ISG Briefing Note on Bill S-252, *The Voluntary Blood Donations Act*

**Background**

Bill S-252 seeks to address the private collection of plasma by securing a voluntary collection model of both blood and plasma in Canada. It is important to distinguish between blood and plasma. Blood plasma makes up roughly 55% of the body’s total blood volume and holds white blood cells which fight infection and blood disorders. Plasma and plasma-derived products are used on a day-to-day basis to treat trauma victims with significant blood loss, bleeding disorders (Eg. Hemophilia), and other life-threatening issues.

In the 1980s and 90s, over 30,000 Canadians were infected with HIV and hepatitis C from contaminated blood and blood products during what is known today as the tainted blood crisis. It is estimated that over 8,000 Canadians will die as a direct result of contaminated blood.

The crisis prompted the Krever Inquiry, which exposed systemic failures of the Red Cross, Health Canada, and the Federal and Provincial Governments to protect Canadians and the blood supply from tainted blood and blood products. Justice Krever concluded that Canada failed to take precautionary screening and testing measures and uncovered cost-cutting attempts, favouring for-profit paid-plasma schemes. The Krever Report recommends that the blood system be guided by the following Principles:

- Blood is a public resource.
- Donors should not be paid.
- Canada should be self-sufficient in blood and blood products.
- Access to blood and blood products should be free and universal.
- Safety of the blood supply is paramount.
- No part of the national blood operator’s duties should be contracted out to others.

Today, 80% of Canada’s voluntary blood system is protected via provincial bans in Quebec, Ontario, Alberta, and British Columbia. However, Health Canada states that since the practice of licensing paid-plasma is not illegal at the federal level, there is nothing restricting the agency from issuing more licenses to Canadian Plasma Resources (CPR), a blood broker, or to other companies. Currently, there are 18 private paid-plasma license applications in queue. Consequently, smaller provinces could end up hosting the private paid-plasma industry. This is a fundamentally flawed approach to securing our blood and plasma supply. Federal legislation can protect Canadian Blood Services (CBS) as our national blood authority, safeguard blood and plasma as a public resource, and ensure our blood system is never compromised.

**Key Facts**

- CBS will continue to supply plasma-derived medications to patients across Canada.
- 80% of stakeholders in Canada oppose paid-plasma.
- Only 4% of the population donates blood today and that provides self-sufficiency in blood and plasma for transfusion for Canadians, but 1 in 2 is eligible.
- Globally, blood operators are moving away from paid-plasma products to secure domestic supply for self-sufficiency. Allowing for-profit blood brokers to operate does not help increase Canadian supply, as these brokers make a profit by selling their plasma on international markets.
• CBS has the capacity to collect plasma on our behalf and is implementing a national plasma strategy to do so. Being forced to compete with for-profit blood brokers undermines the success of the plasma strategy.

• CPR’s operations harm Canada’s blood supply by causing fluctuations in donations amongst donors aged 17-24, inducing confusion amongst donors over the distinction between CPR and CBS, and consequently, creating additional costs to recruit donors into the system.