

Health

Income Tax Act but I do not think this is of practical help to the people I have in mind, since it merely involves expenditures in excess of 3 per cent of income. However, something along this line might be pursued. The government should take into consideration the fact that people of low income usually are required to pay cash for drugs, and cannot hold the bill for a period of a year in order to receive the benefit of a rebate. Perhaps some form of direct payment of these accounts should be considered by the government. The government might undertake this by itself or in co-operation with the provincial authorities.

Some weeks ago in this House I posed a question to the Minister of National Health and Welfare (Mr. Lalonde), who indicated that he would discuss this matter with his provincial counterparts. For the information of the House and the minister, I might say I have also made this suggestion to the provincial ministers of health and to the Ontario Minister of Community and Social Services. I have letters in front of me which indicate that the province of Ontario would be very happy to consider such a plan in co-operation with the federal government, because at the present time there is no such provision in respect of drugs in the province of Ontario, with certain exceptions which I shall mention in a moment. As I pointed out earlier those who are particularly affected by this matter are those who are over 65 years of age. While it is quite true that the recent increase in the old age pension certainly is helpful in matters of this kind, nevertheless the fixed incomes on which elderly people live are not too great.

When it comes to spending money in order to keep oneself alive, perhaps an appropriate expression would be that used in the movie "The Godfather",—"make an offer that can't be refused". To paraphrase that, even though people have a limited amount of money they must use it in order to keep themselves alive or in reasonable health. I would point out in this respect that 50 per cent of Canadians over 65 years of age live in poverty. This is the finding of an 18-month study of the income patterns of the aged. The study, conducted by two economists in conjunction with the Canadian Council of Social Development and the Ministry of State for Urban Affairs, concluded that the aged are poor whether they work or not.

• (1710)

The basic conclusion of the report described the situation as follows:

Whether they work or not, they are destined to obtain a minimum subsistence income. For some, the decision to leave the labour force is merely a decision to accept a different poverty lifestyle.

The level of poverty among the aged is two to three that of other age groups. In 1968, 41 per cent of families whose head was over 65 years of age had an average annual income of less than \$3,000, as compared to 8 per cent of families whose head was under 65. Elderly people spend a large portion of their income on prescription drugs, yet there are no assistance programs, either federal or provincial, which deal specifically with the aged. They are covered, however, under the following circumstances in most provinces. First, if they are in hospital, drugs are provided free of charge in certain cases. Second, if they are welfare recipients, most provinces will provide some assistance.

[Mr. Nesbitt.]

In Ontario this also occurs under the family benefits plan. Third, if they reside in nursing homes which are under provincial jurisdiction, drugs are usually issued free.

A new plan is being undertaken by the Ontario ministry of health to provide free drug care through community pharmacies in home care cases. This will be designed as a full reimbursement program, but again is not specifically related to the elderly.

The Nova Scotia council of health recently concluded an 18 month study on all aspects of health care within the province. Their conclusion was that too many people still cannot get the health care they need and deserve. They recommended that free drugs should be made available to people receiving old age security supplements and to those who pay more than 3 per cent of their taxable income on drugs. People cannot afford the high cost of drugs and often end up in hospital as a result of improper medical treatment. This results in considerable expense to the taxpayer.

I know that many people would point out the high cost of the drug plan, but let me point out the high cost of no drug plan. As a matter of fact, a hospitalization and a medicare plan which results in not obtaining treatment at an early date often leads to serious medical problems which have to be paid for under the present federal-provincial plan. Some elderly people and poor people are often in the high drug utilization group; in fact, I would add that most of them are, yet they are the ones who can least afford it. In Ontario, recent estimates of the cost of drugs distributed from pharmacies in the province, showed an expenditure of \$155 million a year. Of this, at least \$28.5 million is spent by the over 65 age group, representing approximately 18.4 per cent of the total. Yet, the elderly are the ones who rely most heavily on drugs. The above mentioned figures can be interpreted to illustrate that the aged and people in the low income groups, while composing the group utilizing drugs the most, do not even spend an amount that would equal half of their need.

As I mentioned earlier, I have deliberately left the terms of the resolution very broad indeed so that should the government take some action on the matter they would have a carte blanche so far as the resolution goes. They could make some arrangements with the provinces, which would be more practical than doing something entirely on their own.

May I say in conclusion that I earnestly plead with the government to take some note of this resolution, because I feel that if nothing is done it will cost the country more in the long run. The government has certainly taken a great deal of credit to itself for its generosity toward the low income groups and the aged by its recent increases in old age pension. While the government in its wisdom did not see fit to lower the age of eligibility at which old age pensioners will receive their increased amount, I hope they might see fit to try to make some arrangement to provide prescription drugs to persons of any age, and particularly the elderly who require these to stay alive.

At present there are many persons—we all know of some—with extremely modest incomes who are just beyond the reach of any provincial or federal assistance. They do not seek welfare or charity with regard to drugs;