

### Oral Questions

in order that the potential economic strengths of each region may be realized.

Mayor Elsie Wayne of Saint John, New Brunswick agrees, the Atlantic Provinces Transportation Commission agrees and, perhaps, even the Prime Minister in his pledge last night to rebuild the transportation infrastructure might agree.

Will the minister protect Saint John, New Brunswick, and the rest of Atlantic Canada from lack of competition and ensure that CP will continue to operate one way or the other?

[Translation]

**Hon. Jean Corbeil (Minister of Transport):** Mr. Speaker, when the National Transportation Act was passed in 1987, it provided for a committee review of its content and impact. A committee was struck and is expected to table its report by January 31, 1993. Proposals will be made to ensure that this government's objectives, which are essential to our national economy, are reached and revisited.

\* \* \*

[English]

### DRUGS AND PHARMACEUTICALS

**Mr. Ron MacDonald (Dartmouth):** Mr. Speaker, my question is for the minister of industry.

When this government announced its intention to scrap compulsory licensing it said the cost to Canadian consumers would only be \$29 million a year. Yesterday the minister's own officials revised that figure to \$129 million a year and *The New York Times* yesterday pegged the extra cost to Canadian consumers at over \$400 million per year.

Why is this minister intentionally confusing Canadians with phoney figures on the true cost of the elimination of compulsory licensing?

**Mr. Speaker:** I am not accepting that kind of a question. Why was this minister intentionally confusing Canadians? That is a clear allegation of lack of honesty and I do not think we need that. I am going to ask the hon. member to withdraw his remark.

**Mr. MacDonald (Dartmouth):** Mr. Speaker, I withdraw the remark and ask the minister—

**Mr. Speaker:** Just a moment. I accept and I thank the hon. member for withdrawing. Perhaps the hon. member could complete his question.

**Mr. MacDonald (Dartmouth):** Mr. Speaker, will the minister now stand and tell Canadian consumers why there is confusion over the various costs to consumers by the elimination of compulsory licensing. Could he tell us why there have been different figures from his own lips and those of his departmental officials?

**Hon. Benoît Bouchard (Minister of National Health and Welfare):** Mr. Speaker, I think I answered that question last spring for the same member.

We said at the time that the savings made by the compulsory licence system represented \$300 million a year. However, in terms of the patent drugs covered by Bill C-91, it will be about \$75 million because two-thirds to three-quarters of all drugs covered are non-patent drugs. If the \$75 million is divided by two, because 50 per cent of the costs are covered by the health plan at the provincial level, it represents, as I said at the time, about \$35 million to \$40 million a year. I stand by the same figures today.

**Mr. Ron MacDonald (Dartmouth):** Mr. Speaker, I sort of thank the minister for that clarification.

My supplementary question is again to the minister of industry. In a letter dated October 29 the provincial ministers of health universally reaffirmed their opposition to the elimination of compulsory licensing. However, in contrast yesterday *The New York Times* reported that the president of the huge U.S. drug lobby fully supports this government's plan to do away with its system of drug price controls.

Why is it that this government refuses to listen to the unanimous pleas from Canada's health ministers, yet continues to respond on command to the wishes of the huge U.S. multinational drug lobby?

**Hon. Michael Wilson (Minister of Industry, Science and Technology and Minister for International Trade):** Mr. Speaker, I think my colleague, the minister of health, has responded to the misconceptions that my hon. friend had on the price impact.

As I stated in the House yesterday in my speech on Bill C-91, the reason we are proceeding on this bill is because it is creating jobs and new investment, high-priced jobs and investment in research and development by companies in hospitals, universities and in medical institutions right across the country.