

Patent Act—Trade Marks Act

I want to ask the Minister what he intends to do now. He can go into any city in Canada and find drugs sold at half a dozen different prices. This has been documented by responsible people. He has power to act without recourse to this legislation at all. If he had taken action before on the basis of legislation already in existence he could have brought down the price of drugs. This bill is window dressing.

Now, I want to ask the minister whether he proposes to set up designated areas in which companies he intends to help locate—companies which might otherwise decide they would have to move across the border. Is he willing to lose these companies? He says he intends to give money to the firms which are already operating in Canada and let them go ahead. But these firms are doing all right. Some of them are not brand name companies but generic name companies. I could name two in my own area. Empire Laboratories and Paul Maney Laboratories. They are both doing well. One of these firms wrote to the minister asking: What are you trying to do to us? They are small firms, comparatively speaking.

Next, what does the Minister intend to do about those poor people who are living on old age pensions? This legislation was supposed to bring drug prices down. He even said he was prepared to go further. He told us that if it should turn out that the measures proposed did not have the desired effect he would be prepared to take further measures.

Some hon. Members: Hear, hear!

Mr. Rynard: What will the Minister do about the 18 per cent of our people who are taking drugs in Canada though they cannot really afford them? That is the big question. That is the social question. Not one word has been said about these people. It is just window dressing for the government to say: We are reducing drug prices. This phrase catches the headlines. They have completely forgotten about the old age pensioners and those on social services. They brought in the medicare legislation under which a doctor can write prescriptions for them. But who pays for them to be filled? If old age pensioners do not have the money, what will they do? These are the social questions which are bothering us, not the window dressing which has been put on for show. And this applies to 18 per cent of the people across Canada who have to buy drugs, the people on limited incomes on social services.

[Mr. Rynard.]

I know the Minister is an intelligent fellow and a kind hearted fellow. I ask him this: will the government's next move be in favour of these underprivileged people, these people who are living on or below the poverty line and who cannot afford these drugs? The government has brought in the medicare legislation under which a doctor can write the prescription. The doctor is paid for doing so, but nothing is paid in respect of the drugs to be purchased with it. We are concerned, here, with the forgotten people.

I propose to read, now, from a comment by the Canadian Medical Association.

"Bill C-102 places an extremely heavy responsibility on the Department of National Health and Welfare and on the food and drug directorate.

This is of special significance in the light of what I have put on record today, and I suggest the Minister had better move slowly in the light of some of these considerations. The hon. member from Dauphin says this has already cost the people of Canada \$4 million—before they have received any benefit whatsoever.

The statement continues:

What will happen? We doubt that anyone really knows. However, our knowledge of the doctor—and his concern about the efficacy and safety of what the prescribes—of the fact that the majority of drugs prescribed in Canada will not be affected by this legislation at all (new drug classification), of the food and drug administration—and the probable action it will take following consideration of its responsibility in this area, leads us to believe that relatively little will happen. The cost of drugs will not be markedly reduced and Mr. Basford and his colleagues will introduce additional legislation to make good his naked threat.

And that will be compulsion. Maybe the minister can tell us what his intentions are. One thing I do not want him to forget is the story of clinical equivalency I have put on record this afternoon. And I do not want him to forget the underprivileged people, the 18 per cent who cannot afford to buy drugs on the basis of the prescriptions given to them.

The government has brought in a bill designed, they say, to bring down drug prices. It has brought in medicare legislation which gives people the means of securing drugs. But not one thing has been done to make sure they can purchase the prescriptions they require. In conclusion, I want to say again that I have a high regard for the minister, his coolness, and the other qualities which go with it. However, I hope he will not sleep as soundly as he slept last night, and will be able to come up with some answers to this problem.