

EVENING SITTING

INTRODUCTION OF GUESTS

Ms. Simard: — Thank you, Mr. Chairman, I would beg leave of the House to introduce some guests that we have here this evening.

Leave granted.

Ms. Simard: — Thank you. I'd like to introduce 29 girls from ages 9 to 12 with St. Mary's Guide Company No. 1 from Athabasca School, Mr. Chairman. I think it's important to note that the St. Mary's Guide Company No. 1 was the first guide company established in Regina. The leaders are Eileen Schuster and Sheila Wayne, and chaperons Marlene and Joey Baker are here as well. I'd like to ask the other members of the House to join me in the customary welcome.

Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure Health
Ordinary Expenditure — Vote 32

Item 1 (continued)

Ms. Atkinson: — Thank you very much, Mr. Chairman. Mr. Chairman, this evening in this Committee of Finance, the review of the PC government's medicare budget and medicare policies, I would like to turn for a moment to the PC attack on the prescription drug plan. That PC attack on the drug plan, Mr. Chairman, probably symbolizes better than any other single thing this government's medicare policy and their attack on medicare.

While we are examining the prescription drug plan estimates here in the legislature this evening, Mr. Chairman, the people of Saskatchewan will be listening and listening carefully, and watching very carefully. They will be watching and listening as the PC Minister of Health tries to do the impossible — tries to defend and justify his attack on the drug plan and his attacks on medicare. And the people of Saskatchewan will be very interested to know, Mr. Chairperson, that when the PC government introduced their legislation to change and attack the drug plan, when they finally gave up their nerve to debate that Bill, not one single PC member of the legislature had the courage to speak out, with the exception of the Minister of Education only. And he's waving over there. I'd like him to get into the drug plan, the Bill, some time in the next couple of days.

I believe the constituents of those PC members, especially those PC back-benchers, will be very interested to know that their member of the legislature supports the attack on the drug plan and supports the PC attack on medicare.

Mr. Chairperson, the people who I talked to, or who have written to me and expressed their feelings of anger and frustration at the PC government, I think that their predominant feeling is one of betrayal. They feel betrayed by those members over there. They feel betrayed because

of the destruction of the prescription drug plan, Mr. Chairperson.

During last fall's election campaign, did the Premier or did the Minister of Health promise to attack the prescription drug plan? Did they tell the people the truth? Elect a PC government and a PC government will attack medicare. Did they do that? No, they did not. No, they did not, Mr. Chairperson, and it's no wonder that the people of Saskatchewan feel deceived and feel betrayed.

Let's consider, Mr. Chairman, the way the government imposed this sudden drastic change in the drug plan. Did they consult openly with the medical profession? No. Did they consult openly and publicly with the broad range of the health care workers? No, they did not. And did the PC government consult with the people of Saskatchewan about destroying the prescription drug plan? The answer is no. It's no wonder, Mr. Chairperson, that Saskatchewan people feel betrayed, and feel betrayed by this government.

Moreover, when we realize that this PC attack on the prescription drug plan is part of the larger PC attack on medicare generally, it's no wonder, Mr. Chairperson, that Saskatchewan people feel betrayed. For it was the people of Saskatchewan who conceived and established medicare in our province. It was the people of Saskatchewan who fought and won those battles. Those battles were their battles; those victories were their victories; and today they are determined not to allow this government to destroy medicare.

Now, Mr. Chairperson, I want to stress one final point, and this point is critical. The PC government claims it wants to reduce costs, but let us be perfectly clear about this. There's not one person, not one family in Saskatchewan, who will have reduced prescription drug costs as a result of these PC cuts. Saskatchewan people will pay more, and not less; and those who pay more will be the elderly, the sick, the disabled, and those least able to pay. In short, Mr. Chairperson, the PC changes to the prescription drug plan are nothing short of attacks on the sick, a PC attack on medicare, a PC betrayal of medicare in our province.

As a result of that, Mr. Minister, I'd like you to tell the people of this province why you decided to change the prescription drug plan and put in a deterrent on sick people and the elderly in this province.

Hon. Mr. McLeod: — Well, Mr. Chairman, the member of the opposition has raised the points that we've heard before, and we heard from her and from some of her colleagues earlier in another debate here as it relates to the changes to the drug plan. The only thing I can add — or maybe a better word would be reiterate — some of the points that have been made by myself and by other members of our caucus in the last number of months.

I'm going to have to put this into the context within which we must operate, whether all of us want to admit that or agree with it or not, and it is the following. In the first year of the . . . In the '76-77 year, the drug plan cost taxpayers of Saskatchewan \$16 million. Last year, our last full year,

it cost \$83 million. Had we not changed the drug plan in the way it's administered, this year the cost would have been in the order of 95 million. And, you know, that just projects onward and upward and so on up into perpetuity had someone not had the courage to look at it and say, look, this must stop. And at the same time, a couple of things have to happen here. People must know, and it's very important that they know, the costs that are associated with the drugs. So that's one . . . So there's an element of responsibility for understanding the costs, knowing what the costs are.

And the second important thing which we did address and which we continue to address is that we must have coverage for those people who are least able to pay and so on, and that is those on welfare, those people who live in nursing homes, and so on. So we have that coverage. That was well looked into.

And the other point on this . . . It's extremely important to look at. Once we made the decision that we must go in and look at this supplementary plan which is the prescription drug plan, and look at it in terms of what is the case in this country of ours, in Canada, and all of the other jurisdictions, we said, here is a jurisdiction just to the east of us, our neighbour in Manitoba, who has a plan in place which has worked well for a number of years. And we said, that is the plan that we will develop our plan around. And in fact we did just that. And we made several changes, small changes, rather small changes, but frankly for better coverage than what is provided in the next door province of Manitoba. And we changed the deductible for single seniors, for example, to 50 rather than \$75 — various aspects of that plan which has been in place and which has worked well there for a good long time.

So you know, I hear what the member says, and I understand the, you know, sort of the political rhetoric surrounding it and so on. And I understand how that works, and I know what this forum is about. But I will say that the decision that we took to change the drug plan was a responsible decision; it was the right decision to take. And we believe now that it's been in place for several months, and as people have come to a wider understanding of the system — and they have — that the level of concern with the system, although I hear all of these things coming from members of the opposition benches . . . And that's not to say that I don't understand that there are some people who are concerned about it. There are some people who don't believe there should have been any changes because they don't like to pay when they didn't have to pay before. That will always be the case.

But in terms of having the ability to pay, in terms of having coverage for those most in need, in terms of introducing an element of responsibility, in terms of understanding how much this costs, what it means, there is no question in my mind now, after it's been in process, in place for some months, that it was the right decision at the time. It remains the right decision, and it was a responsible decision to take.

Ms. Atkinson: — Well the Minister of Health talks about responsibility. And I want him to answer us this. Is there anybody in this province, Mr. Minister, who is going

without prescription drugs because they cannot afford the up-front costs of those drugs?

Hon. Mr. McLeod: — What the question is . . . You know, the member will say . . . And I'm reminded by my officials that even under the former system, I mean, there may be people in our province, there may be people in any jurisdiction who will say, no, I'm not taking this prescription for whatever reason, whether that reason is because it costs 3.95 or that reason is because they just don't take it, or whatever.

But in terms of the definitive question that you asked, if I believe that there are people who are not taking their drugs because of this plan and the new plan and the way it's constituted, I don't believe that's the case.

Ms. Atkinson: — Well, Mr. Minister, you are not operating in the real world, because that is the case. There are people going to their doctor, getting a prescription, going to the pharmacist, finding out how much it costs, and they're leaving, and they are not going back. We have had lots of phone calls from individuals in this province telling us that they cannot afford the up-front cost of those drugs, particularly when drugs are 60, 70, or \$80 a prescription.

(1915)

So I'd just like to ask you again, Mr. Minister: have you not been advised by anybody, by way of letter or telephone call, that they cannot afford the cost of their prescription drugs as a result of your changes to our prescription drug plan?

Hon. Mr. McLeod: — Well, Mr. Chairman, it's really hard to say what would the reason be. I believe that there may be some people who go into the pharmacy and say, I'm so opposed to these changes that have taken place, for whatever reason that they have, that they won't buy the drugs that they have.

But I would say to you once again and to the committee, Mr. Chairman, that the program that's in place and the various aspects in it that make it, those who are unable to pay, and have an option there for them, the various options that are available to them. I would say that there is nobody who is going without their drugs because they are unable to pay for them.

Now the member will say, oh, but so-and-so wrote me a letter and says, I will never pay this much for drugs and so on, and I won't pay the \$50 or whatever up front, even though 80 per cent of that will be reimbursed. I don't dispute for a minute that there will be people who will say, because there's a change and because I disagree with that change, that I will never buy those drugs. There may be people who will say that.

But I will say to the member, as I've said to the member before in this House, the drug plan as it's now constituted, which is a similar plan to what is in place in Manitoba . . . And you will go a long way in the province of Manitoba, in fact, you can't find people in the province of Manitoba who will say, oh, we can't afford to pay for the prescriptions that we have, whether it be in Brandon or in

Glenboro or in Gretna or Souris or Melita or where it is.

You find the community and you go and find people in there who say the drug plan there, the way it's constituted, is so onerous for us we cannot afford to buy the prescriptions that are given to us by our physicians. That is not the case.

Now if there are cases that you choose to point at in this province, I submit to you there are a good number of people who say, I don't like those changes; I don't want any changes; I don't agree with them. And you can say to them, yes, but do you realize how much this is costing your neighbours and yourself in your tax dollars and so on? They say, don't care; don't want any change. Well the responsible decision to make, difficult as it may be, was the decision which we took. It is responsible for the here and now and for the future.

Ms. Atkinson: — Well, Mr. Minister, all I can say in response to you is that you're not living in the real world, and obviously you haven't been in Meadow Lake very often in the last several years, because there are people in every one of our constituencies that are not on social assistance. They have very, very low-paying jobs — take-home pay of \$800 or \$900 a month and even less, Mr. Minister. And when they have to go and get a prescription, and it costs 40 or 50 or \$60, they don't have the money.

So they're not living on your \$60,000 a year cabinet salary, or they're not living on my MLA's salary. They have families. They have commitments in terms of putting groceries on the table, and they cannot afford the cost of prescription drugs.

Now, Mr. Minister, when I reviewed the estimates for last year and this year, it appears as though the original estimates for the prescription drug plan were about \$56.3 million. When you add in the supplementary estimates, there's another 6.4 million, for a total of \$82.7 million. Can you confirm that that is the amount that your government spent on the prescription drug plan in the year '86-87?

Hon. Mr. McLeod: Okay. Referring to page 49 of the Estimates. The estimate last year in the blue book was for 76,282,000, and there was a special warrant for 6,400,000, total of 82,682,000 — very close to the 83 million that I've been telling you. That's right.

Ms. Atkinson: — So then, Mr. Minister, you agree with my figure. Then you will also agree that the total budgetary estimate for this year is 56.9 million. That's the figure that you put before the legislature some three years ago.

Now would the minister agree that the difference between his estimated expenditure for last year and his estimated expenditure for this year is the difference between 82.7 million and 56.9 million, or about 25.8 million? Would you agree with that, Mr. Minister?

Hon. Mr. McLeod: — The estimated 1987-88 figure which you quoted as fifty-six nine fifty-three, which is the number that appears there, that number is nine-twelfths of what would be an annualized number given that the

new drug plan came into effect on July 1 after three months off, so the difference would be whatever the number, or similar number to what you quoted.

Ms. Atkinson: — Then, Mr. Minister, then you agree with me that your changes to the drug plan are going to shift to the people of this province at least an additional \$26 million in additional costs for prescription medication. Would you agree with that, Mr. Minister?

Hon. Mr. McLeod: — Mr. Chairman, you know, the member makes a point that whatever the savings are, and I believe if I read it right, that whatever the savings are, you say, is a direct transfer in total amount to the folks who are buying the drugs rather than from the government coffers or the Consolidated Fund.

In my earlier remarks I had mentioned things like a more responsible attitude toward the prescription drugs and so on. That's not just among the consumers, that more more responsible attitude, without question. And there's evidence of that now among physicians, more responsible attitude — pharmacists. There's several things that have happened here.

For example, there is evidence already that there are what we'll call more responsible quantities being prescribed to people. In other words physicians are saying, rather than saying, well here's a prescription, take one of these three times a day for 30 days; they're now saying for two weeks or whatever, and the same result is there. Those are the kinds of things that are taking place, which have taken place in many other provinces for a long time, and in other jurisdictions all across the country and across North America.

There is evidence already that there is less, or fewer of the prescriptions are designated no substitution than what was the case when the old drug plan was in place, which is significant saving in terms of the cost to whomever pays for those drugs over the counter.

So there are some other factors at work here, and it's important that they are. But I don't deny, you know, as a general principle, I don't deny the fact that there will be some of the responsibility, a significant amount of the responsibility will now go to the consumer who will pay a certain amount of their own drug costs up to an amount that is not too onerous, and then they get beyond their deductible and then their 80 per cent deductions, and so on. But there are some significant factors at work here.

Ms. Atkinson: — Well, Mr. Minister, once again you talk about responsibility. And all I'm simply pointing out to you is that you are shifting the burden and shifting the cost to those people who are sick, people who are elderly and disabled, and you're shifting the cost to a tune of about \$26 million in this year alone. That's only for a nine-month period. If you take into consideration a projection for next year based on the \$26 million and you take into consideration that amount for a 12-month period, you're looking at a saving of \$34 million but a shift on to the consumer — the person who is ill, the elderly person, the disabled person — of some \$34 million per year, Mr. Minister.

I guess, Mr. Minister, I'd like to know this. At a time in Saskatchewan when we are losing more jobs than ever before; when the farm crisis is worse than it's ever been in many, many years; when Saskatchewan has the highest inflation rate in the country; when we have the slowest economic growth rate in the country; when there is a lot of financial stress on families in this province, I'd like to know why you think it's fair to impose an additional \$34 million on to Saskatchewan people in terms of prescription drugs.

Hon. Mr. McLeod: — Well, Mr. Chairman, one could make the argument that, you know, the member has made about the reversal in terms of commodity prices and so on. I mean, if you listen to the argument of the hon. member from Nutana very carefully, what the argument suggests is that the government has money. But where does the money come from? I ask the question. I mean, where does she think the government's money comes from? The money that we're talking about in this estimate book, where does it come from? Is there some kind of a bush out there with red leaves on it that grows money? I don't think so.

(1930)

The money that the government spends, the money that the government spends whether it be in this department or in whatever other department, it is that blue book and comes from the people in some form — a form of taxation. But one of the things it does . . . and I go back to my other comments.

I want to quote the hon. member a couple of things. This is from the *Prince Albert Daily Herald* of Thursday, September 3, '87. The quote is under a headline which says, "Drug plan generally working well," from the pharmacists in Prince Albert. And it reads this way:

Prince Albert pharmacists say the revised Saskatchewan drug plan that went into effect on July 1 is working much better than many people thought it would.

And then it goes on for a whole series of things. One of the things from a pharmacist at South Hill Pharmacy that she has noticed that:

People are more conscious of what they are buying because they pay the cost and not the government. People are buying a tube of cream now instead of a tub, said Sthamann, the pharmacist in question. She said, in the past people would get larger quantities when they were prescribing prescribed drugs, adding that it led to a lot of waste. People couldn't possibly use all they were buying, she said (and it goes on and on).

So I mean, there are a series of these in the various papers across the province. And we can get into those in a while, if you like, but all I'm saying to the member is that — what I have said before.

This decision, whether members on the opposite benches and some of their supporters across the province believe

it or not, this decision was a responsible decision to take. It's not an easy decision to take. It takes courage to make decisions like this where there's a change takes place where people will feel it and will be opposed to it in whatever way. But this decision was responsible for the future of our plans.

Now the fact is if we had continued on that kind of track that I outlined to you earlier, from \$16 million just less than ten years ago or about ten years ago, from \$16 million to 95 this year and up to 1990 where \$125 million and tracking on that kind of a curve on a full-time basis, there is no possible way that this jurisdiction of a million people here in the prairie basin could afford to pay for it at that kind of a track. No way.

And it's very interesting to note that quotes from the hon. member herself when asked the outright question by the media in Regina: if you were in power, would you return the drug plan to its original form or to the form that it was in prior to July 1? And your answer was very clearly, oh, I don't say that we'd put it back to the form that it was in. That's the answer that you gave, and that's exactly what it is. And I would like to hear very clearly, I would like to hear very clearly what the hon. member will say, because it's important that that be on the record.

I say this is a responsible choice. This is patterned after an excellent drug plan which is in place in the province of Manitoba. And I would say to the member, this is a responsible decision, the right decision to take for the time, and the right decision to take for the future of this province.

Ms. Atkinson: — Well, once again, Mr. Minister, you talk about responsibility. All I want to say to you is this, that you had choices. You chose to cut the prescription drug plan. But you choose to give money to Peter Pocklington. You choose to spend \$20 million a year on government advertising, propping up your sagging popularity. You choose to give Paul Schoenhals a hundred grand a year. You choose to give George Hill \$200,000 a year. You choose to give Sid Dutchak money, and Tim Embury, and Gordon Dirks, and how many other hacks? You've got over a million dollars worth of aides sitting behind you, Mr. Minister, advising you, and I think it's time you started taking some of their advice — some of their advice, Mr. Minister.

Now I just want to get back to this. You talk about \$100 million by the year 1990 or whatever it is. In this year you're saving \$26 million. Next year, using your conservative Conservative figures, you're going to be saving some \$34 million. Mr. Minister, do you agree that the extra \$34 million will not be spread evenly over the population, Mr. Minister? Who will pay the \$34 million, Mr. Minister? Will it be the sick or will it be the healthy?

Hon. Mr. McLeod: — Mr. Chairman, as I said, we were acting responsibly in changing this decision. When several things begin to take place — and I outlined them just briefly — when there are more appropriate quantities being prescribed, that's responsible. And that's the right thing to do when that happens, and that is already a result of it.

When there is a greater use of the lower cost options, that's fostering responsibility, and there is evidence that that's already happening in this province. When there's more consultation between consumer or patient and physician about the cost and the needs and the effects of these drugs, that's positive. That's positive when people, for whatever their motivation is, when they ask their physician, do I need this many when I do take this drug? When I do take this drug, do I need 50 pills? Could I go with 30 pills, whatever? Is there a lower cost alternative?

When they ask their physicians those kinds of things, and when they ask the same question to their pharmacist about lower cost alternatives, those are positive developments just on the basis of responsibility and the responsible use of prescription drugs. Those are positive, responsible decisions that are being taken by people in terms of discussing with their physicians and with their pharmacists in a professional way.

Now the hon. member says, who is paying? Under this new plan, even though there have been some changes, 80 per cent of the cost, beyond a deductible which is not onerous on an annual basis, the amount that the people or that the taxpayers are paying is 80 per cent beyond that deductible. Eighty per cent is still paid by the taxpayer in this fund — in this Consolidated Fund that you think grows on a tree out behind the building here, and which I know comes from the taxpayers of this province of ours.

Ms. Atkinson: — Well, Mr. Minister, I know that the money doesn't grow on a tree out behind the legislature. Your rationale may grow on a tree out behind the legislature, but I know that money doesn't grow on a tree outside of the legislature.

Now, Mr. Minister, you didn't answer the question. You're projecting a saving of some \$26 million this year with your changes to the drug plan. I project, based on your conservative figures, a saving to the drug plan of some \$34 million dollars. Now that \$34 million is going to come from somewhere, Mr. Minister, and it is going to come from the consumer, the people who purchase prescription drugs, if they have the money to purchase them. And I simply ask you this: who's going to pay this additional \$34 million? Is it going to be the government? Is it going to be that tree out behind the legislature? Or is it going to be the sick and the elderly, Mr. Minister? Who's going to pay the additional \$34 million?

Hon. Mr. McLeod: — Mr. Chairman, the member will say 20, 34, 26 — I don't choose, you know, I don't think it's reasonable that we get into a discussion about how much it is. But regardless of which number we agree on — well let's say we agree on 34 or 26 — regardless of which number it is that is saved in terms of in this plan, in these numbers which are in this blue book that we both look at here in this forum, the fact is, and because of some of the reasons that I outlined earlier, the fact is that all of the . . . there will be significant savings based on the more responsible use and the more responsible prescribing, the more responsible use by consumers and so on. There will be some of that. I don't know and nobody can project that at this stage, no one can, but there will be some of that.

For example, in Manitoba prior to this year, I believe the

number was about 1 per cent, no subs, or 2 per cent, something like that. Very low in any case — very low where ours was up there somewhere in the neighbourhood of 12 per cent, no sub. Why was that?

When you look at the only difference between our two jurisdictions in terms of demographics, in terms of so many things, it was because in this province it was, who had the responsibility? I mean, write out the prescription. I mean, what does it matter? And for the consumer, why should the consumer ask, how much is this worth? They wouldn't say how much is it worth because the government's paying.

Well the fact is the people pay when the government pays, and the people will recognize that in any case, so it's a responsible decision. So what I say to the member is the consumers of this province who use prescription drugs will pay more, and there's no question about that. They will pay more up to a level which is a deductible amount which are set. And you know the amounts, 125 for a family, 75 for a senior family, \$50 for an individual senior — those deductibles which are not onerous levels, and beyond that, the taxpayers of this province will pay 80 per cent of the cost of drugs.

Still, Mr. Chairman, even with these changes that the members so much oppose, even with these changes, this drug plan is the most generous in this country. And Canada as a nation has the best, you know, consumer drug plans and so on, there are anywhere in the world. And this one in Saskatchewan is the most generous in the country.

Ms. Atkinson: — Well, Mr. Minister, your changes will hit only those people who require prescription drugs. That \$34 million next year will come out of the pocket of those people who require prescription drugs. It will not come out of the pockets of all of us. And, Mr. Minister, that is a tax on the sick. It's a Progressive Conservative tax on the sick. It's unfair, it's a bad policy, and it should be changed.

Now I note, Mr. Minister, that you haven't yet tabled your 1986-87 annual report for the prescription drug plan, and I understand that legally it should have been tabled by now. We note that agencies like the Police Commission, the Department of Economic Development and Trade, have tabled their annual reports, but you haven't yet tabled yours.

I therefore have to go on the basis of the 1985-86 annual report. Mr. Minister, can you confirm in that year there were only 147 families in this province that had actual drug costs of more than \$500? And can you confirm that with your new PC prescription drug plan that you've put in place for this year, that some 50,851 families in this province will have up-front drug costs of more than \$500 per year, Mr. Minister?

Hon. Mr. McLeod: — Mr. Chairman, I will say that the member refers to table 2 in the '85-86 annual report of the Health prescription drug plan. Under the old plan that this refers to, there were 147 families who paid more than \$500, which would be the accumulation of 3.95. Accumulative 3.95 up to \$500 or more. So I confirm that

number. I don't get your other number. Will you just confirm your other number for a moment?

(1945)

Ms. Atkinson: — Had your drug plan been in place that year, there would have been over 50,000 families — 50,851 families, to be exact, that would have had up-front drug costs of more than \$500.

Hon. Mr. McLeod: — Well, Mr. Chairman, it's difficult to predict the number of families. I don't know where the member gets the number, but I want to point this out. There will be many families in Saskatchewan, obviously, who will now have up-front costs of more than \$500 or around the \$500. There will be many families have . . . but that's before we take into consideration any deductibles, which are in fact 80 per cent of everything beyond \$125.

So without taking that into account any deductibles, yes, deductibles or any up-front costs, sure, there could be a number of families. But I don't know where the member gets the number that she's referring to, and I don't confirm any number. It is very hard to make a prediction of that nature prior to the year end in this plan.

Ms. Atkinson: — Well, Mr. Minister, also in that year there were more than 50,000 families who paid actual costs of more than \$100, and had your prescription drug plan been in place that year, those families would have paid an additional 46 per cent more for their medical prescriptions, and that's even after your rebate. Can you confirm that, Mr. Minister?

Hon. Mr. McLeod: — Mr. Chairman, the member looks at it in a very simplistic way. I can see what you've done. You've drawn a line at approximately the 125 level which is where the deductible for families . . . and you've added all of the numbers of families there. But I would say to you that it's a very simplistic way to look at it because all of those who go beyond the 150 to 200, 200 to 300, all of those will receive refunds of 80 per cent for everything beyond \$125, which you didn't take into account when you quoted that large number.

So in any case, sure, I hear what you're saying. But I would say to you that, please, in whatever you're doing in discussing this, be sure to take into account that there is a rebate of 80 per cent.

Ms. Atkinson: — Well, Mr. Minister, I did talk about up-front costs. That's money that people have to come up with to pay for those prescription drugs — money that many, many people in this province don't have because of some of your government's economic policies.

Mr. Minister, I just want to repeat that had your prescription drug plan been in place in this year — the last year that we have any kind of data from your prescription drug, that's the year 1985-86 — 50,851 families would have had up-front drug costs of over \$500 per year, Mr. Minister. In the same year there would have been more than 50,000 families who would have paid actual costs of more than \$100 a year had your new drug plan been in place. That's a 46 per cent increase for their medical prescriptions. That's even after your rebate. That's 46 per

cent higher, Mr. Minister. It'll be 46 per cent higher this year than last year and I'm not taking into consideration inflation in the last two years. I'm being very conservative in my numbers.

Now, Mr. Minister, we have a situation — and I think that this is fair to say — that in the year 1985-86, had your prescription drug plan been in place, 50,851 families in this province would have paid an actual average of \$165 per year and that would have been paid after the rebate, Mr. Minister. That's an average cost of \$241 under the new plan had it been in effect. That's a 46 per cent increase.

That's a big increase, Mr. Minister, and I want you to justify to this legislature, for those families who are paying and will be paying this year a minimum of a 46 per cent increase, why would you want to change the drug plan and put that kind of hardship on people? What did they do to deserve that kind of scorn on behalf of your government? Why would you want to hurt them?

You talk about senior citizens running around this province writing out prescriptions to themselves. I want you to know that they don't; doctors write prescriptions. If you and your government had a problem with the no substitution, and I recognize it was a problem, Mr. Minister, you negotiate with them, yearly fee increases through the medical care insurance commission. Why wouldn't you have taken that issue to the bargaining table? Why wouldn't you have done that instead of throwing the baby out with the bath water?

If there was a problem with doctors writing no substitution so pharmacists could not fill those prescriptions with generic drugs, why wouldn't you have talked to doctors about that? Why would you want to hurt older people, because you had a problem with the doctors? Why not take that kind of issue to the bargaining table?

Hon. Mr. McLeod: — Mr. Chairman, a couple of things. I mean, the member can say as many times as she likes, you know, that we have done this because we want to punish people or because it's, you know, all of the kind of rhetoric that we hear from them for a long period of time now.

The fact is, as I have said before, I will not accept that this is a bad plan. Support has been expressed for this plan when it was in Manitoba, as it was constituted then, and as still is. Support's been expressed by many individuals in groups — pharmacists, professionals all across the medical profession, pharmacists. Studies have shown, and several of them in all provinces have shown the need to monitor the consequences of drug therapy. That's extremely important that we do that. People need to know what the cost of their drugs are.

One study in fact concluded that we are becoming, Canada, a nation of drug takers. Frankly this has to stop, when drugs are used to the extent that they have been. And this province did not have a good record in that area. And it leads one to wonder, are cheap drugs — you know, at free or 3.95 or whatever — are cheap drugs really a

benefit to people or to individuals? Are they really? That's a very significant question to ask. And all of you who are so strident in your opposition to what's been done should ask yourself that question. Are those cheap prescription drugs really a benefit to people and to individuals?

So I'll just say to you, I'll just say to the member and to you, Mr. Chairman, to all the members on the committee, we took the decision because we believe it to be a responsible one. We believe more than ever that it was a responsible decision to take, and it will augur well for this province, not only now but into the future.

Mr. Trew: — Thank you, Mr. Chairman. Mr. Minister, I've listened and watched our member from Saskatoon Nutana going after you, talking to you about your doomed prescription drug plan. I've heard you use the words that it's the most generous plan. I've heard you talking about, no we're not trying to punish people for using drugs. In one breath you say we're not trying to punish people for using drugs, and then in the next sentence you say, but I wonder, I wonder if giving people drugs at a low cost of 3.95, a dispensing fee of 3.95, if that cheap drugs is really of benefit to people.

I've heard these things said here tonight. I'm just appalled that you would even come forward with such an insane drug Bill. It is — there's no other word for it — it's insanity, Mr. Minister. It is unfair and it's a tax on the poor and it's a tax on the sick, and the people of Saskatchewan will let you know that just as soon as you give them an opportunity to do that.

I want, Mr. Minister, to deal with one specific case here tonight that you've heard me talk. Members in the legislature have heard me raise this issue in the past, but I want to get down one on one. We've got you in Health estimates. I want to outline the case for you. I have written you a letter regarding this lady. I wrote the letter to you first, July 15, 1987. I'm not going to use her name publicly because if you had the list of health problems that this lady has you wouldn't want your name broadcast all over the world either.

This constituent of mine, Mr. Minister, has a total income from pension, of \$495 per month — \$495 per month from which she pays her rent, her heat, her power, her telephone. She pays for her water bill, she pays for her food — when she can afford it — and she pays for her drugs. And now it's when she can afford the drugs. I want to outline to you, Mr. Minister, so that you understand the desperate situation that this woman is in. I want you to be crystal clear just how desperate it is.

I'm going to list for you, the drugs that this woman takes and you tell me or you tell her, better yet — I know she's watching at home right now on the television because I just spoke to her less than half an hour ago. You tell her which of these drugs she should be eliminating or how she should possibly come to afford these drugs.

She takes Sulcrate, 1 milligram, at a cost of \$50 per month — I'm talking up-front cost. That's an arthritis medication. She takes Clinoril, 20 milligrams, at a cost of \$73 per month up front; that also is arthritis medication. She also takes Tylenol 3 at a cost of \$10 per month, that too

primarily for arthritis.

This woman takes Diabeta, 5 milligrams, at a cost of \$20 per month. Additionally, she takes Capoten, 100 milligrams, which is a high blood pressure medication and it is costing \$160 per month up front. Catarase, 0.1 milligrams, at a cost of \$30 per month. Apo-Furosemide, 40 milligrams, at a cost of \$6 per month up front.

My question to you, Mr. Minister, is how is this lady . . . Before I ask the question, I do want to say, you have already referred her to your drug review panel. The result of that, Mr. Minister, is that she only has to pay the 20 per cent up front which totals \$72 per month — \$72 per month out of a total income of \$495. And I'm not saying \$495 with her rent looked after or with her food looked after. She has to pay all of the expenses out of the \$495 a month.

It is purely and simply impossible. The hard choices that she is facing is, what medications can I cut back and how much food can I exist without? Either choice, Mr. Minister, is going to drive her into the hospital much quicker than if she could afford to eat well, eat good, balanced food, have a balanced diet, and if she could take the prescription drugs as prescribed by her doctor.

I want to know from you specifically what this woman, this constituent of mine, should do. How can she possibly afford to live?

(2000)

Hon. Mr. McLeod: — I would just like to clarify a couple of things because you had said that you had sent it to us and I don't want to . . . we can deal with the individual case in another place, if you like. But you say that this is a single senior and her income is \$495 per month all in? Everything that she has is \$495 a month. If I could just clarify that.

Mr. Trew: — She is a single pensioner in that her husband is in a nursing home. His pension income looks after his well-being and she looks after hers. For all . . . maybe not for legal purposes, I don't know, they're certainly married, but she is living . . . or he is living in a nursing home and she is maintaining an independent residence. So for all practical purposes, yes, she is single.

Hon. Mr. McLeod: — The reason I wanted a clarification on the number is because the information we have in a case like this is that her income would be in the order of \$700 a month, or should be. If it's not, then that's the point that we should be looking at. In terms of maximum of OAS (old age security), GIS (guaranteed income supplement), and Saskatchewan income plan, it would be in the order of \$700 a month. And that should be what her pension is. If it isn't, I would really like to talk to you about that afterwards about why it isn't — why it's at 495.

And if she's not in subsidized housing, well then of course she's eligible for the \$500 of the heritage grant, which is about \$41 a month and so on, you know. So she's in a . . . (inaudible interjection) . . . Okay. The member indicates that the individual in question is in subsidized housing, so she wouldn't be eligible for that. But it's in the area of

\$700 a month, and I'll undertake to get exact numbers for this person. And you as her MLA and I as the Minister of Health should be talking to the Social Services minister, whatever, and make sure that she is getting the pension benefits to which she's entitled.

What we have done in the Department of Health in this case, I believe, and you have indicated that, is that we have said to her, you can pay the 20 per cent up front. You indicate an amount in that, and I don't know it, and my folks can look at the various drugs and if there are lower cost alternatives and that kind of thing. But in any case, she'll pay the 20 per cent up front, will not have the up-front costs to be concerned about. But certainly one of the things that we should be clarifying here for this individual, now that you've raised it in this way, what her pension income is and what she's eligible for, because if there's a discrepancy she certainly should get what she's eligible for.

Mr. Trew: — Her income is \$495. I'm hearing what you're saying about, we should be talking to the Minister from Social Services. I'm not sure it would do a great deal of good. Frankly, I have no confidence in him nor the way he runs his department.

This lady phoned Social Services, Mr. Minister, this lady phoned Social Services and was told that what she should do is go to the drug store and ask them for credit. That was the sum total of the help that the Department of Social Services was to this constituent of mine. And, you know, forgive me if I don't have a whole lot of faith in what that particular department is doing. It seems to be taking people that are having a tough time making it and trying to just beat the heck out of them.

At one time this constituent had an income of \$416 per month and had a Y card from Social Services. So the drugs were provided at no charge at that time. Then she got a raise in the disability pension and that bounced it up to \$495 and they took the Y card away.

An Hon. Member: — Is this a senior citizen?

Mr. Trew: — This is a pensioner. I believe she's on a disability pension. The member asks if this is a senior citizen. It's a . . . I don't believe she's 65. She's on the short side of 65 years of age, but has a disability income pension. Does that change your response of a minute or two ago?

Hon. Mr. McLeod: — The numbers that I have here as it were, or that I outlined to you, are related to what a single senior would be eligible for whose spouse is in a nursing home in level 3 or 4.

It's changed about three or four years ago. I was informed by our people that it's been changed, through co-operation with the federal government, that if one spouse is in the nursing home and the other spouse is not, each of them can be treated — for the purposes of the OAS (old age security), GIS (guaranteed income supplement), and so on, the Saskatchewan income plan — as singles. And so they get the maximum benefit. Either of them can . . . Each of them would be treated as that.

Nursing home administrators have that sort of information in all of them.

But in any case . . . Frankly the best way that we can . . . because there's a lack of clarification here, whether this person is . . . you know, what the circumstances are — I'm not sure if this is the right forum. I certainly will . . . While I disagree with you in terms of your confidence in the Department of Social Services and so on, and I will continue to disagree with you, I will say this to you because it is these estimates that are up now and those estimates are passed, and you raised the issue. I will undertake to deal with you on what is the potential for the pension for this individual regardless of what her circumstances are — is, I mean — and we'll go from there, you know, perhaps tomorrow when we're not sitting, or whatever. If that's acceptable to the member, I'd thank him for that.

Mr. Shillington: — Just a couple of questions. One, on a subject that I think is probably not one that divides us politically, and that is the question of . . . It's the question of AIDS (Acquired Immune Deficiency Syndrome), Mr. Minister.

Mr. Minister, a number of doctors have suggested that provincial legislation should be changed to require carriers of the disease to disclose contacts, as is now done with the older forms of venereal disease, syphilis and gonorrhea, although I gather that legislation . . . Given the effectiveness of penicillin, I gather the legislation is not used very much.

Mr. Minister, you were quoted as saying that's being considered. You made the comments some months ago. Have you reached any decision with respect to such legislation?

Hon. Mr. McLeod: — Yes. Just to confirm for the member from Regina Centre. I did make that comment. We have come to a decision, and the amendment is coming forward in the House. And that's our inclination, to amend the legislation so that AIDS is a reportable disease as are other sexually-transmitted diseases.

Mr. Shillington: — And accordingly, I gather that contacts will have to be reported. Is that what the minister is saying?

Hon. Mr. McLeod: — Okay. What we're contemplating is the amendment, as I've said, and while we don't foresee a sort of mass contact tracing sort of thing going on, although this legislation would give the mandate to the medical profession and so on, to do that as they have with other sexually-transmitted diseases. But the most important thing in this in terms of the reportability, is the very important educational component and the counselling and so on which must take place with the person who is infected. Extremely important. And that's one of the scary sort of aspects of this new disease.

Mr. Shillington: — Well it's certainly scary enough, Mr. Minister. I suppose the good news is, Mr. Minister — and you may have better statistics than I, and if you do I'd like to hear them — but I suppose the good news is that the disease is not at this point in time very prevalent in

Saskatchewan, at least relative to many other parts of the world.

The bad news is, of course, there's no known way of dealing with it; once a person becomes a carrier or indeed has the disease, no known way of doing anything to assist them. That leaves, Mr. Minister, the only weapon we have in dealing with what some people say may be the worst killer since the Middle Ages. That leaves us with only education.

I wonder, Mr. Minister, if you feel the government's doing enough with respect to education, and I wonder, Mr. Minister, if you wouldn't agree that the government should be doing more. It's a disease in which prevention is our only weapon. There's nothing we can do once a person gets it. All we can do is educate them in how to avoid the disease. And the ways of doing that, of course, vary with one's philosophy and life-style. But for virtually all peoples there are some steps that could be taken.

(2015)

I wonder, Mr. Minister, if you don't feel the province should be doing more for education.

Hon. Mr. McLeod: — Well, just a couple of points to follow up on the member's questions.

First of all, there will be, and you will hear about it in the days to come, announcements about the direction that we will go with the information packages, and that's what they will need to be — information and packages of knowledge, basically, for people.

It's been said, and I think it can be no more aptly said than to say the only vaccine against this deadly disease is knowledge itself. We will . . . We are working with the Department of Education. The lead agency is Health because it is without question more than anything else a health issue. So this department will lead. We're working very closely with Education now for a package which will be into the regular school system. Also there will be a need for programs as it relates to the post-secondary system out there in terms of those young people, you know, and the various other means of reaching the population at large, electronic media, etc., etc.

Just to get back to the numbers, in terms of the prevalence of this disease in our province, one of the things that we have so often — and many of our people will, I think, still believe this — is that we're a rural jurisdiction and we're here in the middle of the continent and we're not San Francisco or Vancouver or Toronto. But there's no question that we are a very mobile society now in the late 1980s, and there is a . . . It's an issue that we must address, that we must address with a very, with a wide cross-section of our population, which would suggest that it must be far more than just directed at what we will call and have been called the at-risk groups. But we must address this in the widest sense in terms of our population, and we will. And just to give you a number of the last count, as of now, is that there have been 18 cases of AIDS in Saskatchewan.

Mr. Shillington: — The minister would have no idea, I

suppose, how many known carriers, there are.

Hon. Mr. McLeod: — The ratio that I could give you . . . And you know it's a wide range and even the best "experts" anywhere, to use that term in quotes, would say that there are 50 to 100 carriers for every clinical case. Now that's a wide range, obviously, from 50 to 100, but that would be a guess at best. And I'd just, you know, leave that number with you, but there's no question that there are carriers who have not, you know, come down — who are not now clinical cases but who will be clinical cases.

Mr. Koenker: — Mr. Minister, while we wait for your departmental educational efforts, there are groups in Saskatchewan that are active in publicizing about AIDS and informing the public about it. One of these groups is AIDS Saskatoon, and my understanding is that they've approached your department for funding in their educational effort. And I'm wondering if you can comment as to whether they will be receiving funding from your department.

Hon. Mr. McLeod: — Yes, they will, and I believe they know that. It's in the amount of \$7,000. And it's in the area of . . . As I have said to your colleague, it's really important in explaining this to the widest possible population that we address in several ways, one being through agencies like the one that you mentioned in Saskatoon and its counterpart here in Regina, where we deal primarily with what have been called the at-risk groups and where they inform as many people as possible. So that's being done. And that amount of money that I just mentioned to you has gone out, I believe, to that group in a matter of the last few days; in the case of Regina it went out a matter of couple of weeks ago.

Mr. Koenker: — Am I to understand then, Mr. Minister, that it was just within the last handful of days perhaps that that 7,000 would have been made available?

Hon. Mr. McLeod: — Yes, that's true.

Mr. Koenker: — I certainly want to commend you for that action. I talked with people over this weekend, with people from AIDS Saskatoon, and they had mentioned among other things the request they had from people at the University of Saskatchewan to provide literature during registration week on the university campus. I think the figure they quoted was needing some 15,000 pieces of literature. Obviously without a grant of the sort that you gave, they were unable to provide that kind of literature this fall. But I think that this certainly helps enable their efforts, and I think they're appreciative of that funding. We hope that it can continue as they develop programs and reach targeted segments of the population through their efforts.

Hon. Mr. McLeod: — I hear what the member's saying in terms of having information available to the young people in the various post-secondary institutions. That will be done, and it will be available to them — information, the best, most up-to-date knowledge about this killer disease. So it will be there.

And I basically don't disagree with what you're saying,

except to say that there will be ways to disseminate this information. Some of it will come from the groups that you've outlined — AIDS Saskatoon, AIDS Regina. More of it will come probably from the government agencies, Health being a leader in that, as I've said to your colleague, because it is a health issue for the wider population, and we make sure that the knowledge goes out in the widest possible . . . spread to the widest possible number of our population.

Mr. Koenker: — Just one brief observation, Mr. Minister. I think part of the strength of having non-governmental agencies educate in this area is that they can use language that the government might be a little bit reluctant to use in its own publications. I think that's particularly important when we're dealing with young people nowadays, and I'd simply commend that for your department consideration.

Hon. Mr. McLeod: — I hear what you're saying, once again, but I'm not so sure that as the Minister of Health for all of the people of Saskatchewan, that I necessarily believe that the only information that should go to all of the people . . .

An Hon. Member: — Not what I'm saying.

Hon. Mr. McLeod: — No, and I know that you're not saying that either. But it's important to make the point that all of the information that goes to the people of Saskatchewan should come from the agencies like the one you outlined.

So I say that while they have a clientele, certainly, let's be sure that we spread this, whatever funding we have available, in such a way to get the best possible information out to the widest distribution of people.

Mr. Trew: — Thank you, Mr. Chairman. Mr. Minister, back to my constituent. She's 59 years of age. It is a disability income. The total income is \$495 per month. Now I am assuming, and correct me if I'm wrong, but I am assuming that you thought her income was indeed a couple of hundred dollars a month greater than that, and I suspect that your review panel assumed that too.

In light of the information that I have just given you, where her total income is \$495 per month, she has total up-front drugs costs, according to the list I gave you, of \$349 — and I don't believe that that's quite it; there is occasionally a few other drugs extra — what are you prepared to do in this case?

Hon. Mr. McLeod: — I'm told we don't have that particular file here. But I'm told if the numbers that you've given us here are different than from what we had in the original time, in terms of whether or not she was a senior — if our people looked at on the basis of her being a senior, which would make some differences in terms of the eligibility for how much pension she is eligible for . . .

But in any case, as I said to you before, I'll undertake to go through it with you, and we'll go through it in some detail if we have the actual . . . No. I don't have the file of that individual right here in front of me, and I don't think you would want me to have to deal with her. Even though you

say she's watching on television, I'm not sure that she or you or anybody would want to have it dealt with in this wide open forum.

Mr. Trew: — Mr. Minister, I don't know whether to look for a rotten tomato, or to come across and take you on physically. I just don't know what to do. This woman is desperate for some help. Nothing has changed. Your review panel should have — I haven't seen the form — but should have gotten that information that I've given you today. Nothing has changed for her other than she continues to cut her Capoten, which is the high blood pressure pill, that when she asked her doctor if she could get any substitute whatsoever, the doctor said no, we have tried other high blood pressure medication, this is the only one that seems to do the job, so no substitution for Capoten at \$160 a month. On her own, because she is so desperate, she has reduced her intake from three pills of this a day to two. Thursday, October 8, she attended her physician and was told that her high blood pressure is terrible.

And you say, well I don't know what we can do to deal with it. Come and we'll have an old boys' chat somewhere. That's not what she needs. She needs some help and she needs some help now with her medication. Any of you tell me how someone can live on \$495 a month — subsidized rent or no — \$495 a month, pay rent, pay food, pay heat, pay telephone, pay power and pay your drugs? Tell me how it can be done, just any one of you; tell me how that can be done.

The other thing I haven't told you that I just found out today is this lady also has Parkinson's disease. It . . . Words escape me, Mr. Minister, words escape me. I'm not going to go and have an old boys' chat with you somewhere off camera. This lady needs help. What are you going to do about it?

Hon. Mr. McLeod: — Well I tell you what I'm not going to do about it, Mr. Chairman. The member says and makes fun of and makes light of the fact that I have given him an undertaking to say the two of us, as two members of this legislature, will go and talk about it. That's what I said to him, Mr. Chairman.

I've seen this done in the House for a long time, many times between members of their group and members of our group and on an individual basis, even though people will often look in on this forum and say it's an adversarial type of forum all the time. That member who's a rookie here believes that it's an adversarial forum all of the time, and thinks that if he can yell and say to me that he's either going to throw a tomato or come over and deal with me physically . . . I would suggest you throw a tomato.

I would say to the member that I have given him the undertaking that I will look at this issue. I said I will look at this issue, as I will. But I will not, I will not deal with the individual case of the individual lady and her circumstance and so on in this forum. I don't believe it's the right thing to do. I don't believe it is. You can say what you like to do; you can say what you like about it.

The member from Regina North can stand and grandstand all he likes. I will say to him, I will undertake

to look at every circumstance surrounding this. I do not have this particular case with the particular letter before me tonight in these estimates. I don't have it here, but I will have it. Okay? I will have it when I talk to you, and I will talk to you as one member of the Legislative Assembly to another member of the Legislative Assembly. And if you want to call that some kind of a cop-out or an old boys' chat or whatever, I'm sorry for you, frankly, if that's what you think it is. But that's not what it is; that's not what it is. It's an undertaking that I gave to you, that I would talk to you about it.

(2030)

Now if you want to bring your witnesses and all of the rest of that stuff which some of you silly people in the back row over there like to think about, well then, go ahead. But I've given you the undertaking, and you've got it now. Now don't stand up here and holler at me.

I know you're doing . . . To some extent, you're trying to look after your constituent. But all I'm saying to you is, all I'm saying to you is there are other ways to look after your constituent than the way in which you've chosen to do it.

Mr. Trew: — Mr. Minister, you say you'll look at the case. I say to you, if you had a policy, we wouldn't have to be doing this. If you had a policy with regard to prescription drugs, we wouldn't be here. I wouldn't be telling you that I feel like throwing a tomato at you or coming over and somehow getting physical with you. I wouldn't be telling you those things.

I will tell you this, though. Anyone on this side of the House would make 10 times the Health minister that you have. And I think there's a good number of people, this constituent of mine included, that would agree. And it's not you who should be feeling sorry for me, sir, it's I who feels sorry for you having to come forward with such plans, and then have to defend them. I really feel sorry for you, and I feel sorry for any of your colleagues that are trying to defend this policy.

You said you have given me your word that you and I can go and deal with it. And I accept that, except for this one important detail, Mr. Minister. On July 15, 1987 I wrote a letter to you at Room 334, Legislative Building:

Dear (and there's your name): This letter is to draw to your attention and ask for special consideration and assistance to (the name of my constituent), of (and her address in Regina), to obtain necessary drugs.

(My constituent's name again) is living on the sum of \$495 per month obtained from the Canada Pension Plan. From this amount she pays: (1) rent, (2) heat and power, (3) water, (4) telephone, (5) food, and (6) drugs.

With the revised prescription drug plan changes now in effect, (my constituent's name again) will be paying approximately \$359 per month up front for her necessary prescriptions.

As you can see, options are not available for (and I

use my constituent's name again). Not paying rent would result in eviction. Not paying the heat and power bill would result in cut-off of those necessary services. Water would also be cut off for non-payment. Telephone is a modest cost necessity needed for communication with her husband who is in a nursing home, as well as for emergency use. Food is a major cost necessity, and for (my constituent) so are prescription drugs. Will you provide direct help by removing the cost of prescription drugs for (my constituent)?

Your favourable response to this urgent request is required at your earliest convenience. Thank you in advance for your consideration. Yours sincerely, Kim Trew, MLA, Regina North.

Mr. Minister, I wrote you that letter on July 15, I got a response from you on August 24, more than five weeks later, August 24:

Dear (you've crossed out my last name, and put "Kim"): I'm replying to your recent letter sent to me on behalf of (again my constituent).

You may be aware that I've established a review panel which will be assessing those people who are having difficulty with the changes to the Saskatchewan prescription drug plan. Our intention is to then address any truly unique situations in the most caring and helpful way possible.

I have instructed this panel to review (again my constituent's name) situation, and follow up with her directly. Thank you for bringing this concern to my attention. Yours truly,

And you sign it. That letter five weeks after my letter to you.

Now reverse the situation, Mr. Minister. If I were minister of Health, you were an opposition MLA sitting opposite, this correspondence had gone ahead, I had clearly indicated to you her income, her drug costs, and in my closing statement, my closing paragraph, I'd indicated very clearly to you it was an urgent matter. The woman was making daily choices between food and drugs, and doing without some of each. You respond to be with some pretty bold words.

Our intention is to then address any truly unique situations in a most caring and helpful way possible.

I don't know what those words mean, Mr. Minister. I'm frustrated by the things you put on paper because it's meaningless. It's just absolutely appalling the way you and your government treat human beings. It is incorrigible, it is wrong-headed. It's . . . And you end with saying, "Thank you for bringing this concern to my attention." Fat lot of good it did. "Thank you for bringing this concern to my attention." I feel sorry for you.

Will you tell me how this constituent of mine, on \$495 per month, is supposed to come up with up-front money

of \$72 for her drugs? I've already outlined to you: one, that she has reduced from three pills a day, that the doctor prescribed, to only taking two per day. I did not tell you, Mr. Minister, that she is not taking two of her arthritis pills, the Sulcrate and the Clinoril. She is not taking those because the choice is to take those pills and not have macaroni in her cupboard. And I'm not making that up because I've spoken to the lady twice tonight. She's got macaroni in her cupboard. And if you think I'm grandstanding or you think I'm making a big to-do out of nothing, well then I invite you to stand up, have the courage to stand up, tell me and tell the world that I'm making up this case because I'll tell you, it's not a make-believe case; it's not some fantasy problem that I'm bringing up. This woman came to me with a problem as a result of your prescription drug amendments. I didn't go out and solicit this case. I'm happy and I'm anxious to look after my constituents and any of their concerns, but I didn't go knocking on her door. I didn't phone up and say, oh, come, give me whatever problem you've got. But she knew who to go to.

Now I ask you, Mr. Minister how . . . What advice do you have for this lady to get by? Never . . . If you can't answer till the end of the month, how's she going to get by tomorrow?

Hon. Mr. McLeod: — I have already told the member, Mr. Chairman, that I will go through this with him. Like, the member earlier in the raising of this question gave us a list of the various drugs and the costs and so on. I don't know if they're one month's supply in all the cases and so on. And I don't have the luxury of having the letters before me that the member has, and I maybe could have at another time.

But I still say that the best way for us to deal with this would be to deal with it in the way in which I suggested. I will do that. I will find out from the welfare, I will find out from the welfare or from the Social Services department about what the options are there — all of that.

If you would like to, though, if you want to deal with this case in this forum, that's your choice. I'm reluctant to deal with the individual case, but I will say to you that I will go with the individual and will go . . . but what I will need to know from you and what I will check back, in terms of the information you've given us here . . . The case will go through whether all of these drugs are one month's supplies, how much they cost, how much these drugs cost that person under the old system, 3.95 per prescription, what the costs were then, and what the costs are now, if they are, in fact, what — you know, what did you say, \$72? — and that's fair ball. I will accept your number.

So we'll go down through that, and you can have your choice on how you would like to go through it. I don't care one way or the other. I just would . . . I did give you an undertaking that I would deal with it. And if the member from Regina North East would just quit babbling away here, you and I can deal with this. And we'll deal with it either here or we'll deal with it in the way two responsible legislators would; you can make your choice.

Mr. Trew: — Mr. Minister, I have tried it the other way; I

tried it. What did we get? Nothing. Yes, I made my choice; I spoke to this constituent who is so far depressed by you and your colleagues that she said, yes, use my name if you have to. I don't propose to because I can't see why that would help. I'll certainly share it with you in confidence — her name.

The balance of this situation is as I have outlined: total income \$495 per month, obtained from a Canada disability pension plan. Normal, ongoing monthly drug cost of 349 of which she pays — it's actually a little more than that — she pays 20 per cent or \$72 per month. I may be missing by pennies but I'm not missing by very much when I say \$72 per month. And I know I'm not missing by anything when I give you her income — not missing by anything. You can check the figures if you want to check them.

I suggest to you that what you're doing, Mr. Minister, is one of two things. First, you don't want to deal with this situation because you don't have an answer. You don't have a policy for what you do with the people that your drug plan have really hurt.

An Hon. Member: — A policy that cuts drugs.

Mr. Trew: — As one of my colleagues say, you do have a policy and it's a policy to cut the drugs and to cause hardship. But there's one of two options, as I see it. One is, you can't deal with this because you just won't. You can't deal with it publicly; you don't have an answer. You haven't thought your drug plan through far enough. The second alternative is, you're calling me a liar, you're telling me that I'm giving you misinformation about the lady's income, and about her prescription drug needs.

It's one of those options, Mr. Minister. I'm asking you if — and you can certainly verify this information outside of here — but if the information is accurate on the medication she's taking and on her income, what will you do for her?

Hon. Mr. McLeod: — Well I have not said anything. You know, the things that you attribute to me are not what I have said at all or even what I've thought about you. I just will say to you that I don't have that letter and the correspondence that you read to us here. I don't have that before me, and as I said to you, I'll take the undertaking that I will go to the Social Services department, which you didn't — or I don't say if you didn't, but which you have said you don't have confidence in, and so on, in your earlier statement. I will go there and I will deal with this, and you and I will talk about it after we have all the facts on the table, and have some agreement as to what the facts are. That's the best I can do for you, and that's the most reasonable approach.

Mr. Trew: — That's just simply not good enough, Mr. Minister. The lady doesn't qualify for welfare. She earns too much money. Under your welfare reform, she earns too much money. You can go and talk to welfare. You might as well talk to the wall, or you might as well talk to yourself. It's about as much good as I'm having talking to you. At least you might answer yourself. You're certainly not answering me.

The cost of her prescriptions, the maximum cost of her prescriptions before your changes, amounted to \$27.65. That's if she was paying the maximum 3.95 on every prescription. Seven prescriptions, \$27.65. Pretty simply math to do. It's quite a distance from \$72 per month.

Will you give me and my constituent, Mr. Minister, an undertaking that you will let her have her prescription drugs for \$27.65 per month?

Hon. Mr. McLeod: — I said to you that I will undertake to look at the circumstances after going to the Department of Social Services, between us, and we'll discuss it with you. That's the undertaking that I will give you as it relates to the specific issue that you raise.

Mr. Trew: — Before you gave that undertaking, Minister, you said if we want to deal with it here, we'll deal with it here. And I'm calling you on it. I'm saying, let's deal with it here. We've tried other manners. We've tried. And I have tried others, with not just this particular instance, Mr. Minister. I have tried letters to you asking for help regarding The Prescription Drugs Act amendments, your new plan, your \$125 up front and 20 per cent cost of every drug thereafter. I have tried writing letters to you about it. I have not had satisfaction in a single, solitary case.

(2045)

I am telling you, sir, that Social Services have indicated to this woman that she does not qualify for anything. She had a Y card, then the disability income from her Canada Pension was increased, and Social Services took her Y card away. They took it away.

It wasn't a case of her going to them and saying, look, I'd like something more. They took away a benefit she had because her income went up about \$30 a month at that time. It's gone up one time subsequently, to the point where it's now at \$495 a month.

Social Services can't do a thing for her, or won't, certainly not under welfare reform, Minister. It looks like we might be here for a long, long time dealing with this one instance, but I want to point one thing out to the Minister of Health, and that is that I am raising a concern from one of my constituents.

I can give you an example in the Minister for Tourism, Small Business and Co-operatives' riding of an example even worse than this. And what do the people opposite say? Oh, gee, no, it's those crazy New Democrats, those back-row guys of the New Democrats that are trotting out every bad example in the province.

Well if that's the case, Mr. Minister, I'll tell you that you don't know what's going on, and we do. Move over. Call an election. Move over. Let somebody govern this province that cares about people. Let somebody govern this province that will help people survive and get by and improve their standard of living. All we get are platitudes from you.

An Hon. Member: — Be like Hatfield — call an election.

Mr. Trew: — Member for Quill Lakes says, be like Hatfield and call an election. Now please, please ask the Premier to do that, because this sort of an example tonight is getting us nowhere.

But, Minister, I am prepared to stick with this until you give me an undertaking. What can you do in this instance where there's \$495 total income, and a total drug cost of \$72 — that's total because you've already taken away the 80 per cent. What can you do in this instance?

Hon. Mr. McLeod: — I have said to the member, you know, we can't do a social services assessment here in the House, or any of that sort of thing. I have already told you. I don't have the stuff before me, you have. I will have, on the basis of the information that you've given, the base of the information that you've given. And all I'm saying to the member is that I will deal with it through the Department of Social Services and then subsequent to that with the member and we'll see where it comes down.

The facts as you have outlined are the following: that her drug costs are \$360 a month and that she is required to pay \$72 a month, if that's what I'm to understand. So she pays 20 per cent of her cost and the other 80 per cent is paid by the taxpayers of Saskatchewan.

Mr. Trew: — Why is it, Mr. Minister, that every sick person has to go to the opposition first? It should tell you something about your prescription drug plan amendments. It should tell you that they're not working.

You have given me, sir, an undertaking that you're going to — I'll furnish you with these letters that I'm dealing with — you are going to talk to the Social Services department and then with me and we'll see where the chips fall in this case. Frankly, I don't think that's good enough, but it's clear that that's the best we're going to get.

I'm not sure when we're going to come back at this, but I want to tell you, Mr. Minister, that this is just symptomatic. I've been dealing with one case for an inordinate length of time, just one, because I wanted to give you an opportunity to tell us in opposition, and tell the people of Saskatchewan, what you would do in a humane way. I wanted you tell us what you meant when you said in your letter:

Our intention is then to address any truly unique situation in the most caring and helpful way possible.

I wanted you, on the record, telling the people of Saskatchewan that you meant when you were saying that. I've got two other examples here with me tonight. I've got more back in my office, but two that I'm going to just touch on just in passing.

I have an instance where there's a young family that have ongoing prescription drug costs of \$435 per month, up front, Mr. Minister — \$435 per month up front. Now maybe you've got a lot more rich people in Meadow Lake than we have in Regina North, but for an awful lot of my constituents that's more money that they have extra in a month. It's more money than I have extra in a month by a

long shot. But some of my constituents are fortunately better off than I am; but many of them are not.

Four hundred and thirty-five dollars — 20 per cent of that amounts to \$87 per month. This family has two sons that have a permanent health problem that requires medication to the total of \$435 per month — that's outside of any extra sickness, or flu, or anything like that — and yet they get the same sort of responses that everybody else gets from you when the question is raised.

And I just want to point out to you this headline: "Review panel rejects one-third of drug queries." That's your review panel, Mr. Minister. You're getting the people that are desperate for help that are applying to you and you're turning them down — turning down one-third of them.

I've got another instance here, a retired couple. You have driven the cost of their prescriptions up 10 times at the stroke of a pen. They're paying 10 times what they were for their prescription drugs. They are now paying up front cost of 13.5 per cent of their total income just for ongoing medication. That's what you're prescription drug Act does. You can talk all you want about your government standing up for seniors. Well if this is standing up for seniors, they've had enough of it. They just can't take any more. They'd like you to sit down for a while.

Mr. Minister, I have outlined one major, major concern with you tonight. We will be dealing further with it. I will send you a copy of the letters I have referred from, and I just urge you, for heaven sakes come up with a policy regarding prescription drugs. Better yet, withdraw your insane Bill that is devastating and hurtful to the people of Saskatchewan, because it's nothing more and nothing less than a tax on the sick — nothing, nothing more or less than that. It is hurting all the wrong people. You're blaming sick people for being sick. You're blaming elderly people for getting older. Well compared to the alternative, getting older is pretty nice for most people — pretty nice.

I'm sorry, I don't have the ability to thank you for your attention and so on during the portion of the estimates that I've been a part of. Frankly, I'm shocked, I'm appalled, I'm disgusted and every other thing you care to say for the answers, or the non-answers that I've gotten tonight, and I know that my constituents feel the same way. I can only hope that in the future our dealings will be more agreeable, more amenable. I sincerely hope that.

But for tonight, I'm sorry. I don't have anything kind to say. So I'll turn the estimates back to the member for Saskatoon Nutana.

Ms. Atkinson: — Mr. Minister, my colleague has just outlined to you a number of cases that have had some experience with this special review committee of yours. I'm wondering if you can tell us what income does one have to have in relation to one's drug costs in order to get 20 per cent at the drug store in terms of payment or to get these special priority post envelopes?

(2100)

Hon. Mr. McLeod: — As it relates to the review panel and

when it was announced — it's extremely important that you hear this and that you understand it — there's the . . . individual cases that are dealt with are just that — individuals cases, unique circumstances of an individual, of a family, or whatever. And the kinds of things that are looked at; the type of drug used, in other words is it for the treatment of a chronic case, or is it for periodic use; the brand of the drug, in other words the lowest cost alternative, the cost of the monthly supply. We do ask for a statement of income, but it is just a general sort of statement of income. We don't have a particular number beyond which or below which or whatever, we don't have a number there that we use for that. We ask questions like: are there any insurance plans available in your family, group plan through the employer, or anything like that? So those are the kinds of questions that are asked in terms of the application.

Then the panel, which is made up of a representative of the College of Physicians and Surgeons and a representative of the pharmaceutical association and one person from the drug plan, will determine whether or not the person is eligible for one of the various forms of what we'll call special coverage.

Ms. Atkinson: — Mr. Minister, I wrote you a letter about a woman from Yorkton who is living on \$800 a month. She's a single parent. Her drug costs are approximately \$136 a month but can get as high as \$150 a month. She has a four and one-half year old son. He has asthma.

Why wouldn't she be eligible for 20 per cent at the drug store? Why would she only be eligible for priority post envelopes? What income would she have to have, Mr. Minister, in order to get 20 per cent at the drug store?

Hon. Mr. McLeod: — In the case as it's outlined, her net cost per month . . . She's eligible for the priority post envelopes because it was deemed by the committee, I suppose, that if she was to have her rebate of her 80 per cent back in time before the next month's cheque or whatever, so long as she was ensured that rebate was there, her net cost per month is \$27.20 — 27.20 per month. And I don't believe that's too onerous, frankly; 27.20 per month is what it costs her.

Ms. Atkinson: — Mr. Minister, she has \$800 a month take home pay. She has to pay for her rent, her groceries, transportation, all of those other things that help assist families in keeping a roof over her head. She pays approximately 17 per cent of her income out each month on up-front costs of prescription drugs. I'm asking you, Mr. Minister, what income gets a 20 per cent break at the drug store, and what would your prescription drugs have to be in relation to that income?

Hon. Mr. McLeod: You know, it's key, what you just said. She pays the amount that you have outlined up front, and by us being sure that she has the priority coverage — priority envelope, so that she gets her rebate back very quickly by return mail, or that sort of thing — then we think that the \$27.20 cost . . . And I mean I say we think, but I just . . . That's the way in which that case that you outlined was dealt with, and I think it's a reasonable way to deal with it. It's extremely important, though, I will admit, that a lady in that circumstances get her rebate

back so that she is able to have the money available when the times comes to buy the next month's supply of drugs.

Ms. Atkinson: — Well, Mr. Minister I don't think you're understanding this. She has an income of \$800 a month. She's a single parent — she's a parent of a four and one-half year old asthmatic child. Each month she has to have 17 per cent of her income up front to pay for prescription drugs of \$136 a month. She has to have the money to buy the drugs. I'm asking you, Mr. Minister: where does she get this money? What income would you have to have to get a break in terms of 20 per cent at the drug store? Would her drug costs have to be \$200 a month and her income \$800 a month; \$300 a month for drugs, her income \$800; \$400, half her income? What is it? Tell us the figure.

You've got this committee that makes decisions about people's lives. They send in information to that special committee; they tell that committee what their income is; they tell them what the cost of their drugs are. I want to know: what costs would this woman have to incur each month at the drug store, in relationship to her income, to get a 20 per cent break at the drug store. Give us that information.

Hon. Mr. McLeod: — Mr. Chairman, what the woman pays is 20 per cent of her cost of her drugs. But she pays up front and she has a priority envelope which says you get a rebate and she will get, on a monthly basis, a cheque back from the drug plan for \$108.80, if the numbers as they're outlined here are the actual numbers. She will get a rebate cheque from the drug plan on a monthly basis, of 108.80. Her net costs will be \$27.20. Now I can't make it any more clearer than that; that's where it is.

You say, rather than have the envelope and having the rebate back, she should have had 20 per cent straight up front. The decision was made at the panel that as long as she had the money back, she'd have her 108.80. She gets her \$108.80 on a monthly basis and that comes back. And you're always very, very quick to say her up-front costs but you are very, very slow to talk about the rebates that she has coming back from the taxpayer.

Ms. Atkinson: — We're going to get into the rebates and how long it takes your department to send back the rebates in a few minutes.

Now I just want to ask you again, this woman has \$800 a month. She lives in the city of Yorkton — \$800 a month. She's a single parent; she has a job; she has to pay for child care costs in order to get herself to work; she has to pay for her apartment; she has to pay for food; she has to pay for clothing; she has to pay for transportation costs to get herself to her job.

I'm asking you, Mr. Minister, where does she cut back? Where does she find that \$136 a month to pay for those prescription drugs? You tell that woman where she has to cut back to come up with that money to pay for those prescription drugs. You tell her and you tell her now, Mr. Minister.

Hon. Mr. McLeod: — I'm telling you that she pays 136, whatever you're saying; she gets \$108.80 back as quickly

as possible. Her net cost is 3.4 per cent of her income, if you want to get into the percentages of income. Her cost of those drugs that you write out is not 17 per cent of her income, it's 3.4 per cent of her income.

She pays \$27.20 a month for her drugs. And sure, I don't say that it's not difficult for some people, but I just say because she applied and she was given the priority envelopes, priority claims handling, and that's the case. If it's still too onerous, well she can apply again, I suppose. But I would say that the panel looked at it in a reasonable way and that's the decision that they came to.

Ms. Atkinson: — Mr. Minister, this woman write that she used to pay \$11.80 per month. She now pays, Mr. Minister, \$136 a month up front in costs to buy her prescription drugs.

I don't think you people are living in the real world. It's really quite easy to sit there on your \$60,000-a-year income, with your nice house and your nice family and your nice job. But you have no idea, Mr. Minister, what it's like to work for a pittance wage and have to take every nickel to just get by. No money for the money, no money for a night out on the town, no money to go out and eat in a fancy restaurant once in a while — just money to make ends meet, barely make ends meet. And, Mr. Minister, I will admit, and my colleagues will admit, even with the \$3.95 dispensing fee which we used to have in this province, that that even, Mr. Minister, was a hardship for some families.

Now I ask you again, this woman is a single parent — a single parent of a four and one-half year-old asthmatic child. She takes home \$800 a month. She lives in the city of Yorkton. She has to pay for an apartment, groceries, clothes, transportation costs to get to work, child care costs, and each month — each month, Mr. Minister, she has to come up with \$136 to give to the pharmacist to get the drugs for her child.

Now I want you to tell us now, Mr. Minister, what would that woman's income have to be? What would her circumstance have to be to pay 20 per cent at the drug store? When she used to pay \$11.85 a month, she is now paying every month, up front, \$136. What is it?

Hon. Mr. McLeod: — There is not a particular amount that I can give to the hon. member. Each case is looked at individually and all of the various circumstances are rolled in in terms of the drugs, chronic use, the kind of drugs that are there, the kind of drugs that are used by the lady and her family in this case. All I can say to you is that her costs are an increase. She pays \$15.40 a month more for her drugs, I admit that. She pays \$15.40 a month more for her drugs than she did before. You said she used to pay \$11.80 and now she pays 27 — what is it? — \$27.20? So I don't know, something in that order. It's around the \$15 mark.

Ms. Atkinson: — I have another case, Mr. Minister, I want to read into the record. This woman writes on June 17:

I'm writing to you in regard to the changes to the drug plan. My husband has a serious heart problem and will be on medication for the rest of

his life. A rough estimate by our pharmacist placed the cost of the drugs at a \$151 a month plus \$5.50 dispensing cost for each prescription for a total of \$173 per month.

We had to close our upholstery business last month as the sales have been dropping steadily during the past three years due to the province's poor economy. That leaves us with no jobs, no unemployment benefits, and now an increase from \$11.80 per month to \$175 per month. It rather seems as though it will be either medication or food. That isn't much of a choice because my husband can't live without the medicine and we have all become accustomed to eating.

Now, Mr. Minister, this family is living off its savings of \$696 a month income — three people. Their prescription drug costs are \$175 a month. Why don't they qualify for 20 per cent at the drug store, Mr. Minister? Why do they only qualify for your priority post envelopes?

Hon. Mr. McLeod: — In this case, if I heard you correctly, you say that this family does qualify for the priority envelopes. So I would assume then that they've been through the process and they do qualify for the priority handling?

(2115)

Okay, I think that that's the case. This is a cost to that family of \$34.60 a month for their drugs. Their drug cost is a total of 34.60 a month. That's the net cost, which is, I will admit, an increase. But we have said that it will be an increase to consumers on drugs, and there will be in this case. The increase is \$23 a month — \$23 a month increase. And they will get the deductible because of the various factors, and one of them being the income that you have said or whatever. Because of the various factors and the way that they've submitted their claim, we have said we will be sure, we will ensure that there's priority handling of the claim and so that the envelope comes in, which is the system that we adopted from our sister province of Manitoba, where they say it has worked well for a good long time. And that's the system of a priority envelope, and they send it back out quickly so they have their rebate and are able to then deal with the cost of the drugs on an ongoing and a monthly basis.

Ms. Atkinson: — Mr. Minister, I have another letter here. A similar situation, farm family, northern Saskatchewan. Their monthly drug costs for their asthmatic three-year-old son is \$174 a month. They're farmers, Mr. Minister. And you probably know, since you represent a partially rural area, the situation in the farming community isn't that good these days. This woman says:

We can honestly say that we do not have \$174 to lay out tomorrow for our son's drugs. Are people supposed to starve until they can get their refund back from the government?

The point is, Mr. Minister, yes, they get an 80 per cent refund. They get 30 or 40 or 50 whatever dollars it is, but you've got to have the money to buy the drugs first.

And my question to you is this. We have sent case after case after case — I have files full of them. And in most circumstances, Mr. Minister, one of two things has happened. They've either been totally rejected by your special review committee, or they've gotten these priority post envelopes. And there is no rhyme or reason.

I know of one case, Mr. Minister, where someone's paying 20 per cent at the drug store, and that person's drug costs are approximately \$400 a month and his income is approximately \$1,600 a month. Now, Mr. Minister, what is it? What sort of income and what sort of prescription drug costs, relative to that income, would you have to have in order to pay 20 per cent at the drug store?

Because, Mr. Minister, if you don't have the money to buy the drugs at the drug store you're not going to be submitting your receipts to get your rebate. This is absolute lunacy. There are people in this province that don't have the money. They don't have \$170. They don't have \$20. And all I'm asking you is: what's the income relative to the prescription drugs so that you pay 20 per cent at the drug store? Give us the answer.

Hon. Mr. McLeod: — Each case, as I have said to you, is dealt with on an individual basis. There's no common thread. Well you can say that there is. The individual cases, the unique cases that we have dealt with and according to this panel have been just that, unique cases. And there's no common thread that goes through them all.

Some of them will need envelopes, and they get them, so that they can have a rebate back quickly so that they can pay for next month's drugs. Others will have the option of going 20 per cent up front for their . . . paying 20 per cent up front for their drugs. Some of them will have the option, or will be given the option of paying 20 per cent up front for a particular individual in a family, if that's the individual whose drug costs are causing the problem. Others will have 20 per cent for specific drugs — a particular specific high cost drug — can pay 20 per cent up front for that. Those are the kinds of things. And then the priority claims envelopes that you've talked about and that we've talked about here tonight. Those are the kinds of things that are done in terms of the solutions or the ways in which you try to alleviate the problems that people are facing.

I don't say that people aren't facing some adjustments in their spending and so on. I don't dispute that in any way, shape, or form, nor will I ever dispute that. But the issue that you raised before there and another one, the last case again, the cost to the family is 34.80. You didn't indicate whether that family had applied and had received any indication at all. But I suggest, or I believe that probably the person has received a priority handling envelope, and if that's the case, that's what the panel thought would be the most appropriate way to deal with that particular case.

Now you can say this is the case and it's really onerous, and it's all of these things and yes, there is some adjustment going on, but as I have said to you before and as I will say to you again and to the citizens of the

province, there are citizens in the province next door to us who have a similar system — a similar system, almost identical system — and there is no one complaining about the cost of drugs there.

The reason they aren't complaining about the cost of drugs in Brandon — and you say that someone is in Yorkton — is because they don't find them to be a problem with the system that's in place. Now we put the identical system into place in this province, and you say someone doesn't like the system. Well people don't like change by the very nature of how change will change the way in which they develop their spending priorities and whatever.

All I'm saying is, we're being as compassionate as is possible with the various ways in which we can deal with the individual cases. We do deal with individual cases, as you will know. You may not agree, but this is the responsible way to go about it. This is a responsible plan, and it deals with people in a responsible way.

Ms. Atkinson: — You know, Mr. Minister, you remind me of a student — that you have a difficult time teaching the student a particular concept. It doesn't matter how you explain it in all variety of ways, the student just can't get it through his head.

I think you've got that problem, Mr. Minister, because it doesn't matter what example we give you, what circumstance we give you. It doesn't matter what people have to say, we can't get it through your thick head that your changes to the prescription drug plan are hurting people. And I guess the only way you're going to get that message, Mr. Minister, is for every solitary person in this province, when it comes to the 1990 election, to mark X beside the NDP and boot you people out.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — You know, when some of us came here, we thought we were going to come to this legislature and honestly change things. We thought that we could stand here and discuss with you important issues for the people of Saskatchewan. We thought that we could bring our constituents' problems to people like yourself and that you would listen, that somehow you'd have a little compassion in your heart and you'd listen. But you understand absolutely nothing about the real world and real people.

You have no understanding about people who live on minimum wage, single parents, families that just eke out a living and just get by from pay cheque to pay cheque to pay cheque. And, Mr. Minister, you offer them no hope, absolutely no hope whatsoever with that kind of attitude, with those kinds of responses. You know, it's beyond me; it's beyond me.

I met a fellow in a restaurant tonight and he said, I saw you and your colleagues today debating the prescription drug plan. And he said, you know, those people don't listen, do they? And I said, don't give up, perhaps they will listen, perhaps they will finally learn and come to terms with the fact that their policies are hurting people. But you stand up, and you stand up and you don't respond to questions;

you don't answer questions, and, Mr. Minister, it's obvious you don't care.

This unique circumstance program that you brought in was obviously an afterthought by the government. It was only after you got some very, very bad press did you decide to bring in this particular special committee, Mr. Minister. This little special committee was not mentioned in your press release when you announced changes to the prescription drug plan; it was not mentioned in your province-wide advertising campaign, with the little message that went to everybody's door in this province — you didn't tell them about the special committee; it wasn't mentioned when you negotiated this new and improved drug plan with the pharmaceutical association; and it's quite clear that this was a hasty effort to deal with some political fall-out.

And my question to you is simply this, Mr. Minister: can you advise us who is on this committee. Who is the representative from the SMA (Saskatchewan Medical Association)? Who is the representative from the prescription drug plan? Who is the representative from the pharmaceutical association? And do you have someone on the committee, Mr. Minister, someone who has felt the serious impact of these changes to the prescription drug program? Do you have anybody on the committee that's got a little bit of heart, Mr. Minister, for people who don't have the money to pay for those drugs up front?

Hon. Mr. McLeod: — Okay. The committee, as I said before . . . I'll give you the way in which the committee is constituted, and so on, in a minute.

You said we did not talk about this committee as such before, in the very earliest stages. I'll say to you, and you heard it as clearly as anyone in this House, in the earliest stages that we said if there are cases . . . And we outlined all of the coverage that would be there. Nursing home people will be covered, as they were under the old plan. People on social assistance would be covered, as they were under the old plan. We went through all of the deductibles. We put the plan in place in the same format as what was in place in the province of Manitoba, with some improvements for seniors in terms of their deductible level, I might add — \$50, whereas in Manitoba it's \$75 for single seniors.

We put that in place, and we said, if there are individual and unique circumstances, we will look at them on an individual basis. We said that. The Premier said it on several occasions, and I said it on several occasions. The result of that, in terms of some unique circumstances coming forward, the result of that was the developing of this panel.

The panel is made up of the following: there is one representative appointed by the College of Physicians and Surgeons. Now hear carefully because the College of Physicians and Surgeons does not put their name to it if they don't believe that what they're doing is the reasonable thing, and the College of Physicians and Surgeons has one person on there whom they will appoint and who they appointed and carries on. The

pharmaceutical association has one appointment, and there's one appointment from the Department of Health. So those three people will look at these cases, unique cases, and they will make the determination as to which of the special coverage is provided in the individual case if a special coverage is to be provided.

The College of Physicians and Surgeons, you know, may change their person from time to time, but that's up to them to decide who's on there. I asked the College of Physicians and Surgeons to name someone and I asked the pharmaceutical association to name someone. They have basically put their professional association on the line, and they've said, yes, we will name someone. They each have, and they may change those from time to time, but the fact is, it's the representative of those associations that are doing the choosing.

Because if I had gone the other way and said, these are the people that I appoint, you would say, well, you don't agree with my appointments, you don't agree with the people that I would choose or that the government would choose or whatever. So this is the way to go, and I chose to go this way. I believe it is the responsible way to go.

Ms. Atkinson: — Well, Mr. Minister, you know, it's interesting. Earlier tonight, you said we had a problem with the old prescription drug plan, we had a problem with doctors apparently prescribing too many prescriptions, and there was even some problems with the pharmacists. And yet, Mr. Minister, who do we have on the committee? We have a representative of the doctors, we have a representative of the pharmacists, we have a representative from your prescription drug program, but we don't have one consumer representative on your committee.

Now I want to know, Mr. Minister, it's quite a simple little question: why wouldn't you have a consumer on the committee, someone who's got a problem health-wise, requires a number of prescription drugs, and who has difficulty meeting those prescription drugs because of their economic situation? Why wouldn't you put someone like that on your committee?

Hon. Mr. McLeod: — Well, Mr. Chairman, the plan is first and foremost a health plan. And you have the College of Physicians and Surgeons' representative who will determine and who will look at the drugs that have been prescribed, the drugs that have been prescribed by one of his or her colleagues. They will say, here they are, and they can have a look at the appropriateness of that; the pharmaceutical association in the same way. They will appoint someone who, in each case, each of these professional associations appoints someone who has significant integrity in their own association. That's what they have, and that's what they've done. They've appointed those. I'm please that those two professional associations have made those appointments.

It is, above all, it's a health plan. It's not a welfare plan, for example. This is a health plan — College of Physicians and Surgeons, pharmaceutical association, Department of Health representative.

Ms. Atkinson: — Mr. Minister, you know, you could put a

group of angels on the panel. It wouldn't matter one iota, Mr. Minister, because it's your prescription drug policies that have caused that committee to come about. It's your prescription drug policies that have caused a tremendous amount of hardship for many, many families in this province. It's your betrayal of the people of this province that's at stake here, Mr. Minister.

(2130)

You promised the people of this province in your little 1978 ad campaign in the *Meadow Lake Progress* — I believe that's the name of the paper — that you wanted to eliminate deterrent fees for the prescription drug program, and that you wanted to add new drugs to the prescription drug program. And now what do we have in 1987 after your government was re-elected? We have a government that changes the prescription drug program to such an extent, Mr. Minister, that people are making decisions: do I put groceries on my table, feed my kids, or do I buy prescription drugs?

What sort of a policy is that? What sort of a policy is that? My colleagues say it's Tory policy. Exactly, Mr. Minister. Tory policies, Tory betrayal, Tory untruths, Mr. Minister, Tory untruths.

Mr. Minister, what do people have to do in this province to get you to understand that your little committee is simply, simply a little smoke-screen, Mr. Minister? You set up this committee in response to case after case that we raised in this legislature and that the public was raising in their own media, to cover yourself politically.

I just want the people of this province to know three things. One, most people are getting nothing — nothing. They're not getting any kind of special consideration. Secondly, they're getting a possibility of these priority post envelopes, and they're waiting several weeks to get those priority post refunds back. And thirdly, one or two people have gotten special consideration at the drug store where they get to pay the druggist 20 per cent up front.

The case that I'm aware of is a \$400 a month drug bill and it applies to the man only; it does not apply to his children; it does not apply to his wife, and on the income that obviously made him eligible for the 20 per cent at the drugstore for his own drugs of \$400 a month. That somehow doesn't make him eligible for 20 per cent for his children and his wife.

Mr. Minister, this is a wrong-headed policy. This committee is silliness. It's silly because it does nothing but cover your political hide, Mr. Minister. It doesn't do anything for people who are experiencing real difficulties.

And I simply ask you this, Mr. Minister: if you're going to have this little committee — and it's obvious that you're going to have the little committee — why wouldn't you put a consumer on it? Don't give us this welfare stuff. That's crap, Mr. Minister. That is absolutely crap.

You can put someone from the pharmaceutical association on the committee. You can put someone from the doctors on the committee. You can put someone from

your prescription drug plan on the committee. Why can't you put a consumer representative that understands what it's like, understands what it's like to go from day to day, pay cheque to pay cheque and barely get by.

Hon. Mr. McLeod: — No. 1 . . . The member makes a couple of points, and I will reiterate. The College of Physicians and Surgeons, the Pharmaceutical Association of Saskatchewan, both of those professional associations, when I asked them to put a representative, and I said I will not ask to name the representative, all I will say is if your association will name someone, that's the way I would like it to be, that in fact in both cases is what they wanted to have happen as well, you know, to protect the integrity of their association from the kind of innuendo that comes from the member opposite and some of her colleagues — and I say some.

So that's the committee as it's now constituted; that's the committee that is working; and that's the committee that is making the decisions. And I frankly believe that they are making reasonable decisions.

The members will say this is Tory policy. What I will say to the member is that it's a responsible decision and, yes, this is the Conservative government that has made the decision. The policy which we adopted is an identical policy or very, very close to the policy in Manitoba which is not a Progressive Conservative administered province.

The Government of Manitoba is an NDP government, and the Government of Manitoba administers a drug plan which is very, very similar to the one that we have instituted here. And there are no complaints in the communities of Manitoba or from individuals in Manitoba, all of whom, or many of whom, will have similar circumstances to those circumstances which you outlined, which your colleagues outlined, and which have been you know, brought forward here for many days in the House.

I'll say to you, it's not Tory policy, but it is responsible policy. It's adopted from an NDP government to the east of us in Manitoba. And frankly, if I find good policy, regardless of where it is, we will adopt it.

Ms. Atkinson: — Well, Mr. Minister, in Quebec senior citizens don't pay for their prescription drugs, and I don't see that good policy in Saskatchewan.

Now, Mr. Minister, I want to just talk about these priority post envelopes. Mr. Minister, can you confirm that 26 employees were fired by the prescription drug plan, or laid off by the prescription drug plan, effective August 8, 1987? And can you confirm that only 12 to 15 temporary employees have been hired to replace the keypunch operators who were laid off?

Hon. Mr. McLeod: — Just a confirmation of the numbers. You rightly said there were 26 people affected at the time of the drug plan changing its direction, and at present we have 17 non-permanent people who are there to help us with catching up with the backlog and so on. And as you know, there is a backlog, and I readily admit that.

Ms. Atkinson: — Well, Mr. Minister, I know there is a

backlog. I know there is a serious backlog of people waiting. It's interesting, Mr. Minister, I also understand that there are senior citizens that are sending in money in the mail to the prescription drug plan because of some confusion as to whether or not they had to pay the \$125 and then apply for their rebate.

This program has been implemented in a very confused way. I understand that there are 60 or 70 people a day calling, calling, Mr. Minister, asking where their rebate is. I understand that your people are told to give . . . that the rebate will be out in three weeks, when it's taking months, Mr. Minister. I have people that have contacted me who have been waiting since July for their rebate. We're now into October.

You know, we have a totally new situation in Saskatchewan when it comes to the prescription drug program. You used to process money and return it to the pharmacist. Now, Mr. Minister, you have to process, rebate, and return it to the patient or the customer, the client. Why on earth would you lay off 26 people and hire 17 temporary employees to process hundreds and hundreds and hundreds of applications for rebate? Why would you tell the general public that it only takes three weeks to get their rebate back when, Mr. Minister, that's a falsehood? It does not take three weeks; it takes three months, Mr. Minister. In fact, we're told that some pharmacists haven't even gotten the rebates from the old prescription drug plan.

Mr. Minister, I understand that you have a number of temporary people who are involved in word processing, and they are unfamiliar with the system. I understand you have temporaries training temporaries. I understand that you early-retired four people, and you've now hired two of them back on contract. This is absolute lunacy.

Can you explain to me, Mr. Minister, the administration of your system? And how on earth do you expect people to come up with the money each month when they're waiting two or three months to get their refund back from your drug plan, because you've fired a whole bunch of people and the drug plan appears to be in a total mess?

Hon. Mr. McLeod: — Mr. Chairman, the member, you know, gave us a whole series of what her understandings are. But I will say to the member, as I said at the initial stages, I readily admit that there is a backlog in some of these areas. She stands here in the House and says, I understand that there are people, senior citizens, across the province that are sending their money in because they don't understand the system. I believe that it's two or three people have done this, and because of a lack of understanding of the system, out of a million people in our province. So let's not get carried away with all of these things that you understand in terms of all of the people across the province that are doing these kinds of things.

I did say before, and I will say again, we want and we will have the rebates at the three-week level. It's extremely important that we get to that stage, and I will readily admit to you now, in getting the system up and running, that we have not accomplished the three-week stage. Most are at 30 days, but we have them at five and six and seven

weeks. But we have none, as the member said, who sent them in July and have not received their rebate in October. and if there are . . . if you say that there is someone who has not received their rebate, it's because of not filling out the form correctly and back and forth because the form or the proper information wasn't given. Some of those kinds of things can happen. That's not something that the administration in the drug plan have any control over.

Frankly, what the member could do well, if she is truly concerned about the seniors and about the lack of understanding in terms that some of them may have of a new system, and when change takes place how do we best understand change, how can we as a society cope with that change — those kinds of things. If you really want to be responsible, why don't you try to help them out with it rather than gloat on the fact that somebody doesn't get their rebate back in time. That's what you want to do.

You say, oh, I hope it doesn't get back in time, so I can stand here and gloat about it. Well I'm saying to you, don't do that. Be responsible and try to help us work the system out because the system will work and the system will be back to having within that month period of rebate time. And that's exactly what we want to have happen and that's exactly what we will have happen when any little glitches that are in the system are worked out, and there are various . . .

(2145)

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Well, Mr. Minister, if you'd give us copy of the applications so we could have them in our office, we could assist senior citizens, but your government won't give them to opposition members of the legislature. We've requested them; we've requested that the applications be given to us, and you won't do it, Mr. Minister; you won't do it.

Now, Mr. Minister, there are senior citizens in this province, and I assisted two of them on the weekend in completing their application form for the unique circumstance committee, but also their application form for drug rebate, drug refunds, and they don't understand all the ins and outs of your application.

As you get older sometimes, Mr. Minister, you get a little confused, and I'm sure that people in home care can advise you of that. I'm sure that your assistants from continuing care can advise you of that. And I'm just simply saying to you, Mr. Minister, that this drug plan change of yours has created a lot of personal hardship, particularly for people who are sick, and particularly for people who are elderly.

Mr. Minister, I just . . . You didn't answer a couple of my questions. Has there been some problem in the word-processing department or in the key-punch department and that's causing some of the delay in terms of cheques coming out but they're not correct and they have to be manually corrected, and that this is causing some of the problem in terms of getting cheques back to

people who are waiting for those refunds? Because you yourself stated that they were supposed to get this money back in order that they could pay for next month's drug supply. I just want you to know that that hasn't been happening, that people are waiting two months and three months before they get their refund back from your prescription drug program.

Hon. Mr. McLeod: — Well the odd case that you outline in terms of the processing system . . . but it's not the case that incorrect cheques have gone out, but it is the case that the system has had a couple of, as I used the word before, glitches in it, and that system is being worked out now. And that may have caused a delay on a very few individual cases. And, you know, sure we can raise the individual case, and I have a sincere feeling for an individual that would have that kind of a thing happen to their particular claim.

But for the most part the claims are going out, and for the most part they are getting out on time. But I do admit to you, as I have before, that the five and the six . . . but anything over 30 days is unacceptable, and I agree with that. I mean, we can't have the system in place over the long term when it's more than that because of having the money go back and the 80 per cent deductible going back to people so they're able to make their payments for the next month, and so on.

You mentioned that we won't give you copies of the forms for opposition members of the legislature. I want to say to you very clearly that none of the members on the government side of the legislature have these forms either. These forms are for unique cases, for individuals who have a unique problem in terms of their drug costs, to go to the drug plan which administers it and lay out their case and then have it dealt with. It's not for politicians to walk around with little forms and say, oh, your case is definitely unique, here's your case, here's the form, we'll fill it out and we'll send it in. That's not what it's all about, and that's not what you should be suggesting.

You should not be suggesting that you should have these forms to walk around and in a grandiose way hand them out and say, here, your case is unique, send in this form. Individuals who have a unique circumstance and unique problem will send their forms in. It's widely known in the province, and it's widely known at the pharmacies, in the drug stores, where it should be. And individual are discussing with their pharmacist, as they are with their doctor, the various circumstances surrounding the drugs which are prescribed to them and the drugs that they must buy in order to become well. Those are the people that they should talk to, and all of the physicians and all of the pharmacies in Saskatchewan are well aware of the circumstance around which people can apply. And that's the way it should be. Not for MLAs.

Ms. Atkinson: — Mr. Chairman, what we witnessed here tonight is something truly remarkable. We have a PC Minister of Health trying to justify and defend his government's attack on medicare. He's trying to defend his tax on the sick. The minister argues that Saskatchewan people are not angry, they're not bitter, and they're not concerned. He argues that his attack on the drug plan is now accepted by the people of Saskatchewan. Mr.

Minister, you're wrong, you're dead wrong. For you have frightened people. You have frightened Saskatchewan families so deeply that they're worried about their ability to pay for those prescription drug charges, Mr. Minister.

Mr. Minister, they're angry at you. They're angry at your colleagues. They feel betrayed by you and your government. And if that's not the message you're hearing, Mr. Minister, it's because you're simply not listening. Mr. Minister, the message is pretty loud and clear.

Tonight this Minister of Health has confirmed that Saskatchewan people will pay more for their prescription medications that they need. The Minister has confirmed that he's proud, he's proud, Mr. Chairperson, of his PC erosion of our health care system. The minister has tried to argue that the actual cost increase is not too much. In fact he has talked about \$27 a month. In previous conversations he has talked about \$1 a day or \$3 a day. But I want to tell him this, and it's what the people of Saskatchewan have been trying to tell you for weeks, but you simply refuse to listen, Mr. Minister. Your attack on the drug plan is a betrayal of medicare. It's a betrayal of Saskatchewan people. Worst of all, Mr. Chairman, the minister tonight has tried to pretend that his attack on the prescription drug plan, his attack on medicare, are somehow part of the PC plan for what's ahead of us.

Well, Mr. Minister, you're wrong, you're dead wrong, and you're going in the wrong direction. This PC government, this PC minister, these PC attacks on health care are policies of the past. They're the PC policies of the past, Mr. Chairman. The people of this province want us to improve health care. They want us to improve health care for the future. They do not want us to go backwards. They want us to improve and expand medicare for the benefit of all Saskatchewan people, not just a few.

And that's the future of medicare, Mr. Speaker, and Mr. Chairman, but the PC policies are the policies of the past. The PC drug plan changes are nothing short of a tax on the sick. They're an attack on the people of this province. They're a betrayal of what you promised the people of this province. And I say simply this to you, Mr. Minister, shame on you — shame on you. You aren't a Health minister, you're nothing but an illness minister, and you're making a lot of people sick.

Hon. Mr. McLeod: — Mr. Chairman, I'll say as I have before on several occasions. This system of the new drug plan is not an insensitive system. The committee that's been set up is responding to those special needs in a way that they should, frankly.

Mr. Speaker, Mr. Chairman, special exemptions, people who have health under special exemptions in the drug plan as it's now constituted amount to a minimum of 67,000 people in Saskatchewan. If you take into consideration all of these: social assistance recipients, 60,000; 1,500 people who have special circumstances that are dealt with under the SAIL (Saskatchewan Aids to Independent Living) program; 6,000 people in special care homes, which adds to about the 67,000 mark. Those people, all of those large numbers, are covered under special circumstances under this new drug plan as it's now constituted, in a similar way that they're covered in

our sister province to the east in Manitoba.

So, Mr. Chairman, regardless of what the member says, she'll say it's an attack on this, an attack on that — and she uses all of those kinds of terms which are, you know, well I won't describe your terminology that the member uses often in the House. But anyway, that's the case, and all I can say is that it's not insensitive. The system is a good system. The system is a system which is right for this province in the here and now and in the future, and we believe that it will work well.

While I admit that there are some glitches in the system in the computers and so on, we'll have that sorted out as quickly as possible. And just an example, Mr. Chairman, so the people know; there have been 10,727 cheques gone out already, rebate cheques, for a total dollar amount of 669,000 — very close to \$670,000 gone back to Saskatchewan people as rebates, as their 80 per cent refunds.

So, Mr. Chairman, the system is working. The system should work better. The system will work better. But in terms of the way in which it's constituted, the new drug plan was a courageous decision to take. It was the right decision to take, and it's the decision that's right for Saskatchewan now and into the future.

Some Hon. Members: Hear, hear!

Hon. Mr. Hodgins: — Mr. Chairman, I move that we rise, report progress and ask for leave to sit again.

The committee reported progress.

The Assembly adjourned at 9:58 p.m.