

Health and Welfare

while taking patients from the scene of an accident. This is a great thing and I should like to see these skills available throughout Canada.

As I say, the objective is to make standards of care as uniform as far as possible. As to the cost of drugs, it would seem to me that though we want to help these people get their drugs, the most the government should do at the present time is assist the provinces in tailoring their plans so that they comply with all four of the criteria I have mentioned. We have told everyone in the clearest terms what they are. In the meantime, about all we can do as a national government is to purchase drugs in bulk. This will certainly bring down the cost of drugs. Then until the federal-provincial conference has concluded we shall have to use the Canada Assistance Plan to pick up the slack whenever the question of need arises.

Mr. Muir: Mr. Speaker, would the hon. gentleman accept a question? It has to do with costs. The hon. member mentioned the figure of \$80 million, if I remember correctly, as being the cost of prescription drugs across the country at \$14.12 per person. Then he brought it down to 25 per cent or so at the age of 65—that would be \$20 million—then back up to approximately \$40 million as the cost of this proposed program. I should like to ask the good doctor whether this is the over-the-counter cost. What would the wholesale cost be?

Mr. Railton: Mr. Speaker, that was across-the-counter. Fourteen dollars and 12 cents was the annual cost per capita. One can play around with the millions because the amount would depend on how many were sick in each group, and so on. If you stick to the per capita cost, it is around \$20 million for that segment of the population, and for the aged it is probably less than that: maybe, as the hon. gentleman suggested, \$5 million or \$10 million.

Mr. Muir: In other words, if drugs were purchased in bulk they would be much cheaper?

Mr. Railton: I think that is likely to be the case. It would take a lot of arranging, that is all.

Mrs. Grace MacInnis (Vancouver Kingsway): Mr. Speaker, at this time when there is talk that the federal government may be prepared to get out of the whole area of medicare, it is very heartening to hear members from the east coast and from Ontario—and I am from the west coast—talking in terms of the necessity for the federal government to introduce and maintain standards for drug care across the country. This is an important matter and I am pleased that we are thinking in such terms. It is my belief there is not a member of this House who does not recognize the need in his or her constituency for supplying drugs to people who need them, and supplying drugs which meet a uniform standard no matter in which part of Canada a person lives.

It is my belief that the resolution before us is a good one, and I should like to see it go further. I know of many people living on old age security and guaranteed income supplement who need drug care in the form of free drugs. But there are many people who, having reached the pension age of 65, are not receiving the old age supplement. These are people who have just a little more income than

[Mr. Railton.]

is allowable in order to receive the guaranteed income supplement, and they are equally in need of receiving free drugs. These are the people who are in the taxpaying brackets and have very little money left over to meet other expenses.

● (1640)

I liked what the hon. member for Cape Breton-The Sydneys (Mr. Muir) said. He indicated that this question of getting drugs for a lot of elderly people was simply a trade-off—whether they would spend their money on a little more food rather than on drugs—because that is the choice. Unfortunately, this is the choice of a lot of people who do not get the guaranteed income supplement, though their need is basically the same as those who just qualify for it.

We are just beginning to develop a lot of programs that provide free transportation and other services to people on the supplement, whereas people who just fail to qualify for the supplement do not get this kind of assistance. I should like this resolution to recommend that free drugs be supplied to all people over the age of 65 who need those drugs. We would make these free drugs available to these people and then use the income tax system, as in the case of other universal programs, to retrieve the cost from those who do not need the financial-help.

I was glad to hear the hon. member for Welland (Mr. Railton) touch on a point that until then had not been dealt with, namely, the benefit to be derived from buying drugs in bulk. I should like to refer to the situation in my province, though I think it is similar to the situation in some other provinces. At the present time there is a "do-it-yourself" system of drug distribution to the elderly people in my province, except those on social assistance. They have to go to the pharmacy and buy prescription and other drugs over the counter at the regular price. This price is much higher than would be the case if drugs were bought in bulk. In my province people on social assistance are given free drugs. These drugs are purchased in bulk by the provincial government in generic form wherever possible, and consequently the price is much lower. People on social assistance have the advantage of getting these drugs free, and the cost to the government is much lower.

I should like to see drugs that are given free to elderly people over the age of 65 purchased in bulk so that the public does not have to foot the bill for the higher over-the-counter cost of the drugs. Taxpayers should not have to pay for the cost of drugs purchased in the regular way; rather, the provinces and federal authorities should be able to purchase these drugs on a large scale.

Another matter to be considered when we are dealing with old age pensioners, and which lends urgency to such consideration, is the fact that elderly people do not have too long to live. As a result, they cannot wait too long for benefits. I have been working for a long time to try to get one old gentleman a veteran's pension. He is a veteran of the First World War who was disabled, and these disabilities have been worsening. For a long time his pension has been tied up in the great pension log jam, and as the weeks and months roll by I am afraid, as I know he is afraid, that long before the authorities finally get around the breaking