

*Medicare*

pursuing post-graduate studies in pharmacy. That financial assistance under the Hospital Insurance and Diagnostic Services Act, and under the Technical and Vocational Training Assistance Act be expanded immediately to support any qualified applicants enrolling in courses of training prescribed for those paramedical fields in which shortages exist. On the national level we foresee shortages particularly in the following occupations: medical record librarians, physiotherapists, occupational therapists, speech therapists and audiological therapists, and medical social workers.

I could continue to quote recommendations of the Hall Commission report. It appears that the government has taken one recommendation from that report and tried to put it into effect in isolation. I believe it was the intention of the Hall Commission that all these things should be brought into effect together so that when a medical service plan was brought into being the services and facilities required to make medicare capable of meeting the demands upon it would already be available.

One further point. I should like to quote extracts from a speech made by the Minister of Finance (Mr. Sharp) to the tax structure committee in Ottawa on September 14. This brings a whole new concept to our thinking in Canada in respect to cost sharing programs. I quote from page 7, paragraph 26 of the text.

We must recognize that the continuous and cumulative use of shared cost programs in fields of jurisdiction which are primarily provincial, would result in a greater and greater proportion of provincial budgets being devoted to programs whose costs are shared by the federal government, leading to a continuing influence on provincial decision-making. The result would be to reduce the fiscal responsibility of the provinces, and to hamper them in establishing their own priorities. We must recognize too that the provinces have more and more wanted to assume full responsibility for initiating and operating their own programs, and that their ability to do so has grown demonstrably since the war. This has been especially true of Quebec whose particular social and cultural goals have been a continuing and dominant influence on its approach to federal-provincial relations. A full recognition of these facts and these changes must surely lead to the conclusion that what was suitable a generation ago may no longer be suitable today.

The minister goes on to talk about the setting up of the act which provided for opting out by the provinces from certain federal legislation. He has this to say in paragraph 29:

We have decided to propose an important change in the federal government's approach to shared cost programs.

[Mr. Ballard.]

Then, as set out in paragraph 31—and this deals specifically with social measures—the hon. gentleman said:

It is our view that in respect to the three large and continuing programs which come under provincial jurisdiction, federal conditions should be withdrawn as soon as full provincial responsibility for them can be established. I refer to hospital insurance, The Canada Assistance Plan, and the continuing portion of national health grants. We are considering doing this in two stages.

First, the federal government would invite the provinces to take the first step toward greater fiscal independence and responsibility by accepting a new form of compensation in respect of these programs, effective January 1, 1967.

I quote now from paragraph 34 of the address:

This would be accomplished by escalating the adjustment payments, after a given date, on an objective basis unrelated to program costs. After this date the provinces' compensation in respect of these three programs would increase quite independently of—and almost certainly more rapidly than—program costs, on the formula we will propose. I am suggesting that this second step be taken on April 1, 1970.

At that time the federal government would eliminate the conditions the provinces are required to comply with under the shared-cost programs concerned.

Then, in paragraph 37, the hon. gentleman said:

One of the questions which will properly be asked about these proposed arrangements is what assurance there would be that the hospitalization and Canada assistance programs would be continued after 1970, and that the benefits would continue to be "portable" as between provinces, or that program standards would be maintained. Once major programs like these have been established, no government would discontinue them, because of the needs they fill and the public support they command.

It can be seen from this statement that it is the intention of the government to impose a plan such as the medicare plan on the provinces in such a way that the provinces cannot back out of it when the federal government decides that it no longer wants to be bothered with responsibility for management or for financing. If it is the ultimate goal of the government to turn projects of this type back to the provinces to administer, then I maintain the provinces should be taken into the confidence of the government when these programs are instituted.

It is evident from this statement by the Minister of Finance who, it must be admitted, has a strong voice in cabinet decision making, that it is the intention of the government to force the provinces into commitments with respect to a plan which most of them do not want. Then, when the provinces are stuck