



THE HILLTIMES --- RESEARCH



December 9, 2021



Table of Contents

Research

Countdown is on as stakeholders wonder if new PMPRB rules will come into play on Jan. 1

News

Canada is up to the challenge of Omicron

Public Health Agency 'fell short' on border control measures, with poor tracking and inconsistent enforcement: AG report

Press Releases

New Democratic Party of Canada

Auditor General of Canada

Canadian Medical Association

Indigenous Services Canada

Canadian Institutes of Health Research

Statistics Canada

Canadian Drug Policy Coalition

Conservative Party of Canada

Committee Meetings

Standing Committee on Health

Countdown is on as stakeholders wonder if new PMPRB rules will come into play on Jan. 1

RESEARCH EXCLUSIVE | DECEMBER 9, 2021

With three weeks to go, stakeholders in the pharma space are waiting to see if the Liberal government will go ahead with its already-delayed plan to implement updated drug pricing regulations on Jan. 1, 2022.

This is the third in-force date attached to the new rules, which fall under the mandate of the Patented Medicine Prices Review Board (PMPRB). When the regulations were finalized in Canada Gazette II in August 2019, they were to come into effect on July 1, 2020.

Citing the pandemic, the government told Hill Times Research in May 2020 that the timing of pending regulations [could be adjusted](#). The PMPRB announced on June 1, 2020, that the new in-force date would be Jan. 1, 2021. Since then, the Liberals have further delayed implementing the regulations twice by six-month intervals. The decision regarding the two most recent delays both times was announced days before the expected implementation date.

“I don’t have a sense as to what’s going to happen. I’m not so sure they do,” said Andrew Casey, president and CEO of BIOTECCanada, referring to the government. Casey spoke to Hill Times Research by phone on Dec. 2. BIOTECCanada, which represents biomanufacturers, including those in the pharmaceutical industry, has been advocating for further discussions on the PMPRB rules, and against the Jan. 1 implementation date.

Casey said that he wrote to Health Minister Jean-Yves Duclos (Québec, Que.) and Innovation Minister François-Philippe Champagne (Saint-Maurice –Champlain, Que.) following their cabinet appointments on Oct. 26 to congratulate them and to say that his organization would like to discuss the upcoming PMPRB regulations, “recognizing that Jan. 1, is coming soon.”

Related: UPDATED: [Jean-Yves Duclos to lead Health Canada; Carolyn Bennett becomes minister of mental health and addictions](#)

The regulations have been a contentious subject between the Liberal government and the pharmaceutical sector and many patient groups over the last four years. The Liberals began the process of updating the way pharmaceutical drug prices are regulated in 2017, saying that updated regulations would lower the prices of medicines. The industry and multiple

patient groups have fought the changes, saying they would result in fewer new drugs being introduced in Canada.

Current regulations 'costing' Canada 'dearly'

One patient organization that is onside with the new rules, and hopes to see them in place this upcoming January, is Independent Voices for Safe and Effective Drugs (IVSED). Colleen Fuller, a member of the group, was recently invited by Duclos's office to speak virtually with the minister about the subject.

She told Hill Times Research in a phone interview on Dec. 3, that her sense is that Duclos is connecting with various organizations to speak about the pending PMPRB rules.

"I think he is sincerely reaching out to a whole array of different organizations and individuals to sort of get a sense of the lay of the land and where different groups sit on the sort of policy spectrum. And so that's what the nature of the discussion was," Fuller told Hill Times Research, adding that she and her colleagues on the virtual call did most of the talking.

Hill Times Research asked Duclos's office by email on Dec. 9 whether they were engaging in proactive conversations about the subject and, if so, what the purpose of the conversations are. His office did not respond by the time of publication.

Fuller said Duclos's questions were focused on learning more about IVSED and the group's stance on the pending rules.

That stance is that the rules should be in place on Jan. 1. Fuller said that the high price of drugs are hurting Canadians, and provinces "are paying through the nose" to include new medicines on their provincial drug plans.

When asked if she was concerned about decreasing access to new medicines, Fuller said, "Canada is not an insignificant market so a lot of people argue, and I wouldn't disagree with them, that it's too significant a market for the industry to ignore ... I hope that's right. But I also know that the industry has stepped back from supplying countries."

She cited Eli Lilly's decision to temporarily take their insulin product out of the Argentinian market after the country implemented price controls in the 1980s.

Elizabeth Kwan, a senior researcher at the Canadian Labour Congress, says it's time to bring in the regulations.

"The system that we have right now is a system that's 33 years old," said Kwan, citing the age of Canada's patent regulations that led to the creation of the PMPRB and its mandate to ensure that drug prices are not excessive. "And it is costing us very dearly. We pay the third-highest drug prices in the world." (The statistic comes from the Organization for Economic Co-

operation and Development, and has been cited by the Liberal government as a defence for their policies to try and reduce drug prices.)

The cost of drugs have a tangible effect on negotiations between employers and unions, as employers may choose to shop around for benefits providers that can provide less costly and less fulsome coverage, according to Kwan, who spoke to Hill Times Research on Dec. 3.

New rules don't capture the "nuance" of living with ALS

Like BIOTECanada, the ALS Society of Canada is advocating that the government not go ahead with the regulations on Jan. 1. Tammy Moore, CEO for the patient group, says it has been conducting its advocacy on the issue through a coalition approach. Most recently, it added its name to an op-ed opposing the regulations and published in The Hill Times (and [republished](#) in Hill Times Research) on Dec. 1. A total of 14 organizations signed the op-ed, which was written by Doug Earle, president and CEO of Fighting Blindness Canada.

Moore said she worries that Canada will become a less attractive market for new therapies if the updated PMPRB regulations are implemented.

The updated regulations include a new calculation to determine pharmacoeconomic value, defined as the medical benefit of a drug compared to the cost of a drug. Moore believes that consideration would be problematic for patients with ALS, a progressive neurodegenerative disease in which therapies are designed with the goal of helping patients avoid further loss of function.

"For a person with ALS, the smallest movement in their hands may mean they can still control the joystick on their highly adapted wheelchair, which means they may be able to continue to have an independence that they would otherwise have lost. And so that type of nuance we don't believe will be taken into account," Moore said in a phone interview on Dec. 6.

Moore said her organization continues to try and educate officials on the uniqueness of ALS, and that the ALS Society feels like they're caught in a "no-win situation."

"There's not enough money put into ALS research, so we don't have enough understanding of the disease, so we don't therefore have the therapies that others have, and how are we ever going to break this cycle?" she said.

What happens on Jan. 1?

BIOTECanada's Andrew Casey told Hill Times Research that the COVID-19 pandemic has led to the recognition by the federal government and the sector that they need to work together, as both sides have made investments

to increase pharmaceutical biomanufacturing capacity in Canada in response to the pandemic.

Companies that have agreed over the course of the pandemic to begin production or expand their manufacturing footprint in Canada include [Sanofi](#), [Moderna](#) and [Merck](#).

RELATED: [Innovation minister says he's willing to see "what more" the feds can do to attract domestic pharma manufacturing](#)

The relationship between the government and the sector “may not have been as constructive beforehand, but I think clearly the pandemic has realigned everybody's priorities. And I hope that that's going to continue to be the case, that there's a recognition that let's not implement on Jan. 1,” Casey said.

He's recommending that both sides continue discussions to find a solution that will help Canada be a part of the solution in the event of potential future pandemics, while also recognizing that the government has concerns about drug prices.

IVSED's Colleen Fuller says the conversations about the new rules have been going on for five years.

“And so I think that at some point, you have to say, we will continue talking to you, but we're implementing the guidelines and enacting the regulations. That's what the government has to do, and the industry will never feel that there's justification for these price guidelines,” she said.

Canada is up to the challenge of Omicron

OPINION | DECEMBER 9, 2021 | PAR NIJHAWAN |

For many, the COVID-19 pandemic brought tragedy and challenge. Yet, through all the hardships, governments and citizens bet on science to defeat COVID-19. That hope paid off and countries around the world are witnessing the miracles of science through COVID-19 vaccines. Vaccines remain crucial in our fight against COVID, but new therapeutic treatments are also emerging as a vital tool in saving lives and returning the most vulnerable to their health and normality. Canada's commitment to support the research and development of COVID-19 "rescue therapies" places "Made-in-Canada" front and center in finding solutions to our ongoing battle against the virus.

As a physician and pharmaceutical entrepreneur, I've witnessed first-hand how the scientific community supported by governments willing to think big and long term can come together to help Canadian companies like ours develop treatments for those facing the worst effects of COVID-19. Edesa Biotech, a company which I founded, is a partner with the Canadian federal government in fighting COVID-19, here at home and globally.

Par Nijhawan is a physician and pharmaceutical entrepreneur who founded Edesa Biotech. Photograph courtesy of Dr. Nijhawan

In February 2021, the Canadian government announced financial support to develop experimental treatments for critically ill COVID-19 patients who were running out of drug treatment options because traditional approaches had failed. This support, through the government's Strategic Innovation Fund (SIF), allowed companies like Edesa to research new scientific discoveries. We are working to develop a monoclonal antibody therapy (EB05) as a treatment for Acute Respiratory Distress Syndrome, the leading cause of death among COVID-19 patients. Importantly, this approach is not impacted by changes to the structure of the COVID-19 virus and the rise of new variants of concern, like Delta and Omicron.

Thus far, our preliminary clinical trial results demonstrate that our scientific ingenuity, paired with government support, is already saving lives. Backed by the results of our clinical trials so far, as of fall 2021, EB05 has racked up some impressive results, including a nearly 70 per cent reduction in mortality in critically ill, hospitalized patients. With such strong data, this COVID treatment will be able to assist Canadians and the rest of the world to move past acute illness into the recovery phase.

Federal funding enabled Edesa Biotech to rapidly ramp up the research and manufacturing of our therapeutic candidate. Canada offered the necessary infrastructure and services for the rollout of our clinical study, such as the availability of local research hospitals, research organizations, and pharmaceutical distribution channels.

We were able to access a Level 3 biosafety lab at the University of Toronto, engage over twenty hospitals across Canada to participate in clinical research and application, manufacture thousands of doses and enroll more than 600 hospitalized patients for clinical studies in Canada and around the world.

Of course, the success of this homegrown development program did not happen overnight. Canada's accessible and diverse research talent pool and its world-class academic institutions made it possible to establish Edesa in Canada rather than in the traditional biotech hubs in the United States. In Edesa's case, more than 75 per cent of our team trained at Canadian universities, and our employees reflect the widespread diversity and acceptance unique to Canada. Approximately 70 per cent of our Canadian employees are foreign-born, including myself.

Canada's proven ability to attract, develop, and train diverse scientific talent is a great start, but it is not enough. While there is much to praise about the Canadian commitment to science and innovation, this country still faces many challenges to becoming a leader in homegrown, innovative medicine. At the forefront of these challenges is Canada's preparedness to address future pandemics or collaboratively manage our response over the long term now that the virus is endemic.

The COVID-19 pandemic has highlighted the importance of domestic capacity to develop and produce therapeutics and vaccines, and the federal government has responded with its Biomanufacturing and Life Sciences Strategy, a more robust Public Health Agency and the creation of a stand-alone Emergency Preparedness capability housed within the Privy Council Office.

As we have been reminded with the continued emergence of new variants, including the Omicron variant, continuous scientific adaptation and coordination, including deploying our Canadian intellectual capital, is necessary to respond to these challenges. A pandemic preparedness plan for the 21st century must take into consideration this diversity of response as well as security of domestic supply.

I remain optimistic about the great progress we can make as a country. When confronted with the tragedy of this pandemic, our government, businesses, universities and scientific community stepped up to the challenge. Importantly, this innovative therapy, along with other COVID-19 treatments, is providing hope to the world that the virus can soon be managed similar to other endemic diseases, regardless of new variants that may emerge.

Par Nijhawan is a physician and pharmaceutical entrepreneur. Dr. Nijhawan is the founder and CEO, Edesa Biotech. Prior to Edesa, Dr. Nijhawan founded Medical Futures Inc., Digestive Health Clinic, and Exzell Pharma. He received his MD from the University of Ottawa and completed his internship at Yale University, and his internal medicine residency and fellowship at the Mayo Clinic. *The Hill Times*

Public Health Agency 'fell short' on border control measures, with poor tracking and inconsistent enforcement: AG report

NEWS | DECEMBER 9, 2021 | SAMANTHA WRIGHT ALLEN |

The Public Health Agency of Canada had "significant gaps" administering border control measures meant to limit COVID-19's spread, failing to properly track suspected rule-breakers or positive cases even after improving its verification of traveller compliance, according to a new report by the auditor general.

The Dec. 9 report by Auditor General Karen Hogan found the agency "fell short"

enforcing Canada's border restrictions and rules, though it improved on the poor tracking in the months after the pandemic outbreak, when it did not know whether two-thirds of travellers complied with quarantine orders.

By June 2021, the percentage of untracked travellers was still more than one third, at 37 per cent, and though it represented an improvement on the 66 per cent unknown in the last audit period between May and June 2020, the agency "continued to face challenges" in the months after and Hogan said the current gap remains a concern.

"This is not a success story," said Hogan in an afternoon press conference, before the four reports were tabled in the House. The audit built on findings from a past audit, and focused on whether the agency improved between the last audit and the new audit period, July 1, 2020, and June 30, 2021.

"I'm concerned the agency is not able to show us whether these border measures are effective measures. ... It really is up to the public health agency to do better," Hogan told reporters. The audit found the agency did get better at tracking data, mainly due to a shift to collecting contact information electronically rather than on paper.

Still, she suggested the health agency was "unable to take those lessons learned and put them to other border measures" and said amid the "concerning" results that it's incumbent on PHAC to "give assurances" to Canadians that it is improving those methods.

"While their percentage is improving, the number of travellers entering the country is also going up and so it is still important [to] pay better attention. There are some steps they need to take," she said, and applying these lessons learned, and soon, is especially important in order to address new virus variants and limit their introduction into Canada.

Crucially, the Public Health Agency of Canada (PHAC) did not follow up on all COVID-19 tests, despite results and isolation plans being "critical to limiting virus spread."

"We found that, because of poor data quality, close to 137,700 COVID-19 test results could not be matched to incoming travellers," the report concluded. There was also "uneven ticketing" for those suspected of non-compliance with the rules, and generally poor follow-up, she said.

On top of the COVID-19 testing gaps, the audit also found PHAC did not automate tracking of mandatory hotel stays for air travellers, which Canada brought in amid spiking cases from February to June 2021, affecting about 370,000 air travellers. In fact, with only manual tracking of daily check-in notifications, the agency verified hotel stays for only one quarter of them, she said.

"When you're missing records of stays in 75 per cent of the cases, it's a sign that something needs to be done differently so that you can have a better handle on it," she said, and the agency was ultimately "unable" to show the quarantine hotels were "an effective preventative measure." She noted that though border officials confirmed incomers had the quarantine hotel reservations, the agency had not set up a system to "properly match" and confirm whether 75 per cent had made it to their destinations.

This, the report noted, despite evidence from November 2020 that suggested air travellers were more likely to test positive for COVID-19 than land-crossers, at 2.2 per cent compared to 1.9 per cent.

The audit made three recommendations: the agency should improve its enforcement of emergency orders by upping its automated tracking and data quality; have a consistent national enforcement approach; and consider adverse effects of its programs on diverse and vulnerable groups.

PHAC agreed with all recommendations, and in response, noted it launched a November 2021 assessment of its information technology systems. The agency promised to “streamline” how it assesses data and improve contacting and tracking those suspected of flouting the rules. An automated process is the best approach, the agency agreed, and said that was the approach since June 2021, though it’s since been removed as a requirement.

PHAC said it “renewed” efforts in November 2021 to connect with enforcement agencies, though it noted its hands are tied with an ability to issue tickets under the Quarantine Act only with jurisdictions that have Contraventions Act ticketing regime. Alberta, Saskatchewan, and the three territories are not part of the regime.

“It’s clear here this was more reactive than proactive,” Hogan said, and “it’s clear” that should be addressed before the “next time.”

The findings come amid a slow rise in COVID-19 cases and new restrictions to address the Omicron variant of concern. Just last month, the United States opened its land border to fully vaccinated Canadian travellers, but with Omicron some countries are moving to tighten restrictions. Last week, Canada expanded its ban of foreign traveller entry to include those who have in the last two weeks to a number of countries, including Nigeria, Malawi, South Africa, Mozambique, Namibia, Zimbabwe, Botswana, Lesotho, and Eswatini.

Canada's Chief Public Health Officer Theresa Tam, pictured speaking in May 2020, just before the auditor general's review period of the Public Health Agency of Canada kicked in. While the audit suggested the agency improved its tracking of border measures between June 2020 and July 2021, it said the agency also 'fell short.' The Hill Times photograph by Andrew Meade

The agency, which was responsible for implementing the country's border restrictions and control measures, including both tests and quarantine, aids the health minister and administers emergency orders imposed under the Quarantine Act. Indigenous Services Minister Patty Hajdu (Thunder Bay-Superior North, Ont.) served as health minister from November 2019 until the federal election. Jean Yves Duclos (Québec, Que.) is the new health minister.

Between March 2020 to August 2021, PHAC has spent \$614-million on administering the border measures, including more than half related to testing (\$342-million), followed by \$200-million to house incoming travellers at quarantine facilities (the agency was still operating 13 in nine cities as of June 2021), \$65-million related to 14-day quarantine orders, and \$7-million to operate government-authorized hotels. Shift to paperless improved PHAC’s tracking, but big data gaps remain

The agency’s shift to paperless collection of traveller information in late 2020 meant it could contact the majority of incomers, the audit found. The November 2020 launch of the ArriveCAN application also meant a marked improvement, but at first it was only mandatory for air travellers, expanding to include land travellers in late February 2021. Missing traveller information dipped to eight per cent compared to 20 per cent in the previous audit period.

Just last week, new Health Minister Jean-Yves Duclos stressed it is ‘mandatory’ for travellers to submit information on the ArriveCAN application or website. The Hill Times photograph by Andrew Meade

About one-third of COVID-19 tests were missing or could not be matched with travellers, and 14 per cent who tested positive (1,156 people) were not contacted by the agency between February and June 2021.

Between the two audit periods, the report found the agency was more proactive in

notifying enforcement of suspected rule-breakers, referring 79 per cent of this category between July 2020 to June 2021, up from only 40 per cent between May and June 2020. In that period, the agency called 92 per cent who showed symptoms, up from 58 per cent during the previous audit period.

But, again, tracking became a problem and the agency did not know what happened to 59 per cent of the 136,735 who were marked as “priority referrals.” Ticketing was entirely dependent on provincial regimes, with most issued for those moving through Toronto and Vancouver airports, and none in the territories and every other province, aside from 139 in Manitoba. Ontario represented more than 5,000 of the 6,391 tickets issued between December 2020 and June 2021. (Quebec is not required to report this information)

“This finding matters because without verifying travellers’ compliance with mandatory quarantine orders, the Public Health Agency of Canada cannot know whether its approach to enforcing the orders is effective or to what extent its approach serves to limit the spread of COVID-19,” said the report, which ultimately found “little follow-up” was done with non-compliant travellers.

When the quarantine hotels were in effect, until June 2021, 71 people refused to go and 45 left facilities without permission, but PHAC only issued 13 tickets for failure to comply with a stay requirement.

There were also “gaps in the verification” after mandatory testing came into effect in January and February 2021. From February to June 2021, up to 669,340 incomers had to take an on-arrival test, with those who tested negative also expected to do a follow-up eight days after stepping foot in Canada. But, 14 per cent did not take that immediate test, and a further 26 per cent did not do the post-arrival check.

“We found limited follow-up with travellers with missing or unmatched COVID-19 test results,” the report found, which affected an estimated 80,500 on-arrival tests and 57,200 post-arrival test results. The agency contacted only 38 per cent of travellers in this category to warn the quarantine period would be extended until they took the test, the report found.

Hogan’s office switched the in-person media availability to entirely virtual just ahead of the afternoon press conference. Outside the Sir John A. Macdonald Building employees still showed up to picket as part of an ongoing strike for higher wages by 170 employees with the Audit Services Group.

Members of the Audit Services Group, representing workers in the Office of the Auditor General of Canada picket outside the Sir John A. Macdonald Building on Dec. 9, 2021. The Hill Times photograph by Andrew Meade

Hogan said she is “deeply concerned and preoccupied” with the stress employees are experiencing due to the labour dispute and the “toll it’s taking on the entire organization.” The audits were far along by the time strike action started, but she said the “aesthetic look” of the reports was affected but the management team was able to complete them. She said she would provide an update to Parliament next week on how the action is impacting her office.

Hogan tabled three other reports including ones that looked into protecting Canada’s food system, the health and safety of agricultural workers, and the government’s Regional Relief and Recovery Fund. The Hill Times

New Democratic Party of Canada

DECEMBER 9, 2021

NDP health critic Don Davies (Vancouver Kingsway, B.C.) and transport critic Taylor Bachrach (Skeena--Bulkley Valley, B.C.) issued a statement: "A very troubling report from the Auditor General reveals that the Trudeau government failed to verify whether travellers actually followed mandatory quarantine orders after crossing the border," they said. "We know that border control measures that are evidence-based and well enforced can limit the number of COVID-19 cases and its variants in Canada. But without knowing for sure whether travellers followed quarantine orders, no one knows whether the government's border measures are working," they said. "The NDP supports the calls made in this report [...] As a longer-term solution, New Democrats are also calling for Trudeau's government to stop defending the profits of big Pharma and support the push for all countries to be able to produce COVID vaccines." The full release is available [online](#). Call 613-222-2351.

Auditor General of Canada

DECEMBER 9, 2021

A report from Auditor General Karen Hogan concludes that the Public Health Agency of Canada improved its verification of traveller compliance with mandatory quarantine orders, but that significant gaps remained in the Agency's administration of additional border control measures intended to limit the introduction into Canada of the COVID-19 virus and its variants. "Though the Public Health Agency of Canada improved its results, this is not a success story," stated Hogan. "The Agency's inability to confirm whether more than a third travellers complied with quarantine orders remains a significant problem." The full release is available [online](#).

Canadian Medical Association

DECEMBER 9, 2021

Dr. Katharine Smart, president of the Canadian Medical Association, issued a statement: "One year ago today, Health Canada gave a green light to the first COVID-19 vaccine approved in Canada," she said. "Since Dec. 9, 2020, more than 62 million doses of vaccine have been administered across the country," said Smart. "As we end the second year of this pandemic, we need to remind ourselves that, unfortunately, it is not over," she said. "With 2021 coming to a close, I am optimistic that the next year will bring us a little closer to the finish line of this pandemic. No one wants a fifth wave, and everyone has a role to play in avoiding it." The full release is available [online](#).

Indigenous Services Canada

DECEMBER 9, 2021

Indigenous Services Canada announced that Jonathan Riberdy of Zhiibaahaasing First Nation is the recipient of the 2021 National First Nations Water Leadership Award. The full release is available [online](#). Call 819-953-1160.

Canadian Institutes of Health Research

DECEMBER 9, 2021

Health Minister Jean-Yves Duclos (Québec, Que.) announced that the Government of Canada is investing \$13.7 million in 89 new COVID-19 research projects across the country. This includes 70 projects focused on understanding the impact of the COVID-19 pandemic on children, youth and families. It also includes 19 projects focused on promoting vaccine confidence and encouraging vaccination, particularly among groups with low vaccination rates. The Government of Canada is providing the funding for the research through the Canadian Institutes of Health Research. The full release is available [online](#). Call 613-957-0200.

Statistics Canada

DECEMBER 9, 2021

Statistics Canada issued data on the circumstances surrounding sudden and unexpected sleep-related infant deaths, 2015 to 2020. In Canada, from 2015 to 2020, there were approximately 1,700 deaths per year among infants under the age of 1. On average, 1 in 15 (110) of these deaths occurred while the infant was sleeping. While a number of deaths that occurred during sleep were of natural causes, such as respiratory diseases or congenital defects, the majority (83 per cent) were sudden and unexpected and occurred in otherwise healthy infants. Sudden and unexpected sleep-related deaths are either caused by a threat to breathing such as suffocation or strangulation, or an undetermined cause, where a cause of death cannot be determined from the investigation or autopsy. While sleep-related deaths of undetermined cause have historically been referred to as sudden infant death syndrome, this term has not been used for the classification of infant deaths in most provinces and territories in Canada since 2012. The full release is available [online](#).

Canadian Drug Policy Coalition

DECEMBER 9, 2021

The Canadian Drug Policy Coalition is among 21 civil society groups from across the country that collaborated on Decriminalization Done Right: A Rights-Based Path for Drug Policy, Canada's first civil society-led policy framework for drug decriminalization in Canada. This framework seeks to end the harmful and fatal criminalization of people who use drugs—which has fuelled unprecedented overdose deaths—and protect the health and human rights of all people in Canada. Among the platform's recommendations is the full decriminalization of all drug possession for personal use, and the redistribution of resources from enforcement and policing to non-coercive, voluntary policies, programs, and services. "Decriminalization Done Right proposes a policy shift that is long overdue and is a first step to change a historically cruel and misguided application of the criminal law that has devastated the lives of countless Canadians," said Donald MacPherson, executive director, Canadian Drug Policy Coalition. The full release is available [online](#).

Conservative Party of Canada

DECEMBER 9, 2021

Conservative Senator Pierre-Hugues Boisvenu is pleased that the Senate adopted his bill S-206, An Act to amend the Criminal Code (disclosure of information by jurors). This bill would extend support to jurors facing mental health issues caused by what they heard in a trial. Call 613-943-4030.

Conservative Shadow Minister for Public Safety Raquel Dancho (Kildonan--St. Paul, Man.), Shadow Minister for Health Luc Berthold (Mégantic--L'Erable, Que.) and Shadow Minister for Transport Melissa Lantsman (Thornhill, Ont.) issued a statement: "It is unacceptable to learn that travellers who are being mandated to stay in quarantine hotels operated by the Trudeau government do not have access to basic necessities like food, medication, and baby diapers," they said. "The Trudeau government must be accountable for its failure to provide safe conditions for those who must quarantine when entering Canada," they said. Conservatives call for a plan that includes:

- Guarantee immediate access to basic necessities including food, medication, and clothing for the duration of their at a quarantine hotel;
- Clear guidelines on entry and exit, and the ability to immediately leave the quarantine hotel upon receiving a negative COVID-19 test;
- Releasing the threshold for ending the hotel quarantine program; and
- Requesting the government's COVID-19 Testing and Screening Expert Advisory Panel immediately review its May 2021 recommendations on testing and quarantines at the borders.

Call 613-992-7148.

Standing Committee on Health

COMMITTEES |

Monday, December 13, 2021, 3:30 p.m. to 5:30 p.m.
Room 330, Wellington Building, 197 Sparks Street
Webcast

On the Agenda

- Election of Chair