Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

https://policybase.cma.ca/link/policy14474

POLICY TYPE: Parliamentary submission
DATE: 2022-05-03
TOPICS: Population health, health equity, public health, Ethics and medical professionalism

Documents

Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

Dr. Alissa Lafontaine
President, Canadian Medical Association
May 4, 2022

Documents not delivered
Study on Bill S-209, An Act respecting Pandemic Observance Day
https://policybase.cma.ca/link/policy14467

POLICY TYPE: Parliamentary submission
DATE: 2022-02-09
TOPICS: Health care and patient safety
Ethics and medical professionalism

Documents

Appearance before the Senate Standing Committee on Social Affairs, Science and Technology

Study on Bill S-209, An Act respecting Pandemic Observance Day

Dr. J.J. (Jim) Triggs
President of the Canadian Medical Association

February 09, 2022

CMA Policybase - Canadian Medical Association
CMA Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities’ study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

https://policybase.cma.ca/link/policy14464

POLICY TYPE
Parliamentary submission

DATE
2021-12-15

TOPICS
Health care and patient safety
Ethics and medical professionalism

Documents
Canadian Medical Association input in advance of the World Health Assembly Special Session
https://policybase.cma.ca/link/policy14461

POLICY TYPE  Parliamentary submission
DATE  2021-11-17
TOPICS  Population health, health equity, public health
Ethics and medical professionalism

Documents
New Criminal Code offence to protect health workers from threats and violence, including online
https://policybase.cma.ca/link/policy14463

POLICY TYPE
Parliamentary submission

DATE
2021-11-16

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents
The Lancet Countdown on Health and Climate Change - Policy brief for Canada, October 2021
https://policybase.cma.ca/link/policy14455

<table>
<thead>
<tr>
<th>POLICY TYPE</th>
<th>Policy endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>2021-10-20</td>
</tr>
<tr>
<td>TOPICS</td>
<td>Population health, health equity, public health</td>
</tr>
</tbody>
</table>

Documents

![Policy Brief for Canada](image-url)
São Paulo Declaration on Planetary Health

Policy endorsement

2021-10-04

Population health, health equity, public health

Documents

<table>
<thead>
<tr>
<th>Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>São Paulo Declaration on Planetary Health</td>
</tr>
<tr>
<td>Planetary Health for all: Building Communities to Achieve the Great Transition</td>
</tr>
<tr>
<td>Table of Contents</td>
</tr>
<tr>
<td>New Introduction</td>
</tr>
<tr>
<td>For the Elimination of Hunger</td>
</tr>
<tr>
<td>For the Restoration of Forests and Fossil Fuels</td>
</tr>
<tr>
<td>For the Protection of Marine Ecosystems</td>
</tr>
<tr>
<td>For the Restoration of Rivers and Wastewater</td>
</tr>
<tr>
<td>For Biodiversity</td>
</tr>
<tr>
<td>For Human Security</td>
</tr>
<tr>
<td>Economist</td>
</tr>
<tr>
<td>For the Health Care</td>
</tr>
<tr>
<td>For the Social Determinants of Health</td>
</tr>
<tr>
<td>For the Promotion of the City</td>
</tr>
<tr>
<td>For the Women</td>
</tr>
<tr>
<td>For the Men</td>
</tr>
<tr>
<td>For the Young</td>
</tr>
<tr>
<td>For the Older Adult</td>
</tr>
<tr>
<td>For the Adult</td>
</tr>
<tr>
<td>For the Comprehensive Protection of all Mankind</td>
</tr>
<tr>
<td>For the Participation of Women</td>
</tr>
<tr>
<td>For the Participation of Men</td>
</tr>
<tr>
<td>For the Participation of Children</td>
</tr>
<tr>
<td>For the Participation of the Elderly</td>
</tr>
<tr>
<td>For the Participation of all</td>
</tr>
<tr>
<td>Conclusion</td>
</tr>
</tbody>
</table>
Vaccine certificates

https://policybase.cma.ca/link/policy14448

POLICY TYPE  Policy document
DATE          2021-08-21
TOPICS        Population health, health equity, public health
              Ethics and medical professionalism

Documents
Mandatory COVID-19 vaccination of health care workers

https://policybase.cma.ca/link/policy14449

Policy document

DATE
2021-08-21

TOPICS
Health human resources
Population health, health equity, public health

Documents
Vaccine acceptance

https://policybase.cma.ca/link/policy14450

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
Global vaccine equity

https://policybase.cma.ca/link/policy14451

POLICY TYPE  Policy document
DATE  2021-08-21
TOPICS  Ethics and medical professionalism, Population health, health equity, public health

Documents

Global vaccine equity

Policy Position Recommendation

1. Long-term inequities in vaccine access to vaccine should be addressed at the international level, starting with the donation of surplus vaccine doses to ensure broader, equitable access to vaccines.

2. International cooperation is required to allocate vaccine doses to high-risk groups and populations in countries with limited vaccine accessibility.

3. The principles of fair and equitable distribution of vaccines should be considered when vaccine procurements are made to ensure broader, equitable access to vaccines.

4. A global framework for vaccine distribution should be developed and implemented to ensure equitable access to vaccines.

5. Long-term inequities in vaccine access to vaccine should be addressed at the international level, starting with the donation of surplus vaccine doses to ensure broader, equitable access to vaccines.

6. International cooperation is required to allocate vaccine doses to high-risk groups and populations in countries with limited vaccine accessibility.

7. The principles of fair and equitable distribution of vaccines should be considered when vaccine procurements are made to ensure broader, equitable access to vaccines.

8. A global framework for vaccine distribution should be developed and implemented to ensure equitable access to vaccines.

9. Long-term inequities in vaccine access to vaccine should be addressed at the international level, starting with the donation of surplus vaccine doses to ensure broader, equitable access to vaccines.

10. International cooperation is required to allocate vaccine doses to high-risk groups and populations in countries with limited vaccine accessibility.

11. The principles of fair and equitable distribution of vaccines should be considered when vaccine procurements are made to ensure broader, equitable access to vaccines.

12. A global framework for vaccine distribution should be developed and implemented to ensure equitable access to vaccines.
Return to school during COVID-19
https://policybase.cma.ca/link/policy14452

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents

Return to school during COVID-19

Policy summary

Full policy recommendation

1. The Canadian Medical Association (CMA) encourages vaccine providers to ensure vaccine inventory is available at school and community vaccination sites, and to provide clear communication of vaccine availability and scheduling times to school administrators, teachers, and students.

2. The CMA recommends that schools have access to a rapid and reliable testing program to support student and staff health and safety. This includes: a clear communication plan to schools; accessible and timely testing; and a robust contact tracing and isolation process.

3. The CMA recommends that schools implement ventilation strategies to improve indoor air quality, reduce the risk of virus transmission, and enhance student and staff health and safety.

4. The CMA recommends that schools have a clear and evidence-based policy for managing absent students who are suspected or confirmed to have COVID-19, in collaboration with local public health agencies.

5. The CMA recommends that schools have a clear and evidence-based policy for managing students with underlying medical conditions who are at risk of severe COVID-19.

6. The CMA recommends that schools have a clear and evidence-based policy for managing students who are immunocompromised or are at risk of severe COVID-19 due to underlying medical conditions.

7. The CMA recommends that schools have a clear and evidence-based policy for managing students who are pregnant or at risk of severe COVID-19.

8. The CMA recommends that schools have a clear and evidence-based policy for managing students who are breastfeeding or at risk of severe COVID-19.

9. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking immunosuppressive medications or are at risk of severe COVID-19.

10. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking anticoagulant medications or are at risk of severe COVID-19.

11. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking ACE inhibitors or ARBs or are at risk of severe COVID-19.

12. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking statins or are at risk of severe COVID-19.

13. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking aspirin or are at risk of severe COVID-19.

14. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking NSAIDs or are at risk of severe COVID-19.

15. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking corticosteroids or are at risk of severe COVID-19.

16. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking proton pump inhibitors or are at risk of severe COVID-19.

17. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antibiotics or are at risk of severe COVID-19.

18. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antihistamines or are at risk of severe COVID-19.

19. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking psychiatric medications or are at risk of severe COVID-19.

20. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking opioids or are at risk of severe COVID-19.

21. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antipsychotics or are at risk of severe COVID-19.

22. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antidepressants or are at risk of severe COVID-19.

23. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antiepileptics or are at risk of severe COVID-19.

24. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking anticoagulants or are at risk of severe COVID-19.

25. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antidiabetics or are at risk of severe COVID-19.

26. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antihypertensives or are at risk of severe COVID-19.

27. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antibiotics or are at risk of severe COVID-19.

28. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antifungals or are at risk of severe COVID-19.

29. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antivirals or are at risk of severe COVID-19.

30. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antimalarials or are at risk of severe COVID-19.

31. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antileukemics or are at risk of severe COVID-19.

32. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antineoplastics or are at risk of severe COVID-19.

33. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antineoplastic agents or are at risk of severe COVID-19.

34. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antineoplastic drugs or are at risk of severe COVID-19.

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53. The CMA recommends that schools have a clear and evidence-based policy for managing students who are taking antineoplastic therapies or are at risk of severe COVID-19.
Interchangeability of vaccines (vaccine mixing)

Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents

Interchangeability of vaccines (vaccine mixing)

Policy recommendations:
1. The CMA recommends that members consult with the Provincial/Territorial vaccine committee(s) on the interchangeability of vaccines. The vaccine committee(s) may provide guidance on the interchangeability of COVID-19 vaccines.
2. The interchangeability of vaccines may be considered on a case-by-case basis. Factors to consider include:
   - Clinical need: the requirement for a specific vaccine
   - Patient preference: the patient's choice
   - Vaccine availability: the availability of the preferred vaccine
   - Safety and efficacy: the safety and efficacy of the available vaccines
   - Cost: the cost of the vaccine

Evidence:

- Interchangeability of vaccines in clinical practice
- Interchangeability of vaccines in clinical trials
- Interchangeability of vaccines in the workplace

References:

Policy Brief: CSAM-SMCA in Support of the Decriminalization of Drug Use and Possession for Personal Use

https://policybase.cma.ca/link/policy14443

POLICY TYPE
Policy endorsement

DATE
2021-06-24

TOPICS
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

Documents
The Future of Care for Canada’s Older Adults
https://policybase.cma.ca/link/policy14441

POLICY TYPE  Parliamentary submission
DATE  2021-06-23
TOPICS  Population health, health equity, public health

Documents
Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021
https://policybase.cma.ca/link/policy14437

POLICY TYPE
Parliamentary submission

DATE
2021-05-20

TOPICS
Population health, health equity, public health

Documents

Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021

Dr. E. Ann Calkins
President of the Canadian Medical Association
May 23, 2021

(Clarify any late delivery)
Enhancing equitable access to virtual care in Canada: Principle-based recommendations for equity
https://policybase.cma.ca/link/policy14447

POLICY TYPE: Policy endorsement
DATE: 2021-04-30
TOPICS: Population health, health equity, public health, Health information and e-health

Documents
Recommendations for equitable COVID-19 pandemic recovery in Canada

https://policybase.cma.ca/link/policy14465

POLICY TYPE
Policy endorsement

DATE
2021-04-30

TOPICS
Population health, health equity, public health

Documents