

*Royal Assent*

block funding and gave up some of the control and influence it had over medicare prior to that time.

I say it corrects some of the consequences, not all of them. The federal Government also needs to be willing to reopen the federal-provincial relationship. I have had much to say about that all along and I still believe it to be the case. Nevertheless, we are coming to the end of a chapter in the history of medicare which I am particularly pleased to have been a part of, having called on the Minister many times in the four years in which I have been the New Democratic Party health critic to do something about extra billing and user fees, to bring in some legislation. I remember commenting on the recommendations of Mr. Justice Emmett Hall in September, 1980. I was a member of the task force on federal-provincial arrangements in 1981, which called for many of the things we now see before us in the Canada Health Act, particularly the increased flexibility on the part of the federal Government to respond to violations of the principles of Medicare by the provinces by being able gradually to withhold moneys from those provinces. That was one of the key recommendations of the task force. One does not always have the satisfaction of being able to point to things which one had an opportunity to recommend, along with other Hon. Members of Parliament, and to see them come into force.

● (1240)

**Mr. Deputy Speaker:** With the indulgence of the Hon. Member, may I be allowed to interrupt his remarks briefly so I may convey a message to the House?

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**THE ROYAL ASSENT**

**Mr. Deputy Speaker:** Order, please. I have the honour to inform the House that a communication has been received as follows:

Government House  
Ottawa

March 29, 1984

Sir,

I have the honour to inform you that the Honourable Roland A. Ritchie, Puisne Judge of the Supreme Court of Canada, in his capacity as Deputy Governor General, will proceed to the Senate Chamber today, the 29th of March, 1984, at 12.45 p.m., for the purpose of giving Royal Assent to certain Bills.

I have the honour to be  
Sir,  
Your obedient servant,  
Edmond Joly de Lotbinière,  
Administrative Secretary  
to the Governor General

**CANADA HEALTH ACT**

## MEASURE TO ESTABLISH

The House resumed consideration of the motion of Miss Bégin that Bill C-3, an Act relating to cash contributions by Canada in respect of insured health services provided under provincial health care insurance plans and amounts payable by Canada in respect of extended health care services and to amend and repeal certain Acts in consequence thereof, be read the third time and do pass.

**Mr. Bill Blaikie (Winnipeg-Birds Hill):** Could I have some clarification, Mr. Speaker? Does that announcement mean that in a few minutes we are all going to rise and go to the Senate and watch a little lawn bowling and then come back? I would like the people who might be watching, Mr. Speaker, to know exactly what is going on and why things are being interrupted in this particular way.

As I was saying, we are at the end of a particular chapter in the history of medicare. The history and the future of medicare is something which we in the New Democratic Party take particularly seriously, having been instrumental from the beginning in seeing it pioneered in Saskatchewan. The first time hospitalization insurance was introduced was in Saskatchewan in 1948. The first time medicare happened was in Saskatchewan in 1962. Recently, we have had a part to play all along in the development of medicare, from warning the Government in 1977 about the consequences of block funding to our opposition to the unilateral federal cutbacks in 1982, and to our participation over the last few years in calling on the Government to do something about extra billing and user fees.

I am, therefore, proud to stand here, Mr. Speaker, I hope very much in the tradition of people like Tommy Douglas, Stanley Knowles, Woodrow Lloyd, and others who have had so much to contribute to the development of medicare in this country. I hope that what is accomplished here today, and in subsequent days through the third reading and passage of this Bill, will come to be seen as a significant development in the history of medicare. But history will have to judge that. We cannot because the jury is still out. There is still no verdict as to whether this Bill will have the effect which the Minister, and I imagine all Hon. Members, hope it will; that is, the elimination of extra billing and user fees.

Why is the Bill so important, Mr. Speaker, despite its flaws? It is important, Mr. Speaker, because of the consensus it represents. I am very grateful and delighted that the unanimous support for the Bill has held through committee and despite whatever pressures there may have been on other Parties in this House to be more critical of the Bill. I am very happy that the consensus against extra billing and user fees has held, and it shows every sign of holding until the day very soon from now when we can all rise in our place and vote for this Bill. There is a chance now, Mr. Speaker, that the—

Here they come, Mr. Speaker; they are calling on us to go to the Senate. All the more reason to abolish them, Mr. Speaker, because they are interrupting our business in this way.