



Canadian Immunodeficiencies Patient Organization  
Organisation Canadienne des personnes immunodéficientes

Submission to the Standing Committee on Social Policy on Bill 21, An Act to safeguard health care integrity by enacting the Voluntary Blood Donations Act 2014, and by amending certain statutes with respect to the regulation of pharmacies and other matters concerning regulated health professions

December 1, 2014

CIPO, Canadian Immunodeficiencies Patient Organization

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CIPO

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[www.cipo.ca](http://www.cipo.ca)

CIPO, Canadian Immunodeficiencies Patient Organization, is a registered charity representing patients with Primary Immune Disorders (PIDs) across Canada. We would like to thank the Standing Committee on Social Policy for accepting our submission on Bill 21, An Act to safeguard health care integrity by enacting the Voluntary Blood Donations Act, 2014 and by amending certain statutes with respect to the regulation of pharmacies and other matters concerning regulated health professions.

There are currently 700 PID patients receiving treatment in Ontario with another 700 estimated not registered with CIPO. Canada is the largest user of IVIg (intravenous plasma treatment) per capita. Plasma-derived therapy is the only treatment option currently available, along with antibiotics, to PID patients.

An average PID patient in Ontario receives 30g – 40g of plasma product a month. It takes 1 to 2 hours for donors to fill a 0.85L bottle with plasma. 3 x 0.85L bottles plasma will make 10g bottle of plasma product. It takes between 9 and 12 people donating between 9 and 24 hours of time to collect enough plasma to treat one PID patient.

On April 1, 2014 CIPO wrote to then Health Minister Deb Matthews, as well as several other MPPs in regards to Bill 178, the Voluntary Blood Donation Act.

As end users of plasma-derived products, key concerns remain the same. These are:

1. The vast majority of PID patients in Ontario, and in Canada, are already using plasma-derived product from U.S. paid donors. There has been no problems or issues with these products and the safety regulations in place are considered safe by blood system regulators around the world. Currently, our patients feel safe with their product. We want them to continue in this regard.
2. Not allowing paid plasma donations in Canada will encourage Canada's over-reliance on the U.S for plasma. We are concerned that only 3 of some 30 plasma-derived products used by Canadians are manufactured in whole or in part by plasma collected from unpaid donors by CBS and Héma-Quebec.
3. CIPO understands the fear of the past, but over the last 20 years the plasma industry has developed very well documented and effective procedures to collect and process plasma safely for the donors and the recipients.
4. CIPO feels that maybe this Bill is in reaction to public opinion or certain plasma collection centres, and not what is best for the future of the province. As a patient group, we hope this government acts makes a decision based on science and ethics rather than history and politics.

We at CIPO will continue to work with Canadian Blood Services and Héma-Quebec to encourage blood and plasma donations and to make the most complete use of all components. We feel that just as in life, this is not a black and white decision. Plasma is the only therapy option available to PID patients, at CIPO we are asking the Ontario Government not to cut off a life line.

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Tuesday April 1, 2014

Ministry of Health and Long-Term Care  
Attn: Deb Matthews  
80 Grosvenor Street  
10th Floor, Hepburn Block  
Toronto, Ontario M7A 2C4

RE: Ontario Bill 178, Voluntary Blood Donations Act

Dear Hon. Deb Matthews:

I would like to say that CIPO in no way or form condones or endorses the business practices of the Company currently collecting Compensated Plasma Donations in Ontario. The sole purpose of this letter is to ask for due process in the Reading of Bill 178.

It has come to our attention that your proposed Bill 178 is currently in reading and unfairly targets all Compensated Plasma Donation on the alleged basis of safety citing the outdated claims of the Krever Commission report, which contains information that is more than twenty years old.

With new testing technology, donor assessment methods, and manufacturing processes, significant advancements have been made in product safety and quality since the report. Over the past twenty years,

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there has not been a reported transmission of HIV or hepatitis thoroughly documented by the FDA, Australian, and European authorities.

Compensated Plasma Donations would allow Plasma derived products designated as “Canadian” to be more readily available to Canadians in larger quantities. It would increase the availability of products sourced in a manner that Health Canada and our Ministers of Health have ensured are derived in a safe and secure manner following strict procurement and manufacturing processes, in turn giving Canadian end-product users peace of mind.

It is also understood that Canada’s goal of self-sufficiency in regards to the supply of plasma-derived medicinal products would suffer if Bill 187 were implemented. Approximately 70% of current immunoglobulin therapies in Canada are imported from the United States, according to Canadian Blood Services, most of which is derived from compensated donation. This need for plasma products is likely to grow. Currently, there is insufficient volunteer donated plasma sourced in Canada to supply this need, and we cannot be self-sustaining. With this ultimate goal in mind, a permanent ban on Compensated Plasma Donation could be detrimental and possibly life threatening in some cases, should volunteer supplies fail.

Presently, our plasma donations are sent to manufacturing plants in the USA and Europe to be processed and returned to Canada, as we do not have processing plants in Canada. Our patient populations with Primary Immune Deficiencies are reliant on pooled blood products, IVIg and SCIg, to remain healthy and infection free. Should Canada decide to ban Compensated Plasma Donation Canada-wide, this could have a global impact on supply and diversity of source product.

Should Canada not assist globally in ensuring the supply of a product it utilizes, to ensure that supply meets demand and that we eventually become independent while doing so? We hope that you agree and consider postponement of passing of Bill 178 so further consideration of the matter may be given. I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Tough", with a long horizontal flourish extending to the right.

Elizabeth Tough, LPN

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Cc: Christine Elliott, Deputy Leader of the Ontario PC Party and Health Critic  
France G elinas, Health Critic for the Ontario New Democrat Party  
Jim Wilson, House Leader, Ontario PC Party  
John Milloy, Government House Leader  
Gilles Bisson, House Leader, Ontario NDP Party  
CIPO Board of Directors

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