



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

Tuesday, July 14, 2020
8 a.m.

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Second Session**

Standing Committee on Private Bills and Private Members' Public Bills

Ellis, Mike, Calgary-West (UCP), Chair
Schow, Joseph R., Cardston-Siksika (UCP), Deputy Chair

Glasgo, Michaela L., Brooks-Medicine Hat (UCP)
Horner, Nate S., Drumheller-Stettler (UCP)
Irwin, Janis, Edmonton-Highlands-Norwood (NDP)
Neudorf, Nathan T., Lethbridge-East (UCP)
Nielsen, Christian E., Edmonton-Decore (NDP)
Nixon, Jeremy P., Calgary-Klein (UCP)
Pancholi, Rakhi, Edmonton-Whitemud (NDP)
Sigurdson, Lori, Edmonton-Riverview (NDP)
Sigurdson, R.J., Highwood (UCP)

Also in Attendance

Hoffman, Sarah, Edmonton-Glenora (NDP)
Yao, Tany, Fort McMurray-Wood Buffalo (UCP)

Bill 204 Sponsor

Yao, Tany, Fort McMurray-Wood Buffalo (UCP)

Support Staff

Trafton Koenig	Parliamentary Counsel
Philip Massolin	Clerk of Committees and Research Services
Michael Kulicki	Committee Clerk
Janet Schwegel	Director of Parliamentary Programs
Amanda LeBlanc	Deputy Editor of <i>Alberta Hansard</i>

Standing Committee on Private Bills and Private Members' Public Bills

Participants

Ministry of Health

Glenna Laing, Director, Divisional Services, Provincial Services

Graham Statt, Assistant Deputy Minister, Pharmaceutical and Supplementary Benefits

8 a.m.

Tuesday, July 14, 2020

[Mr. Ellis in the chair]

The Chair: All right. Good morning, everyone. I'd like to call this meeting of the Standing Committee on Private Bills and Private Members' Public Bills to order and welcome everyone in attendance.

My name is Mike Ellis. I am the MLA for Calgary-West and chair of the committee. I'd like to ask members and those joining the committee at the table to introduce themselves for the record, and then I will call on those joining via Skype. I don't believe we have anybody; no, we don't. We'll begin to my right.

Mr. Schow: Good morning, everyone. Joseph Schow, Cardston-Siksika.

Mr. Neudorf: Nathan Neudorf, MLA for Lethbridge-East.

Ms Glasgo: Good morning. Michaela Glasgo, Brooks-Medicine Hat.

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

Mr. Horner: Nate Horner, Drumheller-Stettler.

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

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

Ms Pancholi: Good morning. Rakhi Pancholi, Edmonton-Whitemud.

Ms Hoffman: Sarah Hoffman, Edmonton-Glenora.

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

Ms Sigurdson: Good morning. 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: All right. Thank you. There are no official substitutions for today's meeting.

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 although today's meeting will be streamed in audio format only. The audiostream and transcript of this meeting can be accessed via the Legislative Assembly website.

Next we'll move to approval of the agenda. Are there any changes or additions to the draft agenda?

Mr. Nielsen: Mr. Chair.

The Chair: Yes. Mr. Nielsen.

Mr. Nielsen: Maybe with the help of the committee clerk as well – this might not be the exact spot to be asking this, but we would like to add extra time for questions to the bill sponsor, preferably an additional 15 minutes.

The Chair: I was just informed by the clerk's office, Mr. Nielsen, that that request can be made right before he gives this presentation.

Mr. Nielsen: Fantastic. Thank you.

The Chair: All right. Thank you very much.

In regard to the approval of the agenda, would somebody like to move the agenda as is?

Mr. Nielsen: So moved.

The Chair: Okay. Mr. Nielsen to move that the agenda for the July 14, 2020, meeting of the Standing Committee on Private Bills and Private Members' Public Bills be adopted as distributed. All those in favour, say aye. Any opposed? That motion is carried.

All right. Next we'll go to the approval of the minutes. We have the draft minutes to review from the meeting on July 6. Are there any errors or omissions to note? Okay. If not, would a member like to make a motion to approve the minutes for the July 6 meeting?

Mr. Sigurdson: So moved.

The Chair: Thank you. Mr. Sigurdson to move that the minutes of the July 6, 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, say no. That motion is carried.

All right. Next we'll go to the review of Bill 204, Voluntary Blood Donations Repeal Act, presentation by Mr. Tany Yao, MLA for Fort McMurray-Wood Buffalo. Hon. members, Bill 204, the Voluntary Blood Donations Repeal Act, was referred to the committee on Wednesday, July 8, in accordance with Standing Order 74.11. Joining us this morning is the sponsor of Bill 204, Mr. Tany Yao, the MLA for Fort McMurray-Wood Buffalo. At this time I'd like to invite Mr. Yao to provide a five-minute presentation, and then I'll open up the floor to 20 minutes of questions from the committee members, but first we have a motion for unanimous consent.

Mr. Nielsen, would you like to articulate what your motion is?

Mr. Nielsen: Yes, Mr. Chair.

I would seek unanimous consent from the committee to extend the question period to double.

The Chair: Okay. You're asking for essentially the five-minute presentation by Mr. Yao and then you're seeking unanimous consent from this committee to go from 20 minutes to 40 minutes of questions for Mr. Yao?

Mr. Nielsen: I thought it was only 15 for questions.

The Chair: Up to 20 minutes of questions.

Mr. Nielsen: Oh. Is it 20 minutes?

The Chair: Yeah.

Mr. Nielsen: Sure.

The Chair: Okay. All right. Looking for double. We're looking to go from 20 minutes to 40 minutes for Mr. Yao. There is no debate on this. I'll ask one question. Is there anyone opposed to the time being doubled from 20 minutes to 40 minutes for questions for Mr. Yao?

That motion is defeated.

Mr. Yao, with that, we'd like you to begin your presentation. Sir, we have the timer here. You will have five minutes for your presentation followed by 20 minutes of questions from the committee members.

Mr. Yao: Thank you very much, Mr. Chair, and thank you very much, committee members. It's an honour and a privilege to be here to talk about Bill 204, my private member's bill. The Voluntary Blood Donations Act was only to allow Canadian Blood Services to compensate for blood and blood products. This was passed into law in 2017 and was opposed by the United Conservative Party, the Alberta Liberals, the Alberta Party, and the PC independent as it was not conducive to a stronger health system.

Plasma is the yellow liquid in blood that makes up more than 50 per cent of blood volume. It's the medium that carries the blood cells, antibodies, proteins, and vitamins, et cetera. Pharmaceutical and biotech companies are making health therapies and treatments using plasma as a delivery mechanism.

Ninety per cent of the world's plasma supply comes from a few nations, specifically the U.S.A., Germany, Austria, Hungary, and Czechia. These countries all allow for remunerated plasma donations. The uncompensated donation rate to national agencies in these countries is higher than in countries that don't allow for remuneration.

I must emphasize that nothing about this repeal will change the funding or the support for Canadian Blood Services. Secondly, by Canadian Blood Services' own public statements, existing plasma collection facilities in Saskatchewan, Manitoba, and New Brunswick do not impede Canadian Blood Services from collecting whole blood donations.

Canada is one of the largest per capita users of plasma-based medications, only behind the United States, but we only provide 13 and a half per cent of the plasma needed by the over 50,000 Canadians who need these products. Last year, in 2019, there was a disruption in the international supply of these life-saving products, and this year with COVID we have identified that, again, there are international borders that can be impeded. That's why I'm so passionate about repealing this Voluntary Blood Donations Act. A repeal will support our domestic supply of plasma with an ultimate goal of ensuring that our patients have a secure and safe domestic supply of these life-saving products.

In bringing forward this bill, I did meet with several stakeholders. I met with four groups who represent patients: one patient advocacy group, two Canadian plasma collection organizations, the Plasma Protein Therapeutics Association, and I also met with Canadian Blood Services. The response from the stakeholders to the idea of repealing the Voluntary Blood Donations Act was positive. That leads me to the most supportive groups, which were the patient groups, which is why I'm doing this bill today. Of the four groups that represent patients, all four were supportive of repealing the Voluntary Blood Donations Act.

The patient advocacy organization that I met with, founded by Kate Vander Meer, who was a patient herself, was extraordinarily supportive of repealing this act. Whitney Goulstone, the executive director of the Canadian Immunodeficiencies Patient Organization, said, "This past summer, Canada experienced its first ever [immune globulin] shortage. Please assist in reversing this bill and enabling Alberta and Albertans to contribute to IG supply."

Bill 204 reflects a desire I heard from many patient groups, not just the patient groups I met with but also those who had previously submitted feedback to Health Canada's Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada, who studied in depth the situation of plasma and plasma therapies, like immune globulin, or submitted feedback to the Standing Senate

Committee on Social Affairs, Science and Technology, who studied and then rejected the Voluntary Blood Donations Act that was put forward in the Canadian Senate.

It appears that every patient group, or at least the vast majority, want the Voluntary Blood Donations Act repealed. Patients want us to open the doors for more plasma collection so that they don't have to go through the shortages like they did last year, and this is what Bill 204 will allow for, more collection of plasma with the goal of protecting our patients against shortages.

Thank you.

The Chair: Okay. Thank you very much, Mr. Yao, for that presentation.

As is convention, this is a government member's bill, so we will begin with the Official Opposition for the line of questions. I ask, folks on both sides asking questions, that you please do your best to keep your questions short with a short follow-up.

Mr. Yao, I ask you as well to please do your best to keep your answers relatively short and to the point as well. That way everybody can get as many questions in for Mr. Yao as possible during the allotted time.

With that, we'll go to Member Hoffman to begin the round of questioning.

8:10

Ms Hoffman: With all of the issues in Alberta right now – the energy crash, the pandemic, the exodus of doctors, the floods in Fort McMurray – I'm curious why this is the most important issue for this member.

Mr. Yao: I've felt that our government was addressing a lot of the issues. As you know, the private member's bill is a draw; it is a lottery. I lucked out on the lottery this year after five years of a drought. Admittedly, I recognize this is something that the Ministry of Health hadn't addressed. It was very relevant to me because I was the critic when you yourself, Edmonton-Glenora, put this bill through. Again, I thought it was misguided then, and I believe it's misguided today to the extent where, when we were debating this in the previous term, I even asked for a sunset clause in 2020. Again, if we were to look at and reflect and see the last three years even, there's been no changes in the system. The system needs to change.

The Chair: Follow-up, please.

Ms Hoffman: Yup. The member brought up what his voting record was and the voting record of others here in Alberta, but is the member aware that in the most populated provinces of Canada – Ontario, B.C., and Quebec – they all have a ban on money for blood and blood products? In Ontario and B.C., where the bills passed most recently, they were unanimously supported even with the support of Conservative members. Has this member reached out to any of his Conservative colleagues in those other jurisdictions that proudly supported the banning of money for blood?

Mr. Yao: Again, Saskatchewan, New Brunswick, and Manitoba allow this to take place.

Ms Hoffman: Yeah, those weren't the provinces, Mr. Speaker. It was Ontario, B.C., and Quebec.

Mr. Yao: No. I have not reached out to any of those individuals.

The Chair: Thank you.

We'll go to Mr. Sigurdson.

Mr. Sigurdson: Thank you, Chair. First of all, I want to thank Member Yao for bringing this to the table. This is something that I was a little unaware of, and I just want to kind of circle around to your thoughts. I think we will admit that through COVID-19 a lot of things have really changed with the supply chain and with, you know, having to move towards a localized market to make sure we don't see shortages. I guess to start, can you make a little comment on what you've heard or how this has increased the strain on plasma in our country due to COVID-19? Have you been hearing on that?

Mr. Yao: Again, what we saw with other aspects related to COVID-19 is that our supply chains internationally can get disrupted. I believe there was an incident where some masks from 3M were to be delivered to Canada, and there was a presidential order that literally impaired that order from getting through to Canada. Those are the kinds of fickle decisions that we're susceptible to in an international crisis like this. Countries behave bizarrely. There's a lot of concerning decision-making around supply management. Again, it just demonstrates that Canadians need to be self-resilient in all matters regarding the necessities that Canadians need to survive.

The Chair: Follow-up, please.

Mr. Sigurdson: Yeah. I guess with that, too, is your statement about the fact that – I mean, I think it's really important that we have a health care system that's driven around patients. It should be the primary focus. You stated that every single – and I just want to be clear on this – patient group you spoke to was in favour of this move, your private member's bill?

Mr. Yao: Yeah, absolutely. In this 21st century products like plasma are used as a medicinal delivery, so they've learned to manipulate this fluid. It is mostly water, 97 per cent water, I believe. Again, it's a product that can move through our bodies very easily and carry everything from antibodies, proteins and whatnot to blood cells, oxygen, nutrients. Yeah. The biotech sector has discovered that they can use this to deliver medications. Some of the earliest medications, I believe, were tetanus and diphtheria back in the early 1900s. Currently you mentioned COVID. They are investigating right now patients who have had COVID, taking their plasma and injecting it in somebody else because it carries the antibodies thus being a serum. That is currently being tested right now as well.

The Chair: All right. Thank you.

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

Ms Hoffman: Thanks. The member is talking about research, and I'll stay on that same thread. It was reported that the member proposed that this would help with research purposes, but I want to ensure that the member and all members are well aware that there's already an exemption in the current legislation around research. With that in mind, this does nothing to address the research concerns through a mechanism for enhanced collection. Is the member aware of that now?

Mr. Yao: I can say for certain that the companies won't come here if they can't access the product. It's all geared towards medicinal research and development. That's the only thing that people use plasma for. The only companies that use this product are biotech and pharmaceutical companies. Their only desire is to make medications to support people in this matter.

The Chair: Okay.

A follow-up, please.

Ms Hoffman: Yeah. Just to clarify, the question was around research capacity, and the member is talking about companies wanting to buy product. There's an exemption, if it's related to research, already in the legislation that exists, that the member is here to propose repealing. I want to put that on the record. As well, research is done not necessarily exclusively by companies that are in the business of buying plasma. Research is done also by public institutions like universities. I want that on the record.

The member implied that when he spoke with CBS, they were supportive of the repeal of this, but that definitely isn't what's reflected in any of their public comments or reflective of other experiences that have been had with regard to discussions with them. Is the member aware of the plans that are already under way to expand plasma collection in Alberta, including Lethbridge, and that Edmonton is the largest voluntary blood collection site in Canada?

Mr. Yao: I wasn't aware of the fact around Edmonton, but I was aware that Canadian Blood Services was setting up other facilities.

The Chair: Thank you.

Mr. Schow.

Mr. Schow: Thank you, Mr. Chair, and thank you, Mr. Yao, for being here this morning and for your presentation. I really enjoyed it. Now, we've had a lot of bills come through here, and when deliberating whether I want to support them or not, I think about the preparedness, I think about the merit, the intent, and, most importantly, the sincerity. I say that because recently we had a bill come through this committee that garnered several thousand signatures and several thousand letters to this committee, and we heard stakeholders in this committee, and the committee ultimately decided that it was the committee's will not to proceed with the bill. Now, when that bill went back to the Chamber and it was reported by the chair sitting to my left that there was a vote on that bill, not a single member of the opposition, including the mover, voted on that committee report.

The Chair: Mr. Schow, do you have a question?

Mr. Schow: I do have a question.

The Chair: Okay.

Mr. Schow: I'm speaking to the sincerity of the bill, Mr. Chair, if I may.

It led me to one of two conclusions. One would be that it was disorganized, and as a deputy whip of the government caucus I can see that disorganization is a problem, so either disorganized by the mover . . .

Ms Pancholi: Point of order, Mr. Chair.

The Chair: Yes. Pause the clock.

Ms Pancholi: There's no relevance to the bill that's before this committee right now.

The Chair: Yeah. I'm going to agree with that.

Mr. Schow: If I may, Mr. Chair.

The Chair: Hang on a second. Hang on.

You're talking about relevance to the question, right?

Ms Pancholi: Yes, to the committee.

Ms Glasgo: Mr. Chair, I think if we're going to call a point of order, we should probably know which standing order we're referring to, first of all. Second of all, this would be under Standing Order 23(b), relevance, and I believe that the member is referring to that. I think that we've been given a lot of latitude in this committee as to how we've asked our questions in the past, and I think that it's only fair to let the member get to his question. I mean, I think we can urge the member to get to his question, but it's only fair to let the member get through his line of questioning, as it is relevant to this committee.

The Chair: It is 23(b). We do have a limited amount of time, so with all due respect, I am going to ask the member to get to the point and ask the question to the member.

Thank you.

Mr. Schow: Thank you, Mr. Chair. What I was simply saying is that either it was a matter of disorganization or sincerity.

My question to you, Mr. Yao, is: when the committee's report is read in the Chamber, do you care enough to be there and actually vote on it?

Mr. Yao: Absolutely. Yes.

Mr. Nielsen: Point of order, Mr. Chair.

Mr. Schow: Thank you.

No follow-up, Mr. Chair.

Mr. Nielsen: I'm just looking for the standing order with regard to members being present or not. I think that Mr. Schow should be careful about mentioning who is or isn't in the Chamber during a vote.

8:20

Ms Glasgo: Mr. Chair, I don't believe that the member actually said who was or was not in the Chamber. I think he was merely talking about a lack of organization in the opposition caucus, which has been demonstrated multiple times. I think it was actually twice in one day, so pretty bad batting average on that one. This isn't a point of order. This is a matter of debate.

The Chair: Well, I'm prepared to rule. I will say that the member certainly was getting close to the line. However, if I recall, without having the benefit, of course, of the Blues directly in front of me, what he did ask that member is if he cared enough to show up in the Chamber to vote. It was a question that was directed at Mr. Yao. Were there some insinuations? I again will say that he was close to the line, but at this time I'm going to find that there is no point of order.

With that being said, we are going to move on. He does not want to follow up, so we'll go to Member Hoffman.

Ms Hoffman: Thanks. The member talked about ensuring domestic supply and referred to Saskatchewan and New Brunswick. Is the member aware that the plasma collected in Saskatchewan and New Brunswick isn't staying in Canada?

Mr. Yao: Yes. I recognize that all these biotech and pharmaceutical companies are international companies. Again, the hope would be to attract those companies to develop those very medications here.

Ms Hoffman: With that being said, Mr. Chair, right now, when we have a domestic product and a domestic collector and a domestic mandate that relates to the health and well-being of Canadians and the member is hopeful that internationals might come here and

might not undermine the domestic supply, when there's evidence that already it's being undermined in Saskatchewan and New Brunswick, I think that the rationale that's being provided doesn't make sense with the intent that the person is proposing to have as the motivation for this bill.

With that being said, I would urge the member to heed the warnings that we've already seen through evidence in Saskatchewan and New Brunswick regarding domestic supply. Is the member planning on reaching out to organizations like BloodWatch, and did they support his private member's bill?

Mr. Yao: Member Hoffman, I think you have some of your facts wrong. There's no evidence in Saskatchewan, New Brunswick, or Manitoba that independent plasma agencies have been detrimental to the collection of this product.

Sorry. What was the second part of your question?

Ms Hoffman: That the plasma product isn't staying in Canada; it's going to foreign countries. For the member to say that this is going to help with domestic supply – has he actually reached out to organizations like BloodWatch, whose mandate is around Canadian supply, Canadian safety, and ensuring that Canadians have the blood products they need to be healthy?

Mr. Yao: No. BloodWatch is an extremist organization, which is really just trying to protect a union steward's shop.

To be clear, the product is purchased by international companies or all these pharmaceutical and biotech companies. You're right. It does go to the highest bidder. Canada is the highest bidder. Per capita wise we're the second-largest purchaser of these products, so we do indeed purchase it back. We are the highest bidder.

The Chair: Member Glasgo, go ahead, please.

Mr. Yao: You yourself would have funded these things.

The Chair: Mr. Yao, thank you.

Ms Glasgo.

Ms Glasgo: Thank you, Mr. Chair. To the member, thank you for bringing forward this legislation. I was one of the three people who watches Assembly Online religiously, and I remember when this came up, and I remember the debate that came around it. I was wondering if the member could elaborate on domestic supply. I'm looking at a Health Canada report that states that in 2017 we were only producing in Canada: I think it was less than 17 per cent of the blood products that we need. If you could just elaborate on, once again, why those blood products are so important and how your bill could help to bolster that supply for Canadians and for Albertans.

Mr. Yao: Yes. Again, this is becoming more and more common to be used as an antidote to medication to deliver life-saving measures to people. Internationally there is a shortage. The World Health Organization estimates that more than 75 per cent of the world does not have access to appropriate plasma therapies. The World Health Organization is also the group that implores that countries don't use the compensated model. That model has demonstrated to be deficient. Again, 90 per cent of the global supply of plasma comes from five nations: Germany, Austria, Hungary, Czechia, and the U.S.A. The rest of the nations cannot and seem to be unable to provide their own plasma demands.

Again, Canada is the second-largest purchaser in the world per capita of this product, so when you're worried about access, we don't have to worry because we're Canadian. We're a wealthy nation, and we have a health system that believes in these products.

Ms Glasgow: Just as a follow-up, if we as Canadians and as Albertans are buying blood products and plasma products from outside of Alberta, it almost leads to an implication that that blood or blood product is better than what we could be getting in Alberta. Is there any truth to that, and could you please elaborate on why Albertans are being denied this opportunity?

Mr. Yao: Certainly. It's just, again, I believe there's an ideological bent on this decision-making. I mentioned earlier that I believe it's a labour issue. When you research into what the actual issue is, it is regarding health, it is access to medications. In the simplest terms the plasma is turned into medication or something beneficial that we can get into our bodies and help us repair our bodies. In the simplest terms we call it medication, and it's very needed across the world. Again, we're the second-largest – the first-world western nations are the largest; they grab 75 per cent of this product.

The Chair: Thank you, sir.

We'll go to Member Pancholi. Go ahead.

Ms Pancholi: Thank you, Mr. Chair, and thank you, Member, for being here and bringing this forward. I'm wondering if you could answer what you believe currently prevents Canadian Blood Services from improving our domestic collection through Canadian Blood Services. Why can't we address the issues that you're talking about here through Canadian Blood Services?

Mr. Yao: I don't know. You'd have to ask, ultimately – every nation does not provide enough plasma. They can't get enough volunteers. In the nations that do provide the compensated model as well as the government models, they have found that there are more people donating also to the government system. They believe that's due to heightened awareness.

Ms Pancholi: Obviously, this bill is intended to encourage the ability for private companies to buy blood. I'm wondering: where do you see any measures being put in place to prevent these private buyers from exporting blood or plasma outside of Canada? Again, the question is: how do we ensure that by allowing private buyers, we are actually keeping that blood and plasma in Canada?

Mr. Yao: Well, again, there's a global supply. We need more people all over the world to donate this product. Again, we can do that, and the only way that we can affect that is to start locally. We can do that here. Again, even Canadian Blood Services also sells their product to these international companies that you disparage. Again, we buy products from these companies that you disparage as well. Please recognize that these are pharmaceutical and biotech companies. They're making medications. We have people that desperately need those medications. If you know anyone that has any immunodeficiency issues, which was very highlighted in COVID, they were the vulnerable population. These are the people that need these very vital medications.

The Chair: Okay.

Mr. Horner, go ahead please.

Mr. Horner: Thank you, Chair. Thank you, Mr. Yao, for your presentation. I admittedly don't have much of a background in this. I find this fascinating. So we're purchasing the product at a higher rate, but, basically, it comes down to the fact that the people in the States are being paid to donate, then we're importing the finished product. That will continue, potentially, but at least Albertans will be getting paid for their blood. Is that . . .

Mr. Yao: Yes. Absolutely. Albertans would then be able to then be compensated in the same way that Americans and Germans are. In addition, if we are collecting the product here – I know the previous government expressed a lot of safety concerns and ethical concerns around how that product is managed and how it's collected. If it was done domestically we could ensure that their concerns were addressed, that it's ethical all around in regard to how it's collected.

Mr. Horner: My follow-up was going to be about safety. Do the provinces that we border, like Saskatchewan and Manitoba – have they seen any safety issues with that?

Mr. Yao: No. After the tainted blood scandal of the 1980s and the Krever inquiry of 1990, which I think finished in 1997, there have been no issues with our blood supply. Obviously, the technology has gotten together. It was an international issue. It wasn't just a domestic issue. They're able to, obviously, screen for things like HIV and hepatitis. The end result is that at this day and age there haven't been really any documented issues of contamination or concerns around safety internationally.

8:30

The Chair: Member Irwin, go ahead. We have two minutes left.

Member Irwin: Well, thank you. Member Yao, you had mentioned at the beginning of your comments that you did have a conversation with Canadian Blood Services.

Mr. Yao: Yes.

Member Irwin: Can you summarize the nature of the conversation?

Mr. Yao: They were cautious with anything that is focused on their jurisdiction, if you will, but they recognize that there are no safety issues with this issue. Certainly, if you want my opinion – or do you want specifically what they said?

Member Irwin: Yeah. Just the concerns that they raised or perhaps their support.

Mr. Yao: What did they say? They mentioned to me that they admittedly have an expensive model and that they hope to get their costs down. When I asked what they hoped to get their costs down to, they used the private companies as an example of their objectives and where to reach a fiscally stable model. They mentioned that.

Yeah. They did clarify and confirm that there have been no safety issues in the blood supply or blood products in the last couple of decades. Again, it's been just . . .

The Chair: Let's go to the follow-up, please.

Member Irwin: Yeah. I mean, we know that Canadian Blood Services has been working in this field for over 20 years and, you know, has a lot of experience in working with these issues. So when you say that they didn't raise any concerns about safety – but just generally, back to your bill specifically, were they supportive of your private member's bill?

Mr. Yao: They were remaining neutral on it. It's like anyone, I suppose. They would prefer to have the market. Again, when I talked to the patient groups, they certainly hypothesized different reasoning as to why leftist governments support this kind of bill. It's not as noble as one would hope. Again, I'm here to fight for the patients and the people who access these drugs and these

medications, ensuring that they have access to them and it's unimpeded. We need to start developing those here.

The Chair: Mr. Yao, thank you, and committee members, thank you. Eighteen questions: I think that's a record for this committee. Despite two points of order we still had 18 questions in there.

Mr. Yao, thank you very much for your presentation. Sir, you are certainly welcome to move down and sit at the other side of the table if you would like.

Next, committee members, we do have a technical briefing by the Ministry of Health. Hon. members, the committee will now receive a technical briefing on the Voluntary Blood Donations Act from the Ministry of Health. I'd like to invite Ms Glenna Laing, director of the divisional services branch, and Mr. Graham Statt, the assistant deputy minister, pharmaceutical and supplementary benefits, to provide a five-minute presentation. Then we'll open up the floor to up to 20 minutes of questions from the committee members.

We'll just wait for – oh, okay. Looks like it's just Mr. Graham Statt.

Mr. Statt: I also have my colleague in the gallery.

The Chair: Okay.

Mr. Statt: If you prefer, she could sit up at the table here as well.

The Chair: Yeah. Absolutely. She's certainly welcome to come and sit at the table.

Mr. Statt: This is Ms Glenna Laing, who's with our blood program here in the Department of Health.

The Chair: Thank you very much, folks, for joining us at the table. I'll allow now a five-minute presentation, followed by questions. At this time the floor is yours. Thank you very much.

Mr. Statt: Thank you. Good morning. I'm here today to provide you with an overview of Bill 204, which, if passed, would repeal the Voluntary Blood Donations Act. Following the overview, there'll be an opportunity to ask questions. The previous government introduced the Voluntary Blood Donations Act on March 30, 2017. This legislation banned any organization from paying individuals for blood and blood component donations. Canadian Blood Services, the national blood authority for all of Canada excluding Quebec, is exempt from this legislation. Blood components include whole blood, red blood cells, plasma, and platelets. Plasma is in high demand. It is needed for transfusions and to make life-saving drugs for those with blood disorders and rare diseases.

Currently Canada buys 87 per cent of its plasma from other countries that often pay donors. According to Canadian Blood Services, Canada's plasma self-sufficiency could drop to below 9 per cent by 2024-25 if collections do not improve. Repealing the Voluntary Blood Donations Act would allow private plasma collection businesses to establish themselves in Alberta, thereby potentially creating jobs and building our economy.

Repealing this act would not impact the safety of the Canadian blood system. Health Canada provides a legal framework in support of a safe blood system. Any establishment who attends to process activities described under the federal blood regulations needs to apply to Health Canada for an authorization and an establishment licence prior to operating.

Some other provinces such as Quebec and Ontario, most recently British Columbia, have chosen to prohibit payment for plasma through similar legislation. Both Saskatchewan and New

Brunswick have openly chosen not to enact legislation restricting payment for plasma donations. These provinces have indicated that it is contradictory to prohibit paid plasma collection since a significant portion of the Canadian supply – as mentioned, 87 per cent of the plasma-derived products are manufactured from plasma of paid donors, primarily from the United States.

Manitoba has one private plasma collection site in Winnipeg, that has been in operation for over 40 years. This particular company manufactures a very specialized plasma product.

All other provinces and territories, including Manitoba, have been silent regarding their opinion of paid plasma collection.

Canadian Blood Services is the national blood supplier in Canada. It operates donation, collection, processing, and distribution of blood products such as whole blood, red blood cells, and platelets. Canadian Blood Services collects plasma. However, it is not able to collect enough plasma to meet all needs for manufactured plasma protein products and must purchase product for Canada from foreign markets, as mentioned, primarily in the United States. Protein products are used for many medical reasons such as hemophilia and immune deficiencies. Plasma products are purchased either from manufacturers, or in some jurisdictions and instances Canadian Blood Services purchases raw plasma, which is supplied to manufacturers to produce the needed products.

If Bill 204 passes, private plasma clinics can choose to establish operations in Alberta and reimburse donors for plasma donations. The establishment of private plasma collection clinics could create jobs for Albertans. Private plasma collection could also increase donations of plasma for manufacturing purposes. If passed, Bill 204 would allow plasma collected from private clinics to be available for purchase by large manufacturers for production of plasma protein products. Canadian Blood Services could enter into a contractual arrangement with private clinics in order to ensure that plasma collected in Canada is used in Canada.

There are no manufacturers that fractionate plasma products in Canada currently. If remunerated plasma collection leads to increased volumes of plasma, a manufacturer could choose to invest in Canada by building a plasma fractionation plant. Investments in fractionation would require time to be realized, and in the meantime international manufacturers continue to have to be relied on to ensure supply is stable.

Some groups such as Friends of Medicare, BloodWatch, and others will oppose the proposed legislation as they believe blood donation should be only voluntary. Other patient groups have indicated they are supportive of remunerated plasma collection. These groups include the Canadian Hemophilia Association, the Network of Rare Blood Disorder Organizations, and Alpha-1 Antitrypsin Deficiency Canada Inc.

Only 4 per cent of eligible Canadians donate blood plasma.

The Chair: Sir, thank you very much for your presentation. The five minutes has expired.

We're now going to go to the floor here for questions. We will start with the Official Opposition. I see Member Hoffman. I'll get the clock started here, and you may begin. Thank you.

Ms Hoffman: Thank you very much, Mr. Chair. I just want to start by acknowledging – I think both of you are involved in the response to COVID, and we're incredibly grateful for the work you're doing through the public service in that regard. The fact that you are here with us today we don't take lightly. We know that you have other pressing matters on your plate as well in turn, the safety of all Albertans, so thank you very much.

I also want to just correct one thing that was said previously when the sponsor talked about BloodWatch being an extremist

organization. It's an organization founded by survivors of the tainted blood scandal. It's not owned by any organization other than people who care about the voluntary blood system. I think that's important, to set the record straight on that.

To the presenters: can you describe the CBS plan for plasma under the current legislative framework federally and provincially here in Alberta, how much they've invested in expansion, and can you describe the capacity and operational timeline for the Lethbridge facility, please?

8:40

Mr. Statt: Yes, I can certainly do so, and I'll ask Glenna to supplement. In recent times Canadian Blood Services has acknowledged there's a significant demand in Canada for plasma products, and significant budget has been applied to securing access to those products, but also, as mentioned, the development of proof-of-concept sites, with three sites being set up in Canada to prove the concept of increasing voluntary plasma donation by creating specific locations for that purpose that are in high-donation locations. One of those is actually, as mentioned, in Alberta, another in B.C., and, I believe, a third one in Ontario.

The Lethbridge location is currently on track, and the effort is to try to have, I believe, by fall of this year the full operation of that proof-of-concept site, at which time donations would be collected by the CBS and the overall project monitored to see if there can be an increase in donations. Without these proof-of-concept sites CBS has indicated that they believe we will fall even below our current 13 to 15 per cent self-sufficiency in Canada, so this is one of their key initiatives in order to drive that forward.

Glenna, anything to add?

Ms Laing: No; I think you summarized it well.

The Chair: A follow-up, please.

Ms Hoffman: Thank you very much. It's with regard to the governance structure for CBS. I believe, Glenna, that you often represent Alberta at the table. I'm just wondering. As individual provinces it's my understanding that we don't direct CBS to purchase from specific companies to provide product to Alberta, for example, or those types of things. Can you confirm what the governance structure is and what the authority is of the board members to govern the purchase of product?

Ms Laing: Canadian Blood Services uses a confidential RFP process and solicits bids for product for use by Canadians. They do reach out to international manufacturers. Of course, as we've said, that is where the plasma protein manufacturers reside, outside of Canada. They have an expert committee that sits and directs and evaluates the proposals provided to them by manufacturers.

The Chair: Thank you.

Mr. Nixon, go ahead, please.

Mr. Jeremy Nixon: Thank you, Chair, and thank you for being here today. I'm wondering if you can talk a little bit about the results for the jurisdictions that do have legislation like this in place. In Saskatchewan have we seen increases? Are they meeting supply demands?

Mr. Statt: Yeah. Certainly. You're talking about the jurisdictions in particular that have not put in place voluntary blood donation acts? Okay. Yeah. We have been in contact with them and are obviously in contact on a regular basis, and they have indicated they haven't seen any impact to the supply in those jurisdictions on the voluntary side of the equation, so it does appear that there have been

able to coexist that paid plasma and that voluntary plasma in those jurisdictions, at least to date. The CBS has indicated to me that they are concerned that there could be a tipping point where, if additional jurisdictions were to increase donation through paid plasma, that does start to impact the voluntary side.

Mr. Jeremy Nixon: So if we add jurisdictions where we remove the voluntary law, we could see decreases?

Mr. Statt: That's the concern that CBS would have.

Mr. Jeremy Nixon: That's their concern. Okay.

Mr. Statt: But to date there has not been any evidence of that in the jurisdictions that have gone the direction of paid plasma.

Mr. Jeremy Nixon: Okay.

Sorry. Was that a supplemental?

The Chair: Be very brief. I'll let you. Very brief.

Mr. Jeremy Nixon: That's okay, Chair.

The Chair: Okay. Thank you very much.

Ms Sigurdson: Good morning. Thank you so much for your presentation. As we've heard this morning, Saskatchewan and – what is it? – New Brunswick do have sites where they pay people to donate their plasma. I'm just wondering if you can explain what happens to it after they've collected it.

Mr. Statt: Yeah. Right now any plasma that's collected through a paid plasma site is shipped internationally for the development of plasma products. Those sites are not collecting plasma per se for the Canadian system. There's not a direct supply in that regard. Ultimately CBS does purchase product on the international market. Part of the reason, I believe, for that is that CBS has had a pretty long-standing position that they do not want to get into arrangements with paid plasma clinics within Canada for the direct supply from paid plasma clinics in Canada. It is a business decision of theirs that I think also could change, depending on how the landscape changes in this area.

The Chair: A follow-up, please.

Ms Sigurdson: Yeah. You know, it's sold internationally to these large manufacturers. It sounds like it's uncertain who receives it. Ultimately, when it's been fractionated or made into whatever it's made into, we have no understanding of who receives it. Like, we don't receive it back here in Canada?

Mr. Statt: We may in some circumstances. I guess the way I would envision it is that there's sort of a large pool of plasma that would ultimately be accessed by those manufacturers to produce these plasma products. As mentioned earlier, many of the plasma products are purchased internationally, so presumably there could be some Canadian donors in that supply. But there's not a direct linkage between the Canadian individual that donates through paid plasma and that coming back into the Canadian system and paid plasma sites that currently exist.

The Chair: Thank you.

Mr. Neudorf.

Mr. Neudorf: Thank you, Mr. Chair. Thank you, members, for your time today. I do have a question, just for my own knowledge and understanding. When the Krever commission was put into

place to investigate this issue, they made a recommendation that all blood donation should be unpaid. My question is: what's changed in that timeframe, from then to now, to bring this kind of discussion about, in your understanding?

Mr. Statt: Yeah. The Krever commission report was 1997, I believe, and that statement was made. It's been more than 20 years since that time, and what we have seen is a system that's evolved and developed and improved on a continuous basis over time. Really, what we have now is a regulatory structure and a standards of practice expectation in the Canadian blood system which is far beyond what we saw in 1997. I think what's changed is the system itself and the regulatory certainty associated with safety in our blood system.

Mr. Neudorf: You've already somewhat answered my second question, the safeguards that are in place to ensure that these products are safe. Maybe if you don't mind going a little bit more into the technical side of that, if you could describe in terms of the general public's understanding what happens when blood donations are made, how it's now tested, the screening process perhaps. I don't want to presuppose the answer, but if you could just describe the safeguards that are in place a little more fully for me, that would be appreciated.

Mr. Statt: Sure. I'll get Glenna to do that.

I also thought I should take the opportunity to mention, which I didn't get to in my speaking notes, that an expert panel was hired by Health Canada in 2017, which would be 20 years after that Krever report. This expert panel stated that there's no available evidence that suggests a paid and unpaid donor system cannot coexist, further to your question about what's changed and is it safe.

I'll just turn it over to Glenna in terms of the specific safety pieces and procedures as it relates to blood.

Ms Laing: As Graham mentioned in his presentation, Health Canada has regulatory oversight for the blood system. In the time since the Krever inquiry the Canadian standards have been shored up. They've been improved, and they have been fully implemented across the country. Any collector of blood must apply to Health Canada for licensing, and under that licensing they have to prove and show that they are following the screening and testing protocols required under those standards. That is, as Graham mentioned, a significant change from 1997.

The Chair: Thank you.

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

8:50

Ms Hoffman: Thanks so much. I'm going to refer to the testimony provided by Graham Sher, the CEO for CBS, when he spoke to the Standing Senate Committee on Social Affairs, Science and Technology in March of last year. I'll just read one section of part of his testimony. My question, which you can think about while I'm reading this section, is around conversations that you've had with your counterparts in B.C., Ontario, or Quebec about the concerns that he raises through his testimony. Here's the section that I'll highlight for this exchange.

The vast majority of the world's plasma collection is vertically integrated with the fractionation industry. It serves a global supply chain and does not ensure domestic security of supply. Even if a commercial collector were under contract to CBS, they could redirect their collected plasma to other buyers at the end of the contract term. They are not bound to keep plasma collected from Canadian donors in Canada and are not accountable to

governments, health systems and patients as we are under our prescribed mandate.

That raises a number of concerns for me. I'm wondering if your colleagues in B.C., Ontario, and Quebec have feedback with regard to the concerns that were raised by Dr. Sher.

Ms Laing: I'm sorry. I haven't had any specific feedback from Ontario, B.C., or Quebec on that specific statement.

Ms Hoffman: Or on his testimony before the Senate committee?

Ms Laing: To the best of my knowledge it was taken back, and, you know, it's been used to inform decisions going forward, but I am not aware at this time of any action taken based on that testimony.

Ms Hoffman: Okay. Thanks.

The Chair: Thank you. Member, do you have a follow-up?

Ms Hoffman: Sorry. I kind of snuck it in there. I'm fine with that, but if we have time for a second, I would be happy to pass to . . .

The Chair: Well, we can put the other member on the list, but we'll now go to Mr. Nixon.

Mr. Jeremy Nixon: Yes. It sounds like CBS would rather purchase foreign plasma versus purchasing local plasma. I'm just curious if you can talk a little bit about the consequences if we aren't able to meet the growing demand in regard to our health system.

Mr. Statt: Yeah. I'll say that these therapies that involve particular plasma products are in high demand, and the demand is increasing not only in Canada but internationally. If the plasma donation, whether it's paid or unpaid, gets to a place where it can't meet demand, price will certainly increase to unsustainable levels, but also there could be a very real possibility of shortage.

These modified blood products are effectively drugs in the sense that you are modifying them and using them to treat disease and pathology, and it would ultimately lead, if we don't keep pace with the demand, to a drug shortage situation as it relates to these blood products. That is certainly something that the department is concerned about. I'd say other Canadian jurisdictions and CBS themselves would absolutely say that this is why they have put their shoulder into some of the initiatives that they have put forward, including the proof-of-concept sites in Canada for the collection of voluntary donation as it relates to plasma.

The Chair: A follow-up, sir?

Mr. Jeremy Nixon: Yeah. Sure. In regard to Germany or Austria have we seen some of these companies that would develop these medications start to pop up as a result of their ability to pay for plasma?

Mr. Statt: This is to do with the fractionation plants for processing?

Mr. Jeremy Nixon: Yeah.

Mr. Statt: I don't know if I can speak to Germany and Austria.

Ms Laing: Many of the biggest companies are affiliated with both the United States and Germany. For example, Octapharma is one of the German companies, and they really are all global in their nature, so they may reside in one area, but they have markets around the world. CSL Behring has holdings in Australia, but they still purchase product from other parts of the world. So it really, very

much, as Graham mentioned, is a global marketplace for plasma protein products.

Mr. Statt: And certainly the market size would often dictate the level of investment of these companies. There's not necessarily a cause-and-effect sort of situation going on there, but we do have a Canadian example of a company, as we mentioned earlier, in Manitoba that has been in existence for plasma processing for 40 years. So there are examples, even this example in Canada, where that has occurred.

The Chair: Thank you.
Member Irwin.

Member Irwin: Thank you, Chair. While we're, you know, talking about the need for more blood, talking about the growing demand, I can't help but think about the current state of Canada's blood supply and the fact that we could be pushing for a lot of changes within Canadian Blood Services. One such change is the ban on blood from men who have sex with men and the fact that, you know, countless scientists and others have pointed out that that ban is not founded on science but it's very much based on outdated stereotypes, and it means that thousands and thousands of folks who could be donating cannot. I would just love your comments on that.

Ms Laing: Thanks for that question. As I mentioned before, the regulatory oversight for blood resides with Health Canada, so deferrals often are directed by Health Canada. I am aware that Canadian Blood Services continues to work with Health Canada on initiatives to change that deferral. As I'm sure that you are aware, we were able to reduce the deferral time from five years to one year, but we are still continuing to work on a more behavioural type of assessment and screening that we hope will be able to be in place in the near term.

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

Member Irwin: That's okay. I appreciate it.

The Chair: Okay. Thank you.
We'll next go to Member Horner.

Mr. Horner: Thank you, Chair, and thank you both for your presentation. I was hoping to go back to some of the statistics you shared with us in kind of your beginning comments. Correct me if I'm wrong, but I believe you said that Canada buys 87 per cent of its plasma currently from foreign markets. Did you say that that could drop by 2024, where we would only be supplying domestically 9 per cent, so from 87 to 91 per cent would be purchased from foreign markets? That's a per cent a year, so there's a pretty concrete trend line there. I guess, maybe you could just speak to that. Has that historically been going up that fast? We can definitely see the direction this is heading if we don't change something. I just would take your comments.

Mr. Statt: Yeah. Certainly. You had the statistics right: 87 per cent is purchased on an international market, the vast majority through the U.S. They're a major plasma producer. That is correct also on the 9 per cent by '24-25. It could drop to below 9 per cent by '24-25. It's a concerning trend, one that certainly has caught our attention and the attention of Canadian Blood Services.

Part of what seems to be happening there is a demographic shift, a generational change, with young people not being terribly interested necessarily in donation. Renewed efforts are taking place to reach these individuals with social media and other mechanisms. But, certainly, what seems to be occurring there is a decreasing

donor population, which is a lot of the aged population, and the younger population not picking up the mantle, as it were, for donation in this context. That's what's driving some of the concerns on self-sufficiency into the future in Canada.

The Chair: Did you have a follow-up, sir?

Mr. Horner: Yes, an unrelated follow-up, but if I could. In some of the commentary around some of the cons regarding this potentially, I've seen maybe exploitation of people of lower socioeconomic status. Have you seen that in any jurisdictions that currently have paid plasma systems?

Mr. Statt: We have not seen that in those jurisdictions. We are acquainted with some of the ethical concerns that you raise: could there be an unfortunate impact on, you know, taking advantage of the vulnerable, as it were, if you moved to a paid plasma context? On the flip side, there are ethicists that also talk about: maybe it's not a problem that's ours to solve. If a vulnerable person or an individual that desires to have that remuneration proceeds to give, is it not their choice to in fact give? I think that on the ethical side there are both sides of that equation that we're acquainted with in the academic research.

The Chair: Okay. Member Pancholi.

Ms Pancholi: Actually, I'll cede to Member Hoffman.

Ms Hoffman: Thanks. Sorry. Change of plan.

The Chair: Okay. We're going to run out of time, so I'll just offer one question and an answer.

Ms Hoffman: Oh, okay.

The Chair: No follow-up; just one question and an answer.

Ms Hoffman: The point I was wanting you to elaborate on is around proximity to universities. I know that the U of A location, the Edmonton site, is the highest donation facility in all of Canada, and I know that there has been lots of concern raised... [Ms Hoffman's speaking time expired]

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

Ms Hoffman: Thank you.

... around: if people are financially compensated, will they feel the same level of desire to be completely honest when they're donating? If their donation depends on their blood being accepted, won't that potentially impact the way people answer questions when they're asked about their history? I think that that's something that's been raised in other jurisdictions, and I wonder if that's something you've had a chance to discuss with CBS and others on this matter.

9:00

Ms Laing: It is a question that we have discussed. We, unfortunately, don't have a lot of solid evidence to describe to us that that could not be occurring. Specifically, we've asked that question of our colleagues in the provinces that have paid collection sites. Again, because they are a private organization, we really don't have any way of collecting that information. But, as Graham said, it is one of those ethical dilemmas that we are aware of.

Ms Hoffman: Thank you.

The Chair: Okay. Thank you very much. The 20 minutes have expired.

I'd like to thank our guests from the Ministry of Health for joining us this morning. I'd also like to thank our members for the questions that they have asked this morning.

We will now move on to decisions on the review of Bill 204. Hon. members, the committee must now decide on how to conduct its review of Bill 204. In accordance with our agreed upon process, the committee may decide to invite additional feedback from stakeholders on this bill at a later meeting, or it may choose to expedite this review and proceed to deliberations. What are the members' thoughts on the issue? Would members like to hear from stakeholders, or would members wish to expedite the review? I saw Member Pancholi.

Ms Pancholi: Thank you, Mr. Chair. I'd actually like to commend the presentations we had today, mostly because I think this has drawn to light that this is a complicated issue. I can say that I'm listening to it with a very open mind and putting aside some of the, I think, divisive or hyperbolic comments. I don't see this as an issue that is really helped by a conversation that focuses on disparaging private companies or some of the other comments made by the sponsor. I really think this is genuinely about: is there an issue that this bill is addressing? What I'm hearing from the conversations that we've had so far and the presentations we've had so far is that this is a complex issue.

In particular, I hear that there is a concern that needs to be addressed with the shortage of supply. I absolutely, genuinely think we can all agree that that is a real and pressing issue that affects Canadians and Albertans specifically, of course. What I'm still unsure about is how the proposed bill really addresses that. I think what we are hearing is that different provinces are approaching this issue differently and that there is an international element as well as a national element as to how Canadian Blood Services operates perhaps on a national level.

What I'm still unclear about, having heard the presentations here today, is how the changes brought forward in the bill are going to directly improve Albertans' lives because, while we hear there's a shortage, we don't hear anything about how the changes proposed in this bill are actually going to ensure that there is a greater plasma supply or even businesses operating in Alberta. I think that has to be our focus, and it strikes me that this is really a national conversation that needs to be had. I believe, actually, that one of the stakeholders or one of the key organizations in this discussion has raised that very issue, and that's Canadian Blood Services, about how operating in silos province by province doesn't necessarily address what is a bigger issue.

I again preface this by saying that I'm very open to the discussion that's happening here. What I'm trying to hear is: how do we improve the lives of Albertans and greater access to plasma and blood? I think we certainly need to hear from some of those organizations, Canadian Blood Services in particular, but I also am interested in hearing from the patient organizations that the member mentioned that he spoke to. I would like to hear their perspective as well because I think this is a complex issue. I don't think that we can move forward in a thoughtful way and have a good conversation even when we get, hopefully, to the point that we are all operating from the same premise of information – I don't think we can get there without having a more fulsome discussion and presentation from stakeholders. I think that would bring value to the work of this committee, so I believe it will

be important to hear from the stakeholders that the member has spoken to as well as those who have made statements in the media and news. There are a lot of interested parties, and I think we would benefit from hearing from them in this committee.

The Chair: Thank you very much.

Ms Glasgo: Certainly, the spirit of my comments are much the same as the member who just spoke. I think that we need to hear from stakeholders on this, Mr. Chair. I think that we'd be doing ourselves a disservice if we didn't. I personally think that this is a complicated issue. I don't know about the other members here, but certainly when I woke up this morning, I didn't know quite as much as I even do now. I think that as we are all getting more aware of this issue and we're all getting more keenly interested and keenly intrigued by the comments made even from each other and then the perspectives brought from members opposite and from the stakeholder presenter and from the department, there are still many more questions to be asked, and I think that it is healthy and fair in a democratic society that we would ask those questions. I think that as a private member I would be more than happy to hear from more stakeholders and then make a decision from there. I think more information is good information.

The Chair: Okay. We're noticing some agreement here. Does anyone have anything new to add to the conversation? Otherwise, we could put forward a motion.

Seeing no one with hands in the air with new information, would someone like to move a motion? Member Pancholi. Member Pancholi would like to move that

the Standing committee on Private Bills and Private Members' Public Bills invite a maximum of six stakeholders, with three stakeholders chosen by each of the government and Official Opposition caucuses, to present to the committee on Bill 204, Voluntary Blood Donations Repeal Act, at an upcoming meeting and request that the caucuses submit their lists of stakeholders to the chair by noon on Wednesday, July 15, 2020.

All in favour of that motion, say aye. Any opposed?

That motion is carried.

All right. Thank you very much, committee members, for your patience here. We will now move to other business. Are there any other issues for discussion before we wrap up today's meeting? Okay. Seeing none.

Just in conversations with the clerk, given the fact that we have several committee meetings that are going on, not just private members' public bills – a number of other committees are meeting next week, and we are certainly limited on times – the clerk has recommended a date of Monday, July 20 at 9 a.m. for the next meeting. Does anybody have any issues regarding that particular date and time? Seeing none, that will be the date for the next meeting. All right. The next meeting will be, of course, at the call of the chair. It will come out for July 20 at 9 a.m.

Adjournment. If there's nothing else, I'd like to ask a member to adjourn. Okay. Mr. Nixon. Mr. Nixon moved that the meeting be adjourned. All those in favour, say aye. Any opposed? That motion is carried.

All right. Everyone, have a great day. Thank you very much.

[The committee adjourned at 9:08 a.m.]

