

Health

tion costs it amounts to well over \$300 million. In other words, the 25 per cent of the population designated as the poor would be spending over \$80 million a year which they cannot afford.

The figures show that the Canada Assistance Plan even now provides \$8 million to \$10 million to provincial agencies for the cost of drugs, and this must be matched by the same amount from the provinces or municipalities. This leaves \$50 million to \$60 million still not underwritten by government agencies, even though there is provision in the Canada Assistance Plan to pick up that tab. Both the patient and the assistance agencies seem to be ignorant of the benefits that are possible to obtain. This \$50 million to \$60 million is a big sum, but we could accept it because even this amount could be divided between the federal government and the provincial governments. In the light of this fact, if this segment of society is to benefit from the proper interpretation of the Canada Assistance Plan Act, practically all people below the gray line of poverty would not have to pay for their drugs. It is suggestions like this which the Minister of National Health and Welfare has on his agenda to discuss with provincial premiers in the near future.

Mr. Bill Knight (Assiniboia): Mr. Speaker, I rise to address myself to this motion with a considerable amount of sympathy for it, but with some reservations. The motion deals with payment for medically prescribed drugs provided for persons who are unable to pay for them themselves. My hesitation arises in the difficult area of a means test to discover those who are in the category of needing this kind of assistance. Otherwise, I think the hon. member has pointed out an area of real concern to us as Canadians, in terms of the kind of situation which we as members of parliament run into all the time, where elderly individuals find difficulty in paying medical bills, particularly drug bills. Where these people have to use drugs, such as insulin, they find it a particularly costly item.

I have encountered this situation on numerous occasions and this is the reason I rise to speak to this motion today. I want to quote from Senator Croll's report on poverty, the Special Senate Committee, which pointed out a number of relevant problems connected with the cost of drugs. A representative of the Canadian Medical Association pointed out the following facts to Senator Croll's committee:

It so happens that even in the most affluent nations like Canada and the United States, 20 per cent of the population are poor. There are forty million poor in the United States and 3,500,000 in Canada, and this 20 per cent of the population suffers something like 75 to 80 per cent of the major illnesses.

It bears repeating that 20 per cent of the population categorized as being below the poverty level suffers somewhere in the neighbourhood of 75 per cent to 80 per cent of the major illnesses in these two countries. This illustrates the kind of real tragedy there can be in our society for those people who cannot meet the cost of drugs.

Further on the report points out:

People "on welfare" receive doctors' services free of charge in all provinces. Five provinces include drugs. Five cover dental care. Four provide optical appliances, and various others provide

such items as prosthetic appliances, physiotherapy, home nursing, chiropractic, and transportation.

People who are not "on welfare" but are poor may have to dig very deep to find money for health services not included as yet in any plan, particularly the cost of drugs. High drug costs represent a real barrier to meeting health needs.

• (1730)

The words of the Royal Commission on Health Services are then quoted as follows:

We believe it is only fair to the drug industry to serve it notice that the nation expects that drug prices can be brought down over the next five years to levels more comparable to those prevailing in other industrialized nations of the world. The time has come for the drug industry in Canada to recognize that it is not just like any other industry operating for gain, but that it deals in products which are essential for health and indeed for life.

The report points out areas where there are problems relating to the cost of drugs for individual citizens. The costs bear especially heavily on those persons whose income is below the poverty line. The entire area of drug costs must be tackled by the government, in the public interest. I am sure hon. members realize that in Saskatchewan medical services are provided for citizens irrespective of income level. In that province the costs of such items as hospitalization and medical care premiums are covered. Senior citizens over age 65 in Saskatchewan pay no medical care or hospitalization premiums. This year chiropractic care costs have been added to the program and hearing aid costs are also to be reduced. I have spoken to senior citizens in small communities of Assiniboia who have paid incredibly high prices to shysters who have ripped them off by charging far too much for hearing aids. In addition to these programs we have in Saskatchewan other fairly comprehensive social assistance programs.

One cost, however, that is causing considerable concern across this nation is the increasing cost of prescription drugs. That cost is of concern particularly to the one out of every four Canadians who live below the poverty line. We must go beyond the measure brought forward by the hon. member. All Canada must involve itself in an over-all prepaid drug program which must cover the entire population of this country.

Although there is nothing new in the recommendations of the Croll report on poverty, I think some of the recommendations concerning a prepaid drug program and other ancillary programs relating to health as set out in "Highlights from the Report of the Special Senate Committee on Poverty in Canada" are worth mentioning. In particular, I am referring to four recommendations of substance that should be given serious consideration by any government in this country. Those recommendations say, and they are worth repeating:

1. that hospital and medical services be financed entirely out of general revenues.
2. that the Medical Care Act or similar legislation be the vehicle for bringing additional forms of necessary health care, including dental services and prescription drugs, to all Canadians.
3. that comprehensive community-based neighbourhood health centres be encouraged and that more emphasis be placed upon preventive and rehabilitative aspects of health care.
4. that family-life education and family-counselling and family-planning programs be made available and easily accessible to the poor.

[Mr. Raitlon.]