

Medicare

why should we be asked to pass legislation that will not come into effect for two years, at which time we may find ourselves in a different set of circumstances than that which we are facing now?

In 1958 the hospitalization scheme was introduced. It was a good plan. Eight years have elapsed since it was introduced, yet we still see a crying need for hospitals. People in every major city in the country have to be waitlisted, placed on a priority list or a needs list before they can obtain hospital beds. I think we should smooth out the wrinkles in that plan before foisting this medicare scheme on the public, a scheme which has not got the full approval of the provinces and which we are being asked to pass two years before it will come into effect.

One of the criteria laid down by the government is that the scheme must be operated by a government agency, a public authority appointed or designated by the government. It must also be operated on a non-profit basis. Will the M.S.I. scheme operated in the province of Alberta qualify? We are told that it will not, yet it is supposed to be a non-profit scheme. It may not be a public authority which is operating it; but any federal government that is moving into a provincial field should do so with some degree of hesitancy, with some degree of formal consultation with the provinces, and should give the provinces latitude in which to vary their plans so that they may fall within the ambit of the general medicare program to be supported by the federal authority.

Under this bill the federal government is to pay 50 per cent of the cost, up to \$14 per capita. That is a large amount of money. No province can say to itself, "We will do without this money," because most provinces are in search of areas which will provide them with more revenue. This is one area in which they would gladly pick up that extra revenue, but they must match it dollar for dollar, and must comply with a set of rigid regulations laid down by the federal government on matters which really fall within provincial jurisdiction.

I am not in any way trying to boost the Alberta Social Credit medicare plan. I think it has many shortcomings, but it is the plan Alberta has chosen. It is the plan the people of Alberta have accepted. One has only to look at the composition of the provincial legislature to see that the people of Alberta have accepted it. Why then is the federal

government making an all-out effort to force its wishes upon that province in a field which lies within provincial jurisdiction?

Another provision of the bill is that 90 per cent of the insurable residents of a province must be covered by medicare before the federal government will give assistance. By 1968 those provinces which wish to introduce their own plans could be expected to have 90 per cent of their insurable residents covered. But supposing they do not, supposing they had only 75 per cent covered, why should the federal government insist on such a high percentage before allowing a provincial scheme to qualify for assistance?

Coverage of 75 per cent of the insurable residents would be high enough to ensure the implementation and success of a provincial scheme, and would be high enough to ensure that the other 25 per cent would wish to join after the scheme came into effect. But the federal government, because of its dictatorial attitude, its authoritative manner, is laying down four rigid criteria, and one is that 90 per cent of the insurable residents be covered. Why should not a voluntary plan be acceptable to the government? It should move less authoritatively when entering a provincial field, and should move only after a greater degree of co-operation has been reached with the provinces.

When one considers that this scheme will not come into effect until July, 1968, he must ask why the government does not now introduce medicare for senior citizens receiving pensions? This is something which we in Alberta have had for a number of years. If a person is receiving a pension he can acquire a card which entitles him to free medical services. Why does not the federal government do something about that? If it feels that the complete plan will have too great an inflationary impact, why not bring in a small portion of it?

In effect the federal government is now saying to a pensioner, "You have lived and served your work years in Canada. You are entitled to a pension, but if you take sick you are out of luck, you are on your own. We will prevent you starving to death but don't dare get sick because then you are on your own."

All across Canada senior citizens who are in poor health are having to buy expensive drugs and stay on waiting lists when they want to get into hospital. If this government really wants to move ahead with good social legislation, and bring about some degree of social justice in Canada, this is one of the