



# THE HILLTIMES --- RESEARCH



May 28, 2020



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# Health Minister's office says it is willing to “adjust timing and enforcement” of regulations in light of COVID-19

RESEARCH EXCLUSIVE | MAY 28, 2020

With one month to go until new drug pricing rules are in place, Health Minister Patty Hajdu's (Thunder Bay—Superior North, Ont.) office has told Hill Times Research that it is looking at all regulations to see if adjustments in timing need to be made as the federal Liberals govern during a pandemic.

“As part of our response to COVID-19, we are looking at our approach to regulations to ensure that we adjust timing and enforcement as necessary,” said the email statement sent on May 28.

This was in response to a Hill Times Research question regarding whether new rules governing the pricing of medicines will be in effect on July 1, 2020, which is the date set in the regulations. The statement did not specifically mention the new PMPRB regulations.

The regulations that will change how the Patented Medicine Prices Review Board regulates drug prices in Canada have pitted patient groups and pharmaceutical manufacturers against the Liberal government, who has said the changes would lower prescription drug prices. Those who are opposed to the new rules say they will result in fewer new medicines coming to Canada.

## Rumours swirl over when the new rules will come

With the implementation date drawing closer, rumours have been circling that there may be a delay to the new rules being in effect.

Conservative health critic Matt Jeneroux (Edmonton Riverbend, Alta.) told Hill Times Research on May 14 that he has heard that a delay is possible from people who follow the pharmaceutical industry.

Jeneroux has recently spoken against the changes and, through a letter to Hajdu, asked that the new rules not be implemented for six months.

He said in a phone interview that, after COVID-19, the most popular issue constituents and organizations want to discuss is the PMPRB changes.

“We're hoping that [a delay] gives more of an opportunity for these patient groups to get in front of the minister and the decision makers, and hopefully make some of the regulatory changes that they would like to see,” Jeneroux said.

A consultant who is following the PMPRB process has also heard it is possible that the rules will be delayed, and told Hill Times Research the Health minister's office seems to be choosing who they're telling about a possible new date.

"I don't know what their game is," the consultant said.

Hill Times Research agreed not to name the consultant so this person could speak more freely.

### Vocal opposition from patient groups

Patient groups including the Canadian Organization for Rare Disorders and the Best Medicines Coalition (BMC) have loudly opposed the changes. John Adams, chairperson for BMC, told [Hill Times Research](#) in April that "given COVID-19, now is not the time to take risky experiments in public policy which may delay access to breakthrough medicines."

The organization also added lobbyists to its federal lobbying registry file in March to help it get its message across to policymakers.

Over the last six months, Cystic Fibrosis Canada has ramped up its [lobbying efforts](#) against the changes when it realized that a new drug that could treat up to 90 per cent of CF patients had been approved for sale in the United States, but that its manufacturer was not applying for approval to distribute in Canada.

### Vertex's Trikafta avoids Canada

The name of the drug is Trikafta and it is manufactured by Vertex Pharmaceuticals. Although the company has other CF medicines available in Canada, it said through email on May 20 that the new PMPRB rules "will limit the ability of Vertex and other manufacturers to launch future medicines in Canada," and that it "urge[s] the Canadian government to reconsider their position."

Vertex has been public about its reasons for not bringing Trikafta to Canada. That did not stop Hajdu from saying in an interview on May 27 that the company's position is "disconnected" from the changes that will affect the PMPRB.

Hajdu made the statement after a question from Maclean's journalist Paul Wells during the publication's Live interview series. The 45-minute long discussion held online mainly focused on the Liberal government's response to the COVID-19 pandemic. But Wells also asked about Trikafta, saying he had received a question about the drug from a student with CF and Wells was told that the new pricing rules were the reason Trikafta would not be available in Canada.

"That information is different than what I have," Hajdu said, referring to the premise of the question that the new regulations are why Trikafta is not coming to Canada. "Yes, for sure, the company has not applied to sell the drug in Canada, but it's actually disconnected from the PMPRB so we

anticipate that, we hope that they will apply to sell the drug in Canada.”

Hajdu then went on to discuss how patients who would benefit from the drug could apply to Health Canada’s special access program, with a letter from their physician. The program is a way for patients to access drugs that are unavailable in Canada.

Hill Times Research reached out to Hajdu’s office on May 28 for an explanation of the discrepancy between her statement and public statements made by Vertex on the subject. Hajdu was specifically asked why she is saying that Vertex’s decision not to apply for Canadian approval for Trikafta is not due to the PMPRB changes when the company states otherwise.

“We made changes to the rules regulating the maximum prices of patented medicines to improve affordability and access to medicines for Canadians. The data shows that most new medicines are launched more quickly in countries that have lower prices than Canada – including the Netherlands, Sweden, the United Kingdom and Norway. It is up to the company to make the decision about whether or not they want to seek approval in Canada,” the office responded by email on May 28.

Vertex Pharmaceuticals was asked if there was another reason aside from the PMPRB changes that it was not bringing Trikafta to Canada.

“The only reason Vertex has not submitted [Trikafta] to Health Canada is because of the ongoing uncertainty created by the PMPRB pricing reforms. There is no other reason,” said Christina Cunningham, a spokesperson for Vertex Pharmaceuticals, through an email to Hill Times Research on May 28.

## Health experts encouraged by Ontario premier’s call for national standards in long-term care

RESEARCH EXCLUSIVE | MAY 28, 2020

After a damning military report on the state of five long-term care (LTC) homes in Ontario, the province’s Progressive Conservative premier has said he wants to see a national standard operating procedure across the country.

“We need a system standard, as I say, an SOP, standard operating procedure, that applies right across the country, no matter if it’s in Quebec or Ontario or B.C. We need a system that everyone goes by,” Doug Ford said during a press conference on May 26.

The report was produced by military members who were sent into five LTC

homes that required extra staffing support during the pandemic. It was submitted to the federal government, which then shared it with the Ontario government this past weekend.

Soldiers witnessed a “culture of fear to use supplies,” because of the cost; infected patients sharing rooms with those without symptoms; and “gross in-adherence” to orders requiring that patients’ vital signs be checked, among other allegations, as reported by [The Hill Times](#).

Ford’s comment on introducing a national system of some sort is encouraging, according to Laura Tamblyn Watts, CEO at CanAge, a national advocacy organization representing seniors.

“I think Canadians are tired of the jurisdictional finger-pointing, [of politicians] saying ‘it’s not our responsibility.’ What this indicates really from a Conservative Ontario premier is that there is a willingness to work together,” Watts told Hill Times Research by phone on May 27.

“Putting some of those jurisdictional measures aside, to hear the prime minister [say] that they will step in and be a part of that conversation and part of that solution sets the stage for us [at CanAge] to be able to push to say we do need national standards and we do need reform in long-term care,” she added. Watts recently [registered](#) on the federal lobbyists registry to discuss seniors’ care with federal officials.

In addition to calling for a “system standard,” Ford said the province would need federal help in order to fix the system, as long-term care is too big for the provincial government to handle alone.

“It is a system with hundreds of facilities, tens of thousands of residents and workers,” he said. “We need the federal government at the table as a funding partner. Today, I’m calling on the prime minister [to] support us as we move forward, help us fix this problem, we can’t fix it alone. No province can fix it alone.”

During a press conference on May 27, Ford reiterated the need for federal funding for long-term care, but did not make any references to a national system for providing care. On May 27, Hill Times Research asked the Premier’s Office by email whether Ford would be willing to negotiate national rules with provinces, territories and the federal government even if that meant that the feds would intervene in an area of provincial and territorial jurisdiction. A response was not received by deadline.

As the COVID-19 pandemic has unfolded in Canada, there has been growing concern about its effect on seniors, especially those in long-term care. Earlier this month, [data](#) compiled from the National Institute on Ageing in Toronto found that the deaths of seniors and staff in long-term care facilities account for 80 per cent of the Canadian deaths attributed to COVID-19.

Prime Minister Justin Trudeau (Papineau, Que.) on May 27 told reporters during his daily briefing that the federal government will be involved in future conversations regarding how Canada cares for elderly people, but that it will do so while respecting provincial and territorial jurisdiction.

After a reporter referred to advocates who were calling for national standards, Trudeau said, “I’m not going to short-circuit that conversation by putting forward aggressive proposals right now, but what I will say is the federal government is there to support, to work with provinces, to ensure that in areas of their jurisdiction they are able to give Canadians the care that they and their families expect.”

However, he also said that “everything is on the table,” without specifying what that could involve.

“If there is a need for greater federal leadership, we will certainly respond to those requests. At the same time, everything is on the table as we move forward. We know Canadians expect us to do better by our elders, all of us and all orders of government, and we will ensure that we do,” Trudeau said.

One former Liberal Health minister told Hill Times Research that he is “delighted” that Ford has shown support for national standards.

“For Premier Ford to say that we need standard operating procedures, I think it’s the appropriate thing to say. The federal government gives money for these things including long-term care, but the federal government has washed its hands in health care of setting any standards whatsoever,” said Ujjal Dosanjh, who led the federal health portfolio between 2004 and 2006 under Paul Martin’s Liberal government. Dosanjh spoke to Hill Times Research by phone on May 26.

The federal government does have the authority to set policy in the areas it spends its money, but it rarely uses that power in health care, said Dosanjh.

That authority was reinforced by a 1997 decision from the Supreme Court of Canada, which [states](#) that “The Canada Health Act ... requires the federal government to contribute to the funding of provincial health insurance programs provided they conform with certain specified criteria.”

“This is something I feel very strongly about. During my time, we tried to legislate accountability as a part of the \$42 billion,” Dosanjh said, referring to the 2004 health accord negotiations between the federal government and provinces and territories that saw a 10-year transfer put into place.

What stopped those accountability measures from being included in the accord, according to Dosanjh, was other federal cabinet ministers who wanted to avoid conflict with the Quebec government.

Hill Times Research reached out to the Canadian Association for Long Term Care for their thoughts on Ford’s comments. The association was unable to provide an interview, but sent an email statement:

“The Canadian Association for Long Term Care has advocated on behalf of Canada’s seniors at the federal level for years to find solutions to staffing challenges, infrastructure needs and data solutions. CALTC has made four consecutive budget submissions to this federal government on the desperate need for infrastructure funding to help rebuild older homes, to develop a strategy for [health human resources] and to invest in data systems that will promote benchmarking and standard setting across the

country.

“Unfortunately, it [has] taken a global pandemic for leaders to finally acknowledge that the federal government has a crucial role to play in caring for our seniors,” the statement reads in part.

Military members stationed in LTC homes in Quebec have also prepared a report with their observations, which include the improper use of protective equipment by staff and staffing shortages, according to a [CBC News report](#).



# Webinar: “Accelerating innovation in healthcare for economic recovery”

Location: Online - Date: June 2, 2020

The Chamber of Commerce of Metropolitan Montreal hosts a French-language webinar on "Accelerating innovation in healthcare to support our economic recovery" featuring François Gratton, Executive Vice-President, Group President, TELUS and Chair, TELUS Health and TELUS Québec. This event will take place [online](#).

# Narrow focus to supporting ‘subpopulations,’ says expert, in preparation for second wave of the pandemic

NEWS | MAY 28, 2020 | PALAK MANGAT |

As Canada braces for what officials are predicting could be a second wave of COVID-19 cases, some public health experts say the federal government should shift its focus to rolling out supports for “subpopulations” of the Canadian public, but be careful to not step on the jurisdictional toes of its provinces and territories.

Dr. Farah Mawani, a fellow at the Canadian Institutes of Health Research, who works at Unity Health Toronto, said that Ottawa has funded “rapid research that covers so many different aspects” in response to the pandemic.

Moving into the summer and fall, she said, the government should use findings from such studies to guide its response in supporting “subpopulations” like precarious workers, those working and living in long-term care sites, racialized Canadians, and communities that have been harder hit by the pandemic.

“We now have a bit of time to develop and communicate a strategic approach to preparing for a second wave,” as researchers begin to share evidence from their studies, Dr. Mawani said. Ottawa [announced in March, for example](#), \$27-million in coronavirus research funding in areas like diagnostics, therapeutics, vaccines, and social consequences of public health responses.

“[During] the early stages, a lot of communication had been at a very blanket population level,” Dr. Mawani said, noting officials encouraged most Canadians to stay at home and to observe physical distancing. “But people live in very different contexts, and that’s how we’re seeing inequities in the cases, and the serious consequences of, COVID-19.”

The World Health Organization on Wednesday said that, with India and Brazil registering a high number of infections, the world has yet to pass the first wave of the pandemic.

Since the pandemic, there have been numerous outbreaks in long-term care homes, with Ontario and Quebec bearing the brunt of the infections in Canada. The two provinces had to enlist the help of the military to manage the outbreaks in those facilities.

As of Thursday, there were close to 88,000 cases in Canada and more than 6,700 deaths from the virus. [According](#) to the National Institute on Aging, up to 82 per cent of all COVID-19 deaths in Canada, as of early May, were of those living in long-term care sites.

In Ontario, [officials](#) said 142 outbreaks at such sites have been resolved, while 150 remain active. Given that there are 626 homes in the province, that means almost half have either had an outbreak or are still experiencing one.

Dr. Curtis Cooper, president of the Canadian Foundation for Infectious Diseases, agreed that Ottawa should look at the “quality of care and safety within long-term homes for the elderly,” as that’s “been one of the key casualties as far as COVID-19 numbers in the country.”

But Dr. Cooper cautioned the feds from considering taking over operations or governance of some long-term care sites, a move that Ontario Premier Doug Ford [announced](#) Wednesday.

“It seems more like a provincial responsibility, but the federal government, just like public health, can serve as the facilitators to bring together key stakeholders,” he said in an interview.

Canadian Armed Forces were recently deployed to five of Ontario’s homes described conditions they observed in a report that has been described by Prime Minister Justin Trudeau (Papineau, Que.) as “deeply disturbing.” News [reports](#) have noted military members observing cockroach infestations, expired medications, staff reusing supplies, and residents left in dirty diapers.

Ontario has already launched an “independent commission” into its long-term care system, which will begin in July, a timeline that has been moved up from September following the military’s report. Mr. Ford said this week that a probe has also been launched by the chief coroner’s office to see if criminal charges can be filled.

He [announced](#) Wednesday that his government is taking over the management of five sites, four of which are privately owned.

For its part, Ottawa has said such conditions are unacceptable and had pledged to support jurisdictions in improving the situation on the ground at such sites. Treasury Board President Jean-Yves Duclos (Québec, Que.) told reporters Wednesday that “we need to have a very serious and collaborative discussion on how we look after our seniors in the weeks, the months, and the years to come.”

Mr. Trudeau added Wednesday that he will raise the matter on his weekly call with premiers on Thursday to “offer our government’s support as they try to get the situation under control.” Health is shared area, with limits, says expert

Dr. Juliet Guichon, an associate professor studying the intersection of law, health care, and ethics at the University of Calgary, said that Ottawa will “continue to have to work with provinces to protect the health of Canadians.”

She said that provinces like Quebec, over the years, have “zealously” guarded “its jurisdiction with respect to health,” challenging the feds in situations where it feels Ottawa is impeding on its domain.

The Assisted Human Reproduction Act is one of those, she said, as the province felt Ottawa was overstepping by wanting to mandate issues around treatments for fertility, but did not challenge it wanting to legislate other areas like human cloning. The constitutional [challenge](#) garnered the support of provinces like Saskatchewan, New Brunswick, and Alberta, and parts of it were eventually struck down in 2010 by the Supreme Court of Canada.

“They want the jurisdiction over the issue, on health, so presumably they want to pay for it,” said Dr. Guichon, noting the vast majority of transfers from the feds to provinces already tend to go toward the education and health files.

“Health is a shared jurisdiction, only insofar as there is a criminal or product safety issue,” said Dr. Guichon. The doctor added the feds would be on the hook if Canada is bringing in defective products under its jurisdiction around consumer protection.

Mr. Trudeau acknowledged Tuesday that there has been “a rise in counterfeit products and products that don’t meet a rigorous Canadian standard.” He said the feds have signed agreements with Canadian companies to ramp up domestic supply as a result. Keep people ‘engaged,’ says expert

As economies reopen and people begin eyeing a return to work, Dr. Mawani said the feds should share clear messaging around “what to do if you don’t have a choice about going to work, or how [it can] support you to stay healthy under those circumstances.”

Earlier this week, Mr. Trudeau [cited](#) “ongoing discussions” with jurisdictions about how to create a program that will allow workers 10 days of paid sick leave, a push the NDP had been making for weeks. The NDP wanted the commitment in exchange for the party’s support for a Liberal motion on how parliamentary proceedings would move forward throughout the pandemic. The motion ultimately passed without the support of the Bloc Québécois and the Conservatives.

Dr. Cooper said that the feds’ role so far has been one of “a safe keeper of the nation’s population,” through their messaging around public health measures and various programs to offer people financial support. “I don’t see a major shift in that as necessary ... except to nuance some of the public health and financial programs, now that we have more information and we know what’s working with these programs and what needs some tweaking.”

Ottawa has frequently said it will take stock of the outbreak and respond or modify its programs accordingly. Deputy Prime Minister Chrystia Freeland (University-Rosedale, Ont.) told reporters in March that the speed at which things are changing could mean the government will make announcements “without being able to fill in all the details in the moment that we make the announcement.”

For example, Since unveiling the Canada Emergency Response Benefit in March, Ottawa has [expanded](#) the criteria to help those who have seen their hours change because of the pandemic, instead of only focusing on those who have lost their income entirely.

“As months go by, there will be a fatigue factor for people who will say, ‘I’ve had enough of this,’ and be tempted to abandon all these measures that have kept us safe for the last three months,” added Dr. Cooper. He said the feds will need to look at ways to “keep people engaged and willing to participate” in physical distancing measures moving forward.

His comments come on the heels of last [weekend](#), when an estimated 10,000 people flocked to Toronto’s Trinity Bellwoods park, a move that led to Mr. Ford condemning the congregation as “reckless.” City officials are now [considering](#) painting circles on the grass at parks to show how to safely physically distance while people are out and about, which will be piloted at Trinity Bellwoods. Toronto shares map that breaks down hot spots

According to Dr. Mawani, [hesitations](#) that Ontario might have around revealing “hot spots” in the province by identifying areas down to the postal code are valid, because they might stigmatize some communities, rather than focusing on improving the social determinants of those regions. Such determinants can include low-income housing, a higher concentration of precarious workers, or access to adequate transit options, she said.

“Often, the government and researchers focus on race as a characteristic of individuals, and that is very dangerous in terms of putting the responsibility for increased risk and impact on individuals who are racialized, rather than looking at what are the systemic causes of inequities that racialized people experience,” she said.

While Ontario expressed that hesitation, Toronto [unveiled](#) geographical information

about the virus' spread Wednesday, with Mayor John Tory saying he believes "this information, and releasing it to the public, will do far more help than it will do harm." The city's stats show the highest concentration of cases is in areas like northern Etobicoke and northern Scarborough, areas that tend to have lower-income residents, some of whom may be living in cramped quarters.

Mr. Ford previously said the Peel Region and Windsor-Essex County were among those areas harder hit, and added on Wednesday that includes areas of Brampton.

Dr. Mawani added that efforts taken during the pandemic by governments to bring in community groups to either help with or implement research being done to guide the responses to the pandemic is key, "so that we know we're not only addressing the gaps in the response, but we're doing it in a way that is going to have an impact on reducing inequities."

According to Canadian Heritage spokesperson Martine Courage, in recognition of "how COVID-19 disproportionately affects racism-impacted communities," the anti-racism secretariat has set up an "equity-seeking communities & COVID-19 taskforce."

The secretariat, which has six staff, co-chairs the taskforce and its 85 members "who meet regularly and represent 24 federal organizations," including the Treasury Board Secretariat, Finance Department, Public Health Agency of Canada, and Employment and Social Development Canada, Ms. Courage wrote in a May 19 email.

The secretariat is part of the feds' anti-racism strategy, unveiled last June, and was established in October. Its annual report is expected in the fall, Ms. Courage said.

Editor's note: This story has been updated to reflect the full name of the department Employment and Social Development Canada. The Hill Times

## Plan Canada

MAY 28, 2020

Plan International Canada is calling on governments and health agencies to urgently assist girls, women and people who menstruate to manage their periods safely and with dignity, and to ensure that women and girls have continued access to essential sexual and reproductive health services. Severe shortages of period products, a sharp rise in prices and lack of access to basic information and services are leaving women, girls and those who menstruate around the world struggling to manage their periods during COVID-19 lockdowns. “We’ve been working to improve menstrual health for years, and this element of our programming is increasingly important as the world navigates the COVID-19 pandemic,” says George Yap, Water, Sanitation and Hygiene Advisor at Plan International Canada. “We know that people with disabilities and people from marginalized communities, like refugees for example, are more profoundly impacted by these issues, and their menstrual health is a priority in our pandemic response.” The full release is available [online](#). Call 647-674-2456.

## Canadian Medical Association

MAY 28, 2020

The Canadian Medical Association Foundation and Jack.org announced they will bring much-needed digital mental health education to young people across Canada. The CMAF’s \$250,000 contribution will allow Jack.org to develop and disseminate online mental health education to Canada’s youth, who are facing increased isolation and uncertainty due to the COVID-19 pandemic. “We are extremely pleased to support Jack.org and the important work they do in the delivery of key programs and resources that will support young Canadians today and into the future,” said CMAF President Allison Seymour. “With funding and support from the CMA Foundation, Jack.org can continue working to ensure that young people are prepared to take care of themselves and look out for one another during this time of crisis, while also propelling us into the new future for youth mental health,” said Jesse Hayman, Vice President, Jack.org. The full release is available [online](#).

# Pauktuutit Inuit Women of Canada

MAY 28, 2020

Rebecca Kudloo, President of Pauktuutit Inuit Women of Canada, issued a statement: "A year after the MMIWG Inquiry's final report, it is very disappointing the National Action Plan on MMIWG will not be ready by June," she said. "Pauktuutit has provided recommendations to inform an Inuit-specific response to the Calls to Justice and we are ready to apply our Inuit-specific co-development framework now in place to support the development of the National Action Plan with Inuit women from across Canada," said Kudloo. "The COVID-19 pandemic has put Inuit women and girls in Inuit Nunangat and in urban centres at even greater risk of violence and exploitation. It is critical the National Action Plan is delivered this year." Call 613-316-8943.

# New Democratic Party of Canada

MAY 28, 2020

During an online town hall on May 27 hosted by the NDP's Building for Better task force to plan for the recovery, a panel of health experts and NDP MPs discussed how the pandemic is exposing the weaknesses in our current system. "We need to stop using jurisdiction as an excuse to not have national leadership. When there have been major improvements in health care that lasted generations, they have come from when the Federal government has stepped up and taken leadership," said former Liberal health minister, Jane Philpott. Panellists also focused on the devastating reports in the number of deaths in long-term care homes, the effect the pandemic has had in Indigenous communities, the impact physically and mentally on frontline workers, and the need for a national pharmacare system. "Ideas we have already identified include a made in Canada supply chain for essential medical equipment and supplies," said NDP Health Critic Don Davies (Vancouver Kingsway). The full release is available [online](#). Call 613-222-2351.

# June 3 – Senate Standing Committee on Social Affairs, Science and Technology

COMMITTEES |

Wednesday, June 3, 2020

11:30 a.m.

Webcast

On the Agenda:

- Study on the government's response to the COVID-19 pandemic

Witnesses:

- Centre for Addiction and Mental Health
  - Dr. Vicky Stergiopoulos, Physician in Chief
- Strongest Families Institute
  - Dr. Patrick McGrath, Chair of the Board
- Canadian Psychiatric Association
  - Dr. Georgina Zahirney, President
- Children First Canada
  - Sara L. Austin, Founder and CEO
- Children's Healthcare Canada
  - Emily Gruenwoldt, President and CEO
- Kids Help Phone
  - Katherine Hay, President and CEO