasma across provincial lines, and the government of Alberta is part of the MOU that, you know, has signed up to run our blood system – partitioning off and allowing private companies to poach our donor base is fundamentally selling your supply chain because you're selling your donors. You're selling access to those donors, so we lose them. So this idea that you have to wait, you know, to prove that harm is done is not the precautionary principle. It's not a way for us to mitigate our risk. You know, it's a very different premise when you're talking about permitting access of the big, large pharmaceutical market.

I just also want to make it clear if I may. I know it wasn't a part of your question. Doing this doesn't save anybody money. Like, allowing these commercial companies doesn't make the drugs, you know, less expensive, and it doesn't save the Alberta government from contributing to ensuring that we get our blood and plasma supply chain. So that should just be eradicated from the debate at this time because it actually doesn't help.

The Chair: Okay. Thank you.

Ms Glasgo: Okay. I thank you, Ms – I'm sorry. Everybody butchers my name, too.

The Chair: Lanteigne.

Ms Glasgo: Lanteigne. I'm sorry. I would just have a couple of questions for you. Hopefully, I'll get a follow-up if the chair allows. You talked about the safest and most rigorous protections for all Canadians and Albertans when it comes to plasma donations, and I think we can all agree upon that. We have some of the most rigorous standards in the world when it comes to health and testing and things like that, so I think we can all agree there. I'm glad we can start there.

But I know that you've also talked about a cash model and how that would be prohibitive or antithetical to that safe and reliable model. However, I'm just wondering if you are aware that there are other operations or companies that are offering other incentives besides a cash model and that repealing this act would not actually force the government of Alberta to incentivize a cash model. Rather, we could use things like time off work, time in lieu, tax credits, and things to that effect.

10:00

Ms Lanteigne: The bill that currently exists doesn't prevent that, so repealing this bill wouldn't help in any way. The bill that exists, the Voluntary Blood Donations Act, doesn't preclude Canadian Blood Services or creating a national strategy of somehow, you know, paying for people's parking or something like that for plasma donors. That doesn't solve or mitigate our supply chain risk. The issue with payment is that it is actually a scientific fact that paying people to sell their plasma is a higher risk. That's a scientific fact.

The difference is that we haven't had a new blood-borne virus enter the blood or plasma supply. So when we talk about the fact that we've had a very safe system in Canada and internationally, it's not only the technology. By the way, the technology does not work for prion diseases. Technology for plasma drugs is not foolproof. It works for the viruses that we have today and a particular type of virus.

In order to just finish answering your question, the premise is that we need to find a way to secure plasma donors. Let's say that Canadian Blood Services launches its plan. They open up these plasma collection centres, and Canadians say, "No way; I'm not going to go in there for 53 minutes to donate my plasma," which is what it takes now in Quebec because they've found ways to make the donation process more efficient. Then that's a national conversation with the federal government and all of the Health ministers to say: "What would be appropriate? Do we offer a tax credit? Do we just make it easy for people? Do we make sure that our facilities have better parking?"

What's happening right now in Saskatoon and Moncton is this casino model of selling, essentially, and there's nothing attractive about the American model right now. They collect in places like Youngstown, Ohio, and Flint, Michigan. There's an incredible documentary on the home page of our website at bloodwatch.org about how 60 plasma-collection facilities are collecting from migrants from Mexico who come over the border. That is a huge safety issue because you cannot track those donors. You can't trace them if a new blood-borne pathogen were to emerge.

I think one of the things that COVID-19 has taught us is that our humility is really important when it comes to protecting something as critical as our blood and plasma supply chain. We really don't know what the next blood-borne virus might be, and we don't know what the next pandemic will be or the next second or third wave of COVID-19, when we need our donors the most. So that's why we're asking the committee to pause on this bill now. If the export business is what Alberta wants to enter into, could we revisit that conversation in, you know, three to five years from now so we can make sure that we secure the Canadian blood chain first, which America has done?

The Chair: Ms Lanteigne, can we get to the follow-up, please?

Ms Glasgo, go ahead, please.

Ms Glasgo: Yeah. I do have a little bit of a problem with the language that you used in your supposed answer to my question. You noted that it was a scientific fact. I'm just wondering what evidence you based that upon.

As a follow-up to that as well, the second part of my question, it is a fact that Alberta and Canada have extremely rigorous testing for blood and blood-borne pathogens and for plasma, which we agreed upon at the beginning of my question, which was kind of the whole point of that exercise. I'm just concerned. The way you're phrasing your question, it seems that you only believe that Canadian Blood Services has the capacity to do this, and I'm wondering if that's because you've received funding from the Ontario public services employees union, which represents over 3,000 workers at Canadian Blood Services. Would you agree that BloodWatch has a financial interest in ensuring that CBS and Héma-Québec are the only collectors of plasma in Canada, and why not?

Ms Lanteigne: We have no financial interest in anything. I just want to ease the committee's concern: bloodwatch.org has no financial incentives to advocate, and we are completely our own organization. We don't advocate on behalf of union members. That is not what we do.

It is a scientific fact, and you can go to the Krever commission online and read the Krever commission. All of those documents are there, and they have even been updated. The World Health Organization has it on their website as well that volunteer donors are the safest donor base. That's just a fact. There are always higher rates for infections when people are paid. That's historically, scientifically correct.

My argument is that with Canadian Blood Services and Héma-Québec, because they are funded by the governments and they have a mandate to serve Canadian patients, if we're talking about securing our supply chain – and that's the argument – then they will ensure that all of those plasma-derived drugs, because they batch fractionate them for Canadian patients, go to Canadians.

I absolutely reject any framing that our organization has been co-opted by – I can't remember who you said. You mentioned . . .

Ms Glasgo: The public-sector unions.

The Chair: Okay. Thank you very much, ma'am.

Mr. Nielsen.

Mr. Nielsen: Thank you, Mr. Chair, and thank you for your presentation as well as the others who have presented before you. Quick question. You had mentioned around the impacts to vulnerable populations. I was wondering if you might be able to expand on that really quickly.

Ms Lanteigne: The issue with the vulnerable populations – and we have a lot of that information on our website – is that the private, paid plasma industry, which, by the way, is not being supported by the EU and is not being permitted to expand throughout the EU, often these companies, if you look at the map of where they're set up, are set up close to homeless shelters. They're always set up very close to food banks. That is the way they're able to procure and secure people who are selling their plasma.

There are a lot of documents that are written by ethicists about, you know, what that means for the donor who's selling their plasma at a rate of twice a week, which is a very high frequency. The EU does not allow that. In fact, they're actually trying to retract even the 60 donations a year in the EU because they are seeing that it can have adverse health effects on the donor. The problem is that because these donors are selling to private corporations, it's very difficult to procure the data on the health of those donors. Everybody says: "Oh, but, you know, does it matter? They get the plasma, and if we get it, who cares where it comes from?" That's a very particular argument to debate, the ethics and the morality of paying people to sell a body part.

What we are arguing right now is that this is currently not an issue of paying people in Alberta to sell their plasma because it is not illegal in Alberta to do so. The argument is that we have to secure our supply chain, and Canadian Blood Services is very different from Canadian Plasma Resources or Prometic or the other companies that are trying to get in because they care and they take care of their donors.

The owner of Canadian Blood Services went in front of the Senate last year and made it clear that they literally have no

obligation to donors. They don't provide a service. They're a collector. I mean, he was very clear about that. The difference is that when we have a secured donor base within our national blood system, Canadian Blood Services can not only take care of that blood and blood product and serve Canadian patients, but they can care for the donor, and we believe that that is fundamentally critical to the health and safety of the blood system.

The Chair: Okay. Thank you very much, Ms Lanteigne. The time has expired for your presentation and questions asked by the committee members. Thank you very much for your presentation. It certainly is appreciated.

Members, I just want to add something here. We've gone from six questions down to three and a half and now down to two and a half. I'm going to ask members that are going to be asking our next set of guests questions to do your best to keep your preambles short. I'll also ask guests to do their best to answer the questions and keep their answers short as well. That way, we can get more questions in from members at the table.

That being said, again, thank you, Ms Lanteigne, for your questions and answers and presentation.

10:10

We'll next move on to Ms Silvia Marchesin. She's the president of the Network of Rare Blood Disorder Organizations of Alberta.

Ms Marchesin, you're on the line, and you have five minutes for your presentation, followed by 15 minutes of follow-up. The floor is yours.

Thank you.

Network of Rare Blood Disorder Organizations, Alberta Chapter

Ms Marchesin: Good morning, committee members and Mr. Yao. Thank you for the opportunity to present the views of the Network of Rare Blood Disorder Organizations, the NRBDO, which is a national coalition of patient groups with rare blood disorders, whose members use blood and plasma products to maintain their health and ensure their survival. I'm a board member on the NRBDO and am the president of the Alberta chapter. I'm a stakeholder representative on the Edmonton zone transfusion medicine committee and on the Alberta blood operational collaborative. I've been a volunteer with patient organizations for three decades. Finally, I've been a regular recipient of red blood cell transfusions for over 25 years.

I want to be clear that the NRBDO represents patients, that our members are national patient organizations in touch with their memberships' needs, and we advocate on their behalf. As such, we are key stakeholders in this discussion. I also want to declare that the NRBDO and its member organizations have absolutely no relationship, financial or otherwise, with any plasma collectors in Canada. The NRBDO and some of its member organizations do have relationships with a number of pharmaceutical companies, some of which manufacture plasma-derived medicinal products for the Canadian market, and we're proud of these transparent and ethical partnerships.

The questions we want you to consider today are: how do we ensure that patients in Alberta and world-wide have access to life-saving blood products, and does the province of Alberta's current Voluntary Blood Donations Act limit this? In Canada CBS and Héma-Québec are responsible for the collection of blood donations and the distribution of over 40 products treating patients across our country. The NRBDO supports their systems where there is no remuneration for the donation of red blood cells, plasma, platelets. These are fresh components for transfusion. These are typically the things people think of when they think of blood: components which are transfused pretty much directly into patients like myself. This should remain a public resource, collected without cash payment and distributed free of charge to patients.

What is a concern, however, is the increasing world-wide need for products made from plasma, a separate and completely different set of products. While CBS and Héma-Québec should do all they can to collect more plasma for fractionation from noncompensated donors, we recognize that these efforts will not come anywhere close to meeting the goal of even limited self-sufficiency. Plasma collected from volunteer Canadian donors represents a mere 13 or 14 per cent of the current need in this country for immune globulin, a need that is growing annually.

Canada relies on the United States to supply the remaining over 85 per cent of our plasma needs, which come from American compensated donors. The manufacture and sale of plasma products is almost entirely a private, for-profit operation, with plasma being the raw ingredient. Since the tainted-blood tragedy of the '70s and '80s, huge changes have taken place in the regulation and manufacture of plasma-derived medicinal products. As a result, these products have maintained a perfect safety record with regard to pathogen transmission for the last 25 years.

To answer the second question – does the province of Alberta's current Voluntary Blood Donations Act limit access to life-saving blood products? – the answer is yes. As the 2013 Health Canada round-table discussion on compensating plasma donors concluded, no country in the world has been able to meet their need for plasma with a solely volunteer model. Compensated collection of plasma can help with the global and Canadian plasma supply shortage, helping to ensure that patients can access plasma-derived medicinal products when they need them.

We encourage the plasma collectors and the public system of CBS and Héma-Québec to enter into agreements so that a percentage of the plasma collected in Canada and sent from Canada for fractionation increases our self-sufficiency. The NRBDO believes that both voluntary and compensated plasma donations are key to securing the supply of plasma-derived medicinal products. The Voluntary Blood Donations Act is a good example of legislation with worthy goals; however, it has unintended negative consequences, notably condemning Albertans to be overly reliant on American plasma and exacerbating the inadequate world supply of essential medicines like immunoglobulins. Therefore, the members of the NRBDO unanimously agree that no evidence of safety risks and no evidence of threats to the voluntary collection of blood, compensated collection of plasma can help with the global and Canadian plasma supply shortage, helping to ensure patients have access. Therefore, we support . . .

The Chair: Ms Marchesin.

Ms Marchesin: Yeah. I just want to say one sentence.

The Chair: Okay. Go ahead.

Ms Marchesin: We support Bill 204, the repeal of the province of Alberta's Voluntary Blood Donations Act, and on behalf of Canadians I want to thank you for asking for our input and for this opportunity.

The Chair: Okay. Thank you very much for your presentation.

We'll now move on to 15 minutes' worth of questions and answers by committee members. We'll start with the Official Opposition.

Ms Pancholi: First of all, thank you, Ms Marchesin, for being here today and for your presentation and your very thoughtful comments. I appreciate that very much. I actually think we've had a very wonderful discussion in this committee. The presentations have been excellent. Thank you.

I just want to ask a question around some of your earlier comments. You mentioned that the position of your organization is that there should not be payment for blood – full blood, not just the plasma, should not be paid – and that you support the idea that for the collection of blood it should be voluntary and unpaid. I understand you've made a distinction, of course, between plasma, a blood component, versus blood as an entire product, so I appreciate that.

Part of my question, I suppose, is that if you look at Bill 204, it is a complete repeal, of course, of the Voluntary Blood Donations Act, so it would actually open up for the possibility of paid donations for blood, not just for plasma but for all blood. It sounds to me – would it be fair to say that? – you don't agree with that element of Bill 204, which would open up for paid donations for blood?

Ms Marchesin: I think that's fair to say. No one and no patient organization that I know of across the world would support that. We totally support the voluntary donation of the blood components that are talked about. Plasma for fractionation is a separate issue, and I think that's the crux of the discussion today.

Ms Pancholi: Thank you. I appreciate that because, I think, that's important for us as committee members to understand. Again, it comes back to a comment I made earlier with an earlier presenter, which is that as it stands before us, Bill 204 is the complete repeal of the Voluntary Blood Donations Act, and in this case I think you highlighted one important distinction that it does not address, which is that it would open up for paid donations for all blood, not just for plasma.

Then I would appreciate your comments about how opening up to paid plasma donation – and, again, it's a consistent theme, I think, we've raised throughout the presentation so far, that nothing in Bill 204 actually guarantees or provides any clear direction that paid plasma collected in Alberta would actually come back to Alberta, and as you mentioned, there are no fractionation services provided here in Canada. Could you comment on that, I mean, in the sense of: how do you think this bill actually guarantees an increase of plasma in Alberta?

Ms Marchesin: Well, I don't think either the bill or the repeal guarantees anything. The main consideration is that these plasma-derived products are a global supply issue. Canadians can contribute to that global supply. If we wish to have that remain in Canada, we, the NRBDO, certainly, would encourage the public providers of the fractionated product – that would be CBS and Héma-Québec – to enter into agreements with the collectors to have the product after it's fractionated be brought to Canada. That's currently what Canadian Blood Services does with the plasma that they collect for fractionation. They have a contract with a fractionator, and they bring the product back to Canada, so this could definitely be done. Whether it will or it won't be done is – I don't know what will happen, of course.

10:20

At the very least, I think it's an important consideration that we do contribute to the global supply of fractionated products because there are impending supply issues, certainly as more product is used, which is happening on an annual basis, not just within Canada but other countries. There is an overreliance on American paid donors, so I think, you know, there's definitely room for that Canadian plasma to come back to Canada. It's just if the agreements are made to make that happen.

The Chair: Thank you.

Mr. Horner, go ahead, please.

Mr. Horner: Thank you, Chair, and thank you very much for your presentation. I just want to say that it's nice. We've heard from people representing people and patients and organizations in B.C. and Ontario, and they've referenced the EU and the World Health Organization, so it's nice to hear someone that's representing Albertans in this regard. In that sense, as a patient representative of Albertans – I'm just curious – would you say that those Albertan patients would be in favour of more Albertans contributing to a global supply for plasma?

Ms Marchesin: Well, I don't know if I can specifically speak to the Albertans, but as a member of the NRBDO the member groups are national Canadian patient organizations, and we unanimously have this position. Whether our organization represents users of plasma-direct products or not, even the organizations that rely on the voluntary donation of blood products, like myself for red blood cells, the groups that are in our network unanimously agree on the opening up and the inclusion of the compensated model.

The Chair: Okay.

Follow-up, please.

Mr. Horner: Yes. Thank you, Miss.

Just a follow-up. In the previous question that was asked of you, it was differentiated, the difference between plasma and whole-blood donation. With 204, that's in front of us currently, it's a simple repeal of the act from 2017. Previous to that, it's my understanding that there were no paid whole-blood donations in Alberta or in any other province that had a compensation ban, so it would be unlikely that that would be a direction that we would see if this bill went through. I'm just curious: your thoughts?

Ms Marchesin: Yeah, absolutely. I don't see that happening at all. The other thing I would say is that Canadian Blood Services and Héma-Québec are very good and the Canadian donors that donate blood through them are very good at meeting our supply. You know, there is sometimes a call-out for donors if the supply is short, but in general I would say that the Canadian blood organizations do a good job, a very good job, of meeting the need for those fresh components that go to patients. So there's no incentive of any sort, I would think, for a paid model of blood, as in red blood cells and platelets and plasma, that go directly to patients. I just don't see that happening at all.

The other thing I would say is that we have a different safety situation. The products that go freshly to a patient have certain safety requirements, but the fractionated products are different. They go off to fractionation, they undergo processes that cannot be done to the fresh components, and therefore their safety is much clearer in that there is no differentiation between the compensated and noncompensated, which I cannot say about fresh components, right? I just don't believe that anyone would ever come into the market to provide fresh components when CBS and Héma-Québec are doing that perfectly fine.

The Chair: Okay. Thank you.

We'll go to the Official Opposition. Member Sigurdson, go ahead, please.

Ms Sigurdson: Thank you very much, Ms Marchesin, for your presentation. I certainly appreciate it. Just, you know, most of the jurisdictions in Canada do not have a paid system; they have a voluntary system. I'm just wondering: sort of any comments you have about that?

Ms Marchesin: Yeah. Other than Quebec, which has had legislation since the '70s regarding nonremunerated collection of blood products of any sort, no other province had any legislation in place banning the compensation of, say, plasma collection or anything else until there was a plasma collector ready to operate in Canada. So the plasma collection is, you know, regulated by Health Canada standards. Health Canada has approved it for the Canadian market, so then a collector comes into Canada and then, I believe, in a reactionary mode, a number of provinces set up legislation to ban the compensated model that was being essentially introduced to Canada although I will say that the company that's worked out of Winnipeg has been there for, like, 25 or 30 years compensating donors, and no one has had an issue with that.

Ms Sigurdson: So, as you said, there are jurisdictions – like, we know in B.C. and Ontario sort of it was a unanimous decision of their Legislatures to ban, you know, paying for plasma, and they have made that clear decision. I'm just wondering why you think that's not working, or what's the concern about that?

Ms Marchesin: Yes. Well, these bans have only been in place for a few years, as you know, and I believe they were in reaction to this new collector coming into the country. The problem is that what's happened is that we continue to rely on over 85 per cent of plasma needs for immunoglobulin from U.S. paid donors. So what these bans are doing is just keeping us at status quo, and status quo is getting, I dare say, worse and worse in that our needs are growing and our Canadian supply to that is not. So the bans aren't helping, and I would say that because this is a provincial jurisdiction, this is probably the first province of those few that do have bans where it's being challenged, and we may see something change in the future.

The Chair: Okay. Thank you.

We'll go to the government members' side. Mr. Nixon, go ahead, please.

Mr. Jeremy Nixon: For sure. Thank you for being here and for your presentation and passion on this issue. I truly believe this is about saving lives, and thank you for your role in that.

We heard a little bit from previous presenters about concern around safety, and I'm wondering if you can talk a little bit more about the safety of this product and the process that it has to go through and if that would change in regard to this bill.

Ms Marchesin: Okay. There is no safety issue, essentially. The two models that I discussed: one was the noncompensated donation of the fresh products. No one is discussing about any change there, and safety remains the same. With respect to the plasma that is collected for fractionation, as I mentioned, the industry has a perfect safety record for the last 25 years with regard to pathogen transmission. The process and the regulation is not established by a collector. It is established by other bodies that oversee the plasma fractionation and the use of those products, okay? So there is essentially no change in the fractionation processes or anything, whether we collect from voluntary or compensated donors. As was mentioned, currently, you know, over 85 per cent are coming from compensated donors anyway; they're just American compensated donors. So that has a perfect safety record. I don't believe that there is any concern around safety because these products are used worldwide, and they're coming almost entirely from compensated donors.

Mr. Jeremy Nixon: So then the claim . . .

The Chair: Go ahead. A follow-up?

Mr. Jeremy Nixon: Yeah. The previous presenter was concerned about folks crossing the border from Mexico to donate in the U.S. There would be no concern in that regard. One of her comments as well was about unforeseen viruses or illnesses that might present themselves in the future. Can you comment a bit on that?

Ms Marchesin: Sure. I don't really think I have a comment on the crossing of the border. I mean, that is up to a different – you know, we're taking that plasma product right now, and our patients are using that. There's nothing to indicate that the donor in the pool of plasma there came from Mexico or not. So I really don't feel that I can comment on that. Just repeat the second part, please, of your question.

10:30

Mr. Jeremy Nixon: Yeah. What did I just say? Sorry. The concern about . . .

Ms Marchesin: Oh, the pathogen.

Mr. Jeremy Nixon: Yes. There we go. Unforeseen.

Ms Marchesin: Right. Sure. There are concerns, of course, in the blood system but more so along the lines of the fresh components because they, essentially, can't be treated to inactivate any of these new pathogens. There is some processing that goes on when those fresh products are collected and passed on directly to a patient, but in fractionated products there is a much more thorough and rigorous process that inactivates the viruses and has been shown to inactivate, you know, what we would consider new viruses such as Zika and West Nile. These have shown up in our blood system, and they're inactivated by the process. And patients that use these products are continuously tested to ensure that there is no transmission.

So I don't see that there is any – there's concern because that's just the way it is with blood, but there's no additional concern than there would have been, say, 10 years ago because these viruses are being inactivated by the processing.

The Chair: All right, Ms Marchesin. Thank you very much. The time has expired for questions and answers from the committee and yourself. Thank you very much for your presentation, and thank you for making yourself available. Like all of our other guests, you certainly are welcome to stay on the line as long as you stay on mute. We certainly appreciate that.

We will next move on to Dr. Graham Sher, the CEO of Canadian Blood Services, who is in attendance. Sir, if you'd like to attend the table. Again, Dr. Graham Sher, CEO of Canadian Blood Services. You'll have approximately five minutes for your presentation, followed by up to 15 minutes' worth of questions from committee members. Thank you very much for being here, and the floor is yours, sir.

Thank you.

Canadian Blood Services

Dr. Sher: Thank you, Mr. Chair and members. Good morning. I'm pleased to be here as you consider the repeal of Alberta's Voluntary Blood Donations Act, and I value the opportunity to communicate

our concerns for this potential action and our thinking on commercial plasma collection in Canada, particularly during the COVID pandemic.

As the committee has noted, the blood and plasma system in Canada and the emergence of commercial plasma collections are complex issues with national and international context and ramifications. Globally there is a shortage of plasma used to make special plasma-derived therapies. It existed pre-COVID, and it's exacerbated by the impacts of the pandemic. All countries, in both the public and the commercial sectors, need to collect more plasma. The issue at hand is how we best ensure the domestic security of supply in light of this growing shortage, and we do not believe that the repeal of the Voluntary Blood Donations Act addresses domestic security of supply. Recognizing the complexity of the issue, I will explain why and how we need to address this and best protect supply for Canadian patients.

Firstly, the majority of the commercial plasma collection industry is vertically integrated with the fractionation industry; in other words, the raw plasma from these for-profit entities is directed to their own manufacturing sites, where it is fractionated into plasma-derived therapies. These drugs are then sold on the international market. CBS buys many of these finished drugs through public procurement processes.

Secondly, there are a limited number of collection firms that are not vertically integrated with fractionation entities. One such operates in Saskatoon and Moncton. Commercial plasma collectors, whether vertically integrated with fractionators or selling the plasma to them, do not serve domestic markets. They serve global plasma therapies' markets, from which we and others procure finished goods. CBS, on the other hand, has a clear mandate from government, supported by long-established ministerial principles to ensure security of supply for patients in Canada.

So how do we do that? Our approach is based on diversification, risk mitigation, and cost efficiency, and recognizes and enables roles for both the public and the commercial sector. The first component of our approach is our plasma collection business. We collect plasma from nonremunerated donors, and we have it manufactured into specific therapies licensed for exclusive use in Canada. Let me emphasize: we do not sell our plasma. We have it contract-manufactured into finished drugs for use exclusively by Canadians.

Secondly, as part of our risk-diversification strategy, we purchase finished plasma therapies and distribute them to hospitals across the country. Having plasma therapies sourced from both the nonremunerated and the paid plasma sectors is not contradictory, and it is certainly not hypocritical. It is prudent risk diversification.

I hope this clarifies that CBS is not against the commercial plasma industry. We, like others, recognize that patients in Canada and globally rely on the commercial industry for needed medications. We all agree that we need to collect more plasma in Canada to enhance domestic security of supply. CBS has a sound plan to do so. We are opening three dedicated plasma-collection centres in the coming months, including one in Lethbridge. These centres are the beginning of a needed program to substantially grow domestic security of supply. We are confident in our operating model and have committed to our funding governments, including Alberta, that we will collect a litre of plasma at a price that is proximate to the large-scale commercial market.

The appearance of commercial, for-profit plasma collection in Canada has created much debate and divide over the last few years. Indeed, it is a new dynamic and a potential paradigm shift for the country. It is appropriate, then, to assess what this could mean for the national blood and plasma systems and examine the potential impacts and implications for security of supply of both blood and blood products. CBS has been calling for a discussion with health ministers so that we can collectively reach a consensus on the risks and how best to mitigate them. Large-scale commercial expansion of plasma collection without adequate controls is a major concern for the integrity of the publicly mandated system and the patients it serves. We have consistently maintained that it is not our role to tell governments how to legislate. It is our role, however, to provide advice – I'll be one second, Mr. Chair.

The Chair: Yeah. Finish your thought.

Dr. Sher: It is our role to provide advice, as the national blood authority, on the impacts of changes to legislation. In this context, then, we are not neutral on the repeal of the Voluntary Blood Donations Act. Without the dialogue and the resolution we've been calling for, I cannot definitively say that repealing this legislation will not harm the voluntary collection system that governments have invested in for decades. I can say, however, that commercial plasma collection without controls will not address domestic security of supply.

Thank you for your time, and I apologize for going over.

The Chair: It's all good. Thank you very much, Doctor. I appreciate the presentation.

We'll now go to the Official Opposition, and I see Member Hoffman. Go ahead.

Ms Hoffman: Thank you very much, Dr. Sher. I'm going to try to keep my questions very brief in an attempt to hit as many topics as possible. But first, can you talk about Alberta donations as a percentage of the overall Canadian donation system? We're about 10 per cent of Canada's population. How are we doing in terms of the donor population?

Dr. Sher: Alberta is actually a larger contributor to the national pool of blood donations in its population. Our largest blood-collection centre in the country is here in Edmonton. We have a very large one in Calgary. We're opening a plasma centre in Lethbridge. We have a blood centre in Red Deer. We also have the second-largest manufacturing and testing facility in the country. It just opened up in Calgary, one of the largest and most modern blood-manufacturing facilities in the world. Alberta is a tremendous contributor to the voluntary blood system in this country and always has been.

Ms Hoffman: Thank you very much.

For my supplementary, I'm hoping you can talk a little bit about the expansion in Lethbridge. Can you tell us, basically, how much money has been invested in that initiative, how many jobs you expect it to create, and generally how many jobs there are in Alberta given that it's such a large donor base?

Dr. Sher: Well, cumulatively CBS has over 600 employees in the province of Alberta.

In Lethbridge what we are opening up is one of three stand-alone dedicated plasma-collection centres. The other two are in Sudbury, Ontario, which is actually opening in about two weeks. Lethbridge is opening in December, and then we're opening our third one in Kelowna, British Columbia, in March of next year. The purpose of these centres, Member Hoffman, is to exclusively collect plasma – they will not be collecting any blood – and that plasma will be exclusively sent to our fractionation partners and made into drugs returned to us for Canadian patients.

10:40

These three centres are the first of many that we need to expand in this country, and it's been our commitment to governments that

we will demonstrate through these proof-of-concept collection centres that we can generate plasma collection in a way that is equally efficient and essentially price-proximate to the large-scale commercial market. Each centre, including Lethbridge, will be generating about 20,000 litres of plasma per year. We will be employing about 12 to 15 staff members, a variety of nurses and collection staff and logisticians, which is really what you require to run a plasma-collection centre. All of the plasma collected from those sites and our other sites across the country go then to our commercial manufacturing partners, of which we have two.

The Chair: Thank you.
Mr. Yao, go ahead.

Mr. Yao: Thank you so much, and thank you for being here, sir. International companies are being disparaged heavily by all the folks that are against me repealing this bill. They refer to them as international blood brokers. They talk about exporting overseas. They talk about Mexican blood. BloodWatch mentioned that I have a specific objective of selling our Canadian products to China. I won't get into the underlying tone there, which I find disgusting.

The Chair: Mr. Yao, if you have a specific question for the guest, I'd appreciate that.

Mr. Yao: CBS, can you explain how Canadian Blood Services – do you guys deal with any of these international companies? Can you explain to us the international market around who's producing these medications, if there's any other use other than making the medications for a lot of these issues? I was wondering if you can also mention anything about the other – the opposition and some of the stakeholders mention lower rates among compensated volunteers are in effect in Saskatchewan, Manitoba, and New Brunswick. Can you clarify that, that that is a true statement that they're saying?

Dr. Sher: Thank you, Member Yao. A couple of quick responses. Firstly, Canadian Blood Services has never said anything disparaging about any international companies. We partner extensively with them, as I mentioned. The plasma that we collect we send to two of these large-scale commercial fractionators under contract. They take out plasma in a dedicated line. They fractionate it and return the finished goods to us for exclusive distribution to Canadian hospitals. We have been in multiyear relationships with those countries, and then we also purchase on the international market from these and other commercial manufacturers the additional products needed for patients in this country. As I've said, the patients – and you've heard this from many of the patient groups around the world – rely on a combination of plasma collected both from the voluntary sector and the commercial sector and the manufacture of these drugs by the commercial sector.

In terms of your question around the effects in Saskatchewan and New Brunswick when Canadian Plasma Resources opened there, we have commented on this multiple times in the past. When they first opened in Saskatoon, we did notice a drop in our collections, particularly in the 17 to 24 age demographic. We were able to rebalance that, and to date we do not see much of an impact there.

I have to point out that this is an exceedingly small plasma operation, and we've always consistently said that we are not concerned about one or two small plasma collectors. It is the rapid expansion of the very large-scale commercial plasma industry that absolutely does have the potential to encroach on the voluntary blood sector. In fact, the two largest blood centres in the United States, the American Red Cross and Vitalant, their chief executives express grave concerns about the rapid expansion of the commercial plasma sector and the impact on their collections as blood operators, and we'd be happy to put the committee members in touch with those blood executives.

The Chair: A brief follow-up?

Mr. Yao: Thank you so much. You know, there's an underlying tone that we ultimately wish to be self-sufficient here in Canada, to create our own supply, to create these medications here. I think everyone agrees on that. It's just the objective of how we get there, whether we allow other companies to do it. But there are some companies in Canada that are collecting plasma. Does Canadian Blood Services purchase this product from these groups, knowing that it is ethically accessed compared to, say, Mexican blood? That was mentioned earlier by BloodWatch. I mean, what are the concerns here, in your opinion, on how we can be self-sufficient?

And then to Canadian Blood Services: over 10 years ago you had an objective of being self-sufficient in plasma collection. What were the end results of that? Where are we at today? Do you feel, recognizing that we've had the status quo for over two decades, that perhaps we need to reconsider some alternative solutions in order to ensure that Canada is self-sufficient?

Dr. Sher: There are a fair number of questions in there, Member Yao. I'll be brief. Let me clarify on the purchase point. We do not purchase plasma from anyone. We don't buy Mexican blood. We don't buy plasma from the large-scale commercial plasma collectors in the United States. We buy the finished drugs that they manufacture. We send our plasma for manufacture, and we buy additional drugs manufactured on the commercial market. We don't buy raw material plasma. So, no, we have not bought the plasma from that entity in Canada that you referred to. I also will repeat myself. They have exquisitely small volumes that have essentially no meaningful impact on the domestic sufficiency.

In terms of the sufficiency number, you are correct. This has been a long journey in Canada. Going back 20 or more years, there was the ideal that Canada should be self-sufficient in plasma for the purposes of making these specialized drugs. Back in 2009 we actually worked with patient groups, clinicians, governments, many other stakeholders, and we determined that at that time the best sufficiency level was around 40 per cent. You wanted to have about 40 per cent of your immunoglobulin made from our plasma and about 60 per cent of it purchased on the global market. That number has shifted as we've diversified our risks in different ways by bringing second fractionators onboard and other risk-diversification strategies. And in the last few years we've been working with the provincial and territorial governments to expand our plasma collection network.

It's taken a long time to get the approvals, but now that we're under way, we're very confident we will reverse the decline in sufficiency and begin to see significant uptakes in domestic sufficiency, which is really our mandate and our objective, to meet the needs for Canadian patients.

The Chair: Thank you.
Member Hoffman.

Ms Hoffman: Thank you very much. I appreciate that. The security of our domestic supply and the stability of it I think has been highlighted, particularly during the current pandemic. I'm wondering if you can speak about impacts to the volume of voluntary donations, what you anticipate they would be with regard to your goal of hitting 50 per cent domestic donations for voluntary plasma here in Canada.

Dr. Sher: Member Hoffman, if I understand the question, one of the cardinal features of Canadian Blood Services being able to control both the blood collection and the plasma collection is that we can mitigate the risks of any potential expansion in one part of the collection environment and the other. For example, when we're opening up our plasma centres in Sudbury, Lethbridge, and Kelowna, we are doing that in a very considered way that will have no impact on our collection of blood in those regions. We control a fully integrated supply chain, and we can develop donor bases to serve both the plasma and the blood collections, and we can make sure that we don't essentially rob Peter to pay Paul. An unbridled commercial collector that doesn't have that focus on the blood sector will and almost certainly can have a negative impact on blood collections, as we've seen in places such as the United States and Hungary and elsewhere.

That's the concern we have about this repeal of the act. It doesn't focus on the issue of retaining domestic security of supply, which is essentially the mandate of our organization. It's not that we're against the commercial sector, and it's most certainly not that we're against the notion of paid or unpaid donors. That's not what this is about. This is about who can control and what the conditions are that need to exist and if there is expansion of plasma collection in this country, that it happens in a way that mitigates any impact on the voluntary nonremunerated blood sector.

The Chair: A follow-up, please.

Ms Hoffman: Yeah. Just to be crystal clear – I just want to understand – it's your opinion that if this bill were to pass, it would threaten the security of the domestic supply chain here in Canada.

Dr. Sher: As I've said in my closing remarks, I cannot say with certainty that if this bill passes and the legislation is repealed and there is rapid expansion of the large-scale commercial plasma-collection industry, it won't have a negative impact on the blood sector. I am concerned about this. My colleagues in the United States are seeing that impact and expressing grave concern. I think it's something we would need to be highly vigilant of without adequate controls and guiding mechanisms to prevent that from happening.

The Chair: Mr. Sigurdson, go ahead, please.

Mr. Sigurdson: Sorry. Thank you, Doctor, for spending the time today to come and provide us a little bit more information on this. One thing I want to touch on, because you mentioned what I think was a powerful statement, that the blend of both voluntary and nonvoluntary is prudent risk mitigation. I guess I just want to ask a question when it comes to that, this little bit of the supply chain. Why does CBS purchase U.S. plasma but doesn't purchase Canadian plasma from Canadian companies such as Canadian Plasma Resources?

10:50

Dr. Sher: Thank you, Member Sigurdson. Your question is an important clarification, so if I didn't say it clearly enough, I'll say it again. As you will in fact hear from Dr. Jaworski in a minute, the assertion has been made that it's hypocritical on our part to purchase finished plasma drugs from the commercial sector, which pays its donor, yet for us not to pay our donors. That's what I said is neither hypocritical nor contradictory; it's prudent risk management.

We don't buy plasma from anyone. We buy finished product from the commercial market, plasma that has been made into these specialized drugs, or we take our plasma and have it made into specialized drugs. What we're doing for Canada in that way is essentially providing a balanced security of supply to our supply chain, so should there be a disruption in the commercial manufacturing sector or should there be a disruption in Canadian plasma collection and contract manufacturing, we have diversified our risk strategy. That's what I'm saying, and I'm saying that because the assertion has been made that we're against the commercial sector. We're not at all, as you've heard from all of the patient groups. We completely agree with them. Without the large-scale plasma-collection industry globally, there wouldn't be enough products around the world for patients.

What we're seeking to do is to protect the domestic security of supply, which currently is only around 14 per cent and, we believe, needs to be closer to 50 per cent. That is achieved by the public sector collecting more plasma in this country and then having that plasma manufactured into these specialized drugs as opposed to outsourcing the collections to the commercial industry that would essentially then deliver those products to the global market. It's not an unlaudable thing, what they're doing globally. But it doesn't protect Canadian patients, and it doesn't serve the domestic security of supply.

The Chair: A follow-up, please.

Mr. Sigurdson: Thank you, Chair. I guess that's really what I'm trying to hit on right now because a previous member had stated that CBS has the ability to bring the product back. You've established that you can through your voluntary. I guess when you're talking about that diversification, which provides that security, and we're looking at only supplying 13.5 per cent of what we have right now and we are importing a lot from paid donations, my question really underlies the fact that increasing collection in Alberta here would potentially allow CBS the opportunity to contract with Canadian companies further in order to build that diversification and secure a better domestic supply. With the voluntary increase right now, it seems like we're not going to get to where we need quick enough. Is there a potential that you can enter into contracts with Canadian companies to be able to keep a diverse system here with those private companies and guarantee that they bring it back?

Dr. Sher: Exactly, Member Sigurdson. That's why we have been urging governments to hit the pause button. We're concerned that rushing this repeal through doesn't allow for precisely that conversation that you're identifying there. If there is going to be commercial collection in this country, what are the ground rules and the mechanisms that need to exist to prevent, one, that from harming the blood system and, two, seeing that plasma leave the country? None of that is addressed in Bill 204, and that is part of our concern.

The Chair: Okay. Thank you very much. Doctor, thank you very much for your presentation. I very much appreciate it.

Thank you to the members for asking questions to Dr. Sher. We will now go to our final guest. We'll take a five-minute break afterwards. We'll go to Dr. Peter Jaworski, Georgetown University. He is joining us via Skype.

Doctor, you'll have five minutes for your presentation, followed by 15 minutes' worth of questions from our committee members. Doctor, thank you very much for joining us, and the floor is yours.

Peter Jaworski

Dr. Jaworski: Good morning. Thank you for inviting me to appear before the committee. In 2013, before Ontario passed the Voluntary

Blood Donations Act, Dr. Graham Sher, the CEO of CBS, who you just saw, explained in an opinion piece for the *Toronto Star*: "A prohibition on paying donors for plasma for commercial fractionation use would deny patients access to these products, both here in Canada and around the globe. When lives are at risk, that's simply not an option."

If the two commercial plasma collectors in Canada had carried out their plans to open additional plasma centres, we would right now have been nearly 50 per cent self-sufficient in plasma for immunoglobulin last year. Instead, the Voluntary Blood Donations Act made those plans impossible, and we are merely 13.5 per cent self-sufficient. The novel coronavirus has depressed plasma donations in the United States by 15 to 20 per cent. As a result, Canadian Blood Services is preparing for a shortage of plasma therapies at the end of this year or early next year. If Canadian patients have to endure a shortage, the Voluntary Blood Donations Act will be significantly to blame.

Plasma therapies made with compensated plasma are just as safe and effective as those made with noncompensated plasma. Compensated plasma collections also have no impact on blood collections. My Georgetown University colleague professor William English and I have been collecting and analyzing data from Canada and the United States over the past two years to evaluate the impact of compensated plasma collections on blood collections both in the short run as well as the long run. We have found that compensated plasma collections in Winnipeg, Saskatoon, and Moncton did not have a negative impact on blood collections. Instead, the introduction of compensated plasma collections were associated with an additional eight to 10 blood donations for every 100 plasma donations. We also found no evidence that compensated plasma collections had a negative effect on blood donations during the same time period in the United States, and we found the same when we looked at long-term parallel operations of compensated plasma collections and blood collections in 22 cities in the United States.

The first of our two papers is now publicly available on SSRN. I invite the members of the committee to take a closer look at that paper. Our findings, by the way, are consistent with the experience of the Czech Republic as well as Germany. The Health Canada expert panel final report also concluded the same. The U.S., with only 5 per cent of the world's population, provides more than 70 per cent of all the plasma used to make plasma therapies for the whole world. If you add plasma obtained from Germany, Austria, Hungary, and Chechnya, the other countries where compensation is offered, compensated plasma accounts for 89 per cent of all the world's plasma for plasma therapies.

Canadian Blood Services has issued warnings about this situation. In 2018, for example, their annual report said: "We rely too heavily on a foreign supply of plasma to meet the [immunoglobulin] needs of patients in Canada. This degree of reliance is not only unsustainable, it puts patients at risk." Let me emphasize this. There is no country in the world that manages to collect all the plasma needed for plasma therapies using noncompensated plasma collections. Every country in the world that uses plasma therapies depends on compensated plasma collections.

In passing the Voluntary Blood Donations Act, the government of Alberta has chosen to pay Americans for their plasma rather than pay Albertans for theirs. This fact makes many of the purported moral objections to compensated plasma collections incoherent. For example, if compensation for plasma is exploitative, as some have suggested, then Canada currently exploits American plasma donors. Compensated plasma collections in Canada are not now and would not be exploitative. Canadian donors receive approximately 20 to 30 per cent of the total revenue from a litre of plasma while the company receives zero to 5 per cent in profit. Not only is that not exploitative; it is a generous deal. It is an even better deal for taxpayers.

The Health Canada expert panel explained that noncompensated plasma collections are two to four times more expensive than paid plasma collections. The CBS plan for 40 plasma centres will result in a price of about $400 to $412 per litre collected. Most recently, in 2019, Canadian Plasma Resources made their third offer to CBS at $220 per litre. CBS has explained that Canadian Plasma Resources does not collect enough plasma for it to be worth their while to place them under contract. If Alberta were to repeal the prohibition on compensating Albertans for plasma, that would change quickly.

To summarize, plasma therapies made with compensated plasma are just as safe and as equally effective as therapies made with noncompensated plasma. It is half the price. It is not and would not be exploitative in Canada. Compensated plasma collections have not negatively affected blood collections. Alberta can either repeal the Voluntary Blood Donations Act and permit compensating Albertans for plasma, benefiting Canadian donors and patients, or Alberta will forever pay Americans for their plasma, imposing higher costs and insecurity in the supply of these life-saving medicines.

Thank you.

The Chair: Thank you, Doctor, and thank you for your presentation.

We will now continue with 15 minutes of questions from the members. We'll begin with the Official Opposition, and I see Member Hoffman. Go ahead, please.

Ms Hoffman: Thank you very much, Mr. Chair and Dr. Jaworski. As a professor in the United States I think you're our only international person here today, and I'm wondering what your interest is in paid donations in Alberta and why you want to bring this style of collection into Canadian products.

Dr. Jaworski: Yeah. Thank you very much. I am a Canadian. I have been since 1987, after I immigrated from Poland. I am a Canadian, and that is my interest. I happen to be working at a university in the United States, but I am a Canadian.

Thank you.

11:00

The Chair: A follow-up?

Ms Hoffman: Yeah. Thank you very much. Do you, then, think that privatized health care in general will make it more efficient? Why are these corporate, for-profit methods what you're choosing to advocate for in the Canadian health care system, something that I think many of us are quite proud of?

Dr. Jaworski: No. I do not want to change the public health care system in Canada. I think it is significantly superior to the system here in the United States. I wish something similar to Canada's system was imported here. I would feel much better.

The reason why I support a commercial, for-profit plasma collection model – and it doesn't even matter to me whether it's commercial and for-profit. What matters is whether or not we compensate donors. I have urged Canadian Blood Services to also adopt that same model. The reason why is because it works, right? The compensated model is what supplies nearly 90 per cent of the entire world's plasma supply. We should adopt it in Canada.

The Chair: Okay. Thank you very much.

Ms Glasgo.

Ms Glasgo: Hi, Dr. Jaworski. Thank you for being with us today. I appreciate your background. I see here that you're an ethicist.

Dr. Jaworski: Yes.

Ms Glasgo: I think a lot of the conversation that we've had at this committee has been largely around the ethicality of these blood donations – I don't even know if that's actually a word, but I guess you can tell me; you probably know – or of these plasma donations and everything else that goes along with that. I'm just curious as to what your perspective is on how ethical it is to pay or compensate someone for a plasma donation and if unpaid plasma donation, so a voluntary plasma donation, and compensated plasma donation could exist in the same space.

Dr. Jaworski: As I said in my presentation – and, again, I tried to send a copy of the paper to the committee. I missed the time period, but I will be happy to e-mail each member of the committee a copy of the paper that shows that compensated plasma collections have not had a negative impact on blood donations, not in Canada, not in the United States, not in the Czech Republic, not in Germany either. I am currently trying to get more data from the Czech Republic. I'm also trying to get data from Hungary as well as Austria. I will try to complete this research project in time.

With respect to the ethics of this issue I don't think that paying donors of plasma is in any way unethical. Everybody that works at Canadian Blood Services, for example, is paid. The CEO of Canadian Blood Services receives payment. There are phlebotomists that work at CBS; they receive payment. The people that represent the employees at Canadian Blood Services receive a salary, too, right? The only person that is not paid is the donor whose plasma it is. That seems bizarre. It seems bizarre that it would represent, for example, commodification, given that, like, everybody is paid for working at that centre and then the only person that isn't is the donor.

With respect to exploitation to the extent that there is a concern about exploitation in the United States – and I do worry about migrant donors that cross from Mexico into Canada. I think we have a real discussion to be had there. But to the extent that it is a concern, that gives us more reason, not less reason, to adopt a compensated model in Canada – right? – because currently what we are doing is that we are complicit in paying for plasma that comes from those places. Canada, as I said near the beginning, has a superior health care system, has a better social insurance system, so I see no reason why paying people for plasma in Canada would be exploitative.

The Chair: A brief follow-up, please.

Ms Glasgo: Yeah. My follow-up to that would be – I'm sure you've been keyed in for the rest of this conversation, but somebody from BloodWatch made an argument that migrant people from Mexico would have tainted or less safe blood, which I find to be appalling for a certain number of reasons, and also that for some reason it is okay to import American blood or blood products or plasma but not Mexican or any otherwise. I was wondering if you could elaborate more on this supply need and this need for domestic supply and how important it is for a global supply that Canada ups our game and is able to supply some more of that blood product that is held to the highest and tested at a high standard and so on and so forth.

Dr. Jaworski: Yeah. Thank you. With respect to safety you just had Dr. Sher present to you and explain that the plasma therapies made with compensated plasma are just as safe as the plasma therapies made with noncompensated plasma. In fact, CBS and Health Canada and the national blood operators around the world have the same position. They don't say that it is, you know, similar in safety. They say that it is just as safe as and equally as safe as. This is because of the various procedures that you can put this kind of plasma to that you cannot do with blood that is used for transfusions or plasma that is used for transfusions.

With respect to the global supply we have a significant difficulty. Around the world demand for these plasma therapies is increasing at approximately 6 to 10 per cent per year. The proportion that I mentioned – 89 per cent comes from compensated plasma – is increasing, and it will continue to increase. According to Sanquin, the national blood operator in the Netherlands, Europe is currently 40 per cent dependent on American remunerated plasma, but over the next five years that number is liable to increase to 90 per cent. We are seeing more and more dependence on the United States.

As far as Canada is concerned, Canada is the second-highest user per capita of immunoglobulin. We are a significant drain on that global supply. Not only should we be attempting to be self-sufficient, 100 per cent self-sufficient, we should be looking to contribute to that global supply. We should be more than 100 per cent self-sufficient. We should be collecting 200 to 300 per cent of the plasma that we need for our plasma therapies.

The Chair: Thank you, Doctor.

Member Hoffman, go ahead.

Ms Hoffman: Thanks so much. I appreciate that your focus is on plasma. Some of our prior presenters talked about the relationship between plasma and whole blood and that when you have a vertical integration system, you can ensure that you are able to move donors around to ensure that the complexity of the blood products needed is met. I'm wondering if you can comment on that, because I understand that your focus is plasma, but I, of course, have interest in all blood products that Canadians need.

Dr. Jaworski: Yeah. Absolutely, Member Hoffman. I am pleased to talk about this. As I said in my opening presentation, I have conducted now a series of studies on the impact of compensated plasma on unpaid blood donations. I have found in Canada in the three cities – Moncton, Saskatoon, and Winnipeg – that have a compensated plasma system – by the way, if I may, one of the earlier presenters said that something else is going on in Winnipeg. That's not true. Prometic Plasma Resources collects all plasma, not just specialty plasma, and has done so since June 2016. It has had no impact on blood donations. In fact, there was a slight increase in blood donations from the introduction of those compensated plasma opportunities, right? I was stunned by those findings.

My colleague Bill English and I actually spoke with Vitalant and America's Blood Centers and received data from them and replicated the study in the United States and found the same effect. Namely, it has no impact on unpaid blood donations. There is also a positive effect there that is significantly smaller. It's associated with eight to 16 additional blood donations for every additional 1,000 plasma donations, which is different in Canada. In Canada it's eight to 10 additional blood donations for every additional 100 plasma donations. So what we find is not a rival system, but instead we find a complementary relationship. Trying to figure out why there is that complementary relationship is a bit complicated.

I should also note that our demand for blood is decreasing year to year, so the amount of blood that we need for purposes of transfusion has decreased over the past five years, and it continues to decrease. What we need is plasma.

The Chair: Thank you, Doctor.

Member, a follow-up?

Ms Hoffman: Yeah. I'll just say that one of the things I like about having an integrated system, though, is that you can move people from whole blood to plasma once they are part of the Canadian Blood Services experience.

In terms of Australia, France, and Italy I understand that they have reached their plasma goals without compensation, and I'm just wondering if our presenter can talk about his familiarity with Canadian Plasma Resources and where that Canadian plasma is going.

Dr. Jaworski: Yes, I'd be happy to. None of the countries that you mentioned is self-sufficient in plasma for plasma therapies. They all import plasma therapies made with American compensated plasma . . . [interjection] Excuse me. Kat Lanteigne, I can hear you. Could you please mute your microphone?

The Chair: Please make sure you mute your microphones. Thank you.

Dr. Jaworski: Australia, France, and Italy: none of them are self-sufficient in plasma therapies. They all purchase products made with American compensated plasma. Australia is actually, really an interesting case since they went from 60 per cent self-sufficiency in 2015, and now they are at 48 per cent self-sufficiency as of their latest annual report in 2018. It's actually New Zealand that was the only country in the world that was fully self-sufficient in plasma therapies without compensating donors, and that was back in 2014. They started importing plasma therapies made with compensated plasma in 2015, and at this point they are reliant on compensated plasma from the United States for more than a tenth of their needs.

11:10

You mentioned France and Italy, and I said that they are not self-sufficient. I wanted to just mention the fact that in Italy you receive a paid day off work to donate either blood or plasma. Italy and France also have significantly lower levels of plasma donation as compared with the four countries that pay, namely Germany, Austria, Hungary, and Chechnya.

Thank you.

The Chair: Okay. Thank you.

Mr. Neudorf, go ahead, please.

Mr. Neudorf: Thank you, Mr. Chair, and thank you, Doctor, for your presentation today. I have a couple of questions. One is: can you just more fully explain the international global market that we face for plasma and the relationship if that global supply continues to lag the demand for these products, what Canada and particularly Alberta will be facing in terms of the cost to compete in that marketplace?

Dr. Jaworski: At the moment the United States has gone from 299 plasma centres back in 2006 up to 601 plasma centres in 2016. The latest number that I have is that they have 860 plasma centres now, and that's growing rapidly. To this point the United States has been able to keep up with demand. However, as I said, the novel coronavirus has decreased plasma donations by 15 to 20 per cent, which is a significant problem. To this point the United States has managed to deal with the demand. However, if we increase supply of plasma in order to manufacture plasma therapies, if Canada were to contribute, if other countries – like, the Netherlands is considering moving to a compensated model, for example. If they did that, then we would see an increase in the available amount of plasma, which I would expect to see result in a lower price for the finished product. I do think we need to contribute.

I wanted to add one more thing because Member Hoffman asked me what I knew about Canadian Plasma Resources. Would I be able to answer that? I don't think I answered that.

The Chair: Yes, sir, you can answer that.

Dr. Jaworski: Yeah. Thank you. I wanted to say, first, that Prometic Plasma Resources does supply Canadian Blood Services. Canadian Plasma Resources was only Health Canada-certified when they first opened, meaning that they could only sell their plasma within Canada. It is only when Canadian Blood Services rejected their offer of all of their plasma in 2016 at $166 per litre, which was 20 per cent less than the price in the United States, that Canadian Plasma Resources sought to get European Medicines Agency approval, which means that they are allowed to sell their plasma within the European market.

I know that some of the other people have mentioned China and the United States, but Canadian Plasma Resources does not have American FDA approval. Not yet. They're in the process of doing that. Both China and the United States require FDA approval in order to be able to sell products into those countries.

Canadian Plasma Resources has made two subsequent offers to Canadian Blood Services. In 2018 they offered all of their plasma at $195 a litre for a term of seven years and then most recently in 2019, $220 per litre for a term of 20 years.

Dr. Sher and others have raised the issue of, like: who knows what will happen at the end of the contract? In order to deal with this worry, with this concern, Canadian Plasma Resources is offering an unprecedented 20-year contract term that would guarantee – and they're offering 600,000 litres, meaning that Canada could be 100 per cent self-sufficient by 2025 if we have the 40 CBS centres collecting 60,000 litres of plasma. Yes.

The Chair: Thank you, sir. I know, Dr. Jaworski, that you answered a question that was pertaining to another member, so I will allow, Mr. Neudorf, if you could just ask a very brief follow-up question, and then we'll conclude with Dr. Jaworski.

Mr. Neudorf: Thank you, Mr. Chair. I just wanted to ask: under the current model, if we don't see any changes, what is the likelihood that Canada will be able to reach that self-sufficiency level within the next few years, which you've already alluded to somewhat?

Dr. Jaworski: Without permitting compensated plasma collections, the answer to your question is: there is a zero per cent chance that we will be completely self-sufficient by 2024 or 2025. The CBS plan is attempting to reach 50 per cent self-sufficiency in plasma for immunoglobulin by 2024 or 2025, but quite likely it will be 2026 given the current situation. That leaves 50 per cent that we will be reliant on, essentially, American compensated plasma, right? We will continue to be and, as I said before, we will forever be dependent on plasma therapies made with American compensated plasma unless we adopt a model where we permit compensation for Albertan and Ontarian, basically Canadian, plasma donors.

The Chair: Okay. Thank you, Doctor. Thank you very much for your presentation, and thank you for answering questions from committee members.

Hon. members, we're going to take a five-minute break at this time, before we go back to deliberations again.

To any of our guests online: you're welcome to listen in on the deliberations, just provided that you stay on mute.

At this time we'll take a five-minute break and return for deliberations. Thank you.

[The committee adjourned from 11:16 a.m. to 11:21 a.m.]

The Chair: All right. Thank you very much and welcome back, everyone.

The committee will now begin its deliberations on Bill 204. At this time the committee must consider its observations, opinions, or recommendations with respect to Bill 204, including whether or not the bill should proceed.

The committee's process allows for up to 60 minutes of deliberations on the bill, although members may extend this time limit if there is a consensus that additional time is necessary. I would note that this meeting is scheduled to end at noon, so if the committee is unable to finish its deliberations by then, the committee may continue its deliberations at a subsequent meeting, although with the consensus of the committee we could continue past noon if necessary.

I'll now open up the floor to discussion on the committee's recommendations on Bill 204. Mr. Schow.

Mr. Schow: Thank you, Mr. Chair. Again I would like to say how much I appreciate all the presenters coming in today. I think we've had a really fulsome discussion about this important issue at hand. For me, it comes down to a very simple fact of: do we have the supply we need to give medicine to people who are sick? I have friends and family who are immunodeficient, and it is a concern for me always, making sure that they're taken care of.

I'm in a unique position as a legislator in the province of Alberta to be part of that solution. It's not a position that I take lightly, and it's one that after listening to all the deliberation today I've come to the conclusion, I think, that this is a good bill. As we discuss whether or not the bill should proceed to the Chamber, I think it should for a number of reasons, the first of which was brought to us by Mr. Brandell, who talked about Alberta's COVID response. Now, this isn't a discussion about COVID so much as about Alberta's preparedness for that pandemic, and I think that we did an excellent job being prepared for it and seeing foreseen demand, so we looked into procuring things like PPE and ventilators in advance, so we were able to share with others.

I do think that Alberta could be a contributor to the global supply. I also think that we are talking here specifically about plasma; we're not talking about blood. Our final presenter, Dr. Jaworski, had mentioned that over the COVID pandemic the supply of plasma has gone down by 15 to 20 per cent. Now, that is a concern for me primarily because of the words from Ms Goulstone, who said that it is an 18-month turnaround period from vein to vein. This isn't something where we can just flip a switch and say: we're short on plasma, and we can get that to those who need it most. We have to be foreseeing the demand in advance, and we have to find a way to supplement that supply.

I do believe that this is a good bill. I believe that this addresses the concerns we have with supply and becoming self-sufficient and also becoming global contributors to that.

I have concerns about comments that have been raised by the members of the NDP suggesting that we were looking at adopting American-style health care. I don't think you can have it both ways, where you condemn American-style health care, that supplies our country with so much plasma. I do enjoy our health care system that we have right here in Canada, and I endorse that wholeheartedly, but I also think that the way things are currently going, we're not on our trajectory to meet our goals of supplying us with the plasma we need, and therefore, we need to look at alternative measures to obtain that supply.

In conclusion, I think that this is a good bill. I think it should proceed to the Chamber, and I encourage all my colleagues on both sides of the aisle at this committee to do the same.

The Chair: Ms Sigurdson, go ahead, please.

Ms Sigurdson: Well, thank you very much, Mr. Chair. Certainly, I think that we can all agree on what the most important issue is, that we want to increase plasma collection in Canada so we can be more self-sufficient. Working with Canadian Blood Services is the best way to guarantee that plasma is collected for Albertans and Canadians. We know that Canadian Blood Services is expanding collection sites across the country – in Lethbridge they could be opening one in the fall, Kelowna, and Sudbury – and that's creating a greater donor base, so there's some specific, focused work to create that. We know that private blood plasma brokers don't help Canada's supply chain. They deplete it by taking qualified donors out of the public system. One hundred per cent of the private collection of plasma is exported and does not increase supply here in Canada. We heard that very clearly today.

Certainly, the role of the federal government is to support a national conversation on how we move forward on this, and I'm just concerned about letting private industry intervene without really having principles, values followed that we direct as Canadians. Canadian Blood Services' mandate is to ensure the public good, ensuring the domestic security of supply through, as we heard, risk diversification, cost efficiency, exclusive use in Canada. CBS should be, you know, the lead on this throughout our country, and certainly we support that to make them even stronger in being able to do that.

In conclusion, Mr. Chair, Bill 204 will not increase supply of plasma for Canadians. In both B.C. and Ontario the Legislatures unanimously passed bills ensuring voluntary donations, so it was not a partisan issue. It was a Canadian issue, wanting to make sure that Canadians had access to increased supply of plasma. Canadian Blood Services is dedicated to ensuring the domestic security of supply, and, of course, we know they're working to expand plasma collection. They have a targeted program. Private companies in Saskatchewan and New Brunswick export a hundred per cent of their paid plasma, and with this system we lose supply, qualified donors, and we lose control over mitigating public health emergencies like the one we're in right now, COVID-19. In 2017 the Voluntary Blood Donations Act was passed in the Alberta Legislature. That issue then was widely debated. Thus, we in the Official Opposition do not support this bill going forward to the House.

If I can speak personally, certainly as a plasma recipient myself, I was very impressed with the swift access to plasma that I received when I was in the hospital in 2018 because of being diagnosed with leukemia. Certainly, I want to say that I think the most important thing is that we support Canadian Blood Services, we support them to be a stronger system. Certainly, they've already demonstrated that they are moving to expand collection of plasma, and we need to continue to support them.

Thank you.

The Chair: Thank you for your remarks, Member.

We'll now go to Member Glasgo.

Ms Glasgo: Thank you, Mr. Chair. I was wondering if I could start by posing a motion. Is that acceptable?

The Chair: We could, yeah. There are still a few people that want to talk to it.

Ms Glasgo: And then debate the motion. I think there's a very clear dichotomy here. I'm just going so far that, I mean, the vote would be either to recommend or not recommend that this go forward, so I would move that we recommend this bill to go forward to the Assembly.

The Chair: So what you would like to say, Member Glasgo, is that the Standing Committee on Private Bills and Private Members' Public Bills recommend that Bill 204, Voluntary Blood Donations Repeal Act, proceed.

Ms Glasgo: That is exactly what I want to say. Thank you.

The Chair: Okay. All right. Are there any further comments you would like to make on that? I know we have a couple of other folks that would like to participate.

Ms Glasgo: I would, Mr. Chair. Thank you. You know, I really do appreciate all the comments that were made today, and I just want to start off by saying to Ms Sigurdson that I really do – I know that I can speak on behalf of all government members, and I can say that we're very happy that you're here and healthy. This is kudos to the good work of Canadian Blood Services as well as everyone else, and it just shows how important plasma and blood products really are. I can say on behalf of all of us that, sincerely, we're very happy that you're here and on the mend. I'm glad to hear that.

11:30

A lot of conversation has been raised around the moral objectives of this and the moral obligations that we have to Canadians and to Albertans, and what I did really appreciate was the presentation from Dr. Jaworski, the ethicist, who was talking about how both of these systems, a paid system and an unpaid system, can exist in the same space. I think that's the great advantage of somewhere like Canada. We do have a strong public health network, but we also do have the opportunity to provide a little bit more incentive or ability for us to grow and increase our capacity. One of those ways would be that research and development could move closer to market, so we could see actually a lot more research and development coming to Alberta with something like this and able to assist more people in the process. I am very excited about the prospects of that.

Also, I think this is a very simple bill. It essentially just repeals the former government's Bill 3, so there isn't a whole lot to debate as far as the nitty-gritty of the issue. As far as the legislation this committee often gets hung up in the wording of the bill. As far as that goes, this is pretty straightforward.

In my final comments I'll just say that, you know, I have to point out the irony here, and forgive me, Mr. Chair, but I just find it very ironic that the same members opposite, who blasted a member of the government for proposing Bill 207 because of a my-body-my-choice argument, are not extending that same choice to Albertans and Canadians as to how they would like to contribute their plasma products to other Canadians. I do have to say that there is an irony here.

At the end of the day this is a question of whether we will allow this bill to proceed or not based on its merits, and this bill has that ability to do that. Thank you, Mr. Chair.

The Chair: Thank you, Member.

Member Pancholi, go ahead, please.

Ms Pancholi: Thank you, Mr. Chair. I'd like to say to begin with that I thought we had some great presentations today and some really remarkable discussions, and I want to thank all of the presenters who came today because I think this was a very thoughtful and productive session. I would like to say that whenever I sit as a member of this committee, I come back to: what is the role of this committee? It is to hear from stakeholders, as Member Schow had indicated in one of our first meetings, and we had some thoughtful discussion today to hear from stakeholders.

But we also have to look specifically at the wording of the bill that is before us. As Member Glasgo just indicated, it is a very simple bill. I think therein lies my concern with the bill because I spent the last few days in particular pouring over the debate in the Legislature in 2017, when the Voluntary Blood Donations Act was brought forward, and a lot of the fulsome discussion that happened during that debate touched on a lot of the issues that were here today. What we see with Bill 204 is that it simply repeals that act.

Most importantly, I think back to the initial presentation by the sponsor of the bill, Member Yao, where he indicated that the goal and intent of Bill 204 was to increase Alberta's supply, particularly of plasma. We know that the act that it is proposing to repeal actually talks about whole blood donations as well as plasma, but most of our discussion today has been focused on plasma. If the goal of Bill 204 is to increase Alberta's supply of plasma to Albertans, the bill does not do that. It does not in any way do that. In fact, we've heard comments from stakeholders that were invited by both sides of the House to present today to indicate that Bill 204 does not achieve the intended objectives as set out by Member Yao.

In particular, it does nothing to guarantee that plasma collected in Alberta will remain in Alberta. I believe it actually also, as indicated by Ms Marchesin, allows for paid donations of whole blood, which is something that she's indicated her organization does not support. I go back to the comments of Dr. Sher with Canadian Blood Services, who talked about: simply repealing the Voluntary Blood Donations Act does not put in any mechanisms or controls to ensure that our domestic supply of plasma is retained. Therefore, I believe this bill is incredibly deficient. If it's meant to achieve that objective, it does not put forward anything to actually do that.

I go back to early comments from Member Yao when he was debating the Voluntary Blood Donations Act in 2017, and he actually commended the intent of that act, which was to, of course, encourage supply and make sure there are appropriate safeguards and mechanisms in place to protect the process of collecting plasma in Alberta. Again, we all come from the same objective. We would like to see the supply of plasma increased in Alberta. Bill 204 does nothing to ensure that. It simply undermines, potentially, the role of Canadian Blood Services as our public health organization responsible for actually ensuring and protecting the domestic supply of plasma. It does not seem to give consideration at all to the fact that Canadian Blood Services is initiating a number of new centres, one right in the constituency of Member Neudorf, which is targeted primarily at increasing our supply and creating that self-sufficiency that we're all looking for. I don't see Bill 204 moving that objective in any way forward. It simply repeals the Voluntary Blood Donations Act but puts no measures in place to ensure that paid collection of plasma will stay in Alberta.

For that reason, I believe that it's unfortunate that Bill 204 did not contain more content and did not contain more thoughtful provisions as to how to actually encourage protecting the supply of plasma in Alberta and simply focused on repealing the former government's act. For that reason, I believe I can't support this bill going forward. I believe these issues got fulsome debate in 2017, and this bill is deficient, as noted by stakeholders that we've heard from today.

The Chair: Thank you, Member.

Mr. Neudorf, go ahead.

Mr. Neudorf: Thank you, Mr. Chair. I really also would like to thank all the presenters for their thoughts today. I believe this is an incredibly important discussion that we've had. This debate has definitely raised my awareness as to this issue, and I believe all

Albertans should hear this debate and understand it fully. You know, I don't want to presuppose the outcome within the Legislature, but it was clearly apparent to me that we in Alberta are completely subject to a global supply-and-demand issue. We can either be part of that solution or sit on the sidelines and watch at the hands of everyone else around the globe and how they engage in this.

I believe that we do need to protect our people within Alberta and the supply of the products that they absolutely need, and this should be debated in the Legislature as a necessary first step to this important topic for the future of all Albertans, and I will be supporting that.

Thank you very much, Mr. Chair.

The Chair: Thank you.

Mr. Nielsen, go ahead, please.

Mr. Nielsen: Well, thank you, Mr. Chair. I too want to thank all the presenters today for bringing their very thoughtful comments. It's a very interesting topic, to say the least.

You know, I did hear that comment that members of the opposition – I'm only going to speak specifically to myself. I do; I get very hung up on the language, what's being said, what's not being said, how is it being said, and what it implies and doesn't imply. So I've heard some conflicting language within our presenters today. Our presenter Dr. Jaworski had mentioned some stuff that went in conflict with what we heard from CBS. I've heard some conflicting language here around, you know, "This bill will help address the concerns of supply," but then I've heard also that, well, all it addresses is repealing the blood donation act. So which is it? Is it addressing supply, or is it just addressing repealing the act? Because when I do look at it, it doesn't say anything about the supply and how we need to address those things.

I've seen a little bit of, I guess, a lack of some data around what could be happening, grey areas, things like that, and it's that kind of information that we need to make informed decisions. I don't believe that we have that information now. You know, like I said, all the stakeholders today, every last single one of them, brought real passion and great information to the discussion today, but we're still lacking that data. Questions around – you know, I'll call it "compensation" rather than "paid" because I think that infers that there's only one avenue. I think compensation is a better word to use there. What does that ultimately look like?

11:40

Is that something that's handled by the government? Is that something that's handled by just the businesses that might look at coming into this market? You know, we have heard suggestions around tax incentives, a paid day off, so that sounds to me like the government needs to get involved. I have concerns whether that would actually happen just based on cuts that we've seen, deindexing AISH, for instance, to save a few dollars, the fall alert system being cut back to save a few dollars. Well, if we're looking at nickel and diming these kinds of things, how are we going to be able to step up as a government and provide the compensation that is going to be needed to ensure that this program survives if the government is the one that looks after that?

If we're looking at business, then, you know, businesses are in it to make a profit, and, Mr. Chair, I absolutely do not begrudge them for doing that. That's what they're supposed to do. They're supposed to make a profit. So does that profit they make go towards the compensation? Where else are we looking at that compensation? This bill doesn't necessarily address those kinds of questions, important information that I think we need to have to make an informed decision. It's very, very difficult for me to be able to look at Bill 204 and say that we have everything contained in here to be able to address those, so unfortunately I'm not able to provide my support that this go ahead into debate; it's lacking information.

The Chair: Thank you, Member.

Members, it is 11:42, and we have a few more members on the list, and if we are going to meet our objective of getting out of here by noon, I'd just ask that you make your comments brief and get your points across because I am noticing that there are two clear positions in respect to this bill.

We'll go to Mr. Sigurdson next. Go ahead.

Mr. Sigurdson: Thank you, Chair. I'd also like to thank all the presenters today for coming and presenting on such an important issue. I'll try to keep it as brief as possible. I will be supporting the motion for Bill 204 to proceed, and I'll try to summarize as quickly as possible. I believe that the voluntary and compensated models can coexist. I think that there was a lot of data that was brought forward stating that they can. Also, as Canada being the second-largest consumer, I think we have a responsibility to contribute to not only a local supply but a global supply. Also, by looking at the statistics, we're unlikely to achieve self-dependence without moving into a compensated and voluntary model.

Comments made by members opposite have stated that this is not going to build on our local supply, but I think of some of the comments made by Dr. Peter Jaworski about how in 2018-2019 offers from Canadian private companies were made to CBS. That, to me, proves that we can through this model increase our domestic supply as well. I think that the biggest thing for me, Mr. Chair, was that the two representatives that represent the patients are in support of this, and I think that it's very critical that we listen to the patients, the people most affected by this, and those organizations are huge supporters of this.

That's why I'll be supporting the motion for this bill to proceed.

The Chair: Thank you, sir.

Member Irwin, go ahead please.

Member Irwin: Thank you, Chair. I'll be quite brief. As well, I want to echo my thanks to the speakers who were here today. I just want to reiterate one of my earlier comments, that, you know, we find ourselves in the midst of a pandemic, and it should really be an opportunity for us to compel ourselves to focus on strengthening our public services, including health care and specifically blood services. I think the Lethbridge site is just one example, one way in which we can get there. I want us to honour the work of Canadian Blood Services, and I want us to really think about how we can, you know, maximize the services that we already have in place that have served us so well.

I just want to urge the committee to vote against this motion and vote against Bill 204 proceeding to the Legislature.

The Chair: Thank you, Member.

Member Horner.

Mr. Horner: Thank you, Chair, and thank you to all the presenters. As someone that wasn't here in 2017, I've really appreciated the background and perspective, and I think everyone would agree that this is a nonpartisan issue. This is important to every Albertan and Canadian.

I'm at the point where I will be supporting this bill to proceed, and I think it should continue to be debated in the House. I do not see where these can't be complementary systems, as some of the facts seem to contradict themselves, but we know in reality where the trend

line is currently under the legislation that we do have. I think it was in the initial presentation from the Health ministry that as 86 or 87 per cent is currently being purchased, by 2024 the expectation was that would go up by about 1 per cent a year. So I think while the goal, as has been stated by many, should be for securing domestic supply of plasma products for Albertans, I think we can still work to achieve that noble goal while helping the international supply. Like they said, the U.S., with 5 per cent of the world's population, is contributing 70 per cent of these products. I think that's a noble endeavour, for Albertans to try to do both at the same time, and it's my hope that they will, so I will be supporting this.

The Chair: Okay. Thank you, Member.

I will ask one more time. Are there any other comments before I move to the motion that is on the floor at this time?

Seeing none, I will go back to it. Member Glasgo to move that

> the Standing Committee on Private Bills and Private Members' Public Bills recommend that Bill 204, Voluntary Blood Donations Repeal Act, proceed.

All those in favour, say aye. Opposed, say no. Okay. Thank you.

> That motion is carried.

Mr. Schow: Mr. Chair, recorded vote.

The Chair: A recorded vote has been asked.

I will go to the procedure for recorded votes. I would remind committee members that the standing orders now permit members to abstain from voting. Therefore, during a recorded vote I will ask members in the room who are in favour of a motion to raise their hands, and then I will state for the record the names of all those in favour. Then I will ask those on Skype who are in favour to state their name. After recording the names of all those in favour, I will then ask those in the room who are against a motion to raise their hands, and I will state their names for the record before going on again to those on Skype. In accordance with standing orders the minutes of the meeting will show the names of those who are for a motion and those who are against a motion but not the names of those who abstained.

With that, I will ask all those in favour of the motion to please raise your hand. Thank you. Mr. Clerk, I have for the record Mr. Schow, Ms Glasgo, Mr. Nixon, Mr. Neudorf, Mr. Horner, and Mr. Sigurdson. Is there anyone on Skype who is a voting member that would like to support in favour? Hearing none.

Okay. Thank you. I will now go to those are opposed. Please raise your hands. We will start with Mr. Nielsen, Ms Sigurdson, Ms Irwin. Over Skype we have somebody opposed?

Ms Pancholi: Opposed.

The Chair: I see you. Yeah. Thank you very much. Ms Pancholi, also opposed.

Mr. Kulicki: Mr. Chair, I have six for the motion and four against.

The Chair: Thank you very much.

> That motion is carried.

Now, hon. members, having finished its deliberations on Bill 204, the committee should now consider directing research services to prepare a draft report including the committee's recommendations. Would a member wish to move a motion to direct research services to prepare the committee's draft report?

Mr. Sigurdson: So moved.

The Chair: Thank you. Mr. Sigurdson would move that

> the Standing Committee on Private Bills and Private Members' Public Bills direct research services to prepare a draft report on the committee's review of Bill 204, Voluntary Blood Donations Repeal Act, in accordance with the committee's recommendations and authorize the chair to approve the committee's final report to the Assembly on or before noon on Wednesday, July 22, 2020.

All those in favour, say aye. Any opposed, say no.

> That motion is carried.

Next we will go to other business. Are there any other issues for discussion before we wrap up today's meeting?

Mr. Nielsen: Question, Chair.

The Chair: Yes. Go ahead, Mr. Nielsen.

Mr. Nielsen: To the clerk: the date for a submission of a minority report?

Mr. Kulicki: It would be Wednesday at noon, Mr. Nielsen.

Mr. Nielsen: Thank you.

The Chair: Thank you very much.

Anything else?

Seeing none, the date of the next meeting will be at the call of the chair, likely whenever another private bill is introduced.

If there's nothing else, the committee will consider adjournment. Would somebody like to make that motion? I do see Mr. Nixon. Thank you very much. All those in favour of adjourning, say aye. Any opposed? All right. Thank you very much. Everybody, have yourselves a great day. That has been passed.

[The committee adjourned at 11:50 a.m.]

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