

motion. This is essentially a borderline case, and, since I can see no reasonably early opportunity for the House to debate the issue, I feel that the hon. member should be given the benefit of the doubt. While it may be that a more appropriate vehicle should be available to members for the purpose of a debate on this issue, I would have to rule that, on balance, the motion ought to be accepted.

Does the hon. member have leave to propose his motion?

Some hon. Members: Agreed.

Mr. Speaker: According to the Standing Order, the motion will be put and the debate will take place at eight o'clock this evening.

Before going to the next matter of business I would urge representatives of the different parties, perhaps the House leaders or the party whips, to confer before eight o'clock in an effort to agree on an adjournment hour. My experience, and I am sure the experience of all members, has been that a debate which does not have a closing hour tends to drag on and its best speeches are not necessarily those that are made at one o'clock in the morning. From my experience, and I suggest this with all sincerity to hon. members, I think perhaps we would have a better debate if it were kept relatively brief with shorter speeches. Hon. members may want to consider the advisability of agreeing that the motion to adjourn be passed sometime around ten o'clock, ten thirty o'clock or eleven o'clock, depending upon the arrangement which can be made between hon. members.

• (1700)

Mr. Cafik: Mr. Speaker, on question of order, under these circumstances what would normally happen to the late show or will that be decided at that particular time?

Mr. Speaker: What the hon. member refers to as the late show, the adjournment proceedings, would automatically be suspended and delayed regrettably until tomorrow night.

[Translation]

It being five o'clock, the House will now proceed to the consideration of private members' business as listed on today's order paper, namely notices of motions and public bills.

[English]

PRIVATE MEMBERS' MOTIONS

HEALTH

SUGGESTED ACTION BY GOVERNMENT TO SUPPLY DRUGS TO THOSE UNABLE TO PAY FOR THEM

Mr. W. B. Nesbitt (Oxford) moved:

That, in the opinion of this House, where any person has an income of such amount that he is unable to pay for, in whole or in part, the cost of drugs that are medically prescribed for him or a dependent, the government should consider the advisability of

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taking steps, by itself or in co-operation with provincial authorities, to ensure that he is supplied with such drugs.

He said: Mr. Speaker, in presenting this motion this afternoon I have in mind, as do many but not all members of this House, a situation one encounters among our constituents from time to time. I refer to the fact that a person with a very modest income by any standards, who is not receiving assistance from any federal or provincial plan, is faced with a heavy burden through having to buy drugs under prescription in order to remain alive or remain in moderately good health.

As I am sure everyone knows, these drugs often are exceedingly expensive. The financial drain on persons with a modest income becomes almost intolerable. I have in mind people of any age who suffer from diseases of a permanent nature, such as diabetes, some forms of cancer, heart disease, kidney disease and other diseases, and who are literally kept alive through constant dosages of drugs. This is a particularly heavy burden on those of low or modest income. This motion is designed primarily for the benefit of such persons. May I say I purposely phrased the motion in very general terms so that if the government should take notice of it or agree to it, which I admit is probably highly unlikely, the government would then have the widest possible terms of reference within which to take some action. The first part of the motion reads:

—where any person has an income of such amount that he is unable to pay for, in whole or in part, the cost of drugs that are medically prescribed for him or a dependent,—

I say "any person" because people in all age groups are affected by this problem. It is true that those who are older are more likely to suffer, but occasionally younger people also suffer from some kind of chronic ailment. I am sure every member of this House could give a similar example, but I know of a young man 28 years of age who is suffering from a coronary attack and must take a variety of expensive drugs for a long time. I know of another young person, the head of a household, who has a very severe kidney problem involving very heavy medical expense in respect of a variety of drugs.

The next point in the motion concerns the words "unable to pay for, in whole or in part". This, of course, might be a matter of judgment because what one person might consider insufficient income another person might consider sufficient. We all know that some years back the poverty level in Canada, according to either the Economic Council of Canada or the Senate Committee on Poverty,—I forget which—was considered to be \$3,000 for a family. Since then, after a period of inflation, I would think that an income of somewhere in the area of \$4,000 or \$4,500 might be considered to be the poverty level for a family. For a single person, it might be considered to be \$3,000.

I do not believe I should suggest what might be the best method to prescribe free prescription drugs to those persons who might be concerned. There are a number of administrative ways in which this could be done. I will suggest some, but it will be up to the government to decide what administrative level would be the most effective and cheapest. Of course, the expense involved in buying these drugs could be shown as a deduction from taxable or net income. There is some relief at the present time in the