Fourth Session - Thirty-Ninth Legislature

of the

Legislative Assembly of Manitoba

DEBATES
and
PROCEEDINGS

Official Report
(Hansard)

Published under the
authority of
The Honourable George Hickes
Speaker

Vol. LXII No. 62A - 10 a.m., Tuesday, June 15, 2010

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

Member	Constituency	Political Affiliation
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ASHTON, Steve, Hon.	Thompson	N.D.P.
BJORNSON, Peter, Hon.	Gimli	N.D.P.
BLADY, Sharon	Kirkfield Park	N.D.P.
BLAIKIE, Bill, Hon.	Elmwood	N.D.P.
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GOERTZEN, Kelvin	Steinbach	P.C.
GRAYDON, Cliff	Emerson	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
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IRVIN-ROSS, Kerri, Hon.	Fort Garry	N.D.P.
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JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
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LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 15, 2010

The House met at 10 a.m.

Madam Clerk (Patricia Chaychuk): It is my duty to inform the House that Mr. Speaker is unavoidably absent. Therefore, in accordance with the statutes, I would ask the honourable Deputy Speaker to please take the Chair.

Madam Deputy Speaker (Marilyn Brick): O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom, know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

House Business

Madam Deputy Speaker: The honourable Minister of Innovation, Energy and Mines, on House business?

Hon. Dave Chomiak (Deputy Government House Leader): I understand that the member for Inkster is going to announce the next two bills.

Madam Deputy Speaker: The honourable member for Inkster, on House business?

Mr. Kevin Lamoureux (Inkster): Yes, Madam Deputy Speaker, we're looking at introducing, if you will, calling first, and I suspect you'll find leave of the House to go directly to Bill 233 followed, then, by 227.

Madam Deputy Speaker: Is there leave of the House to go directly to Bill 233, The Family Physicians for All Manitobans Act, and then followed by Bill 227, The Employment Standards Code Amendment Act? Is there leave? *[Agreed]*

SECOND READINGS–PUBLIC BILLS

Bill 233–The Family Physicians for All Manitobans Act

Madam Deputy Speaker: The honourable member for Inkster on Bill 233, The Family Physicians for All Manitobans Act.

Mr. Kevin Lamoureux (Inkster): Madam Deputy Speaker, I would move, seconded by the member from River Heights, that Bill 233, The Family Physicians for All Manitobans Act, be now read a second time and referred to a committee of this House.

Motion presented.

Mr. Lamoureux: Madam Deputy Speaker, the essence of this bill is to require that the College of Physicians and Surgeons establish a target in terms of percentage of Manitobans that would have access to a family physician. It is in and around 85 percent today with the idea that we could see incremental increases over the next number of years, but ultimately we need to ensure that more Manitobans have access to a family physician.

The actual number is somewhat debatable. Many, including myself, would argue we should be talking somewhere in the neighbourhood of between 95 to up to 100 percent of Manitobans should have access to a family physician.

The Province of Ontario back in 2006 introduced legislation of a similar nature, and it was known as the Patient-to-Doctor Ratio Act, Madam Deputy Speaker. So even though it might not necessarily be an original idea for Canada, there is at least one other province that has given consideration to this.

I would suggest to you that this is something that Manitoba would do well in terms of saying that we believe in the importance of family physicians and the impact that that has on the overall health of the province of Manitoba. And by making this commitment, we're demonstrating our intent to achieve reasonable targets in a timely fashion, and if by chance the government is not able to achieve those targets, there would be a financial consequence to that in terms of the Minister of Health and other ministers if they do not achieve that target. And that target, as I say, would be established by the College of Physicians and Surgeons. Thank you, Madam Deputy Speaker.

Hon. Dave Chomiak (Minister of Innovation, Energy and Mines): Madam Deputy Speaker, we don't–obviously, because of our record in training physicians with the assistance of the college–the medical college and all of their various participants,

that we've got 345 more doctors in Manitoba than in 1999.

We've expanded the role. We've expanded the base. We've put in place–well, in fact, almost every measure we've taken has been duplicated or replicated by other provinces across the country in terms of physicians. And so everything–we have taken a leadership role in this and take it very seriously.

Obviously, the intention of the member for Inkster is a positive one, but to me it is a classic example of an initiative–wow, let's just set targets and, oh, we won't worry about the money, we won't worry about the matching residency positions, we won't worry about the training for foreign-based people who come here for immigrant–with credentials; we'll just set a target. And that's dangerous in terms of–and that's one of the things that I think gets us in trouble in terms of politics is the mere setting of a target and then we don't put in place the actual resources or the plan to achieve it.

***** (10:10)

We have a plan and we have had a plan that has seen a significant increase in doctors, and that has been targeted. And I could probably take the balance of the morning to discuss the plan but I'm not going to, other than to say, well, I recognize the intention of the member for Inkster, but it falls short of the actual process that ought to be put in place and that is in place for achieving family doctors.

So, with those few comments, Madam Deputy Speaker, I move to adjourn debate. *[interjection]*

I move, seconded by the Minister of ET&T–that is, Entrepreneurship, Training and Trade (Mr. Bjornson)–that debate be now adjourned.

Madam Deputy Speaker: It has been moved by the honourable Minister for Innovation, Energy and Mines, and seconded by the honourable minister for Entrepreneurship, Training and Trade, that the debate now be adjourned. Agreed?

Oh, the honourable member for River Heights–oh, agreed?

Some Honourable Members: Agreed.

An Honourable Member: No.

Madam Deputy Speaker: I hear a no. The honourable member for River–*[interjection]*

The honourable member for Innovation, Energy and Mines.

Mr. Chomiak: I will withdraw my motion to adjourn debate and just cease my comments prior to my motion to adjourn debate. Thank you, Madam Deputy Speaker.

Madam Deputy Speaker: Is there agreement of the House for the minister to withdraw his comment? *[Agreed]*

Hon. Jon Gerrard (River Heights): Madam Deputy Speaker, just very briefly, right now, in spite of what the government has talked about, there are more than 150 Manitobans who don't have a family physician. Not just about the numbers of family physicians, it's about making sure that people have family physicians, and we believe that all Manitobans should have family physicians. We should set this goal, and we should figure out how to organize health care in Manitoba so that everyone can have family physicians, because there's 150,000 Manitobans who don't have a family physician right now. Thank you.

Hon. Peter Bjornson (Minister of Entrepreneurship, Training and Trade): I move, seconded by the Minister of Education (Ms. Allan), that debate be adjourned.

Motion agreed to.

DEBATE ON SECOND READINGS–PUBLIC BILLS

Bill 227–The Employment Standards Code Amendment Act (Unpaid Leave Related to Donating an Organ)

Madam Deputy Speaker: We will now move on to Bill 227, The Employment Standards Code Amendment Act, standing in the name of the honourable member for Kirkfield Park (Ms. Blady).

Is there agreement for it to remain standing in the name of the honourable member for Kirkfield Park?

Some Honourable Members: No.

Madam Deputy Speaker: No. Leave has been denied.

Hon. Nancy Allan (Minister of Education): I'd just like to put a few words on the record in regards to Bill 227, The Employment Standards Code Amendment Act (Unpaid Leave Related to Donating an Organ).

I would just like to–obviously, living organ donations is a very generous and worthwhile condition–or decision–that can be a lifesaver, and our government is definitely supportive of this kind of legislation. We have done these kinds of leaves in the past. We were the first jurisdiction in Canada to introduce legislation to provide leave for those individuals who wanted to become reservists.

One of the things, though, that is important to us in regards to process is that the Labour Management Review Committee–that is a committee of employers and labour stakeholders and the chair is Michael Werier–have looked at the legislation. And so the Minister of Labour and Immigration (Ms. Howard) referred this matter to LMRC, and I would like to take this opportunity to thank them for the quick turnaround in regards to how this legislation might move forward.

I just want to inform the member for Inkster (Mr. Lamoureux) that when this bill goes to committee, there will be some recommendations in regards to how that bill is being approached. The LMRC does believe that–and does concur–that they feel amending the code to provide access to a leave period for organ donors will help recognize the great sacrifice that is made by individuals and alleviate concerns they may have respecting their employment.

So we will be–we will have some changes in regards to the legislation, but we look forward to it going to committee, Madam Deputy Speaker.

Madam Deputy Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Madam Deputy Speaker: The question before the House is second reading of Bill 227, The Employment Standards Code Amendment Act (Unpaid Leave Related to Donating an Organ).

Is it the pleasure to adopt the motion? Agreed? *[Agreed]*

House Business

Madam Deputy Speaker: The honourable Minister for Innovation, Energy and Mines, on House business?

Hon. Dave Chomiak (Deputy Government House Leader): House business. *[interjection]* Do I need leave? *[interjection]*

Manitoba–Madam Deputy Speaker, I wonder if I might have leave to bring forward for third reading the following three bills in this order: Bill 300, Bill 302 and Bill 301.

Madam Deputy Speaker: Is there leave of the House to bring forward the following bills: Bill 300, An Act to amend an Act to incorporate The Portage District General Hospital Foundation; Bill 302, The Southwood Golf and Country Club Incorporation Amendment Act; and Bill 301, The Salvation Army William and Catherine Booth College Incorporation Amendment Act. Is there leave?

Some Honourable Members: No.

Some Honourable Members: Agreed.

Mr. Chomiak: On House business–

Madam Deputy Speaker: On House business?

Mr. Chomiak: On House business, Madam Deputy Speaker. I got the order wrong that I proposed to ask for leave for. So I am asking leave to bring forward the bills in the order of–as follows: in the order of 301, 302 and then 300.

Madam Deputy Speaker: Is there agreement of the House to deal with the following bills in the following order: Bill 301, The Salvation Army William and Catherine Booth College Incorporation Amendment Act; Bill 302, The Southwood Golf and Country Club Incorporation Amendment Act; and Bill 300, An Act to amend an Act to incorporate The Portage District General Hospital Foundation. Is there agreement? *[Agreed]*

CONCURRENCE AND THIRD READINGS–PRIVATE BILLS

Bill 301–The Salvation Army William and Catherine Booth College Incorporation Amendment Act

Madam Deputy Speaker: We will now deal with Bill 301, The Salvation Army William and Catherine Booth College Incorporation Amendment Act.

Mr. Doug Martindale (Burrows): Madam Deputy Speaker, I move, seconded by the MLA for Rossmere (Ms. Braun), that Bill 301, The Salvation Army William and Catherine Booth College Incorporation Amendment Act; Loi modifiant la Loi constituant en corporation le Collège William et Catherine Booth de l'Armée du Salut, reported from the Standing Committee on Private Bills, be concurred in and be now read for a third time and passed.

Motion presented.

***** (10:20)

Mr. Martindale: I will very briefly add some very brief comments on third reading on Bill 301, the William and Catherine Booth College act.

What this bill does is it amends their private act of the Legislature to add the word "university" to their title so that they will be a university college and everywhere in the act where it now says college, it will soon say university college.

This bill is very important. This amendment is very important to the Salvation Army William and Catherine Booth College because, well, for a number of reasons. One is that this is their only degree-granting post-secondary institution in the world for the Salvation Army, so they are very proud of this institution. And, we are very pleased, as Manitobans and as a government, to have this degree-granting university college located in Manitoba and, specifically, in Winnipeg.

It's also important to Booth College because it means that they will now have some clarity in the name of their–what will soon be university college, especially for purposes of advertising and attracting students, particularly international students. They have students doing distance education from dozens of countries around the world and, in some places, college is synonymous with high school but, here, we understand that it is a post-secondary institution. But having the word "university" in their title will make that absolutely clear, and so they are very grateful to the Legislative Assembly for making this change which will help them to increase their enrolment.

And I would like to thank the Minister of Advanced Education (Ms. McGifford) and Booth College for asking me to be the private member to pilot this through the Legislature.

Madam Deputy Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Madam Deputy Speaker: It has been moved by the honourable member for Burrows and seconded by the honourable member for Rossmere (Ms. Braun), that Bill 301, The Salvation Army William and Catherine Booth College Incorporation Amendment Act, as reported from the Standing Committee on Private Bills, be concurred in and be now read a third time and be passed. All in favour? Agreed? *[Agreed]*

Bill 302–The Southwood Golf and Country Club Incorporation Amendment Act

Ms. Erna Braun (Rossmere): I move, seconded by the member from Burrows, that Bill 302, The Southwood Golf and Country Club Incorporation–

Madam Deputy Speaker: Order. I just have to announce the bill.

On Bill 302, The Southwood Golf and Country Club Incorporation Amendment Act.

Ms. Braun: I move, seconded by the member from Burrows, that Bill 302, The Southwood Golf and Country Club Incorporation Amendment Act; Loi modifiant la Loi constituant en corporation le « Southwood Golf and Country Club », reported from the Standing Committee on Private Bills be concurred in and be now for a third time and passed.

Motion presented.

Ms. Braun: Madam Deputy Speaker, the Southwood Golf and Country Club is Manitoba's oldest golf course. It's currently well on its way into a large relocation project that will allow it to expand and take in more members. The new expansion, along with the new incorporation act, will ensure that Southwood Golf and Country Club is able to respond to the needs of its members and continue its tradition of excellence.

Thank you very much, Madam Deputy Speaker.

Madam Deputy Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Madam Deputy Speaker: The question before the House is concurrence and third reading of Bill 302, The Southwood Golf and Country Club Incorporation Amendment Act.

Is it the pleasure of the House to adopt the motion? *[Agreed]*

I declare the motion carried.

Bill 300–An Act to amend An Act to incorporate The Portage District General Hospital Foundation

Madam Deputy Speaker: We will now move on to Bill 300, An Act to amend An Act to incorporate The Portage District General Hospital Foundation.

Mr. Gerald Hawranik (Lac du Bonnet): I move, seconded by the member from Lakeside, that Bill 300, An Act to amend An Act to incorporate The

Portage District General Hospital Foundation, reported from the Standing Committee on Private Bills, be concurred in and now be read for a third time and passed.

Madam Deputy Speaker: It has been moved by the honourable member for Lac du Bonnet, and seconded by the honourable member for Lakeside (Mr. Eichler), that Bill 300, An Act to amend An Act to incorporate The Portage District General Hospital Foundation, reported from the Standing Committee on Private Bills, be concurred in and be now read for a third time and passed.

Mr. Hawranik: Yes, Madam Deputy Speaker, I feel honoured that the member from Portage la Prairie allowed me to introduce his bill that's extremely important to him for third reading, and I know he has been waiting since last fall for the passage of this bill–and patiently waiting I might add. I know that the bill is important to him. It's important to the community. It deals with, of course, the incorporation of the Portage District General Hospital Foundation amending that act, and it's extremely important to him. I know because he did bring it forward last fall.

He was hoping that the passage of the bill would occur last fall, but what has happened since is, of course, sometimes legislative agendas can't be completed within a certain period of time and this is the case for this bill. He's very supportive of this bill as he would be supportive of all bills in the 300 range and, certainly, he looks forward to immediate passage on third reading and concurrence of this bill and, of course, royal assent coming forward, hopefully, within the next couple of days. Thank you very much.

Madam Deputy Speaker: Is the House ready for the question? Oh, I'm sorry, the honourable member for Lakeside.

Mr. Ralph Eichler (Lakeside): I, too, want to put a few things on the record in regards to Bill 300 brought forward by the member from Portage la Prairie. I know that, as the member from Lac du Bonnet talked about, the member from Portage worked very diligently on the fact of making sure that this bill was in fact brought forward, and he wanted–I know in committee last Monday we talked in detail about this bill and, unfortunately, the member from Portage lost his voice and I had the opportunity to thank those members, not only of the Leg. Counsel, but those of the proud people and women of Portage la Prairie that put so much time and effort into seeing this bill did come to light, and I know that the member from Portage la Prairie is in fact wanting to make sure this bill does pass and go on for final royal assent at the end of the session on the 17th of this month.

So I know with great pride the member from Portage la Prairie is going to take this message back to the people of the constituency of Portage la Prairie, and we know for a fact that those people are going to be very proud of this Legislative Assembly for seeing what needed to be done for a number of years, and the Portage la Prairie member has done himself proud and those members of the community to ensure the fact that the voice was heard.

So, with those few things, we look forward to the passage of this very important private member's bill. Thank you, Madam Deputy Speaker.

Hon. Jon Gerrard (River Heights): Madam Deputy Speaker, I just want to put on the record that the Liberal Party is very supportive of this effort and appreciates the work that the MLA for Portage (Mr. Faurschou) has done in getting this through. Thank you.

Madam Deputy Speaker: Is the House ready for the question?

An Honourable Member: Question.

Madam Deputy Speaker: The question before the House is concurrence and third reading of Bill 300, An Act to amend An Act to incorporate The Portage District General Hospital Foundation.

Is it the pleasure of the House to adopt the motion? *[Agreed]*

***** (10:30)

House Business

Madam Deputy Speaker: The honourable Minister of Entrepreneurship, Training and Trade.

Hon. Dave Chomiak (Deputy Government House Leader): Yes, thank you, Madam–

Madam Deputy Speaker: No, no, I'm sorry. Excuse me, I introduced the wrong minister. The honourable Minister of Innovation, Energy and Mines.

Mr. Chomiak: Madam Deputy Speaker, just prior to my making several motions, I'm wondering if we could have leave of the House to move into private members' resolutions for a maximum of one hour. *[interjection]* Right now.

Madam Deputy Speaker: Is there leave from the House to–*[interjection]* Is there leave of the House to move to private member's resolution at this time for a period of one hour? Is there leave? *[Agreed]*

Mr. Chomiak: I'm also wondering if there's leave of the House–

Some Honourable Members: Oh, oh.

Madam Deputy Speaker: Order. I'm–order. I just–I want to be able to hear the honourable acting Government House Leader on House business.

Mr. Chomiak: Thank you, Madam Deputy Speaker, and I appreciate the co-operation of the House in this matter. I'm also asking if there's further leave upon completion of the PMR after one hour, if there's leave of the House to continue the House until business is concluded, either on private members' business or government business, either at 12 o'clock or before 12 o'clock.

Madam Deputy Speaker: Is there leave of the House to revert back to bills–private members' bills and/or government bills–after we complete private members' resolutions until the House is adjourned–or completed? Agreed? *[Agreed]*

Mr. Chomiak: Madam Deputy Speaker, I would like to announce that Bill 227 will be referred to the Standing Committee on Legislative Affairs this evening at 6 p.m. in addition to other bills already referred.

Madam Deputy Speaker: It has been announced that Bill 227 will be referred to the Standing Committee on Legislative Affairs meeting this evening at 6 o'clock p.m. in addition to other bills that have already previously been referred.

We will now move on to private members' resolutions.

RESOLUTIONS

Res. 17–Seniors and Pharmacare

Ms. Erna Braun (Rossmere): Madam Deputy Speaker, I move, seconded by the member from The Maples,

WHEREAS health care and the affordability of prescription medication remain top priorities for this provincial government and for Manitoba seniors; and

WHEREAS the provincial government strives to continually improve health services geared to the needs of seniors; and

WHEREAS a robust Pharmacare system keeps the cost of living affordable for seniors struggling with the high cost of prescription drugs; and

WHEREAS the provincial government has more than tripled its investment in Pharmacare since 1999 and continues to be a leader in Pharmacare programs across Canada by financing 100 percent of drug costs, regardless of age or medical condition, once the income-based deductible is reached and by establishing a palliative care drug access program with no deductible; and

WHEREAS the Pharmacare program has expanded to cover an additional 25,000 Manitoba families since 1999; and

WHEREAS in 2009 the average Pharmacare beneficiary received $2,700 in free prescription medication, more than double the amount received in 1999; and

WHEREAS for the duration of the provincial government's five-year economic plan Pharmacare deductible increases will be limited to the rate of general inflation, which helps to maintain affordability for senior citizen Pharmacare users and protect them from rising drug costs; and

WHEREAS the provincial government has made changes to the deductible system that will further guarantee fair access to prescription drugs, such as adding additional income brackets so Manitobans are not faced with costly deductible increases associated with small increases in income and introducing a monthly instalment plan for deductible payments; and

WHEREAS the previous provincial government nearly tripled the drug co-payment or deductible during their administration.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to continue to enhance the Pharmacare program to make prescription drugs affordable and accessible to all Manitobans.

Madam Deputy Speaker: Is there agreement to deal with the private member's resolution as printed? *[Agreed]*

WHEREAS health care and the affordability of prescription medication remain top priorities for this Provincial Government and for Manitoba seniors; and

WHEREAS the Provincial Government strives to continuously improve health services geared to the needs of seniors; and

WHEREAS a robust Pharmacare system keeps the costs of living affordable for seniors struggling with the high cost of prescription drugs; and

WHEREAS the Provincial Government has more than tripled its investment in Pharmacare since 1999 and continues to be a leader in Pharmacare programs across Canada by financing 100% of drug costs, regardless of age or medical condition, once the income-based deductible is reached and by establishing a Palliative Care Drug Access Program with no deductible; and

WHEREAS the Pharmacare program has expanded to cover an additional 25,000 Manitoba families since 1999; and

WHEREAS in 2009 the average Pharmacare beneficiary received $2,700 in free prescription medicine, more than double the amount received in 1999; and

WHEREAS for the duration of the Provincial Government's five year economic plan Pharmacare deductible increases will be limited to the rate of general inflation, which helps to maintain affordability for senior citizen Pharmacare users and protect them from rising drug costs; and

WHEREAS the Provincial Government has made changes to the deductible system that will further guarantee fair access to prescription drugs, such as adding additional income brackets so Manitobans are not faced with costly deductible increases associated with small increases in income and introducing a monthly installment plan for deductible payments; and

WHEREAS the previous Provincial Government nearly tripled the drug co-payment or deductible during their administration.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the Provincial Government to continue to enhance the Pharmacare program to make prescription drugs affordable and accessible to all Manitobans.

Madam Deputy Speaker: It has been moved by the honourable member for Rossmere (Ms. Braun), seconded by the honourable member for The Maples (Mr. Saran), that

WHEREAS health care–dispense?

Some Honourable Members: Dispense.

Madam Deputy Speaker: Dispense.

Ms. Braun: I'm very pleased this morning to bring forward a private member's resolution that is important to all citizens of Manitoba but, in particular, our seniors.

As the MLA for Rossmere, where we have a large number of older citizens, I know too well the health challenges that our seniors can face. Many are living on fixed incomes and are reaching an age where health issues are becoming more prevalent.

Certainly, diminished health affects one's quality of life, but when expenses related to medication are significant, that, too, can have a dramatic effect and only compounds the stressors faced by our seniors. That is why I feel this resolution is significant, and I am pleased to put a few words on record in support of not only our seniors, but all Manitobans.

This resolution calls on the Legislative Assembly to urge the provincial government to continue enhancing the Pharmacare program. By carrying on with enhancements to the Pharmacare program, it will make prescription drugs affordable and accessible to all Manitobans, including our seniors.

I hope to see all members of this Legislature supporting this resolution. Agreement will demonstrate that all of us in this Assembly support accessible and affordable prescription medication for our older citizens.

Health care has been identified by Manitobans as a priority for them, and it continues to remain a top priority for this government as well. Over past years, we have continuously strived to improve health services for all Manitobans, but we have also enhanced services geared specifically to the needs of seniors.

In spite of the economic downturn that we've been facing, our government is committed to continuing investing in our front-line health services and chief among them is assuring the provisions of affordable, lifesaving medications to those who need them.

Our 2010 budget reinforces our government's commitment to health care in our communities. Our budget invests 60 percent of all new spending into health care.

Over the past 10 years, our government has worked hard to make our health-care system one to be proud of. Keeping our citizens healthy, through provision of affordable medications, is one area of health care that we have made great strides.

Our government remains a leader in Pharmacare programs in Canada where, once the income-based deductible is reached, 100 percent of drug costs are covered. In addition, to make medications more accessible for seniors, we have put into place that income assistance recipients and Manitoba–Manitobans living in personal care homes do not pay any Pharmacare deductibles.

We have further extended our supports to seniors by implementing a palliative care drug program, so that individuals who choose to die at home can receive their medications at no cost with no deductible.

Over the past decade, we have tripled the investment in Pharmacare, which has allowed the enhancement of the program in many ways. We've extended coverage to 25,000 additional families and, as well, there are a new 2,500 more drugs on the formulary, including over 500 drugs in just the last three years.

On a personal note, I would like to share how the additions of new drugs to the formulary by this government had a direct impact on my family. Although Aricept was widely acknowledged for many years as an excellent drug to slow the effects of Alzheimer's, it wasn't until 2001 that Aricept was added to the Pharmacare formulary. Although my dad was diagnosed years earlier with dementia and the drug Aricept recommended by his doctor, the costs of Aricept were prohibitive and my parents had no choice but to do without. Their fixed income did not allow for the purchase of a medication that cost over one-third of their monthly income. It was with great relief when my dad was finally able to access Aricept and gain a measure of relief from the devastating effects of dementia.

***** (10:40)

It is very painful to watch a loved one in distress, and I certainly felt that with my dad. And, of course, being of that generation that only bought what they could afford–in cash–they made the choice to do without the medication and hope for the best. And I presume that there are many families in that boat; if you can't afford everything, then you will choose what to do without.

So I can say with no hesitation that I am proud to be part of a government that has worked hard to address the needs of seniors and families to assure them of accessible health care, particularly in the area of drug costs. I can add, with pride, that our Pharmacare program has been recognized nationally as being exemplary. The Canadian Council on Integrated Healthcare has gone on record stating that our Pharmacare system should serve as a model for other parts of our country and that we provide good levels of protection for catastrophic events and for other situations that can be costly to families and individuals.

This sentiment is also echoed by the Auditor General, who stated that we provide one of the most comprehensive drug benefit programs in the country in terms of universality of inclusion and citizens' drug costs. Without a doubt, these kudos are a result of our reasonable and manageable deductible.

In the last decade, our government has more than doubled the amount of free prescription medication received by the average Pharmacare recipient, up from $1,200 in '99 to $2,700 today. As well, we instituted a deductible instalment payment program a few years ago. That allowed patients with high drug costs to pay their deductibles in monthly instalments to even out the costs over a manageable period of time.

Ever sensitive to the needs of Manitobans, last year we updated the Pharmacare deductible structure to make it fairer by adding more brackets, so that individuals were not faced with huge deductible increases when they only had a small increase in their income and would place them in a higher deductible bracket.

As we plan for the future, our five-year financial plan calls for limits to Pharmacare deductible increases. These increases to the deductible will be limited to the rate of general inflation which for 2010 amounts to an increase of less than 1 percent.

We do recognize that the costs of drug continues–drugs–continues to escalate, and the provincial drug spending will increase to account for the rising costs of drugs. However, it will be our government that will bear these costs and not the individual to assure that our seniors and other Manitobans, as well, will still have access to affordable prescription drugs. This translates to no more than $2 per month increase in deductibles for over 98 percent of families receiving Pharmacare benefits.

Our Pharmacare program is but one of the many ways in which our government provides health-care supports for our seniors. Probably one of the most critical seniors supports is our home care. We know that approximately 80 percent of home care clients are seniors. Over the past decade, we have increased funding to the program by $150 million to expand the program for our population that is aging. It is widely acknowledged that our home care program is the best in Canada. Not long ago, I helped an elderly friend from my church arrange for home care. His wife has passed away and his closest family members are nieces and nephews who live in Ottawa. My friend is frail and in need of support, and his niece was pleased that he was able to get assistance with home care. She was, however, concerned about the cost and how much her uncle would have to pay for this service. You can imagine her surprise when I informed her that there was no cost. She was amazed, because that certainly would not be the case in Ottawa, which still levies fees for home care service.

Add to our list of supports for seniors the caregiver tax credit, the 1,750 long-term care spaces for seniors and the 23 percent decrease in wait times for personal care home admission. I would say that we value our older citizens and the contributions and sacrifices they have made for our families and communities. And, as such, we need to be there for them now by providing the supports that allow them to continue to enjoy a quality of life that they have earned.

I am pleased to bring forward this resolution, which reflects our ongoing commitment to provide supports for our older citizens, in this instance the Pharmacare program. I hope that everyone here today in the Assembly will be in agreement and show their commitment to our seniors and programs that enhance their quality in life by supporting the resolution.

Thank you, Madam Deputy Speaker.

Mrs. Leanne Rowat (Minnedosa): Madam Deputy Speaker, it's with mixed emotions that I rise today to comment on the record about this resolution, the government's record on this resolution.

On the one hand, this is an issue that is critically important to many Manitoba seniors but, on the other hand, some of the language used in this resolution is questionable at best. To say that this NDP government is improving health services to seniors is a bit of a stretch, to say the least. And as today is World Elder Abuse Awareness Day, I think it's important that we put a few records–words on the record about the challenges seniors are facing in dealing with this NDP government's policies.

I don't think that the NDP government has done enough to recognize the unique contributions Manitoba seniors continue to make in our communities. People have worked hard all their lives raising their families and building our communities from the ground up deserve more than just–need to be subjected to backdoor taxes, increased fees and a health-care system that isn't always there when you need it.

The facts are, Madam Deputy Speaker, that Pharmacare deductibles affect many Manitobans but primarily seniors and, sadly, Pharmacare deductibles have gone up more than 34 percent since 2002. So let's consider the increases: 2002 is 5 percent; 2003, 5 percent; 2004, 5 percent; 2005, 5 percent; 2006, 5 percent; 2007, an election year, there was no increase; 2008 saw another 5-percent increase; and 2009 deductibles went up for some people and not others, as the number of deductible levels were changed. This year, Pharmacare deductibles have increased, again, to the rate of inflation.

Except for the 2007 election, this NDP government has increased Pharmacare deductibles every year since 2002, and it's no coincidence that in attempt to placate voters, they gave seniors a 'brank'–break in the year of the election, but then they were right back to their old ways.

Prescription drugs are a fundamental component in delivering quality health care and providing a high quality of life for Manitobans. Manitobans rely on Pharmacare for their prescription drugs and, as this NDP government increases Pharmacare deductibles, many are put in a precarious situation and, unfortunately, obligated to choose between food and medicine because of skyrocketing costs. This increase is a tax on Manitobans' most vulnerable citizens, seniors and those on fixed incomes.

The minister likes to say that Manitoba's has the most comprehensive drug plan in the country but, sadly, patients are still fighting to get coverage for drugs here that they'd have access to in other provinces. We've been reading petitions everyday in this House about different drugs–just, for example, a drug to treat a type of cancer that is available in many other provinces, but not in Manitoba. Even the *Canadian Medical Association Journal* found that Manitoba drug plan doesn't cover–measure up to

plans across the country. In fact, it has found that, in some instances, Manitobans are paying more than anywhere else in this country.

Just last week, we heard from an elderly lady who indicated she had received a Pharmacare deductible notice in the mail just two weeks ago. This is a senior on a fixed income. The last fiscal year ended March 31st, and she didn't receive her Pharmacare deductible notice for this fiscal year until late in May. She's been paying out of her pocket for her prescriptions since March. Because this government can't get its act together, she has had to work through a very tight budget and trying to make payments on her own. Her pharmacy couldn't charge Pharmacare for the drugs, even though her deductible is almost nothing, because she didn't receive her letter in time.

We heard from another senior whose Pharmacare deductible has doubled this year. How could a senior on a fixed income have a deductible double in the course of one year? It defies logic.

Back to the *Canadian Medical Association Journal,* which says that, and quote: New Brunswick and Prince Edward Island stand out as offering the most comprehensive public prescription plans for seniors–and I'll take their word over–for it over the Minister of Health's (Ms. Oswald) statements any day.

The provincial government has received unprecedented transfer payments for health from Ottawa, yet they continue to spend every cent they receive and continue to offload their irresponsible spending habits on the backs of the most vulnerable Manitobans: seniors and lower-income earners. Forty percent of the NDP's budget comes from federal transfers, and yet it can't live within its means. Instead, it offloads the cost of Pharmacare onto the people who can least afford it.

***** (10:50)

Only the NDP government could–would continually increase Pharmacare deductibles by more than 35–34 percent, and then turn around and spend over 100 million on a stadium, 1.7 billion on a west-side bipole, 14 million on enhanced ID cards that nobody wants, and the list goes on, Madam Deputy Speaker. This NDP government's inability to control its spending has resulted in a direct assault on the sick and the elderly, and has forced some people to have to make the difficult choice between groceries and medicine.

Madam Deputy Speaker, mismanagement of the Pharmacare program isn't the only part of the health-care system that's negatively affecting seniors. Seniors, of course, are some of the biggest consumers of health-care services, and with a rapidly aging population, it is very concerning that the current government can't seem to handle the current demand, never mind what experts call the grey tsunami that is on its way.

Wait times for orthopedic surgery are through the roof, but you wouldn't know it, because this government cherry-picks which wait times they publish. The NDP Web site says Manitobans are only waiting an average of 13 weeks for a hip replacement, but this doesn't include the wait time to see a specialist, which in many cases is more than a year. And I can speak personally to that, as my mother had to wait for an extended period of time to get her knee replacement. So I know for a fact that that Web site has some questionable numbers attached to it.

Seniors will continue to depend on a variety of long-care options as they get older and their needs change. Manitoba is very short of home-care workers and health-care aides and the other resources we need to ensure seniors can remain at home with their loved ones for as long as possible. Many other Manitobans are waiting for a placement in a personal care home. In many rural communities, many beds in personal care homes are sitting empty because there simply aren't enough nurses to staff them. And that is a bad situation, especially when families have to travel several hours to visit a loved one who has been forced to leave the community in order to find an available bed.

I've heard from seniors within communities where I grew up and currently live who have actually–I've actually seen men cry because they cannot live in the same communities where their wives are being transferred to be put into personal care homes. The added stress and the burden of having to find somebody to drive them to visit their loved ones is a disgrace, Madam Deputy Speaker, and I believe this government wears it. In fact, seniors in many communities have termed this elder abuse.

In Winnipeg and in many communities around the province, seniors are waiting in hospital beds or in the community to get into personal care. In Winnipeg, there are almost 100 people in hospital beds waiting an average of 13 weeks to get into a

personal care bed. This is bad news for patients and bad news for the health-care system. Personal care homes offer a more appropriate environment and a better quality of life for long-term care patients than hospitals. And not to mention, hospital stays are very costly to the system, especially when they are–when that care could be better provided somewhere else.

Finally, since it's world earth–World Elder Abuse Awareness Day and this resolution deals with the needs of seniors, I think it's important to say a few words about elder abuse. Governments–no person can experience neglect or abuse, yet senior citizens of our community continue to suffer from financial, physical and emotional abuse. This type of treatment cannot be tolerated. Unfortunately, abuse of the elderly is often unreported.

Manitoba's NDP government is lagging behind. There is no public accessible working strategy for the prevention of elder abuse in our province, one with targets and time lines to increase awareness, prevent and end elder abuse. There's also a serious lack of resources for seniors and caregivers. Manitoba's elder abuse line–or hotline, for example, is only staffed during regular business hours, and elder abuse doesn't follow the 9-to-5 schedule.

So in conclusion, Madam Deputy Speaker, Manitoba's seniors should not have to choose between milk and medicine. They should not have to bear the brunt of this NDP government's wasteful spending decisions in the form of increased fees. The crux of the problem in this NDP government's mismanage of the system, failure to find cost efficiencies, and wasteful spending decisions, combined with their disregard for the priorities of Manitoba.

Because of the NDP's failure to meet the priorities of seniors and to properly maintain the Pharmacare program, we cannot support this resolution. Thank you, Madam Deputy Speaker.

Hon. Theresa Oswald (Minister of Health): It's my privilege to stand in the House today to put some words on the record concerning this important private member's resolution.

We know, of course, that health care and the affordability of prescription medication for Manitoba seniors–indeed, for all Manitobans–remain top priorities for our government, as we continuously strive to improve health services geared to the needs of seniors.

We know that people have had to make very difficult choices across the nation in this time of economic challenge and we have seen choices made by different jurisdictions to make cuts, not only to health care broadly and to services broadly, but certainly, some services that are geared specifically for seniors.

This has not been our choice, Madam Deputy Speaker, and we have continued to show our commitment and to show that health care remains a top priority for our government. We know that we remain a leader in pharmacare programs across the nation by financing 100 percent of drug costs, regardless of people's age or their medical condition, once the income-based deductible is reached. We know other jurisdictions can tailor their programs that, arguably, could discriminate against someone based on their age or based on the illness that they might have. In Manitoba we don't do that.

We want to ensure that Pharmacare is affordable for seniors. We have established income assistance–that income assistance recipients and Manitobans living in personal care homes don't pay any deductibles for the Pharmacare program, which we believe to be a very important element of this program.

We also made some choices some years ago, Madam Deputy Speaker, that have been critically important to Manitoba families, and that includes the implementation of a palliative care drug program, so that patients who make the choice to die at home can receive their drugs for free, with no deductible.

Now, of course, I've spoken to many Manitobans who have made comments about this program, and all those comments have, indeed, been positive, but I can say that I had had no personal experience with this program until very recently. Very recently, one of the single-most important people in my life was diagnosed with stage 4 cancer and this was jarring news, to be sure. My beloved Patricia had just lost her husband two months prior, which was a shock. We knew that when we were attending to Norm in hospital that she was very stressed and couldn't eat and couldn't keep anything down, and we chalked this up, of course, to the fact that she was so worried about the love of her life to whom she'd been married for over 60 years.

What we didn't know at that time, Madam Deputy Speaker, was the illness was, of course, related to stress but learned only two days after Norm's funeral that she had cancer and that her time would not be long. She was very clear in her wishes about wanting to be at home during these last days, and we did absolutely everything that we could to accommodate that. She had no children of her own and so those that were so blessed as to be her chosen children worked very hard to make sure that she was home. But in all of the anguish and the pain and the sadness, one of the things we didn't have to worry about, in going into the pharmacy and gathering a litany of drugs for pain and for all the things that you need with someone going through those moments of last days, was we didn't have to worry about paying.

Now, admittedly, we likely could have banded together and done that and we would have done that; we would have done anything, but to know that there was pharmacist behind the counter who had been guided by a doctor at the bedside to give us all the possible tools that we could use to make those days pain free and to have them hand them to us and say that that's all that you need, it was a profound and meaningful experience that helped me understand why all of us, regardless of political stripe, actually, work every day to ensure that the most difficult moments in our lives can be made easier, and I believe the investment in the palliative care drug program is one of those such things.

And whatever happens in days to come, you know, tens of decades from now, should governments change, I would issue a plea that nothing about that program ever change, because it is, indeed, a gift, I think, for Manitoba families, as we care for our loved ones on their final journey.

***** (11:00)

I want to also say in the few minutes I have left that our investment overall to Pharmacare has tripled since 1999. That's allowed us to add nearly 2,500 more drugs to the formulary including over 500 drugs in the last three years alone.

We know that we've been able to extend Pharmacare coverage to 25,000 additional Manitoba families. We more than doubled the amount of free prescription medication received by the average Pharmacare recipient, up from just over $1,100 a year in 1999 to $2,700 a year. That's over $1,500 in additional free medicine for the average Pharmacare recipient.

Now, I know members opposite have been critical and–of the program, and I think that there is always room for improvement, but it's worthwhile to note it's not just this side of the House commending the program. There are others. The Canadian Council on Integrated Healthcare says Manitoba's Pharmacare program could serve as a model for other parts of Canada in terms of providing good levels of protection for catastrophic events and for other conditions that can be costly. The Auditor General reported that Manitoba provides one of the most comprehensive drug benefit programs in the country in terms of universality of inclusions and citizens' drug costs.

So we know that we're on the right track. There is always more work to be done, and I want to take this moment to commend the people in the Department of Health for the work that they have done in the last few years in amending the structure for deductibles. We're seeing some moments of sticker shock, if you will, increases for people in certain income brackets that were significantly more than in other brackets, and so the department has worked very hard to smooth those brackets so individuals will not see as large an increase as we work to sustain a very important program.

And for the duration of our five-year plan, we're going to limit the Pharmacare deductible increases to the rate of general inflation, which means deductibles would–will go up less than 1 percent for 2010. I think that's a 0.6 percent increase, and, at the same time, we're going to continue to shoulder the majority of rising drug costs by increasing provincial drug spending by some 3.34 percent.

So that translates, Madam Deputy Speaker, into the fact that more than 98 percent of families receiving Pharmacare benefits will see an increase–thank you–in their deductible of no more than $2 per month this year.

In '07, we introduced the deductible instalment payment program allowing patients with high drug costs to pay in instalments. This has been very helpful. We've updated, as I said, the Pharmacare deductible structure, and, most importantly, Madam Deputy Speaker, we've continued to work and take advice from seniors groups, from advocacy groups, that remind us every single day, along with Manitoba families, that now is not the time to turn our back on investments in health care.

Even when times get tough, we have to make health care a priority. We have to make sure that we

are focussing and targeting our spending in supporting a Pharmacare program that is universal in nature, does not discriminate based on disease, based on illness, and based on age I think is one of the single most important things that Manitoba can do for its citizens.

I'm proud to be part of a government that says privately and publicly that health care remains our No. 1 priority. We're not going to turn our backs on health care, as has been suggested by other political parties. We're going to remain committed to ensuring that we are as healthy and inevitably as happy we can be. Thank you very much, Madam Deputy Speaker.

Mrs. Myrna Driedger (Charleswood): I am very pleased to rise today to put a few words on the record about this resolution, Seniors and Pharmacare, and we do acknowledge that Pharmacare is a very critically important issue to many Manitoba seniors. In fact, we see many Manitoba seniors every day that have the issue of drugs as a central part of their day, and for them sometimes trying to find the money in order to pay for those drugs has become more and more of an issue.

While it is a very important issue, I would indicate that this is not a resolution that we are going to support. There's a bit too much patting of the back here by the NDP and I don't think it is any back patting that can be deserved, and while the issue itself is critical, I will indicate that this is not a resolution that we can support because of the language that is used in this resolution which is questionable at best.

So to say that this NDP government is improving health services to seniors is a bit of a stretch, to say the least, and compared to the number of calls I am getting–and some very, very disconcerting ones recently–I have to say that I'm very concerned about the spin that this government is putting forward not just in the area of Pharmacare as we see in this resolution, but in other areas of health care as well. Because I think what has happened is that spin has taken over from the process of making good health-care decisions based on the right reasons, and when we see wait lists manipulated in order to try to paint better pictures of what is really going on, it becomes a very, very big concern for us on this side of the House.

I don't think the NDP government has done enough to recognize the unique contributions Manitoba seniors continue to make in this province and in our communities. People that have worked very, very hard all their lives raising their families, building their communities from the ground up deserve more than to be a subject to backdoor taxes, fee increases and a health-care system that isn't always there for them when they need it.

Now, Pharmacare deductible increases, if we look at them over the past number of years, have been very, very interesting, and if you look at the dates and what happened on each of those dates, you'll see that Pharmacare deductibles have gone up more than 34 percent since 2002, and when we look at each of the years it tells a bit of a story. In 2002, there was a 5 percent increase; 2003, there was a 5 percent increase; 2004, a 5 percent increase; 2005, a 5 percent increase; 2006, a 5 percent increase; 2007, an election year, there was no increase.

Now, it's interesting that the government was so blatant about it. But they were, and it's a crass move. They were certainly out there looking for votes and what they did in an election year was eliminate deductible increases. But in the year after, in 2008, we saw another 5 percent increase. Now, in 2009, deductibles went up for some people and not others as the number of deductible levels was changed, and this year Pharmacare deductibles have increased again to the rate of inflation. So, except for the 2007 election, this NDP government has increased Pharmacare deductibles every year since 2002, and they have gone up by more than 34 percent. So it's no coincidence that, in an attempt to placate voters, they gave seniors a break the year of the election. But then they were right back to their old ways.

As I said, Madam Deputy Speaker, prescription drugs are a fundamental component in delivering quality health care and providing a high quality of life for Manitobans, and Manitobans do rely on Pharmacare for their prescription drugs and, as this NDP government increases Pharmacare deductibles, many are put in a precarious situation and, as we have heard from some seniors who have come forward over the past number of years, some of them have been forced to choose between milk and medicine, and there were a number of them that were put in that position. And a few years ago I can recall this gentleman that came to the House and he was speaking on behalf of many seniors involved in some of the seniors organizations and he raised the issue. He said that drugs were becoming so unaffordable

for a lot of them that some seniors were actually making decisions as to whether or not they were going to buy their drugs or, actually, buy food.

So, Madam Deputy Speaker, the increase that we've seen over this period of time is a tax on Manitoba's most vulnerable citizens–our seniors and those on fixed incomes–and it was interesting that when the NDP were in opposition they certainly expressed that particular concern that this was a tax on sick people, and yet the first thing they did when they got into government is proceed down the path where they increased deductibles although it was something that they were against in opposition. Funny how things changed when they got into government.

***** (11:10)

As we've seen with a number of other things–balanced budgets, I guess, is the other thing where we've seen this government talk out of one side of their mouth and then end up doing something totally different. So I think people need to become a little bit more cautious about what this government says and when they're saying it.

The minister likes to say that Manitoba has the most comprehensive drug plan in the country. I'm not sure where she gets that from, because there are a number of experts that disagree with her. And, again, we see the government using information to try to spin a certain language and put it out there to make things look, perhaps, better than what they really are. So we hear this minister on a number of occasions that has patted herself on the back for having the most comprehensive drug plan. You talk to other people and, in fact, they will disagree with that.

The other thing that the people in the drug industry say is that Manitoba is the worst province in the country for adding drugs to the formulary, that sometimes it can take five years to get a new drug listed on the formulary. We've seen the fight that many seniors have had to try to get Avastin put on the formulary, we've seen the fight seniors have had to get Lucentis put on the formulary and now we're seeing a lot of seniors begging the government to put Revlimid on the formulary, so that people with blood cancer can improve the quality of their life and have a fighting chance.

And when we talk to different representatives of the drug companies, they're really, I guess, discouraged by how this government drags its heels, compared to a lot of other provinces in this country on adding pretty significant drugs to the formulary. Some other provinces are years ahead of Manitoba, and yet Manitoba is trying to spin that they're looking for better prices. What they end up actually doing is putting that charge back onto the backs of patients because, then, patients have to pay for it out of their own pockets. Many of them aren't going to have any private insurance plan, and we will see that many of them are the ones that are forced to pay because this government is dragging their heels on putting drugs onto the formulary. So the government is saying, yeah, but we're saving money; we're getting a better deal.

Maybe they're saving money for themselves, as a government, but what they're doing is forcing many seniors and taxpayers to bear the brunt of their indecision or their dragging of heels.

So, you know, I would mention that even the *Canadian Medical Association Journal* found that Manitoba's drug plan doesn't measure up to plans across the country. In fact, in it, they found that in some instances Manitobans are paying more than anywhere else in Canada. So I don't know how the minister can stand up here with any credibility, and we've already seen that her credibility has taken some knocks over this last couple of years. I don't know how she can stand up here and pat herself so much on the back for a great Pharmacare program when, in fact, that is not what is happening.

And I've just received some phone calls in the past month, actually, and we just heard from an elderly lady just last week who received her Pharmacare deductible notice in the mail just two weeks ago. She's a senior on fixed income. The fiscal–last fiscal year ended March 31st, and she didn't receive her Pharmacare deductible notice for this year until late in May, and she's been paying out of pocket for her prescriptions since March because this government couldn't get its act together. Her pharmacy couldn't charge Pharmacare for the drugs even though her deductible is almost nothing, because she didn't yet have her letter.

We heard from another senior whose Pharmacare deductible has doubled, and how can a senior on a fixed income have a deductible doubled in the–

Madam Deputy Speaker: Order. The honourable member's time has expired.

Introduction of Guests

Madam Deputy Speaker: Prior to recognizing the next member, I would like to draw the attention of all honourable members to the gallery where we have with us 20 grades 7 and 8 students who are under the direction of Mr. Strange. These students are from Miami, Manitoba. The school is located in the constituency of the honourable member for Carman (Mr. Pedersen).

And I would–on behalf of all honourable members, I would welcome you here today.

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Mr. Mohinder Saran (The Maples): Madam Deputy Speaker, I rise to support this resolution brought forward by the honourable member for Rossmere (Ms. Braun).

We can compare our government record–government of NDP–and the previous government, Tory government, and let us restart from our record. This government remains a leader in Pharmacare program across Canada by financing 100 percent of drug costs regardless of the age or medical condition once the income–this deductible is reached. To ensure affordable Pharmacare for seniors, we have established that income assistance recipients and Manitobans living in personal care homes do not pay any Pharmacare deductibles.

We have implemented a palliative care drug program so that patients who choose to die at home can receive their drugs free with no deductible. We have more than tripled our overall investment in Pharmacare since 1999–increase of over 220 percent which has allowed us to add nearly 2,500 more drugs to the formulary, including over 500 new drugs in the last three years alone; extended Pharmacare coverage to 25,000 additional Manitoba families; more than doubled the amount of free prescription medicine received by the average Pharmacare recipient, up from $1,121 per year in 1999 to 2,700 per year. That's over $1,500 in additional free medicine for the average Pharmacare recipient.

Manitoba has one of the best Pharmacare programs in Canada. The Canadian Council on Integrated Healthcare says Manitoba's Pharmacare program could serve as a model for other parts of Canada in terms of providing good levels of protection for catastrophic events and for other conditions that can be costly.

The Auditor General reported that Manitoba provides one of the most comprehensive drug benefit program in the country in terms of universality of inclusions and citizens' drug costs. For the duration of our five-year financial plan, we will limit Pharmacare deductible to the rate of general inflation, which means deductibles will go up less than 1 percent for 2010, an increasing of 0.6 percent. At the same time we are shouldering the majority of rising drug costs by increasing provincial drug spending by 3.34 percent.

This means that more than 98 percent of families receiving Pharmacare benefits will see an increase in their deductible of no more than dollar two–two dollars per month this year. In 2007 we introduced the deductible instalment payment program for Pharmacare, allowing patients with high drug costs to pay their deductible in monthly instalments.

Last year we updated the Pharmacare deductible structure to make it more fair by adding more brackets so that Manitobans are not faced with massive deductible increases when a small increase in income forced them into a new deductible bracket.

Now we can look at opposition's record. When the Tories were in government they increased the deductible or co-payment every year from 1988 to 1996. Over the Tories' time of office this seniors' deductible almost tripled, from $285 to $750.

The last major change of Pharmacare occurred in 1996 when the Tories changed to an income-based system. The change resulted in two-thirds of beneficiaries losing Pharmacare coverage altogether and increases to some deductibles by as much as 70 percent. The Health Minister McCrae confirmed this. You can check in *Hansard* in May 10, 1996. Mr. McCrae said: ". . . of the remainder of families that did access the Pharmacare program, approximately two-thirds will now probably not be eligible for coverage under the program . . . approximately two-thirds would likely not receive benefits anymore."

***** (11:20)

The opposition members have continued to remind us that health care is not a priority for their party. Who knows what further cuts would be made to Pharmacare under their watch, in case they get a chance.

In the lead-up to the 2007 election, their leader made the calculated move of deciding health care would not be their priority. The Opposition Leader

says health care is no longer a top priority for his party, a shift he says is a risk that is calculated to show the Tories represent the party of the future. The health-care system has received the lion's share of new spending since 1999, he said; we have reached the point now where we have to look at other needs– according to the Free Press, November 1st, 2006.

Health care and the affordability of prescription medication for Manitoba seniors remain top priorities for this provincial government, as it continuously strives to improve health services geared to the needs of seniors.

In the recent recession, we are committed to continue our investment in front-line health services, chief among them the provision of affordable, life-saving prescription drugs to those who need them most.

The agreement of all members of this Legislative Assembly with this resolution will affirm this Assembly's support of accessible and affordable Pharmacare for seniors.

Thank you, Madam Deputy Speaker.

Hon. Jon Gerrard (River Heights): Madam Deputy Speaker, I put a few words on the record in relationship to this bill–or this resolution.

First of all, there's an interesting sort of ironic, paradoxical nature about this resolution, which has got a series of WHEREAS clauses which sounds like the NDP are trying to praise themselves and then the last BE IT RESOLVED resolution, which says that, boy, the Pharmacare program needs to be made a lot better.

And, clearly, the last resolution is telling because it says the Pharmacare program needs to be made a lot better because it's not nearly as good as it should be, and that's where we should start from.

I note that some of the WHEREAS clauses, you know, WHEREAS the Pharmacare program has expanded to cover an additional 25,000 Manitoba families, well, with the increase in population, that's probably about what one might expect. There's no reason to trumpet that as some magnificent, forward-thinking approach.

The increase in Pharmacare: The average Pharmacare beneficiary received $2,700, more than double the amount received in 1999, and I suspect that it reflects a significant increase in the cost of certain drugs and particularly new drugs.

Again, one of the things which is clearly missing from this resolution–there should have been a BE IT RESOLVED clause that new drugs which can make a substantial difference in improving health care and in the treatment of conditions should receive approval under Pharmacare for coverage at an internationally acceptable time frame, because right now, as various reports have shown, Canada as a whole has been very slow compared with other countries, and Manitoba as a whole has been very slow compared with other provinces in getting new drugs under Pharmacare.

And we've seen this with Lucentis, which is a drug which has provided a breakthrough in terms of addressing acute macular degeneration, and without this drug people may go blind, unnecessarily, if they couldn't afford access to it. And, so, in this case, we're thankful that it is now approved, but it took I think it was about three years after federal approval, way too long, before it was approved under Pharmacare in Manitoba. And we don't know, we probably will never know, how many people sight decreased, how many people essentially lost their sight and went legally blind as a result of not being able to afford Lucentis. It was tragic; we had a lot of people coming forward and very concerned about the situation and rightly so, and, thankfully, that has finally been corrected but with a lot of delay.

We are facing the same condition, thing, circumstance with Revlimid, a drug for treating multiple myeloma. Again, the evidence would suggest that this is a significant advance in treatment, that it should be covered here in Manitoba and that it should be covered without the kind of long delay that we have seen and continue to see, and, in this case, the delay has been significantly longer than it should have been. So this should have had addressed the issue of new drugs and approval at a level which is acceptable international standard rather than at a level which is very, very slow compared with international standards.

The other area–or another area where this government has–should have talked about, but they have been very reluctant to look at, is the question of–you know, even asking the question, this government has been lax. We should ask the question: Are there areas where we can legitimately and appropriately decrease the use of drugs and, therefore, the expenditures under Pharmacare so that those monies can be used in areas where we need and we've got effective drugs which are badly needed?

And not very long ago, I had in my office a gentleman with a significant concern in a personal care home–that this particular personal care home was overusing sedatives and tranquilizers. It's long been known the concern about overmedicating seniors so that they're not able to live the optimum lifestyle–live a full lifestyle as people get older. There has been cautions in the medical literature about this for a long time, but this government has not done anything. And I was told when this was raised with this government, they chose not to do anything. So we are stuck in this area where we could be legitimately looking and asking the question: Are there areas where we should be losing–using drugs less?

I give you another example, Madam Deputy Speaker. We have people waiting for hip and knee surgery. I talked to somebody very recently who had waited a year for surgery. And during that time, during the wait, people are very often in quite significant pain and requiring a lot more pain medication than if they had the surgical procedure with a hip or knee replacement or other surgery, and you wouldn't need to have these costs for pain medication because they would no longer be in pain.

***** (11:30)

I hear from time to time, including recently, concerns about children who are–and this is from parents and others–whether there are occasions when children are overmedicated because they are diagnosed with behavioural problems or ADHD sometimes or other conditions, and the first thing that happens is a prescription of medication for this. And while some of these prescriptions are certainly legitimate from time to time–and I had a mother quite recently who was concerned in this respect, and she was concerned because, in fact, in her case, a child had been taken away–apprehended–for CFS. From all that I can see, it was a misapprehension; it was a mistake. But she's trying to make sure that her child has the best possible, you know, situation under these very, very difficult circumstances, and she's very concerned about the overuse of medication under these circumstances.

And, you know, rightly so. We should be asking the question: Are there times when we're using too much drugs, and we're using drugs when there's no evidence that they're effective. And, clearly, we should be increasing the using evidence-based approaches, and we should be using standards for drug use. And so that we have drugs being used where they are shown to be very effective and dollars which are being used at the moment for drugs which are not so effective or not needed under particular circumstances. That money can be used to support drugs which are badly needed.

So there is still lots to do and certainly under this circumstance, where we've got a resolution coming forward from the government trying to, first of all, praise the government and, second of all, saying, under the resolved section, that the government isn't doing nearly well enough. We need to do much better.

Well, Madam Deputy Speaker, we certainly agree that this government should be doing a lot more–

Madam Deputy Speaker: Order. The honourable member's time has expired.

The honourable Government House Leader, on House business.

Hon. Bill Blaikie (Government House Leader): Yes, Madam Deputy Speaker, I'm rising on a point of order. I think if you canvass the House, Madam Deputy Speaker, you'll find that there might be leave for me to move some motions having to do with government business.

Madam Deputy Speaker: Order. I'm sorry, I didn't hear the member's statement. If you could–

Mr. Blaikie: Madam Deputy Speaker, I think if you canvass the House, you'd find there might be leave to–for me to move some motions having to do with government business–or the House business, House business.

Madam Deputy Speaker: Just for the information of all honourable members, the time for private member's resolution has not yet expired, so I just wanted to canvass the House to see if there was any other members who wanted to speak. There's one minute left.

The time for private members' resolutions has expired and, as such, the private member's resolution will remain open.

House Business

Madam Deputy Speaker: Now I could–now I'll recognize the honourable Government House Leader, on House business.

Mr. Blaikie: One more time, Madam Deputy Speaker. I think if you canvass the House, you will

find that there would be leave for me to move some motions having to do with House business.

Madam Deputy Speaker: Is there leave for the honourable Government House Leader to move some motions having to do with House business? *[Agreed]*

Mr. Blaikie: Also, my thanks to those present in the Chamber.

I move, seconded by the honourable Minister of Justice (Mr. Swan), that the fees paid with respect to Bill 301, The Salvation Army William and Catherine Booth College Incorporation Amendment Act, be refunded, less the cost of printing.

Motion agreed to.

Mr. Blaikie: Madam Deputy Speaker, I move, seconded by the Minister of Justice (Mr. Swan), that the fees paid with respect to Bill 300, An Act to amend An Act to incorporate The Portage District General Hospital Foundation, be refunded, less the cost of printing.

Motion agreed to.

Mr. Blaikie: Yes, Madam Deputy Speaker, I move, seconded by the Minister of Justice (Mr. Swan),

THAT the following Sessional Orders apply to the Fifth Session of the Thirty-ninth Legislature despite any other rule or practice of this House:

Throne Speech debate to be concluded December 9, 2010

1. If the motion for the Address in Reply to the Speech from the Throne for the Fifth Session of the Thirty-ninth Legislature has not proceeded to a vote before Thursday, December the 9th, 2010, then that day is to be considered the eighth and final day of debate. At 4:30 p.m. on that day, the Speaker must interrupt the proceedings and, without seeing the clock, put every question necessary to dispose of

    (a) any outstanding amendment or sub-amendment to the main motion for the Address in Reply to the Speech from the Throne; and

    (b) the main motion for the Address in Reply to the Speech from the Throne.

    The interruption is to take place and the required action is to be taken whether or not the Orders of the Day have been called.

Priority of actions to be taken

2. If, at the specified time, a point of order or a matter of privilege has been raised and is under consideration by the House, the point of order or matter of privilege is to be set aside–and no other point of order or matter of privilege may be raised–until the required action has been taken and all matters relating to the required action have been resolved.

No deferral of vote

3. Subrule 14(4) does not apply to a division to be taken on a question required to be put under these Sessional Orders.

Madam Deputy Speaker: It has been moved by the honourable Government House Leader and seconded by the honourable Minister of Justice (Mr. Swan)

THAT the following Sessional Orders apply to the Fifth Session of the Thirty-ninth Legislature despite any–

An Honourable Member: Dispense.

Madam Deputy Speaker: Dispense.

Is the House ready for the question?

Some Honourable Members: Question.

Madam Deputy Speaker: The question before the House is agreement on the Sessional Orders applying to the Fifth Session of the Thirty-ninth Legislature.

Is it agreed? *[Agreed]*

The honourable Government House Leader, on House business.

Mr. Blaikie: Yes, I'm not sure if this is necessary, Madam Deputy Speaker, but I'm sure if you canvass the House, given that private members' has expired, it's time to see the clock at 12 or for the session to end.

Madam Deputy Speaker: Is there agreement of the House to call for 12 noon? *[Agreed]*

The House is recessed and will reconvene at 1:30.

CORRIGENDUM

On Wednesday, June 2, 2010, page 2659, second column, second last paragraph, should have read:

Mr. Speaker, what we can comment on is what independent officers of the Legislature do say publicly.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 15, 2010

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