

ting measures are running afoul of the federal government's reading of the Canada Health Act".

To my mind the word "leeway" in that article is very suggestive of flexibility. The provinces are asking for flexibility. The article also makes reference to the government's reading of the act. That could be interpreted as suggesting different methods of interpreting how one can read the act; the federal government reads it one way and the provinces may read it another way. That again points to the need for revision of the act, allowing for broader and more flexible definitions. At the same time the need for using the cash payment as the whip should be addressed.

The government must do something concrete and substantial. It must take some positive action to preserve the health care system for Canadians. It has been stated it is a priority of the government by both the Prime Minister and the health minister. However, when we consider the financial threats which our health care system is facing and the lack of action by the government to diminish those threats we wonder what kind of a priority it is.

The most apparent action to date has been on a reactive or defensive basis. With respect to the user fee situation in British Columbia and the private clinic situation in Alberta, the government's action was based on its interpretation of the ambiguous accessibility clause of the health care act that has to be addressed. So far that is the most assertive or aggressive type of behaviour we have seen from the government in relation to health and it has been in a defensive mode.

Other actions taken by the government tend to leave us confused and without a sense of direction. It campaigned in 1993 on no cuts to health care. During its first year in office it continued to say that it would protect the health care funding to Canadians. However, earlier this year we started hearing things like "cuts to social programs, including medicare. We have to address all social programs. If they are all going to be cut, then health care will be rolled in there with them".

We also heard the system needs to be reformed, that there are problems with the health act and those problems must be addressed. We also heard from various ministers the provinces should be given more flexibility to manage their affairs.

• (1125)

Block funding was set up, including the three components: health, post-secondary education and welfare. This is being sold, to my mind, as an opportunity for provinces to have more flexibility but in a sort of backhanded way. They are given less money and then told they have three components where they can be flexible applying that money.

That is not what we are saying in our flexibility plan. It is what the government is trying to sell when it says that flexibility must

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be given to the provinces. I think it was Ted Byfield who said we have inflexible flexibility, which is basically what we are looking at here.

Reformers believe that the provinces are fully capable of providing quality health care to their residents as long as they are allowed the stable funding to do so. They need the resources. A workman is only as good as the tools he has.

The leader of the Reform Party said it best in Toronto last November to the Ontario Hospital Association. I would like to quote him. "It is the provinces, not the federal government, that have the constitutional jurisdiction to operate on our health care system. It is the provinces, not the federal government, that provide the bulk of health care funding. And it is the provinces, not the federal government, that have the greatest experience in health care delivery".

I suggest a prescription. If the decision is to devolve health care to the provinces what does this mean in a detailed type of prescription? I would like to make three suggestions: first, transfer tax room to the provinces; second, define core health services; and third, amend the Canada Health Act with those things in place on a national basis. The provinces would have the guidelines and authority to get on and provide a health care program that we can not only afford but want as well.

The Reform Party taxpayer budget outlined how we could decentralize health care by ceding addition tax room to the provinces. This would ensure more stable funding for provincial health care over time. The provinces would not have to worry about what new legislation, steps or cuts the federal government would be making from year to year or the interpretation that each different government would make to the various components of the health act.

At the end of the process of the transferring tax room, provinces would present the revenue levels and flexibility necessary to fund health care according to the demands of the electorate and within fiscal restraints.

Decentralization of health care would ensure that services were delivered and funded by the level of government closest to the people. I made reference to that earlier.

From the point of view of defining—

The Acting Speaker (Mr. Kilger): The member's 20-minute period is up. I wonder if she might give us some indication of how much more time she might need to conclude her remarks, and I say this respectfully, as the mover of the motion. Will the member for Surrey North give us some indication whether she could summarize and close within the next minute or so? I am very reluctant to cut off anyone who moves a motion, but the rules are very clear that the mover has 20 minutes.

Ms. Bridgman: I will be about a minute, Mr. Speaker.