

CHS recommendations on 1986-1990 Hepatitis C Settlement Agreement Trust Fund projected surplus

1. No portion of the Trust Fund projected surplus should be returned to any level of government. As the Fund was created with a predetermined amount, and not based on the total projected needs of class members, the projected surplus should be entirely used to maintain or enhance benefits.
2. The June 30, 2010 deadline for applications should be extended indefinitely. All persons who meet the approval criteria should be compensated.
3. Those primarily-infected hemophiliacs who are approved HCV-infected persons, who are also infected with HIV and who accepted the one-time \$50,000 payment (section 4.08) should be allowed to reapply to the fund and receive compensation as per all the terms of the Agreement while subtracting the one-time payment.
4. The Multi Provincial/Territorial Assistance Plan ex gratia payments for those infected with HIV should not be considered as income for purposes of compensation for loss of income (section 4.02c).
5. Where annual/lifetime limits on extended health care benefits are exceeded because of HCV care and treatment costs, a mechanism should be developed so these costs can be recovered and benefits used for their and their dependents' other health care needs.
6. The settlement should be modified to allow members' access to life, mortgage, health and travel insurance based on the Irish HCV compensation model.
7. The settlement should develop a mechanism to compensate for the loss of pension benefits resulting from the illness and inability to work.
8. The remaining surplus should be used to enhance benefits to all class members based on the spirit of the original settlement:
 - by adjusting the maximum age for compensation for loss of income to 67 (section 4.02.2);
 - by adjusting the hourly rate for compensation for loss of services in the home to more realistic rates and increasing the maximum allowed number of hours per week (section 4.03.2);
 - by adjusting the amount for funeral expenses (section 5.02);
 - by paying out-of-pocket expenses of family members who help class members attend medical appointments;

- by paying one-time lump sum payments to all class members in proportion to the amounts set out in sections 4.01, 5.01, 5.02, 6.01 and 6.02.
9. The settlement should develop a mechanism to compensate family members who have acted or continue to act as caregivers and in doing so have seen their own daily jobs, school and other activities negatively impacted because of the necessary time commitments.
10. Enhancements should be retroactive.

These recommendations were adopted unanimously by the Canadian Hemophilia Society Board of Directors on September 13, 2015.