

Canada Health Act

shared responsibility in terms of the financial contribution to it.

I put that forward as a notion which might be valuable in future cases where the federal Government is expected to contribute financially so that the provinces can fulfil their constitutional responsibility.

The Acting Speaker (Mr. Herbert): There follows a ten-minute period for questions and comments. If there are no questions or comments, I recognize the Hon. Member for Kamloops-Shuswap (Mr. Riis) for debate.

Mr. Nelson A. Riis (Kamloops-Shuswap): Mr. Speaker, I am pleased to have the opportunity to say a few words on third reading of Bill C-3, the Canada Health Act. The assumption is that all three political Parties will be supporting this Bill when it comes to the final vote. I suspect it is clear to anyone who has paid attention to the debate surrounding the issue of medicare over the last number of months and years that medicare was being eroded, drastically in some provinces, and under attack in virtually all provinces with two or three exceptions. Most notably those exceptions were governments that were part of the movement that founded medicare in the 1940s, namely the NDP.

It is my plan today in the few minutes before we break to outline some of the aspects of the Bill that I feel need to be emphasized and perhaps in some cases to be re-emphasized. The Bill will obviously attempt to remove extra billing and user fees because universality was being eliminated as a result of these two areas. The assumption was that people were not receiving appropriate medical care.

A number of speakers have questioned whether user fees, extra billing and charging premiums was hindering the access of groups of people to appropriate and proper health care. In the last two or three weeks in my constituency in British Columbia, I have noticed a number of occasions where people have made it perfectly clear that they were not receiving the health care to which they were entitled.

My own parents were in need of an injection before going on a vacation. They chose to go to their physician for their injection and then went happily on their way. They could have received the same injections at the community health clinic where there would have been no cost to the system. As a result of my parents' visit, the doctor is now going to bill the provincial system for a visit and these two injections.

Mr. McDermid: Why shouldn't he?

Mr. Riis: The Conservative Member says why shouldn't he? I agree he should. The point is that we are very concerned about the costs of medical care today. We are concerned about the future viability of the present system as a result of the increased costs. My point is that had my parents used the community clinic the cost would have been a few cents for the time of the nurse on duty and the cost of the injection. However, the medicare system was charged for two visits to a physician. That same service could have been provided much

more cheaply had my parents been a bit more alert to the role that the community health clinic plays in our community. It brought to mind the fact that we could be organizing our health care system in a more cost-effective way when it comes to something as simple as a straightforward injection.

I was also visited by a young woman. She has a particular problem and occasionally has to go to the emergency ward or visit her physician to have an injection. On that particular day, a Sunday, a doctor was not available so she went to the local hospital. As she walked up to the admission desk in the emergency ward, she was told she had to pay \$10 before she could see a physician. She left at that point and came to see me in my home. She asked for advice as to how she could receive this injection. She did not know she could have had her injection, that the physician would have seen her. When she was told there was an extra fee that she was required to pay, having no money with her at the time she was under the impression that that care was not available to her.

● (1250)

A few weeks ago, I had occasion to be visited by a young woman who had recently had a child and was breast-feeding that child. She told me that she was on her way to see her doctor for the third time in order to see how things were going with her breast-feeding. Again, the thought occurred to me that perhaps there might be a more cost-effective way to provide advice to young mothers who are breast-feeding rather than requiring a number of visits to her physician. I thought of this in terms of the cost of the health care clinic as compared to the cost billed to the medicare system.

It really came home to me, Mr. Speaker, when I visited a senior citizens' home and took part in a general discussion over lunch. A number of senior citizens indicated their concern about the availability of health care and they indicated that they were now reluctant to use the hospital system in the way they felt they ought to because of the extra fees they would be required to pay.

Whether or not all of these things which I have mentioned are true in fact, the point I would like to make is that there is a certain mind-set in the country. People who are elderly, ill or poor are, to a certain extent, of the impression that health care is no longer available to them. When it comes to having to pay premiums and extra fees to one's physician, one could say that there is certainly some truth to that in some of the cases I have mentioned. As a matter of fact, when we tally up the amount of money being set aside in user fees and extra billing, we are talking about an amount of money in the \$120 million to \$130 million range.

In the whole scheme of health care costs in Canada, \$120 million to \$130 million is not a significant amount of money. However, one could consider that this is an amount of money which is really nothing more than a special tax on the sick with a particularly hard impact upon the poor and the elderly. Bill C-3 has come before the House for third reading today in an effort to do something to end these extra costs.