

December 5, 2018

The Hon. Chantal Petitclerc
Senator, Quebec – Grandville
Senate of Canada
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Dear Senator Petitclerc,

Plasma is the primary building block of many life-saving therapies that treat patients with chronic, rare diseases. Plasma is collected from human donors through a process called plasmapheresis which collects only plasma, leaving the other components of whole blood behind. This plasma is called source plasma and is used as the starting material for many therapies. Around 75% of the source plasma in the world comes from compensated donors.

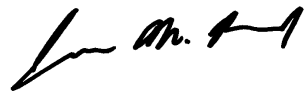
Bill S-252, the Voluntary Blood Donations Act, seeks to ban compensated plasma donation in Canada. As you reflect on this bill and as it works its way through the legislative process, we would like to share the following points for your consideration:

- Bill S-252 is based on the erroneous premise that compensated plasma donation is unsafe and will negatively impact non-compensated donation of whole blood and plasma. There is no evidence to support either of these assertions, as noted by Health Canada's Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada, the findings of which were released earlier this year. With this letter we have included a copy of the Expert Panel report, which can also be found [here](#).
- Any ethical objections to compensated plasma donation are misplaced. The remuneration received for donating plasma is not representative of the value of the plasma but is compensation for the individual's time and energy. It's important to remember that the average donation takes 2-3 hours, and donors can donate 1-2 times per week – a significant and generous time investment.
- A majority of Canadians support compensated plasma donation. A randomized survey showed that over 70%ⁱ of Canadians would support a compensated model.
- Finally, Health Canada itself takes the position that compensated plasma donation is necessary to meet the needs of patients, noting in the Expert Panel Report that "[j]urisdictions that permit payment of source plasma donors have a significantly higher plasma collection capacity on a per capita basis compared to those jurisdictions where compensating source plasma donors is prohibited." In 2017 in Austria, the Czech Republic, Germany, Hungary, and the US, countries which allow compensated plasma donation, donors collectively contributed nearly 43 million donations, the vast majority of donations, to the world's supply of source plasma.

The current system, which supports both compensated and non-compensated donation, is working well for Canadian patients, who support the status quoⁱⁱ, ⁱⁱⁱ. Canada does not collect enough plasma from Canadian donors to meet the need of patients in Canada and as a result relies on compensated donors from the United States for around 80% of its supply of plasma protein therapies. Prohibiting compensation of plasma donors will in all likelihood increase, rather than decrease, that percentage.

As you are aware, Bill S-252 is currently before the Senate Standing Committee on Social Affairs, Science and Technology. These facts provided here, we hope, will be helpful for committee discussions on this bill.

Thank you,



Dr. Joshua M. Penrod
Vice President, Source & International Affairs
Plasma Protein Therapeutics Association

ⁱ Lacetera, N and M Macis. 2018. "Moral Nimby-Ism? Understanding Societal Support for Monetary Compensation to Plasma Donors in Canada." National Bureau of Economic Research. May.

ⁱⁱ Canadian Immunodeficiencies Patient Organization [Statement On Paid Plasma Products](#)

ⁱⁱⁱ Canadian Hemophilia Society, [Submission](#) to the Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada