Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/071/2017]

On July 12, 2017, the Department of Health and Community Services (the Department) received your request for access to the following records:

"All communications, memo's, emails, letters from Canadian Blood Services to the Ministry of Health/Minister of Health and personnel that work on the blood file on the issue of paid-plasma between the January 2015-July 2017. All communications from the Ministry of Health to provincial and territorial counterparts on the issue of paid-plasma between January 2016-July 2017. All communications (if any) between Canadian Plasma Resources, their lobbyist Jim Pimblett and the Ministry of Health, Health Minister between 2013-2017"

I am pleased to inform you that a decision has been made by John G. Abbott, Deputy Minister for the Department to provide access to some of the requested information.

Access to the remaining information contained within the records, has been refused in accordance with the following exceptions to disclosure, as specified in the Access to Information and Protection of Privacy Act (the Act):

Section 29 – Policy Advice or Recommendations  
Section 30 – Legal Advice  
Section 34 – Disclosure Harmful to Intergovernmental Relations or Negotiations  
Section 35 – Disclosure Harmful to Financial or Economic Interests of a Public Body

The following pages have been removed:

Section 2 - Email Attachments

- Pages 106-114 – s. 30(1)(a)
- Pages 120-179 – s. 34(1)(b), s. 35(1)(f)
- Pages 184-324 – s. 29(1)(a), s.34(1)(b)
As required by 8(2) of the Act, we have severed information that is unable to be disclosed and have provided you with as much information as possible.

In accordance with your request for a copy of the records, the appropriate copies have been enclosed.

Please be advised that you may appeal this decision and ask the Information and Privacy Commissioner to review the decision to provide partial access to the requested information, as set out in section 42 of the Act (a copy of this section of the Act has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner. Your appeal should identify your concerns with the request and why you are submitting the appeal.

The appeal may be addressed to the Information and Privacy Commissioner as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P.O. Box 13004, Stn. A
St. John’s, NL, A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section of the Act has been enclosed for your reference).

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact me by telephone at 709-729-7010 or by email at MichaelCook@gov.nl.ca.

Sincerely,

Michael Cook
ATIPP Coordinator
29. (1) The head of a public body may refuse to disclose to an applicant information that would reveal

(a) advice, proposals, recommendations, analyses or policy options developed by or for a public body or minister;

(b) the contents of a formal research report or audit report that in the opinion of the head of the public body is incomplete and in respect of which a request or order for completion has been made by the head within 65 business days of delivery of the report; or

(c) draft legislation or regulations.

(2) The head of a public body shall not refuse to disclose under subsection (1)

(a) factual material;

(b) a public opinion poll;

(c) a statistical survey;

(d) an appraisal;

(e) an environmental impact statement or similar information;

(f) a final report or final audit on the performance or efficiency of a public body or on any of its programs or policies;

(g) a consumer test report or a report of a test carried out on a product to test equipment of the public body;

(h) a feasibility or technical study, including a cost estimate, relating to a policy or project of the public body;

(i) a report on the results of field research undertaken before a policy proposal is formulated;

(j) a report of an external task force, committee, council or similar body that has been established to consider a matter and make a report or recommendations to a public body;

(k) a plan or proposal to establish a new program or to change a program, if the plan or proposal has been approved or rejected by the head of the public body;

(l) information that the head of the public body has cited publicly as the basis for making a decision or formulating a policy; or
(m) a decision, including reasons, that is made in the exercise of a discretionary power or an adjudicative function and that affects the rights of the applicant.

(3) Subsection (1) does not apply to information in a record that has been in existence for 15 years or more.

Legal advice

30. (1) The head of a public body may refuse to disclose to an applicant information

(a) that is subject to solicitor and client privilege or litigation privilege of a public body; or

(b) that would disclose legal opinions provided to a public body by a law officer of the Crown.

(2) The head of a public body shall refuse to disclose to an applicant information that is subject to solicitor and client privilege or litigation privilege of a person other than a public body.

Disclosure harmful to intergovernmental relations or negotiations

34. (1) The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to

(a) harm the conduct by the government of the province of relations between that government and the following or their agencies:

   (i) the government of Canada or a province,

   (ii) the council of a local government body,

   (iii) the government of a foreign state,

   (iv) an international organization of states, or

   (v) the Nunatsiavut Government; or

(b) reveal information received in confidence from a government, council or organization listed in paragraph (a) or their agencies.

(2) The head of a public body shall not disclose information referred to in subsection (1) without the consent of

(a) the Attorney General, for law enforcement information; or

(b) the Lieutenant-Governor in Council, for any other type of information.
(3) Subsection (1) does not apply to information that is in a record that has been in existence for 15 years or more unless the information is law enforcement information.

Disclosure harmful to the financial or economic interests of a public body

35. (1) The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose

(a) trade secrets of a public body or the government of the province;

(b) financial, commercial, scientific or technical information that belongs to a public body or to the government of the province and that has, or is reasonably likely to have, monetary value;

(c) plans that relate to the management of personnel or the administration of a public body and that have not yet been implemented or made public;

(d) information, the disclosure of which could reasonably be expected to result in the premature disclosure of a proposal or project or in significant loss or gain to a third party;

(e) scientific or technical information obtained through research by an employee of a public body, the disclosure of which could reasonably be expected to deprive the employee of priority of publication;

(f) positions, plans, procedures, criteria or instructions developed for the purpose of contractual or other negotiations by or on behalf of the government of the province or a public body, or considerations which relate to those negotiations;

(g) information, the disclosure of which could reasonably be expected to prejudice the financial or economic interest of the government of the province or a public body; or

(h) information, the disclosure of which could reasonably be expected to be injurious to the ability of the government of the province to manage the economy of the province.

(2) The head of a public body shall not refuse to disclose under subsection (1) the results of product or environmental testing carried out by or for that public body, unless the testing was done

(a) for a fee as a service to a person or a group of persons other than the public body; or

(b) for the purpose of developing methods of testing.
Access or correction complaint

42. (1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16(2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52(1) or 53(1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

(a) a request that is disregarded under section 21;

(b) a decision respecting an extension of time under section 23;

(c) a variation of a procedure under section 24; or

(d) an estimate of costs or a decision not to waive a cost under section 26.

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.
Direct appeal to Trial Division by an applicant

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42, the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16(2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner’s refusal under subsection 45(2).
Thanks very much, Max. Most appreciated.

Simon

---

Simon Kennedy
Deputy Minister of Health / Sous-ministre de la Santé
Health Canada / Santé Canada
70 Colombine Driveway
15th Floor, Room 1526B / 15ème étage, Pièce 1526B
Brooke Claxton Building
Tunney's Pasture
Postal Locator / Indice de l'adresse: 0915B
Ottawa, Ontario
K1A 0K9

Phone / Téléphone: (613) 957-0212
Fax / Télécopieur: (613) 952-8422

From: Hendricks, Max HE0 [mailto:Max.Hendricks@health.gov.sk.ca]
Sent: 2017-04-12 3:31 PM
To: Kennedy, Simon (HC/SC); 'stephen.brown@gov.bc.ca'; 'carl.amrhein@gov.ab.ca'; 'karen.herd@leg.gov.mb.ca'; 'robert.bell@ontario.ca'; 'michel.fontaine@msss.gouv.qc.ca'; 'tom.maston@gnb.ca'; 'Denise.Perret@novascotia.ca'; 'kacritchley@gov.pe.ca'; 'Johnabbott@gov.nl.ca'; 'brendalee.doyle@gov.yk.ca'; 'debbie_delancey@gov.nt.ca'; 'cstockley@gov.nu.ca'
Cc: Hoffman, Abby (HC/SC); Donoghue, Christine (HC/SC); Mithani, Siddika (PHAC/ASPC); Covey, June HE0
Subject: RE: Plasma Panel / Comité d'expert sur la question du plasma

Thank you for your April 5, 2017 email providing the list of candidates for the Expert Panel on Plasma Product Supply in Canada. We are pleased with the thoughtful selection of members and feel that they represent a diverse mix of experience and knowledge on the subject.

I note that many of these panel members contributed significantly to the ethical discussions around plasma products in the mid and late 1990s. It is our hope that the panel members will recognize that the blood system has changed dramatically over the last 20 years. In the 1990s, human source plasma was the material from which almost all manufactured blood products were produced. Since this time, there has been a revolution in the production of the majority of the products which are
now recombinant products. Predominantly, only Immunoglobulin (IG) and Albumin are produced from human source plasma in our current system.

Max Hendricks
Government of Saskatchewan
Deputy Minister
Deputy Minister’s Office, Ministry of Health
3475 Albert Street
Regina, Canada, S4S 6X6
Bus: 306.787.3041
Email: mhendricks@health.gov.sk.ca

This message, including any attached documents, is intended for the addressees only. It may contain information that is confidential, privileged and/or exempt from disclosure. No rights to privilege or confidentiality have been waived. Any unauthorized use or disclosure is prohibited. If you have received this message in error, please reply to the sender by e-mail and delete or destroy all copies of this message.

From: Choueiri, Charbel (HC/SC) [mailto:charbel.choueiri@canada.ca] On Behalf Of Kennedy, Simon (HC/SC)
Sent: Wednesday, April 05, 2017 2:58 PM
To: 'stephen.brown@gov.bc.ca'; 'carl.amrhein@gov.ab.ca'; Hendricks, Max HEO;
'karen.herd@leg.gov.mb.ca'; 'robert.bell@ontario.ca'; 'michel.fontaine@msss.gouv.qc.ca';
'tom.meston@gnb.ca'; 'Denise.Perret@novascotia.ca'; 'kacritchley@gov.pe.ca'; 'Johnabbott@gov.nl.ca';
'brendalee.doyle@gov.yk.ca'; 'debbie_delancey@gov.nt.ca'; 'cstockley@gov.nu.ca'
Cc: Hoffman, Abby (HC/SC); Kennedy, Simon (HC/SC); Donoghue, Christine (HC/SC); Mithani, Siddika (PHAC/ASP)
Subject: Plasma Panel / Comité d’expert sur la question du plasma

(Le français suit) 

Dear colleagues:

We have had two conversations over the past several weeks about the possibility of FPT governments participating in an Expert Panel review of the blood plasma issue. On this front, it is my understanding that PTs are still considering our offer to join a small working group that could help us adjust the draft terms of reference for the panel, such that they might find favour with all PT governments. I remain hopeful you will be willing to proceed along these lines and look for a response soon.

In the meantime, I wanted to share with you a set of names of possible experts, domestic and international, that could be considered for the panel. I should be clear that none of these individuals have yet been approached. Moreover, the idea would not be to engage all of these people, but rather to identify a smaller subset of perhaps
3 or 4 experts who could undertake the work. Before we reach out to confirm the interest and/or availability of possible panel members, I thought, in the spirit of collaboration, that it would be a good idea to show you all the initial list of prospective panelists. I am hoping that by doing so, we might get a sense from you as to whether anything about this list poses a concern, or conversely whether there are, among any of the prospective panelists, individuals you would be really keen to see be part of the process. In addition, we would be interested in other names you might wish to put forward for possible membership on the panel.

The list attached by design identifies experts in a number of domains – blood system management, economics, international, etc. – as we believe it would be advantageous to have a panel that brings together expertise across the various disciplines relevant to the issue. As you will see, we have also identified some international experts, as we think it important for the panel to have a perspective that looks beyond our borders, given the global nature of the plasma sector.

If we want to have the proposed panel up and running this spring, we will need to begin soliciting the possible interest of panelists soon. Any expert of stature, even if willing to participate in this project, will need ample lead time to get ready. With this in mind, could you please provide any input you may have within one week’s time, ie. by no later than April 12, 2017.

With my thanks,

Simon

************************************************************************************************************

Chers collègues,

Nous avons eu deux (2) conversations au cours des dernières semaines sur la possibilité des gouvernements fédéral, provinciaux et territoriaux (FPT) de participer à l’examen du comité d’expert sur la question du plasma. À cet égard, j’ai cru comprendre que les gouvernements provinciaux et territoriaux (PT) réfléchissent toujours à notre offre de se joindre à un petit groupe de travail qui pourrait nous aider à apporter les ajustements nécessaires au mandat provisoire du comité, de sorte que le mandat soit appuyé par l’ensemble des gouvernements provinciaux et territoriaux. J’ai bon espoir que vous serez enclin d’aller dans cette direction et j’attends avec impatience votre réponse très bientôt.

Entre-temps, j’aimerais partager avec vous quelques noms potentiels d’experts, au niveau national et international, qui pourraient être envisagés par le comité. Je dois vous préciser qu’aucune de ces personnes n’a été approchée jusqu’à maintenant. De plus, l’idée n’est pas de mobiliser toutes ces personnes, mais plutôt d’identifier un sous-groupe d’environ 3 ou 4 experts qui pourraient entreprendre le travail. Avant de communiquer avec ces personnes pour confirmer leurs intérêts ou leur disponibilité au comité à titre d’expert, il me semblait, dans un esprit de collaboration, qu’il serait
approprié de vous faire parvenir la liste initiale. J’espère en agissant ainsi, que nous pourrions avoir une idée de votre point de vue à savoir si vous avez quelque préoccupation que ce soit à l’égard de cette liste, ou au contraire si parmi tous ses participants potentiels, vous entrevoyez certaines personnes dont vous souhaiteriez réellement qu’elles prennent part au processus. De plus, nous souhaiterions obtenir d’autres suggestions de noms que vous aimeriez proposer comme membres experts sur le comité.

La liste en annexe (en anglais seulement – la version française suivra) indique les experts œuvrant dans divers domaines – gestion de système sanguin, secteur économique, affaires internationales, etc. Puisque nous croyions qu’il serait avantageux d’établir un comité réunissant de l’expertise provenant de diverses disciplines pertinentes à la question. Comme vous le constaterez, nous avons également indiqué certains experts internationaux, car nous trouvons qu’il est important que le comité possède une perspective qui va au-delà des frontières, compte tenu de la nature de plus en plus mondiale du secteur du plasma sanguin.

Si nous voulons avoir le comité en place ce printemps, nous aurons besoin de commencer à solliciter l’intérêt éventuel des participants très bientôt. Tout expert éminent, même si celui-ci est disposé à prendre part à ce projet, demandera d’avoir suffisamment de temps à l’avance pour se préparer. Dans cette optique, pourriez-vous nous faire parvenir vos commentaires d’ici une semaine, c.-à-d., au plus tard le 12 avril 2017.

Avec tous mes remerciements,

Simon

_________________________________________
Simon Kennedy
Deputy Minister of Health / Sous-ministre de la Santé
Health Canada / Santé Canada
70 Colombine Driveway
15th Floor, Room 1526B / 15ième étage, Pièce 1526B
Brooke Claxton Building
Tunney’s Pasture
Postal Locator / Indice de l’adresse: 0915B
Ottawa, Ontario
K1A 0K9

Phone / Téléphone: (613) 957-0212
Fax / Télécopieur: (613) 952-8422
This will be discussed on April 28th – paper item.

Vanessa

Vanessa Reddick
Program and Policy Development Specialist
Dept. Health & Community Services
Tel: 709-729-1416
Fax: 709-729-3416
vanessareddick@gov.nl.ca

From: Mark Iocchelli [mailto:mark.iocchelli@gov.ab.ca]
Sent: Tuesday, April 18, 2017 12:02 PM
To: Hodan Youssuf; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'bdbertelsen@gov.pe.ca';
'cameron.derksen@gov.bc.ca'; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca';
'elizabeth.parsons@gov.mb.ca'; 'emmanuel.dowuona2@ontario.ca'; 'evan.sotiropoulos@ontario.ca';
'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca'; 'heatherruptash@gov.nt.ca'; 'jean
francois.melancon@msss.gouv.qc.ca'; 'jennifer.white2@gov.mb.ca'; 'kirstin.nucklaus@novascotia.ca';
'laura.lang@gov.yk.ca'; 'leann.cairns@gov.bc.ca'; 'lingebrigtson@gov.nu.ca';
'mark.goossens@health.gov.sk.ca'; 'marlien.mckay@gnb.ca'; Marta Kozdron;
'nicolas.seney@msss.gouv.qc.ca'; 'noreenjones@gov.nl.ca'; 'peggybaikie@gov.nl.ca'; Qendresa Beka;
'regina.angeleau@gov.mb.ca'; 'richard.almond@gov.bc.ca'; Sarah Aaron;
'shafagh.daneshfar@gov.mb.ca'; 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca';
'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; Suzette Mackey; 'tarapower@gov.nl.ca';
'tricia.poilievre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushma.mehta@ontario.ca';
'vanessareddick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; Clare Denman;
'Megan.McCreary@novascotia.ca'; 'ran.ukashi@gov.mb.ca'; 'michaelharvey@gov.nl.ca'; 'ctoghiani
rizi@gov.nu.ca'; 'Andrew.Webber@novascotia.ca'; 'Jessica.irvine@gov.mb.ca'; Sara Parker;
'Kevin.Samra@gov.bc.ca'; Anastasia Kutt; 'Heather.Scheffer@gov.bc.ca'; 'Stephanie.Taylor@gov.bc.ca';
'Ramona.Muneswar@ontario.ca'; Breen, Seamus
Subject: Draft List of FPT CDM Topics

Received late Thursday from Health Canada – their draft list of proposed topics for the FPT CDM.
Two comments:

- Multilateral discussions may of course impact this list.

Thank you,

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Elaine,

Call confirmed as per our earlier conversation.

Connie - Can you please put in Michael’s calendar,

Vanessa Reddick
Program and Policy Development Specialist
Dept. Health & Community Services
Tel: 709-729-1416
Fax: 709-729-3416
vanessareddick@gov.nl.ca

From: Mark Iocchelli [mailto:mark.iocchelli@gov.ab.ca]
Sent: Wednesday, April 12, 2017 11:39 AM
To: Hodan Youssuf; 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca';
'bdbertelsen@gov.pe.ca'; 'cameron.derkson@gov.bc.ca'; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca';
'elizabeth.parsons@gov.mb.ca'; 'emmanuel.dowoona2@ontario.ca'; 'evan.sotiropoulos@ontario.ca';
'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca'; 'heather_ruptash@gov.nt.ca'; 'jean-
francois.melancon@msss.gouv.qc.ca'; 'jennifer.white2@gov.mb.ca'; 'kirstin.nucklaus@novascotia.ca';
'laura.lang@gov.yk.ca'; 'leann.cairns@gov.bc.ca'; 'lingebrigtson@gov.nu.ca';
'mark.goossens@health.gov.sk.ca'; 'marlien.mckay@gnb.ca'; Marta Kozdron;
'nicolas.senev@msss.gouv.qc.ca'; 'noreenjones@gov.nl.ca'; 'peggybaikie@gov.nl.ca'; Qendresa Beka;
'regina.angeleau@health.gov.sk.ca'; 'richard.almond@gov.bc.ca'; Sarah Aaron;
'shafagh.daneshfar@gov.mb.ca'; 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca';
'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; Suzette Mackey; 'tarapower@gov.nl.ca';
'tricia.poilevre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca';
'vennessareddick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; Clare Denman;
'Megan.McCreary@novascotia.ca'; 'ran.ukashi@gov.mb.ca'; 'michael.harvey@gov.nl.ca'; 'ctoghiani-
rizi@gov.yk.ca'; Andrew.Webber@novascotia.ca; 'Jessica.Irvine@gov.mb.ca'; Sara Parker;
'Kevin.Samra@gov.bc.ca'; Anastasia Kutt; 'Heather.Scheffer@gov.bc.ca'; 'Stephanie.Taylor@gov.bc.ca';
Ramone.Muneswar@ontario.ca
Subject: Tuesday, April 18 FPT Teleconference

Good Morning HSC,

As requested, here is a summary of the upcoming teleconference discussed yesterday on our HSC call yesterday.

Date: Tuesday, April 18
Time: 2:00-3:00PM Eastern
Subject: Federal Plasma Panel
Purpose: Health Canada would like to touch base with PT DMs to discuss PT Involvement on the Plasma Panel establishment.
Invitations: DM or a Designate
Agenda and Dial-In Information: Forthcoming from Health Canada
Thank you,

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
From: Reddick, Vanessa
To: Baikie, Peggy
Subject: FW: For your consideration re: Plasma Panel / Comité d'expert sur la question du plasma
Date: Wednesday, April 12, 2017 11:25:00 AM

fyi

Vanessa Reddick
Program and Policy Development Specialist
Dept. Health & Community Services
Tel: 709-729-1416
Fax: 709-729-3416
vanessareddick@gov.nl.ca

From: Nucklaus, Kirstin [mailto:Kirstin.Nucklaus@novascotia.ca]
Sent: Wednesday, April 12, 2017 11:20 AM
To: Trish (DH/MS) Fanjoy (Trish.Fanjoy@gnb.ca); 'dave.dell@gnb.ca'; Shaun MacNeill (smacneill@gov.pe.ca); Reddick, Vanessa
Subject: FW: For your consideration re: Plasma Panel / Comité d'expert sur la question du plasma
Importance: High

Hi all:
Do you have a sense re: your jurisdiction's position on Health Canada 'going it alone' re: the Expert Plasma Panel?
Thx,
K

From: Nucklaus, Kirstin
Sent: April-12-17 9:48 AM
To: 'tricia.poilievre@gov.bc.ca' <tricia.poilievre@gov.bc.ca>; mark.goossens@health.gov.sk.ca; Leann.Calms@gov.bc.ca
Subject: FW: For your consideration re: Plasma Panel / Comité d'expert sur la question du plasma

Hi BC and SK:
So I am trying to transition away from IGA but I keep getting pulled into stuff....
My DM had asked for thoughts on potential Panel members, and has now asked me to put an email together for her for her to send to DM Kennedy re: potential panel members to go out today (Apr 12).

We don’t oppose the Panel, see that it could be beneficial in terms of some political cover but also some useful analysis. Given the Panel’s mandate (per the draft ToR) delves into PTs’ authority and PT Health Ministers (except QC) are Corporate Members of CBS, and PTs fund the Canadian blood system, [bold]s. 29(1)(a) [underline]

However, we’ve recently been advised of the April 18 FPT DM teleconference re: continued PT involvement in the Panel, and I need to advise my DM on that in my response back to her (per her
Dear colleagues:

We have had two conversations over the past several weeks about the possibility of FPT governments participating in an Expert Panel review of the blood plasma issue. On this front, it is my understanding that PTs are still considering our offer to join a small working group that could help us adjust the draft terms of reference for the panel, such that they might find favour with all PT governments. I remain hopeful you will be willing to proceed along these lines and look for a response soon.

In the meantime, I wanted to share with you a set of names of possible experts, domestic and international, that could be considered for the panel. I should be clear that none of these individuals have yet been approached. Moreover, the idea would not be to engage all of these people, but rather to identify a smaller subset of perhaps 3 or 4 experts who could undertake the work. Before we reach out to confirm the interest and/or availability of possible panel members, I thought, in the spirit of collaboration, that it would be a good idea to show you all the initial list of prospective panelists. I am hoping that by doing so, we might get a sense from you as to whether anything about this list poses a concern, or conversely whether there are, among any of the prospective panelists, individuals you would be really keen to see be part of the process. In addition, we would be interested in other names you might wish to put forward for possible membership on the panel.

The list attached by design identifies experts in a number of domains – blood system management, economics, international, etc. – as we believe it would be advantageous to have a panel that brings together expertise across the various disciplines relevant to the issue. As you will see, we have also identified some international experts, as we think it important for the panel to have a perspective that looks beyond our borders, given the global nature of the plasma sector.
If we want to have the proposed panel up and running this spring, we will need to begin soliciting the possible interest of panelists soon. Any expert of stature, even if willing to participate in this project, will need ample lead time to get ready. With this in mind, could you please provide any input you may have within one week’s time, ie. by no later than April 12, 2017.

With my thanks,

Simon

**********************************************

Chers collègues,

Nous avons eu deux (2) conversations au cours des dernières semaines sur la possibilité des gouvernements fédéral, provinciaux et territoriaux (FPT) de participer à l'examen du comité d'expert sur la question du plasma. À cet égard, j'ai cru comprendre que les gouvernements provinciaux et territoriaux (PT) réfléchissent toujours à notre offre de se joindre à un petit groupe de travail qui pourrait nous aider à apporter les ajustements nécessaires au mandat provisoire du comité, de sorte que le mandat soit appuyé par l'ensemble des gouvernements provinciaux et territoriaux. J'ai bon espoir que vous serez enclin d'aller dans cette direction et j'attends avec impatience votre réponse très bientôt.

Entre-temps, j'aimerais partager avec vous quelques noms potentiels d'experts, au niveau national et international, qui pourraient être envisagés par le comité. Je dois vous préciser qu'aucune de ces personnes n'a été approchée jusqu'à maintenant. De plus, l'idée n'est pas de mobiliser toutes ces personnes, mais plutôt d'identifier un sous-groupe d'environ 3 ou 4 experts qui pourraient entreprendre le travail. Avant de communiquer avec ces personnes pour confirmer leurs intérêts ou leur disponibilité au comité à titre d'expert, il me semblait, dans un esprit de collaboration, qu'il serait approprié de vous faire parvenir la liste initiale. J'espère en agissant ainsi, que nous pourrons avoir une idée de votre point de vue à savoir si vous avez quelque préoccupation que ce soit à l'égard de cette liste, ou au contraire si parmi tous ses participants potentiels, vous entrevoyez certaines personnes dont vous souhaiteriez réellement qu'elles prennent part au processus. De plus, nous souhaiterions obtenir d'autres suggestions de noms que vous aimeriez proposer comme membres experts sur le comité.

La liste en annexe (en anglais seulement - la version française suivra) indique les experts œuvrant dans divers domaines - gestion de système sanguin, secteur économique, affaires internationales, etc. Puisque nous croyions qu'il serait avantageux d'établir un comité réunissant de l'expertise provenant de diverses disciplines pertinentes à la question. Comme vous le constaterez, nous avons également indiqué certains experts internationaux, car nous trouvons qu'il est important que le comité possède une perspective qui va au-delà des frontières,
compte tenu de la nature de plus en plus mondiale du secteur du plasma sanguin.

Si nous voulons avoir le comité en place ce printemps, nous aurons besoin de commencer à solliciter l'intérêt éventuel des participants très bientôt. Tout expert éminent, même si celui-ci est disposé à prendre part à ce projet, demandera d'avoir suffisamment de temps à l'avance pour se préparer. Dans cette optique, pourriez-vous nous faire parvenir vos commentaires d'ici une semaine, c.-à-d., au plus tard le 12 avril 2017.

Avec tous mes remerciements,

Simon

______________________________

Simon Kennedy
Deputy Minister of Health / Sous-ministre de la Santé
Health Canada / Santé Canada
70 Colombine Driveway
15th Floor, Room 1526B / 15ième étage, Pièce 1526B
Brooke Claxton Building
Tunney's Pasture
Postal Locator / Indice de l'adresse: 0915B
Ottawa, Ontario
K1A 0K9

Phone / Téléphone: (613) 957-0212
Fax / Télécopieur: (613) 952-8422
Sent from my BlackBerry 10 smartphone on the Bell network.

From: Goossens, Mark HEO <Mark.Goossens@health.gov.sk.ca>
Sent: Wednesday, March 22, 2017 7:25 PM
To: 'Mark Iocchelli'; Tucker, Alison; amy.j.hope@ontario.ca; bdbertelsen@gov.pe.ca; cameron.derkson@gov.bc.ca; carter_stirling@gov.nt.ca; dave.dell@gnb.ca; denise_canuel@gov.nt.ca; elizabeth.parsons@gov.mb.ca; emmanuel.dowuona2@ontario.ca; evan.sotiropoulos@ontario.ca; fatma.sayani@gov.bc.ca; george.doyle-bedwell@novascotia.ca; heather_ruptash@gov.nt.ca; jean-francois.melancon@msss.gouv.qc.ca; jennifer.white2@gov.mb.ca; kirstin.nucklaus@novascotia.ca; laura.lang@gov.yk.ca; leann.cairns@gov.bc.ca; linglebritson@gov.nu.ca; marlien.mckay@gnb.ca; Marta Kozdron; nicolas.seney@msss.gouv.qc.ca; Jones, Noreen; Baikie, Peggy; Qendresa Beka; regina.angeleau@gov.mb.ca; richard.almond@gov.bc.ca; Sarah Aaron; shafagh.daneshfar@gov.mb.ca; skye.mitchell@ontario.ca; skylan.parker@gov.yk.ca; smacneill@gov.pe.ca; Stacey.Kwan@ontario.ca; Suzette Mackey; Power, Tara; tricia.pollevre@gov.bc.ca; trish.fanjoy@gnb.ca; tushna.mehta@ontario.ca; Reddick, Vanessa; Jerome, Victoria HEO; Chris Nickerson; Clare Denman; Megan.McCreary@novascotia.ca; Hodan Youssuf; ran.ukashi@gov.mb.ca; Harvey, Michael; ctoghianirizi@gov.nu.ca; Andrew.Webber@novascotia.ca; Jessica.irvine@gov.mb.ca; Sara Parker; Kevin.Samra@gov.bc.ca; Anastasia Kutt; Heather.Scheffer@gov.bc.ca
Subject: RE: Update: DM Amrhein and DM Kennedy Bilateral Call

Hi there,

In case people haven’t seen this we noticed the following language in today’s federal budget documents:

Pg. 157:

Budget 2017 will provide an immediate down payment on investments in home care and mental health through a new targeted legislated transfer to provide 2017-18 funding to the provinces and territories that have accepted the federal offer. Governments are working to develop agreements on performance indicators and mechanisms for annual reporting to citizens, as well as a detailed plan on how the funds will be spent, over and above existing programs. These will be consistent with the pan-Canadian approach envisaged in the federal offer in December 2016.

What Success Will Look Like
• More patients receiving better care at home or in the community.
• Shortened wait times for mental health services to help children and young persons under the age of 25 in need of support.
• Improved accountability to Canadians through reporting on new home care and mental health investments in the health care system.
Good Afternoon HSC. Reporting back on my DMs March 17 commitment, DM Amrhein and DM Kennedy had a short discussion today on the following topics.

Health Accord
DM Amrhein shared the PT DM comments raised on March 17, there were four points: 1) clarity around the role of CIHI; 2) a desire to understand terms of bilateral press releases; 3) request for a conversation on what the terms mean and 4) concerns about the reporting requirements around homecare.
DM Kennedy said that he would be please to speak to all those points on Friday if necessary. He stated that he would seek a middle ground between loose and hard targets. "Not as stringent as X# of people by xdate" was the language used by DM Kennedy who advised that he would share his vision in greater detail on Friday's call.
Alberta's impression is that there in an expectation for moving significantly forward leading up to and including the May/June Conference of Deputy Ministers.

Blood Plasma
Alberta raised concerns shared by PTs on the March 17 teleconference in terms of paid/unpaid plasma, including that some PTs currently have reservations about participating in the panel.
DM Kennedy stated that the ToR does not lean toward a specific position, so he was unclear why there are concerns, but that he will be prepared to discuss on March 24.
In a non-Co-Chair capacity, DM Amrhein offered that Alberta officials work with Health Canada to review the ToR from a purely technical perspective.

Thank you,
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
The final CBNs for the CBS SMM. John is Proxy for the Minister. I will start the NL notes today; would you please review for me?

-----Original Message-----
From: Otegbade, Morinsola (HSAL) [mailto:Morinsola.Otegbade@gov.mb.ca] On Behalf Of Peppel, Wendy (HSAL)
Sent: Thursday, March 02, 2017 7:03 PM
To: Brian D. Bertelsen; Dai Kim; Osborne, Daphne; Glenna Laing; Jane Stafford; Jo-Anne Hubert; Judy Hoff; Marina Hamilton; Sonia Marchand; Violet Van Hees; Peppel, Wendy (HSAL); Wendy Vowles
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Humphries, Debbie; Dianna Williams; Elaine Adams; Gilbert, Ellen (HSAL); Heather Davidson; Janette Romanuk; Katherine Leong; Kim Austin; LeeAnn Marion ; Lihua Jiang; Lyndi Blakely; Otegbade, Morinsola (HSAL); Rume Djobah; Samantha Cassie; Tom Smith; Treena Bellamy
Subject: Final CBNs for March 9 2017 SMM

Sent on behalf of Wendy Peppel, Lead Senior Manager

Please see the attached CBNs for inclusion with the SMM binders to be provided to Ministers for the call scheduled for March 9 2017.

Thanks,
Morin
Morinsola Otegbade
Office of Provincial Transplant and Transfusion Services Manitoba Health, Seniors and Active Living
4027-300 Carlton Street
Winnipeg, Manitoba, R3B 3M9
P: (204)788-6360 F: (204) 944-0669
E: Morinsola.Otegbade@gov.mb.ca
NL supports.

Thank you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John’s, NL A1B 4J6
Ph: 709-729-5246

BC supports

From: Vowles, Wendy M HLTH:EX [mailto:Wendy.Vowles@gov.bc.ca]
Sent: Monday, February 27, 2017 5:15 PM
To: Kim, Dai (MOHLTC); Hamilton, Marina; Peppel, Wendy (HSAL); XT:Bertelsen, Brian HLTH:IN; Osborne, Daphne; Glenna Laing; Jane Stafford; Jo-Anne Hubert; Judy Hoff; Sonia Marchand; XT:HLTH Van Hees, Violet
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Humphries, Debbie; Williams, Dianna HLTH:EX; Adams, Elaine; Gilbert, Ellen (HSAL); Davidson, Heather A HLTH:EX; Janette Romanuk; Leong, Katherine HLTH:EX; Kim Austin; LeeAnn Marion; Jiang, Lihua (MOHLTC); Lyndi Blakely; Otegbade, Morinsola (HSAL); Rume Djebah; Samantha Cassie; Smith, Thomas A. (MOHLTC); Treena Bellamy

ON supports...thanks Marina

From: Hamilton, Marina [mailto:Marina.Hamilton@nshealth.ca]

NS recommends adding the following to the CBN:

Marina

From: Otegbade, Morinsola (HSAL) [mailto:Morinsola.Otegbade@gov.mb.ca] On Behalf Of Peppel, Wendy (HSAL)

Sent: Monday, February 27, 2017 12:11 PM
To: Brian D. Bertelsen; Dai Kim; 'Daphne Osborne'; Glenna Laing; Jane Stafford; Jo-Anne Hubert; Judy Hoff; Hamilton, Marina; Sonia Marchand; Violet Van Hees; Peppel, Wendy (HSAL); Wendy Vowles
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Debbie Humphries; Dianna Williams; Adams, Elaine; Gilbert, Ellen (HSAL); Heather Davidson; Janette Romanuik; Katherine Leong; Kim Austin; LeeAnn Marion; Jiang, Lihua (MOHLTC); Lyndi Blakely; Otegbade, Morinsola (HSAL); Rume Djebah; Samantha Cassie; Smith, Thomas A. (MOHLTC); Treena Bellamy

Subject: Tab 7 CBN CBS 2017-2020 Corporate Plan and 2017-2018 budget SMM March 9 2017.docx

Sent on behalf of Wendy Peppel, Lead Senior Manager

Good Morning,

Last week we had provided a draft CBN with a request for PT feedback (should there be 2 CBNS). The AGM binder has now been received and approval for both the Corporate Plan and the budget are combined under Tab 7.

We suggest that one combined CBN should be considered.

Please review the attached CBN and provide feedback. We appreciate feedback by Wednesday, March 1, 2017.

NOTE we are currently working on a CBN to address Tab 8 on the Plasma Business Case.

Thanks,

Morin

Office of Provincial Transplant and Transfusion Services
Manitoba Health, Seniors and Active Living
4027-300 Carlton Street
Winnipeg, Manitoba, R3B 3M9
P: (204)788-6360 F: (204) 944-0669
E: Morinsola.Otegbade@gov.mb.ca
Thanks! Makes sense.

Thank you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN  
Interim Manager  
NL Provincial Blood Coordinating Program  
P.O. Box 8700  
1st Floor, West Block  
Confederation Building  
St. John's, NL A1B 4J6  
Ph: 709-729-5246

From: Leonard, Melissa  
Sent: Friday, February 24, 2017 1:54 PM  
To: Osborne, Daphne; Bartlett, Gail; Dr. Whitman (Lucinda.Whitman@med.mun.ca)  
Subject: FYI

This is from AABB as to why albumin or LISS is used. More plasma would just give more possible antibody to antigen ratio.

The albumin method may reduce repulsive forces between cells and thus promote agglutination. Use of a LISS additive accelerates antibody binding to red cells.

Melissa Leonard B Tech MLT  
Utilization/ Quality Coordinator  
NL Provincial Blood Coordinating Program  
P.O. Box 8700  
Dept. Health & Community Services  
West Block, 1st Floor, Confederation Building  
St. John’s, NL  
A1B 4J6  

Phone: (709)729-6573  
Fax: (709)729-4009  
E mail melissaleonard@gov.nl.ca
This is the NL Financial analysis of the Plasma Strategy.

D.
This is not the final...ON made two edits. The final may come after we leave for the day.

Thank you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John's, NL A1B 4J6
Ph: 709-729-5246

Sent on behalf of Wendy Peppel, Lead Senior Manager

Good Morning,

Please see the final CBN that will be sent forward by noon Central Time. Note – many PTs supported that this be put forward as a decision item however the DM agenda identifies it only as a discussion item. Therefore it is being sent as a discussion CBN.

The discussion may lead to PT DMs requesting that MB, on behalf of all PTs, except Quebec, send a communication to CBS and MB would then prepare a letter.

This must go up by noon CT so we are asking for your feedback asap.

Thanks very much for your input.

Morin
Elaine,

The attached draft from Manitoba Lead PT is in response to the letters sent by Leah Hollins, Chair CBS BOD, to all PT Ministers regarding the proposed Plasma Strategy. I have highlighted one statement which I suggest be deleted. Comment in the margin.

Would you please present this to John for his review, comments/edits? A response is requested by MB by noon tomorrow (MB time).

Thank-you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John’s, NL A1B 4J6
Ph: 709-729-5246
Mobile: 709-631-9982
NL supports the edits.

Thank-you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John’s, NL A1B 4J6
Ph: 709-729-5246
Mobile: 709-631-9982

Re the budget CBN- Just wondering if we should be explicit in having Deputy’s recommend to Ministers that the $5 million for the plasma strategy will be considered in 18/19 and add this to the recommended outcomes? As always interested in your thoughts.

Marina

Alberta supports these edits

Glenna C Laing, M.A.,B.N.
Hello,

Thank you for the opportunity to review these notes. I have some suggested edits for your consideration.

Thanks again,

Wendy

From: Vowles, Wendy M HLTH:EX [mailto:Wendy.Vowles@gov.bc.ca]
Sent: Wednesday, January 04, 2017 4:34 PM
To: Dai Kim (ON); Daphne Osborne; Gilbert, Ellen (HHLS); Glenna Laing; Hoff, Judy HE0; Jo-Anne Hubert; Kraft, Barbara (HHLS); Leong, Katherine HLTH:EX; Marina Hamilton (NS); Otegbade, Morinsola (HHLS); Samantha Cassie; Sonia Marchand; Stafford, Jane (DH/MS); Wendy Peppel; XT:Bertelsen, Brian HLTH:IN

From: Otegbade, Morinsola (HSAL) [mailto:Morinsola.Otegbade@gov.mb.ca] On Behalf Of Peppel, Wendy (HSAL)
Sent: Wednesday, January 4, 2017 12:31 PM
To: XT:Bertelsen, Brian HLTH:IN; Dai Kim; 'Daphne Osborne'; Glenna Laing; Jane Stafford; Jo-Anne Hubert; Judy Hoff; Marina Hamilton; Sonia Marchand; XT:HLTH Van Hees, Violet; Peppel, Wendy (HSAL); Vowles, Wendy M HLTH:EX
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Debbie Humphries; Williams, Dianna HLTH:EX; Elaine Adams; Gilbert, Ellen (HSAL); Janette Romanui; Leong, Katherine HLTH:EX; Kim Austin; LeeAnn Marion; Lihua Jiang; Otegbade, Morinsola (HSAL); Rume Djebah; Samantha Cassie; Tom Smith; Treena Bellamy

Sent on behalf of Wendy Peppel, Lead Senior Manager

Good Afternoon,

Please review the revised CBNs and provide feedback by end of day Thursday, January 5, 2017. As you are aware, the CBNs are required by the Heath Services Committee by Friday, January 6, 2017.

Thank you,

Morin
Morinsola Otegbade
Office of Provincial Transplant and Transfusion Services
Manitoba Health, Seniors and Active Living
4027-300 Carlton Street
Winnipeg, Manitoba, R3B 3M9
P: (204)788-6360 F: (204) 944-0869
E: Morinsola.Otegbade@gov.mb.ca
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Debbie,

Would you please put this on official Ministerial letterhead and edit for me? Is is to be signed by Minister Haggie. I will send to Michael Harvey when you send back to me for review.

Thank-you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John’s, NL A1B 4J6
Ph: 709-729-5246
Mobile: 709-631-9982
Thanks so much for the update. It is very helpful as I start PT meetings (in Ottawa) today.

Have a great day,

Daphne

The CBS AGM proceeded smoothly. The part on the plasma strategy was interesting. CEO Sheer made a presentation giving their status update on the development of the plasma strategy in the context of security supply and the emergence of paid plasma industry. BC asked how we could expect a strategy that did not involve paid donors to work where it has not elsewhere, and argued against an ideological stance on the matter. Sheer responded that the strategy would start with non-paid (per Krever) but would need to consider paid if that doesn’t work. Key problem is that private paid donation companies are not obliged to sell their products to Canada - they operate in global market. Maybe CBS therefore may need to do paid itself. But that will be considered only if non-paid strategy works. Also noted that paid donation has a negative impact on non paid donation. At this point Minister Hoskins spoke very strongly against paid donation, which it has banned through legislation. Minister Hoffmann spoke in support of ON.

Standard business unfolded as expected.

Michael

Michael Harvey
Assistant Deputy Minister
Policy, Planning and Performance Monitoring
Department of Health and Community Services
Government of Newfoundland and Labrador
Tel (709) 729 3103
Cel (709) 693 8570
From: Osborne, Daphne
To: Leonard, Melissa
Subject: FW: Final documents for October 2016 F2F CBS PTBLC meeting
Date: Friday, October 14, 2016 9:03:00 AM
Attachments: 2.1 Agenda - CBS PT BLC October 18.doc

7.0 CBS PT BLC Rolling Summation of Action Items to Oct 12 2016.docx

Thank you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John’s, NL A1B 4J6
Ph: 709-729-5246
Mobile: 709-631-9982

From: Otegbade, Morinsola (HSAL) [mailto:Morinsola.Otegbade@gov.mb.ca] On Behalf Of Peppel, Wendy (HSAL)
Sent: Thursday, October 13, 2016 6:58 PM
To: Brian Bertelsen; Dai Kim; Osborne, Daphne; Glenna Laing; Jo-Anne Hubert; Judy Hoff; Lindy McIntyre; Marina Hamilton; Peppel, Wendy (HSAL); Sonia Marchand; Stafford, Jane (DH/MS); Violet van Hees; Wendy Vowles
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Humphries, Debbie; Dianna Williams; Gilbert, Ellen (HSAL); Janette Romanuk; Katherine Leong; Kim Austin; Lihua Jiang; Lisa Ramsay; Otegbade, Morinsola (HSAL); Philip Davidson; Rume Djebah; Samantha Cassie; Shelley Strickland; Treena Bellamy; Adrienne Silver; Amanda Cullen; Devi Karith; Sue Theriault
Subject: Final documents for October 2016 F2F CBS PTBLC meeting
Importance: High

Sent on behalf of Wendy Peppel, Lead Senior Manager

Attached are:
Oct. 18 - the OTDT materials and a revised agenda (item 3.3).
Oct. 20th – CBS PTBLC Rolling Summation of Action Items

Thanks,
Morin
Morinsola Otegbade
Office of Provincial Transplant and Transfusion Services
Manitoba Health, Seniors and Active Living
4027-300 Carlton Street
Winnipeg, Manitoba, R3B 3M9
P: (204)789-6380 F: (204) 944-0069
E: Morinsola.Otegbade@gov.mb.ca
Thanks Barb for the comprehensive summary. There are numerous issues requiring clarification from CBS in addition to the five (5) bullet points in the background. It would be wise to give CBS advance notice of the exact information we require prior to our discussions. I agree with a letter.

Thank you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John's, NL A1B 4J6
Ph: 709-729-5246
Mobile: 709-631-9982

From: Brian Bertelsen [mailto:bdbertelsen@gov.pe.ca]
Sent: Friday, September 30, 2016 9:22 AM
To: JaneStafford; Glenna Laing; WendyVowles; Wendy (HSAL) Peppel; Osborne, Daphne; Kimberly Riles; Sonia Marchand; Violet van Hees; Judy Hoff; Marina Hamilton; Dai Kim
Cc: Rume Djebah; SamanthaCassie; DiannaWilliams; Katherine Leong; Philip Davidson; Barbara (HSAL) Kraft; Ellen (HSAL) Gilbert; Morinsola (HSAL) Otegbade; Humphries, Debbie; Kim Austin; Janette Romanuiik; Angela Carpenter; Treena Bellamy; Lisa Ramsay; Shelley Strickland; Lihua Jiang
Subject: RE: Time Sensitive: PT feedback to CBS re: 2017-2020 Corporate Plan requiring CBS information/action:

Hi all,

I'd just like to second Marina's recommendation and support her idea of the letter to CBS from the PT Lead.

Thanks,

Brian

>>> "Hamilton, Marina" <Marina.Hamilton@nshealth.ca> 9/30/2016 7:52 AM >>>

Thanks Barb for capturing all of the information that we identified during our calls on the corporate plan. We really did raise a lot!

I recommend that we focus on our key concerns and send it off as a letter to CBS- perhaps to Lindy and it would come from Wendy as the Lead PT

I have drafted a letter (in very rough form) for consideration and included the following:
- the information that we requested during the CBS PT BLC call
- what we as PTs have key concerns about
- the information we need them to give us at the F2F meeting

Please see attached

Marina

Marina Hamilton
Program Manager Nova Scotia Provincial Blood Coordinating Program
Interim Program Manager Legacy of Life

Office: (902) 487-0516
Cell: (902) 222-7824

From: Kraft, Barbara (HSAL) [Barbara.Kraft@gov.mb.ca] on behalf of Peppel, Wendy (HSAL) [Wendy.Peppel@gov.mb.ca]
Sent: Thursday, September 29, 2016 7:10 PM
To: Brian D. Bertelsen; Dai Kim; 'Daphne Osborne'; Glenna Laing; Jane Stafford; Judy Hoff; Kimberly Riles; Hamilton, Marina; Sonia Marchand; Violet van Hees; Peppel, Wendy (HSAL); Wendy Vowles
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Debbie Humphries; Dianna Williams; Gilbert, Ellen (HSAL); Janette Romanuk; Katherine Leong; Kim Austin; Lihua Jiang; Ramsay, Lisa; Otegbade, Morinsola (HSAL); Philip Davidson; Rume Djebah; Samantha Cassie; Strickland, Shelley; Treena Bellamy
Subject: Time Sensitive: PT feedback to CBS re: 2017-2020 Corporate Plan requiring CBS information/action:

Sent on behalf of Wendy Peppel, Lead Senior Manager, National Blood File

Provided for your urgent review and feedback by end of day Friday, Sept 30 2016 in order to send to CBS on Monday, October 3, 2016.

Background
- The Chair of the Board of Directors of Canadian Blood Services provided the Provincial Territorial Ministers of Health, as the only Members of the Corporation, a copy of the 2017-2020 Three (3) Year Corporate Plan (received electronically on July 29, 2016).
- A letter acknowledging receipt of the documents was sent to the Board of Directors Chair on August 29, 2016, from Minister Goertzen.
- Receipt of the 3 year Corporate Plan signals the beginning of the budget negotiation process. Completion of the budget negotiation process takes place in early spring at the Special Members Meeting where the negotiated annual budget and 3-year Corporate Plan is recommended for approval by the PT Ministers, as the Members of the Corporation.
- In past years the Corporate Plan was sent to the Provincial Territorial (PT) Blood Liaison Committee (BLC) officials at the end of July, early August (and not direct to the PT Ministers) for review and analysis, to inform discussion and understanding in advance of the October face to face meetings and the December budget negotiations.
- The October meetings are the first opportunity for PT officials to receive an overview of the Corporate Plan from CBS representatives.
- PT officials have met to jointly review respective analysis of the documents provided and are preparing comments and questions in preparation for the October meeting.
- On a CBS PT BLC teleconference (Sept 14, 2016) PTs provided the following feedback and requests
to be provided in advance of the October face to face meetings:

- One-page overview of funding requests
- One page of funding requests by jurisdictional breakdown
- List of efficiencies and projects
- Accounting of $25M drawdown, including products under the Automated Supply Chain project
- Rationale for RBC to PPP cost transfer.

PT questions and areas of concern regarding the 2017-2020 Corporate Plan requiring CBS information/action:

General comments re Strategic Overview:

- PTs have requested a consolidated one page document outlining the new asks (including Cord Blood as a separate business line), which are currently spread throughout the document to be received in advance of the Corporate Plan discussions. In past years CBS has provided a one page document as part of the signed budget letter. PTs note that CBS is combining the Cord Blood with the Stem Cell business line.
- PT concerns regarding the language used (pg 11 provision of transplant and transfusion services) suggests that CBS is a service delivery body and they are not. Additionally, it appears to advance an increased scope of work for CBS with potential funding implications, not yet endorsed by the PTs.
- PTs request an accounting of what the $25M draw down (in 2014) has been used for under the Automated Supply Chain business line related to increased efficiencies. PTs have previously requested this several times over the past few years and a clear response has not been provided.

Red Blood Cells

- In past years there has been some shortages in product availability and demand has been decreasing. Currently CBS is projecting an increase in RBC demand however this is based on only a few months of data and PTs are uncertain whether this budget forecast for sustained growth will be actualized.
- Cost per unit for Red Blood Cell metric changes year to year and PTs are requesting additional information to better understand the reliability of the associated costs.
- Concerns raised regarding transfer of plasma collections for fractionation and it is unknown what financial impacts this may have to the budget lines.
- Canadian maternal fetal medicine providers met, the participants and date of this meeting are unknown to PTs. CBS indicates they may be involved with this group dependant on the consensus outcomes that are to be reported. PTs are not clear on cost benefit of potential outsourcing of the testing (to the UK).

Automated Inventory Replenishment program pilot

- The Corporate Plan indicates a pilot occurring in one jurisdiction however PT official have not received information on the program and the potential benefits/financial impacts anticipated.

Surplus Funding from PT Contributions in 2016-2017

- The Corporate Plan requests CBS retention of any forecasted surplus funds (page 59). According to the Ontario TPAD any surplus funds must be returned to that jurisdiction. Other jurisdictions have similar requirements.
Salary/wage increases:
- Salary costs including union and non-union and severance requirements that appear to be higher increases (2.6%) for administrative and executive salaries. Some PTs noted that wage increases, in those jurisdictions, have been frozen for a number of years.
- CBS notes (page 70) that the salary environment is eroding further against comparable organizations. PTs are requesting information on which organizations are being used in the comparison.

PPP Administrative cost transfer:
- Further explanation of the transfer of administrative costs from fresh blood product to the plasma protein product (PPP) business line.
- PTs noted the CBS reference of $60M cost reduction for PPPs is really cost avoidance.
- Clarification of operating costs versus manufacturing costs – are these costs being counted twice?

OTDT:
- Unknown financial implications on various initiatives related to organ and tissue donation and transplantation (OTDT) programs that may be outside the current mandated scope.
- PT concerns regarding the language used, i.e. provision of transplant services, suggests that CBS is a service delivery body and PTs understand CBS' role in OTDT to be a coordination role not a service provision role.

Clinical Governance
- In the Corporate Plan CBS portrays that for transfusion medicine/blood and blood products there is a clear clinical governance process is in place at present whereby the PT perspective is that there is a clinical advisory committee (National Advisory Committee) rather than a clinical governance process/body.

CBSI:
- CBS references using funds (incremental capitalization) from Canadian Blood Services Insurance (CBSI) for a purpose other than the original intent as defined in the CBSI Accountability Framework.
- CBS request for funding to remedy and correct deficiencies in CBS's current quality management system is of significant concern to PTs. While CBS advises that the funding request has not been finalized, and that the range is $2.4 to $4 million.

CBS Plasma Strategy:
-
Re-Branding
- PTs would like to better understand what the funding and program implications are related to re-branding and would like to request that CBS provide information on this.

Cord Blood:
- Integration of Cord Blood with Stem Cell business line (specifically the value of maintaining the Cord Blood Bank as previous PT investment has not seen predicted outcomes as outlined in the original business case).
- Merging of Cord Blood with Stem Cell business line has not been requested by PTs and the assumption of agreement by PTs for this action by CBS is premature. Prior to receipt of a revised Cord Blood business case for review and approval by PT Officials and PT DMs has been noted to be inadequate. (please refer to CBS Cord Program at a Glance attachment)
- PTs requesting additional information re:
  1. What is the demand for Stem Cells?
  2. What is the demand for Cord Blood?
  3. What is the role of government in this area?

PT position on Cord Blood is that there is insufficient evidence to advance Cord Blood at this time.

- PT officials are proceeding through the annual budget negotiation process to ensure understanding, complete due diligence in preparation to appropriately brief PT DMs and recommendation to PT Ministers for approval at the March 2017 Special Meeting of Members.

Barbara Kraft
A/Program Consultant
Office of Provincial Transplant
and Transfusion Services
Manitoba Health, Healthy Living and Seniors
300 Carlton St.
Winnipeg, MB R3B 3M9
ph: 204-788-6353
Fax: 204-944-0669
e-mail: Barbara.Kraft@gov.mb.ca

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n'êtes pas le destinataire de ce courriel, veuillez en informer l'expéditeur et effacer l'original (et toutes les pièces jointes) de manière sécuritaire. Merci.

Statement of Confidentiality
This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.
Déclaration de confidentialité
Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Daphne—I thought I had accepted all of the changes when I forwarded it to Vanessa. She said there were still some comments, so she was accepting them and having it printed. Here is the final for you to get ADM approval on.

From: Osborne, Daphne
Sent: Wednesday, September 28, 2016 11:02 AM
To: Rodway, Kathy
Subject: RE: CBS note for PT DMs call

Did you see my changes?

Thank-you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John’s, NL A1B 4J6
Ph: 709-729-5246
Mobile: 709-631-9982

From: Rodway, Kathy
Sent: Wednesday, September 28, 2016 10:35 AM
To: Jones, Noreen; Reddick, Vanessa
Cc: Baikie, Peggy; Osborne, Daphne
Subject: CBS note for PT DMs call
Importance: High

Attached to be printed in green (both) for the DMs call (Sept. 29th) folder. Daphne will trim and provide for ADM sign off.

Kathy
Kathy Rodway
Health System Transformation and Policy Division
Attached to be printed in green (both) for the DMs call (Sept. 29th) folder. Daphne will trim and provide for ADM sign off.

Kathy Rodway
Health System Transformation and Policy Division
Department of Health & Community Services
Government of Newfoundland and Labrador
Phone: 709-729-3533 krodway@gov.nl.ca
Daphne — per our conversations, attached is the draft note and proposed attachment. Please fill in the information as discussed. Thanks for all your help with this.

Kathy Rodway
Health System Transformation and Policy Division
Department of Health & Community Services
Government of Newfoundland and Labrador
Phone: 709-729-3533 krodway@gov.nl.ca
Hello,

Please find attached ON’s edits.

Regarding the CBSI CBN, we had already started to make comments to the older version. As mentioned in emails from last week, we’ve put the options up front as a decision item. This may require edits to other sections for to keep to the 2 pg. limit. We made a comment to include a summary of PT legal opinion (Neil may have to prepare from the attached email) and the Risk Register so have attached those as well.

Thank you,
Ramona

---

From: Kraft, Barbara (HHL) [mailto:Barbara.Kraft@gov.mb.ca]
Sent: August 31, 2015 4:28 PM
To: 'Vowles, Wendy' HLTH:EX'; Violet VanHees; 'Hoff, Judy HE0 SDCL'; ‘Glenna Laing’; Angela Carpenter; ‘Osborne, Daphne’; Kim, Dai (MOHLTC); Katherine Fraser (NS); Kimberly Riles; Brian Bertelsen; Dave Dell
Cc: O’Byrne, Patrick HE0; Peppel, Wendy (HHL); Ostrowski, Sheri (HHL); ‘Marina Hamilton’; Gram, Sandra (MOHLTC); Trenholm, Neil (JUS); Sood, Shaila (HHL)
Subject: CBN_CBS CBSI CDM Sept 16 2015 (v2).docx

Good afternoon all,
I’ve received comments on this CBN from a number of PTs –Thank you very much – very supportive and helpful.

I’ve incorporated most of the comments – would like to note that in order to maintain a 2 page limit on the CBN I’ve added the options discussed into the appendices.
Appendix A provides additional analysis – specifically the options discussed.
Appendix B provides additional background information
Appendix C (not included) could be the PT Risk Register information showing the high risks considered by PT Officials and RMs –

One comment received was regarding the insurance position of other publicly funded blood systems. i.e. is the CBSI/E over or under par. This information would either strengthen or weaken the risk assessment.

This is something I am unable to respond to. I’m not sure how or where to go to find out in time to include information in the CBN. Any assistance would be greatly appreciated.

Thanks again everyone for your prompt review, feedback & comments by end of business on
Tuesday, Sept 1, 2015, in preparation for the Sept 16, 2015 CDM.

I am most grateful.
Barbara

**Barbara Kraft**
A/Program Consultant
**Office of Provincial Transplant and Transfusion Services**
**Manitoba Health, Healthy Living and Seniors**
300 Carlton St.
Winnipeg, MB R3B 3M9
ph: 204-788-6353
Fax: 204-944-0669
email: Barbara.Kraft@gov.mb.ca

**Manitoba Hepatitis C Compassionate Assistance Program**: 204-788-6339

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé: il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n'êtes pas le destinataire de ce courriel, veuillez en informer l'expéditeur et effacer l'original (et toutes les pièces jointes) de manière sécuritaire. Merci.
Hello,

See attached for ON's comments. We've added to BC.

Thank you,
Ramona

Ramona Muneswar
Senior Policy and Business Analyst
Blood Programs Coordinating Office | Provincial Programs Branch | Negotiations and Accountability Management Division | Ministry of Health and Long-Term Care | 5700 Yonge Street, 5th Floor, Toronto, ON M2M 4K5 | Fax: 416-327-9388 | Tel: 416-326-6469
A Please consider the environment before printing this email.

Good afternoon all,

MB sent the draft NAA document for review on Thursday, Aug 20, 2015, with a request to receive comments/feedback by end of business Monday, Aug 24, 2015 so that the feedback could be incorporated.

To date we have not had any responses and given the intense discussions and work on CBSI and other CBS related issues we believe that the timelines were unattainable.

However in order to meet the DMs target of having a final draft version of the NAA to share with CBS in September we would ask PTs to provide comments/feedback by the end of this week, Friday, August 28, 2015.

Tomorrow's NAA working group call will be cancelled. The next call is scheduled for...
September 2, 2015 at 12:00 pm CT

Just resending the Agenda and email that was sent to everyone August 20, 2015 for your ease of reference.

Sent on Behalf of Neil Trenholm & Wendy Peppel

Attached are 2 versions of the NAA:

1. v4 annotated which includes Comments and edits from v3.3 2015-06-29. This is in a pdf to ensure the formatting is preserved, but I can also provide it in Word if you like.

2. v4 clean (in Word) which accepts all of the edits and deletes all of the comments.

Please note both versions are being provided to the Drafting Team. The PT BLC, as a whole are being provided with only the clean version. In order to continue working towards the timeline committed to by PTs and DMs to share a final draft with CBS in September 2015 we would appreciate receiving feedback in advance of the Aug 26, 2015 teleconference. Preferably before end of day on Aug 25, 2015. We may be unable to incorporate all feedback by the time of the call however it will be useful to advance discussions and move towards a 'final draft.'

Comments on the attachments from Neil

I have the following comments on my drafting:

1. There are some large chunks of new text which may or may not be acceptable. For example, see the purpose clause in 2.1 and also 2.3 Relationship of this Agreement to Other Agreements Between the Parties. I won’t be offended if the ideas are rejected outright—I thought they were useful concepts to raise and discuss.

2. This version still has some cross-reference glitches that need to be fixed.

3. I may have overlooked some specific edits requested by PTs and am happy to be corrected.

4. I haven’t commented on all edits as there are many.

5. I have deleted text that didn’t seem relevant in these circumstances. See for example the representations and warranties in 2.9 and 2.10.

6. I could spend more time refining this and filling in gaps and looking at specific language uses. I’ll do that on the next version.

Process

I have the following thoughts about the process:
1. There is a conference call set for next Wednesday. Could PTs advise whether that will allow sufficient time to review and comment? — we want to allow enough opportunity for a fulsome review, given the time of year and the extent of the edits and comments, however there is an expectation to provide a document to CBS to begin collaborative discussions and negotiation.

2. I would certainly invite comments in writing as it is sometimes difficult to catch all of the comments on a conference call.

Best regards,

Sheri Ostrowski
Administrative Assistant
Office of Provincial Transplant & Transfusion Services
Manitoba Health, Healthy Living and Seniors
4027A - 300 Carlton Street
Winnipeg MB R3B 3M9
P: 204-788-6360 F: 204-944-0669
E: Sheri.Ostrowski@gov.mb.ca

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n'êtes pas le destinataire de ce courriel, veuillez en informer l'expéditeur et effacer l'original (et toutes les pièces jointes) de manière sécuritaire. Merci.
Hello Wendy,

As discussed, Ontario has made some additional comments to reflect feedback from our Finance. These are highlighted in blue in the attached NAA v5 and a summary is provided below:

- **5.7 Contingency Fund** – add "...will be set out in the Corporate Business Plan and must be approved by Members in the Budget Approval Process..." – or similar wording to reflect that Ministers must approve replenishment of the CF and the possibility that the request may not be approved.

- **5.8 Net Asset Policy** - ON would like assurance from CBS that they will not increase inventory to reduce cash on hand at reporting. Can (or should) we add wording to reflect this?

- **5.10 Funds for Multi-Year Projects** - Recommend having two separate clauses, one for capital and one for non-capital, as they are treated differently. ON’s requirements are provided below for your reference:
  - **Non-Capital Funding**: Ontario can agree to “approval in principle” of the overall funding plan for multi-year initiatives, but can only approve the budget annually from year to year. For multi-year non-capital projects, unspent operating funds are to be returned to the province at the end of each fiscal year and are re-profiled for the following year(s) through the annual budget process.
  - **Capital Funding**: The total multi-year project funding could be approved. Once complete, unspent capital funds need to be returned and cannot be applied to any other capital project or deferred to another fiscal year.

- **Schedule 2 Reports** – Made a note to reflect discussions on the Annual Report.

Thank you,

Ramona

---

From: Muneswar, Ramona (MOHLTC)
Sent: September 25, 2015 4:28 PM
To: Peppel, Wendy (HHLS)
Cc: 'Andrew Mickelson'; 'Chantelle MacDonald Newhook'; 'Cheryl Scholten'; Kim, Dai (MOHLTC); 'Daphne Osborne'; 'Dave Dell'; 'Katherine Fraser'; Scott, Liam (MOHLTC); Trenholm, Neil (JUS); 'Wendy Vowles'; Ostrowski, Sheri (HHLS); Kraft, Barbara (HHLS); 'Marina Hamilton'; 'Philip Davidson'
Subject: FW: NAA v5 - ON comments

Hello Wendy,

Please find attached Ontario’s comments to the NAA v5. We’ve added back in clauses related to PT requirement to fund CBS as requested. In brief, to answer Neil’s questions posed in his memo:

- No, a pure accountability agreement cannot replace our bilateral agreement and satisfy the Transfer Payment Accountability Directive. This is because it is no longer a funding agreement where the funding requirements and accountability requirements are linked in the same contract.
- Yes, the NAA will need to include a commitment to fund for Ontario to consider terminating its bilateral agreement with CBS. Ontario requires, at a minimum, that the NAA not be weaker than Ontario’s
bilateral agreement with CBS in order to agree to it and allow it to replace Ontario’s bilateral agreement with CBS.

Generally speaking, the change from v3 to v4 weakened the agreement with the addition of a number of conflict clauses which made other documents, including CBS by-laws, supersede the NAA. The change from v4 to v5 not only further weakened the NAA, but fundamentally changed its essence – it is no longer a funding agreement and more resembles an MOU or accountability framework document. This is unfortunate given that these significant changes occurred only very recently which changed the nature and character of the NAA.

In preparation for future discussions and in an effort to come to a compromise, we would be interested to know what is the risk with committing to fund CBS in the NAA? It is not clear to us. A major activity of government is providing funding to recipients. What documentation do other PTs use to set the terms and conditions of the funding flowed to transfer payment recipients? Do they not include any of these clauses that are of issue here?

We look forward to meeting to discuss further.

Thank you,
Ramona

Ramona Muneswar
Senior Policy and Business Analyst
Blood Programs Coordinating Office | Provincial Programs Branch | Negotiations and Accountability Management Division | Ministry of Health and Long-Term Care | 5700 Yonge Street | 5th Floor | Toronto, ON M2M 4K5 | Fax: 416-327-9358

Tel: 416-326-6469

Please consider the environment before printing this email

---

From: Ostrowski, Sheri (HHLS) [mailto:Sheri.Ostrowski@gov.mb.ca] On Behalf Of Peppel, Wendy (HHLS)

Sent: September 17, 2015 3:42 PM

To: 'Brian D. Bertelsen'; Kim, Dai (MOHLTC); 'Daphne Osborne'; 'Dave Dell'; 'Glenna Laing'; 'Judy Hoff'; 'Katherine Fraser'; 'Kimberly Riles'; 'Sonia Marchand'; 'Violet van Hees'; Peppel, Wendy (HHLS); 'Wendy Vowles'

Cc: 'Angela Carpenter'; Kraft, Barbara (HHLS); 'Brenda Legault'; 'Darlene Merrithew'; 'Debbie Humphries'; 'Dianna Williams'; 'Heather Davidson'; 'Jane Stafford'; 'Janette Romanuik'; Jiang, Lihua (MOHLTC); 'Lisabeth Bryon'; 'Marina Hamilton'; 'Philip Davidson'; 'Samantha Cassie'; 'Shelley Strickland'; Sood, Shaila (HHLS); 'Treena Bellamy'

Subject: PT BLC Only Teleconference - September 21, 2015 Meeting Material - Part 2 of 2 emails

Good Afternoon,

Please find attached a revised agenda along with a memo from Neil with his replies to the comments received to date.

Note that it has been requested that confirmation of the PT positions on item number 6 page 4 of the Memo from Neil be sent to Wendy and Neil ASAP prior to the NAA meeting on the 24th.

Also attached are both the edit copy and clean copy of the NAA v5 item 9.0 on the agenda for the PT BLC Only Teleconference on September 21, 2015 as promised.

We have added a document to the agenda item 11.0
Best regards,

Sheri Ostrowski
Administrative Assistant
Office of Provincial Transplant & Transfusion Services
Manitoba Health, Healthy Living and Seniors
4027A - 300 Carlton Street
Winnipeg MB R3B 3M9
P: 204-788-6360 F: 204-944-0669
E: Sheri.Ostrowski@gov.mb.ca

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission sont destinés à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n'êtes pas le destinataire de ce courriel, veuillez en informer l'expéditeur et effacer l'original (et toutes les pièces jointes) de manière sécuritaire. Merci.
Colleagues,

Materials for the call are attached and have been posted to SharePoint:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Document Description</th>
<th>SharePoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>¾</td>
<td>Agenda</td>
<td>✔</td>
</tr>
<tr>
<td>¾</td>
<td>Participant List</td>
<td></td>
</tr>
<tr>
<td>1.B</td>
<td>Health Innovation CBN</td>
<td>✔</td>
</tr>
<tr>
<td>1.C</td>
<td>Care in the Community CBN</td>
<td>✔</td>
</tr>
<tr>
<td>1.C</td>
<td>Care in the Community Attachment</td>
<td>✔</td>
</tr>
<tr>
<td>3.</td>
<td>CBS Budget CBN</td>
<td>✔</td>
</tr>
<tr>
<td>3.</td>
<td>CBS FX Strategy CBN</td>
<td>✔</td>
</tr>
</tbody>
</table>

Reminder, please confirm the attendance of your Deputy (or delegate) for the call as soon as possible.

Thanks,

Vinessa Redford

Senior Policy Advisor (A)
Intergovernmental Relations Unit
Policy Coordination and Intergovernmental Relations Branch
Strategic Policy and Planning Division
Ontario Ministry of Health and Long-Term Care
E-mail: vinessa.redford@ontario.ca | Telephone: (416) 327-7551
Hi everyone,

Attached are the materials related to the CBS item on the agenda.

Skye

Hi everyone,

Just a reminder to please confirm the attendance of your Deputy (or delegate) for the call as soon as possible.
Vinessa is now on a, well-deserved, vacation so if you would please follow up with me directly and copy Jackie.Dhillon@ontario.ca it would be much appreciated.

Also - just spoke to Liz and we should we expecting the remaining CBS items to be on their way shortly.

Have a great weekend everyone,

Skye

From: Redford, Vinessa (MOHLTC)
Sent: February-05-16 12:40 PM
To: abird@gov.pe.ca; Stoutley, Alex (MOHLTC); Hope, Amy (MOHLTC); ann.marr@gov.bc.ca; ataylor1@gov.nu.ca; bdbertelsen@gov.pe.ca; bruce.macfarlane@gnb.ca; cameron.berksen@gov.bc.ca; cameronbodnar@gov.nl.ca; catherine.cline@gov.ab.ca; dave.dell@gnb.ca; denise_cammu@gov.nt.ca; elizabeth.parsons@gov.mb.ca; Dowuona, Emmanuel (MOHLTC); Sotiropoulos, Evan (MOHLTC); fatma.sayani@gov.bc.ca; heather.ruptash@gov.nt.ca; Dhillon, Jackie (MOHLTC); jean-francois.melancon@msss.gouv.qc.ca; jennifer.white2@gov.mb.ca; jessica_maugure@gov.nt.ca; iparadis@gov.nu.ca; kbatslock@gov.nl.ca; kim.dolhan@gov.yk.ca; kirstin.nucklaus@novascotia.ca; krudyay@gov.nl.ca; laura.lang@gov.yk.ca; leann.calmns@gov.bc.ca; linda.malloy@gov.ab.ca; lingebrigton@gov.nu.ca; lori.fawcett@gov.ab.ca; lynbilida@gov.ab.ca; Kanakaratnam, Mahindan (MOHLTC); mark.goossens@health.gov.sk.ca; mark.lucchini@gov.ab.ca; marlene.mckay@gnb.ca; maureen.neuman@gov.bc.ca; may.robson@gov.bc.ca; melissa.waivers@gov.mb.ca; nicolas.seney@msss.gouv.qc.ca; noreenjones@gov.nl.ca; peggybalke@gov.nl.ca; gendresa.beka@gov.ab.ca; regina.anneleau@gov.mb.ca; richard.almond@gov.bc.ca; sarah.maher@novascotia.ca; sarah.omware@gov.bc.ca; shelley.macleod@novascotia.ca; sherry.marks@novascotia.ca; simonedyall@gov.nl.ca; Mitchell, Skye (MOHLTC); skylan.parker@gov.yk.ca; smacnall@gov.pe.ca; stephanie.taylor@gov.bc.ca; stephen.trott@health.gov.sk.ca; suzette.mackey@gov.ab.ca; traci.schmekel@health.gov.sk.ca; tricia.poliievre@gov.bc.ca; trish.fanjoy@gnb.ca; vanessareddick@gov.nl.ca; victoria.jerome@health.gov.sk.ca; violet.yankees@gov.yk.ca.

Subject: PT DMs Call - Aboriginal Health CBN

Colleagues,

The Aboriginal Health CBN is attached and has been posted to SharePoint; revised chart below:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Document</th>
<th>SharePoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>¾</td>
<td>Agenda</td>
<td>✓</td>
</tr>
<tr>
<td>¾</td>
<td>Participant List</td>
<td>✓</td>
</tr>
<tr>
<td>1.A</td>
<td>Care in the Community CBN</td>
<td>✓</td>
</tr>
<tr>
<td>1.A</td>
<td>Care in the Community Attachment</td>
<td>✓</td>
</tr>
<tr>
<td>1.B</td>
<td>Health Innovation CBN</td>
<td>✓</td>
</tr>
<tr>
<td>1.C</td>
<td>Prescription Drugs CBN</td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>Aboriginal Health CBN</td>
<td>✓</td>
</tr>
<tr>
<td>3.</td>
<td>CBS Budget CBN</td>
<td>✓</td>
</tr>
<tr>
<td>3.</td>
<td>CBS Budget Attachment</td>
<td>✓</td>
</tr>
<tr>
<td>3.</td>
<td>CBS FX Strategy CBN</td>
<td>✓</td>
</tr>
<tr>
<td>3.</td>
<td>Corporate Plan CBN</td>
<td>✓</td>
</tr>
<tr>
<td>4.</td>
<td>Physician-Assisted Dying CBN</td>
<td>✓</td>
</tr>
</tbody>
</table>
Reminder, please confirm the attendance of your Deputy (or delegate) for the call as soon as possible.

Thanks,

Vinessa Redford
Senior Policy Advisor (A)
Intergovernmental Relations Unit
Policy Coordination and Intergovernmental Relations Branch
Strategic Policy and Planning Division
Ontario Ministry of Health and Long-Term Care
E-mail: vinessa.redford@ontario.ca | Telephone: (416) 327-7551
Colleagues,

Please find attached the draft Record of Decisions from the February 11 PT DMs call. Please provide your feedback by next Wednesday February 24, 2016. We will add the ROD to this week's HSC call for discussion.

Thanks,

Vinessa Redford

Senior Policy Advisor (A)
Intergovernmental Relations Unit
Policy Coordination and Intergovernmental Relations Branch
Strategic Policy and Planning Division
Ontario Ministry of Health and Long-Term Care
E-mail: vinessa.redford@ontario.ca | Telephone: (416) 327-7551
Good afternoon everyone,

Our Blood Programs Unit has received a request for consultation from PEI’s Department of Health and Wellness under the Freedom of Information and Protection of Privacy Act.

They have shared a CBN on paid-plasma with us for our input on whether any sections need to be omitted. This CBN was developed by Ontario for the April 2013 CDM. We have highlighted sections of the CBN accordingly.

We thought to share this with PT HSC given recent conversations on the Federal government’s proposed Plasma Panel.

Could you kindly look over this document and let us know if there are any sections you think need to be omitted as well?

We are looking for your input by 10:00am tomorrow (EST), at the latest.

Thank you,

Tushna Mehta
Policy Analyst
Intergovernmental Relations Unit
Strategic Policy and Planning Division
Ministry of Health and Long-Term Care
tushna.mehta@ontario.ca | 416-327-8465
Hello all,

Just wanted to let folks know that DM Critchley has indicated that she is not able to travel over on the 2nd (and thus won't need the hotel that night or be able to attend the private dinner). She has a commitment on Sunday the 2nd, and thus plans to travel over early in the morning on the 3rd. It is my understanding that she still intends to take part in the planned facility tour at 9am.

Finally, regarding the agenda, I think we will probably want to include a discussion of the Atl business case proposal/progress. I am not 100% sure what the status of the business case will be at that time, but I think we can bring an update and progress report regardless.

Thanks

Shaun

>>> "Nucklaus, Kirstin" <Kirstin.Nucklaus@novascotia.ca> 9/9/2016 1:10 PM >>>
Hello all:
So a few details for information/consideration:

- Hotel bookings at the Delta Halifax, 1990 Barrington Street  
  http://www.marriott.com/hotels/travel/yhzhf-delta-hotels-halifax/
  
  This hotel connects directly with the Scotia Square Mall, where DHW office tower is.
  Government rate is $149 + tax per room, per night. When checking in, if guests are a Marriott Rewards Member, they can earn points by showing their Marriott Rewards Member card on check-in. To get the government rate, please show either a business card or gov't I.D when checking-in.
  o DM Tom Maston: room booked for Saturday, October 1; Sunday, October 2; and Monday, October 3. Confirmation # 84691967.
  o Dave Dell: room booked for Sunday, October 2. Confirmation # 84693270
  o DM Kim Critchley: room booked for Sunday, October 2; and Monday, October 3. Confirmation # 84694118
  o Shaun MacNeill (can change reservation to be for Brian if needed, just need a name to hold the room): room booked for Sunday, October 2; and Monday, October 3. Confirmation # 84695400

  Reservation confirmations attached. Check-out time is noon. Should we need to make any changes to reservations, please advise ASAP. We need to provide 24 hours' notice before check-in to change without penalty.

- There will be a private DM dinner the evening of Sunday, October 2. Time and location TBD, but dinner likely to start around 6-ish.

- Emergency Health Services/Emergency Management Centre Tour Monday, October 3. No issues with accommodating a few extra people from NB DoH. EHS has a lot of experience with
receiving guests from other jurisdictions. For the tour itinerary, EHS is suggesting:

- **0900-0930 – Meet at EHS Boardroom for DHW briefing on system design overview (leave hotel by about 8:30):**
  - System design (delineates for these folks the role the DHW has in system as regulator)
  - Communications Center process and design
  - Performance overview

- **0930-0940 – Proceed to Medical Communications Center**

- **0940-1040 – Tour**

- **1040-1100 – EHS Boardroom for Q&A period (community paramedicine, Clinical Support Desk, Air ambulance integration, hospital queuing and destination offload, Home Monitoring function, etc.).** I've asked EHS to extend this until 11:30 to give more time for Q&A. We anticipate that leaving by 11:30 will give sufficient time to arrive back at DHW for lunch at 12:00.

Please have a check-in with your DM and advise us if there are any specific areas/topics they're interested in covering during the tour.

- October 3 lunch at DHW (not private, includes officials)
- October 3 ‘formal’ meeting.
  - NB – while you’re the Atlantic Health lead, NS is hosting. What do we want to do about an agenda - jointly prepare one? DMs will focus on the Atlantic work plan, but might also want to discuss HMM and the possibility of an Atlantic Ministers meeting when they are all in Toronto for HMM. Also discuss/receive an update from the Atlantic Blood Utilization Strategy (ABUS):

  - 

Happy to chat further.

Thanks,

Kirstin
Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Hello all,

I am drafting a longer email to folks but wanted to circulate that attached version of Rising Tide - it is the final version (the previously circ'd version didn't include input received from NL).

Shaun

>>> "Fanjoy, Trish (DH/MS)" <Trish.Fanjoy@gnb.ca> 1/31/2017 12:15 PM >>>

Good afternoon everyone: Please note, the teleconference call previously scheduled for last Friday has been rescheduled to this Friday at 11:30 am AST. The time has been confirmed with your DMO's. Once again, please find the supporting material including, an updated agenda for the call with new day and time.

Best, Trish

Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Hello all,

Not sure if it needs to be added as a discreet item, or can be captured under "other", but there are a few things flowing from the attached email that Kim probably needs to raise on the call. I know the intent is to have a 30 minute call but with the timelines discussed by our IG, there is a need for DMs to discuss:

- the status/approval of "Rising Tide" for tabling (not approval) at CAP; and
- the follow up collaborative work on seniors outlined in my email

I am not sure what kind of receptivity you guys have re what was proposed, and I recognize the challenging timelines (coming from our end), but she will likely want to discuss it given the opportunity to chat with her Atl counterparts tomorrow.

Shaun

Good morning: Attached, you’ll find a revised agenda for tomorrow’s DM call. Item #5 has been added.

Trish

---------------------------------------------------------------

Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Hello all,

NL has suggested some edits for the paper, now titled "An Atlantic Canadian Look at Significant Population Health Factors Driving Health Care Costs"

Most of the edits are pretty minor, but I wanted to make sure everyone is comfortable with the new paragraph:

The fiscal imbalance between the federal and provincial-territorial levels of government continues to put significant fiscal pressure on the Atlantic provinces. While the federal government has the ability to address these pressures, provincial governments do not, and certainly not in a way that is sustainable. The Conference Board of Canada anticipates that over the long term provinces will continue to face fiscal challenges, while the federal government’s budget position will remain much more positive. Rising health care costs have reinforced the need for increased federal funding; however, federal contributions have not kept pace with provincial needs, especially due to increasing funding pressures such as an aging population and higher levels of chronic disease. Without enhanced federal contributions, Atlantic Canada will experience increasing difficulty in providing quality health services, supporting investments in innovation and transformation of health care systems that address priority needs, and improving patient outcomes.

Since we have all now signed (or at least announced) a 10-yr agreement with the feds, I wanted to check in to see if folks are comfortable with this, and/or if additional approvals would be required. The latter I would leave to your discretion, but I wanted to ensure that we are all on the same page in terms of supporting the proposed amendment.

Our offices are closing at noon, but I will be checking emails from home to make sure we put this to bed in advance of CAP.

Shaun

-------------------

Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.
Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Thanks.

From: Osborne, Daphne
Sent: Thursday, February 23, 2017 3:24 PM
To: Baikie, Peggy; Reddick, Vanessa
Subject: FW: FPT DM Call Tomorrow

Just in from MB

Thank you and have a great day!

Daphne

Daphne Osborne MN PANC(C) RN
Interim Manager
NL Provincial Blood Coordinating Program,
P.O. Box 8700
1st Floor, West Block
Confederation Building
St. John's, NL A1B 4J6
Ph: 709-729-5246

From: Kraft, Barbara (HSAL) [mailto:Barbara.Kraft@gov.mb.ca] On Behalf Of Peppel, Wendy (HSAL)
Sent: Thursday, February 23, 2017 3:23 PM
To: Peppel, Wendy (HSAL); 'Brian Bertelsen'; Jane Stafford; GlennaLaing; Wendy Vowies; Osborne, Daphne; Jo-Anne Hubert; Sonia Marchand; Violet van Hees; Judy Hoff; Marina Hamilton; Dai Kim
Cc: Angela Carpenter; Humphries, Debbie; Dianna Williams; Elaine Adams; Gilbert, Ellen (HSAL); Heather Davidson; Janette Romanuik; Katherine Leong; Kim Austin; LeeAnn Marion; Lihua Jiang; Lyndi Blakely; Otegbade, Morinsola (HSAL); Rume Djebah; Samantha Cassie; Tom Smith; Treena Bellamy
Subject: RE: FPT DM Call Tomorrow

Sent on behalf of Wendy Peppel, Lead Senior Manager, National Blood File

MB has been in touch with HC to obtain additional insight. Similar to Brian's email the communication so far is that CBS provided the Plasma Sufficiency Business plan and met with the Fed DM to discuss CBS' concerns around the risks to the Canadian voluntary donors vs the opening of paid plasma collection sites (i.e. Saskatoon and now Moncton). Health Canada staff have been asked to carefully assess these concerns and to consult with provincial and territorial partners in order to inform next steps.

We have provided HC with the PT BLC timelines for an indepth review and analysis of the document (Tuesday, Feb 28, 2017). We suggested that a conversation with PT DMs tomorrow would be premature however they may choose to proceed. Will keep everyone posted with any further
Hi all,

Our IGR folks just confirmed they have also been advised that ‘plasma’ has been added to the FPT DM agenda tomorrow.

No information on what specifically is being brought forward seems to be available, therefore we are unable to provide a CBN or briefing materials.

We will keep trying but if anyone has any additional insight or information they can share it would be much appreciated.

Barbara

From: Kraft, Barbara (HSAL) On Behalf Of Peppel, Wendy (HSAL)
Sent: Thursday, February 23, 2017 11:28 AM
To: 'Brian Bertelsen'; Jane Stafford; GlennaLaing; Wendy Vowles; Peppel, Wendy (HSAL); 'Daphne Osborne'; Jo-Anne Hubert; Sonia Marchand; Violet van Hees; Judy Hoff; Marina Hamilton; Dai Kim
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Debbie Humphries; Dianna Williams; Elaine Adams; Gilbert, Ellen (HSAL); Heather Davidson; Janette Romanuik; Katherine Leong; Kim Austin; LeeAnn Marion; Lihua Jiang; Lyndi Blakely; Otegbade, Morinsola (HSAL); Rume Djebah; Samantha Cassie; Tom Smith; Treena Bellamy
Subject: RE: FPT DM Call Tomorrow

Sent on behalf of Wendy Peppel, Lead Senior Manager, National Blood File
Hi all,

I just got notice that "plasma" has been potentially added by the co-chair DMs (Alberta & Health Canada) to the FPT DM conference call agenda that is happening tomorrow. Does anyone know anything about what this might cover?

Thanks,

Brian

Brian D. Bertelsen
Policy Analyst
PEI Dept. of Health and Wellness
902.368.6593 ph

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.

------------------------------------------

Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

------------------------------------------

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
My DM is out of the country this week.

Shaun

>>> Nicolas Seney <nicolas.seney@msss.gouv.qc.ca> 4/6/2017 3:37 PM >>>

Hello PT colleagues,

I assume that you’re all aware of DM Kennedy’s email to his PT colleagues (see attached) requesting their comments on a proposed list of experts that could be considered for the panel.

I was just wondering if other PTs feel a little bit uncomfortable about this request when PTs still have not agreed yet to the TOR of this panel (and hence for some of us we still don’t know yet if we’ll be supporting the creation of this panel, as the current version of the TOR is suggesting)?

Thanks,

Nicolas

Nicolas Seney
Coordonnateur aux affaires intergouvernementales
Direction des affaires intergouvernementales
et de la coopération internationale
1005, chemin Sainte-Foy, 1er étage
Québec (Québec) G1S 4N4
Téléphone (418) 266-4559

AVIS DE CONFIDENTIALITÉ Ce message peut renfermer des renseignements protégés ou des informations confidentielles. Si vous l’avez reçu par erreur, ou s'il ne vous est pas destiné, veuillez en prévenir immédiatement l’expéditeur et effacer ce courriel. Par respect
pour l'environnement, imprimex ce courriel seulement si nécessaire.

Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
We would like to see the panel proceed. If it turns out that a suitable ToR cannot be reached, I don’t believe we would get in the way.
I believe Minister Philpott has publicly committed and will proceed regardless. Further, I am not completely clear on what a ToR is supposed to accomplish beyond being an attempt to get general PT buy-in to proceed.
Hi BC and SK:
So I am trying to transition away from IGA but I keep getting pulled into stuff....
My DM had asked for thoughts on potential Panel members, and has now asked me to put an email together for her for her to send to DM Kennedy re: potential panel members to go out today (Apr 12).

We don't oppose the Panel, see that it could be beneficial in terms of some political cover but also some useful analysis. Given the Panel's mandate (per the draft ToR) delves into PTs' authority and PT Health Ministers (except QC) are Corporate Members of CBS, and PTs fund the Canadian blood system, one of our comments on the ToR was that the Panel should be accountable and report to FPT DMs.

However, we've recently been advised of the April 18 FPT DM teleconference re: continued PT involvement in the Panel, and I need to advise my DM on that in my response back to her (per her ask noted above). Not sure how comfortable she'll be with Health Canada 'going it alone'...

It would be helpful to get a sense of BC and SK positions re: Health Canada 'going it alone' - ok with that or not? Any intel you can share from your jurisdiction or any other PTs would be greatly appreciated.
Many thanks,
Kirstin

---

From: Choueiri, Charbel (HC/SC) On Behalf Of Kennedy, Simon (HC/SC)
Sent: Wednesday, April 05, 2017 5:58:18 PM (UTC-04:00) Atlantic Time (Canada)
To: 'stephen.brown@gov.bc.ca'; 'carl.amrhein@gov.ab.ca'; 'max.hendricks@health.gov.sk.ca'; 'karen.herd@leg.gov.mb.ca'; 'robert.bell@ontario.ca'; 'michel.fontaine@msss.gouv.qc.ca'; 'tom.maston@gnb.ca'; Perret, Denise M; 'kacritchley@gov.pe.ca'; 'Johnabbott@gov.nl.ca'; 'brendalee.doyele@gov.yk.ca'; 'debbie_delancey@gov.nt.ca'; 'cstockley@gov.nu.ca'
Cc: Hoffman, Abby (HC/SC); Kennedy, Simon (HC/SC); Donoghue, Christine (HC/SC); Mithani, Siddika (PHAC/ASPC)
Subject: Plasma Panel / Comité d'expert sur la question du plasma

(Le français suit)

Dear colleagues:

We have had two conversations over the past several weeks about the possibility of FPT governments participating in an Expert Panel review of the blood plasma issue. On this front, it is my understanding that PTs are still considering our offer to join a small working group that could help us adjust the draft terms of reference for the panel, such that they might find favour with all PT governments. I remain hopeful you will be willing to proceed along these lines and look for a response soon.

In the meantime, I wanted to share with you a set of names of possible experts, domestic and international, that could be considered for the panel. I should be clear that none of these individuals have yet been approached. Moreover, the idea would not be to engage all of these people, but rather to identify a smaller subset of perhaps 3 or 4 experts who could undertake the work. Before we reach out to confirm the interest and/or availability of possible panel members, I thought, in the spirit of
collaboration, that it would be a good idea to show you all the initial list of prospective panelists. I am hoping that by doing so, we might get a sense from you as to whether anything about this list poses a concern, or conversely whether there are, among any of the prospective panelists, individuals you would be really keen to see be part of the process. In addition, we would be interested in other names you might wish to put forward for possible membership on the panel.

The list attached by design identifies experts in a number of domains – blood system management, economics, international, etc. – as we believe it would be advantageous to have a panel that brings together expertise across the various disciplines relevant to the issue. As you will see, we have also identified some international experts, as we think it important for the panel to have a perspective that looks beyond our borders, given the global nature of the plasma sector.

If we want to have the proposed panel up and running this spring, we will need to begin soliciting the possible interest of panelists soon. Any expert of stature, even if willing to participate in this project, will need ample lead time to get ready. With this in mind, could you please provide any input you may have within one week’s time, ie. by no later than April 12, 2017.

With my thanks,

Simon

******************************************************************************

Chers collègues,

Nous avons eu deux (2) conversations au cours des dernières semaines sur la possibilité des gouvernements fédéral, provinciaux et territoriaux (FPT) de participer à l’examen du comité d’expert sur la question du plasma. À cet égard, j’ai cru comprendre que les gouvernements provinciaux et territoriaux (PT) réfléchissent toujours à notre offre de se joindre à un petit groupe de travail qui pourrait nous aider à apporter les ajustements nécessaires au mandat provisoire du comité, de sorte que le mandat soit appuyé par l’ensemble des gouvernements provinciaux et territoriaux. J’ai bon espoir que vous serez enclin d’aller dans cette direction et j’attends avec impatience votre réponse très bientôt.

Entre-temps, j’aimerais partager avec vous quelques noms potentiels d’experts, au niveau national et international, qui pourraient être envisagés par le comité. Je dois vous préciser qu’aucune de ces personnes n’a été approchée jusqu’à maintenant. De plus, l’idée n’est pas de mobiliser toutes ces personnes, mais plutôt d’identifier un sous-groupe d’environ 3 ou 4 experts qui pourraient entreprendre le travail. Avant de communiquer avec ces personnes pour confirmer leurs intérêts ou leur disponibilité au comité à titre d’expert, il me semblait, dans un esprit de collaboration, qu’il serait approprié de vous faire parvenir la liste initiale. J’espère en agissant ainsi, que nous pourrions avoir une idée de votre point de vue à savoir si vous avez quelque
préoccupation que ce soit à l'égard de cette liste, ou au contraire si parmi tous ses participants potentiels, vous entrevoyez certaines personnes dont vous souhaiteriez réellement qu'elles prennent part au processus. De plus, nous souhaiterions obtenir d'autres suggestions de noms que vous aimeriez proposer comme membres experts sur le comité.

La liste en annexe (en anglais seulement – la version française suivra) indique les experts œuvrant dans divers domaines – gestion de système sanguin, secteur économique, affaires internationales, etc. Puisque nous croyions qu'il serait avantageux d'établir un comité réunissant de l'expertise provenant de diverses disciplines pertinentes à la question. Comme vous le constatez, nous avons également indiqué certains experts internationaux, car nous trouvons qu'il est important que le comité possède une perspective qui va au-delà des frontières, compte tenu de la nature de plus en plus mondiale du secteur du plasma sanguin.

Si nous voulons avoir le comité en place ce printemps, nous aurons besoin de commencer à solliciter l'intérêt éventuel des participants très bientôt. Tout expert éminent, même si celui-ci est disposé à prendre part à ce projet, demandera d'avoir suffisamment de temps à l'avance pour se préparer. Dans cette optique, pourriez-vous nous faire parvenir vos commentaires d'ici une semaine, c.-à-d., au plus tard le 12 avril 2017.

Avec tous mes remerciements,

Simon

______________________________

Simon Kennedy
Deputy Minister of Health / Sous-ministre de la Santé
Health Canada / Santé Canada
70 Colombine Driveway
15th Floor, Room 1526B / 15ième étage, Pièce 1526B
Brooke Claxton Building
Tunney's Pasture
Postal Locator / Indice de l'adresse: 0915B
Ottawa, Ontario
K1A 0K9

Phone / Téléphone: (613) 957-0212
Fax / Télécopieur: (613) 952-8422

______________________________

Statement of Confidentiality
This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
attached

>>> 'Reddick, Vanessa' <vanessaredick@gov.nl.ca> 4/19/2017 4:27 PM >>>
Hey Shaun,
Can you send me the final report that went to CAP? I can't seem to put my hands on it.

Thanks,
Vanessa

Vanessa Reddick
Program and Policy Development Specialist
Dept. Health & Community Services
Tel: 709-729-1416
Fax: 709-729-3416
vanessaredick@gov.nl.ca

-----Original Message-----
From: Shaun MacNeill [mailto:smacneill@gov.pe.ca]
Sent: Tuesday, February 14, 2017 11:58 AM
To: dave.dell@gnb.ca; Trish.Fanjoy@gnb.ca; Tucker, Alison; Jones, Noreen; Baikie, Peggy; Reddick, Vanessa; Brian Berteelsen; Shaun MacNeill; Kirstin.Nucklaus@novascotia.ca
Cc: marlien.mckay@gnb.ca; Christine.Gibbons@novascotia.ca
Subject: Re: Report for CAP

Hello all,

I know the storms has been wreaking havoc on work schedules, but our IG folks need to print off the Premier's CAP briefing binder early tomorrow morning. Thus I am hoping to get everyone's confirmation re. the revised report and title change. If I don't hear back I will assume that it is good to go to Premiers, but a quick conformation would be ideal.

Thanks
Shaun

>>> Shaun MacNeill 02/13/17 11:42 AM >>>
Hello all,

NL has suggested some edits for the paper, now titled "An Atlantic Canadian Look at Significant Population Health Factors Driving Health Care Costs"

Most of the edits are pretty minor, but I wanted to make sure everyone is comfortable with the new paragraph:

The fiscal imbalance between the federal and provincial-territorial levels of government continues to put significant fiscal pressure on the Atlantic provinces. While the federal government has the ability to address these pressures, provincial governments do not, and certainly not in a way that is sustainable. The Conference Board of Canada anticipates that over the long term provinces will continue to face fiscal challenges, while the federal government's budget position will remain much more positive.
Since we have all now signed (or at least announced) a 10-yr agreement with the feds, I wanted to check in to see if folks are comfortable with this, and/or if additional approvals would be required. The latter I would leave to your discretion, but I wanted to ensure that we are all on the same page in terms of supporting the proposed amendment.

Our offices are closing at noon, but I will be checking emails from home to make sure we put this to bed in advance of CAP.

Shaun

Statement of Confidentiality
This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

"This email and any attached files are intended for the sole use of the primary and copied addressee(s) and may contain privileged and/or confidential information. Any distribution, use or copying by any means of this information is strictly prohibited. If you received this email in error, please delete it immediately and notify the sender."

Déclaration de confidentialité
Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Hello all,

Just a few comments as the province who received the FOI request.

- The request isn’t being administered through our Dept - the PEI Govt has a centralized body that looks after the logistics of FOI requests and related privacy/information issues. I mention this because they ultimately advise the Deputy about what information should and should not be released.

- Having said that, I will make sure to pass along the concerns re sensitivity of the subject/information, the fact that it relates to a draft (as opposed to final/public) position re an ongoing issue, and the potential impact any release might have on future intergovernmental discussions and the future provision of frank briefing information. These have all been raised internally before, so our FOI folks are aware of the rationales, but I will make sure they understand that they apply in this case.

I am happy to pass along any additional input I receive from HSC on this FOI request.

Thanks
Shaun
Hi Tushna,

The Quebec position is that no CBN has to be public released. We always refuse this kind of request. There is two main reasons about this position. First of all, the negociation about all the question discussed in a CDM or HMM are always in progress. So, a public release of the information in the CBN can prejudice our strategy of negociation or the discussions with the federal government. Second of all, if the DM and the Ministers learns that the CBN are publicly release, they will probably ask us not to write anything sensible in the CBN, so it will be hard to brief them adequately to have a frank discussion about a topic.

I hope that its useful.

Cheers.

Jean-François Mélançon
Conseiller en affaires intergouvernementales
Direction des affaires intergouvernementales et de la coopération internationale
Ministère de la Santé et des Services sociaux
1005, ch. Sainte-Foy, 1er étage Québec (Québec)
G1S 4N4
Téléphone: (418) 266-8739
Télécopieur: (418) 266-8755
Good afternoon everyone,

Our Blood Programs Unit has received a request for consultation from PEI’s Department of Health and Wellness under the Freedom of Information and Protection of Privacy Act.

They have shared a CBN on paid-plasma with us for our input on whether any sections need to be omitted. This CBN was developed by Ontario for the April 2013 COM. We have highlighted sections of the CBN accordingly.

We thought to share this with PT HSC given recent conversations on the Federal government’s proposed Plasma Panel.

Could you kindly look over this document and let us know if there are any sections you think need to be omitted as well?

We are looking for your input by 10:00am tomorrow (EST), at the latest.

Thank you,

Tushna Mehta
Policy Analyst
Intergovernmental Relations Unit
Strategic Policy and Planning Division
Ministry of Health and Long-Term Care
tushna.mehta@ontario.ca | 416-327-8465
Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
Hello all,

Just emailing re a few items that have come up recently.

- As noted in my previous brief email, I had previously (Jan 25th) circulated a version of the “Rising Tide” document that did not reflect some info provided by NL. Apologies for the confusion - version control issues strike again. The re-attached version of the doc should be up-to-date and incorporate the feedback received so far (except for the more structural suggestions, as explained in my Jan 25th email). Fingers crossed... I think I have attached the final-final version.

- Further to this, our IG DM has indicated that Premiers will formally receive the report at their upcoming meeting in February (somewhat different from them approving the report), and that we should arrange the necessary approval from health to advance this to Premiers. As has been done in the past, I will leave it up to each of you to seek the appropriate level of approval (whether DM or Ministerial) required to accomplish this. He has asked we secure this approval by Feb 2nd, which is extremely tight, but we will be doing our best to get it done within this timeframe. Apologies for that - I am just the messenger. The intent may be for DM's to discuss/approve on Friday's call - in which case I should be able to get a day extension from our IG.

All of this is pretty blue-sky at this point, and people may want to table alternative (and potentially smaller scale) proposals once they have a chance to absorb the direction from IG (assuming you are getting consistent indications from your IG folks). But in the absence of anything further, and given the tight timelines, we wanted to at least get an idea on the table for consideration. FWIW, PEI should have a new seniors advisory position created within the next few weeks, that could help coordinate some of this Atl work.

A lot of info. Happy to discuss tomorrow.

Shaun
Statement of Confidentiality

This message (including attachments) may contain confidential or privileged information intended for a specific individual or organization. If you have received this communication in error, please notify the sender immediately. If you are not the intended recipient, you are not authorized to use, disclose, distribute, copy, print or rely on this email, and should promptly delete this email from your entire computer system.

Déclaration de confidentialité

Le présent message (y compris les annexes) peut contenir des renseignements confidentiels à l'intention d'une personne ou d'un organisme en particulier. Si vous avez reçu la présente communication par erreur, veuillez en informer l'expéditeur immédiatement. Si vous n'êtes pas le destinataire prévu, vous n'avez pas le droit d'utiliser, de divulguer, de distribuer, de copier ou d'imprimer ce courriel ou encore de vous en servir, et vous devriez le supprimer complètement de votre système informatique.
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
Here's the synopsis of follow-up with CBS through a number of emails....

CBS response to MB inquiry re Status of Plasma Strategy:
“As Graham mentioned in his remarks at the AGM, CBS is working on an options analysis to increase plasma collection, acquisition and sufficiency in Canada. This analysis is not completed yet but we will bring it forward as soon as it is completed for discussion.

W

Wendy Peppel
Senior Manager National Blood File
Director, Office of Provincial Transplant and Transfusion Services,
Manitoba Health, Healthy Living and Seniors,
4029 - 300 Carlton Avenue
Winnipeg Manitoba
R3B 3M9
Ph 204 786-7374

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n'êtes pas le destinataire de ce courriel, veuillez en informer l'expéditeur et effacer l'original (et toutes les pièces jointes) de manière sécuritaire. Merci.
2.0 Minutes approved (with minor revisions to Oct 6 and Oct 28, 2015)

3.0 Lead DM direction:
   - Advisory note on CBUC provided to Lead DM. Awaiting feedback.
   - CBS GS Email sent Dec 18, 2015 – Lead DM requested WPeppel provide a chart of PT BLC vs DM/ADM Governance Committee responsibilities. PTs to provide input into MB’s very draft chart...Target date by Friday, January 15, 2016; PT reps to advise MB if interested in brief meeting on same and J Hoff to be approached re participation.

4.0 Lessons Learned (Budget):
   - PTs would like to develop a plan with how to move forward with regards to the annual budget negotiations. PTs discussed creation of a working group that could include ON, NS, BC, MB, NB and SK.

5.0 Centre for Innovation
   - Original agreement was approved in 2006. The second term agreement needs to be located as it is unclear if and when the required CDM approval was obtained. Follow-up needed.
   - The working group will look at deliverables.
   - MB will prepare an CBN once the working group has finalized an agreement.

6.0 CBSI/Collaborative PT/CBS Risk Review
   - Lead DM has requested follow-up information re Sept 2015 CDM and the Oct 2, 2015 AGM; this item will be incorporated into the responsibilities chart being prepared for the Lead DM.
   - PTs are very interested in understanding the CRA implications if the incremental capitalization were to be used.
   - BC advised of their position on CBSI not to use the CBSI funds for NFRP PH IIa, and that they will no longer be participating on this Collaborative PT/CBS Risk Review committee.

7.0 CBS Shipping Boxes
   - PTs agreed that further discussion on this topic could be included on the HUB hospital sub-committee agenda. (teleconference held January 12, 2016)

8.0 CBNs in response to CBS BNs
   - Cord Blood – PTs agreed they will recommend declining to support the ask in the CBS BN provided with the Dec 18, 2015 email from GSher to the Lead DM. PTs noted that Cord blood was included in the 2016-2017 budget negotiation and no additional money will be provided. MB to prepare a CBN.
   - 2016-2017 CBS Budget Letter – MB to prepare CBN.
   - Foreign Exchange strategy – MB to prepare CBN.

9.0 PPP update / Lessons Learned
   - Re-cap on previous discussion and agreement by PTs and CBS on ensuring a Point person (CBS & PT) with consistent messaging by all. All enquiries would be directed to the designated Point persons; Most important Lesson per BC No
benefit to rushing this process.

- BC noted that there is no advantage of trying to rush the product review process. PTs requested that the Lead Province ensure CBS is provided with and understands the need for the review time.

10.0 Long Acting Factor Category – NAC document

- PTs to provide outstanding feedback on the revised NAC document asap as will be forwarded to NAC and CBS this week by Friday, January 15, 2016. Noted that NAC and CBS making frequent regular inquiries re status and availability on the NAC website.

11.0 PT Led Utilization Proposal

- AB would appreciate receiving feedback from PTs by Tuesday, February 16, 2016. MB will re-circulate the document.

12.0 OTDT Review and 10 Year progress report and Health Canada/PT OTDT Workplan

  1. CBS is has invited PTs and program representatives to participate in a Consultative teleconference/web ex on Wednesday, January 13, 2016: MB will communicate PT consensus comments at this time, with more review time being required:
  2. PTs indicated Purpose of the Report is unclear
  3. Reference to the Call To Action (CTA) in the Report is not supported as PT DMs and Ministers did not endorse
  4. Re compulsory PT data requested: this has some PT resource and legal/legislative considerations that require further review, what data is to be provided/included
  5. PTs agreed they will need more time to review the presentation and the report.
  6. Clarification regarding what is meant by a march 2016 public release? The report should be going to PT DMs/PTBLC Officials, and then to Ministers prior to a public release

  Noted the importance of CBS OTDT hearing from all PTs to reinforce the consensus position put forward by Lead.

- Re Workplan: PTs also agreed that communication to CBS that PTs continue to support the original mandate to maintain the three (3) registries; and no expansion of mandate.

- With HC support MB should articulate PT concerns in a letter or email to CBS so that PTs have documentation on record.

13.0 NAA process

- See 2nd bullet under #3.0

14.0 HUB Hospitals

- Hub Hospital sub-committee meeting being held Tuesday, January 12, 2016

15.0 Business Case Template feedback

- Reminder that PTs committed to providing feedback to CBS by mid-January 2016

16.0 NFRP Milestone reporting document – PT feedback

- Reminder that PTs committed to providing feedback to CBS by mid-January 2016

17.0 NAC TOR & BN on National registry for Hereditary Anemias

- PTs agreed more discussion is required and will be managed through an email process by MB Lead to PTs.
18.0 Canadian Plasma Resources

- Soft launch taking place in SK. SK will be asked to provide an Update.
- CBS advised MB Lead for PT awareness of a potential letter writing campaign and media interest in SK, similar to previous years in ON.
- CBS advised MB Lead that SK has indicated to them they have no plans to implement legislation.

W

Wendy Peppel
Lead Senior Manager National Blood File
Director, Office of Provincial Transplant and Transfusion Services,
Manitoba Health, Healthy Living and Seniors,
4029 - 300 Carlton Avenue
Winnipeg Manitoba
R3B 3M9
Ph 204 786-7374

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n'êtes pas le destinataire de ce courriel, veuillez en informer l'expéditeur et effacer l'original (et toutes les pièces jointes) de manière sécuritaire. Merci.
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
From: Kraft, Barbara (HHLS) on behalf of Peppel, Wendy (HHLS)
To: Brian D. Bertelsen; Dai Kim; Osborne, Daphne; Glenna Lajng; Jane Stafford; Judy Hoff; Katherine Fraser; Kimberly Riles; Sonja Merchant; Violet van Hees; Peppel, Wendy (HHLS); Wendy Vowles
Cc: Angela Carpen ter; Kraft, Barbara (HHLS); Brenda Legault; Darlene Merrithew; Dave Dell; Humphries, Debbie; Dianna Williams; Gilbert, Ellen (HHLS); Heather Davidson; Janette Romanuk; Kim Austin; Lihua Jiang; Marina Hamilton; Philip Davidson; Samantha Gable; Shelley Strickland; Tesna Belamy
Subject: INFO re: CBS interview with The Current on payment for plasma
Date: Monday, February 08, 2016 12:38:15 PM
Attachments: CBS WebStatement_PaidPlasmaDonors 1 FIN.pdf Attachment 34
CBS TranscriptAtIClips v1 FIN.pdf Attachment 35

Sent on behalf of Wendy Peppel, Lead Senior Manager

Good Morning,

Please see the attached information provided by CBS

CBC's national morning radio program, The Current, is continuing its focus on payment for plasma donations in Canada and has requested an interview with Canadian Blood Services' CEO Dr. Graham Sher.

CBS' communications team is working with the outlet to confirm interview details. It is our understanding the interview will take place this week (likely Thursday).

CBS comms has developed the attached web statement and is preparing a video with Graham (transcript also attached) for posting online later this week.

Barbara Kraft
A/Program Consultant
Office of Provincial Transplant
and Transfusion Services
Manitoba Health, Healthy Living and Seniors
300 Carlton St.
Winnipeg, MB R3B 3M9
ph: 204-788-6353
Fax: 204-944-0669
e-mail: Barbara.Kraft@gov.mb.ca

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement déconseillée. Si vous n'êtes pas le destinataire de ce courriel, veuillez en informer l'expéditeur et effacer l'original (et toutes les pièces jointes) de manière sécuritaire. Merci.
While we/PTBLCL have emphasized the significant importance of collaborating with CBS to prioritize top Utilization initiatives, this has been difficult to realize. AB has offered twice to advance priority Utilization work that could have a substantive impact, feedback to AB was due Feb 16/16 (not sure if PTs have responded), MB has indicated their support of this as important work. The CBUC TOR as in my email of Feb 4/16 is with the MB DM (CBN for Lead DM), anticipate raising this with her tomorrow. The PTs did not really land on a final version of the TOR for CBUC as CBS envisioned it much more expansive and there was a feeling of need for further direction from Lead DM. Some current sense of the CBS Plasma Strategy would be very beneficial to PTs now, but as per Lindy’s email nothing expected until Spring Board meeting which signals we may not have it til June.

W

Wendy Peppel
Lead Senior Manager National Blood File
Director, Office of Provincial Transplant and Transfusion Services,
Manitoba Health, Healthy Living and Seniors,
4029 - 300 Carlton Avenue
Winnipeg Manitoba
R3B 3M9
Ph 204 786-7374

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, diffusion ou copie non autorisée est strictement défendue. Si vous n’êtes pas le destinataire de ce courriel, veuillez en informer l’expéditeur et effacer l’original (et toutes les pièces jointes) de manière sécuritaire. Merci.
Subject: RE: plasma sufficiency strategy

Thanks Wendy.

Do you know where things are at with the “utilization” work requested DMs to provide PTs with (I will paraphrase) “the top 5 things that could be done right now to better manage and contain plasma product utilization”?

Thanks –
Violet

Violet van Hees
Senior Policy Advisor
Health and Social Services
Government of Yukon

e-mail: violet.vanhees@gov.yk.ca
phone: (867) 667-3798
fax: (867) 667-3096

Subject: FW: plasma sufficiency strategy


W

Wendy Peppel
Lead Senior Manager National Blood File
Director, Office of Provincial Transplant and Transfusion Services,
Manitoba Health, Healthy Living and Seniors,
4029 - 300 Carlton Avenue
Winnipeg Manitoba
R3B 3M9
Ph 204 786-7374

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité: Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n’êtes pas le destinataire de ce courriel, veuillez en informer l’expéditeur et effacer l’original (et toutes les pièces jointes) de
Hi, Wendy – I wanted to touch base about this, as we discussed on the touch point call this week. I did attend a meeting yesterday with the group that is tasked with putting this together, and, as suspected, it is the case this is still at the research phase, so nothing concrete to report out yet. I’ll keep you posted as things progress, with an eye to having a timeframe to share. Right now I understand the goal is to have something ready for discussion at the spring board meeting, so I should know more closer to that date when a proposal or option paper might be ready for government review and discussion.

Lindy McIntyre
Director, Government Relations
Canadian Blood Services
lindy.mcintyre@blood.ca
613-739-2445 work
613-292-6827 cell
Good Morning,

MB has some suggested edits to the CBS items, please see below:

**Decision(s)**

- Deputy Ministers reviewed the 2016-17 CBS budget proposal and directed CBS to decrease its budget by identifying further operational efficiencies to propose options to with operational efficiencies without impacting compromising safety of the blood supply.
- Deputy Ministers also supported that there be a revised business case detailing the change in scope and funding requirement for the National Public Cord Blood Bank request from CBS to be considered by PTs for the 2017-18 budget negotiations and corporate plan discussions.
- Deputy Ministers approved the 2016-19 CBS Corporate Plan.
- Manitoba commits to following-up with CBS regarding the status of the Plasma Self-Sufficient Strategy.

Happy to discuss. Have a great weekend,

Melissa Weavers, M.Sc.
Senior Policy Analyst
Federal Provincial Policy Support Unit
Manitoba Health, Healthy Living and Seniors

2119-300 Carlton Street
Winnipeg, MB R3B 3M9
Tel: (204) 788-6468
Fax: (204) 948-2258

From: Jessica Maguire [mailto:Jessica_Maguire@gov.nt.ca]
Good morning,

Please find attached the NWT's comments on the draft ROD.

Thank you,
Jessica

From: Redford, Vinessa (MOHLTC) [mailto:Vinessa.Redford@ontario.ca]
Sent: Tuesday, February 16, 2016 3:25 PM
To: abird@gov.pe.ca; Stoutley, Alex (MOHLTC); Hope, Amy (MOHLTC); ann.marr@gov.bc.ca; ataylor1@gov.nu.ca; bdbertelsen@gov.pe.ca; bruce.macfarlane@gnb.ca; cameron.derksen@gov.bc.ca; cameronbodnar@gov.nl.ca; carmen.cline@gov.ab.ca; dave.dell@gnb.ca; Parsons, Elizabeth (HHLS); Dowuona, Emmanuel (MOHLTC); Sotiropoulos, Evan (MOHLTC); fatma.sayani@gov.bc.ca; Heather Ruptash; Dhillon, Jackie (MOHLTC); jean-francois.melancon@msss.gouv.qc.ca; White, Jennifer (HHLS); jparadis@gov.nu.ca; kbabstock@gov.nl.ca; kim.dolhan@gov.yk.ca; kirstin.nucklaus@novascotia.ca; krodway@gov.nl.ca; laura.lang@gov.yk.ca; leann.caims@gov.bc.ca; linda.malloy@gov.ab.ca; lingebrigtson@gov.nu.ca; lori.fawcett@gov.ab.ca; lyn.bilida@gov.ab.ca; Kanakaratnam, Mahindan (MOHLTC); mark.goossens@health.gov.sk.ca; mark.iochelli@gov.ab.ca; marlien.mckay@gnb.ca; maureen.neuman@gov.bc.ca; may.robson@gov.bc.ca; Weavers, Melissa (HHLS); noreenjones@gov.nl.ca; nicolas.seney@msss.gouv.qc.ca; noreenjones@gov.nl.ca; noreenjones@gov.nl.ca; noreenjones@gov.nl.ca; noreenjones@gov.nl.ca; simoneyall@gov.nl.ca; Mitchell, Skye (MOHLTC); tricia.poilievre@gov.bc.ca; trish.fanjoy@gnb.ca; vanessaredrick@gov.nl.ca; victoria.jerome@health.gov.sk.ca; violet.vanhees@gov.yk.ca

Subject: [Draft] ROD - February 11 PT DMs Call

Colleagues,

Please find attached the draft Record of Decisions from the February 11 PT DMs call. Please provide your
feedback by next **Wednesday February 24, 2016**. We will add the ROD to this week’s HSC call for discussion.

Thanks,

Vinessa Redford

Senior Policy Advisor (A)
Intergovernmental Relations Unit
Policy Coordination and Intergovernmental Relations Branch
Strategic Policy and Planning Division
Ontario Ministry of Health and Long-Term Care
E-mail: vinessa.redford@ontario.ca | Telephone: (416) 327-7551
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
Sending on behalf of Wendy Peppel, Lead Senior Manager

Resending with the attachment

Note that the link below takes you to the CBS website statement and video.

Canadian Blood Services also recorded a video of Graham answering the question of whether Canadian Blood Services will pay plasma donors, it's available here: https://www.blood.ca/en/media/statement-canadian-blood-services-payment-plasma-donation.
As discussed – this is a summary of highlights from the G. Sher presentation to the Members at the Oct 17, 2016 AGM on the Security of Plasma supply.

Provided as information

Areas of note:

**Overview** – growing global risks to the security of the supply of plasma needed to produce plasma protein products. CBS developing a comprehensive national plasma collection business plan (plasma strategy?)

- Notes that only CBS is responsible and accountable to the minister of health to ensure plasma collected in Canada is used to benefit Canadians.
- “As the arm’s length, not-for-profit, publicly funded blood operator, CBS is responsible and accountable to its corporate members ..., and the Canadian public, for the safety and security of the blood system in Canada.’

**2. Security of the plasma supply and domestic sufficiency levels**

- The warning that traditional sources of supply could be insufficient to meet the demand.
- CBS currently collects enough plasma about 17% of the demand for Ig in Canada. The supply is supplemented with recovered plasma (from unpaid US donors) this is restated several times – unpaid US donors
- Canada’s level of plasma sufficiency has declined year over year due to continued growth in demand and the decreasing volume of recovered plasma, due to a multi-year decline in whole blood collections in Canada. (reminder that CBS has closed several sites, including a plasma collection site in Thunder Bay a few years ago.)
- CBS identifies that Canada may become reliant on US source plasma to meet over 90% of its plasma needs (by 2024-2025) if the demand continues to grow as it has in past years.
- They note they are the single supplier of these products; hospitals have no alternative supply channels – in the event of depleted inventory.
- CBS indicates they should have critical control to ensure reliable access to PPPs for Canadians – i.e. collection, management and shipping of plasma for fractionation. Gifols and CSL Behring are the fractionators that are used to manufacture Canadian plasma into PPPs.
- In 2004, CBS consulted patient groups, clinicians, FPT governments, industry and other blood operators to assess what proportion of IG used in Canada, should be made from Canadian plasma. The result was a target of 40%, with the balance (60%)
being manufactured from US plasma.

- CBS recognizes that purchasing US recovered plasma has risks (not with the product itself) related to availability.

3. Emerging global and domestic risk

- Canadian demand is expected to continue to grow, as it is in the US.
- Relatively few patient populations are treated with Ig, however a single new indication, with a larger pt base would likely have a significant impact on the supply.
- The emergence of a new, small, non-enveloped bloodborne virus would have a significant impact on plasma collection and fractionation.
- CBS notes that supply disruptions have been sudden and acute events, over the past 20 years.
- There is no comprehensive data detailing the patient populations being treated with Ig in Canada. This is interesting and may need to be addressed in collaboration with the PTs and AHCDC to get accurate data on which to base the evidence to pursue changes recommended.
- CBS recognizes the clinical evidence to support the use of Ig in many indications however notes that sustained utilization efforts can be effective in moderating demand growth.
- CBS notes that they have been asked to participate in the Tri-jurisdictional utilization pilot. The assumption being that learnings and practices will help inform future pan-Canadian approaches.
- CBS acknowledges that any measures/tools/efforts will need to be multi-year, multi-pronged, and multi-partnered in order to influence utilization of the ppps.
- Speaking again to the need for more domestic plasma collection.
- Global demand and Global supply issues/risks – increased demand in countries like China, Australia, France and Germany. Some of this demand is for both labeled use and unlabeled use.
- Many indications, treated with Ig, are rare diseases that affect a relatively small number of patients.
- They go on to speak to how plasma is fractionated, i.e. thousands of individual donations are pooled together, processed (screening and testing) to ensure none contain any known pathogens.
- Consideration that the 2012 US National Defense Resources Preparedness Executive Order could effectively cut off the US plasma supply should it be enacted.

4. Risk responses


NOTE: the 2017-2020 Corporate Plan indicates a request for $5M, however this request for funding has not been approved and still needs to go through the budget negotiation process (December 2016).
5. Request for pause on commercial, for-profit plasma collection activity

- CBS notes that it is increasingly concerned about the impact for-profit commercial plasma companies may have on Canada’s volunteer, unpaid donor base for blood and plasma.
- Any commercial activity (i.e. paid plasma) within the Canadian blood system must consider the needs of the national blood system operator (CBS and Hema Québec).
- As part of the CBS plans to address risks to the security of supply for Canada, CBS is not intending to further expand external plasma purchases. Long-term plans include increased plasma collection within the national, not-for-profit system.
- They note that only CBS, as the national blood operator, can and would ensure plasma collected in Canada is used to benefit Canadians.
- It is simply not known whether remunerated and non-remunerated plasma collection systems can co-exist and if it is sustainable or viable in Canada.
- A recent Ipsos poll revealed that 81% of Canadians support an unpaid plasma system. Additionally, results showed that 76% of Canadians believe a private company that pays donors would negatively impact the volunteer donor base.
- CBS notes that while one commercial operation may not have an immediate impact, expansion or additional companies could materially increase challenges to the publicly funded and publicly accountable system.
- Plasma collected by the companies would be redirected to buyers of choice (i.e. internationally and not specifically for Canadians).
- Canadian organizations, representing patients who rely on plasma protein product treatments, and CBS want the PT to recognize that the primary concern is not the safety of the products (i.e. product made from paid donations is just as safe as voluntary donated plasma) but rather the security of the supply (ensuring enough product is available for treatment of the various disorders).

6. Next Steps in Canadian Blood Services’ response to risks to the security of supply

- CBS is developing a comprehensive plan for addressing security of supply (national plasma strategy).
- Targeting 50% sufficiency. A target date to reach this goal is not known.
- The CBS plan is to be an incremental, multi-year approach and will include the requisite analysis of optimal clinic sizes and locations.
- Stakeholder consultations are to occur through the fall. Stakeholder perspectives will be assessed and will inform the plasma strategy.
- CBS notes that they plan to implement 2 new collection sites in 2017-2018. A request for $5.0M is included in the 2017-2020 Corporate Plan. NOTE: this has not been approved and will require a business case to be provided and PT analysis prior to being recommended for approval following the December 2016 budget negotiation process.
- Steps CBS is planning: (1) thorough assessment of appropriate approach to ensuring security of supply (Ig); (2) key focus of renewed donor engagement efforts to reach a
broader pool of potential donors; (3) opening 2 source plasma collection sites which CBS advises will take 2-3 years until full production volume is achieved.
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
From: Otegbade. Morinsola (HSAL) on behalf of Peppel, Wendy (HSAL)
To: Brian D. Bertelsen; Dai Kim; Osborne, Daphne; Glenn Laing; Jane Stafford; Jo-Anne Hubert; Judy Hoff; Marina Hamilton; Sonia Manhermp; Violet Van Hees; Peppel, Wendy (HSAL); Wendy Vowles
Cc: Angela Carpenter; Kraft, Barbara (HSAL); Humphries, Debbie; Dianna Williams; Gilbert, Ellen (HSAL); Janette Romanuk; Katherine Leono; Kim Austin; LeeAnn Marion; Li Juan Jiayang; Lisa Ramsey; Otegbade, Morinsola (HSAL); Rume Djebah; Samantha Cassie; Tom Smith; Teena Bellamy
Subject: Canadian Blood Services says paid plasma clinics are harming voluntary donations
Date: Wednesday, December 21, 2016 6:55:38 PM

Sent on behalf Wendy Peppel, Lead Senior Manager

Hello all,

Please see the email below from CBS.

Thank you,
Morin

Otegbade, Morinsola
Office of Provincial Transplant and Transfusion Services
Manitoba Health, Seniors and Active Living
4027-300 Carlton Street
Winnipeg, Manitoba, R3E 3M9
P: (204)788-6360 F: (204) 944-0669
E: Morinsola.Otegbade@gov.mb.ca

From: Lindy McIntyre [mailto:lindy.mcintyre@blood.ca]
Sent: December-21-16 3:26 PM
To: Judy Hoff (Judy.Hoff@health.gov.sk.ca); Wendy Vowles (Wendy.Vowles@gov.bc.ca); Hamilton, Marina (Marina.Hamilton@nshealth.ca); Marina Hamilton (Marina.Hamilton@cdha.nshealth.ca); Kim, Dai (MOHLTO) (Dai.Kim@ontario.ca); Stafford, Jane (DH/MS) (Jane.Stafford@gnb.ca); Dell, Dave (DH/MS) (dave.dell@gnb.ca)
Cc: Peppel, Wendy (HSAL); Kraft, Barbara (HSAL); Gilbert, Ellen (HSAL); Otegbade, Morinsola (HSAL); Amanda Cullen; Adrienne Silver; Devi Karith
Subject: FW: Canadian Blood Services says paid plasma clinics are harming voluntary donations
Importance: High

Hi, all – we have been alerted to year-end media interest in payment for plasma donation, and our CEO and communications staff have been busy today trying to respond to inquiries based on the CBC story below which appeared a short time ago, and which references your jurisdictions (am also including my friends in NB, in recognition of the hot spot there). I had alerted Judy and Patrick in SK earlier as soon as I saw the CBC article, recognizing SK would likely be the most immediately affected, and to give them a head start.

To help BLC reps support ministry comms with any needed key messages, I suggest you refer to the letter Leah sent to Ministers earlier in Dec, as well as AGM materials. In terms of very recent updates on the Saskatoon situation, which the CEO referenced in the CBC inquiry, CBS staff have recently reported that the commercial, for-profit collector in Saskatoon is having some impact on Canadian Blood Services' whole blood operations. In terms of detail, staff have seen Canadian Plasma Resources attempting to recruit regular volunteer whole blood donors who would otherwise donate to Canadian Blood Services. In addition, CBS Saskatoon staff deal with an average of 20 blood donors per week who are confused about a perceived association between the commercial, for-profit collector and
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
Sent on behalf of Wendy Peppel, Lead Senior Manager

Hello All,

The link below is provided as information and follow up from today’s meeting.

http://pptaglobal.org/meetings-events/international-plasma-protein-congress

Morin
Morinsola Otegbade
Office of Provincial Transplant and Transfusion Services
Manitoba Health, Seniors and Active Living
4027-300 Carlton Street
Winnipeg, Manitoba, R3E 3M9
P: (204) 788-6360 F: (204) 944-0669
E: Morinsola.Otegbade@gov.mb.ca
Good Morning,

CBS has shared the following related to the Alberta’s Minister Hoffman introducing the *Voluntary Blood Donations Act* to the Alberta Legislative Assembly order papers.

Canadian Blood Services notes leave for Alberta’s Minister Hoffman to introduce the *Voluntary Blood Donations Act* is now on the Alberta Legislative Assembly order papers. Canadian Blood Services will review the legislation once it is made public (expected March 13). In the meantime, we have been asked by Alberta for a quote in a news release, and we will post a short statement on our website in anticipation of media interest and activity once the bill is tabled.

Canadian Blood Services key messaging for this will be:

- Canadian Blood Services is currently reviewing the legislation.

- Canadian Blood Services is supportive of Alberta’s efforts to help further strengthen Canada’s voluntary, non-remunerated, publicly funded collections model.

- Canadian Blood Services recognizes it is up to governments to determine the appropriate public policy and legislative agendas that fall within their purview. We will continue to work with all jurisdictions to ensure we collectively continue to meet the needs of patients across Canada.

- For nearly 20 years, Canadian Blood Services has been responsible for providing Canada with a safe, secure and affordable system of blood and blood products, including drugs manufactured from human plasma; this is a duty we have delivered on consistently. We have a clear role in monitoring and planning for plasma sufficiency for the country and in meeting the needs of Canadian patients.

- As stewards of the blood system in Canada, we are currently in discussions with government following the tabling of our business plan to increase the amount of plasma we collect from Canadian donors, as per our voluntary, non-remunerated (unpaid), publicly funded model.

- Alberta has a long and proud history of support for the blood system, and we are pleased to see recognition of the work and contributions of the many donors and volunteers in the
province. We value and appreciate all of our donors, who voluntarily give of themselves to help patients in need.

Regards,
Morin
Morinsola Oteobade
Office of Provincial Transplant and Transfusion Services
Manitoba Health, Seniors and Active Living
4027-300 Carlton Street
Winnipeg, Manitoba, R3B 3M9
P: (204)788-8360 F: (204) 944-0669
E: Morinsola.Otegbade@gov.mb.ca
My comments and a copy of Alberta’s DM’s response to Karen Herd.

Thanks,

Glenna

Glenna C Laing, M.A., B.N.
Director Transfusion and Transplantation
Acute and Emergency Services
Government of Alberta- Health
10025 Jasper Avenue, Edmonton, AB
T5J 1S6
(780) 644-3034
glenna.laing@gov.ab.ca

From: Ostrowski, Sheri (H HLS) [mailto:Sheri.Ostrowski@gov.mb.ca] On Behalf Of Peppel, Wendy (H HLS)
Sent: Thursday, September 17, 2015 1:22 PM
To: 'Brian D. Bertelsen'; 'Dai Kim'; 'Daphne Osborne'; 'Dave Dell'; Glenna Laing; 'Judy Hoff'; 'Katherine Fraser'; 'Kimberly Riles'; 'Sonia Marchand'; 'Violet van Hees'; Peppel, Wendy (H HLS); 'Wendy Vowles'
Cc: 'Angela Carpenter'; Kraft, Barbara (H HLS); 'Brenda Legault'; 'Darlene Merrithew'; Humphries, Debbie; 'Dianna Williams'; 'Heather Davidson'; 'Jane Stafford'; 'Janette Romanuk'; 'Lihua Jiang'; 'Lisabeth Bryon'; 'Marina Hamilton'; 'Philip Davidson'; Samantha Cassie; 'Shelley Strickland'; Sood, Shaila (H HLS); 'Treena Bellamy'
Subject: Draft DM Letter to CBS for addition to the PPP distribution list Sept 17 2015 .docx

Good Afternoon,

The attached is the draft letter to CBS advising of the PT DM decision to add the long-acting category for plasma protein product distribution.

We would appreciate your feedback no later than Tomorrow Noon. So we may forward to CBS by end of day.

Best regards,

Sheri Ostrowski
Administrative Assistant
Office of Provincial Transplant & Transfusion Services
Manitoba Health, Healthy Living and Seniors
4027A - 300 Carlton Street
Winnipeg MB R3B 3M9
Here is our validation for our red cell transport coolers - Coleman coolers are significantly cheaper and easier to keep clean/label than the Golden Hour boxes (which we only use for our air ambulance system) and are also lighter for OHS requirements but you do have to purchase the coolers and the phase change material separately. We have also validated Coleman transport coolers for frozen plasma but I can't find the validation summary at the moment - if this is going to be an agenda item for the meeting in May I can provide it then. Platelet transportation using room temperature phase change material has been a bit more challenging.

Susan

Susan Nahiriak, MD, FRCPC
Divisional Director and Section Chief, Transfusion Medicine AHS-Edmonton Zone

Professor – Faculty of Medicine, U of A
4B1.23 WMC, 8440-112 St.
Edmonton, AB T6G 2B7
Susan.Nahirniak@albertahealthservices.ca
tel: (780) 407-3428
fax: (780) 407-8599

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and/or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.
Dear Martin,

In Ontario, ORBCoN validated and purchased a box for hospitals to use to redistribute RBC. We collaborated with Newfoundland blood office to do the validation back in 2008. The box is the ‘Golden Hour’ box originally distributed by Minnesota Thermal Science, now Pelican. The box holds a maximum of 4 RBC units and maintains a very steady 4-6C for up to 36 hours. The cost when we purchased them was approximately $180 US (not sure if this is still a current price though). We also provided a nylon cover with stitching for identification of the user hospital (additional cost for this of ~$40US).

With CBS introducing their new shipping containers, we are looking now to see if there are alternative boxes that could be used to redistribute platelets, frozen products and plasma protein products. We would also need to look into validation once we identify something that will be suitable (timelines and budget still to be determined). I am copying Tracy Cameron as an fyi. She has been our ORBCoN lead on the redistribution project from the beginning. She is much more knowledgeable than I am on this subject!

Cheers,

Wendy

---

From: martin.gauthier@msss.gouv.qc.ca [mailto:martin.gauthier@msss.gouv.qc.ca]
Sent: March 24, 2016 4:12 PM
To: Evanovitch, Denise; Beauchamp, Aimee; 'adcarpenter@ihis.org'; 'andreanne.trottier@msss.gouv.qc.ca'; 'anne.robinson@horizonnb.ca'; 'barbara.kraft@gov.mb.ca'; 'bdtimmons@gov.pe.ca'; 'bherdman@dsmanitoba.ca'; 'bmuirhead@hsc.mb.ca'; 'caroleann.lagrange@albertahealthservices.ca'; 'catherine.mcphee@cdha.nshealth.ca'; 'cfry@gov.nl.ca'; cheryl barclay; Cheryl Doncaster; 'claudiamireille.pigeon@hema-quebec.qc.ca'; Li, Cecilia; 'dai.kim@ontario.ca'; 'daphneosborne@gov.nl.ca'; 'denis.ouellet@msss.gouv.qc.ca'; 'donna_allen@gov.nt.ca'; 'elaine.blais@pnrha.ca'; 'gail.samaan@gnb.ca'; LeFrense, Jennifer; 'judy.hoff@health.gov.sk.ca'; Kathryn Webert; 'kimberley_riles@gov.nt.ca'; 'lakshmi.rajappannair@horizonnb.ca'; 'Lindy McIntyre'; Hamilton, Marina; 'mgturner@ihis.org'; 'paula.vanvliet@rqhealth.ca'; 'samantha.cassie@gov.ab.ca'; Strickland, Shelley; 'smarchand@gov.nu.ca'; 'sophie.yang@ontario.ca'; Cairns, Sue; Susan Nahiri; Quraishi, Tabassum; 'tibellamy@ihis.org'; trevor richardson; Thompson, Troy; Maeser, Ursula; XT:HLTH Van Hees, Violet; 'wendy.peppel@gov.mb.ca'; Vowles, Wendy M HLTH:EX; Owens, Wendy

Subject: Validated box for blood component transfer

This email is sent to the CBCPC members

Bonjour,

I just wanted to know if your province had a validated box for transfer of blood components. We did validate a specific box in the early 2000. This specific box costs 300$US. Our TSOs found a similar product that cost 180$CAN and are really interested to switch to this new box. But it needs to be validated. The validation would cost around 10 000$. Before even considering investing this money in the validation process I thought it would be a good idea to ask you about it.

If you are not aware of what kind of box is used by your hospitals to transfer blood components
between them, could you ask them and get back to me?

Thank you very much! Happy easter!

Martin

---

Martin Gauthier
Direction de la biovigilance et de la biologie médicale
Ministère de la Santé et des Services sociaux
2021, Avenue Union, bureau 840
Montréal (Québec) H3A 2S9
Téléphone: 514.873.6215

Confidentiality Statement - The contents of this e-mail, including its attachment, are intended for the exclusive use of the recipient and may contain confidential or privileged information. If you are not the intended recipient, you are strictly prohibited from reading, using, disclosing, copying, or distributing this e-mail or any of its contents. If you received this e-mail in error, please notify the sender by reply e-mail immediately or the Privacy Office (privacy@ottawahospital.on.ca) and permanently delete this e-mail and its attachments, along with any copies thereof. Thank you.

Avis de confidentialité – Ce courriel, y compris ses pièces jointes, s’adresse au destinataire uniquement et pourrait contenir des renseignements confidentiels. Si vous n’êtes pas le bon destinataire, il est strictement interdit de lire, d’utiliser, de divulguer, de copier ou de diffuser ce courriel ou son contenu, en partie ou en entier. Si vous avez reçu ce courriel par erreur, veuillez en informer immédiatement l’expéditeur ou le bureau de la Protection des renseignements personnels (info.privee@hopitalottawa.on.ca), puis effacez le courriel ainsi que les pièces jointes et toute autre copie. Merci.

---

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.
Good Afternoon HSC,

Attached are the three CBS CBNS in support of the January 20, PT DM teleconference. Please be advised that MB considers these drafts, as they have not been approved by their DM.

Given that these are drafts, please forward any feedback you may have ASAP directly to MB (cc’d above).

Thanks Manitoba!
Mark

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Evening HSC,

Thank you to Manitoba for providing a final version of the CBS CBNS for January 20. Including appendices, there are seven documents. We will upload these to SharePoint.

2a – CBN CBSI
2b - CBN CBS 2017-18 Budget final
2b.1 – 2017-18 Budget Agreement
2c – CBN 2017-20 CBS Corporate Plan
2c.1 - Book 1 2017-20 CBS Corporate Plan
2c.2 – Book 2 201-20 CBS Corporate Plan
2c.3 – Cord Blood Bank Project

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat, Intergovernmental Relations
Strategic Policy Branch, Strategic Planning & Policy Development Division
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Hi Daphne,

Hope you’re enjoying your holiday. Sorry to rain on it by sending along these final versions of the CBS CBNs! Please let us know if you have any questions.

Peggy

From: Mark Iocchelli [mailto:mark.iocchelli@gov.ab.ca]
Sent: Thursday, January 12, 2017 7:44 PM
To: Tucker, Alison; amy.j.hope@ontario.ca; bcigr@gov.bc.ca; bdbertelsen@gov.pe.ca; cameron.derkson@gov.bc.ca; Carmen Cline; carter_stirling@gov.nt.ca; dave.dell@gnb.ca; denise_canuel@gov.nt.ca; elizabeth.parsons@gov.mb.ca; emmanuel.dowunaa2@ontario.ca; evan.sotiropoulos@ontario.ca; fatma.sayani@gov.bc.ca; geof.langen@gov.mb.ca; george.doyle-bedwell@novascotia.ca; heather_ruptash@gov.nt.ca; jean-francois.melancon@msss.gouv.qc.ca; jennifer.white2@gov.mb.ca; kim.dolhan@gov.yk.ca; kirstin.nucklaus@novascotia.ca; laura.lang@gov.yk.ca; leann.cairns@gov.bc.ca; Linda Malloy; lingebrightson@gov.nu.ca; mark.goossens@health.gov.sk.ca; Mark Iocchelli; marlien.mckay@gnb.ca; Marta Kozdron; melissa.weavers@gov.mb.ca; nicolas.seney@msss.gouv.qc.ca; Jones, Noreen; Baikie, Peggy; Qendresa Beka; regina.angeleau@gov.mb.ca; richard.almond@gov.bc.ca; Sarah Aaron; shafagh.daneshfar@gov.mb.ca; skye.mitchell@ontario.ca; skylan.parker@gov.yk.ca; smacneill@gov.pe.ca; Stacey.Kwan@ontario.ca; Suzette Mackey; Power, Tara; tricia.pollievre@gov.bc.ca; trish.fanjoy@gnb.ca; tushna.mehta@ontario.ca; Reddick, Vanessa; victoria.jerome@health.gov.sk.ca; violet.vanhees@gov.yk.ca; Chris Nickerson; Clare Denman; Megan.McCreary@novascotia.ca; Hodan Youssuf; ran.ukashi@gov.mb.ca; Harvey, Michael; Christine.Gibbons@novascotia.ca; ctoghiani-rizi@gov.nu.ca; Andrew.Webber@novascotia.ca
Subject: FINAL CBN for CBS items - Jan 20 2017 PT DM Teleconference

Good Evening HSC,

Thank you to Manitoba for providing a final version of the CBS CBNs for January 20. Including appendices, there are seven documents. We will upload these to SharePoint:

2a – CBN CBSI
2b - CBN CBS 2017–18 Budget final
2b.1 - 2017-18 Budget Agreement
2c – CBN 2017–20 CBS Corporate Plan
2c.1 - Book 1 2017–20 CBS Corporate Plan
2c.2 - Book 2 2017–20 CBS Corporate Plan
2c.3 - Cord Blood Bank Project
Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat, Intergovernmental Relations
Strategic Policy Branch, Strategic Planning & Policy Development Division
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Another change to the agenda! I replaced it in the shared folder and renumbered all the documents. Noreen, could you please print and replace the agendas in the paper folders and re-order? Thanks. I’m sure we’re not done re-ordering yet! Lol.

From: Mark Iocchelli [mailto:mark.iocchelli@gov.ab.ca]
Sent: Thursday, January 26, 2017 5:55 PM
To: Tucker, Alison; amy.j.hope@ontario.ca; bcigr@gov.bc.ca; bdbertelsen@gov.pe.ca; cameron.derksen@gov.bc.ca; Carmen Cline; carter_stirling@gov.nt.ca; dave.dell@gnb.ca; denise_canuel@gov.nt.ca; elizabeth.parsons@gov.mb.ca; emmanuel.douwona2@ontario.ca; evan.sotiropoulos@ontario.ca; fatma.sayani@gov.bc.ca; george.doyle-bedwell@novascotia.ca; heather_ruptash@gov.nt.ca; jean-francois.melancon@msss.gouv.qc.ca; jennifer.white2@gov.mb.ca; kim.dolhan@gov.yk.ca; kirstin.nucklaus@novascotia.ca; laura.lang@gov.yk.ca; leann.cairns@gov.bc.ca; Linda Malloy; lingebriighton@gov.nu.ca; mark.goossens@health.gov.sk.ca; marlien.mckay@gnb.ca; Marta Kozdron; melissa.weavers@gov.mb.ca; nicholas.seney@msss.gouv.qc.ca; Jones, Noreen; Baikie, Peggy; Qendresa Beka; regina.angeleau@gov.mb.ca; richard.almond@gov.bc.ca; Sarah Aaron; shafagh.daneshfar@gov.mb.ca; skye.mitchell@ontario.ca; skylan.parker@gov.yk.ca; smacneill@gov.pe.ca; Stacey.Kwan@ontario.ca; Suzette Mackey; Power, Tara; tricia.poilevrevre@gov.bc.ca; trish.fanjoy@gnb.ca; tushna.mehta@ontario.ca; Reddick, Vanessa; victoria.jerome@health.gov.sk.ca; violet.vanhees@gov.yk.ca; Chris Nickerson; Clare Denman; Megan.McCreary@novascotia.ca; Hodan Youssuf; ran.ukashi@gov.mb.ca; Harvey, Michael; Christine.Gibbons@novascotia.ca; ctoghiani-rizi@gov.nu.ca; Andrew.Webber@novascotia.ca; jessica.irvine@gov.mb.ca
Subject: Agenda Update - February 2, PT DM Teleconference

Good Afternoon HSC,

At risk of jinxing myself, I believe this to be the final version agenda for the February 2 PT DM teleconference. Please note the addition of Item #6 - Canadian Blood Services Plasma Strategy Business Case. Manitoba will be forwarding a CBN asap in support of this new item.

Thank you,

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat, Intergovernmental Relations
Strategic Policy Branch, Strategic Planning & Policy Development Division
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not
disseminate, distribute or copy this e-mail.
Good Day HSC. Here are the materials in support of tomorrow’s HSC call.

Thank you,

Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Policy & Policy Development Division
Alberta Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
My apologies, subject line is wrong, for January 31st HSC call.

Thanks,

Hodan

Good Day HSC. Here are the materials in support of tomorrow’s HSC call.

<table>
<thead>
<tr>
<th>Agenda</th>
<th>HSC Notes</th>
<th>Bilat Notes</th>
<th>Attachments</th>
</tr>
</thead>
</table>

Thank you,

Hodan Youssuf

Administrative Support
HSC Secretariat
Strategic Policy & Policy Development Division
Alberta Health
T: 780.641.8640
F: 780.422.5208
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Morning HSC,

Please find attached a new agenda reflecting the change requested by Manitoba on agenda item #6.

Thank you,

Mark

-----Original Message-----
From: Parsons, Elizabeth (HSAL) [mailto:Elizabeth Parsons@gov.mb.ca]
Sent: Tuesday, January 31, 2017 3:08 PM
To: 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'cameron.derksen@gov.bc.ca'; 'Carmen Cline'; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca'; 'denise_canuel@gov.nt.ca'; 'emmanuel.dowuona2@ontario.ca'; 'evan.sotiropoulos@ontario.ca'; 'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca'; 'heather_ruptash@gov.nt.ca'; 'jean-francois.melancon@msss.gouv.qc.ca'; 'White, Jennifer (HSAL)'; 'kim.dolhan@gov.yk.ca'; 'kirstin.nucklaus@novascotia.ca'; 'Laura.lang@gov.yk.ca'; 'leann.cairns@gov.bc.ca'; 'Linda Malloy'; 'lingebrigtonson@gov.nu.ca'; 'mark.goossens@health.gov.sk.ca'; 'marlien.mckay@gnb.ca'; 'Marta Kozdron'; 'Weavers, Melissa (HSAL)'; 'nicolas.seney@msss.gouv.qc.ca'; 'noneenjones@gov.nl.ca'; 'peggybaikie@gov.nl.ca'; 'Qendresa Beka'; 'Angelaus, Regina (HSAL)'; 'richard.almond@gov.bc.ca'; 'Sarah Aaron'; 'Danesifah, Shafagh (HSAL)'; 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca'; 'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; 'Suzette Mackey'; 'Tara, Tricia.poiliever@novascotia.ca'; 'Trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca'; 'Reddick, Vanessa'; 'victoria.jerome@health.gov.sk.ca'; 'violet.vanhees@gov.yk.ca'; 'Chris Nickerson'; 'Clare Denman'; 'Megan.McCreary@novascotia.ca'; 'Hodan.Youssuf'; 'Ukashi, Ran (HSAL)'; 'Harvey, Michael'; 'Christine.Gibbons@novascotia.ca'; 'ctoghiani-rizi@gov.nu.ca'; 'Andrew.Webber@novascotia.ca'; 'Irvine, Jessica (HSAL)
Cc: White, Jennifer (HSAL); Angeleau, Regina (HSAL)
Subject: item #6 CBN_CBS Communications Jan 30 2017.docx
Importance: High
Hi HSC – please find attached the CBN for the agenda topic #6 CBS Communications.

AB please change the agenda write up for #6:

Canadian Blood Services Communications (MB) Discussion Item
• Discussion regarding protocol for CBS communications i.e. submission of business cases and PT BLC engagement as first step.

CBN Purpose read:

Provincial Territorial (PT) Deputy Ministers (DMs), except Québec, are being asked to discuss CBS business case submission and communications processes.

Elizabeth Parsons
Senior Policy Analyst
Intergovernmental Strategic Relations (ISR) Manitoba Health, Seniors & Active Living
300 Carlton Street - Winnipeg, MB R3B 3M9
Tel: (204) 788-6469 Fax: (204) 948-2258 Elizabeth.Parsons@gov.mb.ca

Please consider the environment before printing this email.

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n’êtes pas le destinataire de ce courriel, veuillez en informer l’expéditeur et effacer l’original (et toutes les pièces jointes) de manière sécuritaire. Merci.
Good Morning/Afternoon HSC,

Please find attached the agenda items and participant list for tomorrow's call, these items can also be found on the SharePoint site.

Thanks,

Hodan

---

Feb 2 PT DM Teleconference

Agenda
Participant list
Upcoming Meetings
CBS Budget
CBS Corporate Plan
CBSI
CBS Plasma
MHCC
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good day HSC,

Renamed agenda item 6 from CBS Plasma to CBS Communications as per MB’s request.

Thanks,

Hodan

---

Good Morning HSC,

Please find attached a new agenda reflecting the change requested by Manitoba on agenda item #6.
Thank you,
Mark

<< File: 01 Feb 2 PT DM Teleconference Agenda 2017-02-01.docx >>

-----Original Message-----
From: Parsons, Elizabeth (HSAL) [mailto:Elizabeth.Parsons@gov.mb.ca]
Sent: Tuesday, January 31, 2017 3:08PM
To: 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'bdbertelsen@gov.pe.ca';
'cameron.derkson@gov.bc.ca'; Carmen Cline; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca';
'denise_canuel@gov.nt.ca'; Parsons, Elizabeth (HSAL); 'emmanuel.dowuona2@ontario.ca';
'evan.sotiropoulos@ontario.ca'; 'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca';
'heather_ruptash@gov.nt.ca'; 'jean-francois.melancon@msss.gouv.qc.ca'; White, Jennifer (HSAL);
'kim.dolhan@gov.yk.ca'; 'kirstin.nucklaus@novascotia.ca'; 'laura.lang@gov.yk.ca';
'leanncairns@gov.bc.ca'; Linda Malloy; 'lingebrigtson@gov.nu.ca';
'mark.goossens@health.gov.sk.ca'; Mark locchelli; 'marlien.mckay@gnb.ca'; Marta Kozdron;
Weavers, Melissa (HSAL); 'nicolas.seney@msss.gouv.qc.ca'; 'noreenjones@gov.nl.ca';
'peggymbalke@gov.pe.ca'; Qendra Beka; Angeleau, Regina (HSAL); 'richard.almond@gov.bc.ca';
Sarah Aaron; Daneshfar, Shafagh (HSAL); 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca';
'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; Suzette Mackey; 'tarapower@gov.nl.ca';
'tricia.poilievre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca';
'vassareddick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; 'violet.vanhees@gov.yk.ca'; Chris
Nickerson; Clare Denman; 'Megan.McCreary@novascotia.ca'; Hodan Youssuf; Ukashi, Ran (HSAL);
'michaelharvey@gov.nl.ca'; 'Christine.Gibbons@novascotia.ca'; 'ctoghiani-rizi@gov.nu.ca';
'Andrew.Webber@novascotia.ca'; Irvine, Jessica (HSAL)
Cc: White, Jennifer (HSAL); Angeleau, Regina (HSAL)
Subject: item #6 CBN_CBS Communications Jan 30 2017.docx
Importance: High

Hi HSC - please find attached the CBN for the agenda topic #6 CBS Communications,

AB please change the agenda write up for #6:

Canadian Blood Services Communications (MB) Discussion Item
- Discussion regarding protocol for CBS communications i.e. submission of business cases and PT
  BLC engagement as first step.

CBN Purpose read:

Provincial Territorial (PT) Deputy Ministers (DMs), except Québec, are being asked to discuss CBS
business case submission and communications processes.

Elizabeth Parsons
Senior Policy Analyst
Intergovernmental Strategic Relations (ISR) Manitoba Health, Seniors & Active Living
300 Carlton Street - Winnipeg, MB R3B 3M9
Tel: (204) 788-6469 Fax: (204) 948-2258 Elizabeth.Parsons@gov.mb.ca

Please consider the environment before printing this email.

Confidentiality Notice: This message and any attachment to it are intended for the addressee only and may contain legally privileged or confidential information. Any unauthorized use, disclosure, distribution, or copying is strictly prohibited. Please notify the sender if you have received this E-mail by mistake, and please delete it and the attachments (and all copies) in a secure manner. Thank you.

Message de confidentialité : Ce message et tout document dans cette transmission est destiné à la personne ou aux personnes à qui il est adressé. Il peut contenir des informations privilégiées ou confidentielles. Toute utilisation, divulgation, distribution ou copie non autorisée est strictement défendue. Si vous n’êtes pas le destinataire de ce courriel, veuillez en informer l’expéditeur et effacer l’original (et toutes les pièces jointes) de manière sécuritaire. Merci.

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Thank you to all the PTs that provided feedback. Please see the final version for approval during tomorrow’s HSC call.

Regards,

Hodan

Good Morning HSC,

Sending a new version with mostly minor changes, and a clearer description of the Opioids piece at the end which will help us to articulate the Opioids discussion that my DM would like added to the Feb 17 agenda, which we will share asap this morning.

<< File: 2017-02-02 PT DM Teleconference ROD-draft v2017-02-06.docx >>
Good Evening HSC,

In the interests of expediency and to support the next PT DM teleconference (in two weeks!), please review the attached Record of Decision, and provide comments by end of day, Monday, February 6. Our goal is to approve the ROD at the HSC officials level during the February 7 HSC call.

Please ensure Hodan Youssuf (cc'd above) is included in your reply.

Thank you,

<< File: 2017-02-02 PT DM Teleconference ROD-draft v2017-02-03.docx >>
the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Day HSC,

Please see the attached the Feb 2 ROD for approval. Manitoba provided some edits on the CBS items, this ROD is final unless we hear from PTs before end of day Monday.

Thanks,

Hodan Youssuf

Administrative Support
HSC Secretariat
Strategic Policy & Policy Development Division
Alberta Health

T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Hi HSC,

Please use this version as the latest ROD.

Thanks,

H.

From: Kwan, Stacey (MOHLTC) [mailto:Stacey.Kwan@ontario.ca]
Sent: Monday, February 13, 2017 3:18PM
To: Hodan Youssuf
Subject: RE: Feb 02 ROD

Hi Hodan,

There are no substantive changes to the RoD. But just wanted to point out a small grammatical change. Please see attached.

Thanks,

Stacey
Good Day HSC,

Please see the attached the Feb 2 ROD for approval. Manitoba provided some edits on the CBS items, this ROD is final unless we hear from PTs before end of day Monday.

Thanks,

Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Policy & Policy Development Division
Alberta Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Please find attached the final Feb 2 ROD with edits from Ontario included.

Mark
Hi Hodan,

There are no substantive changes to the RoD. But just wanted to point out a small grammatical change. Please see attached.

Thanks,

Stacey

---

To: Hodan Youssuf [mailto:hodan.youssuf@gov.ab.ca]
Sent: February-10-17 4:26 PM
To: 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'bdbertelsen@gov.pe.ca';
'cameron.derkson@gov.bc.ca'; Carmen Cline; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca';
'denise_canuel@gov.nt.ca'; 'elizabeth.parsons@gov.mb.ca'; 'emmanuel.dowuna2@ontario.ca';
'evan.sotiropoulos@ontario.ca'; 'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca';
'heather_ruptash@gov.nt.ca'; 'jean-francois.melancon@msss.gouv.qc.ca'; 'jennifer.whites2@gov.mb.ca';
'kim.dolhan@gov.yk.ca'; 'kirstin.nucklaus@novascotia.ca'; 'laura.lang@gov.yk.ca';
'leann.cairns@gov.bc.ca'; Linda Malloy; 'lingebrigton@gov.nu.ca'; 'mark.goossens@health.gov.sk.ca';
Mark Iocchelli; 'marlien.mckay@gnb.ca'; Marta Kozdron; 'nicolas.seney@msss.gouv.qc.ca';
'noreenjones@gov.nl.ca'; 'peggymbalkie@gov.nl.ca'; Qendra Beka; 'regina.angeleau@gov.mb.ca';
'richard.almond@gov.bc.ca'; Sarah Aaron; 'shafagh.danesheh@gov.mb.ca'; 'skye.mitchell@ontario.ca';
'skylan.parker@gov.yk.ca'; 'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; Suzette Mackay;
'tarapower@gov.nl.ca'; 'tricia.poilievre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca';
'vennessaredick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; Chris Nickerson; Clare Denman;
'Megan.McCreary@novascotia.ca'; 'ran.ukashi@gov.mb.ca'; 'michaelharvey@gov.nl.ca';
'Christine.Gibbons@novascotia.ca'; 'ctoghiani-rizi@gov.nu.ca'; 'Andrew.Webber@novascotia.ca';
'Jessica.irvine@gov.mb.ca'

Subject: Feb 02 ROD

Good Day HSC,

Please see the attached the Feb 2 ROD for approval. Manitoba provided some edits on the CBS items, this ROD is final unless we hear from PTs before end of day Monday.

Thanks,

Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Policy & Policy Development Division
Alberta Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Happy Friday HSC,

Attached is a revised March 17 PT DM teleconference agenda. Highlights are:

1. Removal of CMPA (BC’s request).
   - Inclusion of this item provides PT DMs an opportunity to discuss the blood plasma national review topic prior to the 24th.
   - Health Canada has not identified agenda items other than the blood plasma topic for March 24.
   - Health Canada intention is to share a draft ToR and common briefing materials on the blood plasma item by March 15.
3. I am currently seeking clarity on the Roundtable item, and hope to have more to share on Tuesday.

Additional materials will be sent separately prior to our March 7 HSC call.

Thank you,

-------------------
Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
From: Reddick, Vanessa
To: Osborne, Daphne
Cc: Baikie, Peggy
Subject: FW: Feb 02 ROD
Date: Monday, March 06, 2017 12:04:00 PM
Attachments: 2017-02-02 PT DM Teleconference ROD 2017-02-10pm.docx

Daphne,

Attached is the final ROD for the PT DMs call on Feb 2nd when CBS budget was discussed.

Vanessa

From: Mark Iocchelli [mailto:mark.iocchelli@gov.ab.ca]
Sent: Tuesday, February 14, 2017 5:28PM
To: Hodan Youssuf; 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'bdbertelsen@gov.pe.ca'; 'cameron.derksen@gov.bc.ca'; Carmen Cline; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca'; 'denise_canuel@gov.nt.ca'; 'elizabeth.parsons@gov.mb.ca'; 'emmanuel.dowuona2@ontario.ca'; 'evan.sotiropoulos@ontario.ca'; 'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca'; 'heather_ruptash@gov.nt.ca'; 'jean-francois.melancon@msss.gouv.qc.ca'; 'jennifer.white2@gov.mb.ca'; 'kim.dolhan@gov.yk.ca'; 'kirstin.nucklaus@novascotia.ca'; 'laura.lang@gov.yk.ca'; 'leann.cairns@gov.bc.ca'; Linda Malloy; 'lingebrigtson@gov.nu.ca'; 'mark.goossens@health.gov.sk.ca'; 'marlien.mckay@gnb.ca'; Marta Kozdron; 'nicolas.seney@msss.gouv.qc.ca'; 'noreenjones@gov.nl.ca'; 'peggybaikie@gov.nl.ca'; Qendresa Beka; 'regina.angeleau@gov.mb.ca'; 'richard.almond@gov.bc.ca'; Sarah Aaron; 'shafagh.daneshfar@gov.mb.ca'; 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca'; 'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; Suzette Mackey; 'tarapower@gov.nl.ca'; 'tricia poillevre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca'; 'vanessareddick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; Chris Nickerson; Clare Denman; 'Megan.McCreary@novascotia.ca'; 'ran.ukashi@gov.mb.ca'; 'michaelharvey@gov.nl.ca'; 'Christine.Gibbons@novascotia.ca'; 'ctoghiani-rizi@gov.nu.ca'; 'Andrew.Webber@novascotia.ca'; 'Jessica.irvine@novascotia.ca'; 'sara.parker@gov.nl.ca';

Subject: RE: Feb 02 ROD

Please find attached the final Feb 2 ROD with edits from Ontario included.

Mark

From: Hodan Youssuf
Sent: Monday, February 13, 2017 3:38 PM
To: 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'bdbertelsen@gov.pe.ca'; 'cameron.derksen@gov.bc.ca'; Carmen Cline; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca'; 'denise_canuel@gov.nt.ca'; 'elizabeth.parsons@gov.mb.ca'; 'emmanuel.dowuona2@ontario.ca'; 'evan.sotiropoulos@ontario.ca'; 'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca'; 'heather_ruptash@gov.nt.ca'; 'jean-francois.melancon@msss.gouv.qc.ca'; 'jennifer.white2@gov.mb.ca'; 'kim.dolhan@gov.yk.ca'; 'kirstin.nucklaus@novascotia.ca'; 'laura.lang@gov.yk.ca'; 'leann.cairns@gov.bc.ca'; Linda Malloy; 'lingebrigtson@gov.nu.ca'; 'mark.goossens@health.gov.sk.ca'; 'marlien.mckay@gnb.ca'; Marta Kozdron; 'nicolas.seney@msss.gouv.qc.ca'; 'noreenjones@gov.nl.ca'; 'peggybaikie@gov.nl.ca'; Qendresa Beka; 'regina.angeleau@gov.mb.ca'; 'richard.almond@gov.bc.ca'; Sarah Aaron; 'shafagh.daneshfar@gov.mb.ca'; 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca'; 'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; Suzette Mackey; 'tarapower@gov.nl.ca'; 'tricia poillevre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca'; 'vanessareddick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; Chris Nickerson; Clare Denman;
Hi HSC,

Please use this version as the latest ROD.

Thanks,

H:

From: Kwan, Stacey (MOHLTC) [mailto:Stacey.Kwan@ontario.ca]
Sent: Monday, February 13, 2017 3:18PM
To: Hodan Youssuf
Subject: RE: Feb 02 ROD

Hi Hodan,

There are no substantive changes to the RoD. But just wanted to point out a small grammatical change. Please see attached.

Thanks,
Stacey

From: Hodan Youssuf [mailto:hodan.youssuf@gov.ab.ca]
Sent: February-10-17 4:26PM
To: 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'bdbertelsen@gov.pe.ca'; 'cameron.derksen@gov.bc.ca'; Carmen Cline; 'carter_stirling@gov.nt.ca'; 'dave.dell@gnb.ca'; 'denise_canuel@gov.nt.ca'; 'elizabeth.parsons@gov.mb.ca'; 'emmanuel.dowdana2@ontario.ca'; 'evan.sotropoulos@ontario.ca'; 'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca'; 'heather_ruptash@gov.nt.ca'; 'jean-francois.meliacn@msss.gouv.qc.ca'; 'jennifer.white2@gov.mb.ca'; 'kim.dolhan@gov.yk.ca'; 'kirstin.nucklaus@novascotia.ca'; 'laura.lang@gov.yk.ca'; 'leann.cairns@gov.bc.ca'; Linda Malloy; 'lingebrigtson@gov.nu.ca'; 'mark.goossens@health.gov.sk.ca'; Mark Iocchelli; 'marlenn.mckay@gnb.ca'; Marta Kozdron; 'nicolas.seney@msss.gouv.qc.ca'; 'noreenjones@gov.nl.ca'; 'peggybalkie@gov.nl.ca'; Qendresa Bekta; 'regina.angeleau@gov.mb.ca'; 'richard.almond@gov.bc.ca'; Sarah Aaron; 'shafagh.daneshfar@gov.mb.ca'; 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca'; 'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; Suzette Mackey; 'tarapower@gov.nl.ca'; 'tricia.pollivre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca'; 'vansessreddick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; Chris Nickerson; Clare Denman; 'Megan.McCreary@novascotia.ca'; 'ran.ukashi@gov.mb.ca'; 'michaelharvey@gov.nl.ca'; 'Christine.Gibbons@novascotia.ca'; 'ctoghiani-rizi@gov.nu.ca'; 'Andrew.Webber@novascotia.ca'; 'Jessica.irvine@gov.mb.ca'
Subject: Feb 02 ROD

Good Day HSC,

Please see the attached the Feb 2 ROD for approval. Manitoba provided some edits on the CBS items; this ROD is final unless we hear from PTs before end of day Monday.

Thanks,
Hodan Youssuf  
Administrative Support  
HSC Secretariat  
Strategic Policy & Policy Development Division  
Alberta Health  
T: 780.641.8640  
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC. Here are the materials for tomorrow’s call.

March 7 HSC Agenda

HSC and Bilat notes

Thank you,

Hodan

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC,

The March 17 PT DM teleconference will proceed as scheduled with two topics for discussion (please see attached agenda). On the blood plasma topic, please be advised that I am pushing Health Canada to provide a draft today or Monday.

Thank you, and have a fantastic weekend.

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC,

The March 17 PT DM teleconference will proceed as scheduled with two topics for discussion (please see attached agenda). On the blood plasma topic, please be advised that I am pushing Health Canada to provide a draft today or Monday.

Thank you, and have a fantastic weekend.

<< File: 2017-03-17 PT Teleconference Agenda v.2017-03-10.docx >>

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC,

After much prodding, Health Canada did not meet the deadline for providing a draft blood plasma national review ToR, so we have re-positioned the topic on this Friday’s PT DM call.

Previous Description:
DMs will discuss the first draft of the Health Canada blood plasma national review Terms of Reference in advance of the FPT discussion with Health Canada on March 24.

New Description:
DMs will discuss status of the Health Canada blood plasma national review.

Clearly, PTs will not be in a position to review and comment on the ToR (assuming it arrives tomorrow) for the PT call this Friday. In addition, I have advised Health Canada that PTs will not be in a position to give direction on March 24, and have suggested that this topic be delayed until the April 21 FPT DM teleconference.

Thank you,

---------------------
Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not
disseminate, distribute or copy this e-mail.
From: Mark Iocchelli
To: Hodan Youssuf; "Heather.Scheffer@gov.bc.ca"; "alisontucker@gov.nl.ca"; "amy.j.hope@ontario.ca"; "bcigr@gov.bc.ca"; "bdbertelsen@gov.pe.ca"; "cameron.derkson@gov.bc.ca"; "carter_stirling@gov.nt.ca"; "dave.dell@gnb.ca"; "denise_canuel@gov.nt.ca"; "elizabeth.parsons@gov.mb.ca"; "emmanuel.dowuona2@ontario.ca"; "evan.sotiropoulos@ontario.ca"; "fatma.sayani@gov.bc.ca"; "george.doyle-bedwell@novascotia.ca"; "heather_ruptash@gov.nt.ca"; "jean-francois.melancon@msss.gouv.qc.ca"; "jennifer.white2@gov.mb.ca"; "kim.dolhan@gov.yk.ca"; "kirstin.nucklaus@novascotia.ca"; "laura.lang@gov.yk.ca"; "leann.cairns@gov.bc.ca"; "lingebrigtson@gov.nu.ca"; "mark.goossens@health.gov.sk.ca"; "marlien.mckay@gnb.ca"; "Marta Kozdron; "nicolas.seney@msss.gouv.qc.ca"; "noreenjones@gov.nl.ca"; "peggybaikie@gov.nl.ca"; "Qendresa Beka; "regina.angeleau@gov.mb.ca"; "richard.almond@gov.bc.ca"; "Sarah Aaron; "shafagh.daneshfar@gov.mb.ca"; "skye.mitchell@ontario.ca"; "skylan.parker@gov.yk.ca"; "smacneill@gov.pe.ca"; "Stacey.Kwan@ontario.ca"; "tricia poilievre@gov.bc.ca"; "trish.fanjoy@gnb.ca"; "tushna.mehta@ontario.ca"; "vanessareddick@gov.ca"; "victoria.jerome@health.gov.sk.ca"; "Chris Nickerson; Clare Denman; "Megan.McCreary@novascotia.ca"; "ran.ukashi@gov.mb.ca"; "michaelharvey@gov.nl.ca"; "ctoghiani-rizi@gov.nu.ca"; "Andrew.Webber@novascotia.ca"; "Jessica.irvine@gov.mb.ca"; "Sara Parker; "Kevin.Samra@gov.ca"; Anastasia Kutt
Subject: Revised Agenda - March 17 PT DM Teleconference
Date: Wednesday, March 15, 2017 6:26:32 PM

The April FPT date mentioned below is incorrect and should say April 28.

Mark

From: Mark Iocchelli
Sent: Wednesday, March 15, 2017 2:47 PM
To: Hodan Youssuf; "Heather.Scheffer@gov.bc.ca"; "alisontucker@gov.nl.ca"; "amy.j.hope@ontario.ca"; "bcigr@gov.bc.ca"; "bdbertelsen@gov.pe.ca"; "cameron.derkson@gov.bc.ca"; "carter_stirling@gov.nt.ca"; "dave.dell@gnb.ca"; "denise_canuel@gov.nt.ca"; "elizabeth.parsons@gov.mb.ca"; "emmanuel.dowuona2@ontario.ca"; "evan.sotiropoulos@ontario.ca"; "fatma.sayani@gov.bc.ca"; "george.doyle-bedwell@novascotia.ca"; "heather_ruptash@gov.nt.ca"; "jean-francois.melancon@msss.gouv.qc.ca"; "jennifer.white2@gov.mb.ca"; "kim.dolhan@gov.yk.ca"; "kirstin.nucklaus@novascotia.ca"; "laura.lang@gov.yk.ca"; "leann.cairns@gov.bc.ca"; "lingebrigtson@gov.nu.ca"; "mark.goossens@health.gov.sk.ca"; "marlien.mckay@gnb.ca"; "Marta Kozdron; "nicolas.seney@msss.gouv.qc.ca"; "noreenjones@gov.nl.ca"; "peggybaikie@gov.nl.ca"; "Qendresa Beka; "regina.angeleau@gov.mb.ca"; "richard.almond@gov.bc.ca"; "Sarah Aaron; "shafagh.daneshfar@gov.mb.ca"; "skye.mitchell@ontario.ca"; "skylan.parker@gov.yk.ca"; "smacneill@gov.pe.ca"; "Stacey.Kwan@ontario.ca"; "tricia poilievre@gov.bc.ca"; "trish.fanjoy@gnb.ca"; "tushna.mehta@ontario.ca"; "vanessareddick@gov.ca"; "victoria.jerome@health.gov.sk.ca"; "Chris Nickerson; Clare Denman; "Megan.McCreary@novascotia.ca"; "ran.ukashi@gov.mb.ca"; "michaelharvey@gov.nl.ca"; "ctoghiani-rizi@gov.nu.ca"; "Andrew.Webber@novascotia.ca"; "Jessica.irvine@gov.mb.ca"; "Sara Parker; "Kevin.Samra@gov.ca"; Anastasia Kutt
Subject: Revised Agenda - March 17 PT DM Teleconference

Good Afternoon HSC,

After much prodding, Health Canada did not meet the deadline for providing a draft blood plasma national review ToR, so we have re-positioned the topic on this Friday’s PT DM call.

Previous Description:
DMs will discuss the first draft of the Health Canada blood plasma national review Terms of Reference in advance of the FPT discussion with Health Canada on March 24.

New Description:
DMs will discuss status of the Health Canada blood plasma national review.
Clearly, PTs will not be in a position to review and comment on the ToR (assuming it arrives tomorrow) for the PT call this Friday. In addition, I have advised Health Canada that PTs will not be in a position to give direction on March 24, and have suggested that this topic be delayed until the April 21 FPT DM teleconference.

<<File: 2017-03-17 PT Teleconference Agenda v.2017-03-15.docx >>

Thank you,

____________________
Mark locchelli / mark.locchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Hi Tricia,

I suspect it would be challenging to come up with a collective response given the tight timeframes and possible differences of opinion amongst PTs. I never had a chance post-today’s teleconference to reconnect with my DM. The earliest I will be able to chat with him, if that’s even possible, is Monday or Tuesday. Unfortunately our budget day is next Wednesday so getting any time with him next week will be challenging.

Mark
Long story short, we'll likely be preparing our own response to the HC e-mail.

Thanks

From: Poilievre, Tricia [mailto:Tricia.Poilievre@gov.bc.ca]
Sent: Friday, March 17, 2017 12:06 PM
To: 'Mark Iocchelli'; 'Nucklaus, Kirstin'; 'Hodan Youssuf'; 'Heather.Scheffer@gov.bc.ca'; 'alisontucker@gov.nl.ca'; 'amy.j.hope@ontario.ca'; 'bcigr@gov.bc.ca'; 'bdbertelsen@gov.pe.ca'; 'cameron.dersken@gov.bc.ca'; 'carter_stirling@gov.nt.ca'; 'dave.dell@gov.pe.ca'; 'denise_canuel@gov.nt.ca'; 'elizabeth.parsons@gov.mb.ca'; 'emmanuel.dowuona2@ontario.ca'; 'evan.sotiropoulos@ontario.ca'; 'fatma.sayani@gov.bc.ca'; 'george.doyle-bedwell@novascotia.ca'; 'heather_ruptash@gov.nt.ca'; 'jean-francois.melancon@msss.gouv.qc.ca'; 'jennifer.white2@gov.mb.ca'; 'kim.dolhan@gov.yk.ca'; 'kirstin.nucklaus@novascotia.ca'; 'laura.lang@gov.yk.ca'; 'leann.cairns@gov.bc.ca'; 'lingebrigtson@gov.nu.ca'; 'mark.goossens@health.gov.sk.ca'; 'mariien.mckay@gnb.ca'; 'Marta Kozdron'; 'nicolas.seney@msss.gouv.qc.ca'; 'noreenjones@gov.nl.ca'; 'peggybaikie@gov.nl.ca'; 'Qendra.Beka'; 'regina.angeleau@gov.mb.ca'; 'richard.almond@gov.bc.ca'; 'Sarah Aaron'; 'shafagh.daneshfar@gov.mb.ca'; 'skye.mitchell@ontario.ca'; 'skylan.parker@gov.yk.ca'; 'smacneill@gov.pe.ca'; 'Stacey.Kwan@ontario.ca'; 'Suzette Mackey'; 'tarapower@gov.nl.ca'; 'tricia_poilievre@gov.bc.ca'; 'trish.fanjoy@gnb.ca'; 'tushna.mehta@ontario.ca'; 'vanessaredick@gov.nl.ca'; 'victoria.jerome@health.gov.sk.ca'; 'Chris Nickerson'; 'Clare Denman'; 'Megan.McCreary@novascotia.ca'; 'ran.ukashi@gov.mb.ca'; 'michaelharvey@gov.nl.ca'; 'ctoghianirizi@gov.nu.ca'; 'Andrew.Webber@novascotia.ca'; 'Jessica.irvine@gov.mb.ca'; 'Sara Parker'; 'Kevin.Samra@gov.bc.ca'; 'Anastasia Kutt'
Subject: Plasma Panel Terms of Reference - next steps for PTs?

Hi all – I’m wondering if you can share your jurisdiction’s approach to providing feedback to DM Kennedy on the ToR. I note that in the email to DMs, DM Kennedy indicates that he wants to receive feedback from PTs early next week, then discuss with Minister Philpott, then finalize the ToR on March 24. Recognizing that different governments have different positions on paid plasma, do people have an initial sense from their DMs whether we should contemplate a collective response back, or if individual responses would be more appropriate?

My team has not yet reviewed the ToR, as we’ve just received it. I interested to know what others think, and any sense of the feedback they might be providing.

Thanks, and Happy Friday!

Tricia Poilievre
Director | Intergovernmental Relations | Ministry of Health, BC
Office: 250 952-1304 | Cell: 250 415-2639 | tricia.poilievre@gov.bc.ca

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC. Reporting back on my DMs March 17 commitment, DM Amrhein and DM Kennedy had a short discussion today on the following topics.

Health Accord
- DM Amrhein shared the PT DM comments raised on March 17, there were four points: 1) clarity around the role of CIHI; 2) a desire to understand terms of bilateral press releases; 3) request for a conversation on what the terms mean and 4) concerns about the reporting requirements around homecare.
- DM Kennedy said that he would be please to speak to all those points on Friday if necessary.
- He stated that he would seek a middle ground between loose and hard targets. “Not as stringent as X# of people by xdate” was the language used by DM Kennedy who advised that he would share his vision in greater detail on Friday’s call.
- Alberta’s impression is that there in an expectation for moving significantly forward leading up to and including the May/June Conference of Deputy Ministers.

Blood Plasma
- Alberta raised concerns shared by PTs on the March 17 teleconference in terms of paid/unpaid plasma, including that some PTs currently have reservations about participating in the panel.
- DM Kennedy stated that the ToR does not lean toward a specific position, so he was unclear why there are concerns, but that he will be prepared to discuss on March 24.
- In a non-Co-Chair capacity, DM Amrhein offered that Alberta officials work with Health Canada to review the ToR from a purely technical perspective.

Thank you,

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of
the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Day HSC. I thought it might be helpful for your March 24 preparations to receive a summary of my call with Health Canada today. The primary focus for the call was on tomorrow’s FPT DM teleconference and the Health Accord/2017 Federal Budget:

- **Plasma Panel ToR:**
  - See bottom for notes originally shared yesterday from the call between DMs Amrhein and Kennedy.

- **AMR Framework:**
  - Raised concern that the AMR Framework topic may be bumped due to other topics and the agenda as a whole – suggested Health Canada might want to consider moving it up in the agenda order. HC agreed to consider, but also stated they were not concerned about the item being bumped. Reminded HC that the timelines around the AMR Framework process were already of concern.
  - HC advised chair will turn AMR topic to PHAC to explain the topic. Chair may invite Nunavut DM to offer comments at the end.

- **PHN Workplan:**
  - Provided heads up that there may be concern over the inclusion of National Indigenous Organizations in the Work Plan, and that PTs are awaiting direction from Premiers regarding Indigenous engagement.

- **CIHI Role in Health Accord:**
  - Advised that PTs will want some clarification re CIHI (especially given the funds allocated to CIHI in the Budget) role in Health Accord Implementation. Answer was that Health Canada foresees a significant role, and that DM Kennedy will be prompted to share on the call.

- **“Targeted Legislated Transfer” – wording in Federal Budget from yesterday:**
  - Advised that PTs will be looking for clarification as to what this language in the budget means. Advised that DM Kennedy will be prepared to answer the question tomorrow.

- **Upcoming FPT Accord Discussions:**
  - Health Canada felt that there may be a need to hold an additional FPT teleconference within the next couple of weeks – possibly the week ending April 7 or 14. DM Kennedy may raise this on the call.
Thank you

Mark Locchelli / mark.locchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

March 22 Notes: DM Amrhein and Kennedy Bilateral

Health Accord
- DM Amrhein shared the PT DM comments raised on March 17, there were four points: 1) clarity around the role of CIHI; 2) a desire to understand terms of bilateral press releases; 3) request for a conversation on what the terms mean and 4) concerns about the reporting requirements around homecare.
- DM Kennedy said that he would be pleased to speak to all those points on Friday if necessary.
- He stated that he would seek a middle ground between loose and hard targets. “Not as stringent as X# of people by xdate” was the language used by DM Kennedy who advised that he would share his vision in greater detail on Friday’s call.
- Alberta’s impression is that there is an expectation for moving significantly forward leading up to and including the May/June Conference of Deputy Ministers.

Blood Plasma
- Alberta raised concerns shared by PTs on the March 17 teleconference in terms of paid/unpaid plasma, including that some PTs currently have reservations about participating in the panel.
- DM Kennedy stated that the ToR does not lean toward a specific position, so he was unclear why there are concerns, but that he will be prepared to discuss on March 24.
- In a non-Co-Chair capacity, DM Amrhein offered that Alberta officials work with Health Canada to review the ToR from a purely technical perspective.

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Morning/Afternoon HSC. Here is your package for tomorrow.

March 28 HSC

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Draft Bilat Notes</th>
<th>Draft March 21 HSC Notes</th>
<th>PHNC Paper Update</th>
</tr>
</thead>
</table>

Thanks,

Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Coordination & Operations Team
Alberta Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC. Here are the draft agendas for upcoming teleconferences.

- **Call for agenda items due April 7**
- **CBN deadline is May 10**
- **Note:** This has not been shared or vetted with Health Canada.
- **Primary purpose will be to discuss the June 1 FPT CDM agenda.**
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC. Here are the material for Tuesday’s call and updated draft agendas for upcoming teleconferences. Please note Cannabis Legalization has been added to both PT and FPT TC in April.

- **Call for agenda items due April 7**
- **CBN Deadline is April 7.**
- **Call for agenda items due today**
- **CBN deadline is May 10**
- **Primary purpose will be to discuss the June 1 FPT CDM agenda.**

Thanks,

**Hodan Youssuf**
Administrative Support
HSC Secretariat
Strategic Coordination & Operations Team
Alberta Health
T: 780.641.8640
F: 780.422.5208
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Please see attached the PHNC update for tomorrow’s call.

Thanks,

Hodan

Good Afternoon HSC. Here are the material for Tuesday’s call and updated draft agendas for upcoming teleconferences. Please note Cannabis Legalization has been added to both PT and FPT TC in April.
vetted with Health Canada.

Thanks,

Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Coordination & Operations Team
Alberta Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good day HSC,

So far the working group consists of BC and SK, any other PTs interested before we inform Luke?

Hodan

Good Afternoon HSC,

We’ve spoken to Luke and he has confirmed the ADM working group would be tasked with working on the plasma ToR. If your jurisdiction is interested in joining this working group, please let me know by April 3, 2017.

thanks,

Hodan Youssuf
Administrative Support
This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good afternoon HSC,

I have attached a draft RoD from the February 24 FPT DM TC. Please let me know if you have any comments or edits before Friday, April 7.

Thank you,

Anastasia

Anastasia Kutt
Planning coordinator
HSC Secretariat - Intergovernmental Relations
Alberta Health
ATB Building - 10025 Jasper Avenue, 19th Floor
Edmonton, Alberta T5J 1S6
Phone: (780) 644-2968

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC,

I’ve attached the materials for Tuesday’s call.

Have a nice day!

Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Coordination & Operations Team
Alberta Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC,

Revised documents for tomorrow's call.

<table>
<thead>
<tr>
<th>April 11 HSC Agenda (Revised)</th>
<th>April 21 PT DM TC Agenda (Revised)</th>
<th>April 28 FPT TC Agenda - Very Draft and Not Approved by HC</th>
<th>Meeting Schedule With Topic and CBN Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Best,

Mark

From: Hodan Youssuf
Sent: Friday, April 07, 2017 2:25 PM
To: alisontucker@gov.nl.ca; amy.j.hope@ontario.ca; bcigr@gov.bc.ca; bdbertelsen@gov.pe.ca; cameron.derkson@gov.bc.ca; carter_stirling@gov.nt.ca; dave.delli@gnb.ca; elizabeth.parsons@gov.mb.ca; emmanuel.dowuona2@ontario.ca; evan.sotropoulos@ontario.ca; fatma.sayani@gov.bc.ca; george.doyle-bedwell@novascotia.ca; heather_ruptash@gov.nt.ca; jean-francois.melancon@msss.gouv.qc.ca; jennifer.white2@gov.mb.ca; kirstin.nucklaus@ny.gov.ca; laura.lang@gov.yk.ca; leann.cairns@gov.bc.ca; lingebrightson@gov.nu.ca; mark.goossens@health.gov.sk.ca; Mark Iocchelli; marljen.mckay@gnb.ca; Marta Kozdron; nicolas.seney@msss.gouv.qc.ca; noreen.jones@gov.nl.ca; peggybaikie@gov.nl.ca; Qendresa Beka: regina.angeleau@gov.mb.ca; richard.almond@gov.bc.ca; Sarah Aaron; shafagh.daneshfar@gov.mb.ca; skye.mitchell@ontario.ca; skyler.parker@gov.yk.ca; tricia.pollievre@gov.bc.ca; trish.fanjoy@gnb.ca; tushna.mehta@ontario.ca; vanessareddick@gov.nl.ca; victoria.jerome@health.gov.sk.ca; Clare Denman; Megan.McCreary@novascotia.ca; ran.ukashi@gov.mb.ca; Harvey, Michael; ctothiapi-nizi@gov.nu.ca; Andrew.Webber@novascotia.ca; Jessica.irvine@gov.mb.ca; Sara Parker; Kevin.Samra@gov.bc.ca; Anastasia Kutt; Heather.Scheffer@gov.bc.ca; Stephanie.Taylor@gov.bc.ca
Subject: HSC materials for April 11 call

Good Afternoon HSC,

I’ve attached the materials for Tuesday’s call.

Have a nice day!
Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Coordination & Operations Team
Alberta Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
From: Anastasia Kutt
To: Tucker, Alison; amy.i.hope@ontario.ca; brign@gov.bc.ca; bohertelsen@gov.pe.ca; cameron.deiksen@gov.bc.ca; carter.stirling@gov.nt.ca; dave.dell@gnb.ca; elizabeth.parsmans@gov.mb.ca; emmanuel.dowuona2@ontario.ca; evan.setiopurwoko@ontario.ca; latma.sayanti@gov.bc.ca; george.doyle-bedwell@novascotia.ca; heather.ruptash@gov.nt.ca; jeann-francois.malaincon@msss.gouv.qc.ca; jennifer.white2@gov.mb.ca; kirstin.nucklaus@novascotia.ca; laura.lang@gov.yk.ca; learn.cairns@gov.bc.ca; lingebrightson@gov.nu.ca; mark.goossens@health.gov.sk.ca; Mark.Iocchelli; marilen.mckay@gnb.ca; Marta Kozdron; nicolas.seney@msss.gouv.qc.ca; Jones, Noreen; Baikie, Peggy; Gendresha Bela; regina.angeloau@gov.mb.ca; richard.almond@gov.bc.ca; Sarah Aaron; shafagh.danestfan@gov.mb.ca; skye.mitchell@ontario.ca; skylan.parker@gov.yk.ca; snapnell@gov.pe.ca; Stacey.Kenan@ontario.ca; Suzette Mackey; Power, Tara; trina.gallevyn@gov.bc.ca; trish.fenoy@gnb.ca; tushna.mehta@ontario.ca; reddick, Vanessa; victoria.terme@health.gov.sk.ca; Clare Denman; Megan.McCreary@novascotia.ca; Hodan Youssuf; rau.ullahi@gov.mb.ca; Harvey, Michael; ctoghiani-rizi@gov.nu.ca; Andrew.Webber@novascotia.ca; Jessica.irvine@gov.mb.ca; Sara.Parker; kevin.Samra@gov.bc.ca; Heather.Scheffer@gov.bc.ca

Subject: March 17 PT DM TC RoD
Date: Tuesday, April 11, 2017 6:48:39 PM
Attachments: 2017-03-17 PT DM Teleconference RoD.docx

Good afternoon HSC,

I have attached a draft RoD from the March 17 PT DM TC. Please let me know if you have comments or edits before the end of Thursday April 13, 2017.

Thank you,

Anastasia

Anastasia Kutt
Planning coordinator
HSC Secretariat - Intergovernmental Relations
Alberta Health
ATB Building - 10025 Jasper Avenue, 19th Floor
Edmonton, Alberta T5J 1S6
Phone: (780) 644-2968

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC,

As I know we tend to think alike, I had a conversation today with Health Canada where I reiterated the position expressed on the March 24 call that PTs need adequate time to review Health Funding Agreement materials. This, arising out of a scenario where Health Canada shares materials last minute on Thursday or Tuesday, hoping to have a discussion as part of the Roundtable topic.

Health Canada's response was that they do not anticipate having a discussion about health funding, other than to share an update about the status of materials, that these will be discussed on April 28, and to invite any preliminary questions that DMs may have.

In addition, HC advised that they may share an update/answer questions that DMs may have about the Budget Implementation Act, and the Cannabis legislation being tabled tomorrow (especially in light of the Minister call we learned about today).

Hope this is helpful,

--------------
Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614
Good Morning HSC,

As requested, here is a summary of the upcoming teleconference discussed yesterday on our HSC call yesterday.

**Date:** Tuesday, April 18

**Time:** 2:00-3:00PM Eastern

**Subject:** Federal Plasma Panel

**Purpose:** Health Canada would like to touch base with PT DMs to discuss PT Involvement on the Plasma Panel establishment.

**Invitations:** DM or a Designate

**Agenda and Dial-In Information:** Forthcoming from Health Canada

Thank you,

__________________________
Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Morning/Afternoon HSC,

I’ve attached the updated agenda for next Friday’s PT DM TC, please note Tier Org Rotations paper item has been removed.

Thanks,

Hodan Youssuf
Administrative Support
HSC Secretariat
Strategic Coordination & Operations Team
Albertro Health
T: 780.641.8640
F: 780.422.5208

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Hello Again HSC,

We will allocate some time on Tuesday’s HSC call to discuss these documents and help us prepare for a PT-only discussion on April 21.

Also, please be advised that we will likely shorten the call to allow us all to support our DMs on the Plasma Panel call that follows immediately after HSC.

Agenda to follow.

Mark

Good Morning HSC,

This email was sent direct from DM Kennedy to PT DMs this morning.
From: Choueiri, Charbel (HC/SC) [mailto:charbel.choueiri@canada.ca] On Behalf Of Kennedy, Simon (HC/SC)
Sent: Thursday, April 13, 2017 8:04 AM
To: 'stephen.brown@gov.bc.ca'; 'carl.amrhein@gov.ab.ca'; 'max.hendricks@health.gov.sk.ca'; 'karen.herd@leg.gov.mb.ca'; 'robert.bell@ontario.ca'; 'michel.fontaine@msss.gouv.qc.ca'; 'tom.maston@gnb.ca'; 'Denise.Perret@novascotia.ca'; 'Johnabbott@gov.nl.ca'; 'brendalee.doyle@gov.yk.ca'; 'debbie_delancey@gov.nt.ca'; 'cstockley@gov.nu.ca'; Hoffman, Abby (HC/SC); Saulnier, Marcel (HC/SC); Voisin, Jocelyne (HC/SC); Kennedy, Simon (HC/SC); Donoghue, Christine (HC/SC)
Cc: [mailto:choueiri, charbel.choueiri@canada.ca] [mailto:kennedy, simon@health canada.gc.ca]
Subject: Multilateral Framework Agreement / Accord-cadre multilatéral

(Le français suit)

Colleagues:

I'm following up to our March 24 call on the federal Budget where we talked about the process to re-launch our FPT discussions on the Health Accord, with an initial focus on a multilateral framework.

As I indicated on the call, getting agreement on a multilateral framework — ideally before the summer — will be the trigger to flow the first year of federal funding for home care and mental health following passage of the budget legislation now before Parliament. The multilateral framework will also set the main parameters for the development of bilateral agreements with each jurisdiction.

As promised, I am attaching for your review a draft of the proposed multilateral framework. I had hoped to get this to you earlier and apologize for the delay. As you will see, the draft draws heavily on the elements we discussed at our FPT Deputy Ministers meeting in May 2016, including principles, common objectives and proposed commitments in each of the priority areas. It also sets out an approach to performance measurement and reporting that is consistent with our past discussions. References to federal health investments announced in Budget 2017 have also been added.

You'll note that the proposed framework text refers to a companion document on Indigenous health, a high level draft of which is also appended. I've reflected on our previous discussions on this issue and have concluded that it makes sense to have a few degrees of separation between the framework agreement and Indigenous health commitments. This will create a better vehicle for engagement with Indigenous leaders and will avoid adding further complexity to our discussion on the multilateral framework.
I should also note our intent to make special arrangements to recognize the unique situation of Quebec, consistent with the federal news release announcing federal funding for home care and mental health for Quebec. Luc, I will be following up with you separately to discuss the modalities of an asymmetrical approach to the Health Accord as it applies to Quebec.

I recognize that you will all likely need some time to review the draft multilateral framework and have the conversations you need to have within your governments. If you agree, I’d suggest that we set aside the bulk of the time at our scheduled call on April 28 to discuss this document, although I would be happy to make myself available earlier if you would prefer.

I look forward to working with all of you to conclude the details of a new Health Accord that benefit and advance all of our respective government agendas.

Simon Kennedy

*******************************************************************************

Chers collègues,

Je fais suite à notre appel du 24 mars sur le budget fédéral, au cours duquel nous avons discuté du processus pour reprendre le dialogue FPT sur l’Accord sur la santé, avec une attention particulière accordée à un cadre multilatéral.

Comme je l’ai dit au cours de l’appel, l’obtention d’un accord sur un cadre multilatéral – idéalement avant l’été – sera le déclencheur afin d’acheminer le financement fédéral pour la première année destinée aux soins à domicile et à la santé mentale, suite à l’adoption de la loi sur le budget maintenant devant le Parlement. Le cadre multilatéral définira également les principaux paramètres pour l’élaboration d’accords bilatéraux avec chacun des gouvernements des provinces et des territoires.

Tel que promis, je joins une ébauche du cadre multilatéral proposé pour que vous l’examiniez. J’avais espéré vous la faire parvenir plus tôt et je vous prie de m’excuser pour le retard. Comme vous le constaterez, l’ébauche s’inspire grandement des éléments dont nous avons discuté lors de notre réunion des sous ministres FPT en mai 2016, dont les principes, les objectifs communs et les engagements proposés dans chacun des secteurs prioritaires. Elle établit également une approche relative à la mesure du rendement et à l’établissement de rapports sur celui-ci qui est conforme à nos discussions antérieures. Les références aux investissements fédéraux en matière de santé annoncés dans le budget de 2017 ont également été ajoutées.

Vous constaterez que le texte du cadre proposé renvoie à un document d’accompagnement sur la santé des Autochtones, dont une ébauche de niveau élevé est également annexée. J’ai réfléchi à nos
discussions précédentes sur cette question et j’ai conclu qu’il serait souhaitable d’avoir certains degrés de séparation entre les engagements de l’accord-cadre et ceux de la santé des Autochtones. Cela établira un meilleur moyen de mobilisation auprès des dirigeants autochtones et évitera d’ajouter de la complexité à notre discussion sur le cadre multilatéral.

Je devrais également souligner notre intention de conclure des arrangements spéciaux afin de reconnaître la situation unique du Québec, conformément au communiqué de presse fédéral annonçant le financement pour les soins à domicile et la santé mentale pour le Québec. Luc, je ferai un suivi auprès de vous afin de discuter des modalités d’une approche asymétrique à l’égard de l’Accord sur la santé, dans la mesure où il s’applique au Québec.

Je reconnais que vous avez probablement tous besoin d’un certain temps pour passer en revue l’ébauche du cadre multilatéral et en discuter au sein de vos gouvernements. Si vous êtes d’accord, je vous suggère de réserver la majeure partie du temps à notre appel prévu le 28 avril afin de discuter de ce document. Je serais toutefois heureux de me rendre disponible plus tôt si vous le préféreriez.

Je suis impatient de travailler avec vous tous afin de conclure les détails d’un nouvel Accord sur la santé qui profitera à l’ensemble des programmes de nos gouvernements respectifs et qui les feront progresser.

Simon Kennedy

Deputy Minister of Health / Sous-ministre de la Santé
Health Canada / Santé Canada
70 Colombine Driveway
15th Floor, Room 1526B / 15ième étage, Pièce 1526B
Brooke Claxton Building
Tunney’s Pasture
Postal Locator / Indice de l’adresse: 0915B
Ottawa, Ontario
K1A 0K9

Phone / Téléphone: (613) 957-0212
Fax / Télécopieur: (613) 952-8422

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Good Afternoon HSC. I had a late bilat with Health Canada and am providing a very rushed update of materials in support of our HSC call on Tuesday.

- Slimmed down April 28 agenda.
  - Of note particular, Plasma removed in lieu of anticipated April 18 teleconference outcomes. Other topics also removed to make room for the multilateral agreement topic.
- April 21 agenda is also slimmed down, reflecting the much reduced April 28 FPT agenda.

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Received late Thursday from Health Canada – their draft list of proposed topics for the FPT CDM.

Two comments:

- Multilateral discussions may of course impact this list.
- Alberta indicated that PTs may want to include an Indigenous Health topic, but that we have work to do before clarifying what the topic would look like.

- Health Canada suggests this list be included as a paper item for April 28. I indicated that PTs will review and advise at the officials level prior to then.

Thank you,

Mark Iocchelli / mark.iocchelli@gov.ab.ca
Manager, Health Support Committee Secretariat
Intergovernmental Relations Branch
Alberta Health
(780) 415-1614

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Please find attached the March 17 RoD, to be approved on Friday's PT DM TC.

Thanks,

Anastasia

Anastasia Kutt
Planning coordinator
HSC Secretariat - Intergovernmental Relations
Alberta Health
ATB Building - 10025 Jasper Avenue, 19th Floor
Edmonton, Alberta T5J 1S6
Phone: (780) 644-2968

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
Hi HSC,

Please find attached the draft RoDs from the February and March FPT DM calls for review.

The February RoD you have seen before and provided feedback, and we asked Health Canada to provide some clarity regarding Jacqueline Bogden’s update re: cannabis legalization.

This is the first time you are seeing the March 24 RoD.

Please send me your feedback before Wednesday May 10.

Thank you!

Anastasia

Anastasia Kutt
Planning coordinator
HSC Secretariat - Intergovernmental Relations
Alberta Health

ATB Building - 10025 Jasper Avenue, 19th Floor
Edmonton, Alberta T5J 1S6
Phone: (780) 644-2968

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail.
### Notes

PT Health Support Committee Teleconference
February 28, 2017
1:00 – 2:00 PM (ET)
1-866-210-4704
Participant Code: [redacted]

### Time Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Welcome and Roll Call (AB)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All jurisdictions were present</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additions to the agenda:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Strategic discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Self-care products</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Medical isotopes</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>Bilateral Update (AB)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last week’s bilat was cancelled</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td><strong>February 24 Debrief (All)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Cannabis: Brief update. PTs requesting as much info asap so they can plan accordingly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Opioids SAC: Update</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Opioids Merger: Approved by DMs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Pharma: [redacted]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Plasma: Establishment of an independent expert review panel to be used as an evidence-based platform for decisions to be made. The panel will gather evidence and examine models, but will not make recommendations. HC will draft a Terms of Reference and will pay for the review panel. To prepare for the face to face CDM. HC to talk to CBS about their plans.</td>
<td></td>
</tr>
</tbody>
</table>
4. **Upcoming Meetings and Teleconferences (All)**

March 17
- Light agenda
- Call for agenda items
- HIWG: Research Topic update - ON
- CBS Governance and Intergovernmental Billing - SK
- Indigenous Health – YK
- 30 min for PT, 30 min for FPT on March 24th – ON, MB

CDM
- Confirmed for May 31st and June 1st
- Confirming venue details
- Awaiting confirmation of delegation and dietary needs
- Call for agenda items by April 1st
- CBN deadline by May 10th

5. **Standing Item: Public Health Network (NB)**

<table>
<thead>
<tr>
<th>NS provided a paper update</th>
</tr>
</thead>
</table>

6. **Other Business (ALL)**

Medical isotopes:
- Working group doing a table top exercise, results might come forward to CDM

Self-Care Product Consultation:
- HC to send materials today
  - March 14th FPT call with HSC officials to follow regularly scheduled HSC call

Strategic discussion
- PTs discussed the strategic discussion/roundtable agenda item on PT DM Teleconference agenda

7. **Call Adjourned**

Prepared by: Alberta
February 28, 2017

Next HSC meeting Date: Tuesday March 7, 2017
Notes – March 2, 2017 Bilateral Teleconference
Health Support Committee Secretariat Chair – Health Canada

1. Agenda Review/Additions

2. Meetings & Teleconferences
   a. February 24 FPT DM Teleconference: Debrief and Record of Decision
      - Blood plasma – Terms of Reference, CBN – Confirm December 15
      - Blood plasma – Some PTs have expressed dissatisfaction with last minute inclusion on Feb 24 agenda.
      - Confirm that HC is drafting ROD – it should be shared with PTs ASAP in advance of February 24 call.
   b. March 24 FPT DM Teleconference
      - Agenda Items: Blood plasma, Feb 24 Record of Decision
      - Other agenda items from carry forward list?
   c. May 31-June 1 Conference of Deputy Ministers
      - Confirm dates – advise that we are awaiting CICS confirmation
      - Begin agenda planning and propose final agenda by end of April
      - Propose CBN deadline May 10

3. FPT HSC Teleconference March 14th – Self-Care Products Presentation
   - Health Canada to send materials
   - Seeking input from HSC on PT engagement approach
   - FPT HSC call to discuss on March 14
   - What are next steps after March 14?

4. PT Work on pan-Canadian Health Organizations – Seeking Update
   - Pan-Can and FPT Health Structure Liaison Schedule – Status Check
     - Waiting on Saskatchewan for PHN Liaison and CBS.

5. Heads-Up on HSC email seeking PT representatives for the new F/P/T Committee on Problematic Substance Use and Harms (PSUH)

6. October HMM RoD – Status Check
### AGENDA
**PT Health Support Committee Teleconference**  
**March 21, 2017**  
**1:00 – 2:00 PM (ET)**  
**1-866-210-4704**  
**Participant Code:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
</tr>
</thead>
</table>
| 1:00 - 1:02 | 1. **Welcome and Roll Call (AB)**  
All jurisdictions present PEI |
| 1:02 - 1:03 | 2. **Bilateral Update (AB)**  
AB provided a paper update |
| 1:03 – 1:10 | 3. **HCIWG (SK)**  
SK posed the following questions:  
- Do we envision an ongoing need for a HCIWG Secretariat?  
- If yes, who is now responsible for managing the Secretariat (although PEI has the remaining funds I don’t believe they are doing that job anymore)?  
- Do we need to bring a budget forward for the remaining funding?  
**Action Item:** AB, SK and MB will connect offline to discuss a potential HCIWG Secretariat |
| 1:10 – 1:20 | 4. **March 17 PT DM Debrief (All)**  
*Health Accord: No direction following Friday’s call  
pCPA: added to April 21st PT DM Agenda, with a decision for CDM  
RoD: still underway* |
| 1:20 – 1:55 | 5. **Upcoming Meetings and Teleconferences (All)**  
- **March 24 FPT DM TC**  
  - pCPA Generics (ON): pCPA WG have a TC following Friday’s FPT call. This is a paper item. HC will send revised Mar 24 FPT DM TC.  
  - Anti-microbial resistance discussion (NU): NU shared its concern regarding the AMR document, this is a high-level document and will reflect funding. PTs shared concern over timeline and how PT work is reflected in the framework.  
  - Federal Budget/Health Accord (All): The federal budget has not been announced yet.  
  - CBS Plasma Panel ToR (All): Not enough time to endorse ToR and some jurisdictions have legislation against paid for plasma. Awaiting direction from Minister.  
  - PHN Work Plan and Strategic Priorities (NS): NS stated if PTs have any concern with the timeline such as engagement of NIOs, NS is open to changing it.  
- **April 21 PT DM TC**  
  - Agenda Planning: Official call for agenda items, please submit |
by March 31st
  o CBN deadline is April 7th
- April 28 FPT DM TC
  o Agenda Planning: Official call for agenda items, please submit by April 7th
  o CBN deadline is April 14th
- May 19 PT DM TC
  o PT and FPT CDM Agendas
- Spring CDM
  o Agenda Planning
  o CBN deadline is May 10th
  o Logistics

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paper Update</td>
</tr>
<tr>
<td>1:57 – 2:00 pm</td>
<td>7. Other Business (All)</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>8. Call Adjourned</td>
</tr>
</tbody>
</table>

5. **Plasma – for discussion**

*Discussion:*

- DM Kennedy informed P/T DMs of the federal interest in plasma collection and supply in Canada, stemming from the recent position taken by Canadian Blood Services (CBS) on for-profit plasma collection operations.
- DM Kennedy explored P/T interest in assessing plasma supply collectively; he proposed that F/P/T DMs task an independent expert panel to investigate and analyze plasma supply and blood donation in Canada.
- DM Kennedy underscored that the work of the panel could provide an evidence-based platform to inform F/P/T policies. It was noted the panel could also support a better understanding of (lg) plasma product utilization. The panel’s work would stop short of providing recommendations on these issues.
- It was proposed that the panel report to the Conference of Deputy Ministers of Health, with secretariat and financial support provided by Health Canada.
- F/P/T DMs conditionally supported the federal proposal to strike an independent expert panel.

*Decision:*

- s. 29(1)(a)

6. **Wrap-Up and discussion on forward agenda – for information**

- The next in-person CDM was confirmed for May 31 - June 1, 2017 in Edmonton, AB.
- DMs supported convening an earlier call on March 24, 2017, to discuss plasma and other pressing issues.
PROVINCIAL/ TERRITORIAL DEPUTY MINISTERS OF HEALTH TELECONFERENCE  
March 17, 2017  
RECORD OF DECISIONS

Chair: Dr. Carl Amrhein, Deputy Minister of Health, Alberta

Participants:  
• Lynn Stevenson, Associate Deputy Minister of Health, British Columbia  
• Max Hendricks, Deputy Minister of Health, Saskatchewan  
• Karen Herd, Deputy Minister of Health, Seniors & Active Living, Manitoba  
• Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, Ontario  
• Luc Castonguay, Sous-Ministre Adjoint à la Direction générale de la planification, de l'évaluation et de la qualité, Québec  
• Tom Maston, Deputy Minister of Health, New Brunswick  
• Christine Gibbons, Health and Wellness, Nova Scotia  
• Shaun MacNeill, Manager of FPT Relations, Prince Edward Island  
• John Abbott, Deputy Minister of Health & Community Services, Newfoundland and Labrador  
• Colleen Stockley, Deputy Minister of Health, Nunavut  
• Denise Canuel, Ministry of Health and Social Services, Northwest Territories  
• Brenda Lee Doyle, Acting Deputy Minister of Health & Social Services, Yukon

Please note: Other Provincial/Territorial (PT) delegates attending via teleconference

1. Roundtable (All)  
• PT DMs discussed potential conflicts to attendance at spring CDM (May 31/June 1). Discussed personal reasons, legislative commitments, Infoway board meeting.

2. March 24 FPT DM Preparation (Alberta/All)  
• PT DMs discussed the draft Blood Plasma ToR.
• DM Bell stated ON will not participate in the working group because of current legislation against paid clinics in Ontario.
• DM Amrhein shared that legislation is currently being passed in Alberta which is modelled after Ontario’s.
• PT DMs agreed that March 24 ToR discussion should be positioned as a presentation from DM Kennedy.
• DM Bell provided an update on pCPA.
• DM Bell will share the KPMG report on generic pharmaceutical manufacturers with all PT DMs after the call.
• DM Bell is aiming for pCPA Governance to be a decision item at the May/June CDM.

Decision/Direction:

3. February 17, 2017 PT DM Teleconference Record of Decision

Decision/Direction:
• Approval of the February 17, 2017 PT Teleconference Record of Decision

Meeting adjourned at 12:00 PM Mountain Standard Time.

Prepared by: Alberta
March 17, 2017
### Agenda Item 1: Welcome and Roll Call (AB)
- All jurisdictions present
- No additions to the agenda

### Agenda Item 2: Bilateral Update (AB)
- March 23rd bilat notes sent via email

### Agenda Item 3: March 24 Debrief (All)
- Roundtable discussion
- Multilateral agreement
- In person signing

### Agenda Item 4: Federal Plasma Terms of Reference (All)
HC proposed an ADM working group, to review the plasma ToR. HC would like to know if any PTs interested in joining. SK and BC will be participating. PTs seeking clarity from HC on terms of reference scope.

**Action Item:** PTs to send an email if interested in joining the WG
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
## POTENTIAL CDM ITEMS
### MAY 31-JUNE 1, 2017

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Accord</strong> – for discussion / decision</td>
<td>- FPT DM discussion to advance the multilateral accord and reporting</td>
</tr>
<tr>
<td><strong>Pharmaceuticals</strong> – for decision</td>
<td>- DMs will discuss F/P/T collaboration on prescription drugs and be asked to endorse a governance model for the pan-Canadian Pharmaceutical Alliance (pCPA).</td>
</tr>
<tr>
<td><strong>Plasma</strong> – for discussion (TBD)</td>
<td>- Update from Expert Panel on Plasma</td>
</tr>
<tr>
<td><strong>Medical Assistance in Dying (MAID)</strong> -- for discussion / information</td>
<td>- Update on MAID implementation and ongoing federal activities</td>
</tr>
<tr>
<td><strong>Committee on Health Workforce (CHW) 2017/18 Budget &amp; Workplan</strong> – for discussion / decision</td>
<td>- DMs will be asked to approve the CHW 2017-2018 Budget &amp; Work Plan - Potential for presentation/discussion on renewed priorities</td>
</tr>
<tr>
<td><strong>F/P/T Health Information Working Group (HIWG)</strong> – for decision</td>
<td>- Decision on a proposed framework to guide pan-Canadian health information and terms of reference (ToRs) for the creation of a multi-stakeholder health information forum.</td>
</tr>
<tr>
<td><strong>CADTH’s Health Technology Management Strategy</strong> – for discussion / decision</td>
<td>- Following a presentation from CADTH on its proposed Health Technology Management Strategy, DMs will discuss and be asked to endorse the Strategy</td>
</tr>
<tr>
<td><strong>Ongoing efforts to address Opioids</strong> – for information / discussion (TBD)</td>
<td>- Update from the Special Advisory Committee - Update from the FPT Problematic Substance Use and Harms Committee</td>
</tr>
<tr>
<td><strong>Ebola Virus Disease (EVD) Collaborative Care Approach Concepts of Operations</strong> – for decision (TBC)</td>
<td>- Update and next steps (TBD)</td>
</tr>
<tr>
<td><strong>Timing of Health Ministers’ Meeting</strong> – for discussion</td>
<td>- Update on meeting planning</td>
</tr>
</tbody>
</table>
COMMON BRIEFING NOTE

SPECIAL MEETING OF MEMBERS
March 9 2017

AGENDA ITEM – CANADIAN BLOOD SERVICES
- 2017-2020 Corporate Plan (Book 1 and Book 2) and Cord Blood Project Integration Plan
- 2017-2018 Negotiated Budget

LEAD ADVISORY COMMITTEE/JURISDICTION(S) – Manitoba

DECISION(S) / DIRECTION(S) REQUESTED –

Decision ☒ Discussion ☐ Information ☐

The Members are being asked (as per the resolutions) to approve:
- The Canadian Blood Services (CBS) 2017-2020 Corporate Plan ‘Our Value Proposition’ (Book 1 and Book 2), excluding the appended Cord Blood Project Integration Plan, subject to annual budget approval.

CONSIDERATION(S):
- The Canadian Blood Services 2017-2020 Corporate Plan was provided electronically to the PT Blood Liaison Committee (BLC) in July 2016. The PT BLC reviewed the documents and identified some areas of concern, specifically related to:
  - LINK quality management system (range of $2.4-4.0M) to be funded through the CBS Insurance (CBSI) incremental capitalization.
    - CBS was advised that requests to use the CBSI incremental capitalization are premature until such time that Collaborative CBS PT Risk Review Working Group has completed its work and prepared recommendations for its use.
    - CBS advised that the CBS Board has approved use of Contingency Fund dollars to fund LINK.
The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Federal-Provincial-Territorial Ministers of Health and Deputy Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Canadian Blood Services (CBS) - Ensuring Security of the Canadian Plasma-Supply- Business Plan 2017
Financial Summary/ Budget Request

CBS developed a detailed business plan titled *Ensuring Security of the Canadian Plasma Supply*. Below is a summary of the financial requirements identified by CBS for the start-up and operating costs of implementing the plan.

Table 1 – Proposed cost of Implementing Plan
The budget estimates for NL are based on 2.01% of the total costs of the plan. The 2.01% is based on the 2011 Census Data. The assumption that NL will be responsible for 2.01% of the total project costs will need to be confirmed with CBS.

Based on details in the report capital costs will plateau once the 50 per cent sufficiency level is achieved in 2023–2024, but additional capital costs will be required in subsequent years to maintain 50 per cent sufficiency, as Ig demand continues to grow.

Further clarification required:

- How did CBS determine capital and operating contingency funds in Table 1?
- What are “benefits” noted in Table 1 pertain to?
- Will NL’s contribution continue to be 2.01% of total costs?

Based on our analysis the following would be the cost to NL based on 2.01% of total cost (As per 2011 Census data) and would be amount necessary to be included in Province’s Fiscal Framework if approved.

Prepared by Don Furlong/Linda Boland
Jan 30, 2017
Common Briefing Note*: Canadian Blood Services (CBS) CBS Communications

Purpose/Issue: Discussion
- Provincial Territorial (PT) Deputy Ministers (DMs), except Québec, are being asked to discuss CBS business case submission and communications processes.

Recommended Outcome:
- PT DMs:
  1. Discuss establishing a documented protocol for CBS communications to PT governments. The protocol would include the role of the PT Blood Liaison Committee (BLC), as the initial step; and CBS media announcements as it relates to PT government involvement i.e. submission of business cases to PT government and advising the public of the same.
  2. Discuss the most appropriate mechanism to document a communications protocol (e.g. national accountability agreement).
  3. As an interim measure, consider supporting Manitoba (MB), as Lead Province, to formally notify CBS:
     a) that all business cases for initiatives and projects are to be submitted to the PT Blood Liaison Committee (BLC), as the initial step;
     b) of concerns raised by PTs regarding the communications process CBS has undertaken related to the recent submission of business cases and media releases; and
     c) that CBS is to refrain from making media announcements on proposed projects and initiatives prior to receiving approval of the projects and initiatives from PT governments.

Key Background Information:
- As outlined in the 1997 MOU (section 6.1) creating the National Blood Authority (CBS), signed by all PT Ministers of Health, except Québec, the PT Governments remain responsible for administration of their health systems and have responsibility for public health measures in their respective jurisdictions.
- PT Governments are responsible for determining changes that may be required to the National Blood System and provide funding to CBS to carry out programs under the Member approved mandate.
  o Ministers of Health in their roles as Ministers are responsible for decisions on all issues involving funding for the National blood system and for matters advanced to them through the DMs; and the PT Ministers in their roles as Corporate Members of CBS provide policy direction to the CBS Board of Directors and approve the CBS Corporate Plan.
  o Deputy Ministers of Health are responsible for decisions on all matters referred from the PT Blood Liaison Committee. PT DMs are responsible for recommendations to the Ministers of Health on any matter requiring Minister approval.
  o As outlined in the approved (April 2015) PT BLC Terms of Reference:
    - The PT BLCs mandate is to provide strategic advice and support to the PT Ministers and DMs on issues affecting the blood system, the Organ and Tissue Donation and Transplantation Program (OTDT) and other PT Minister approved programs and initiatives (henceforth referred to as the national system).

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy/Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Cautionary Notes:
- The PT BLC is the liaison between CBS and the PT DMs of Health. Through this committee, PT jurisdictions reach consensus prior to collaboration with Canadian Blood Services (CBS). PT consensus building and collaboration is an essential element in maintaining the safety and security of the blood system.
- The PT BLC works with CBS, jurisdictional programs and the federal government (Health Canada and the Public Health Agency of Canada) to address issues related to the blood and OTDT system.

Key Messages:
- PTs recognize CBS as the blood system authority with responsibility and accountability for the safety and security of blood and blood products in Canada, on behalf of the PT governments.
- PT governments are the funders for the national blood system and PT Ministers of Health are the Corporate Members of CBS. Therefore advance notice of media announcements for new projects and proposed initiatives with PT funding implications, (not reviewed and approved by PT governments) planned by CBS will be required.
- The PT BLC table is the designated jurisdictional liaison between CBS and the PT DMs of Health. The PT BLC mandate is to work with CBS, jurisdictional programs and the federal government (Health Canada and the Public Health Agency of Canada) to address issues related to the blood and OTDT system.

Cautionary Notes:
- Finalizing the National Accountability Agreement to improve accountability and appropriate governance could provide the mechanism for documenting a communications protocol.
- PT Governments, except Quebec may want to consider having the Lead Province reinforce to CBS, the PT BLC mandate and importance of due diligence requirements for adequate review, analysis and appropriate briefing of PT Ministers and DMs for new CBS initiatives and business cases requiring funding as indicated on a periodic, ongoing basis.

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy/Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Dear Leah Hollins:

Thank you for your letter and the Canadian Blood Services (CBS) business plan entitled 'Ensuring Security of the Canadian Plasma Supply for Immune Globulin.'

We very much appreciate the efforts of CBS in preparing and providing the detailed plasma supply business plan and acknowledge that this is the beginning of an important dialogue between CBS and the Provinces and Territories (PTs).

Due to the complexity of the CBS plasma supply issue and related CBS business plan submission, please be advised that a comprehensive evaluation and analysis by the PTs will be required prior to endorsing any funding for the business plan (including any recommendation related to the $5M for implementing two (2) plasma collection sites in 2017-2018). The proposed multi-year funding proposal will be considered during the 2018-2019 budget cycle.

We request that CBS engage the provincial territorial (PT) Blood Liaison Committee (BLC) and provide additional information or briefing materials as may be required and requested. A comprehensive evaluation and analysis of the CBS business plan submission has been initiated by Manitoba as Lead Province with the PT BLC.

If you have any questions, please contact Wendy Peppel, Lead Senior Manager, Lead Province-Manitoba, National Blood File, at Wendy.Peppel@gov.mb.ca or at 204-786-7374.

Draft response to CBS BOD Chair January 23, 2017
CBS PT BLC Face to Face Meeting  
October 18, 2016  9:00 a.m. to 11:30 a.m. (ET)  
Fairmont Château Laurier, Ottawa, ON  
Room: Tudor Room, 1st floor

Agenda – October 18, 2016

Teleconference Dial In: 1-866-365-4409

Go To Meeting
Please join my meeting:
1. Meeting ID:

<table>
<thead>
<tr>
<th>Start Times:</th>
<th>BC, YT</th>
<th>AB, SK, NT</th>
<th>MB</th>
<th>ON, NU</th>
<th>NB, NS, PE</th>
<th>NL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PT 6:00 AM</td>
<td>MT 7:00 AM</td>
<td>CT 8:00 AM</td>
<td>ET 9:00 AM</td>
<td>AT 10:00 AM</td>
<td>NT 10:30 AM</td>
</tr>
</tbody>
</table>

PARTICIPANTS:

**CBS PT BLC**
- Wendy Peppel, MB Co-Chair
- Wendy Vowles, BC
- Glenna Laing, AB
- Judy Hoff, SK
- Dai Kim, ON

**PT Guests**
- Phillip Davidson, BC
- Katherine Leong, BC
- Samantha Cassie, AB

**CBS Guests**
- Dana Devine
- Peter Nickerson

**Other(s)**
- Health Canada

<table>
<thead>
<tr>
<th>Agenda Items</th>
<th>File Attachments</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PTs only 8:30 – 9:00 a.m.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 – 9:02 (2 min)</td>
<td><strong>1.0 Welcome and call to order</strong></td>
<td>Wendy Peppel/ Lindy McIntyre</td>
</tr>
</tbody>
</table>
| 9:02 – 9:05 (3 min) | **2.0 Review/approval of agenda**  
2.1 Agenda CBS PT BLC October 18, 2016 | Wendy Peppel/ Lindy McIntyre |
| 9:05 – 9:25 (20 min) | **3.0 OTDT**  
3.1 Program updates | Dana Devine/ Peter Nickerson/ Elizabeth Stucker (Guests) |
| 9:25 – 9:45 (20 min) | **3.0 OTDT**  
3.2 Recommendation for living donor reimbursement alignment | Dana Devine/ Peter Nickerson/ Elizabeth Stucker (Guests) |
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Items</th>
<th>File Attachments</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:45 – 10:15</td>
<td>3.0 OTDT</td>
<td>3.3 Clinical governance session</td>
<td>Dana Devine/Peter Nickerson/Elizabeth Stucker (Guests)</td>
</tr>
<tr>
<td>(50 min)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:15 – 10:30</td>
<td><strong>BREAK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 – 11:30</td>
<td>3.0 OTDT (continued)</td>
<td>3.3 Verbal working session</td>
<td>Dana Devine/Peter Nickerson/Elizabeth Stucker (Guests)</td>
</tr>
<tr>
<td>(60 min)</td>
<td>3.3 Clinical governance session</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td><strong>LUNCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30 – 4:30</td>
<td>PTs only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p.m.</td>
<td>(60 min)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 2
# CBS PT BLC ROLLING SUMMATION ACTION ITEMS

(revised October 13, 2016)

<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
</table>
| **Phenotype Labeling**  
1. CBS to follow up on any new information on Phenotype labeling issues raised by NS.  
2. MB to circle back and forward any new information on this to CBS. | September 14, 2016 |  |
| **Shipping Boxes**  
3. CBS to prepare and share with PTs, a shipping boxes pilot close report with specific focus on the shipping containers and the impact on hospitals. | September 14, 2016 |  |
| **Corporate Plan**  
4. CBS to provide PTs with a snapshot one page document of all the funding requests and dollar amounts attached, similar to last year, with jurisdictional breakdown on each item. | September 14, 2016 |  |
| **Finance update**  
5. CBS financial dept request a change the NFRP phase II payments as separate payments to a different account.  
6. CBS to send a summary of the CBS financial dept’s request to re-direct NFRP phase II payments funds to a different account to Lead PT/ MB and MB to circulate to PTs on CBS’ behalf. | September 14, 2016 |  |
| **Plasma Sufficiency**  
7. CBS to provide the PPT and Briefing Note that will accompany the Plasma Sufficiency presentation at the AGM. Target: 10 business days ahead of the AGM- Sept 30, 2016. | September 14, 2016 | Received Oct.7, 2016 |
| **Minutes**  
8. PTs and CBS to provide feedback to April minutes by Tuesday Sept.20 and July minutes was extended to Oct.5.  
9. Minutes to be formally approved at the Oct meetings. | September 14, 2016 | Edits received. MB forwarded to CBS for approval on October 6 2016. |
| **Other business**  
10. CBS to track the annual report and let MB know when it will be circulated to PTs. | September 14, 2016 | PTs received draft copy September 26, 2016. Final copy provided to Members with AGM meeting package, received October 11, 2016. |
### Shipping Boxes:
1. MB to share ORBCoN document with CBS.
2. MB to send letter (NS to draft) to D Howe with specific questions regarding packing materials, new shipping box specifications etc.

### Look back/trace back outcome report:
3. PTs to link with their Public Health Agency and work with Lead PT to come to a PT consensus on the need for the development for this report.
4. CBS to prepare BN with the PT action request.

### Research & Development:
**Five Year funding Agreement:**
5. MB to revise Five Year Funding Agreement document with the 1 edit then forward the document, approved as final, to CBS
6. CBS to provide a Briefing Note on pathogen inactivation for PTs as an information item for DMS, potential for a business case.

### OTDT:
**Quarterly Reports:**
1. MB to arrange tri-party quarterly meetings to discuss, in detail, OTDT activities.

**Clinical Governance:**
2. MB to send out doodle poll for a separate teleconference to be scheduled to focus on this issue.

**Ten Year Progress Report:**
3. CBS to incorporate PT feedback into report and circulate back to PTs by end of week July 22, 2016.
4. MB to set up a meeting with PTs and CBS re: public release planning of the 10 Year Report for week of August 17, 2016.
<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPP Selection Process:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. MB to compile revisions and book a time with Peter Saunders to go review in detail next week-July 22, 2016.</td>
<td></td>
<td>5. Completed</td>
</tr>
<tr>
<td><strong>Recombinant Transition:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. MB to follow up with AHCDC for clarification on how the transition funding is being shared.</td>
<td></td>
<td>6. Complete</td>
</tr>
<tr>
<td>7. CBS to share the dashboard being developed to track how physicians are doing with switching/trending switching with PTs.</td>
<td></td>
<td>7. F/U with CBS required (Oct 2016)</td>
</tr>
<tr>
<td>8. CBS to provide to PTs a breakdown of number of Hemophilia A with inhibitors per province/territory.</td>
<td></td>
<td>8. F/U with CBS required (Oct 2016)</td>
</tr>
<tr>
<td><strong>C1 Esterase de-listing:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. PTs to discuss further at a later date.</td>
<td></td>
<td>B/F for future agenda</td>
</tr>
<tr>
<td><strong>Corporate Plan:</strong></td>
<td>July 13, 2016</td>
<td></td>
</tr>
<tr>
<td>10. CBS to work earlier PPP calls in to the process/timeline.</td>
<td></td>
<td>10. Calls with PTs booked in early Nov 2016</td>
</tr>
<tr>
<td>11. MB to poll PTs as to the amount of time required for receipt of materials for budget process.</td>
<td></td>
<td>11. Consensus to be confirmed.</td>
</tr>
<tr>
<td><strong>Financial overview to 2017-2020 Corporate Plan:</strong></td>
<td>July 13, 2016</td>
<td></td>
</tr>
<tr>
<td>12. CBS to provide notes/specific wording on the market volatility reserve noted on the CBSI premium net assets slide.</td>
<td></td>
<td>12. Complete</td>
</tr>
<tr>
<td>13. CBS to provide a breakdown of the $25M drawdown-listing of projects; what has been spent, what will be spent this fiscal.</td>
<td></td>
<td>13. F/U with CBS (Sept 2016) not yet received (Oct 2016)</td>
</tr>
<tr>
<td><strong>CBSI:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. MB to review the accountability framework to ensure the notification of the Members of the $9.4M claim being made to CBSI is appropriate and meets the requirements.</td>
<td></td>
<td>14. ___</td>
</tr>
<tr>
<td>15. CBS to provide a summary of the entire CBSI claim/credit by July 22, 2016.</td>
<td></td>
<td>15. Complete</td>
</tr>
<tr>
<td>16. Andrew to follow up with Watson Gale to clarify notification requirements for CBSI claims.</td>
<td></td>
<td>16. Complete</td>
</tr>
<tr>
<td><strong>ASC implementation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rolling Action Items from CBS PT BLC Meetings (updated October 13, 2016)
# CBS PT BLC ROLLING SUMMATION ACTION ITEMS

## Actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CBS to advise PTs of MSM deferral decision as soon as possible and provide key messaged.</td>
<td>June 15, 2016</td>
<td>complete</td>
</tr>
<tr>
<td>2. NAC Workplan 2016-17; Review schedule 2016-2017 and Blood Shortages Working Group (BSWG) TOR.</td>
<td>June 15, 2016</td>
<td>Approved/complete</td>
</tr>
<tr>
<td>3. OTDT CBoC</td>
<td>June 15, 2016</td>
<td>Complete</td>
</tr>
<tr>
<td>4. OTDT 10 year report: CBS to complete and provide an Embargoed consultation copy to PTs. CBS to provide PTs with a copy of the final prior to public release. PTs to follow up on timelines for feedback on the 10 year report and next steps for release. Additional discussion at July 2016 F2F.</td>
<td>June 15, 2016</td>
<td>Complete</td>
</tr>
</tbody>
</table>
### CBS PT BLC ROLLING SUMMATION ACTION ITEMS

#### Revised October 13, 2016

<table>
<thead>
<tr>
<th><strong>Actions</strong></th>
<th><strong>Meeting Date</strong></th>
<th><strong>Status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical Inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Vertical inventory: CBS to arrange for Cheryl Doncaster to speak to this at the July 2016 F2F.</td>
<td>June 15, 2016</td>
<td>July 2016 agenda item</td>
</tr>
<tr>
<td>CBS Shipping Boxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Working Group to be established. CBS to provide membership.</td>
<td>June 15, 2016</td>
<td>Meeting held July 6 2016 – update to be provided at July 2016 F2F</td>
</tr>
<tr>
<td>9. PPP selection process: MB to provide compilation of PT feedback 5 days prior to July F2F, with a plan for discussion and decision at the F2F.</td>
<td>June 15, 2016</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Actions</strong></th>
<th><strong>Meeting Date</strong></th>
<th><strong>Status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. July 2015 Minutes to be approved by e-mail.</td>
<td>April 27, 2016</td>
<td>Complete</td>
</tr>
<tr>
<td>2. CBS to provide BN on CBS position re Paid Plasma media issue by April 27 evening. PTs received key messages on April 28 2016.</td>
<td>April 27, 2016</td>
<td>Complete</td>
</tr>
<tr>
<td>3. CBS to provided Revised Cord Blood business case; to be appended to the 2017-2021 Corporate Plan.</td>
<td>April 27, 2016</td>
<td></td>
</tr>
<tr>
<td>4. CBS and Lead PT to collaborate to discuss options including whether a budget facilitator is required and, if required, selecting and establishing role, joint deliverables with a decision by September 2016.</td>
<td>April 27 2016</td>
<td>Meeting held (July 2016), further discussions required</td>
</tr>
<tr>
<td>5. Further information on the NRFP Phase IIA $10M project management fees to be provided by CBS to PT expert.</td>
<td>April 27, 2016</td>
<td></td>
</tr>
<tr>
<td>6. PT review of the PPP product selection document to be provided to CBS. Target-endorsement at July 2016 F2F.</td>
<td>April 27, 2016</td>
<td>PT review completed - Edits to be embedded by CBS</td>
</tr>
<tr>
<td>7. R &amp; D WG to continue revisions on wording and to target finalizing the 5 year agreement document by July 2016 F2F.</td>
<td>April 27, 2016</td>
<td>Complete</td>
</tr>
<tr>
<td>8. PTs to review the OTDT presentation and provide additional feedback on any further requirements related to incorporation of PT priorities into the work plan to Lead PT and CBS by May 5, 2016.</td>
<td>April 27, 2016</td>
<td>Complete</td>
</tr>
<tr>
<td>9. PTs to confirm WG names for 10 Year Report (Note: same as previous OTDT WG: BC, AB, MB, ON).</td>
<td>April 27, 2016</td>
<td>Complete</td>
</tr>
</tbody>
</table>
### CBS PT BLC ROLLING SUMMATION ACTION ITEMS

(Revised October 13, 2016)

<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Details of requirements for CTR 2.0 IT infrastructure to be provided by Kim Young to jurisdictions.</td>
<td>April 27 2016</td>
<td></td>
</tr>
<tr>
<td>12. MB to update the CBS PT BLC Action Item Summation and provide by e-mail (For July 2016 F2F)</td>
<td>April 27 2016</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CBS to provide adjusted funding allocations by mid-week (March 29 or 30, 2016).</td>
<td>March 23, 2016 (budget call)</td>
<td>Complete</td>
</tr>
<tr>
<td>2. CBS Finance to forward the blended PPP hedged amount.</td>
<td>March 23, 2016 (budget call)</td>
<td></td>
</tr>
<tr>
<td>3. CBS to respond to PTs question re stem cell/fresh blood numbers via e-mail.</td>
<td>March 23, 2016 (budget call)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CBS to provide BN on HR impacts related to ASC by Feb 26.</td>
<td>February 24, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>2. CBS to provide BN on HR impacts related to ASC by Feb 26.</td>
<td>February 24, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>3. Lead PT to circulate the NAC Briefing Note on Hereditary Anemias for comment/approval by e-mail process.</td>
<td>February 24, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>4. CBS to advise on request for status of outcomes of tracebacks/lookbacks</td>
<td>February 24, 2016</td>
<td></td>
</tr>
<tr>
<td>5. MB to forward final edits on minutes to CBS; CBS to forward final edits on Sept 23 2015 minutes.</td>
<td>February 24, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>6. CBS to send an overview of NOTDAW pilot initiatives</td>
<td>February 24, 2016</td>
<td>Completed March 3 2016</td>
</tr>
<tr>
<td>7. CBS to make changes to slide deck (OTDT workplan) and forward to Lead PT for distribution by first week of March 2016</td>
<td>February 24, 2016</td>
<td></td>
</tr>
<tr>
<td>8. PT comments on 10 Year Report to be provided to MB to compile then provide to CBS by mid-March</td>
<td>February 24, 2016</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Rolling Action Items from CBS PT BLC Meetings (updated October 13, 2016)
### Actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CBS to provide to PTs re-forecast of Fx at 1.37 showing the increase from December 2015 negotiated budget.</td>
<td>January 13, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>2. CBS to provide a revised schedule of monthly payments for NFRP Phase Ia 10 year payment option. PTs to give CBS preferred option.</td>
<td>January 13, 2016</td>
<td></td>
</tr>
<tr>
<td>3. CBS to receive feedback from CBoC by end of January 2016;</td>
<td>January 13, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>4. Follow up TC arranged by MB for CBS and Lead PT by early February;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CBS to forward CBoC report to HC and Lead PT by first week of February 2016;</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>6. CBS and PTs to establish a WG to discuss clinical governance model meeting to be scheduled (MB) for mid Feb 2016.</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>7. NFRP Phase Iia: CBS/Marty Shenfield to incorporate budgeted amounts into December 2015 Performance Report and redistribute to PTs via Lead Province.</td>
<td>January 13, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>8. CBS PT BLC Meetings: CBS/Lead PT to have further discussions offline to finalize</td>
<td>January 13, 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>10. New format Quarterly Report: CBS to provide PTs a template that shows the revisions made and noting the information no longer provided in the report but that will be available to PTs through the Portal.</td>
<td>January 13, 2016</td>
<td>Completed</td>
</tr>
</tbody>
</table>

#### Cord Blood:

<table>
<thead>
<tr>
<th>Actions</th>
<th>Meeting Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CBS to include a line on the Briefing Note (Appendix) detailed funding to show reconciliation of PT funding (beginning 2012-13) as well as other revenues (fundraising/donations). Target: end of week November 20, 2015.</td>
<td>November 18, 2015</td>
<td>Completed Nov. 27, 2015; TBD further</td>
</tr>
<tr>
<td>Actions</td>
<td>Meeting Date</td>
<td>Status</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>2. CBS to provide funding options: a) same as 2015-16, b) refined</td>
<td>2015</td>
<td>Dec F2F</td>
</tr>
<tr>
<td>Corporate Plan ask, c) baseline funding to maintain the program with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no increase.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cord Blood:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. CBS to provide specific BN on business plan / recap for DM for</td>
<td>November 18,</td>
<td>Not Completed</td>
</tr>
<tr>
<td>decision on business model/ finance recap as additional info.</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td><strong>NAC: Addition to workplan:</strong></td>
<td>October 30,2015</td>
<td></td>
</tr>
<tr>
<td>1. Development of Sentinel reporting MOU. WG meeting to be scheduled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>as joint CBS PT BLC, NAC, with HC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NAC:</strong></td>
<td>October 30,2015</td>
<td></td>
</tr>
<tr>
<td>2. Further PT discussion on data monitoring elements and linkage to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AHCDC data collection and funding request, is required. To be</td>
<td></td>
<td></td>
</tr>
<tr>
<td>discussed on January 2016 agenda.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hub Hospitals: first meeting of WG to be set up before end of</td>
<td>October 30,2015</td>
<td></td>
</tr>
<tr>
<td>December 2015.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PPP Product Selection Process document:</strong></td>
<td>October 30,2015</td>
<td>April 2016</td>
</tr>
<tr>
<td>4. Revisions to be reviewed at Jan.2016 CBS PT BLC TC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Lessons learned by all parties to be discussed and rolled into one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>document</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTDT:</strong></td>
<td>October 30,2015</td>
<td></td>
</tr>
<tr>
<td>6. CBS to provide PTs history of eye and tissue pilot and plan going</td>
<td></td>
<td></td>
</tr>
<tr>
<td>forward with regular updates to CBS PT BLC.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
EIGHTEENTH ANNUAL GENERAL MEETING  
CANADIAN BLOOD SERVICES  

OMNI KING EDWARD HOTEL, TORONTO  
MONDAY, OCT. 17, 2016  
11 a.m. – 12 p.m. EDT*  
* Note timing may change and is subject to Health Ministers Meeting agenda setting.

AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Tab</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART 1: Administrative matters</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Opening of the meeting by Canadian Blood Services' corporate</td>
<td>1</td>
<td>Mr. Watson Gale</td>
</tr>
<tr>
<td>secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Election of the acting chair by the corporate secretary</td>
<td>2</td>
<td>Mr. Watson Gale</td>
</tr>
<tr>
<td>3. Opening remarks and approval of the agenda</td>
<td>3</td>
<td>Acting Chair</td>
</tr>
<tr>
<td><strong>PART 2: Substantive matters</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. 2015–2016 Financial statements and auditor’s report</td>
<td>4</td>
<td>Mr. Wayne Gladstone</td>
</tr>
<tr>
<td>5. Appointment of public accountant</td>
<td>5</td>
<td>Mr. Wayne Gladstone</td>
</tr>
<tr>
<td><strong>PART 3: Canadian Blood Services’ remarks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Chair, Board of Directors</td>
<td>6</td>
<td>Ms. Leah Hollins</td>
</tr>
<tr>
<td>• 2015-2016 annual report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Chief Executive Officer</td>
<td>7</td>
<td>Dr. Graham Sher</td>
</tr>
<tr>
<td><strong>PART 4: Other important matters</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Security of plasma supply</td>
<td>8</td>
<td>Dr. Graham Sher</td>
</tr>
<tr>
<td>9. Other business</td>
<td>9</td>
<td>Acting Chair/All</td>
</tr>
<tr>
<td>10. Termination of meeting</td>
<td></td>
<td>Acting Chair</td>
</tr>
</tbody>
</table>
Meeting Note
Department of Health and Community Services
Meeting with Minister Haggie
September 14, 2016 @ 10:30am
Executive Boardroom

Attendees: Minister Haggie, Daphne Osborne, Beverly Griffiths

Purpose of Meeting:
- To discuss remuneration for blood (plasma) donation in Newfoundland and Labrador. Government was approached by Bloodwatch, a national organization whose goal is to "protect the integrity of Canada's voluntary blood donation system".

Background:
- Raw plasma is processed to produce plasma derived medicinal products (PDMPs) such as immune globulins (IVIG), albumin, and factor concentrates. PDMPs are made from plasma from both voluntary and paid donors.
- Canada collects 180,000 litres of plasma from Canadian voluntary donors and shipped out to the United States or Switzerland for production. An additional 70,000 litres, a byproduct of whole blood donation from voluntary donors, is purchased from United States blood operators. The cost of plasma from the US is almost double the cost from Canadian plasma. This does not meet the need for all plasma in Canada therefore, processed products are purchased globally.
- New markets have emerged in China and India in recent years, competing for plasma, especially IVIG (and subcutaneous immune globulin) sold on the global market.
- Transfusion of blood components such as red blood cells, platelets and frozen plasma has steadily declined over the past decade in Canada and most high income countries because of better clinical practices. Fewer whole blood donations are required to meet transfusion needs and therefore the result is less plasma being recovered from voluntary donors.
- In February 2016, Canadian Plasma Resources (CPR) opened a paid plasma collection Centre in Saskatchewan and they have since indicated plans to open ten collection centres in the western provinces and Atlantic Canada. They have begun lobbying the New Brunswick Government.
- Canadian Blood Services' Plasma Strategy will be released in October 2016 and includes initiatives to reach the goal of 40 percent plasma self-sufficiency in the next five years. Canada is currently at 18%.
- In 2013, the World Health Organization (WHO) convened a group 153 representatives of health ministries, nation blood operators, blood programs, transfusion services, public health agencies and transfusion experts. The forum produced the Rome Declaration on Achieving Self-Sufficiency in Safe Blood and Blood Products based on Voluntary Non-Remunerated Donation which endorses and recommends national policy direction and legislation in the participating countries to prohibit paid blood donations. Two representatives from CBS, Canada's blood operators participated in the forum.
- In 2013, the Federal Government also convened a round table discussion on payment of plasma donors. Safety of the blood supply, erosion of the voluntary donor pool (4% of Canadians) and therefore security of supply were primary concerns. It was noted that a decision to compensate donors was within the mandate of each provincial jurisdiction.
- The Krever Report (1997) recommended a voluntary blood donation system. Paid donation from high titer anti-D females in MB was established several decades ago and is the only Canadian circumstance where donors are paid for plasma.
• The NL total budget request for PDMP for 2017-18 is $17,620,000 compared to current Fiscal year 2016/17 budget of $15,142,000, an increase of 11.9 percent.

Analysis

Jurisdictional Scan:

<table>
<thead>
<tr>
<th>Province</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>A pro-enterprise province and not likely to prohibit.</td>
</tr>
<tr>
<td>Alberta</td>
<td>Introducing legislation to prohibit.</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>CPR currently operating paid business. CBS does not purchase.</td>
</tr>
<tr>
<td>Manitoba</td>
<td>One paid facility collecting for Rh Immune globulin.</td>
</tr>
<tr>
<td>Ontario</td>
<td>2014 enacted legislation to prohibit.</td>
</tr>
<tr>
<td>Quebec</td>
<td>All voluntary. No legislation. Increasing donations to achieve higher self-sufficiency.</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>Not opposing from Minister of Health statement. Nurse’s union strongly opposing with media campaign proposed.</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>Low population. Have not been approached by any organization. No legislation.</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>All voluntary. No legislation.</td>
</tr>
</tbody>
</table>

Discussion:
• To discuss NL’s position on paying for blood donation.

Prepared/Approved by: D. Osborne/B. Griffiths/D. Tubrett/J. Abbott
Ministerial Approval: Received from Minister Haggie, MD

September 14, 2016
NL Position Note
PT Deputy Ministers Conference Call
September 29, 2016

Agenda item: Canadian Blood Services (CBS)

Issue and Purpose:
- PT Deputy Ministers (excluding Québec) will be provided information about CBS's plan to present the Plasma Security & Supply Strategy at the Annual General Meeting (AGM) and an update will be provided on the direction provided by DMs in September 2015 regarding the use of Canadian Blood Services Insurance (CBSI) Use of Incremental Funding.

Suggested Speaking Notes:
- Newfoundland and Labrador continues to support further exploration of options to use CBSI incremental capitalization to fund wholly or in part, capital or other risk mitigation projects.

- Recognizing that the use of CBSI surplus capital does have associated risks, we still feel the use of excess funds to mitigate potential risks of a catastrophic blood system event is a suitable use of incremental capitalization.

- NL would be very interested in seeing the advice and reports that CBS and CBSI have received from their actuary. I understand that Manitoba has requested this, but it has not yet been received.

Background and Current Status:
- Provincial Territorial (PT) Deputy Ministers (DM), at their September 2015 conference call requested that the Collaborative PT CBS Risk Review Working Group continue to explore options for potential use of CBSI incremental capitalization to fund capital and other projects.

- The explorative work was to determine:
  - If there are any circumstances and criteria under which CBSI incremental capitalization may be withdrawn from CBSI;
  - If withdrawn, for what purposes the incremental capitalization may be used (current capital or other projects); and
  - Develop a process and financial formula which would allow for risk mitigation and access to funding for both CBS and PTs.

- It was also noted that the tax implications related to repatriation of CBSI to Canada from Bermuda were not known.

- PT DMs again discussed the use of CBSI incremental funds at their private dinner in
December 2015. At that time, PT DMs agreed to continue discussions on the balanced sharing options with a view to bringing it to Ministers in January 2016. There is no indication that this was discussed by Ministers at that time.

- MB advised DM colleagues of proposed steps, timelines and due diligence required to determine the use of CBSI incremental capitalization.
- PT DMs are now being asked to continue these discussions with a view to advancing the issue to Health Ministers.

**Provincial/Territorial Position:**

- NL, in 2015, supported the use of CBSI Incremental capitalization to fund the National Facility Redevelopment Program (NFRP) Phase Ila, a new building in Calgary as a risk mitigation strategy. This funding option was not chosen by PTs.
- NL’s 2016-2017 budgeted cost for NFRP is $246,890 based on the ten year payment option. The amount will be paid annually for the following nine (9) fiscal years.
- There is no consensus across the country to use the CBSI incremental capitalization funding for anything other than its intended purpose. BC continues to strongly oppose the use of CBSI for other than insurance purposes.

**NL Position:**

- In 2015, Warren Morris, Risk Manager with NL Department of Finance, supported the use of CBSI incremental capitalization to fund NFRP Phase IIa as long as there were strict controls over related costs and it was done to help prevent a future loss.

- Recently, MB requested each jurisdiction re-confirm their position with respect to the use of these funds. Although some work has been done in the past year by a PT Risk management Working Group, NL Risk manager has not been involved. It is unclear if NL’s Risk Manager’s position will remain consistent with the past position.

- British Columbia (BC) has since advised of their position; that they do not support use of the CBSI incremental capitalization to fund the National Facilities Redevelopment Project (NFRP) Phase Ila or future CBS capital projects. They are, however, prepared to work with PT colleagues to determine the mechanics for reducing the $750 million PT indemnity of the Canadian Blood Services Excess (CBSE). Other PTs have expressed positions ranging from the BC position to a sharing agreement which would allow a portion of the incremental capitalization be used for risk mitigation in CBS and the balance to reduce the indemnity.

- NL’s Risk Manager does feel that using CBSI incremental funds ($66M at March 31, 2016) to prevent a loss is an appropriate use of funds, rather than the alternative, to leave the funds to pay for a loss.

- In CBCS’ 2017-2020 Corporate Plan, CBS has proposed use of of some of the CBSI Incremental Capitalization to fund implementation of a multi-year Quality Management System called Link: Strengthening our Quality Management System and Culture. The projected cost is $2.4 to $4 million. CBS proposes that this risk mitigation initiative that
touches on core processes related to core products and services is an appropriate use of the funds.

- NL’s 2016-2017 budgeted cost for NFRP is $246,890 based on the ten-year payment option. The amount will be paid annually for the following nine (9) fiscal years.
- Additional information on CBSI is attached as Appendix 1.

### Plasma Utilization and Sufficiency in Canada and Internationally

#### Suggested Speaking Notes:
- Newfoundland and Labrador shares the concerns about plasma and Canada’s ability to ensure we are able to ensure an adequate supply and promote the appropriate use of plasma in our health system.

- NL would support providing CBS time at the Health Ministers meeting to present on the current plasma situation. The CEO could be invited to present and allow Ministers an opportunity to have a discussion, after which the Ministers would have an opportunity to discuss the issue without CBS present.

#### Background and Current Status:
- Plasma products represent approximately 57% of the approved 2016-2017 CBS budget. Rising plasma protein product (PPPs) utilization and costs are having an impact on PT budgets.

- CBS advised PTs they were developing a Plasma Sufficiency Strategy. This was anticipated to be provided to PT Health Ministers in the fall of 2016. To date, PTs have not received this document.

- CBS has advised that the detailed Plasma Sufficiency Strategy business plan will be presented to government and it will be referenced in the 2017-2020 Corporate plan being bought forward in the Spring 2017 Special Members Meeting.

- It is anticipated that this plan will outline the approach to collecting 400-500,000 additional litres of source plasma annually, within a five-year timeframe. This multi-year plan will include the requisite analysis of optimal clinic sizes and location strategies to recruit volunteer, unpaid plasma donors, and the most efficient operating model. The experience and knowledge of blood operators with substantial plasma collection operations will be leveraged, as well the expertise of commercial plasma collectors. A comprehensive stakeholder engagement plan is also being developed.
• In 2017-2018, implementation of two new plasma collection locations is being planned. Each site is to be designed to collect an additional 15,000 litres or more of source plasma for fractionation annually. The primary activities being planned for 2017-2018 will be design, site selection, construction/renovation and equipment procurement. Operations are expected to commence during the year, and each site is expected to take two-three years to reach full production volume.

• The 2017-2020 Corporate Plan also includes a request for $5 million in funding for 2017-2018 to develop and implement the two source plasma collection sites.

**NL Position:**
• A briefing note was advanced to the Ministers office on September 14, 2015 (Appendix 2) which provides NL specific information.

• At this time, additional information is required to inform Newfoundland’s position.

**Prepared/Approved By:** D. Osborne/K. Rodway
September 28, 2016
Appendix 1

Additional Background Information

Canadian Blood Services- Canadian Blood Services Insurance (CBSI)

- CBS presented the option of accessing CBSI incremental capitalization as a way to mitigate the financial pressures faced by PTs related to health care spending.

- The PT Blood Liaison Committee (BLC) and PT Risk Managers conducted a risk assessment for Blood System exposure in 2015. Funding in an aggregate limit of $1 billion was recommended and accepted.

- PTs have underwritten the $1B through two insurance policies issued by CBS’ two captive insurers: CBSI, domiciled in Bermuda, is fully funded to $250 and CBSE, unfunded to a limit of $750 million.

- This arrangement is set out in the 2006 agreement, the “Accountability Framework provided by CBS to the Members of CBS. The current Accountability Framework can only be amended by unanimous support of all members.

- At March 31, 2016, CBSI incremental capitalization was comprised of:
  - Provision for future claims: $250M
  - Stock throughput policy (Transit Risks and Consequential loss to inventory): $10M
  - Contingency risk policy: $20M
  - Reserves (regulatory and market volatility): $80M
  - Premium net assets (Incremental capitalization): $66M
  - Total: $426M

- The amount of the incremental capitalization in CBSI fluctuates from year-to-year as a result of the credit, market, liquidity and insurance risks.

- From October 2015 to March 31, 2016, incremental capitalization in CBSI decreased by $13.0M as a result of a claim paid by CBSI ($9.4M) and a decrease in market value of investments ($3.6M).

Legal Opinion (MB) on use of incremental capitalization includes:

- CBS cannot make any decisions concerning use of the CBSI incremental capitalization that is inconsistent with Recommendations 23 (and 24) of the CBSI–Accountability Framework (2006) provided to Members by CBS Recommendation 23 (and 24). Recommendation 23 requires incremental capitalization in CBSI be used to reduce the $750 million PT indemnity of CBSE.

- If PT governments wish to use CBSI incremental capitalization for the current capital or other projects, Members must unanimously agree to amend the CBSI–Accountability Framework Recommendation 23 to allow for that use. Any amendment must define the circumstances and conditions for use of the incremental capitalization.
Taxation implications:

- The risk of having Canadian Revenue Agency (CRA) taxes applied to these funds, appropriate mechanism of accessing the funds, and related costs of returning the funds to Canadian soil must be considered.

- The risks associated with using incremental capitalization for non-insurance purposes would be borne entirely by PT governments.

- CBS declined to re-domicile CBSI in 2008 due to unknown tax implications.

Risk Managers:

- British Columbia (BC) has since advised of their position; that they do not support use of the CBSI incremental capitalization to fund the National Facilities Redevelopment Project (NFRP) Phase Ila or future CBS capital projects. They are, however, prepared to work with PT colleagues to determine the mechanics for reducing the $750 million PT indemnity of the Canadian Blood Services Excess (CBSE). Other PTs have expressed positions ranging from the BC position to a sharing agreement which would allow a portion of the incremental capitalization be used for risk mitigation in CBS and the balance to reduce the indemnity.

Prepared by: Daphne Osborne/K. Rodway
Date: September 27, 2016
Agenda item: Canadian Blood Services (CBS)

Issue and Purpose:
- PT Deputy Ministers (excluding Québec) will be provided an update on two items:
  1. Canadian Blood Services Insurance (CBSI) Use of Incremental Funding; and,
  2. Plasma Utilization and Sufficiency in Canada and Internationally.

(1) CBSI Use of Incremental Funding:

Suggested Speaking Notes:
- Newfoundland and Labrador continues to support further exploration of options to use CBSI incremental capitalization to fund wholly or in part, capital or other risk mitigation projects.

- Recognizing that the use of CBSI surplus capital does have associated risks, we still feel the use of excess funds to mitigate potential risks of a catastrophic blood system event is a suitable use of incremental capitalization.

- NL would be very interested in seeing the advice and reports that CBS and CBSI have received from their actuary. I understand that Manitoba has requested this, but it has not yet been received.

Background and Current Status:
- Provincial Territorial (PT) Deputy Ministers (DM), at their September 2015 conference call requested that the Collaborative PT CBS Risk Review Working Group continue to explore options for potential use of CBSI incremental capitalization to fund capital and other projects.

- The explorative work was to determine:
  - If there are any circumstances and criteria under which CBSI incremental capitalization may be withdrawn from CBSI;
  - If withdrawn, for what purposes the incremental capitalization may be used (current capital or other projects); and
  - Develop a process and financial formula which would allow for risk mitigation and access to funding for both CBS and PTs.

- It was also noted that the tax implications related to repatriation of CBSI to Canada from Bermuda were not known.

- PT DMs again discussed the use of CBSI incremental funds at their private dinner in December 2015. At that time, PT DMs agreed to continue discussions on the balanced sharing
options with a view to bringing it to Ministers in January 2016. There is no indication that this was discussed by Ministers at that time.
- MB advised DM colleagues of proposed steps, timelines and due diligence required to determine the use of CBSI incremental capitalization.
- PT DMs are now being asked to continue these discussions with a view to advancing the issue to Health Ministers.

Provincial/Territorial Position:
- NL, in 2015, supported the use of CBSI Incremental capitalization to fund the National Facility Redevelopment Program (NFRP) Phase IIa, a new building in Calgary as a risk mitigation strategy.
- There is no consensus across the country to use the CBSI incremental capitalization funding for anything other than its intended purpose. BC continues to strongly oppose the use of CBSI for other than insurance purposes.

NL Position:
- In 2015, the NL Risk Manager supported the use of CBSI incremental capitalization to fund NFRP Phase II as long as there were strict controls over related costs and it was done to help prevent a future loss.
- In a recent opinion from ......, this opinion has changed .......... (Daphne to fill in)
- NL’s 2016-2017 budgeted cost for NFRP is .............
- Additional information on CBSI is attached as Appendix 1.

(2) Plasma Utilization and Sufficiency in Canada and Internationally

Suggested Speaking Notes:
- Newfoundland and Labrador shares the concerns about plasma and Canada’s ability to ensure we are able to ensure an adequate supply and promote the appropriate use of plasma in our health system.
- NL would support providing CBS time at the Health Ministers meeting to present on the current plasma situation. The CEO could be invited to present and allow Ministers an opportunity to have a discussion, after which the Ministers would have an opportunity to discuss the issue without CBS present.

Background and Current Status:
• Plasma products represent approximately 57% of the approved 2016-2017 CBS budget. Rising plasma protein product (PPPs) utilization and costs are having an impact on PT budgets.

• CBS advised PTs they were developing a Plasma Sufficiency Strategy. This was anticipated to be provided to PT Health Ministers in the fall of 2016. To date, PTs have not received this document.

• CBS has advised that the detailed Plasma Sufficiency Strategy business plan will be presented to government and it will be reference in the 2017-2020 Corporate plan being bought forward in the Spring 2017 Special Members Meeting.

• It is anticipated that this plan will outline the approach to collecting 400-500,000 additional litres of source plasma annually, within a five-year timeframe. This multi-year plan will include the requisite analysis of optimal clinic sizes and location strategies to recruit volunteer, unpaid plasma donors, and the most efficient operating model. The experience and knowledge of blood operators with substantial plasma collection operations will be leveraged, as will the expertise of commercial plasma collectors. A comprehensive stakeholder engagement plan is also being developed.

• In 2017-2018, implementation of two new plasma collection locations is being planned. Each site is to be designed to collect an additional 15,000 litres or more of source plasma for fractionation annually. The primary activities being planned for 2017-2018 will be design, site selection, construction/renovation and equipment procurement. Operations are expected to commence during the year, and each site is expected to take two-three years to reach full production volume.

• The 2017-2020 Corporate Plan also includes a request for $5 million in funding for 2017-2018 to develop and implement the two source plasma collection sites.

**NL Position:**
• A briefing note was advanced to the Ministers office on September 14, 2015 (Appendix 2) which provides NL specific information.

• At this time, additional information is required to inform Newfoundland’s position.

**Prepared/Approved By:** D. Osborne/K. Rodway
September 31, 2016
Appendix 1

Additional Background Information

**Canadian Blood Services- Canadian Blood Services Insurance (CBSI)**

- CBS presented the option of accessing CBSI incremental capitalization as a way to mitigate the financial pressures faced by PTs related to health care spending.

- The PT Blood Liaison Committee (BLC) and PT Risk Managers conducted a risk assessment for Blood System exposure in 2015. Funding in an aggregate limit of $1 billion was recommended and accepted.

- PTs have underwritten the $1B through two insurance policies issued by CBS' two captive insurers: CBSI, domiciled in Bermuda, is fully funded to $250 and CBSE, unfunded to a limit of $750 Million.

- This arrangement is set out in the 2006 agreement, the “Accountability Framework provided by CBS to the Members of CBS. The current Accountability Framework can only be amended by unanimous support of all members.

- At March 31, 2016, CBSI capitalization was comprised of:
  - Provision for future claims $250M
  - Stock throughput policy
    - (Transit Risks and Consequential loss to inventory) $10M
  - Contingency risk policy $20M
  - Reserves (regulatory and market volatility) $80M
  - Premium net assets (Incremental capitalization) $55M
  - Total $405M

- The amount of the incremental capitalization in CBSI fluctuates from year-to-year as a result of the credit, market, liquidity and insurance risks.

- From October 2015 to March 31, 2016, incremental capitalization in CBSI decreased by $13.0M as a result of a claim paid by CBSI ($9.4M) and a decrease in market value of investments ($3.6M).

**Legal Opinion (MB) on use of incremental capitalization includes:**

- CBS cannot make any decisions concerning use of the CBSI incremental capitalization that is inconsistent with CBSI Accountability Framework (2006) Recommendation 23 (and 24). Recommendation 23 requires incremental capitalization in CBSI be used to reduce the $750 million PT indemnity of CBSE.

- If PT governments wish to use CBSI incremental capitalization for the current capital or other projects, Members must unanimously agree to amend the CBSI Accountability Framework Recommendation 23 to allow for that use. Any amendment must define the circumstances and conditions for use of the incremental capitalization.
Taxation implications:
- The risk of having Canadian Revenue Agency (CRA) taxes applied to these funds, appropriate mechanism of accessing the funds, and related costs of returning the funds to Canadian soil must be considered.

- The risks associated with using incremental capitalization for non-insurance purposes would be borne entirely by PT governments.

- CBS declined to re-domicile CBSI in 2008 due to unknown tax implications.

Risk Managers
- Identified risks to the CBS proposal to use CBSI incremental capitalization for non-insurance purposes, which include PT $750 million indemnity of CBSE not being reduced; using CBSI incremental capitalization for NFRP Phase IIa delays and possibly jeopardizing reducing the PT indemnity.

- Insurance level adjustment – the current CBS risk exposure model calls for the same level of coverage ($1 billion) as determined was needed in 1998, presuming the actual dollar amount of system risk liability has decreased commensurate with the rate of inflation (i.e. $1 billion in 1998 dollars now equals $1.392 billion in 2015 dollars).

Prepared by: Daphne Osborne/K. Rodway
Date: September 23, 2016
PT BLC Face to Face Meeting  
Tuesday July 12, 2016  
Murray Premises Hotel  
Room: HMS Briton

### Agenda – July 12, 2016

**Teleconference Dial In:** 1-866-365-4409  
**Participant Code:** [redacted]

#### Start Times:

<table>
<thead>
<tr>
<th></th>
<th>BC, YT</th>
<th>AB, NT</th>
<th>SK, MB</th>
<th>ON, NU</th>
<th>NB, NS, PE</th>
<th>NL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PT</strong></td>
<td><strong>BC</strong></td>
<td><strong>MT</strong></td>
<td><strong>CT</strong></td>
<td><strong>ET</strong></td>
<td><strong>AT</strong></td>
<td><strong>NT</strong></td>
</tr>
<tr>
<td><strong>4:00 am</strong></td>
<td><strong>5:00 am</strong></td>
<td><strong>6:00 am</strong></td>
<td><strong>7:00 am</strong></td>
<td><strong>8:00 am</strong></td>
<td><strong>8:30 am</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Go To Meeting**

Please join my meeting: [https://global.gotomeeting.com/join/808068245](https://global.gotomeeting.com/join/808068245)  
**Meeting ID:** 808-068-245

#### PARTICIPANTS:

<table>
<thead>
<tr>
<th>PT BLC</th>
<th>DL BLC</th>
<th>WO BLC</th>
<th>SK BLC</th>
<th>ON BLC</th>
<th>NU BLC</th>
<th>PE BLC</th>
<th>NL BLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wendy Peppel, MB Chair</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wendy Vowles, BC</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Glenna Laing, AB</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Judy Hoff, SK</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PT Guests**

<table>
<thead>
<tr>
<th>PT Guests</th>
<th>DL BLC</th>
<th>WO BLC</th>
<th>SK BLC</th>
<th>ON BLC</th>
<th>NU BLC</th>
<th>PE BLC</th>
<th>NL BLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phillip Davidson, BC (T)</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Susan Isaacs, BC (T)</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Samantha Cassie, AB (T)</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Guests**

<table>
<thead>
<tr>
<th>Other Guests</th>
<th>DL BLC</th>
<th>WO BLC</th>
<th>SK BLC</th>
<th>ON BLC</th>
<th>NU BLC</th>
<th>PE BLC</th>
<th>NL BLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calvin Maxwell AB (T)</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### File Attachments

<table>
<thead>
<tr>
<th>Agenda Items</th>
<th>File Attachments</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-8:35</td>
<td>1.0 Welcome Review/Approval of Agenda (for decision) 1.0 Document Wendy Peppel</td>
<td></td>
</tr>
<tr>
<td>8:35-8:40</td>
<td>2.0 Approval of Minutes (for decision) 2.1 PT BLC Meeting Minutes April 12, 2016 May 9, 2016 June 13, 2016 2.1 Document(s) Wendy Peppel</td>
<td></td>
</tr>
<tr>
<td>8:40-9:30</td>
<td>3.0 PPP (for discussion) 3.1 Product Selection Process document 3.2 other – CBS updates (Obizur &amp; Recombinant Transition 3.3 RFP Transitioning funding - AHCDC 3.4 Long Acting Factor Products - use in children less than 12 3.1 Document Wendy Peppel</td>
<td></td>
</tr>
<tr>
<td>9:30-9:40</td>
<td>4.0 Budget negotiation facilitator/budget process timelines (for information) 4.0 Verbal Wendy Peppel</td>
<td></td>
</tr>
<tr>
<td>9:40-10:15</td>
<td>5.0 Budget to Plan (for discussion) 5.1 review financial overview 5.2 Corporate Plan overview 5.0 Document Wendy Peppel</td>
<td></td>
</tr>
<tr>
<td>10:15-10:30</td>
<td>Lifestyle Break</td>
<td></td>
</tr>
</tbody>
</table>
### Agenda

**Face to Face Meeting**  
Tuesday, July 12, 2016  
Murray Premises Hotel  
Room: HMS Briton

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Document Type</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30-10:45</td>
<td>5.0 Budget to Plan (continued)</td>
<td>5.0 Document</td>
<td>Wendy Peppel</td>
</tr>
<tr>
<td>10:45-11:15</td>
<td>6.0 Automated Supply Chain (for discussion)</td>
<td>6.0 Document</td>
<td>Wendy Peppel</td>
</tr>
<tr>
<td></td>
<td>6.1 electronic ordering</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.2 inventory replenishment (Atlantic pilot)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.3 Status of request for PT information on milestones, budget, future impacts to distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:15-11:45</td>
<td>7.0 NAC items (for discussion)</td>
<td>7.0 Document</td>
<td>Wendy Peppel</td>
</tr>
<tr>
<td></td>
<td>7.1 NAC data elements for Long Acting Factor products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:45-12:00</td>
<td>8.0 R &amp; D update (for discussion/decision)</td>
<td>8.0 Verbal</td>
<td>Wendy Peppel</td>
</tr>
<tr>
<td></td>
<td>8.1 Five year funding agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Lunch Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00-2:00</td>
<td>9.0 OTDT Update (for information/discussion)</td>
<td>9.0 Documents</td>
<td>Wendy Peppel</td>
</tr>
<tr>
<td></td>
<td>9.1 10 year report</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.2 Clinical Governance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00-2:15</td>
<td>Lifestyle Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:15-3:00</td>
<td>10.0 PT Utilization (for information)</td>
<td>10.0 Document</td>
<td>Wendy Peppel/ Glenna Laing</td>
</tr>
<tr>
<td></td>
<td>10.1 Establishment of PT working group – status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00-3:30</td>
<td>11.0 CBS Plasma strategy/paid plasma issue</td>
<td>11.0 Documents</td>
<td>Wendy Peppel</td>
</tr>
<tr>
<td>3:30-4:00</td>
<td>12.0 NFRP (for discussion)</td>
<td>12.0 TBD</td>
<td>Wendy Peppel/ Calvin Maxwell (AB)</td>
</tr>
<tr>
<td></td>
<td>12.1 Phase I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.2 Phase II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00-4:15</td>
<td>13.0 Shipping Boxes</td>
<td>13.0 TBD</td>
<td>Wendy Peppel/ All</td>
</tr>
<tr>
<td></td>
<td>• Working group membership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:15-4:25</td>
<td>14.0 Action Items Update (for information)</td>
<td>14.0 Verbal</td>
<td>Wendy Peppel/ All</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:25-4:30</td>
<td>15.0 Summation/ Action Items/ Meeting Evaluation</td>
<td>15.0 Verbal</td>
<td>Wendy Peppel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEETING to be ADJOURNED AT 4:30 pm**  
Next Meeting: Monday, August 15, 2016 via Teleconference
Common Briefing Note*: Canadian Blood Services (CBS)
National Facilities Redevelopment Project (NFRP) Phase Ila

Purpose/Issue: Information and Decision

- Provincial and Territorial (PT) Deputy Ministers (DMs) of Health, except Québec, are being provided with an update and a recommendation to fund NFRP Phase Ila using traditional funding in 2016-2017.

Key Background Information:

- At the October 1, 2014 annual general meeting (AGM), Corporate Members (PT Ministers of Health) resolved to:

<table>
<thead>
<tr>
<th>Province</th>
<th>2016-2017 Funding allocation</th>
<th>2015-2016 Funding allocation</th>
<th>$ Increase (Decrease)</th>
<th>% Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>6,522,513</td>
<td>2,253,608</td>
<td>4,268,905</td>
<td>189.43%</td>
</tr>
<tr>
<td>British Columbia</td>
<td>7,877,355</td>
<td>2,721,726</td>
<td>5,155,629</td>
<td>189.43%</td>
</tr>
<tr>
<td>Manitoba</td>
<td>2,165,017</td>
<td>748,040</td>
<td>1,416,977</td>
<td>189.43%</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>1,345,858</td>
<td>464,925</td>
<td>880,933</td>
<td>189.43%</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>923,012</td>
<td>317,877</td>
<td>602,135</td>
<td>189.43%</td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>73,236</td>
<td>25,324</td>
<td>47,912</td>
<td>189.42%</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>1,047,761</td>
<td>569,352</td>
<td>478,409</td>
<td>189.43%</td>
</tr>
<tr>
<td>Nunavut</td>
<td>54,927</td>
<td>18,936</td>
<td>36,991</td>
<td>189.42%</td>
</tr>
<tr>
<td>Ontario</td>
<td>23,000,435</td>
<td>7,046,902</td>
<td>15,953,533</td>
<td>189.43%</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>253,324</td>
<td>88,583</td>
<td>164,741</td>
<td>189.43%</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>1,849,191</td>
<td>638,918</td>
<td>1,210,273</td>
<td>189.43%</td>
</tr>
<tr>
<td>Yukon</td>
<td>58,503</td>
<td>20,559</td>
<td>38,944</td>
<td>189.43%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45,772,016</strong></td>
<td><strong>15,914,792</strong></td>
<td><strong>30,857,224</strong></td>
<td><strong>189.43%</strong></td>
</tr>
</tbody>
</table>

Comment [HHS1]: Is this the consensus recommendation agreed to by everyone at the August meeting? (I was unable to attend)

Comment [MR2]: A decision will need to be made on providing CBS with a PT commitment for the total funding. As mentioned earlier, ON can only provide the net amount similar to what was approved for Phase I.

Comment [MR3]: We have not seen a revised multi-year breakdown since the funding plan in the NFRP Milestone received in Nov 2014, which indicates the total 2016/17 funding allocation is 38,731,059.

As a result, Ontario has only earmarked $19.3M for 2016/17. PTs have not discussed this so request that this be removed from the CBN until the amount is confirmed.
Key Messages:

Cautionary Notes:

Comment [MR5]: ON agrees with SK - see suggested wording in 2nd bullet in Recommended Outcome.

Comment [MRA6]:

Comment [Q7]: Once again. Not comfortable. Will go with this if necessary but will be briefing accordingly.

Comment [MRB]: ON agrees with BC's skills.

Comment [Q9]: All supports BC comment. As PTs we need to weigh the RM input and make a recommendation.

Comment [YWMH10]: Outside the scope of what we have asked RMs to undertake.

Comment [MR11]: ON has made suggested edits to the CBCH CBN. If accepted, this may need revision.

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Common Briefing Note*: Canadian Blood Services (CBS)

National Accountability Agreement

Purpose/Issue: For Information

Recommended Outcome: s. 29(1)(a)

Analysis:

Key Background Information:
- The development of a NAA between PTs and CBS was a recommendation arising from the 2013 Ernst and Young Performance Review.
- The purpose of the NAA is to clarify roles, responsibilities and accountabilities for both the PT governments and Canadian Blood Services in order to continue to ensure a safe, secure, affordable national blood supply.
- Since April 1, 2014, led by Manitoba (MB), the development of a single NAA has continued, with select PT BLC representatives and their respective Legal Council [Nova Scotia (NS), New Brunswick, Ontario (ON), Manitoba (MB), Newfoundland & Labrador (NL) and British Columbia (BC)], led by Manitoba (MB) since April 1, 2015.

Key Messages:

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.

Name of Meeting/Call – Date of Meeting/Call
Risk Register – PT BLC & PT Risk Managers Risk Assessment

Date: July 14th, 2015
Location: 75 Forks Market Road, Winnipeg, MB
Facilitation: Todd Orchard (T), Bruce Langille, Matt Dunn
Participation: Wendy Peppel, Glenna Laing, Dai Kim, Dave Dell (T), Marina Hamilton, James Swanson, Neil Trenholm, Paul Provis (T), Linda Irvine (T), Philip Davidson (T), Judy Hoff, Brian Bertelsen

Summary Report:
For specific information pertaining to all four individual risks, please refer to the documentation below for an analysis and mitigation solution.

For individual review of the anonymous voting, please refer to the bar graphs outlined below. They are scored on a 1-5 basis, left to right.
Session Name: Winnipeg Risk Register Session 2015-07-14 5:33 PM

Date Created: 7/14/2015 1:57:15 PM  
Active Participants: 13 of 13

Average Score: 0.00%  
Questions: 8

Risk Event #1: s. 35(1)(f)

Risk Management * Claims * Security Services

Nova Scotia Government Web Site:  
http://www.gov.ns.ca
Resulting Risk Score: High (12)

Risk Event #2: Is the exposure model correct?

Discussion/Rationale: s. 29(1)(a)

s. 35(1)(a)  s. 35(1)(f)
Resulting Risk Score: High (18)
Risk Event #3: CRA Ruling

s. 29(1)(a)

s. 29(1)(a)

s. 29(1)(a)
Resulting Risk Score: *High (16)*

s. 29(1)(a)
Resulting Risk Level: High (14)
Common Briefing Note*: Canadian Blood Services (CBS)

Canadian Blood Services Insurance (CBSI) use of incremental capitalization

Purpose/Issue: Information and Decision

- Provincial and Territorial (PT) Deputy Ministers (DMs), except Québec, are being provided with an update on the collaborative review, undertaken by PT officials, PT DMs are also being provided options for managing CBSI capitalization.

Recommended Outcome:

- [List of recommended outcomes]

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.

Comment [HJHS1]: This should say 'undertaken by a Working group of PT Officials, RM from MB, ON, BC and NS and CBS.'

Comment [V2]: I suggest wording this section in such a way that the wording can be lifted out and used as the 'record of decision', if it is approved by the DMs.

Comment [MR3]: ON has provided suggested wording to reflect a decision to select one of the options as we thought this is what was agreed to. Other bullets may need revisions accordingly.

Comment [MR4]: Our legal counsel advised that Neil should provide a summary of PT legal opinion.
The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Key Background Information: (See Appendix A for Additional Background)
- CBSI incremental-capitalization, reported $438 Million at March 31, 2015, is comprised of the following:
  - Provision for future claims $250.0
  - Reserves (regulatory and market volatility) $60.0
  - Contingency risk policy $20.0
  - Stock throughput policy $10.0
  - Premium net assets $78.0
  - $438.0

For purposes of Recommendation 23, the premium net assets represent "increased capitalization". All other amounts in CBSI are restricted.

Key Messages:

Cautionary Notes:

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
CONFIDENTIAL - FOR CONFERENCE OF PROVINCIAL TERRITORIAL DEPUTY/MINISTER OF HEALTH ONLY

Lead Jurisdiction: Manitoba
Date: September 16, 2015

The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.

Comment [VWMH14]:
Comment [MR15]: ON agrees to remove this.
Additional Background:

- In 1998, risk modeling was conducted and the overall liability profile of CBS was estimated at $3.0 Billion.[s. 29(1)(a)]

- To create coverage for the $1.0 Billion risk protection target, members have split the program into two pieces:[s. 29(1)(a)]
Common Briefing Note*: Canadian Blood Services (CBS)
2016-2017 Budget

Purpose/Issue: Information
- Provincial Territorial (PT) Deputy Ministers (DMs), except Quebec, are being asked to endorse the negotiated CBS budget for the 2016-2017 fiscal year in the amount of $1,210,499,632, for Member approval at the Special Meeting of Members (SMM) planned for Wednesday, March 30, 2016.

Recommended Outcome:
- PT DMs:
  - [Redacted]

Key Background Information:
- Budget negotiations form part of the three (3) year corporate plan and annual budget process of CBS.
- The 2016-2017 negotiated budget represents an overall increase of 19.5% over the 2015-2016 approved budget of $1,012,673,964.
  - Fresh Blood Components (FBC) and Stem Cell funding is allocated to each PT based on utilization from November 2014 to October 2015. Allocation is to be revised based on utilization from April 2015 to March 2016 once the fiscal year is closed.
  - Pricing for plasma protein products (PPPs) is impacted by foreign exchange rates. The 2016-2017 plan utilizes a foreign exchange (FX) rate of CA$1.33 = US$1.00. PPPs are funded on a cost recovery basis and are allocated to each PT based on forecasted demand; however, jurisdictions pay only for actual products ordered from CBS.
  - Diagnostic Services are funded on a cost-recovery basis and is allocated to PTs based on forecasted demand. Jurisdictions pay on actual services utilized.
  - OTDT funding is allocated to each PT on a per capita basis using Statistics Canada 2011 Census data.
  - NFRP Phase I is based on the funding option chosen by each PT and only reflects PTs with outstanding balances.
  - NFRP Phase IIa is based on a model for project expense. Jurisdictions will be advising CBS of their preferred payment options (lump sum or 10 year) prior to this fiscal year end.
  - Cord Blood project funding is allocated to each PT on a per capita basis using Statistics Canada 2011 Census data.
- If CBS has not spent all funds allocated for the funding year as provided for in the budget, the PTs may, as applicable:
  - Demand the return of unspent funds;
  - Adjust the amount of any further instalments of funds accordingly; or
  - Authorize CBS to apply the funds to a purpose agreed to by the Members.
- CBS advised that new contracts for factor VIII and factor IX products will be negotiated following a competitive tender process which may result in a reduction to the PPP budget.

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy/Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Key Messages:

- 

Cautionary Notes:

- 

Attachments:

- 2016-2017 CBS budget document signed by Manitoba, Lead Province and CBS, Chief Financial Officer, on December 10, 2015 following completion of the negotiations.

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy/Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Common Briefing Note*: Canadian Blood Services (CBS)

Foreign Exchange Strategy

Purpose/Issue: Information Decision Direction

- Provincial Territorial (PT) Deputy Ministers (DM) of Health are being provided with an update on the 2016-2017 foreign exchange strategy implemented by CBS.

Recommended Outcome:

- [s. 29(1)(a)]

Analysis:

- [s. 29(1)(a)]

Key Background Information:

- PPP pricing is impacted by Fx.
- PPPs are funded on a cost recovery basis and are allocated to PTs based on forecasted demand.
- PTs acknowledge they are obligated to pay their share of the CBS PPP utilization costs regardless of the Fx rate.
- CBS utilizes procurement strategies and inventory management to help control the costs of the program.
- Utilization of PPPs continues to increase. Immune globulin (Ig) and recombinant coagulation products account for approximately 78 percent of the overall PPP costs.

Cautionary Notes:

- [s. 29(1)(a)]

The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Common Briefing Note*: Canadian Blood Services (CBS) 2016-2019 Corporate Plan

Purpose/Issue: Information
- Canadian Blood Services (CBS) 2016-2019 Corporate Plan

Recommended Outcome:

Key Background Information:
- The CBS Board of Directors approved the 2016-2019 Corporate Plan, for submission to the Members, at their June 2015 board meeting.
- The CBS 2016-2019 Corporate Plan was provided electronically to the PT Blood Liaison Committee (BLC) in July 2015. The BLC has reviewed the document and identified some areas of concern, specifically related to:
  - Cord Blood request for increased funding of $3.8M
    - PT BLC has requested a revised business case proposal from CBS that would outline the change in program scope, products processed, including additional details on changes from the original business case. Funding implications to be considered in the 2017/18 budget negotiations.
  - Plasma Protein Products (PPP) funding request related to the volatile foreign exchange (Fx) rates and increased utilization. (please refer to the CBN on Fx)
    - PT BLC is aware that CBS is developing a plasma sufficiency strategy and believe it may have merit in quelling the substantive PPP costs however PTs have not yet received any specific information on the plasma strategy or how it may offset the PPP costs beyond hedging funds.
- The BLC addressed these with CBS during the December 2015 budget negotiations, and are prepared to continue working collaboratively toward resolution.

Key Messages:
- PTs recognize the good work done by CBS in continuing to provide a safe and secure blood supply for Canadians on behalf of the provinces and territories, except Québec.

Attachments/Appendices:

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy/Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Common Briefing Note*: Canadian Blood Services (CBS)  
2016-2017 Budget

Purpose/Issue: Information

Key Background Information:
- Budget negotiations form part of the three (3) year corporate plan and annual budget process of CBS.
- The 2016-2017 negotiated budget represents an overall increase of 19.5% over the 2015-2016 approved budget of $1,012,673,964.
  - Fresh Blood Components (FBC) and Stem Cell funding is allocated to each PT based on utilization from November 2014 to October 2015. Allocation is to be revised based on utilization from April 2015 to March 2016 once the fiscal year is closed.
  - Pricing for plasma protein products (PPPs) is impacted by foreign exchange rates. The 2016-2017 plan utilizes a foreign exchange (FX) rate of CA$1.33 = US$1.00. PPPs are funded on a cost recovery basis and are allocated to each PT based on forecasted demand; however, jurisdictions pay only for actual products ordered from CBS.
  - Diagnostic Services are funded on a cost-recovery basis and is allocated to PTs based on actual services utilized.
  - OTDT funding is allocated to each PT on a per capita basis using Statistics Canada 2011 Census data.
  - NFRP Phase I is based on the funding option chosen by each PT and only reflects PTs with outstanding balances.
  - NFRP Phase IIa is based on a model for project expense. Jurisdictions will be advising CBS of their preferred payment options (lump sum or 10 year) prior to this fiscal year end.
  - Cord Blood project funding is allocated to each PT on a per capita basis using Statistics Canada 2011 Census data.
- If CBS has not spent all funds allocated for the funding year as provided for in the budget, the PTs may, as applicable:
  - Demand the return of unspent funds;
  - Adjust the amount of any further instalments of funds accordingly; or
  - Authorize CBS to apply the funds to a purpose agreed to by the Members.
- CBS advised that new contracts for factor VIII and factor IX products will be negotiated following a competitive tender process which may result in a reduction to the PPP budget.

Recommended Outcome:
- PT DMs:

* The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy/Ministers of Health. It is subject to each jurisdiction's legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.
Lead Jurisdiction: **Manitoba**  
Date: January 28, 2016  
Version #: 1

**Key Messages:**

-  
-  
-  
-  
-  

**Cautionary Notes:**

-  
-  
-  
-  
-  

**Attachments:**

- 2016-2017 CBS budget document signed by Manitoba, Lead Province and CBS, Chief Financial Officer, on December 10, 2015 following completion of the negotiations.

*The information in this Common Briefing Note (CBN) is confidential, privileged and intended solely for the use of Provincial-Territorial Deputy/Ministers of Health. It is subject to each jurisdiction’s legal requirements and, more specifically, to their respective access to information and privacy legislation. Information in this CBN will not be disclosed without prior consultation among jurisdictions about its confidential status.*
The Provincial and Territorial Representatives, excluding Quebec, and Canadian Blood Services (CBS) agree to the following with respect to the Canadian Blood Services' 2016-2017 budget.

1. The total Canadian Blood Services' budget for 2016-2017 is summarized in the following table.

<table>
<thead>
<tr>
<th></th>
<th>s. 35(1)(a)</th>
<th>s. 35(1)(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Plasma Protein Products are funded on a cost recovery basis. The funding is allocated to each Province and Territory based on forecasted demand.

Pricing is impacted by foreign exchange rates. The exchange rate for the Plasma Protein Products (PPP) budget has been modeled at 1.33 Canadian dollars per US dollar. Canadian Blood Services will be hedging US$350 million of the total budgeted exposure of US$490 million by the end of December 2015. To date Canadian Blood Services has hedged US$140 million of the US$350 million at a rate of 1.355 CAD/USD.

Canadian Blood Services will also be issuing a request for proposal for Factor IX and Factor VIII products in the amount of approximately US$140 million. This amount will not be hedged until contracts are signed with the vendors. It is important to note that entering into forward contracts for US$350 million will not eliminate the foreign exchange risk. Canadian Blood Services is still exposed to foreign currency risk if the utilization is greater than planned and the actual exchange rate is greater than 1.33.

In the event the exchange rate increases above 1.33, the cost of Plasma Protein Products will increase, all other things being equal. If forecasted demand and / or the foreign exchange rate differ from the planned budget, this will increase / decrease the cost of Plasma Protein Products for individual Provinces and Territories.

Canadian Blood Services may have to access the line of credit if foreign exchange and / or utilization differ from the planned budget. This would result in interest charges which must be paid by Provinces and Territories.

Provinces and Territories are expected to promptly pay Canadian Blood Services should the total cost of Plasma Protein Products exceed their budget. Failure to do so creates system inequity and risk, and means the rest of the Provinces and Territories are subsidizing the Plasma Protein Products usage of the jurisdiction in payment default.

4. Diagnostic Services are funded on a cost-recovery basis. The funding is allocated to each Province and Territory based on forecasted demand. If forecasted demand differs from the planned budget, this will increase / decrease the cost of Diagnostic Services for individual Provinces and Territories. Provinces and Territories are expected to promptly pay Canadian Blood Services should the total cost of Diagnostic Services exceed their budget.

5. OTDT funding is allocated to each Province and Territory on a per capita basis using the Statistics Canada 2011 Census.
6. NFRP Phase I is based on the funding option chosen by each Province and Territory and reflects the Provinces and Territories with an outstanding balance.

7. NFRP Phase IIa is modeled based on the project expense for 2016-2017 in the amount of $40.3 million.

8. Canadian Blood Services' Cord Blood Bank project funding is allocated to each Province and Territory on a per capita basis using the Statistics Canada 2011 Census.

9. If Canadian Blood Services has not spent all funds allocated for the funding year as provided for in the budget, the Provinces and Territories may, as applicable: s. 29(1)(a)

Agreed in Ottawa on Dec. 10, 2015

Wendy Pepel
Lead Senior Manager National Blood File
Director, Office of Provincial Transplant and Transfusion Services, Manitoba Health, Healthy Living and Seniors, Province of Manitoba

Pauline Port
Chief Financial Officer and VP, Corporate Services
Canadian Blood Services

Page 3 of 3
2015-12-10
2016–2017 FUNDING ALLOCATION - Foreign exchange at 1.33
Prepared December 10, 2015
Plan funding allocation by province and territory

Table 1

Note 1 Fresh Blood Components and Stem Cells have been allocated according to RBC utilization from November 2014 to October 2015. This allocation will be revised based on RBC utilization from April 2015 to March 2016.

Note 2 Funding has been allocated based on forecasted demand by product.

Note 3 Allocation is based on option chosen by each of the provinces and territories.

Note 4 Allocation based on Statistics Canada 2011 Census.
Table 2

Note 1: Fresh Blood Components and Stem Cells have been allocated according to Red Blood Cell utilization from November 2014 to October 2015. This allocation will be revised based on RBC utilization from April 2015 to March 2016.

Note 2: Funding has been allocated based on forecasted demand by product.

Note 3: Allocation is based on option chosen by each of the provinces and territories.

Note 4: Allocation based on Statistics Canada 2011 Census.
2016-2017 FUNDING ALLOCATION - Foreign exchange at 1.33
Prepared September 10, 2015
Plan funding allocation by province and territory compared to 2015-2016 funding allocation by province and territory

Table 2:

Note 1: Fresh Blood Components and Stem Cells have been allocated according to Red Blood Cell utilization from November 2014 to October 2015. This allocation will be revised based on RBC utilization from April 2015 to March 2016.

Note 2: Funding has been allocated based on forecasted demand by product.

Note 3: Allocation is based on current demand by each of the provinces and territories.

Note 4: Allocation is based on Statistics Canada 2011 Census.
2016-2017 FUNDING ALLOCATION - Foreign exchange at 1.33
Prepared December 10, 2015

Plan funding allocation by province and territory compared to 2015-2016 funding allocation by province and territory.

Table 2

Note 1 Fresh Blood Components and Stem Cells have been allocated according to Red Blood Cell utilization from November 2014 to October 2015. This allocation will be revised based on RBC utilization from April 2015 to March 2016.

Note 2 Funding has been allocated based on forecasted demand by product.

Note 3 Allocation is based on option chosen by each of the provinces and territories.

Note 4 Allocation is based on Statistics Canada 2011 Census.
National Facilities Redevelopment Program

Purpose

The purpose of this briefing note is to present funding options for Canadian Blood Services National Facilities Redevelopment Program Phase IIa program ("NFRP Phase IIa").

Action required

☑️ For information

Background

The National Facilities Redevelopment Program for the country was tabled with Members in 2008, to be considered in two parts. Phase I addressed facility issues in Ontario and Atlantic Canada. Phase II addresses facilities in the West, with Phase IIa specifically addressing Saskatchewan and Alberta. The project maximum expense budget for Phase IIa is $138.1 million.

At the 2015 Annual General Meeting, Members approved per capita funding to a maximum estimated cost of $132.1M (Note: Estimated project cost in 2015/2016 was $138.1M less the proceeds of sale of Regina and Saskatoon sites of $6M). At the meeting members also agreed to continue with the Collaborative PT CBS Risk Review Working Group regarding exploration of options for the potential use of CBSI incremental capitalization to fund capital and other projects, such as NFRP Phase IIa, in subsequent years and CBS was to bring forward an updated multi-year funding schedule to inform the 2016/17 budget negotiations.

The following schedules present two funding options:

Option #1:
Option #2:

Included in the calculation of these options were several assumptions including:

- the total project expense;
- the timing of disbursements;
- the timing of receipts from PTs and asset sales;
- interest rates charged on balances due, and
- interest rates earned on funds paid in advance.

Please note that all assumptions are subject to change and will continue to be updated as the project progresses. At the conclusion of the project, a final reconciliation will be made and any required funding adjustments made.

Date prepared: November 25, 2015
Canadian Blood Services
Société canadienne du sang
National Facilities Re-Development Project Phase III
All IPs Summary - 2016-2017 Lump Sum Payment Option
November 2015

s. 35(1)(a) s.35(1)(b)
Canadian Blood Services
Société canadienne du sang
National Facilities Re-Development Project Phase IIa
All PTs Summary - 2016-2017 Lump Sum Payment Option
November 2015
s. 35(1)(a)  s.35(1)(b)
Project Expense
Canadian Blood Services
Société canadienne du sang
National Facilities ReDevelopment Project Phase II
All PTs Summary - 10 year payment option
November 2015

s. 35(1)(a)  s.35(1)(b)
Project Expense

s. 35(1)(a)  s. 35(1)(b)
Welcome and Roll Call

Chair: Dr. Bob Bell, Deputy Minister – Ontario

Participants
- DM Paddy Meade, Yukon
- DM Debbie Delancey, Northwest Territories
- DM Colleen Stockley, Nunavut
- Associate DM Lynn Stevenson, British Columbia
- ADM Denise Perret, Alberta
- Senior Advisor Mark Goossens, Saskatchewan
- DM Karen Herd, Manitoba
- ADM Luc Castonguay, Quebec
- DM Tom Maston, New Brunswick
- DM Beverley Clarke, Newfoundland and Labrador
- ADM Tracey Barbrick, Nova Scotia
- DM Michael Mayne, Prince Edward Island

1. FPT Shared Health Agenda – All PTs (Discussion Item)

Discussion
- Deputy Ministers discussed the outcomes and next steps from the HMM on the FPT Shared Health Agenda, as well as the new documents circulated by Health Canada.
- PTs highlighted the need to have a PT-only forum for conversation going forward; also, the need for more detailed discussion amongst PTs before engaging Health Canada.
- PTs raised concerns with the process/ timing advanced by the federal government, and the need to better understand what the “end-game” and exact deliverables will be (e.g., what is the intent of the federally-proposed “Building Block” papers?).
- PTs also discussed the balance between “policy” and “funding”.
- Lead PTs provided updates on the theme areas: Care in the Community – Manitoba; Health Innovation – Nova Scotia; Prescription Drugs – Ontario.
2. Aboriginal Health – Yukon (Discussion Item)

Discussion
- Yukon reviewed the outcomes from the HMM, and the special meeting called by Minister Philpott with the NAOs.
- Yukon discussed PT interests related to appropriate engagement with the Aboriginal organizations and governments, including potential next steps – need clarity regarding Indigenous Health item’s relationship with Shared Health Agenda.

Decision(s)
- 
- 

3. Canadian Blood Services – Manitoba (Decision and Information Item)

Discussion
- 
- 
- 
- 
- 
- 
- 
- 
- 
-
4. Physician-Assisted Dying – Ontario (Discussion Item)

Discussion
- Ontario provided PTs with a status update on PAD-related activities, including with regards to implementation of legislation/ regulations.
- Ontario also provided a summary of the recent PT ADM working group teleconference held to develop a list of issues to raise with the federal government.

Decision(s)
- N/A

5. Paper Item: Review and Approval of the HCIWG Report to Premiers – Ontario and Yukon

Discussion
- Ontario summarized the report back developed on Health Care Innovation Working Group activities in advance of the February 18th teleconference of Premiers and noted that the report back mostly contains status updates provided to Ministers at the HMM in Vancouver.
- Newfoundland and Labrador requested that the specific reference of signing the MOU by April 1, 2016, be changed to provide the jurisdiction with flexibility in approving/ signing the document.

Decision(s)
- s. 29(1)(a)  s. 34(1)(b)

Meeting Adjourned.
Prepared by: Ontario – February 12, 2016
AGENDA ITEM – Private Pay-for-Plasma Collection Clinics

- Discussion about private blood plasma collection clinics where donors are remunerated.

LEAD ADVISORY COMMITTEE/JURISDICTION(S) – New Brunswick/Canada

DECISION(S) / DIRECTION(S) REQUESTED –

Decision [ ] Discussion [X] Information [ ]

CONSIDERATION(S):

- There is no current legislation in Canada that prohibits paying donors for plasma except in Quebec where their Civil Code prohibits payment for any body part or product. This broad prohibition covers payment for blood or plasma and is based on a well established civil law principle that the body cannot be the object of commerce.

- In provincial and territorial tissue and organ legislation (except Quebec), there is a common provision that specifically excludes “blood and blood products” from a general prohibition on selling organs and tissues. Health Canada has taken the position that this exclusion is evidence of P/Ts’ intention to regulate whether or not individuals can be paid for plasma donations and has stated this matter rests with individual P/Ts.

- The Canadian blood system was founded on the principle of volunteer blood donation. Donor compensation is not consistent with the intent of the key principles in the Federal/Provincial/Territorial Memorandum of Understanding (MOU) and there is concern that regulating plasma compensation by individual P/T jurisdictions will lead to a fragmented blood donor system in Canada.

- The MOU has among its key principles the following:
  - the safety of the blood supply is paramount;
  - a fully integrated approach is essential;
  - voluntary donations should be maintained and protected; and
  - gratuity of all blood, components and plasma fractions to recipients within the insured health services of Canada should be maintained.
- Furthermore, the MOU established a single national body, the National Blood Authority (Canadian Blood Services) for the collection of blood and components and to be responsible for managing all aspects of an accountable and fully integrated blood system.

- The collection of plasma from paid donors may also be viewed as contrary to the general recommendations: 2, 4, 6, 10, and 25 as provided by the Commission of Inquiry on the Blood System in Canada (Krever Inquiry). Collectively, these recommendations speak to Canadian values and principles regarding its blood system. They are:
  - Blood is a public resource;
  - Donors of plasma should not be paid except in rare circumstances (Cangene Plasma Resources in Winnipeg);
  - Safety of the blood supply system is paramount;
  - It transcends other principles and policies;
  - Core functions be performed by a single operator and not be contracted out to others;
  - The blood system be operated in an open and accessible manner;
  - The blood supply system be publically administered by a national service;
  - Significant efforts should be made to ensure that blood components and blood products used in Canada are made from the blood and plasma collected from unpaid donors.

Final April 30, 2013
BACKGROUND:

- Health Canada regulates both the establishments which collect plasma and the manufactured products which are licensed for use in Canada, under the Food and Drug Act. They are responsible for the safety and quality of blood products used in Canada. The regulatory oversight is extremely stringent and all facilities collecting plasma or distributing plasma products in Canada, whether public or private, must comply with these regulations.

- Once Health Canada approves, CPR will require a license from the Ontario Ministry of Health and Long-Term Care under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA) for a plasma collection facility. Additionally, the facility conducting medical laboratory testing for the collected plasma to detect transmissible diseases, will also require a license. There is no provision in the LSCCLA related to the payment/non-payment of blood donations.
• Cangene Plasma Resources has been operating a plasma collection centre in Winnipeg which compensates donors for plasma. Cangene’s operation is specialized as it targets a certain donor base of women with unique antibodies to produce hyper-immune products. This company has been licensed by Health Canada for over 30 years.

• In other countries, such as the United States and Germany, volunteer blood collection systems co-exist with remunerated plasma collection systems.

• The World Health Organization’s (WHO) goal for all countries is to obtain all blood supplies from voluntary unpaid donors by 2020 because studies point to volunteers as the group with the lowest prevalence of blood-borne infections. This is supported in their framework document, “Towards a 100% voluntary Blood Donation” – designed to provide guidance and support countries seeking to establish effective voluntary blood donor programs and eliminate paid donation.

Prepared by: Ontario

Revised April 30, 2013
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.