against which subsequent labelling, professional literature and promotional material can be compared.

4. The new regulations requiring importers of drugs to have available in Canada evidence of adequate testing of the drug to ensure its identity, potency and purity, I have referred to already.

I believe the actions which I have enumerated above, meet the intent if not the exact wording of the major recommendations of the Hilliard Committee.

The Boyd Committee was appointed to study the existing legislation on investigational drugs. Action taken implementing the recommendations of this committee are as follows:

1. Regulations pertaining to the emergency use of new drugs were promulgated in November, 1966. These regulations permit the Director-General, Food and Drugs to authorize the sale of a new drug, for which a notice of compliance has not been issued, to a physician for use in a specified medical emergency.

2. A draft of regulations pertaining to new drugs to include requirements for clinical pharmacology trials and therapeutic trials has been submitted to the Department of Justice for review.

3. Drafts of guides outlining the general requirements for new drugs as well as guides for the preparation of submissions for the various trials have been prepared and will be sent to the pharmaceutical industry for comments and suggestions.

4. A draft of separate veterinary drug regulations have been prepared.

Again, the action outlined above, meets in large measure the recommendations of the Boyd Committee.

Hon. members may also recall that the special committee of the House of Commons on Drug Costs and Prices (Harley committee) in its final report recommended "that the Food and Drug Directorate publish not less than once a month an informative bulletin to the medical procession giving complete details on drugs and their actions and reviewing major drug uses in Canada". The Food and Drug Directorate has now been provided with the necessary resources to carry out this project and the initial steps have already been taken to implement this proposal. I believe that this publication will be of considerable value to physicians, pharmacists and dentists as a source of factual information on drugs available on the Canadian market. Therefore I was surprised to learn recently in a letter from the Pharmaceutical Manufacturer's Association of Canada this organization "entertain the gravest doubts as to the feasibility of such a report"—that is the bulletin recommended by the Harley Committee. This concern seemed completely out of harmony with a statement contained in a brochure entitled "Prescription Drug Industry Facts", published by the P.M.A.C. in September, 1968. The statement reads in part as follows:

> "Pharmaceutical companies must ensure that every physician and pharmacist across Canada is kept fully informed about their products. This continuous medical information and marketing service, covering a scattered population over a vast area and conducted in two languages, is an *essential* operating cost accounting for approximately 11 cents of the prescription dollar".

In this same publication the average cost of a prescription was given as $3.46, and therefore the promotional cost amount to 38 cents per average prescription. The P.M.A.C. is apparently saying it is essential—and worth 38 cents added cost per prescription to the public—that they keep physicians and pharmacists fully informed of their products, but that it is not a good idea to provide these same physicians and pharmacists with factual data obtained in the laboratories of the Food and Drug Directorate on these same products. I think physicians, pharmacists and dentists will be interested in such information as well as in comparative costs of drug products. Certainly the Harley Committee, which consisted of members of this house, felt it would be a good idea, and the Department plans to implement this recommendation to the fullest possible extent.

I have taken a considerable amount of your time to explain in detail the steps taken by my department to ensure the quality and safety of drugs imported into Canada. The legislation before you today—Bill C-102—should have a significant impact in reducing drug costs in Canada, without jeopardizing in any way the quality of the drugs offered to the public. Our responsibility to the people of Canada in ensuring its prompt passage into law is clear.

Some hon. Members: Hear, hear.

[*English*]

Mr. P. B. Rynard (Simcoe North): Mr. Speaker, I should like to make a few comments on this complex bill. They will be general because the bill is going to committee where it can be carefully analyzed. Certain necessary changes have been made to the