

Michelle Boudreau and Martin LeBlanc, Co-Chairs
Health Canada Pharmaceutical and Life Sciences Sector Task Force
Brooke Claxton Building,
79 Columbine Driveway
Ottawa, Ontario K1A 0K9

Submitted via email: mboudreau8893@gmail.com and martin.leblanc@cellcarta.co

Dear Ms. Boudreau and Mr. LeBlanc,

Thank you for engaging with Canada's generic and biosimilar industry as part of the Pharmaceutical Task Force's work to support reliable and sustainable access to medicines and identify Canadian solutions that strengthen innovation, competitiveness, and long-term growth in the life sciences sector.

Canada imports more than 80% of its medicines, creating significant exposure to global supply disruptions, geopolitical instability, and foreign policy decisions beyond Canada's control. This dependence is not only a public health concern—it is also a national security and economic resilience challenge.

Most pharmaceutical production in Canada is undertaken by generic manufacturers and contract development and manufacturing organizations (CDMOs). A list of pharmaceutical manufacturers operating in Canada is attached to this submission.

The United States and Europe have both recognized the strategic risks associated with pharmaceutical import dependence and are moving aggressively to strengthen domestic production capacity.

Recent U.S. measures include:

- ✦ Section 232 pharmaceutical tariffs announced in April 2026, including 100% on patented pharmaceutical imports.
- ✦ Regulatory incentives favouring domestic production.
- ✦ Reduced regulatory fees and lower inspection costs for U.S.-based manufacturers.
- ✦ Targeted tax and investment incentives for drug manufacturing.
- ✦ Procurement policies that prioritize domestically produced medicines.

Canada now faces a critical inflection point. Without a clear and immediate response, investment will shift to jurisdictions offering stronger incentives and more predictable market conditions. Canadian pharmaceutical manufacturers will face increasing pressure to relocate production and future investments outside Canada.

CPMEA Five-Point Action Plan for Domestic Pharmaceutical Production

To Build Canada Strong for drug production, CPMEA recommends a Five-Point Action Plan for Canadian Domestic Pharmaceutical Production:



‘Canada First’ regulatory policy to support investment here including a priority regulatory review for domestic biomanufacturers to incentivize production in Canada while accelerating access to essential medicines; modernize the **Canadian ANDS** pathway; and address patent evergreening including **secondary patents for indications** which benefits foreign companies and prevents fair competition from Canadian producers.



‘Canada First’ procurement policy to direct federal drug programs and public plans to prioritize medicines manufactured in Canada. Directing even a portion of public spending toward Canadian-made medicines would create stable demand and support long-term investment.



Competitive tax policy. Pharmaceutical manufacturing is capital-intensive. Canada’s tax framework must support investment in facilities, equipment and workforce development.



Under Canada’s Defence Industrial Strategy, investments in the production of medical countermeasures, stockpiling, capacity reservations and partnerships with industry to ensure access to essential medicines. Domestic manufacturing must be treated as critical infrastructure within national security and defence planning.



Strategic trade alliances with trusted partners to strengthen supply chain cooperation while ensuring Canada has access to global markets for its pharmaceutical exports.

Task Force Questions

At the Roundtable hosted for the generic and biosimilar industry, you asked several questions. This submission is organized around those questions.

- What are the most significant structural and operational challenges facing Canadian generic and biosimilar manufacturers?
- How could Health Canada acknowledge the value of Canadian generic and biosimilar manufacturers?
- What are the most significant vulnerabilities in current supply chains for generics and biosimilars, and what approaches would reduce vulnerability to external shocks and shortages?

Health Canada has acknowledged the backlog affecting generic drug reviews and has taken steps to improve review capacity. While these efforts are welcome, Canadian producers continue to face lengthy and uncertain approval timelines. The Task Force heard loud and clear from the CEOs of Canada's domestic drug producers about their frustrations with the regulatory process at Health Canada.

Domestic manufacturers make substantial investments in Canadian production and R&D facilities, skilled employment, and export capacity, and contribute to Canada's industrial and public health objectives. Regulatory policy should recognize and support these contributions. It is time for a 'made-in-Canada' approach to drug approvals with support for Canada's own industry.

Establish a 'Canada First' Priority Review for Canadian Producers

Health Canada's **existing Priority Review framework** demonstrates that accelerated review pathways can be implemented when policy objectives justify expedited access.

CPMEA recommends extending priority review eligibility to qualifying Canadian producers, including New Drug Submissions (NDS), Abbreviated New Drug Submissions (ANDS), and Supplemental New Drug Submissions (SNDS). This approach could be implemented immediately through amendments to guidance documents and would not require regulatory amendments.

To provide a meaningful incentive to formulate and manufacture pharmaceuticals in Canada, CPMEA recommends the following amendments as noted in *italics* to the Health Canada Priority Review guidance:

This policy applies to a New Drug Submission (NDS), *Abbreviated New Drug Submission (ANDS)* or Supplemental New Drug Submission (S/NDS) that

- I. for a serious, life-threatening or severely debilitating disease or condition for which there is substantial evidence of clinical effectiveness that the drug provides:
 - effective treatment, prevention or diagnosis of a disease or condition for which no drug is presently marketed in Canada; or
 - a significant increase in efficacy and/or significant decrease in risk such that the overall benefit/risk profile is improved over existing therapies, preventatives or diagnostic agents for a disease or condition that is not adequately managed by a drug marketed in Canada.

II. *is submitted by a "Canadian producer"*

Definition of a "Canadian Producer"

A clear and practical definition of "Canadian Producer" is essential to support policies aimed at strengthening domestic pharmaceutical manufacturing. We understand that Health Canada and ISED are examining this issue together and we encourage them to reach a decision.

CPMEA recommends a 'Canadian Producer' be defined as a manufacturer that:

- ✦ Generates at least 30 percent of its gross pharmaceutical revenue from products manufactured in Canada;
- ✦ Undertakes substantial transformation of the finished pharmaceutical product in Canada; and
- ✦ Does not include products that are merely packaged or relabeled in Canada.
- ✦ Creates a clear, objective, and administratively workable threshold.
- ✦ This threshold includes all current Canadian producers and would encourage the use of Canadian Contract Manufacturers for companies that do not have facilities in Canada in order to achieve the 30% threshold.

The FDA announced a similar program in October 2025 for priority review of ANDS¹ from qualifying domestic producers designed to “spur and reward investment in U.S. drug manufacturing and research”²

Dedicated Regulatory Project Management for Canadian Manufacturers

CPMEA recommends Health Canada establish a dedicated Regulatory Project Management function focused on Canadian producers and biomanufacturers.

A designated 'Canada First' Regulatory Project Manager would:

- ✦ Serve as a central point of contact between Health Canada and domestic producers.
- ✦ Improve communication throughout the review process.
- ✦ Coordinate review activities across directorates.
- ✦ Improve management of response timelines.
- ✦ Enhance regulatory predictability and transparency.

This initiative would support broader government objectives related to economic growth, investment attraction, pharmaceutical security, and domestic manufacturing competitiveness.

Modernizing Canada's ANDS Review Process

Compared with regulatory agencies such as the FDA and EMA, Health Canada's review framework is often perceived as less predictable. Sponsors frequently report uncertainty regarding evidentiary requirements, inconsistent interpretations between review teams, and evolving expectations during the review process.

Health Canada frequently relies on reviewer interpretation and case-specific discussions. This can result in information requests, deficiencies, and concerns that were not clearly foreseeable based

¹ FDA [Priority](#) Review

² IBID

on existing guidance. Sponsors report instances where similar submissions—even identical submissions—receive materially different questions and review outcomes.

By comparison, the FDA's generic drug program benefits from extensive product-specific guidance, clearly defined standards, and highly predictable review expectations. Sponsors understand submission requirements before filing applications.

Furthermore, the proposed Reliance Order may speed up some approvals; however, it does not resolve longstanding concerns regarding the predictability and consistency of the existing ANDS review process. The implementation of the Reliance framework must not distract resources needed to address existing issues.

CPMEA Recommendation

Health Canada should continue efforts to modernize the existing ANDS process by:

- ✦ Improving transparency of evidentiary requirements.
- ✦ Increasing consistency across review teams.
- ✦ Expanding product-specific guidance.
- ✦ Enhancing regulatory predictability for sponsors.
- ✦ Reducing unnecessary review delays.

Defer the Inclusion of Generics and Biosimilars in the Reliance Program

Canadian producers typically file first in Canada and, therefore, cannot benefit from foreign regulatory approvals in the same manner as importers.

Without a clear ‘Canada First’ approach, domestic biomanufacturers will be disadvantaged if imported products gain accelerated market access through the Reliance pathway while Canadian manufacturers continue to face longer and uncertain review timelines.

CPMEA supports Health Canada's proposal to defer the inclusion of generic and biosimilar products while the impact of the Reliance framework is evaluated. Before moving to Phase 3, it will be essential to monitor the impact of the Reliance pathway and to consider the best way to include generics and biosimilars.

Canada's Pharmaceutical Intellectual Property Regime Shaped by Trade Agreements

Pharmaceutical IP reform in Canada has been shaped by international trade negotiations and external pressure from jurisdictions seeking stronger protection for foreign innovative pharmaceutical products, rather than by a deliberate strategy to support Canada's own domestic pharmaceutical manufacturers.

Over the last two decades Canada has entered FTAs with Europe and the U.S. that have required additional IP protection for patented medicines made in their jurisdictions and imported into Canada.

- ✦ Under CETA, Canada agreed to patent term restoration through Certificates of Supplementary Protection and moved away from awarding damages to generic companies for successful patent challenges.
- ✦ Under CUSMA, Canada agreed to a Patent Term Adjustment of up to two years which was implemented in early 2025.
- ✦ Even under the TPP, had the U.S. not removed itself from the agreement, patent linkage would have been codified into the FTA making it difficult to ever amend domestically.

It is expected that the U.S. will push for 12 years of data exclusivity for biologics during the CUSMA review in a side agreement. Canada must defend and protect its current IP regime, patent terms and exclusivity periods for Canadian pharmaceuticals and avoid any provisions that would further delay competition.

As Canada builds the conditions to support its own pharmaceutical sovereignty, it is time to consider what is in the best for Canadians - to support the interests of Canadian patients, researchers, innovators and producers first, and to accrue benefits to Canadians.

Secondary Patents and Skinny Labels

Brand pharmaceutical companies often obtain multiple patents on a single product including patents covering specific indications, formulations, or methods of use. To facilitate timely generic competition while respecting valid patents, Canada's regulatory framework has historically permitted generic manufacturers to seek approval for non-patented indications only by excluding patented uses from their product monographs - a pathway commonly referred to as a "skinny label."

Recent developments have increased the uncertainty associated with this pathway:

- ✦ The Supreme Court of Canada's 2024 decision in *JAMP Pharma Corp. v. Janssen Inc.* expanded the circumstances in which generic and biosimilar manufacturers may face allegations of induced patent infringement, even where patented indications have been excluded from the product monograph.
- ✦ Health Canada does not always permit the removal of certain approved uses from a generic product monograph, limiting the practical availability of skinny-label approaches in some cases.
- ✦ Together, these developments increase litigation risk and have effectively discouraged generic and biosimilar market entry, delaying competition and access to lower-cost medicines.

These developments also have broad implications for Canadian pharmaceutical manufacturing and innovation:

- ✦ Increased legal uncertainty raises the commercial risks associated with developing and launching products from Canadian manufacturing facilities.
- ✦ Reduced opportunities to commercialize products for off-patent indications may diminish incentives for Canadian generic companies to invest in clinical research, product development, and lifecycle management activities in Canada.
- ✦ Academic institutions and research partners may face fewer opportunities to participate in clinical and translational research involving new uses for existing medicines.
- ✦ Where narrow indication patents effectively impede commercialization across a broader range of approved uses, companies may be less willing to invest in developing or validating new therapeutic applications for existing products, including drug repurposing opportunities.

The cumulative effect is a reduction in the incentives to conduct pharmaceutical development, clinical research, and manufacturing investment in Canada, particularly for generic and biosimilar manufacturers.

CPMEA recommends that Health Canada lead a made-in-Canada response that preserves a functional skinny-label pathway for generic and biosimilar approvals and considers the interests of Canada patients, researchers and producers.

It is worth noting that while recent Canadian developments have increased uncertainty surrounding skinny-label products, the U.S. Supreme Court's June 4, 2026 decision in *Hikma Pharmaceuticals USA Inc. v. Amarin Pharma, Inc.* reaffirmed the legitimacy of the skinny-label pathway and narrowed the circumstances in which generic manufacturers may face induced infringement claims.

The result is a more predictable regulatory and litigation environment for generic entry in the United States than currently exists in Canada. Addressing this issue should be a priority for Health Canada to ensure Canadian producers and biomanufacturers remain competitive.

Cost Reduction for Canadian Producers

In its considerable efforts to reshore pharmaceutical production, the FDA is lowering the cost of inspections and raising the fees charged for foreign inspections. During recent negotiations, the FDA proposed reducing user fees for U.S. domestic producers. Preferential procurement programs are also being considered.

CPMEA recommends that Health Canada consider comparable measures to reduce inspection costs and user fees for Canadian producers to offset the cost of investments made to produce in Canada and to recognize that it is more expensive to manufacture in Canada than in jurisdictions where labour rates are much lower.

Task Force Questions

- How do current Canadian procurement and contracting practices affect Canadian-based pharmaceutical manufacturers?
- How can ‘Canada First’ procurement approaches support domestic production capacity and supply resilience?

Canada’s public drug plans spend over \$18 Billion³ annually to provide comprehensive drug coverage for eligible Canadians. Most of this spending is used to reimburse imported medicines produced by global pharmaceutical companies.

As it stands today, there is no preference in public drug plan formularies for Canadian-made medicines. The absence of policy direction inadvertently favours imported products.

By directing procurement to domestic pharmaceuticals through formulary management, Canadian public payers can support local production and reduce dependency on imported medicines **without incurring any additional cost.**

There are several areas where the federal government can direct its procurement to support Canadian pharmaceutical producers:

- Implement a ‘Buy-Canadian’ procurement policy for federal drug programs, e.g. NIHB, federal Public Service Health Care Plan (PSHCP), military, and veterans’ programs.
- Establish clear guidance to NIHB, Provinces and Territories that pharmaceutical procurement from Canadian producers is necessary for Canada’s national security.
- Coordinate with provinces through the Canada Drug Agency ‘Canada First’ Formulary Exclusivity listings, so when a new drug off-patent medicine is launched, a six-month period of exclusivity on provincial formularies will be provided for Canadian producers. (see below)
- As member of the pCPA, work with other jurisdictions to eliminate or reduce rebates on pCPA-negotiated product listing agreements (PLA) for Canadian producers.

‘Canada First’ Formulary Exclusivity

One of the strongest incentives available to support domestic pharmaceutical production is a temporary period of formulary exclusivity for newly launched off-patent medicines manufactured by Canadian producers.

The U.S. Experience

It is well established in the U.S. that the 180-day exclusivity period is a significant incentive for generic manufacturers to challenge patents and be the first to file an abbreviated new drug application (ANDA).

- ✦ During this period, the first-filing generic company generally faces competition only from the brand-name product, allowing it to capture substantial market share, more than would be possible in a fully competitive generic market.
- ✦ The prospect of exclusivity helps offset the considerable legal, regulatory, and financial risks associated with patent litigation.
- ✦ As a result, the policy encourages earlier generic entry, promotes patent challenges, and can ultimately lead to lower drug prices for patients.

Canada's Existing Framework

Canada does not provide a comparable first-filer exclusivity incentive through its regulatory system. However, the pCPA Tiered Pricing Framework (TPF) creates a similar economic advantage for early entrants by allowing sole suppliers to receive higher reimbursement levels before additional competitors enter the market.

Under the current framework:

- ✦ A sole supplier may receive reimbursement at 75–85% of the brand reference price, depending on the existence of a Product Listing Agreement (PLA).
- ✦ Prices decline as additional suppliers enter the market.
- ✦ Early entrants are rewarded for investment in regulatory approval and market entry.

Unlike the U.S. system, however, Canada does not guarantee a defined exclusivity period. The advantage ends immediately when competing suppliers receive formulary listings.

Recent U.S. Policy Developments

In March 2026, the FDA proposed granting manufacturers that produce in the United States or make substantial domestic investments a 30 day early filing opportunity for Abbreviated New Drug Applications (ANDAs).

This unprecedented action excludes foreign suppliers putting them at an immediate competitive disadvantage to their U.S. counterparts. Canadian generic companies have frequently benefitted from first-to-file status by investing in patent litigation to overturn invalid patents in the U.S. This action is harmful to Canadian exporters and will disadvantage their opportunity to compete in the U.S. market.

The measure demonstrates the extent to which the United States is using regulatory and market incentives to attract pharmaceutical manufacturing investment. It also shows their willingness to move away from long standing pro-competition policies in favour of domestic protectionism.

CPMEA Recommendation

Canada could achieve the same policy objective through its provincial drug plan programs by providing a temporary exclusivity period for newly launched generics produced by domestic manufacturers. CPMEA recommends:

- ✳ When a new off-patent medicine is launched, a six-month period of exclusivity on provincial formularies will be provided for Canadian producers.
- ✳ Pricing would continue to be determined under the pCPA Tiered Pricing Framework, i.e. the reimbursement price would reflect the total number of suppliers in the market, including importers.
- ✳ Only Canadian producers would receive formulary reimbursement during the six-month exclusivity period.

Cost Neutral for Public Payers

Because reimbursement would continue to be determined using existing Tiered Pricing Framework rules, payers would incur the same costs they would otherwise have paid and no changes to existing reimbursement methodologies would be required.

The policy simply directs the economic benefit associated with early market entry toward Canadian producers and biomanufacturers that invest in domestic production capacity.

A ‘Canada First’ Exclusivity Period would align Canada more closely with policies being offered elsewhere and would encourage investment without incurring additional public cost.

Formulary management tools are already used extensively to achieve public policy objectives. Biosimilar switching policies provide a clear example of how reimbursement policies can successfully influence market behaviour and support broader health-system goals.

Reduce or Eliminate PLA Rebates for Canadian Producers

Confidential rebates negotiated through Product Listing Agreements (PLAs) have become a standard feature of public drug reimbursement systems.

Other countries like Greece offset or reduce rebate obligations for manufacturers that invest in domestic production. In Brazil, local manufacturing is a listing condition on their National Formulary. Germany is facing challenges to their rebate structure under a recently launched U.S. 301 investigation.

CPMEA recommends that Health Canada work with the Canada Drug Agency as a member of pCPA to reduce or eliminate rebates on medicines made by a Canadian producer.

Reducing rebate obligations for medicines manufactured by Canadian producers would provide a powerful and market-based incentive to increase pharmaceutical production in Canada.

Task Force Question

- What is the impact of U.S. and broader international industrial and trade policies on export viability, production location, and firm-level investment decisions for Canadian manufacturers?

U.S. Section 232 Tariffs Threaten Canada's Pharmaceutical Manufacturing Base

The U.S. government's recent actions directly threaten Canada's biopharmaceutical sector and its pharmaceutical sovereignty. On April 2, 2026, the U.S. imposed Section 232 tariffs on pharmaceutical imports, which will create unprecedented export barriers, disrupt supply chains, and threaten jobs and investment in Canadian biomanufacturing.

- ✦ On April 2, 2026, the Trump Administration announced the results of their 232 Investigation into Trade in Pharmaceuticals with a Presidential Proclamation⁴ imposing 100% tariffs on patented medicines for companies and countries that have not negotiated separate agreements⁵. Although generics and biosimilars are exempt, this decision will be reviewed in one year⁶.
- ✦ Canada does not have a separate agreement for pharmaceuticals and will be subject to 100% tariffs on pharmaceutical exports to the U.S. We anticipate that pharmaceutical exports from Canada will not be protected under CUSMA rules⁷. Unlike the IEPPA tariffs, 232 tariffs are based on national security and have not been overturned by court decisions.

Canadian Biomanufacturers Face Greater Exposure than Other Jurisdictions

Most major pharmaceutical-exporting countries have negotiated arrangements with the United States that reduce or eliminate the impact of Section 232 tariffs. It is no surprise that Europe, UK, South Korea, Switzerland and Japan rapidly negotiated separate bilateral agreements with the Trump Administration in the months after the 232 Investigation was launched. Recently, the UK government has agreed to increase their National Drug Budget by 25% to pay for U.S. drug price increases to avoid tariffs on their exports to the U.S.

Canada remains the only major pharmaceutical exporter to the United States—other than India⁸—without a dedicated pharmaceutical agreement. As a result, **Canadian producers face the most severe tariff exposure of any major pharmaceutical-exporting jurisdiction.**

Jurisdiction	Pharmaceutical Tariff Treatment
United Kingdom	0% tariff; agreed to raise prices of US medicines
European Union	15% tariff
Japan	15% tariff
South Korea	15% tariff
Canada	Up to 100% tariff

⁴ [Presidential Proclamation](#)

⁵ The countries with negotiated agreements on pharmaceuticals are Japan, South Korea, EU, Switzerland, Lichenstein and the UK. In addition, 17 global pharmaceutical companies have entered into confidential agreements and will be exempt if they invest in reshoring production and offer their 'most favoured nation' price on products sold in the U.S. At this time, generics and biosimilar imports are exempt subject to a review in one year.

⁶ Discussions with the Dept of Commerce suggested sliding scale tariffs on generics over time in the future.

⁷ Other types of exports impacted by 232 tariffs have not been exempt under CUSMA.

⁸ India does not have a bilateral agreement covering pharmaceutical with the U.S. however the vast majority of its exports to the U.S. are generic and biosimilar product which are currently exempt from 232 tariffs.

Company Agreements Provide Additional Protection

The Trump Administration has also negotiated confidential agreements with 17 global pharmaceutical companies. Participating companies may receive reduced or eliminated tariff rates in exchange for commitments such as:

- ✦ Reshoring pharmaceutical production to the United States – 20% tariff
- ✦ Expanding U.S. manufacturing capacity and "Most Favoured Nation" pricing on products sold in the U.S. market – 0% tariff

To our knowledge, no Canadian pharmaceutical company has secured a comparable agreement. As a result, Canadian producers face a competitive disadvantage relative to multinational firms that have negotiated preferential treatment.

Tariff Uncertainty is Already Affecting Investment Decisions

Over the last year, Canada has seen a decline of \$2.3B CAD in pharmaceutical exports to the U.S. even before the tariffs go into effect. Members of CPMEA report that they are experiencing unprecedented uncertainty with customers in the U.S. who are not placing contract production orders despite strong quality and performance records from Canadian facilities. Uncertainty with the trade situation is often the cited reason.

The U.S. Pharmaceutical Investment Climate is Improving Rapidly

The most significant consequence of recent U.S. policy may be its effect on investment behaviour. Colleagues in the U.S. relate a sense of business optimism and opportunities to expand the domestic industry. PhRMA, the pharmaceutical industry association, reports that there has been over \$550 Billion promised in new investments. Individual companies are making announcements about reshoring production and expanding R&D centres at a rapid pace.

The combination of tariffs, regulatory incentives, tax measures, procurement preferences, and company-specific agreements has created a powerful incentive to expand pharmaceutical production in the United States.

Canada must assess the damage to domestic exporters, and its own drug supply resilience

The impact of U.S. policy extends beyond the tariffs themselves. Canada must also assess the long-term consequences of a shifting global investment environment. Without action, Canada risks continued erosion of manufacturing capacity, declining exports, and reduced resilience in the supply of essential medicines.

Canada's generic and contract manufacturers already form the foundation of domestic pharmaceutical production. They employ thousands of highly skilled workers, support critical supply chains, and produce medicines for both Canadian patients and export markets.

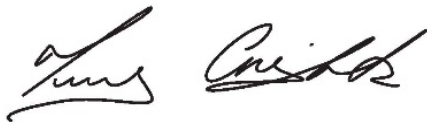
The policy choices made today will determine whether that capacity grows or continues to erode.

CPMEA respectfully urges the Pharmaceutical Task Force to recommend a 'Canada First' policy framework that:

- ✳ Retains existing Canadian pharmaceutical production through industrial and economic policies
- ✳ Matches incentives offered elsewhere including favourable regulatory and procurement policy
- ✳ Includes a Priority Review process for medicines made by Canadian producers
- ✳ Addresses long-standing problems with the current ANDS pathway
- ✳ Directs public procurement to pharmaceuticals made by Canadian producers
- ✳ Builds self-sufficiency in medicine production
- ✳ Designs a 'made for Canadians' IP regime, and addresses 'skinny label' uncertainty
- ✳ Includes pharmaceutical production in its Homeland Defence Infrastructure
- ✳ Protects Canada's access to global markets for its pharmaceutical products

Michelle and Martin, thank you for the opportunity for the CPMEA to provide our input to your study. It will be so important to highlight the conditions that pharmaceutical manufacturers in Canada are facing and to encourage action to improve market and regulatory conditions for Canada's pharmaceutical manufacturers.

Sincerely,



Terry Creighton

President, Canadian Pharmaceutical Manufacturers and Exporters Alliance (CPMEA)

terry.creighton@cpmea.ca