

the passage of this measure. The government needs time to look at the whole thing again. The amendment would give the government that time. I plead with it to support the amendment.

Mr. Bob Kaplan (Parliamentary Secretary to Minister of National Health and Welfare): Madam Speaker, hon. members may have noticed a reluctance on my part to get to my feet to speak in this debate. I have had the pleasure of listening to the whole debate. I have risen at this time to announce that the winner of the study I have been conducting in respect of the most ridiculous sentence in this entire debate is the hon. member for Esquimalt-Saanich (Mr. Munro). The sentence in his remarks which wins the prize is the expression: "This is certainly no time for the government to trim programs".

Mr. Munro (Esquimalt-Saanich): Health programs.

Mr. Kaplan: I wish to quote for the hon. member some observations on whether or not this is the time to trim federal programs. Then I will discuss the programs. I quote:

The economic condition of this country demands men and women of foresight, courage and sensitivity in the highest of offices. It demands of political parties the highest level of unity, commitment and purpose. The courage to reduce government expenditures has never been more necessary.

That is Premier William Davis speaking at the Conservative convention last week. He said that the courage to reduce government expenditures has never been more necessary.

An hon. Member: He was not talking about passing the buck.

Mr. Kaplan: I will continue:

In the area of health care, a matter of national concern, we in Ontario have taken the view that no province, no careful and thoughtful society, can afford a system that expands more quickly in terms of cost than that society's ability to pay.

We are proposing under this bill that medical care contributions be increased by 13.5 per cent next year. The hon. member has said that is too little. He says this is no time to trim that program. Well, 13.5 per cent is beyond what the gross national product of Canada will increase next year. It is beyond the rate of inflation we are anticipating, so we are coming within the injunction of Premier Davis that no careful and thoughtful society can afford a system that expands more quickly in terms of cost than society's ability to pay.

In talking about medical care the premier went on and added this:

An hon. Member: He is a great premier.

Mr. Kaplan: He is right about this. He said:

In simple terms that means for us, and for all Canadians that if we allow a system as critical as health service, for the needy, for the population as a whole, for the old and the feeble, for those who cannot help themselves, to become more expensive than our taxpayers can afford, then it will collapse. And if it does, only the rich and the advantaged will have care and benefit. So we must seek to trim and streamline, not because we want to, but because concern for the welfare of all who are served by the system says we have to.

Medical Care Act

I wish to deal also with the reference to the closing of hospitals. I want to make the point that the closing of hospitals is not related to the expenditure provided under the medical care bill. All of the costs for the maintenance of hospitals, the salaries, the overhead, the light bills, the heating bills and such things are covered by a statute which is not before the House now. Such things are covered by the Hospital Insurance Diagnostic Services Act. The government is not cutting back on hospital costs. Rather, five years' notice must be given of any intention to terminate the agreements with the provinces.

The hon. member said that the provinces would have to pay more. We continue to pay roughly 50 per cent of all hospital bills, no matter how much they increase. If they increase 20 per cent or 30 per cent our commitment is to pay them regardless. It must be clearly understood that this bill has nothing to do with hospital costs. The closure of hospitals in Ontario or elsewhere is not in any way related to Bill C-68 but is due to the general economic situation as perceived by that particular province and the fact that the province feels it cannot justify the cost of maintaining what it feels to be under-utilized and improperly utilized facilities when there is an ample supply of vacant beds in the same general area. The province concerned has made its decision in spite of the fact that there is no change in the federal cost-sharing under the Hospital Insurance and Diagnostic Services Act.

I should like to repeat that Bill C-68 contains two features that would facilitate the introduction by provinces of lower cost alternatives to expensive hospital care. This answers precisely the point made yesterday by the hon. member for Sault Ste. Marie (Mr. Symes). I wish he had read the bill because it contains the very provisions he was demanding. Everyone can see there are patients in general hospitals who do not need to be there and who would not be there if they as insured persons could obtain the care they need elsewhere. While most of the comments of hon. members opposite have been directed to the imposition of ceilings on the medical care program for the next two years, I should like to direct attention to the other amendments the minister announced. If I might call it four o'clock I will do so on the next occasion during government orders. May I call it four o'clock?

Mr. Paproski: On what day?

Mr. Kaplan: Next Tuesday.

The Acting Speaker (Mrs. Morin): Order, please. It being four o'clock the House will now proceed to the consideration of private members' business as listed on today's order paper, namely, public bills, notices of motions, private bills.

PRIVATE MEMBERS' PUBLIC BILLS

[English]

The Acting Speaker (Mrs. Morin): Order No. 34 in the name of the hon. member for Yukon (Mr. Nielsen). Shall the order stand?