

Third Session – Forty-First Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
Official Report
(Hansard)

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The Honourable Myrna Driedger
Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

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ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
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SMITH, Bernadette	Point Douglas	NDP
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<i>Vacant</i>	St. Boniface	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 8, 2018

The House met at 10 a.m.

Madam Speaker: 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 and 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.

Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Ms. Nahanni Fontaine (Official Opposition House Leader): Would you canvass the House to see if there is leave to move Bill 213?

Madam Speaker: Is there leave this morning to deal with Bill 213? [*Agreed*]

SECOND READINGS—PUBLIC BILLS

Bill 213—The Allied Healthcare Professionals Recognition Week Act

Mr. Andrew Swan (Minto): Madam Speaker, I move, seconded by the member for Point Douglas (Mrs. Smith), that Bill 213, The Allied Healthcare Professionals Recognition Week Act; Loi sur la Semaine de reconnaissance des professionnels paramédicaux, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Swan: It's a pleasure to get up and stand today and speak about Bill 213, which would recognize and truly highlight, by members of this Legislature, the important work of Manitoba's allied health-care professionals.

We know that Manitoba has thousands of allied health-care professionals who are committed to delivering front-line, quality care to Manitobans each and every day. We know, Madam Speaker, that Manitoba's allied health-care professionals support the entire workings of our health-care system. They increase the accessibility of care for Manitoba patients, they help patients to heal faster and more

completely and our allied health-care professionals also do their best to promote mental wellness and healthy lifestyles, something perhaps we need to work on in this building, but something all Manitobans can benefit from.

We know that the work of Manitoba's allied health-care professionals ease the burden on our emergency rooms, on our clinics. We know that their work can help to shorten wait times, which I believe everybody in this House believes is a priority. We also know that their work truly improves patients' quality of care.

And for that reason, Madam Speaker, that I've brought forward this bill in order to recognize their contribution, the contribution of allied health-care professionals to Manitoba's health-care system by designating a week in May as allied health-care professionals recognition week.

Now, almost all of us come in contact with various individuals who work in allied health fields quite frequently and, for example, there's the Manitoba Association of Health Care Professionals which represents some 3,900 workers across the province, covering more than 160 different disciplines. In Manitoba that includes pharmacists, dietitians, physiotherapists, respiratory technologists, lab technologists and a host of other health-care professionals other than nurses and doctors who do such amazing work to keep our health-care system working.

There are many other allied health-care professionals who are not part of the Manitoba Association of Health Care Professionals who most members of this Legislature have probably also worked with. For example, there are many private practice physiotherapists. And, Madam Speaker, you and I have had our experiences over the time of needing the assistance of individuals to help us to regain strength, to make sure we have the full range of mobility, to make sure we can carry on with our daily lives.

Those in private practice are entrepreneurs; they run small businesses; they hire individuals and they generate wealth in the province of Manitoba. There are allied health professionals in a great number of circumstances across the province whether it's

working for a health authority or whether it's working in private practice. We respect the work that they do.

And I expect, Madam Speaker, my experience is not unlike many others in this Legislature. Several years ago I actually managed to dislocate the little finger on my left hand, and I am left handed. The result of that is that I could not straighten my finger completely nor could I actually bend it completely, and I was then referred to an occupational therapist at the Health Sciences Centre.

And I was a little nervous for the initial appointment because I'd never worked with an occupational therapist before, and I have to say that she was an absolute genius at assisting me. We had our initial consultation. She knew exactly what to do, and within about 15 or 20 minutes she had actually constructed from scratch a brace that I was able to wear, as need be, complete with a series of pulleys and wires and structures to allow me to have my own personal torture device at home to ensure that I was able both to extend my little finger and also to bend my little finger. And I would go back for appointments and she would ask how it was going. She would test it out, make the necessary adjustments.

We all bring our own expertise to this House. Some members of this House have a higher level of mechanical ability than others. I would be quite prepared to put on the record that my level of mechanical ability would be among the lowest, despite the fact that my father is an Air Canada mechanic for several decades. But even the most skilled members of this House, whether they come from agriculture or they come from a trade, would have been very, very hard pressed to match the expertise of this occupational therapist who I'm very grateful for.

Many members of this House know that I'm a runner. I'm not the only one in this House who's a runner; I hope I'll see the member for Morris (Mr. Martin) at the police half marathon in a couple weeks. I know the Minister of Sustainable Development (Ms. Squires) is a runner and I have run races with the member for Wolseley (Mr. Altemeyer). I'm lucky that I've been—I haven't had a lot of injuries in my running career, if you can call it that, despite 10 years of tackle football. Perhaps it's because I don't run very fast. But in any event, I've been very lucky to be able to run with a minimum of physical injuries.

However, time and distance can catch up to everybody, and two years ago I called over the Pan Am Clinic because I was having difficulty with a few things. I asked for a physiotherapist who was also a runner because I thought that would be very useful. The Pan Am Clinic, perhaps with a sense of masochism, actually hooked me up with a physiotherapist who is not just a runner, she is an ultra marathoner. Kim, who's the physiotherapist that assisted me, has done races where you actually descend into the Grand Canyon and then you run up the other side, and then you run back down the Grand Canyon and back up the other side, which makes the half marathon or a 10K or a 5K look like a trifle.

*(10:10)

In all seriousness, she was able to analyze the problem very quickly, was able to work with me, give me stretching exercises and strengthening exercises to make sure that I was back out on the road. That can be from a weekend warrior who gets injured, that can also be people who suffer falls, people who, because of disease, may have difficulty with their motion. Manitoba's physiotherapists, whether they work in a hospital or whether they work in a private clinic, do great work.

Of course, there's many other allied health-care professionals that we come in contact with whenever we have any contact with the health-care system. When your doctor sends you to the lab for tests, well, you're going to be going and seeing an allied health-care professional. The lab technicians and others who do that work are allied health-care professionals.

When your doctor tells you that it's time to change your diet and improve your diet, if you go and see a dietitian or nutritionist, you're consulting with one of Manitoba's allied health-care professionals. And if years of debate in this House, Madam Speaker, perhaps have your family suggesting that you may be losing your hearing, it's an audiologist you'll be going to see, another of Manitoba's allied health-care professionals.

So this bill will truly recognize the work that they do and will, first of all, show gratitude of members of this Legislature for the work they do, but also highlight the importance of their work and making sure that Manitobans understand the importance of keeping access to Manitoba's allied health-care professionals for their own wellness, for their mental health and for their quality of life.

You may ask, why the week of May 14? Well, it is the week which leads up to the May long weekend. I don't know about you, Madam Speaker, but I always find that to be one of the happiest weeks of the entire year as Manitobans look forward to what I truly believe is the start of summer, Victoria Day long weekend. So why not have a happy week when we can also recognize these individuals?

I would put in a pitch for the Physio Fit Run which happens at Assiniboine Park this year on Saturday, May the 12th. Some of us may be running the 10K unless we are needing an allied health-care professional after the police half marathon. There's also a 5K. There's also a 3K walk for anybody who wants to come out and support the event. The event actually raises funds for Manitoba riding for the disabled, and has done so for many, many years. It's a big event with 800 or 1,000 people in attendance.

I'm not one to give a lot of communications advice to the government, but if we are able to move this bill on to committee and pass this bill by that time, it would be a great time for the minister to proclaim Manitoba's first allied health-care professionals recognition week act. I won't criticize him if he doesn't run the 10K, but I will hope he would walk the three-kilometre walk with a lot of other Manitobans. It would be a very, very successful thing.

I believe it's a strong chance that a government bill could be heading to committee in the near future. There is an opportunity for all members to send this bill on to committee.

So, I do hope that all members of this House will keep allied health-care professionals in their thoughts. A great way to do that would be to pass this bill on to committee, and let's stand as one in this Legislature and support those members in our health-care system who do so much to help us to continue to build a stronger Manitoba.

Thank you, Madam Speaker.

Questions

Madam Speaker: A question period of up to 10 minutes will be held. Questions may be addressed to the sponsoring member by any member in the following sequence: first question to be asked by a member from another party; this is to be followed by a rotation between the parties; each independent member may ask one question; and no question or answer shall exceed 45 seconds.

Mr. James Teitsma (Radisson): My first question for the member is rather simple, and I do hope to have an opportunity also to speak to this bill after the question period as well. But my question is: Which—with—which health-care professionals or organizations did the member consult with before bringing this bill forward?

Mr. Andrew Swan (Minto): Well, I thank the member for Radisson for the question.

I did consult with the Manitoba Association of Health Care Professionals, which, as I put on the record, represent some 3,900 members across the country. As well, I've had a number of informal discussions, as I mentioned, with physiotherapists who work both within the health-care system as employees of the health-care—of the health authorities, but also carry on private practice, as well as informal discussions with other health-care professionals.

I do appreciate the question.

Mrs. Bernadette Smith (Point Douglas): Will the member please tell us how health-care allied professionals support our health-care system?

Mr. Swan: Well, I thank the member for Point Douglas for the question.

I mean, they support our system in a multitude of ways. I mean, when we think of primary health, many times we only think of doctors and nurses, but the fact is that there are many, many professionals who support the work of doctors and nurses and who have their own expertise.

I—in Manitoba alone, of course, we have—I believe it's 26 regulated health professions. Many of the allied health-care professionals are covered by one of those organizations. Some in other fields are not. They provide all of the background, but also specific expertise to make our health-care system work as well as possible.

Hon. Steven Fletcher (Assiniboia): My question is to the member for Minto.

These used to be—these types of days and weeks used to be related to some remembrance or—of catastrophe or creating awareness for an 'illnem', or something along those lines. Now we've got the red tape reduction day—which is ironic because it creates red tape.

And I'm sure your motion is very genuine, but does it take away from the other weeks? There are so

many weeks and days these days it loses its significance.

Mr. Swan: Well, I appreciate the question from the member for Assiniboia (Mr. Fletcher), and he is right; there have been a number of different bills that have been brought by members from different political parties dealing with the different days.

What I would say to the member for Assiniboia is that it is important to recognize various illnesses, but it is equally if not more important to recognize wellness. And it is the role of Manitoba's allied health-care professionals to provide wellness not just in getting your lab results back on time, but in providing mental health services, in providing strengthening and other things that can improve Manitobans' quality of life.

I think that's equally if not more important than recognizing various other things this Legislature has done.

Mr. Andrew Smith (Southdale): I do thank the member for introducing this bill.

I do want to question, though, the timing of the bill. I mean, it certainly—the NDP were in power for 17 years and with a rather poor track record on health care itself, you know, where Manitobans paid a lot in taxes but didn't get the results that we should have.

So I wonder how the member can reconcile his government's—or previous government's 17 years in government with poor record on health care and today's private member's bill where he wants to highlight the professionals in that field.

Mr. Swan: Well, you know, rather than descend to the same level as the member for Southdale, let me just say that since August—or April of 2016, Manitoba's allied health-care professionals have found it extremely important to make sure that they are able to advocate for Manitoba's health-care professionals and they have found it incredibly important to make sure that there is recognition of the work they do. And in my comments I did not take a partisan approach and I still don't plan to do that.

Let me just say it is top of mind for people who work in the health-care system that their role be fully recognized.

Mrs. Smith: Will the member for Minto tell us why it's important to protect universal access to allied health care?

Mr. Swan: Well, I thank the member for Point Douglas (Mrs. Smith).

It is important because the work that our allied health-care professionals provide are so important for wellness for Manitobans. And as I've said, there are many, many different health-care professionals working in different situations. There is a major role for those working in our—for the health authority, working in our hospitals and clinics to make sure that all Manitobans, whether they have private insurance, whether they have the personal means are able to receive the treatments they need.

An example of that would be treatments after someone receives a hip or a knee replacement to make sure that those resources are there and that treatment is affordable.

* (10:20)

Hon. Jon Gerrard (River Heights): Madam Speaker, the contributions of allied health professionals are all too often not adequately recognized, forgotten sometimes, not realized. I just wonder if this is part of the reason why the member for Minto has brought this forward.

Mr. Swan: I think the member for River Heights has actually encapsulated that very well, that that is the case, and I thank him for the question.

Mr. Brad Michaleski (Dauphin): And thank the member the bringing this bill forward. Despite paying some of the highest taxes under the NDP's decade of decay and spending the most on health care, Manitoba still ranked last in health-care performance. What improvements to his party's decade of decline will this legislation accomplish?

Mr. Swan: Well, it's interesting the member for Dauphin should ask that because, of course, it's Manitoba's allied health-care professionals who keep MRI machines in this province running. And, frankly, I've been asking questions, but the question the member for Dauphin wouldn't ask about Dauphin's MRI, we think that recognizing allied health-care professionals and providing more jobs for them in a place like Dauphin is going to create much better care for people that the member for Dauphin represents in the Legislature, as well as for people who live elsewhere in the Parkland and Swan River.

Mrs. Smith: I want to say thank you to the member for Minto for bringing this forward and recognizing the hard work of our health-care providers.

Can he please tell us how the cuts—how will the cuts to prevention services end up costing the government more money in the long run?

Mr. Swan: Well, it is a good question. It's something that I think has to be brought in the open, that when, for example, I'd started in response to one question talking about services after somebody receives a hip or knee replacement, if those services aren't there to allow someone who's undergone that surgery to get the information they need and assistance they need to regain their strength and to regain a full range of motion, first of all, it's going to make that surgery less valuable, less effective. It may actually result in someone needing to have another surgery done. With older Manitobans it may result in a greater need for someone to go into a personal-care home sooner than otherwise. So it's absolutely critical that those services be available for Manitobans.

Mr. Teitsma: I see our time is running short, which is good because then I'll have an opportunity to speak some more, I hope, on this important topic and the work of our allied health-care professionals.

My question for the member is in terms of some of the specifics. How does he envision this week unfolding? What kinds of activities might be inspired by the recognition of a specific week? What kinds of things do you think would be appropriate in the commemoration? Or is it just going to be like so many other bills that we've passed in this House, unfortunately, where sometimes they get forgotten and 15 years later nobody remembers that it's allied health-care professionals week. Thank you.

Mr. Swan: Well, I appreciate a very honest and candid question from the member for Radisson, and I suppose there's two pieces to it. One will be what the allied health-care professionals wish to make of it. And I can let people know that Bob Moroz, who is the head of Manitoba Association of Health Care Professionals, is with us today, and I know that he and his team will be quite interested in promoting the work they do. But beyond that, I believe that other allied health-care professionals who do not belong to the organization will also be equally interested.

I'd given some unsolicited communications advice. The Physio Fit Run seems like a great opportunity to have the minister read a proclamation, to let everybody there know, first of all, that the work of allied health-care—

Madam Speaker: The member's time has expired, and the time for questions has expired as well.

Debate

Madam Speaker: Debate is open.

Mr. James Teitsma (Radisson): As I've now indicated twice, I guess, I get now the opportunity to speak and to take a few moments of the House's time, and certainly it's been a while. I enjoyed the break, and I suspect many of my colleagues would reflect the same, that a break is good. But it's also good to get back to work, and that's, in fact, what we're doing this morning, and I'm also grateful for the opportunity to discuss private members' business even on opposition days; it seems like we missed a few back in November, as I recall.

You know, the first thing that struck me about the member's speech was that it revealed that he's left-handed. I also am left-handed, and this might strike you as odd, but I believe the Premier (Mr. Pallister) also is left-handed and, if I am not correct, there is a disproportionately high number of left-handed individuals; the member for Wolseley (Mr. Altemeyer), another one within the Legislature. It makes me wonder if there's some sort of predisposition. There's a few from the backbench as well. We've got the member for Elmwood (Mr. Maloway) and the member for Tyndall Park (Mr. Marcelino) and others within my own caucus as well that are left-handed.

And so here we all are disproportionately highly represented within the Legislature and, you know, that's okay by me and I hope it's okay by everyone else. And I hope it's not a coincidence that the member for Minto (Mr. Swan) related an injury, an injury that occurred to his left hand for which he required physio. We certainly got to hear about the Premier's injury to his left arm, which was significantly more serious, and we're grateful to see that he's able to recover—not fully yet, but that his recovery's ongoing and we're grateful to see him be able to carry on his work after injury.

I myself, too, when speaking about the role that allied health-care professionals play in each one of our lives, that was, you know, my—some of my most significant interactions was an injury to my left hand. I happened to be out at a family reunion in Carman, Manitoba, in the constituency of Midland, and enjoying some time with a bunch of my nephews, acting, perhaps, a little younger than I in fact was, and decided to play some football with them, went up for the ball along with three or four of my nephews and somehow I managed to jam my pinky right on that football and, wouldn't you know it, it

broke a bone. And I didn't discover that it was broken for a week which was—which might strike you as odd as well, but it was such a break that I could move it this way, but not so much side to side. I could go up and down.

And so, went to the hospital, you know, immediately was shown to, of course, the X-ray room, and so had the opportunity to benefit from the care of an allied health-care professional there. The X-ray was done, clearly showed a break in the pinky. I tried not to hold it against the technician that I was required to hold my pinky in a position of excruciating pain in order to get the best X-ray to show the greatest separation between the bones. But that's, in fact, what was necessary to show the break, and so I willingly submitted to that pain. I think I'm not the only one, then, to come across a perhaps masochistic tendency among some of these workers.

But, in any case, then we moved on and I had a cast put on my hand and then also undertook occupational therapy and had the benefit of working with an occupational therapist to regain the strength and movement in my pinky finger on my left hand.

So that certainly is, I thought, very interesting that the member for Minto (Mr. Swan) had this and our Premier (Mr. Pallister) has this issue also with the left hand and so do—so does myself.

Now, I think I've already indicated, and I'll continue to indicate that I am grateful very much for the work that our allied health-care professionals do. I mentioned already occupational therapists. Physiotherapists have been mentioned, respiratory therapists, radiology technologies, X-ray technologists, MRIs, CT technologists, cardiology technologists, pharmacists, speech pathologists, hospice care workers, social workers and more.

I want to reflect briefly, actually, on audiologists. That was one of the ones that was also mentioned by the member for Minto, and there's a young family that I've known, well, for as long as I can remember. At least the dad is just a couple years older than me and we attended church and school together for a good number of years, and he had daughters who were born hearing impaired, and this is at a time when cochlear implants were still fairly new and fairly rare in terms of their application. And so when his first daughter was born deaf it took some time before that option was explored, but when she was three years old she did get a cochlear implant and benefitted from the work of audiologists, and now she is able to largely lead a very, very functional

life. And her younger sister was diagnosed much more quickly and, as a result, she's been able to adapt very well and essentially you can hardly tell that she has a hearing impairment at all.

*(10:30)

So, once again, the work of allied health-care professionals, I think, providing a tangible benefit, not just at a theoretical level but at a very practical level. At a very personal level for me because one of those girls, the younger girl, is a really good friend of my daughter's.

Now I should also mention today, it hasn't been mentioned yet, I believe it's International Women's Day. I'm looking at my colleagues for acknowledgement that that is, in fact, the day today. And, although we might have a disproportionately high number of left-handed individuals in the Legislature, I don't think we can say the same thing for women. So I do want to commend my female colleagues on both sides of the House for their work, and I'm grateful that they took the opportunity to stand for public office and to be elected and then to serve. And I look forward to seeing more women be involved in politics.

And, speaking of health professionals, I know my own daughter, what I hope for them—actually I have three daughters; I think I've related that to the House before. I really hope that they have freedom, the freedom to choose a career that they want to choose, that they don't feel that they need to be excluded from any path that they may desire to take. And the reason I bring this back to the bill here where we're talking about health-care professionals and allied health-care professionals. My oldest daughter, she's just ready to graduate from high school, and if all goes well, she will graduate this coming June. She's chosen a path in the field of medicine, and at this point maybe nurse practitioner is the goal. And perhaps she'll follow in your steps, Madam Speaker, I don't know, and become a nurse but then move on. She does seem to have a bit of a political flair as well, which can happen when you're a political family.

Sometimes I know that's—I'm very grateful for the support I have of my family, but it's also interesting to see how with the children too, how they picked up what's going on in the public square and what's going on in the Legislature and how they either engage or disengage with politics. I've got a bit of both. I got six kids, so it's fair to say that I'm going

to have a decent representation of the different reactions there.

But in any case I do also want to reflect that just my most recent article that I wrote in the *Transcona Views* talked about our health-care system and the many services that are available to us today. When I was young, it was pretty much automatic that the only place I would go for health care was either my mom or the emergency room and there wasn't a lot in between.

And—but today it's a very different world, and I think that's something to be grateful for, that we have different options: that we can go to see a doctor, that we can go to walk-in clinics, that we can experience a walk-in connected care clinic, that we can go to an urgent care clinic, we can go to the Pan Am Clinic. And all these different options are available for the different needs that Manitobans experience, including myself and my family, and for that I'm very grateful.

And I think of the work that these people do. Often it's—it isn't recognized and it's assumed that, you know, we hear the words doctors and nurses—doctors and nurses quite a lot when talking about the health-care field, and the fact is that doctors and nurses wouldn't be able to do their work if they didn't have the support of allied health-care professionals, of people who are giving them the scans that they need, the people who are following up with the cases, with the surgeries that they perform, or with, you know, with the recovery and the therapy that's needed to get them back to full health.

Now I know the member for Minto (Mr. Swan) mentioned that he runs, and I'm sure my constituency assistant would like to remind you that—that's Belinda Squance. She also runs in a very different way as they both run in a couple of elections out in Minto. So I hope he doesn't run away when he sees her coming, but in any case I myself I'm more of a walker. I can't really run; left handed that we have in common, but the running part not so much.

So thanks for the opportunity to speak this morning.

Mrs. Bernadette Smith (Point Douglas): I'm very proud to be speaking on Bill 213, The Manitoba Allied Healthcare Professionals Recognition Week Act.

I myself and my family have two family members who work in the health-care field. My mom this year October 31st was her last shift at the

Children's Hospital. She had worked there 23 years, supporting—in many different capacities, and we were able to take her on a trip to thank her for, you know, all of her work working with children, adults and in the geriatric unit throughout her career.

It's very important to recognize these individuals because they do a tremendous amount of work with the people that are coming into that system. You know, they're the ones that are working with the people after they've seen the doctors and supporting and doing so much more.

My sister is a home-care worker. So she's in and out of homes and, you know, she's very fortunate to see so many people in so many different capacities and nurse them when they come back from the hospital.

My nephew unfortunately was born with arthrogyriposis. His mother didn't have amniotic fluid in her gestational period of being pregnant, so he didn't—he grew with no muscle mass. His bones were fused certain ways so he wasn't able to feed himself. His spine was crooked. He was missing some vertebrae; never able to walk so he's in a wheelchair. He's had several different surgeries recently to his hands because his hands were fused like this. But very resilient young man and with the help of physiotherapy, occupational therapists, he was able to—before he was able to be fitted for a wheelchair he would scoot around and we actually gave him a nickname of Scooter. And he would scoot around, his mom would have to move. She lived in an apartment with carpet and they didn't want to remove the carpet. So, unfortunately—and she had to move to somewhere that had linoleum so that he could get around and have that ability to have some mobility and some independence.

So, recently, he had this surgery, and his hands were fused like this, like I said. So one of them has recently been straightened, and he's now playing hockey, wheelchair hockey. So this—and his occupational therapist was able to fit him with braces so that he's able to hold that and have the range of motion to, you know, shoot a puck. And he recently scored a goal; this is his second year. So, you know, we think of, you know, these people as heroes, really, for helping. This young boy could've just been confined to a wheelchair his whole life. He could've had his hands like this for his whole life.

He used to eat and move his head down to eat. Now he can pull his arm up to actually feed himself. So also his parents are getting more independency

because they're not always having to do everything for him. So he's going in for surgery for his next hand in a couple of weeks. His surgery, about four months ago now and he's doing very well. They wanted to make sure that, you know, he was able to use that hand. Now he's going to have this hand done.

But he's also had to see dietitians as well because he's confined to a wheelchair and he doesn't have a lot of range of motion, just to make sure he's eating healthy because, you know, when you're not active your body's not producing, you know, the things that it needs to burn off that food. So he also goes to dietitians. His mother goes with him and my brother sometimes, and it's really helped him in terms of picking the right foods because we often don't as young kids; he's only 11 years old and he likes the fast foods or, you know, the junk food.

And they've also given him exercises to do. So he's doing exercises on his own, but also with my sister-in-law and my brother's help. And he's been able to, you know, get out of the house more often. They recently were given a van. So they were allotted \$20,000, but I think this van cost \$63,000 to be outfitted so that he could get in this van and actually go out into the community. Otherwise, they were lifting him all the time and putting him in the car, and he's not a light boy so, you know, for his mom they also taught her how to do the lifts and such. And they had people come in and put in certain apparatuses so that he could lift himself out of bed and get himself into his chair—and same with the bathroom. They've outfitted their bathroom, too, so that, you know, he's not—he's 11 years old; he wants some privacy. He can get in and out of the bath himself without his mom always having to do that. So with that surgery he's had he's been able to, you know, wash parts of himself, which has been good. And I think the work that, you know, we do for front-line services with our health-care workers, like, they are the ones that are on the ground. They are the ones that are supporting. They are the ones that deserve to be recognized for a whole week to say—and I think of the work that teachers do too. Like, we get recognition for teachers and I think of this as the same thing. These are people teaching people, when they leave the hospital, how to take care of themselves so that they're not coming back.

* (10:40)

So you're front-loading some of those services so that you're saving health-care dollars as well, and,

you know, you're supporting the work that these health-care workers are doing.

My mom had shared that one of her greatest gifts of working in the health-care field was being able to move and do different jobs and move in different—and work in different areas, and although she retired from the Children's Hospital, she loved working in the General and she loved working with adults, but because there was a lot of heavy lifting it got—it got a little hard for her on her back and her body, and her body couldn't take it anymore, so she ended up having to leave there and go work with children, not by her choice, but because her body couldn't take it anymore.

And she also worked with physiotherapists and occupational therapists. She was hit by a car about eight years ago and she was in the hospital for six months learning how to walk, how to talk, you know, all those things we take for granted, and she ended up actually coming to live with us for six months because we had less stairs than my brother and sister. And we had to take her to physiotherapy every day and, you know, give her a bath and, you know, really reverting back to being a child almost.

But it was the physiotherapist that helped her regain that range of motion where she was able to go back to work. She was able to go back and move into her own place and she didn't have to have someone caring for her, although we didn't mind doing that. Of course, that's our mother and she's done that for us.

We were recently in a car accident about four weeks ago. We were T-boned and my daughter was hit pretty hard, so we've had to go to physiotherapy. You know, she's had some neck problems, trouble sleeping, and she's a pretty tall girl. She's six feet, she's only 15 years old, very active in sports, doesn't know if she'll be able to play rugby this year because she's tried out but her neck is so bad from the accident and having that range of motion when we were hit that she's not sure, and the physiotherapist says, you know, they're working on the soft tissue. You know, we'll kind of play it by week and, hopefully, she'll gain that range of motion back.

But without them, like, I wouldn't know how to do that at home. They've given me some exercises to work with her, to make sure she's not cracking her neck incorrectly because she was doing that. She would get so stiff she'd be cracking her own neck, and they fitted her with a special pillow so that, you know, she—she's sleeping properly because she

wasn't sleeping properly. She was having lots of headaches.

And, then, at school, sitting long periods. You know, they've given her a note for her teacher to say that she should get up and do these exercises every hour so that her body's not getting, you know, that feeling that she's being stiff and sore and the pain comes back because she was—she was in tears almost every day.

And when we got hit she jumped immediately out of the car and was grabbing her head and, you know, as a mom I'm going—I can't get out because we were in a—there was a snowbank there.

So, you know, I just wanted to lift up, you know, our allied health-care professionals and say, you know, how much we value their work and that, you know, we should be supporting this bill to recognize them.

And I don't think it would be something that would be put on a shelf and that would be forgotten in 15 years because they are front line; they are doing the work; they deserve the recognition and I'm sure every one of us in this Chamber at some point has used their services.

So, thank you. Miigwech.

Mr. Andrew Smith (Southdale): Madam Speaker, it's an honour to speak in the House today, of course, my first opportunity today to speak with the new session, and I want to again thank the member for Minto (Mr. Swan) for bringing this forward.

Just yesterday we just witnessed the last day for the member from St. Boniface. I want to take the time to thank the former premier and the former member from St. Boniface for his service to the province. I know public service is never easy and especially being at the level of premier. I know that it's difficult both on him and his family. We saw a bit of an emotional exchange between our current Premier (Mr. Pallister) and the former premier yesterday, and it's, you know, sometimes it's nice to see that happen despite the political differences in the Chamber. We still know that, at the end of the day, there's a human being behind that seat that has real feelings and can actually appreciate each other's service to the province.

So I want to again thank the member from St. Boniface for his service, and I wish him all the best through his next journeys, whether it's retirement, semi-retirement or moving on to another

career; I'm sure he has a few options available to him. So I do want to wish him all the very best.

You know, again, I thank the member from Minto for bringing this bill forward. You know, I think health-care professionals touched us in many ways here in terms of how they've helped us through different difficulties. My mom is a case in point. She recently had knee surgery, had a knee replacement, back, I want to say, in September. And, of course, you know, I went to visit her the day of the surgery, and she was in quite a good mood. Of course, that might've had some pharmaceutical help with that at that time. And it was the following days that she felt a lot worse. And I know she's made quite a good recovery since then, and she's gone through physiotherapy and OT and all that, and going from not being able to walk to walking with a cane to now walking fully as she walks clearly fine now, no more limp. Before the surgery she was limping and she was in constant pain and it was unfortunate that the injury was actually caused by exercise, an injury to the hip, which then threw everything out of alignment and eventually caused—I guess her knee was in poor shape anyway. And this put it over the edge and that imbalance in the human body sometimes can cause serious, long-term effects and resulting in one knee surgery and a pending another knee surgery when she makes a full recovery. So I really have nothing but good things to say about our health-care professionals. In general, I really appreciate the work that they do.

I, myself have experienced a number of injuries over my time. I know in university I was with the wrestling team and, of course, on Valentine's Day, as it happened, we had a—someone suplexed me and I landed on the mat and broke my rib. I didn't listen to my body and kept wrestling and that made it worse, and so—was—and, unfortunately that—I had a date set up for that night and that didn't work out so well because I had a broken rib. So that ended my—I—so I fully understand. And I think I had to—of course, at University of Manitoba at the time, I don't know if they still do this, they had a physiotherapist on site that worked with me and helped me recover. And, unfortunately, anyone who broke a rib knows that you don't get a chance to recover all that easily because you're always walking, you're always moving and just the act of sneezing can sometimes be very painful for a recovery.

But this—I know the member from Minto talked about running and actually ran my first half marathon this past—on Father's Day. And, you know,

I thought that it'd be great. The Minister of Sustainable Development (Ms. Squires) is the one who talked me into doing it and said, Andrew, you got to train, you got to train, you got to train. And I unfortunately didn't train all that often for it. But it did go well, nonetheless. I think my time for the half marathon was 2 hours, 25 minutes. So I thought not bad for a first time without doing a lot of training. But I, again, look forward to doing that again, and I know that after the run I came home and first thing I did is I sat down and realized 10 minutes later I couldn't stand back up again.

And I'm sure the member for Minto, maybe he's a more seasoned runner so he doesn't have that as much, but when you first started, you feel it. And despite the rest, you do know that, especially my body's not 21 years old anymore, and as every year goes on I start to notice that it's less and less flexible.

So, again, you always appreciate knowing that there is a comfort in having a health-care professional that can help you alleviate pain.

I mean, just recently I had an injury to my shoulder. And it's—went on for about, I'd say, six or seven months, and finally decided to go to see a physiotherapist. And the physiotherapist fixed me basically within a span of two weeks; I was back to normal and my shoulder's never been better. So, again, I do really appreciate the work that's done and the expertise that often that many of us take for granted; we don't realize that years of training and the years of experience required to understand the human body and the physiology and the physics of the human body are not something you learn overnight. And so that is something that I have a great deal of respect for.

In kind of going on to the health-care system in general in this province, we have made some important changes in this as a government. And I know that just recently here we've seen that our emergency wait times have gone down 28 per cent over this time last year.

*(10:50)

And changes are never easy. Premier (Mr. Pallister) has alluded to this, you know. Change isn't easy. But the status quo wasn't acceptable. We couldn't continue on spending more and getting less and less services, right? Spending money obviously wasn't the answer. We had to do something to address those concerns. And I believe that this government has done a good job of that. And we are

seeing that and look forward to continue reductions in wait times as we move on, on this process.

You know, the Peachey report which was commissioned under previous government—previous government did, in fact, praise the Peachey report. I believe it was the member from Concordia who liked it. And for whatever reason—I'm not sure, and I won't speak on their behalf, I can only speculate as to why they didn't move forward with those recommendations. But, when we formed government, we decided that would be the best option, would be to move forward with the Peachey report. And we can't start to see some of the fruits of that labour now and I am very proud to say that that's happening.

And, you know, a friend of mine, actually, back a few months ago his wife injured herself. She cut her hand open on the garage door. I'm not sure what was going on there; I think the garage door was stuck. Cut her hand wide open and went through urgent care—of course, now it's emergency care—and was dealt with right away. And this was at a time when people were still concerned about the changes to the emergency rooms, that this would cause some kind of issue for patient wait times when, in fact, it had the opposite effect, and so they were quite impressed to see the progress that has been made.

So, again, of course, we're not finished with the whole process in terms of changing emergency rooms over to urgent care. That process is continuing and I appreciate the patience for all Manitobans—and the folks in the medical system. I know a few friends of mine, personal friends of mine that are nurses, in fact, and I know, at first there was some hesitancy of—over the changes and—that had been announced. But at the same time I also see that, you know, they still do have their jobs. Their job description may have changed a bit and—but overall, they—the—this idea that the sky was falling, that never happened. Wait times are down and we're kind of heading towards a new normal in this province in terms of health care. And I think that's something that we really want to, you know, thank—I'll thank Dr. Peachey for his recommendations, and I appreciate the folks in the civil service and on the delivery side—the health-care delivery side—for the hard work and making this entirely possible.

I think that it's important to recognize that every single person in this Chamber here that was elected to represent the—their constituents. And, of course, I understand that's why that some of us don't always agree with each other. But, at the end of the day, like

I alluded to earlier yesterday, we saw an emotional exchange between the current Premier (Mr. Pallister) and the former premier showing that despite our differences we all are human at the end of the day and we all have a shared—and, certainly, understanding for each other, being elected officials. And we all know what that really means. Often, people on the outside in the public may not understand our jobs and understand the exact roles that we do play here in the Legislative Assembly and what it means to be a public figure. But I think a lot of us here can relate to each other, and I appreciate that when it's required we can disagree, but when it's also required we can agree and support each other, especially emotionally when, you know, if somebody's leaving office after what seems to be almost two decades—is my understanding—service in this Legislature, not withstanding the time that the former premier spent in city council.

So, again, I think—I want to thank the member for Minto (Mr. Swan) for his—in bringing this bill forward. And I do look forward to seeing him out, perhaps, in the next marathon or half marathon. I don't think I'm quite ready for a full marathon yet, but maybe I'll take a few running tips from the member for Minto and he could give me some idea of how to prepare better for that.

So, again, thank you so much.

Hon. Jon Gerrard (River Heights): Madam Speaker, I am pleased that we've had two Progressive Conservative MLAs and two NDP MLAs talk about the importance of our allied health-care professionals and the vital role that they play within our health-care system.

It has also been mentioned by MLAs from both of the other parties that allied health professionals are too often not adequately recognized, are too often, you know, forgotten and not considered as important as, for example, doctors and nurses.

I think that this agreement on these two facts around the Chamber suggest to me that there is a good support from all sides for this legislation because it will do something which is really badly needed to be done, and that is to recognize allied health professionals and the critical role that they do.

I have—in my previous role in looking after children with blood problems and cancer and when I was part of the health-care team looking after kids with blood problems and cancer, allied health professionals were a very integral and vital part of

that team. We had physiotherapists, occupational therapists, a child-life worker, a teacher, a nurse who's essentially a nurse practitioner, a chaplain and a social worker, and so that it was a team that was able to provide the care that it did, which was of top quality. But that whole team was absolutely vital for being able to provide that care and provide that care efficiently and well.

So we need to recognize the role that health—allied health professionals play and the role that they not only play as their individual roles, but their roles in health-care teams. And in today's world, health-care teams are really essential for a good health-care provision.

I am sure that others, particularly, for example, Bob Moroz, would be able to put forward examples that—where allied health professionals have not been adequately recognized or considered, and it's time that we make that step forward and at least support this bill.

I think that Michelle Gawronsky with the MGEU, whose union has some allied health professionals, would make the same case that it is time, after many, many years of allied health professionals not being adequately recognized, to do this and to take this step moving forward.

It's to be noted that in the last couple of years, we have had changes which I would argue have not adequately considered the role of allied health professionals, changes to the role and the function of outpatient physiotherapists and occupational therapists, changes to the role of pharmacists and many others. There are, in fact, about 160 allied health-care professionals, and they all need to be recognized individually and together for the incredible contributions that they've made.

Madam Speaker, I am going to close now so that there can be a vote on this bill. Thank you.

Mr. Brad Michaleski (Dauphin): Yes, thanks for the opportunity to get up and speak on this bill from the member for Minto about the allied health-care professionals recognition week. And I'm like a lot of people in this House that share stories of professionalism and good care from the allied health-care professionals. And I know, in my personal life, I've had lots of run-ins with many health-care professionals, and maybe I'm just getting wore out, but it—I know they—there's a broad field of professionals from health care to dental to physiotherapists to—

* (11:00)

Madam Speaker: Order, please.

When this matter again before the House, the honourable member will have nine minutes remaining.

RESOLUTIONS

Res. 4—Cuts to the Special Drugs Program

Madam Speaker: The hour is now 11 a.m. and time for private members' resolutions.

The resolution before us this morning is the resolution on Cuts to the Special Drugs Program brought forward by the honourable member—or the honourable Leader of the Official Opposition.

Mr. Wab Kinew (Leader of the Official Opposition): I move, seconded by the member for Minto (Mr. Swan),

WHEREAS Manitobans are calling on the Federal Government to immediately implement a publicly funded, national pharmacare program that provides all Canadians with the prescription medicines they need; and

WHEREAS all political parties in Manitoba need to join together to ensure that a new national pharmacare program will be based on the values of universality, accessibility, public administration, comprehensiveness and portability as outlined in the Canada Health Act; and

WHEREAS the Provincial Government has cut the Special Drugs Program (SDP), which helped alleviate the financial burden of high medication costs on the most vulnerable Manitobans; and

WHEREAS for more than 20 years, the SDP helped more than 700 families, about 1,100 individuals, with very serious health conditions manage high out of pocket costs for life saving medications; and

WHEREAS the Provincial Government's cut means these SDP recipients will have to pay extremely high deductibles for the medication they need to cope with their disease, some as high as \$12,000 a year; and

WHEREAS many Manitobans and patient advocacy groups have spoken out against this cut, including Manitobans living with cystic fibrosis, diabetes, and cancer; and

WHEREAS the Provincial Government's skewed perception of fairness means forcing the most vulnerable Manitobans to pay thousands rather than

increasing access to life saving drugs coverage for everyone; and

WHEREAS access to essential prescription medication must be an essential part of the universal health care system which must be protected and valued; and

WHEREAS a recent Canadian survey says nearly one million Canadians go without food and basic life necessities in order to afford their prescriptions in 2016 and more than 1.6 million opted to not fill a prescription at all.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to reverse its damaging cut to the SDP program, immediately restore service and to call on the federal government to immediately establish a national pharmacare program without delay so that all Manitobans have universal access to essential, life-saving medications.

Motion presented.

Mr. Kinew: So, first off, I want to acknowledge that we have some guests in the gallery today who are impacted by cystic fibrosis, and because of the need to have life-saving drugs that they're also impacted by the provincial government's change to the Special Drug Program.

Mr. Doyle Pivniuk, Deputy Speaker, in the Chair

Now, the member for Minto and I had a chance to meet with a delegation from cystic fibrosis. I believe it was just over a week ago that we had a chance to sit down and, you know, they basically spelled out the situation. It's very dire, Mr. Deputy Speaker.

You know, cystic fibrosis is a very serious condition. It's—you know, it's an inherited disease. It's the one that is terminal and it means that people living with cystic fibrosis need to be able to manage it for the entirety of their lives.

Now, what has happened with medical science over the past few decades is that there are an increasing number of drugs which are now available to treat certain, I guess, genetic variations of cystic fibrosis, which are afflicting people here in our province. And while these, you know, drugs can provide a better quality of life and can also reduce the progressive advances of cystic fibrosis, we should recognize that they're also in many cases very, very expensive. And the good news, I guess, here in the province is that they were covered by the

special drug program. And the bad news, however, is that the current government under, you know, the Premier (Mr. Pallister) has decided to end the Special Drug Program. And what that is going to mean is that for some people—including some who are part of the delegation that met with us—they're going to be forced to pay a very high deductible. In some cases, something like \$12,000 a year.

Again, not for a luxury, not for something outside of, you know, the scope of what we would consider health care, just to get what the average person in this province or this country would consider health care. But, really, \$12,000 just for these drugs which are necessary for people to stay here with us, to stay alive and to hope the advance of this—or at least slow the advance of this progressive disease.

And so I was very inspired to hear that cystic fibrosis—and many of the people who we met with are lobbying the Minister of Health and the Premier and the current government to get them to change this decision. And I do wish them well. We've promised that we're going to raise this issue. We're going to bring it forward. We're going to stand up on behalf of Manitobans who need this sort of drug coverage and we'll do our best to make sure that this government does the right thing, which is to reverse the—

Some Honourable Members: Oh, oh.

Mr. Kinew: —which would be to reverse this decision and ensure that the Special Drug Program stays in place.

Now, Mr. Acting Deputy Speaker, it's also important, I think, to recognize the current situation with drug coverage in our country, and that's why the resolution talks not just about the Special Drug Program here in Manitoba, but it also talks about the need for a national pharmacare program across the country.

So, just to make it plain, at a time where the rest of the country is talking about universal pharmacare, and is talking about expanding drug coverage for every Canadian, including those who need these sorts of medications, the current provincial government seems to be moving in the opposite direction, and that just doesn't really seem to make sense. It seems like there's a deal that could be made with the federal government to expand and enhance drug coverage, and yet the province seems to be moving in the opposite direction.

Now, what I mean by this is that, in the most recent federal budget, the federal government hired the former Ontario minister of health to lead a fact-finding commission to bring it back recommendations next year on how to bring in pharmacare coast to coast to coast here in our country.

It's a great idea. It's one that, you know, I personally believe in. It's one that New Democrats have been pushing for since the time of Tommy Douglas because you ask a Manitoban, a Canadian on the street, I'm sure most of them would tell you that one of our most important values as Manitobans and Canadians is that we have universal health care in this country, that everybody who's sick should be able to be treated when they need it without concern for their ability to pay. And it seems to me that, if we really want to live up to that ideal that we hold for ourselves and that we believe in as residents of Manitoba, Canada, that we should have a universal pharmacare program to provide medication for everybody who needs it.

Now, I was concerned that the federal Liberal government announced this on a Tuesday, and then on a Wednesday their Finance Minister was trying to walk it back in saying, yes, maybe we're not actually going to do universal pharmacare; maybe we'll just plug some of the gaps within the existing private insurance programs. But, notwithstanding that sort of timidity that the federal Minister of Finance has, I think there's a really good opportunity here for Canadians who actually believe in pharmacare, who believe in having drug coverage for everybody in this country, to really push on the federal government to live up to what it said on day one of their budget, which is that there should be drug coverage for everybody in this country.

And so while there, you know, is this little bit of a grey area where it's clear that the federal Liberals need to be shown again that they should be courageous and they should stand up and they should do the right thing for people in this country, I think it's really incumbent on, certainly members of this House, and people across the country to stand up and send that message to the Prime Minister and to his Cabinet that it's long overdue that we have a national pharmacare program in this country that covers everybody.

And so I think that that's a very important value and I'm sure many people on the government side agree with the need for that. I'm sure many of the provincial Liberals agree with that as well, and so I'd

hope that they stand up and tell their Minister of Finance to do better and to push for universal pharmacare.

But, again, we have this opportunity in our country right now where we can advocate, where we can push for better drug coverage for everybody, where we can push towards universal coverage so that anyone who's sick in our country can get the medication, the prescription drugs that they need so that they can feel better. That's what we should all be doing. That's what we should be pushing for.

Now, at a time where we have this opportunity where it seems that the federal government is ready to bring resources to the table to start funding enhanced drug coverage, it seems to me that the best move for the Premier (Mr. Pallister) and the Minister of Health right now would be to start lobbying the federal government to come up off those resources and to start funding a program like that, to set out the terms of the debate and say that Manitobans want a universal drug program and Manitobans want Pharmacare for everybody in this province. And there's still time for them to do that, but they appear to be moving in the opposite direction in the meantime.

Right now they are cancelling this Special Drug Program, which is going to impact people with cystic fibrosis, the folks who are here with us today in the gallery. It's going to impact many other Manitobans and it's going to create a situation where people are going to have to pay a lot of money just to access the drugs that they need in order to stay alive, and that doesn't seem right.

* (11:10)

So I think step 1 for the Premier and for the Minister of Health has to be to reverse this decision, to leave this program in place in the interim period where they can then go and negotiate with the federal government and help to push the federal government to that place that they want to be at but they just don't yet have the courage to attain, which is to bring in a universal, national pharmacare program.

So, again, I want to acknowledge the guests who are here with us today. They are the ones who have to live with the results of the decisions that we make here in this Chamber. And I do want to say a special shout-out to all the young folks who joined us here today. We have a discussion going on right now about health care. And I think what we all want is for the health-care system to be strong for you when you

need it later on in life. But, hopefully, you'll be able to eat some good food, get lots of exercise, play some fun sports and stay healthy for as long as possible, and then it'll be up to us to do our job as politicians and make sure the health-care system is there for you when you need it.

So, with a couple words like that on the record, Mr. Deputy Speaker, I just want to say thank you very much.

Questions

Mr. Deputy Speaker: A question period up to 10 minutes will be held, and questions may be addressed in the following sequence: the first question may be asked by a member from another party; any subsequent questions must follow a rotation between parties; each independent member may ask one question; and no questions or answers shall exceed 45 seconds.

Mr. Len Isleifson (Brandon East): Very insightful 'interlook' into the private member's resolution. And as the member has said many times before that he wants a comprehensive drug program for all of Manitobans, and we currently have one of the best, which is the Pharmacare plan that's currently in place. So I was just wondering if the member would like to explain a little bit more on why he only wants a two-tiered health-care system.

Mr. Wab Kinew (Leader of the Official Opposition): No. A two-tiered system is what this member's government is bringing in when they're allowing private clinics to offer diagnostic tests here in the province. What we're advocating for is drug coverage for everybody in our province, a universal pharmacare program. It means covering everyone with one system.

Ms. Nahanni Fontaine (St. Johns): So I want to thank the Leader of the Official Opposition for bringing forward this really important private member's resolution. And I'd like to ask him, how does a universal pharmacare plan save Manitoba and the country more money in the long run?

Mr. Kinew: So there's actually quite a lot of evidence on this. A lot of it has been conducted by, you know, think tanks and, you know, different lobby organizations that might have a vested interest. However, the non-partisan parliamentary budget office in Ottawa studied the issue nationally, and they essentially found that the program would more than pay for itself. If we brought in universal pharmacare across the country, it would more than

pay for itself in terms of the savings for having to deliver acute care or other forms of health care later on. If you keep people healthy at home with better drug coverage earlier on, they're less likely to have to go to the emergency room. That saves money from delivering care in the emergency room. It also helps to reduce wait times. So it really seems like it's a win-win situation if we pursue this universal drug—

Mr. Deputy Speaker: The honourable member's time is up.

Hon. Steven Fletcher (Assiniboia): My comments are going to be specific to those with cystic fibrosis and the Special Drug Program. This was a program that was brought in by the Filmon government. The current Premier (Mr. Pallister) was part of that government in 1996. The provincial government's receiving \$212 million in increased transfer payments this year. It seems like, of all the programs, this would be one of the priorities of Manitobans: life-saving drugs. It doesn't seem to get clearer than that on this issue. So I wonder, before getting into fighting whatever—

Mr. Deputy Speaker: The honourable member's time is up.

Mr. Kinew: You know, I welcome the question from the member for Assiniboia. I think I caught the gist of what he was saying, which is that the coverage under the Special Drug Program, particularly for those with cystic fibrosis, ought to be a priority. And I agree with him, because there's a clear case to be made that covering these drugs for those folks in our province affected with cystic fibrosis will help keep them alive. And, in the cases where the relevant drugs can be assigned to people earlier on in life, it can actually reduce the deterioration that would be brought on by the progressive nature of their disease. And so I really do hope that the government will reverse this decision.

Mr. Deputy Speaker: The honourable member's time is up.

Ms. Cindy Lamoureux (Burrows): First off, I'm very happy to hear that the Leader of the Official Opposition (Mr. Kinew) is backing the idea of a national pharmacare plan.

And my question is: Have you met with the Canadian Labour Congress, and, if so, what did you take away from that meeting or consultation? Thank you.

Mr. Kinew: Yes, I thank the member for Burrows for being well informed on the topic and being well aware that the Canadian Labour Congress is actually pushing for a universal pharmacare program. I believe they're holding a public forum next Monday evening, so members after they're done mourning the cuts that this government's going to bring in in its next budget, might go cheer themselves up by hearing about universal pharmacare in the evening.

But I did meet with the CLC. I had already been pushing for the universal pharmacare program as part of my leadership campaign. So, when they announced to me that they were going to be lobbying on this issue as their focus this year, I more than welcomed it and I was happy to exchange ideas with them. And, overall, I thought it was a great discussion, and I think that—

Mr. Deputy Speaker: The honourable member's time is up.

Mrs. Sarah Guillemard (Fort Richmond): There are 182 people in Manitoba with cystic fibrosis, 39 or 21 per cent of which are under the Special Drug Program. The rest of those with cystic fibrosis get their medications through Pharmacare.

As the province with the most comprehensive Pharmacare program in the country, why is the member opposite so opposed to equity in the system?

Mr. Kinew: Well, first of all, I'm opposed to, like, the misleading way that the caucus writes their notes for the members when they come here into the gallery.

But, essentially, what I'm opposed to is the fact that this Premier and this Minister of Health are taking us backwards. We have an opportunity in this country to bring in a universal pharmacare program that would cover everybody, treat everyone equitably, and instead they want to move us backwards to a situation where people have to pay very large deductibles in order to get the health care that they need. And then they turn around and they somehow argue that that backsliding and reducing our ranking in terms of the drug coverage that we have relative to other provinces is in some ways a step forward. It's completely nonsensical and that's why we're opposed to it—

Mr. Deputy Speaker: The honourable member's time is up.

Ms. Fontaine: So I'd like to ask the Leader of the Official Opposition: What will be the financial

impact for those who were previously covered by the Special Drug Program?

Mr. Kinew: Well, the short answer is that it's going to be a large unexpected cost, because, as with many decisions that this government makes, it was handed down to the people affected with no previous consultation and without much warning.

So people have found out that their coverage is being eliminated and that they will have to start basically paying a new deductible in the new fiscal year, which is nearly upon us. And so folks are, in this period, trying very hard to lobby this government to come to its senses, do the right thing, reverse this cut and, in fact, leave in a program that does excellent work for individuals in our community not limited to those affected by cystic fibrosis.

But, if those efforts are unsuccessful, it is going to mean that in some cases people will have to pay deductibles of around—

Mr. Deputy Speaker: The member's time is up.

Mr. Andrew Micklefield (Rossmere): It's unfortunate that the member talks about things like dishonesty. There's no elimination; there's a change of how this program is administrated.

But my question pans out a little bit. I want to know: Can the member explain why the NDP government, during its time in office, let so many areas of the health system slide? We had the longest wait times in the country and no mention of that conveniently this morning, Mr. Deputy Speaker. I think Manitobans would like to know what happened.

Why now are they standing up and all excited about defending things when, for 17 years, they let them slide and slide and slide?

* (11:20)

Mr. Kinew: I'm going to build off of a previous answer from the member for Assiniboia (Mr. Fletcher) and give a little history lesson to my colleague across the aisle here.

So, typically, the reason why is because when the NDP comes to power in Manitoba, they have to fix the damage that Progressive Conservatives do to the health-care system. Under the Schreyer government in Manitoba, we had universal pharmacare. We had pharmacare in the early '80s. However, what did Filmon—what did the Filmon

government do when they came to power? They removed the universal pharmacare program. And then, after a few years, they brought in the Special Drug Program, recognizing the terrible nature of the mistake that they had made.

When the NDP came to power again, they built on that and enhanced coverage to get us—to get to—us to a position where folks such as those with us in the gallery today do have coverage. And now they're taking us backwards again.

Hon. Jon Gerrard (River Heights): Mr. Speaker, my understanding, to the MLA for Fort Rouge, is that this program is going to be eliminated as of April the 1st, that it is not going to be—it will be a pharmacare program, but it will not be the same in any way, shape or form as this program, so that the word elimination would fit, it would seem to me. Is that not correct?

Mr. Kinew: Yes. I—you know, I am in agreement with my colleague from River Heights. This is the elimination of drug coverage for people who were under the Special Drug Program. But, you know, it's also a cut.

So I think, you know, we can look at it in either way. This is a cut to the coverage, a cut to the services, a cut to health care. And, you know, by any other word, it's also the elimination of what had made Manitoba a leader amongst provinces, but now represents us falling back in terms of interprovincial rankings.

Debate

Mr. Deputy Speaker: The time for question period has expired. The debate is open. Any speakers?

Mr. Len Isleifson (Brandon East): Again, as we've heard throughout the day, I want to just take an opportunity to welcome everybody back.

I heard someone say that, you know, it's nice to get back to work. And I'm sure all members of this House have been working hard in their constituencies for their constituents. I certainly know we have, because that's what we put first. We put our constituents first. That's why I ran for election, so that I could, you know, make sure I looked after the needs of my community and my constituency.

And, you know, with that, again, I welcome all the members back. And I welcome our guests in the gallery today to come and hear what both sides have to say, or all sides of the House have to say, because

I truly believe, again, we are here to represent what we feel are our best interests.

So, with that, again, you know, congratulations to everybody on coming back to put their constituents first.

We did hear briefly this morning that today is International Women's Day, and I want to mention that again because it is very important. Today I have the very distinct opportunity, and I'm taking it as I will be heading back to Brandon this evening and accompanying my wife to the Women of Distinction Awards in Brandon and—where there are approximately 23 women from the Westman area who are up for nomination for that honour. And I certainly look forward to participating and celebrating their achievements with them.

And, to all my female colleagues in the House, I want to congratulate all of you for the work that you do. And, again, we certainly need to look at some equality issues and ensure that we continue to go forward.

Now, on this particular topic, I'm a little confused with the resolution from the member. It just seems to have information in there that is designed to provide uncertainty among members of Manitoba. I look at it and, just some examples, Mr. Deputy Speaker, is the changes that will take effect starting April 1st are about providing equality drug coverage throughout the province. And I, like my colleagues, are confused as to why the member opposite does not favour a system that is available to all Manitobans in a fair manner.

I do understand that the original special drug program, prior to being called the Special Drug Program, was introduced in 1968—so, some 50 years ago—and then, in 1996, it was converted over to the Special Drug Program. Again, it was established long before what we have right now, which is considered, if not the best, one of the best Pharmacare programs in Canada, so much so that the vast majority of Manitobans, Mr. Deputy Speaker, are already invested in the Pharmacare Program.

When we look at a population of Manitoba of over a million people and, again, we have 1 per cent of the population that is on the Special Drug Program, we need to ensure that when we put programs forward, we make changes to existing programs, that we have systems in place to help our friends that are in the gallery today, and that's where we have the Pharmacare program.

So, again, I—it is my understanding that Manitobans who are currently on the Special Drug Program have received a notice that they're being transferred over into the Manitoba Pharmacare Program prior to April 1st, so they have this information. And, again, it's a documented effort to realize that, yes, there are some people in Manitoba who may have some drug expenditures compared—that are high compared to their family incomes.

In addition to Pharmacare, these Manitobans can apply to the Deductible Instalment Payment Program for Pharmacare as well.

So, again, I think there's sometimes a misconception on the deductible for Pharmacare. Yes, drugs can be expensive, but the deductible is based on income. It's based on family income, and it is fair across the board. Again, it is certainly something that allows the Pharmacare deductible program—if it is a little high for some folks, there is a program out there that they can pay for in monthly instalments rather than just all at once.

Pharmacare provides drug cost assistance to eligible Manitobans who do not have coverage under a federal or other provincial program, and, as I said, it is based on—income-based, which means your deductible is calculated, as I said, based on your family income.

So, once the yearly deductible has been reached through the purchase available prescription drugs at a pharmacy, then Pharmacare pays 100 per cent. They don't do it for a portion of the population; they do it for all of the population. Therefore, it is a fair system; it is one that is equal for everybody in Manitoba to use.

So we don't make this stuff up. Those are the facts, Mr. Deputy Speaker.

We look at some of the reasons that we're here in this House and not just the government but the opposition, the independents and our friends from the Liberals. Again, we look at that and, as I said earlier, I honestly believe that every member of this House is in favour of a strong, publicly funded national pharmacare program that provides all Canadians with the prescription medicines they need. I believe if that was to happen, we could all support it right across the country.

In fact, I also agree that all political parties in Manitoba need to come together to ensure that a new federal program is designated for the benefits of all Manitobans. That's part of the resolution. We

certainly agree to all of that. There are some things, just for example, Mr. Deputy Speaker, the member from Fort Rouge and the member from Minto were in Brandon not that long ago, and they held a health-care forum. I was unable to attend myself, but my staff was there. And I do know their intent was to be broad-reaching and get information on the health-care system from residents in Brandon East and Brandon West, even the rural areas that would come in. I think the dominated topic of the evening was the use of meth and the addictions problems in the community, which is great. Even though it dominated the meeting, it certainly brought everybody together so that we could understand what the seriousness of the problems were.

Even with that, Mr. Deputy Speaker, I want to acknowledge the honourable member from River Heights who held a health-care session at Brandon University. I was able to attend that one and it was well attended from the public, and a lot of good information was shared amongst everyone that was in the room. I loved the ending where the member went around the room and gave everybody an opportunity to say a last word on health care, and some of the words that came out were very touching. I don't think a lot of it was new news, but it was certainly reassuring that all Manitobans are concerned about health care.

So, yes, we're all want to work together. I believe in the resolution that we need to work together. Unfortunately, the support that our government has received was not there when the federal government went from a 50-50 partnership in health care to now where they're putting in 19 per cent and we take care of the rest.

* (11:30)

When the federal government decided to decrease the amount of provincial funding down to 3 per cent increase instead of the 6 per cent, were they there helping us? No. So, we have a resolution that says we need to work together and yet the actions of the opposition don't meet the needs of the resolution.

So, again, unfortunately, they weren't there. And, yes, the resolution presented today is clearly designed to target the thousands of users of the Special Drug Program into fear. It's designed to fear change and, as we heard earlier from the member from Southdale, change can be scary. We certainly can use our own imaginations to make things scarier

than they need to be. We certainly don't need outside influences.

Again, Mr. Deputy Speaker, Manitoba has one of the most comprehensive drug plans in Canada, in which 'eligible' prescription drugs are fully paid for after the families reach their income-based deductible. This province has faced a decade of decay, a decade of debt and a decade of decline. During those years, the former government failed to act. We, as a government, are moving forward. We're working hard to repair the damage, correct the course and move towards balance in a sustainable way. We are focused on fixing the finances, repairing the services and rebuilding the economy.

Our plan, Mr. Deputy Speaker, is to provide better care sooner. That is working. The average wait time, as we heard, to access care in Winnipeg emergency rooms is down to 28 per cent from this time last year. We have added 89 new doctors to the—Manitoba's physician network, and we'll continue to focusing on improving our physician recruitment and retention efforts. There are more than 2,700 physicians now practising in our province.

We have lots of work to do, Mr. Deputy Speaker. We have the government in place to do it.

Thank you.

Mr. Andrew Swan (Minto): While I'm pleased to speak on a very important resolution this morning, I'm not sure why the member for Brandon East (Mr. Isleifson) is confused about what this resolution seeks to do. It calls on the provincial government to advocate with the federal government for a national pharmacare program. I believe, from hearing the member for Brandon East, that's something that he and his colleagues support.

It also calls on the government to reverse the recent decision to cut the Special Drug Program in Manitoba. The Special Drug Program is going to be cut unless things are changed by this government on April 1st, in just a couple of weeks.

Hundreds of Manitobans—we think it's somewhere in the range of 800 to 1,100 Manitobans—it may be more—are now going to face much higher costs and tremendous uncertainty in order to cover the cost of their life-saving drugs. These drugs are not frills; they're not extras. These are drugs people require to live, to be productive, to be able to contribute, which they want to do. And this program is being cut. It's going to cut the total coverage for the most vulnerable of Manitobans, people who are

living, and many who are thriving, with life-threatening and debilitating diseases.

And I'm sorry we have to debate this this morning, but this cut is another example of the willingness of this Premier (Mr. Pallister) to put cost-cutting above the treatments, the drugs, the strategies that Manitobans need most.

And as the member for Fort Rouge (Mr. Kinew), our leader, has said, cystic fibrosis patients and others were absolutely shocked when they received letters a couple of weeks ago in the mail, out of nowhere and with little time to prepare, indicating they would now be facing serious, substantial cost to access medication and other supplies that they need to maintain their quality of life or, indeed, Mr. Deputy Speaker, their life.

And when this was first raised, the only argument of the Premier and the Minister of Health is that this will make Manitoba's Pharmacare program more equitable.

You know, I reread George Orwell's 1984 not that long ago, and of course, what did Big Brother have to say? War is peace. Freedom is slavery. Ignorance is strength. We can add to that: cuts are equality.

Cutting this program does not provide equality for people who rely on these life-saving drugs. It doesn't provide a benefit. It doesn't provide fairness. It goes against everything that we believe: that all of us collectively shoulder the costs for those who, through no fault of their own, through no responsibility of their own, bear tremendous cost.

And I wish the Premier, the Minister of Health, would sit down with people—for example, those living with cystic fibrosis, but many others, look them in the eye and tell them that somehow this is providing equality because, Mr. Deputy Speaker, it's not.

And I know the members opposite are given their speaking notes the Premier's office or the Minister of Health's office has prepared. These are real people. And I'm going to tell you the stories; I'm not going to give their names because they haven't authorized me to do that, but I've heard from people who are going to be affected by this. There's one gentleman, he's 40 years old. He's living with cystic fibrosis. He underwent a double lung transplant. I know there's many of us who are part of the committee now on transplants, trying to increase the rate of transplants, something I believe that we all

support. He is a walking example of why it is so important to increase the number of Manitobans who receive transplants. He's working. He's got a good job. He's got two kids. He's got a happy home, and he wants to continue to not just receive the benefits of the Special Drug Program, he wants to continue supporting his family and he wants to continue contributing to our economy. And what he does he have to do?

Well, he has to take drugs that keep him alive. There's an enzyme that he has to take in order to process food. There's other drugs that he takes in order to fight back the impact of cystic fibrosis to allow him to breathe, to allow him to be physically active. And what kinds of costs is he going to face as of April 1st if this government doesn't relent and back down on this cut? Well, he's figured it out, and he tells me his additional costs, because of his deductible, because he is gainfully employed and works hard and his wife is gainfully employed and works hard, he is facing drug costs of about \$11,500–\$11,500. His Pharmacare deductible, he calculates right now, is about \$12,000. So he won't be able to claim a single dollar of those expenses. And he knows that his costs are only going to continue to go up over time.

You know, some of these—the enzyme, for example, he has to take 10 pills a day in order that his body can take in food and get the nutrients out of the food to keep him alive. This is a real person. This is not anything imaginary. This is not just something written on a piece of paper by a staffer. This is a real person who now faces a bill for \$11,500 starting April 1st if this decision is not reversed.

And, you know, he was very open about saying what the choices might be. Should he then quit his job, not have his kids in daycare and incur the daycare expense? Should he quit his job in order that he then doesn't bear that expense, lowers his deductible and pays less? Well, what a terrible choice for someone to make. That's a terrible choice for someone to make. We believe that he should be able to continue receiving these special life-saving drugs in a cost that's borne by all of us as Manitobans, not borne by those who through no fault of their own face these serious diseases.

There was another gentleman who told us about his daughter who's 24 years old. She spent her entire life on the special drug plan going back to 1996 when then-Health minister Jim McCrae wrote a letter to every single person on this program and

said, don't worry. You're not going to be on the provincial Pharmacare plan. This program will be here for you. And now this current government is now moving further right of the Filmon government and they're now going to take away something that was promised to them by Health Minister McCrae more than 20 years ago. And the individual told his story. He actually had the opportunity to move to another province, and he chose not to because Manitoba's program was better. And as of today, it still is better than just about every other province in the country.

* (11:40)

You don't build a stronger health system by a race to the bottom, by taking away people's benefits and saying somehow you're creating equality. That's not how it works, Mr. Deputy Speaker. It's about continuing to provide for people who need these drugs.

And we met with people from the Cystic Fibrosis Foundation and cystic fibrosis folks who are doing the best they can. There are hundreds of others. And, again, we are only now finding out who else is going to be impacted by this.

Just last week, there was an event in the Rotunda for Manitobans living with rare diseases. And I know government members were out there and they were talking with people, and I believe that they in their hearts want to do what they can to help people suffering from rare diseases. This is not the way to do it: cutting benefits for people who live with cystic fibrosis, cutting benefits for other people who live with other rare diseases and, all of a sudden, making them pay \$2,000, \$5,000, \$11,500 for the cost of these drugs.

That's why my leader, the member for Fort Rouge (Mr. Kinew), has brought forward this resolution. That's why it's important. That's why there's people who've come down here today to listen to the debate, to try to understand from the government why their goal to cut costs is more important than their lives.

And I welcome the debate today and I welcome members from the government to step up and try to explain this, because we, on this side of the House, do not understand how that can be. So I urge members to pass this resolution, and I urge members of the government to go to their Premier (Mr. Pallister), to go to their Minister of Health and say, you know, we got it wrong. There's still time to

fix this. There's still time to do something about it. But that time is now, and that's why this resolution should be passed unanimously by members of this Legislature, Mr. Deputy Speaker.

Mrs. Sarah Guillemard (Fort Richmond): I would like to begin by addressing some comments made during the question of this—question period of this resolution, where the member from Fort Rouge suggests that I can't form my own questions or responses. And I just want to say that I'd like to demonstrate now my merit, on International Women's Day, and I assure you my comments are definitely from my heart and with full understanding of the topics that we're discussing today.

Mr. Deputy Speaker, the Special Drug Program was brought in a time, back in 1968, when it was necessary and absolutely needed for people who have these rare diseases, who have—need these life-saving treatments, that the costs were well beyond what they could afford. And nobody—nobody—should be forced into a situation of poverty because of a condition that they are born with or develop not by their own doing. It is a stressful time in life to be diagnosed with a lifelong illness, let alone to face a lot of the costs that are incurred as you're treating your disease or your chronic illness.

Mr. Deputy Speaker, I come from a point of knowledge with my own son having been diagnosed with type 1 diabetes at a very young age. I know what the costs are beyond the medication costs. The emotional, psychological, even when you're talking about doctor visits and parking costs—I understand this at a level that maybe many Manitobans don't. But, certainly, those who are living with chronic illness or loved ones of 'chronic' 'illness,' they do understand that. They absolutely have lived these experiences.

We need to talk about what the issue is here. At the time that the Special Drug Program came into being, again, it was necessary. There were no alternatives to support these families or these people dealing with these chronic illnesses.

In 1996, the Pharmacare program was brought in. And that was meant to bring an equality to multiple people, not just those who incurred costs for life-sustaining drugs and treatment but also for those who had the chronic illnesses that maybe didn't come under the purview of the Special Drug Program. This Pharmacare program is well maintained and well-addressing those who are dealing with these needs and these extra incurred costs in their daily lives.

It's interesting that there's a lot of speech and talk about free health care, Mr. Deputy Speaker. The truth is everyone who's experienced any long-term need of health-care services knows that health care itself is not free. It is accessible to all—and, certainly, your emergency services and those in-hospital needs are given to every citizen of this country. But, when you go outside of that and you're looking at prescription drugs—if you're looking at dental care, health care in general in the broader sense, it's never been free. It can't be free and be sustained. And, even those aspects where you're not paying out of pocket, you are taxed to pay for it. There is a service you are receiving. It costs money.

Now, Mr. Deputy Speaker, we can't talk about our difficulties today without addressing how did we get here. How did we get to a place where we had to make difficult decisions? None of our decisions moving forward when we are looking at health care or education or any realm of government responsibility—none of those decisions that we're making are easy decisions. They have all been made difficult, even more so because of the high deficit that kept growing and the unsustainable spending. The previous government had a spending problem—

An Honourable Member: Spent it on them.

Mrs. Guillemard: Mr. Deputy Speaker, I have obviously hit a sore point—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mrs. Guillemard: —and the reality is, the truth is really a hard pill to swallow for members in the opposition. But it remains the truth nonetheless.

When you mismanage funds, especially in health care, at some point you've got to reset and you've got to look at alternatives, alternatives that are sustainable and that are reasonable.

Mr. Deputy Speaker, I am a member of the Pharmacare Program where they look at my taxes every single year and determine a deductible amount. There was a time that we reached that deductible roughly about this time every year in March. And what a relief that was. And I was so thankful for this program because it did allow us more room for us to have activities as a family.

But, as the income grew, as my husband's income grew, our deductible grew and we no longer reached that deductible limit. So we are paying out of pocket for many of our drugs for the care of my

son. And this is a reasonable aspect because we can afford right now to do so. Does it mean that we have to change certain activities, our choices in terms of the activities we participate in and how much the cost—absolutely. But we've put our son's health care as priority. That's part of our grocery list, our bill payment to stay in our home. This is part of the whole budgeting.

It is a very generous program, our Pharmacare Program. It's one of the most generous in the entire country. And we are very proud to continue in that tradition of providing support to those who need it. And we do ask everyone to contribute, all hands on deck, as part of sustaining our Pharmacare Program, of sustaining our health care for all—not just this generation, but generations into the future. We have mechanisms in place to help anyone in situations of low income, to help support them in their health-care needs.

And, Mr. Deputy Speaker, it is very important that we take into consideration how we want to be as a province together, how we do continue to support one another. We respect those who face obstacles on a daily basis, and we encourage them to continue to participate in this process.

I know that it was a bit of an intimidating step when I initially started in on the Pharmacare Program. There was that misunderstanding in terms of what exactly was it going to do and, really, would we even qualify. Mr. Deputy Speaker, it is one of the most fair systems. It was very easy to apply for it, that we agreed to have them look at our tax return year over year and determine what the affordability is. And, obviously, there's always going to be those aspects of it that, you know, they—it can't be a perfect system. Which, again, we open the doors for anyone who feels that they are under an added burden that Pharmacare maybe doesn't address, that they would address the health-care department itself and ask what other aspects are out there, what other supports are out there. We have a very generous province. We have 'multisoftude' of non-profits who are willing to step in and help and support those in need.

And that's what community is. Manitoba is one of the warmest, most generous communities, and we are going to see that demonstrated through the years as we all participate in helping to better our province. We are going to be the most improved province in Canada because of the steps we're taking to be responsible not only in our finances, but in our responsibilities to one another, Mr. Deputy Speaker.

* (11:50)

And I am proud to say that we are a caring caucus and we absolutely have been listening, and our decisions are based on the science, it's based on what we—our resources are available to everyone who needs those. And we will continue along the path of making sure that health care is accessible to all and that we are kept mindful of those who are in situations where they face more difficulties than the majority of Manitobans. And we are here to help support and provide those resources.

Mr. Deputy Speaker, I want to thank you for the time to share my own personal story, and I want to encourage all of those who haven't yet signed up for Pharmacare to look into that, because it really is quite a comprehensive and very easy to understand process, and very much a supportive program.

Thank you, Mr. Deputy Speaker.

Ms. Cindy Lamoureux (Burrows): You know, Mr. Deputy Speaker, when I got home yesterday, I went and I checked my mailbox only to find a little booklet, like a pamphlet from my Member of Parliament who also happens to be my father—full disclosure there—and this little booklet was about supporting a national pharmacare plan.

So today I was happy to see that the NDP are now on side with the national pharmacare program. Even after 17 years of being in government better late than never.

This is an issue I have become very passionate about as it's something that my constituents continue to push strongly for. In working with my constituents, we created a petition last year and we've been gathering signatures and the MP for Winnipeg North is presenting one in Ottawa right now too at a federal level.

Now the background for the provincial petition is: (1) Canada's public and private drug plans leave many patients with little or no coverage resulting in one out of 10 patients not taking the prescribed medications because of affordability; (2) It is estimated that pharmacare would save Canadians between \$4 billion and \$11 billion per year; (3) There have been repeated calls to include prescription drugs in Canada's universal health-care system including subsection (a) the National Forum on Health 1997 and the chair of this was our prime minister at the time Jean Chrétien; subsection (b) commission of the future of health care in Canada, this was in 2002 the chair was Roy Romanow; and

subsection (c) several national organizations, including the Canadian Nurses Association, the Canadian Medical Association and Federation of Canadian Municipalities.

We petitioned the Legislative Assembly of Manitoba as follows: (1) to urge the provincial government to encourage the federal government to amend the Canada Health Act by adding prescription medicines prescribed by a licenced practitioner to the definition of covered services in accordance with an established formulary; and (2) to urge the provincial government to develop jointly with the federal government a universal single-player evidence-based sustainable public drug plan that contains purchasing power to secure best available pricing a list of essential medicines adjusting priority health needs and the ability to expand to a comprehensive permanent plan that would promote the health and well-being of all Canadians.

Mr. Deputy Speaker, it's not just a petition, we can do other things too. In my constituency we have created a postcard that I bring with me while I go door knocking, and I'd like to table it here today to encourage other MLAs to do something similar.

The constituents of Burrows and I have been working very hard for this, and I would encourage this government to support this resolution. That way when I'm meeting with the federal Minister of Health Jane Philpott and presenting at the national biannual convention next month, I can say that all political parties here in Manitoba have come together to ensure that the national pharmacare plan embodies universality, accessibility, public administration, comprehensiveness and portability. These are the values that Manitobans and Canadians collectively share about health care and they transcend party lines.

Now the Special Drug Program joins the long list of programs and services that continue to be cut by this government. I think about how the Premier (Mr. Pallister) and the Health Minister claimed that their sweeping changes make health care more generous. But where is the generosity to the cuts in the program that assist the most vulnerable here in Manitoba?

Mr. Deputy Speaker, the Special Drug Program is a generous program that remains in our—that must remain in our health-care system. It was originally, and appropriately, called the Life Saving Drug Program because it helped between 700 and 1,100 families with members who suffer from very

serious, often incurable diseases with getting the medications that they need.

You know, my colleague from River Heights and I have combined all of our emails from people who have reached out to us about this issue and, evidently, we are learning that there are thousands of Manitobans who are very dependent on this program. My colleague from River Heights has been writing the Minister of Health about the concerns we are hearing from people who are born with cystic fibrosis. A few of them have joined us here today and, you know, I think that it's right that we acknowledge Chris Richardson, Amber Doerksen, Devin Rey, Rene Ammeter, and Andrea Pratt-McDowell, who is the regional executive director of Cystic Fibrosis Canada.

Mr. Deputy Speaker, this is an incurable disease that results in difficulties in digesting, malnutrition, vitamin deficiencies, difficulty in breathing and sinus infections. Further complications can lead to type 1 diabetes and to lung transplants and, as a result, life expectancy has been limited. Through—with the Special Drug Program, many individuals with cystic fibrosis are living on—living longer and healthier lives.

Now, these individuals rely on the Special Drug Program to cover the medication they wouldn't be able to afford if they paid out of pocket. There's a long list of medications needed to treat this disease. These include pancreatic enzymes, hypertonic saline, multivitamins, antibiotics and insulin—all of which add up. Add that to the hours and the money needed for physiotherapy.

Mr. Deputy Speaker, the only saving grace for these individuals is the Special Drug Program. Without it, people will be forced to live beyond their means, making tough decisions between food, shelter and their medicines that they need. This will only add to the uncertainty and anxiety that they are facing. As well, without this program, we will see a greater need for hospitalization.

I will end here and say that our caucus will be supporting this resolution, and I encourage and hope that this government does too. Thank you.

Mr. Andrew Micklefield (Rossmere): Rather unfortunate this morning that we've heard remarks from members opposite suggesting that our members cannot think for themselves. It's already been pointed out that such a comment was made on International Women's Day, and, although women were not singled out, they are a strong part of our caucus, and that really spoils the tone of debate.

We've had a number of comments. Things have been stated to be, quote, dishonest, and I think that that's actually very far from accurate. We've heard that this change will eliminate drug coverage. It's also not accurate that this program was the only saving grace of—for people who struggle or who live with the cystic fibrosis but also others, perhaps, as well, and that is not accurate.

We must go back several decades to trace the inception of the coverage that is affected, even back as far, if I recall correctly, to 1968 where drugs began to be covered in our province. It was then several decades later that some changes, I think, improvements were made. In the '90s, 1996, if I—if my memory serves me correctly, when Pharmacare became the standard. And that's the program that many of us are familiar with and many of us use every single month.

Now, this change, strangely in '96, was not—there were some people that were left out of the changes in 1996, and I must confess I didn't know that. I didn't know that when Pharmacare was born that a remnant of the old system remained and—but I discovered this in recent weeks when we were discussing this particular change and was told that we're cleaning up what has—

* (12:00)

Mr. Deputy Speaker: Order.

When this matter's before the House, the honourable member for Rossmere has eight minutes remaining.

The hour being 12 p.m., the House is recessed and stands recessed until 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 8, 2018

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