

*Medical Care Act*

ing action had to be taken, and the federal government has moved in a responsible manner in relation to its options.

● (1520)

The federal government wants a firm commitment from the provinces indicating what their intentions are over the next five years or so in relation to the hospital and medical fields. We must know what the financial needs will be if we are to be in a position to put more money into the system for lower—cost, alternative methods of service. The federal government cannot put additional money into the system without knowing the long term plans of the provinces.

You will recall, Madam Speaker, that on the last day there was considerable criticism of the federal government for the hospital closing program embarked upon by the Ontario government. I had begun to make the point that hospital costs are not part of the medicare program or of this bill. The federal government has an agreement which requires five years notice on termination, until which it is bound to underwrite half the cost of the hospital program of the provinces of Canada. Whether a particular province increases its hospital bills beyond the 13.5 per cent or within the 13.5 per cent, none of that is relevant to the federal government's responsibility to it. That comes entirely under a different statute.

I must stress that the closure of these hospitals was not in any way related to Bill C-68 but was due to the general economic situation and the fact that the provinces felt they could not justify the costs of maintaining these underutilized and improperly used facilities when there were ample vacant beds in the same general area. I remind hon. members it has not been the practice of provincial governments to consult Ottawa when creating additional hospital facilities. On behalf of the taxpayers of Canada we have paid our share under the agreement. However, we were not consulted by the provinces as to whether the hospital beds were needed. Many are now being found to be not needed and are being closed down.

I would like to repeat that Bill C-68 contains a feature which would facilitate the introduction by provinces of low-cost alternatives to expensive hospital care. Everyone concedes that there are patients in general hospitals who do not need to be there and who would not be there if they could obtain the care that they need as an insured benefit in another way. This point was made by the hon. member for Sault Ste. Marie (Mr. Symes). He called on us to recognize that low-cost alternatives ought to be provided if we expect high-cost hospital beds to be closed. If he had looked at the statute, he would have seen that provision is made for continued growth in the area of low-cost alternatives. Certain members who have looked at that aspect of the legislation have commended the government for it.

Section 4, subsection 3 of the original Medical Care Act was deliberately introduced in order to permit the government to introduce additional benefits under the medical care program without submitting the act to parliament for amendments each time. However, the disadvantage in using the act as presently constituted is that the cost of such additional services would go into the main national per capita under the act and provinces would benefit from

[Mr. Kaplan.]

this whether or not they had introduced the new insured services.

Furthermore, provinces not making these new services available on a universal basis to the population would be able to continue to cost-share them under the Canada Assistance Plan. This would have the effect of providing them with the benefit of double-sharing on the one hand at the expense of the provinces which were introducing these services on the other. Quite obviously, this would be an undesirable feature and in fact would be counterproductive to encouraging a rationalization of the health care system through the introduction and expansion of lower-cost services.

Accordingly, a new mechanism has been devised to ensure that any increases in the federal contributions in respect of new insured services will go only to those provinces providing the new services on a universal basis to their residents. Specifically, the modifications provide for a separate national per capita for each class of new insured service if and when such classes are added. The separate per capitas will simplify cost accounting of the respective services and ensure that each cost package will be used to calculate the federal contribution for only those provinces whose costs contribute to the separate national per capita.

I want to conclude at this point. I do so in the earnest hope that hon. members will see fit to send this bill today to the committee responsible for its consideration, to cross-examine the minister and the officials. May I urge on them that the bill has a time limit which has to come into effect by the end of this month, and that the ten days of debate which have already taken place on second reading are adequate. I would say it is more than adequate, but surely hon. members would agree it is adequate. We have had pressure particularly from speakers put forward by the New Democratic Party, a party with an important voice and great interest in medicare. However, surely at this point the members of that party will concede that they have had their say and that prolonged delay and use of our rules to prevent this measure being proceeded with can only be taken by the people of Canada as an effort by a small party to block a measure which, in the view of the government, is very much in the interests of Canadians.

To my Conservative friends opposite, let me urge them not to take the government's advice on this matter but to be guided by the statement of the Premier of the province of Ontario who put the matter very well at their national convention. Some restraint is in order. It is a reasonable restraint. In fact, it is a measured increase. It is an increase which, after consultation with the industry, is generally considered to be acceptable. Let this bill go forward to committee and let us get on with the other very urgent bills that are before us.

**Mr. Andrew Brewin (Greenwood):** Madam Speaker, I was impressed with the moving appeal we just heard from the parliamentary secretary. I cannot help noting, however, that as parliamentary secretary he is particularly well informed and used his whole 40 minutes. I intend to use far less than half of that time to put forward the point of view of my party.