

HOUSE OF COMMONS

EDITED HANSARD

CONTENTS

Thursday, December 7, 2006

Private Members' Business

National Strategy for the Treatment of Autism Act

[Hon. Shawn Murphy \(Charlottetown, Lib.\)](#)

moved that Bill [C-304, An Act to provide for the development of a national strategy for the treatment of autism and to amend the Canada Health Act](#), be read the second time and referred to a committee.

He said: Mr. Speaker, I am pleased to rise in the House today to start off the second reading debate on this bill. Bill [C-304](#) acknowledges the seriousness of this issue in this country. It clearly enunciates that we are talking about a health issue.

The bill has three provisions. We are asking the [Minister of Health](#), acknowledging of course that this involves primarily provincial jurisdictions, to convene immediately a meeting with the 10 provincial and territorial health ministers to discuss this very issue. We are asking that the minister table before the end of 2007 a national strategy on the treatment of autism. We are also asking that the Canada Health Act be amended as follows:

Section 2 of the Canada Health Act is renumbered as subsection 2(1) and is amended by adding the following:

(2) For the purposes of this Act, services that are medically necessary or required under this Act include Applied Behavioural Analysis (ABA) and Intensive Behavioural Intervention (IBI) for persons suffering from Autism Spectrum Disorder.

Members will conclude from my remarks that the overarching issue I want to make in this debate is that we are talking about a health issue and that the treatment modalities that I refer to be made available to all residents of Canada pursuant to the provisions of the Canada Health Act.

Again, if it is a health issue, I would urge and ask all members in the House to support it. If members feel on the other hand it is not a health issue, then of course the bill is flawed and it is not worthy of support.

Bill [C-304](#) does not stand alone. There is a whole array of extremely important bills and motions on this extremely important topic. I would suggest the debate is raging.

A similar bill was tabled by the member for [Sackville—Eastern Shore](#), Bill [C-210](#). Motion No. 172 introduced by the member for [Fredericton](#) calls for a national strategy. It calls for standards, surveillance, and research. That passed on December 5, 2006 with support from all four parties.

Ongoing as we speak are the hearings at the Senate Standing Committee on Social Affairs, Science and Technology dealing with the funding of autism. I have seen the blues. There are very extensive hearings going on now. I expect sometime early in the new year there will be a report from that Senate committee.

There are numerous court cases that have been decided and there are numerous court cases being litigated as we speak right across this country.

I believe that colleagues on both sides of the House know, acknowledge and appreciate the seriousness of this issue.

I should point out also that the polling that has been done indicates that 84% of all residents of Canada support the concept that these treatment modalities should be financed under the provincial health care programs. About 84% of the constituents that we represent support the general thrust of this bill.

I am not an expert on the subject, but I do want to point out for the record that autism spectrum disorder is a complex developmental disorder. It affects people's ability to communicate, form relationships and react to their environments. It is caused by a neurological disorder that impedes normal brain development in the areas that affect social interaction and communication skills. It is a spectrum disorder.

The severity of the symptoms differs widely. Many people with ASD are perfectly capable of leading happy, healthy lives as functional members of society and require no treatment whatsoever. On the other hand, many people require very extensive treatment.

Within this spectrum, we include disorders such as pervasive development disorder, Rett syndrome, Asperger syndrome and child development disorder.

Tremendous changes are going on in society. At one time, going back 20 or 25 years ago, this was thought to be an extremely rare condition. I believe the numbers were 1 in 10,000. Now the most recent statistics that I have been given estimate that 1 in 167 children are affected by ASD. It affects four times as many boys as girls and is pervasive across all ethnicities and classes. We do not know the cause of the syndrome.

There is no definitive cure, however, in recent years a number of treatments have become available that can make a dramatic difference in the severity of the symptoms experienced by people with ASD. It is important to note that just as ASD affects individuals, in a vast array of ways, there is an extremely large range of support that is necessary for people affected by ASD. Some will need intensive help and constant supervision to get through the day, while others might simply need help with specific communication and social interaction skills.

The point I am making here today with this bill is effective treatment modalities exist.

The symptoms of ASD generally manifest themselves within the first three

years of a child's life. It has been shown that when ASD is diagnosed early and the specific individual needs of the child are assessed and addressed, children with ASD can grow to exhibit much fewer or no symptoms.

There are two vital characteristics of this treatment, early diagnosis and consistent, long term care. We refer to these treatments as applied behavioural analysis and intensive behavioural intervention. These treatments include speech and language therapy. More important, ABA and IBI are designed to teach a child with autism a whole new way of learning. The treatment teaches them how to break down a task into its smallest components, and through constant, intensive reinforcement, to apply this method of thinking to everyday life as well as complex tasks.

Due to the intensity and time span of this treatment and the fact that it is almost exclusively conducted in a one on one environment, the treatment is costly; it is not cheap. When ABA or IBI are successfully applied, the changes in a child can be dramatic. There are stark differences as to the availability of this treatment across Canada. Some provinces offer it fairly generously. Some provinces include it in the social services or welfare envelope and it is means tested. We definitely have a two tier, or what I would perhaps better classify, a 13 tier health care system when we talk about the treatment of autism.

Again, it depends entirely on what province that particular child happens to be born in, and in some instances, the regions within the provinces where that child happens to live. For example, in Alberta, children have full access to treatment. In Ontario they have access up to a certain and I would argue arbitrary age at which time treatment is cut off. In other provinces, as I have stated, it is in the social services envelope. It is means tested and it is just not available in any way, shape or form the way it should be under our Canada Health Act.

As we go forward and we debate this bill, we as a society are judged on how we treat the most vulnerable among us. We owe it to all Canadians, all families dealing with this particular issue.

I realize that somebody will state that it is a provincial issue, but again we have the Canada Health Act. I realize we cannot dictate to the provincial health ministers, but we can come forward with a national strategy. We have to discuss it and debate it with the provincial ministers and we have to eventually amend the Canada Health Act so these children, these individuals, these families, can get the treatment that they deserve.

There is a national strategy with respect to cancer, diabetes and drugs. Why can we not have one for autism?

Again, I mention that it will not be cheap. It will cost a lot of money and the Government of Canada would have to pay its fair share. That will be one of the arguments from the provincial government. If they are being asked to do this, the federal government is going to have to pay its fair share.

However, on the other side of the coin, there are substantial and numerous benefits. A lot of individuals are not diagnosed early and do not receive the treatment to which they are entitled. They end up being institutionalized at considerable expense to society. The families have to incur hundreds of thousands of dollars treating these children with no reimbursement. The quality of life of the families suffers and, most important and tragic, the quality of life of the affected individuals suffers dramatically. We are judged on how we treat the

most vulnerable among us, whether it is the disabled, sick, old, the infirm or people with autism.

I know people will say that it is a jurisdictional issue. I think I have dealt with that already. People will say that it costs money. Yes, it costs money, but cancer costs money, heart disease costs money, diabetes costs money. These are health issues. I go back to my original statement. If it is a health issue, let us move forward and deal with it. If it is not a health issue, let us put it to bed.

In conclusion, I ask every member of the House to do the right thing on this issue. I ask that we all show leadership. I ask members to vote for this bill and move forward on this issue as soon as possible.

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC):

Mr. Speaker, the member will be happy that the health minister has announced that he will be having a national symposium in 2007 on the issue of autism.

The member talked about specific diseases like diabetes and cancer, but the Canada Health does not mention any of those specifics. It deals with five broad principles, of which I am sure the member is aware. In opening up the Canada Health Act for autism, how many other diseases, ailments and other things would the member like to add and what would the process be to do that?

His party, my party and other parties have all said they will not amend the Canada Health Act. Is the member suggesting that his party is looking to break its promise on amending the Canada Health Act?

Finally, the member talked about health being a jurisdictional issue, and it is. Why have some provinces decided to classify autism under another name or category? Would the effort not be better served to lobby provinces to include autism as a health issue?

Those are the questions. Though I appreciate the intent of the member, logic dictates that the efforts, though well intentioned, may be misplaced. Could the members answer those questions?

Hon. Shawn Murphy:

Mr. Speaker, I thank the member across for his interest in this issue. I appreciate that the minister has announced he is having a national symposium in 2007, but that is just one step in this continuum on which we are working.

The member talked about the diseases of diabetes and cancer not being mentioned in the Canada Health Act. He is quite right. However, if I am diagnosed with cancer tomorrow and I go for treatment, that treatment is paid for under Canada Health Act. If I have diabetes, I can go to the hospital or a doctor, I can get treatment for that diabetes and that is paid for by the Canadian Health Act.

However, if my child had autism, in most provinces in Canada I would be told to pound sand, that I must pay for it myself. If it cost \$50,000, \$60,000, \$70,000, I must go out and raise the money, sell my assets and pay for it myself. That is totally wrong.

Again, we come back to this debate. I ask members who follow me to speak

to ask themselves if this is a health issue. If it is, we should deal with it. If it is not a health issue, the bill is flawed.

The member across talked about parties saying they were not going to amend the Canada Health Act. That is a decision for every member of Parliament to tell the Canadian people whether they are prepared to amend the Canada Health Act. For people watching this debate, I am prepared to amend the it, as I stated. I do not know how many people out there are prepared to amend it. However, if a majority of the people in the House say they are prepared to amend the it, then the Canada Health Act will be amended.

Mr. Mike Lake (Edmonton—Mill Woods—Beaumont, CPC):

Mr. Speaker, the hon. member knows that I have a significant interest in this issue as I have a son with autism.

I want to comment on a couple of things. The member talks about including autism in the Canada Health Act. As the parliamentary secretary mentioned, cancer is not named in the Canada Health Act nor is diabetes, yet the provinces act on those.

I am in full agreement that this is a health issue. I am in full agreement, as someone who has benefited from my son having ABA/IBI treatment for the past eight and a half years in Alberta, funded by the government, that all provinces should be fund this and they should do that tomorrow. That is the appropriate way for this to be handled.

Putting this type of amendment in the Canada Health Act on an ad hoc basis, starting with autism, then cancer or diabetes or whatever next, does the member feel this is the appropriate method?

My second question is, has he—

The Acting Speaker (Mr. Royal Galipeau):

I am sorry to interrupt the hon. member. There is no time for a second question.

The hon. member for Charlottetown should know that the time has run out. However, I will allow a short moment to respond.

Hon. Shawn Murphy:

Mr. Speaker, as the member points out, he has a child with autism whom I have met. He certainly knows far more about this issue than I do.

There is one point I want to make. The member's child was lucky to be born in Alberta, and he acknowledges that it is a health issue. If that child had been born in another province or lived in another province, and I will not mention them, but certainly all the Atlantic Canadian provinces, that child would not get any of the treatments the member's child has received. If he did, it would be cut off when he was six.

It is my proposition that regardless of where people are born in Canada, regardless of where people live, they should be treated equally.

Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC):

Mr. Speaker, I could not help but notice that the member did not answer the question with respect to process. My colleague from Edmonton raised the issue of selecting diseases on that ad hoc basis. The wording of the Canada Health Act is such that it should catch all health related issues. I wonder if the member has given any consideration to lobbying his provincial government to look at the costs related to autism because that would be the appropriate venue to do this type of lobbying as it falls under provincial jurisdiction.

We recognize that the growing number of children and families affected by autism spectrum disorders requires action, but the government cannot support the bill put forward by the hon. member for [Charlottetown](#). Given the respective roles and responsibilities of the federal, provincial and territorial governments in the area of health care, amending the Canada Health Act may not be the best way to go.

We all appreciate the reasons behind the introduction of this bill. While we know that many people with autism are not disabled by the impact of the disorder, but live regular everyday lives, we also know that autism spectrum disorders can affect people in many very difficult ways, sometimes isolating them as a result of compulsive behaviour and speech disorders that close them off from their families, friends, teachers, neighbours, and society as a whole. Autism can impact all aspects of a person's life and if untreated, result in physical, emotional, social and intellectual isolation.

Sadly, we also know that there is no universal treatment that works equally and in all cases. Many believe that behavioural therapy services such as applied behavioural analysis or intensive behavioural intervention, known collectively as ABA or IBI, are the best treatments for children with autism spectrum disorders.

Families of children with autism spectrum disorders have reported improved self-functioning, self-efficiency, and quality of life when their children are provided with ABA or IBI services, particularly at an early age.

There is no doubt that a situation for which the treatments most likely to be beneficial cost tens of thousands of dollars can be a profound challenge on top of the challenges that autism spectrum disorders may bring in the first place.

No one on either side of this House denies that families affected by autism face gaps in the services, especially the social services, that can be used to address the needs of their children. We have heard from parents and other autism stakeholders that one of the challenges facing children with autism spectrum disorders is the inconsistency of services available across the country.

It is not surprising to me that people in the autism community, parents and supporters of many kinds, have been so active in seeking action on autism spectrum disorders. We understand that parents of children with autism spectrum disorders are concerned about access to treatment and we have tremendous sympathy for them. However, the responsibility for delivering health care services in Canada rests with the provinces and territories, and it is at this level that the issue must be addressed.

Amending the Canada Health Act to include behavioural therapy is not an appropriate response to this issue. Rather, Canada's new government is committed to working to help Canadian families affected by autism spectrum disorders.

As announced recently, we are undertaking five initiatives to improve knowledge and research on autism spectrum disorders and to help those individuals and families who may need more assistance meeting the challenges that autism can bring.

In addition to initiatives aimed at additional research and surveillance of autism spectrum disorders, we will be sponsoring a symposium on autism next spring. It is our hope that this symposium will serve as an opportunity for all stakeholders to share best practices, exchange knowledge and learn from others.

While the details are not final yet, we anticipate that the focus of the symposium will be in the areas of research, surveillance and knowledge development. In particular, we have heard time and time again from stakeholders of the importance of knowledgeable information and research on autism spectrum disorders.

A symposium designed to bring together key researchers and knowledge experts in the area will be extremely valuable. We also hope that the symposium will assist with the establishment of more surveillance and epidemiological studies to determine actual incidence and possible geographic "pockets" of autism.

Finally, we hope that the symposium will enable stakeholders, including individuals with autism and their families, to share information on the individual manifestations of autism and to discuss essential supports for people with autism and their families.

We know that access to reliable information is a challenge for the public, including parents of autistic children. That is why, as announced two weeks ago, a web page on autism has been added to the Health Canada website. The web page, as it grows and is further developed, will facilitate access to public information related to autism spectrum disorders.

We also indicated that the health policy branch of Health Canada will be responsible in the future for the coordination of policy and program activities at the health portfolio level.

These initiatives are important and they have been very well received by stakeholders. We recognize that these initiatives do not address all the issues associated with autism spectrum disorders. However, they will contribute to laying the foundation for a national strategy on autism.

I am pleased to have lent my support and also co-written Motion No. 172 that was introduced by my hon. colleague, the hon. member for [Fredericton](#). One of the components of the motion was the establishment, in cooperation with the provinces and territories, of national standards for diagnosis and treatment. We know that many families of individuals with autism have felt that action had to be taken in this area. There are many different treatments for autism and very little research has been done to evaluate how they work.

The government recognizes that there is a need to compare different forms of ABA and other treatments through randomized controlled trials and other methods to determine what is most effective in particular circumstances. This is why the investments we are making in research are so critical. They are a

necessary foundation for a broader approach to the issue.

While we are moving forward on these new initiatives, the government will continue to provide support to individuals with autism and their families who need it, including financial support through the tax system. In budget 2006, the [Minister of Finance](#) raised the maximum annual child disability benefit. In addition, he extended eligibility for the child disability benefit to middle income earners and therefore reaches almost everyone.

Canada's new government will continue to fund the four centres of excellence for children's well-being with an emphasis and interest in autism spectrum disorders.

There are other programs that the government has undertaken, however, time does not permit me to speak on all of them. Let me just say that autism is an important issue. We have to work together. We have to be honest in the discussion and be honest where the responsibility lies.

The federal government is taking responsibility in the areas that lie in the federal government's jurisdiction. I hope the awareness that is being created by this debate will empower the people who are affected by autism and help ensure that provinces make the right decision in their jurisdiction.

[Ms. Nicole Demers \(Laval, BQ\):](#)

Mr. Speaker, it is difficult to talk about a subject like this one because when we talk about autism, and autism spectrum disorders and behavioural disorders, we are talking about children, parents and grandparents struggling with very real difficulties every day. Although they are beautiful, intelligent and bright, autistic children demonstrate unusual behaviours that make daily life very difficult for their parents and caregivers.

I feel compassion and I sympathize with my colleague from [Charlottetown](#) when he says these children need care. I find it very sad that people in the Maritime provinces do not have access to that care. It is unfortunate, and it also speaks to the situation most provinces find themselves in because they do not have enough money. They are forced to make difficult choices in terms of health care, and often, those choices do not meet the needs people express. That is the case in many places, including Quebec.

Earlier, I mentioned caregivers, but we should also be talking about education. These children need special care and services. We should also be talking about childcare services, respite care and employment assistance services for when they get older and have been lucky enough to benefit from special services as they were growing up. Some of them can enter the labour force if they receive the help they need. Employment assistance services for people with disabilities are under exclusive federal jurisdiction.

Unfortunately, that service is going through a very difficult time right now. Partners and organizations providing the service still do not know if they will get the money they need to carry on their good work after next April.

I would like to tell my colleague that opening up or amending the Canada Health Act will certainly not help us get results. If we start amending the Canada Health Act, we will once again be encroaching on provincial and territorial jurisdiction. That is something we do not want to do, something that has been

done too much already and that the new government claims it no longer wants to do.

If we are to do something, it should be to try to return transfers to the levels that existed before 1994-95, when the Liberal government slashed provincial transfers for health, education and other areas. Since then, it has been very difficult for all provinces to provide adequate services to deal with growing problems. There are now more and more autistic children and the prevalence of juvenile diabetes and obesity among children is also rising. Why? Because the provinces do not have the money to fund adequate services. When there is no money, we must unfortunately resign ourselves to cutting services and providing only essential services to citizens. That is what is happening pretty well all over Canada, except in Alberta because it is a very rich province. The other provinces have had difficulty fulfilling their obligations, particularly in the areas of health and education.

For the organization in Quebec that represents individuals affected by autism or autism spectrum disorders, the parents and those individuals who represent them, it is very important that provincial and territorial jurisdiction be respected. The decisions must be made by the provinces, which are responsible for assessing needs. The Bloc Québécois recognizes the significance of this fight to obtain adequate services and treatment for children suffering from autism and to provide their families with the support required to ensure a certain quality of life.

However, we also know that it is an extremely complex illness requiring a careful case-by-case assessment. Treatment possibilities are dependent upon several factors and not just one. In Quebec, some services are available, but not all have been evaluated. Only Quebec and the provinces are in a position to determine which services are needed by the individuals, and their families, affected by autism. The government works in collaboration with local partners in the community and the educational environment, sectors that are a provincial jurisdiction. The federal government cannot establish, through the Canada Health Act, which health services are covered by provincial insurance plans.

Furthermore, the federal government does not have the resources to assess what is needed. Provincial departments are in a much better position to do that. The Quebec federation that advocates for people with autism represents many people. Some 80 organizations belong to the umbrella agency. Thus, small organizations representing a small number of people would not have us thinking that the direction they wish to take is not the right one, because it would not be representative enough.

The federation represents a large number of people. There is very little contact between the federation and Ottawa. The federal government's sole contribution to the federation was in the context of training support. That activity could be considered a matter of federal responsibility, if it was in the context of training that would help a person enter the workforce, as do the SPHERE-Québec programs. Those programs are supported by the federal government and help people find jobs, and learn to work, get up everyday and get to work on time. This is not necessarily easy for people who have never worked before, who have other problems or have autism.

However, such individuals can learn and they learn with support. We must be very careful when discussing such bills. Above all, the government must not return to its old ways of encroaching on provincial and territorial jurisdictions. We

have seen enough of that. We want people to enjoy the services to which they are entitled, but we want these services to be provided by the proper authorities, namely, the provinces and territories. The only way to solve the problem once and for all is to correct the fiscal imbalance. We have often said we hope this is taken care of soon and we hope the provinces will have the money they need to tackle all diseases that affect children. These children could receive proper care if the provinces had the necessary money.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):

Mr. Speaker, it is a pleasure to rise today on behalf of my party on a very important national issue.

Before I begin my remarks, Mr. Speaker, I have not had the chance to publicly thank you, as the member for [Ottawa—Orléans](#), for the great work you do on behalf of veterans and the Royal Canadian Legion. I know that you are a great supporter. As a person whose parents were liberated by the great veterans, it is nice to know that your continuous support for veterans is simply outstanding. You should be congratulated for that effort.

On the issue at hand, that of autism, I keep hearing from governments and others that it is a provincial jurisdiction and it is up to the provincial and territorial governments to deliver health care. I was rather pleased by and very complimentary of the fact that the federal government announced, with various agencies throughout the country, a national cancer strategy. I believe the amount was around \$260 million over a five year period. Various agencies and organizations throughout the country have been lobbying for this for many years, including many members of Parliament and senators, and we have finally achieved it.

If we are able to do that for something as extremely important as the national cancer strategy, with the same argument that health care is delivered by the provinces, then why is it so challenging when we talk about autism that we have to find jurisdictional battles in which to discuss it?

The reality is that after the end of the debate tonight families are going to wake up tomorrow and will be suffering under the tremendous financial and emotional strain of dealing with children and young adults who have autism. When I go back to my constituents and I tell them there is no help yet, that there may be a meeting in April of next year to talk about it some more, that is another five months.

I have to tell parents that there is no help yet. Then they consider the option of having to move to another jurisdiction that can give them the opportunity for their children to get proper treatment.

The hon. member for [Fredericton](#) once told us that he worked on behalf of military families that did not want to move from Edmonton to Gaagetown. If their children had autism they would get treatment in Edmonton, but not in New Brunswick. Although they are proud to serve their country, they are thinking of their families. They did not want to refuse the transfer, which of course they cannot, but they find it very difficult. They want to serve their country, but their country is not prepared to serve their families.

We have been asking for this for a long time. I know that the intent or the premise of the bill put forward by the hon. member for [Charlottetown](#) is that, no

matter where people live in this country, if adults or children have autism there should be treatment available for them. They should not have to reach into their pockets or mortgage their homes or anything else in order to obtain the required treatment.

There is a great old saying: where you stand on an issue depends on where you sit. I know that some of my colleagues in the Conservative Party and others have a very personal view on autism because they themselves have children who have autism or Asperger syndrome or something of that nature. My heart goes out to them and their families, as does my support.

I can almost assure members that if everybody in the House had a child with autism and we lived in the riding of member for [Charlottetown](#), I guarantee that something would happen very quickly. I find it annoying that we can find reasons to say no, but we cannot find reasons to say yes.

I was here on the shameless day when, in three hours, from the House to the Senate to royal assent, we gave ourselves a pay raise. It only took three hours. What a shameful history of the members of Parliament. In three hours we can give ourselves a pay raise, pass it, get it into the Senate and do royal assent, but we sit here and fight about jurisdictional concerns when it comes to some of the most beautiful children in Canada, when it comes to families that just want their kids to be able to grow and have all the opportunities that we in the House take for granted in many cases.

We know there is a financial cost to this, but the reality is that it is an investment. It is not an expenditure. We have proven over and over again that for every dollar we spend on autism strategies and autism treatments we save a tremendous amount of money down the road.

Right now schools in Nova Scotia have teachers' aides dealing with children with autism. Many times children are sent home because they are disruptive in class, so not only are the children going through the concerns of autism, but they are denied any opportunities for an education because in the view of the teacher's aide, the teacher and the principal they are disruptive in class.

We have a so-called fiscal imbalance in this country. Why can the government not work with the provinces and territories, deal with this issue and use this as an example of cooperation among everybody?

I am pleased that the government is going to have a symposium in April, but we have attended and will attend many symposiums, reviews, studies and meetings down the road. What happens the day after the symposium? What do I tell the people in my riding who have children with autism? Do I tell them there is still no help yet, that we are talking about it, but there is no help yet?

An old farmer from Saskatoon once told me that money is like manure. If it sits in a great big pile, it stinks, but if it is spread around it does a lot of good. If the government wishes to deal with the fiscal imbalance of all the provinces in the country, then it should use this as an example. Assist, as my colleague from the Bloc said. Let us assist the provinces. Let us give them the resources they need so they in turn can develop the systems and programs to deal with children and young adults with autism.

The government should assist the provinces, not fight with them. It should work with them, just like it did on the national cancer strategy. It is amazing that

the government can come up with \$260 million. I give the government top credit for that. It should be congratulated for moving on that issue, but we ask the government to apply that same dedication and spirit to an autism strategy.

Motion No. 172 from my hon. colleague from [Fredericton](#) was passed with the assistance of other members and parties in the House. It was a great day when the government actually accepted a motion to deal with a national autism strategy, working with the provinces, but we need to move that up a bit. We need to move it very quickly.

We need to be able to tell the thousands of families out there that they will not have to move any more to receive assistance for their children, and that if they do move, no matter where they go in this country they will receive equal treatment for their children with autism. Would it not be great to be able to say that? We have the fiscal capacity to do it. The reality is that this investment in our children and their families will pay off in the long run.

I want to congratulate all those individual families from across the country, but especially a young man named Josh Bortolotti, whom we all know. He is 12 years old and is one of the top 50 in Ottawa to watch, as they say. He is fighting for a national autism strategy and treatment for his sister. If a 12 year old can dedicate his life to fight for treatment in Ontario for his sister, surely we as members of Parliament can do that right across the country to help all families who have children with autism.

I want to thank the hon. member for [Charlottetown](#) for bringing this very important subject and debate to the House of Commons.

[Mr. Blair Wilson \(West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.\):](#)

Mr. Speaker, as members know, in recent weeks this House has reflected extensively on what it means to be Canadian, yet regardless of our sociological or cultural differences, all Canadians share common values on what kind of country we have worked so hard to create together, a country where each and every citizen has an equal chance to make the most of the great opportunities here in Canada.

All Canadians share the same values and want a country where everyone has an equal chance to seize the wonderful opportunities here in Canada.

We have had remarkable success, yet today we are failing over 300,000 Canadians. Every 166th child born in Canada is afflicted by autism spectrum disorder. Either those children are left unable to function in society or their families face a crushing financial burden, and all the while our universal health care system is silent to this suffering. Canada has neglected autism for too long and the time has come to begin to address it.

Autism affects more than 3,000 Canadians. We have long neglected autism, and the time has come to address this problem.

Autism has a devastating effect on a child's quality of life. I think all members can agree on that.

Autism is a neurological disorder that causes developmental disability. It affects the way the brain functions, creating difficulties in communication and social interaction and unusual patterns of behaviour, activity and interests. Its

symptoms, as we know, vary widely. Some autistic children display repetitive behaviour. Others suffer self-inflicted injuries. Some cannot even speak and must communicate through the use of computers and full time support staff in schools.

Autism not only affects the individual, but also the individual's family, friends and caregivers who must cope with the individual's difficult childhood.

There is hope for these children. Applied behavioural analysis and intensive behavioural intervention have been shown to dramatically improve social and intellectual functioning of autistic children and thereby their quality of life.

It is critical to get these children the treatment that is required as soon as possible, as soon as they are diagnosed in their formative years. Proper treatment gives autistic children the chance they deserve to enjoy all the joys and opportunities that other children do.

Autism has a devastating effect on a child's quality of life. Autism affects not only the individual, but also the individual's family, friends and caregivers. But there is hope. Some treatments are producing dramatic results. With help, these autistic children can have the same opportunities as other Canadian children.

While the courts have rejected the idea that governments have a legal obligation to treat autism, we parliamentarians here in this House have a moral duty to uphold the promise of all those who have worked to build our country. Treating autism, I would argue, is a matter of equality of citizenship.

But we are not fulfilling that commitment today. Medicare does not provide for the treatment of autism. Some provinces offer limited programs for autism as has been discussed here already and other provinces offer nothing at all. Without medicare coverage, families with autistic children are left to bear the crushing financial burden of treatment on their own at a cost of approximately \$45,000 to \$60,000 a year. Some families mortgage their house to pay for treatment; others simply go bankrupt. Some parents must choose whether they can afford to give their child certain therapy.

The cost of treatment ranges from \$45,000 to \$60,000 a year, and this is quite simply beyond the means of most Canadians. We should not and cannot ask a family to choose between a normal life for a child and financial security.

No family should have to bear such an enormous, arbitrary burden. We have recognized the importance of this principle in other areas, such as the deepening of our catastrophic drug coverage.

How should the House address this issue? First, we should acknowledge from the outset that provincial health plans are not within our jurisdiction and that we must respect the divisions of power between our two levels of government. However, the federal government can and I would argue indeed must play a constructive role to ensure that Canadian families have equal access to treatment.

The federal government must lead a national strategy because the cost of treatment is so great that a lack of a national standard will create what I call medical arbitrage. Families with autistic children will be forced to leave their communities to move to the provinces with the best programs. No province will push to create more comprehensive treatment when it is being penalized by

inflows of patients. There will be a race to the bottom, not a race to the top.

It is clear that the federal government can play an important role in autism, but it must also respect provincial jurisdictions. Bill [C-304](#) lays out avenues for dealing with autism.

The bill before the House lays out a way forward. It addresses the two most important steps that Canada must take to address autism.

First, this bill would require the [Minister of Health](#) to convene a conference between all provincial and territorial health ministers for the purpose of developing a national strategy for the treatment of autism. To address autism we must work with the provinces. They have the responsibility here, but not the funds. One solution that could emerge from this conference is the development of a funding mechanism to assist provincial governments in providing the support that Canadians with autism need.

This bill would also amend the Canada Health Act to make applied behavioural analysis and intensive behavioural intervention defined as medically necessary for persons with autism.

It is somewhat absurd to suggest that therapy is not necessary for an autistic child. Without therapy, an autistic child simply cannot live a normal life. For the child's humanity, treatment is necessary.

This bill lays out avenues that involve the provinces. It is time Canada took action against autism, a blight on society. We must support this bill.

Funding autism treatment means the investment of not insignificant funds in our children. As such, it must be carefully considered, but it has to be considered. Simply putting funds into websites and public relations does not nearly do enough for these families, and the reward of turning a dysfunctional, socially troubled child into a productive member of Canadian society is worth it.

It is time we stood shoulder to shoulder with all our fellow Canadians. Treating autism is an important step in the never-ending march toward realizing the Canadian dream of equality.

[The Acting Speaker \(Mr. Royal Galipeau\):](#)

Resuming debate. The hon. member for St. Catharines should know that he has 10 minutes, however, about only three minutes this evening. He will be interrupted at 6:30.

[Mr. Rick Dykstra \(St. Catharines, CPC\):](#)

Mr. Speaker, I have ultimate faith in you that you will ensure that whatever remaining time I have in the second hour of debate on this issue you will give to me and I appreciate that.

It is a great opportunity to speak to the bill that is before us today.

As a former chief of staff to the minister of community and social services and our current [Treasury Board president](#), I had the opportunity to participate in and help formulate the first preschool program in the province of Ontario. While this is an issue that impacts us on a nationwide basis, it certainly is a good feeling to have been able to contribute to a program that was the first to start here in Ontario.

I also want to speak to private member's Bill [C-304, An Act to provide for the development of a national strategy for the treatment of autism and to amend the Canada Health Act](#). This bill would extend provincial and territorial health care insurance to cover the cost of applied behavioural analysis and intensive behavioural intervention treatment services for persons with autism spectrum disorders.

Let me say at the outset that I am understandably sympathetic to the concerns raised in this bill. Although services for individuals with autism spectrum disorders are important and they need to be dealt with, the Canada Health Act is the wrong instrument to achieve this objective. I would like to address the difficulty of reconciling the proposed bill with the fundamental purpose and intent of the Canada Health Act. In addition, passage of the bill would mean imposing on an area of provincial and territorial jurisdiction.

The Canada Health Act is the cornerstone of the Canadian health care system. The aim of the act is to ensure that all eligible residents of Canada have reasonable access to medically necessary services without direct charges. This essential act is based on the government's commitment to a universal, accessible, comprehensive, portable and publicly administered health care system. The act protects the access of Canadians to health care by establishing criteria that the provinces and territories must meet to receive the full amount of federal cash contribution owed to them in respect of health care.

Mr. Speaker, I look forward to continuing discussion on this bill as we move forward in the second hour of debate.

[The Acting Speaker \(Mr. Royal Galipeau\):](#)

When debate resumes on Bill C-304, there will be seven and a half minutes left for the hon. member for St. Catharines.

The time provided for the consideration of private members' business has now expired and the order is dropped to the bottom of the order of precedence on the order paper.