TORONTO **STAFF REPORT**

April 20, 2004

To: Board of Health

From: Dr. Barbara Yaffe, Acting Medical Officer of Health

Subject: Comments on the Canada Health Protection Act – A Proposal to Renew Federal Health Protection Legislation

Purpose:

The purpose of this report is to inform the Board of Health about the Health Protection Legislation Renewal process undertaken by Health Canada and to solicit Board of Health endorsement of the comments made to Health Canada by Toronto Public Health.

Financial Implications and Impact Statement:

There are no financial implications stemming directly from this report.

Recommendations:

It is recommended that:

(1) the Board of Health commend Health Canada on the proposed plan to modernize and strengthen Canada's health protection legislation, and

(2) the Board of Health endorse the Acting Medical Officer of Health's comments on the Proposed Canada Health Protection Act; and

(3) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

In the summer of 2003, Health Canada released "Health and Safety First!" - a proposal to renew federal health protection legislation. Health Canada is proposing to replace the *Food and Drugs Act (1953), the Hazardous Products Act – Part I (1969), the Quarantine Act (1872) and the Radiation Emitting Devices Act* (1969) with a single Canada Health Protection Act (CHPA).

Other acts relevant to health protection - the Pest Control Products Act, Controlled Drugs and Substances Act, Tobacco Act and the Canadian Food Inspection Agency Act – were recently adopted by parliament and will be amended, as needed, to ensure integration with the proposed legislative framework under the CHPA. Health Canada invited comments on this proposal and has held various consultation meetings across Canada.

Toronto Public Health (TPH), in collaboration with the Ontario Public Health Association (OPHA), developed a consultation process to review the proposal and submit comments to Health Canada. In addition, staff members of TPH participated in several consultation workshops held in Toronto by Health Canada. TPH's and OPHA's comments have been submitted to Health Canada to meet their timeline for input.

Comments:

TPH commends Health Canada's efforts to develop a new legal framework for health protection in Canada. TPH staff have reviewed the proposal in detail and submitted comments to Health Canada (see Appendix 1 & 2).

In general, TPH supports Health Canada's direction of consolidating the Food and Drugs Act, Hazardous Products Act (Part 1), Quarantine Act and the Radiation Emitting Devices Act into one Act. TPH agrees with the underlying values of placing health and safety first, plus openness, transparency and accountability. Staff have discussed and made specific comments on major components of the proposal related to public health including the sections dealing with product safety, deception, review process, food, health products, direct-to-consumer advertising, water, communicable disease, passenger conveyances and health surveillance, research and information.

Conclusions:

Toronto Public Health is pleased to see Health Canada continue its efforts to modernize and strengthen Canadian health protection legislation. TPH supports the proposal in principle but sees areas where provisions can be strengthened to protect public health. These areas are identified in the submission to Health Canada.

Contact:

Franca Ursitti
Research Consultant
Health Promotion and Environmental Protection
Planning & Policy
Toronto Public Health
e-mail: fursitti@toronto.ca
Phone: 416-338-8143

Connie L. Uetrecht
Manager, Health Promotion and Healthy Lifestyle
Planning & Policy
Toronto Public Health
e-mail: cuetrech@toronto.ca
Phone: 416-338-7960

Fran Scott
Director, Planning and Policy & Associate MOH
Toronto Public Health
e-mail: fscott@toronto.ca
Phone: 416-392-7463

Dr. Barbara Yaffe
Acting Medical Officer of Health

List of Attachments:

Appendix 1: Letter to Ian Green, Deputy Minister, Health Canada (March 30, 2004)

Appendix 2: Toronto Public Health's Comments (March 30, 2004) – Canada Health Protection Act – A Proposal to Renew Federal Health Protection Legislation.

Appendix 1

TORONTO

Dr. Barbara Yaffe
Medical Officer of Health (Acting)

Community & Neighbourhood Services
Eric Gam, Commissioner

Public Health
277 Victoria Street
5th Floor
Toronto, Ontario M5B 1W2

Tel: 416-392-7402
Fax: 416-392-0713

Reply: Connie L. Uetrecht
416-338-7960

March 30, 2004

Ian Green
Deputy Minister
Health Canada
Tunney's Pasture
Ottawa, Ontario K1A 0K9

Dear Mr. Green:

Toronto Public Health (TPH) is pleased to provide Health Canada with its comments on the proposed Canada Health Protection Act. My staff and I applaud Health Canada for its continued efforts to modernize and strengthen Canadian health protection legislation.

Attached are the comments made by TPH staff on issues pertaining to public health. In general, we support the direction Health Canada is taking to consolidate the Food and Drugs Act, Hazardous Products Act (Part 1), Quarantine Act and the Radiation Emitting Devices Act into one Act and we support the underlying values of health and safety first, openness and transparency and accountability. The proposed general safety requirement (GSR) has the potential to be a positive and significant product safety measure. However, it cannot be a replacement for specific regulations. Nor can it be seen to be a protective measure when its application is dependent on standards that have developed outside of Canada's process for standards development. I would like to refer and lend TPH's support to the GSR analysis submitted by the Canadian Environmental Law Association (CELA). Their discussion of a materials use policy and promoting clean production, which aims to produce safer products that do not pose a health risk or negatively impact the environment, is particularly important and should be incorporated in the proposed Canadian Health Protection Act.

Toronto Public Health appreciates the opportunity to help shape health protection legislation. If you require clarification on any of the comments presented please call Connie Uetrecht (416-338-7960) or Franca Ursitti (416-338-8143).

Sincerely,

Dr. Barbara Yaffe
Acting Medical Officer of Health

cc. Mario Simard, Health Protection Legislative Renewal Office

Appendix 2

TORONTO PUBLIC HEALTH'S COMMENTS (March 30, 2004)

Canada Health Protection Act – A Proposal to Renew Federal Health Protection Legislation

Background:

In the summer of 2003, Health Canada released "Health and Safety First!" - a proposal to renew federal health protection legislation. Health Canada is proposing to replace the *Food and Drugs Act (1953), the Hazardous Products Act – Part I (1969), the Quarantine Act (1872) and the Radiation Emitting Devices Act* (1969) with a single Canada Health Protection Act (CHPA). Other acts relevant to health protection - the Pest Control Products Act, Controlled Drugs and Substances Act, Tobacco Act and the Canadian Food Inspection Agency Act – were recently adopted by parliament and will be amended, as needed, to ensure integration with the proposed legislative framework under the CHPA. Health Canada is inviting comments on this proposal.

Toronto Public Health (TPH), in collaboration with the Ontario Public Health Association (OPHA), developed a consultation process to review the proposal and submit comments to Health Canada. TPH staff participated in a November 2004, half-day workshop, to start the discussion within the public health community (see the attached participant list). This was followed by a series of workshops to discuss specific components of the proposed legislation in more detail. The detailed meeting notes are available on the OPHA website: www.opha.on.ca.

This discussion document presents the highlights of the issues and concerns raised by TPH staff and OPHA members. It also makes recommendations and indicates where TPH supports the direction Health Canada is taking. The information is presented in the order occurring in the detailed legislative proposal. The information in the text boxes is taken from "Health and Safety First! A Proposal to Renew Federal Health Protection Legislation" and its companion document "Health Protection Legislative Renewal – Detailed Legislative Proposal". These text boxes provide the context for the issues/concerns raised.

Renewal of federal health protection legislation is long overdue. TPH staff applauds Health Canada for initiating this renewal process.

GENERAL

CONSOLIDATION OF FOUR ACTS: The CHPA would replace the *Food and Drugs Act, Hazardous Products Act (Part I), Quarantine Act and the Radiation Emitting Devices Act*.

The consolidation is intended to:

- ensure greater coherence and consistency and avoid gaps and overlap
- capture in one Act, the rules generally applicable whenever addressing health risk and the key issues that cut across all areas (e.g. values, principles, confidential information and enforcement powers)
- make it easier to keep one piece of legislation up-to-date

Consolidation of the four Acts was generally supported. However, there was some concern regarding the breadth and complexity of the Act. Regulations (both existing and those to be developed) were seen as the way to address specific issues and may mitigate the reluctance to reopen a broad piece of legislation for changes. It is not clear whether the Act will be able to support a balance between the varying needs for public empowerment and ensuring safety that are demanded by the broad array of "products" to be addressed by the Act. The Act and accompanying regulations need to be structured and organized in such a way that facilitates public understanding and improves public access to the regulatory information.

PURPOSE: The purpose of the CHPA is to protect the health of the people.

- There was general agreement with the stated purpose of the Act. Opinion was divided as to whether health promotion should be incorporated into this Act. Some suggested that the wording be changed to "protect and promote". Others felt that health promotion and health protection should be addressed by separate legislation. It was felt that "Protection" creates boundaries that are manageable and that the inclusion of health promotion could make the legislation unwieldy.

- Of significant concern is the lack of a definition for health. Health Canada steered away from defining health. They see this approach as allowing the meaning to evolve over time and they have indicated that in circumstances requiring legal interpretation, the courts would give "health" its generally accepted meaning of "general condition of body and mind". However, many public health professionals are concerned that without a definition specified in the Act, the use of the term would not be consistently applied across all legislation.

- There exists the potential for conflicts in roles and responsibilities, especially between Federal and Provincial / territorial legislation. Jurisdictional responsibilities, functions and linkages must be therefore defined throughout the Act.

VALUES: The three **core values** proposed are:

HEALTH AND SAFETY FIRST – the health and safety of the people of Canada shall be the primary consideration in actions taken under this proposed Act
OPENNESS – Public scrutiny of government actions relating to health and safety and public engagement in the decision-making process shall be encouraged
ACCOUNTABILITY – As a member of the Government of Canada, the Minister of Health is ultimately accountable for the administration of the Act to the people of Canada through Parliament

The three core values proposed for the Act are positive and necessary because they assist the courts and administrators of the Act with its interpretation and implementation. There are other values that should be included either by incorporating them into the proposed three or separately core.

- Health and Safety First – Consideration needs to be given to all segments of society. In some situations the impact of a particular product may affect different groups of people in different ways e.g. certain prescription drugs.

- Openness – The transparency of Government decision-making is at issue. It is the responsibility of Government to be open and clear about the processes, rationale and evidence used in decision-making. As written, this value places the responsibility on the public to examine and to become engaged in the Government's decision-making processes. Transparency must be practiced both within the government, as well as considering the views of the Canadian public. There should be an obligation for government to ensure active public involvement in the decision-making process.

- Accountability – This value needs to extend to "all the people of Canada", meaning any person who is in Canada at any given time. This would prevent disputes as to whether it applies only to Canadian citizens, permanent residents, etc. Included in the notion of accountability is regular audit/evaluation to help inform the scheduled review process. In addition, conflict of interest issues must be captured in this value.

- Other suggested values:
  1) "Environmental or ecological sustainability" should be included as another core value to cover products that can pollute indoor air, destroy the ozone layer, disrupt the climate, etc.
  2) There must be a commitment to address emerging health issues in a timely fashion.

GUIDING PRINCIPLES FOR RISK DECISION-MAKING: The proposed Act would affirm some important principles which should guide decisions regarding risks to health.

1. Assessment of risk shall be based solely on science & objective observation
2. Potential negative effects shall be weighed against potential advantages
3. The concept of precaution will be applied
4. Desires of individuals on matters concerning their own health shall be considered when they can make an informed choice & public interest is not threatened
5. Recognition that the same measures/actions can impact people in different ways
6. Decisions will be made with a view to minimizing adverse impacts on the environment

These principles were generally supported but some issues were raised as to when and how they are applied.

- Applying the concept of precaution is limited to risk management. In addition, the use of the word "solely" to limit how risk is assessed suggests that science does not involve the use of judgement. Notwithstanding the importance of assessing health risk based on the objective, scientific observation, professional judgement is implicit in scientific research. Therefore, the precautionary principle applies to the risk assessment process, as well. Recent examples of insertion of the precautionary principle into legislation are the Canadian Environmental Protection Act and the Pest Control Products Act.

- The processes of risk assessment and risk management need to acknowledge that new information may change the basis upon which past decisions were made. Therefore, provisions for regular review of decisions made under the Act and its regulations, needs to be included in the risk assessment and review process.

- The principle of informed consent is important. However, there is concern about the difficulty in establishing when someone is in a "reasonable" position to make an informed choice. There is a need for information that is accessible, clear and meaningful to the average person (eg. no long chemical names, appropriate language…).

Additional Principles Suggested:

1. A principle which clearly articulates that the risk assessment should weigh evidence of health and environmental impacts at all stages in the life-cycle of a product (eg. address issues such as toxic exposures that occur in indoor environments from chemicals that off-gas from products such as rugs and furniture).
2. A principle which clearly articulates the need to consider the cumulative impact of various products/substances on human health.
3. A principle that states that special consideration should be given to ensure the protection of vulnerable populations.

PRODUCTS

> **GENERAL SAFETY REQUIREMENT**: A General Safety Requirement is proposed in addition to standards & requirements specified in regulations. The requirement reads "No supplier shall manufacture, promote or market any product that, when manufactured, marketed, promoted, used or disposed of under reasonable foreseeable conditions, could cause adverse effects to the health of a person."

- A general safety requirement (GSR) that would capture those products that are not specifically covered by regulations was supported. Existing regulations should not be replaced by the GSR
- There was significant concern regarding the potential for the Act to "open the door" for the adoption of "standards" developed by industry representatives of any given product.

> **SUPPLY CHAIN:** Responsibility of participants in the chain of supply:
> - Every person in the supply chain would be responsible for exercising reasonable care in the conduct of the person's activities
> - not promoting or marketing a product which the person knows, or ought to know does not meet safety requirements , and
> - cooperating in monitoring the safety of products and in implementing corrective actions such as product recalls.

- It was generally agreed that every person in the supply chain should be responsible.
- Manufacturers should monitor adverse health incidents after the product has been put on the market. The lead responsibility for monitoring should rest with Health Canada. The Act should make reporting of safety issues mandatory. Mandatory reporting can provide important surveillance information.
- Manufacturers also need to address off-label use for prescribed health products, foods and natural health products (e.g. doctors prescribing a drug for a purpose other than that indicated).
- The proposal indicates responsibility for any product posing an undue risk applies to the whole lifecycle of the product (manufacturer to supplier). This was supported but it was unclear as to how this would be enforced.

DECEPTION: No supplier shall manufacture, promote or market a product in a way that may cause the purchaser or the person using the product, to be misled as to the characteristics, value, safety and effectiveness of the product or as to its conformity with any standard or requirement. The proposed Act would also require anyone who makes a health claim to have valid data to support it. A meaningful summary of the data in support of a claim relating to the safety of a product or its effect on health must be made available to the public.

- In general there was agreement with the proposal in this section. Sufficiently rigorous standards of evidence need to be established. In addition, Health Canada needs to have the scientific capacity to verify claims independently.
- It is realistic to require data to be made available to the public on request, and should potentially be mandatory once a certain threshold of risk has been exceeded. However, it is not adequate to only require summary information. Manufacturers, suppliers, etcetera must be make available all data that supports any health claims, as well as meaningful summaries.
- There was general support for establishing an independent panel to review the data submitted to substantiate health claims especially for products considered higher risk. However, the reports of these panels should be publicly available and must be submitted to a public official, such as the Minister of Health or Chief Medical Officer, who is accountable to Canadians. The existence of the Panel should not be used as a reason to keep health evidence from public scrutiny.
- The deception provisions should apply to packaging as well as to print advertisements.

CATEGORIZATION OF PRODUCTS: It is proposed that products would be categorized based on the level of risk they present rather than on the product definition they happen to fall under. Until which time the regulations are in place to allow for this product definitions are still necessary to classify products. The establishment of a classification committee has been proposed.

- This proposal of categorizing products based on level of risk was seen as too ambiguous. It was felt that the categories of products or the criteria to define the categories, needs to be entrenched in the legislation itself in order to ensure public health and safety and to increase transparency.
- The classification committees need to be equitable (eg. perspectives need to be balanced) in their representation, properly resourced and free of corporate bias.
- The needs of vulnerable populations, in particular children, must be considered when products are categorized. More than half of the products currently regulated under the HPA are those used by or with children.

REVIEW PROCESS: Transparency of the Review Process

To help focus the public discussion on how to render Health Canada's review processes more transparent, the document raises some specific questions:

- Should the Act provide authority to disclose information such as the status of pending submissions, a summary of data presented by the manufacturer or the data itself, a summary of Health Canada's evaluation or reports of adverse reactions?
- Prior to approving a new product, should Health Canada provide a reasonable opportunity for the public to present written comments?
- Should the Act provide the authority to hold public hearings, prior to making a final decision, where considered appropriate by the Minister?
- Should Health Canada's risk assessment of certain novel products be subject to a review by an independent panel of experts?

- Health Canada's proposal to provide a reasonable opportunity for the public to present written comments was supported. Risk assessments should be subject to reviews by independent panels of experts – with a caution that it is not always possible to totally eliminate all elements of "conflict of interest" given the practice of corporate funding of scientific research.
- There is a need to expand "pre-market and "post-market testing" for children's products and other products made with harmful substances that may result in exposure and health risk at some point in the product's lifecycle. Pre-market testing should apply to all products that contain chemicals deemed toxic under the Canadian Environmental Protection Act.
- Novel Foods – There is strong support for the recommendations of the Royal Society of Canada's Expert Panel report on the Future of Food Biotechnology (Feb 4, 2001). The legislation should entrench a strong message that the interest of public health and safety must come first, over other interests such as trade, economic development and profit. There is concern that the principle is not currently followed. For example, when the Canadian government receives royalties on genetically modified wheat, Health Canada is in a conflict of interest. Another example is the strong industry presence on the Canadian Biotechnology Advisory Committee. These types of conflicts of interest must be eliminated.
- Options for more openness - There was general agreement that measures should be taken to ensure more openness of the review process for the safety of new products. This will require significant government resources. The information should be available to the public regardless of whether the product is approved.
- Post market Review - Products should be subject to post-market review and foods, especially novel and functional foods, should also be subject to safety reviews after they have been approved for sale. Health Canada also needs to take a more active role in monitoring and surveillance of adverse health effects and reporting of safety issues must be made mandatory.
- Legislative authority – There is general agreement with what is being proposed. However, Health Canada needs to do a better job of providing important information without disclosing confidential information. Criteria need to be in place to determine when to reassess products already approved for sale and Health Canada needs to have the authority to enforce a product recall when there are adverse reaction reports or research studies (from any jurisdiction) documenting adverse health effects.

FOOD: The proposed Act would apply to food and the definition of food would be modified.

The allocation of jurisdictions decided by Parliament in 1997 would not be affected by this proposal. The Ministry of Health is responsible for establishing policies and standards relating to the safety and nutritional quality of food sold in Canada while the Canadian Food Inspection Agency is charged with the enforcement of these standards. The Ministry of Health is also responsible for assessing the effectiveness of the Agency's activities related to food safety.

- The definition of food is clear and is an improvement over the current definition in the FDA. It will allow many products that are presently exempt to be classified as food (e.g. functional foods), thereby subjecting them to the same regulations as existing foods with respect to fortification and health claims.
- By entering into agreements and protocols with one another, Health Canada and CFIA can increase the effectiveness of enforcement and compliance with the Act
- There was concern regarding how the terms "poisonous" and "harmful substance" will be defined. Some products that are considered harmful to health are commonly used by food companies in the manufacture of processed foods (e.g. trans fatty acids).

HEALTH PRODUCTS

ADVERTISING: Schedule A lists a number of diseases where the advertisement to the general public of products that claim to prevent, treat or cure these diseases is prohibited.

The following three options have been proposed:

a) keep schedule A for which advertising is not allowed, but have a clear set of criteria for determining which diseases should be listed
b) retain Schedule A, but have some flexibility with respect to the type of claim which may/may not be allowed (e.g. allowing certain risk reduction claims)
c) eliminate Schedule A.

- The second option was favoured – retain Schedule A. It was felt that the regulations should specify that the Minister could authorize certain claims on a case-by-cases basis when standards of evidence are met
- This option is viewed as encouraging people to seek medical help for serious condition. It also makes the process of listing diseases less arbitrary and more transparent, thus making enforcement more efficient and protecting Canadians from fraudulent claims. It also allows for health claims to be made that are beneficial for public health.
- However, there are some products for which health claims should not be permitted e.g. infant formula.
- There is support for replacing the term "advertising" with the broader term "promotion". Under the Act, "promotion" would mean:
    - To make a representation, by any means, whether direct or indirect:
    - That is intended to or is likely to influence and shape attitudes, beliefs and behaviours in order to further the marketing of a product or activity;
    - Given the general context in which the representation is made;
    - But would not include the expression of an opinion nor a scientific, educational, or artistic work, production or performance: 1) by a person who does not stand to gain a financial benefit from the promotion or marketing of the product or activity; or 2) for a

purpose other than to further directly or indirectly the marketing of a product or activity.

DIRECT-TO-CONSUMER ADVERTISING: Direct to consumer advertising is currently permitted for over-the-counter drugs but not for prescription drugs.

Four tools have been identified by Health Canada:

1. prohibiting the promotion of prescription health products to the public
2. dissemination of consumer health product information (Health Canada would focus on ensuring that the public has easier access to objective information regarding health products and other means of treatment.)
3. controlling the content of the promotion (promotion of health product would be allowed; regulations would establish principles to help prevent the public from being misled)
4. pre-clearance (any proposed promotion of a health product would be subject to pre-clearance by Health Canada or by a body other then Health Canada)

- There was strong agreement that there should not be direct advertising of prescription drugs to the public. There is evidence of undue and inappropriate influence on both patients and physicians, and that advertising drives up the cost of health products. In addition, advertising is not effective in communicating all aspects of the benefits, drug interactions, contraindications and side effects.
- Advertisements can only present a small subset of the information regarding a drug, especially as it relates to an individual situation.
- It was felt that there are other mechanisms that can be used to provide consumer information that are not linked to direct–to–consumer advertising.
- Concern was raised regarding advertising of prescription drugs to physicians. Health Canada needs to develop guidelines for advertising to physicians to encourage information provision and reduce potential bias in selection of drugs due to "rewards".

WATER

WATER: The proposed Act would confirm the authority of the Minister of Health to develop guidelines with regard to drinking water quality.

- CHPA must be consistent with other regulations/codes that guide drinking water quality
- The jurisdiction, roles and responsibilities with respect to water remain unclear and they need to be explicitly outlined in the legislation. In particular, the roles of health units are not recognized.

COMMUNICABLE DISEASE

COMMUNICABLE DISEASES: Within the limits of federal jurisdiction, the Act would strengthen and modernize the legislative authority to prevent the spread of communicable diseases, as in the case of persons and cargo entering, leaving or moving within Canada, while ensuring adequate protection for human rights.

- The following issues will need clarification:
  - will the Act apply to bodies leaving Canada

- will the Act apply to person/cargo first entering Canada at one entry but moving on to another port of entry.
- Who pays for legal counsel for a person intercepted by a designated officer

- It was felt that the Act must prescribe a list of communicable diseases. As currently written, it states that it may prescribe a non-exhaustive list. It was felt that a list was required and it also begs the question at to why it is not exhaustive.
- A designated officer could intercept any person arriving in or departing from Canada if there are reasonable grounds to believe that the person has recently been in close proximity to such a person with a communicable disease. This provision may be over-inclusive and will cover contacts of contacts.
- In the case where a quarantine officer allows a person to proceed to their destination under certain conditions, Health Canada indicates that they may inform provincial and territorial authorities. There is strong opinion that Health Canada must inform other governments including the local authorities.
- The provision under the act that specifies that the owner of the conveyance that brought the person to Canada could be required under the proposed Act to pay the cost of treatment, maintenance and removal of the person from Canada. This provision is not new and in reality Health Canada pays the bill and then forwards it to the provincial/territorial authorities. Either this provision needs to be enforced or Health Canada needs to cover the costs.

PASSENGER CONVEYANCES

PASSENGER CONVEYANCES: The Act would help ensure that proper health and safety standards are maintained on passenger conveyances with regard to water, food, ventilation systems and general sanitation.

There was general support for this section. It was seen as strengthening the areas relating to both passenger and cargo conveyances. The implementation and enforcement of these provisions could contribute to a reduction in the occurrence of food related illness.

HEALTH SURVEILLANCE, RESEARCH AND INFORMATION

HEALTH SURVEILLANCE AND RESEARCH: The Act would clarify the authority of Health Canada to conduct health surveillance and research activities in cooperation with other governments and organizations.

- This is an important function related to monitoring population health. Links, integration, clear jurisdictional boundaries and roles and responsibilities of the three levels of government (including the municipal level) are crucial to effective, seamless surveillance reporting
- Research should include those issues that affect the quality, availability or ability to collect data used for surveillance.

INFORMATION: The Act would strike a balance between the need to collect, use and disclose health information to protect the health of Canadians, and the need to safeguard privacy and commercial confidentiality.

- This act must not contradict other legislation relating to data collection (e.g. privacy legislation)

- In principle there is agreement with the Act's intent regarding the collection, use or dissemination of information.
- In order to create a workable balance between the protection of individuals and government access to information needed to protect public health, clear guidelines are required.
- Collection and analysis of data must be transparent and subject to quality assurance procedures. Data analysis needs to include a process by which the analysis is independently reviewed.
- Safeguards to protect people/companies are important and the CHPA needs to clarify mechanisms to decide who gets what information, when and in what form.
- All personal information should be treated with equal confidentiality
- The option of creating a Health Information Auditor should be pursued as a way of approaching federal health surveillance and research from within the Continuous Quality Improvement paradigm.

ADMINISTRATION AND ENFORCEMENT

- The provisions in this section include steeper fines, more enforcement, and the authority of Health Canada to issue product recalls. However, authority will not be useful unless Health Canada is given the resources to properly administer and enforce this legislation.

PARTICIPANT LIST (TPH staff that participated in workshops and/or submitted comments)

Darlene Berry
Monica Bienefeld
Maureen Cava
Kathy Chan
Karen Clark
Annette Collins
Nancy Day
Ron de Burger
Peter Gauthier
Dr. Michael Finkelstein
Paul Fleiszer
Dr. Bonnie Henry
Gerry Lawrence
Angela Li-Muller
Mary-Jo Makarchuk
Marg Mulholland
Geri Nephew
Mahesh Patel
Wolf Saxler
Dr. Fran Scott
Lisa Swimmer
Sylvanus Thompson
Connie Uetrecht
Franca Ursitti
Marian Yusuf

REFERENCE LIST:

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