

Supply—Health and Welfare

ization continuing, and apparently a stubborn refusal on the part of the government, particularly the Minister of National Health and Welfare, to recognize that the province of Alberta as well as other provinces ought to have the right to administer these acts in the way they choose.

The premier, minister of finance and minister of health of the province of Alberta have been to Ottawa on a number of occasions to put forward the view that they believe that a so-called deterrent fee of \$1.60 to \$2 per day is not only a valid and justifiable means of collecting some part of the cost of operating hospitals but also acts as a deterrent in that it leaves some responsibility for this service with the individual. I want to quote from a speech made by the minister of health of the province of Alberta on February 15 of this year in which he said in part:

In the first place, it certainly discourages abuse of hospital benefits. I don't suggest that many people are going to stay in the hospital when they don't have to be there, just because it doesn't cost them anything to be in the hospital, but certainly the daily charge that is levied against the patient ensures that no one is going to remain in the hospital any longer than they require the hospital care. This is important in order to make beds available for those who need them more. In addition to this, the co-insurance fee is a method of dividing financial responsibility in an equitable manner between the individual who is getting the benefits of the service and the public who are paying the rest of the bill.

A few minutes ago the Minister of National Health and Welfare suggested that this principle might be accepted with regard to the recommendations of the Hall commission report. In other words, when we reach the stage where the federal government is going to set up a national medicare or medical scheme the government will probably accept the recommendation in the Hall report that there be a deterrent fee so that there will be some individual responsibility for the services provided. With regard to the argument that no one who is sick and in a hospital should be obliged to pay any part of the cost, in other words, that it is the wrong time to collect any fee or payment when a person is sick, the minister certainly is not going to try to argue that everyone who tries to enter a hospital is destitute any more than it can be argued that every person requiring drugs is destitute. I would say that over 95 per cent of the people have resources that they can use in order to pay a small deterrent fee when they are in hospital, and to argue that it is not right or fair to collect a small deterrent fee when the person is using the facilities

of a \$24 a day hospital bed is no more correct than to say that there should not be a deterrent fee for the person requiring drugs. I think it can be argued equally well that no person should be charged for drugs when they need them if you are going to argue there should be no charge for the use of hospital services.

So, Mr. Chairman, the argument breaks down. But the interesting point is whether the province of Alberta is going to have to wait until the federal government accepts the principle of a deterrent fee. Apparently somewhere along the way, whether a few months or a few years from now, consideration is to be given to adopting the same kind of method that the province of Alberta has considered right and proper up until this time.

From 1957 and 1958 when the agreements were first made the province has used a deterrent fee of varying amounts. I think it started out at \$1 per day. In relation to the actual cost of operating the hospital beds the amount charged today is no more than the initial amount. We think the present situation is unfair. We have had no satisfactory explanation except that there is some disagreement in principle. But today the minister told the committee that there is some validity to the argument with respect to drugs and perhaps a fee of \$1 per prescription ought to be charged. She even went so far as to say this would bring about a certain amount of individual responsibility for these services so that they would not be abused.

I contend that this argument applies equally to the use of hospital beds. At the present time the taxpayers of the province of Alberta are having to pay approximately \$1,700,000 over and above what they ought to be paying in relation to the other provinces. Perhaps \$1,700,000 a year is not a large amount but it is the result of a discriminatory practice that we think should be changed. As a matter of fact, the Prime Minister had something to say about shared programs when he spoke to the federal-provincial conference on November 26, 1963. At that time he said:

In many areas the federal and provincial governments are responsible for parallel action within their respective jurisdictions. Each must operate in its own sphere of jurisdiction, and respect the other sphere. That is essential to both the letter and the spirit of our constitution.

Then he went on to say:

Such consultation and co-operation can be effective only if they are mutual, working in both directions. This is essentially what I have had in mind when speaking about the need for a "co-operative federalism".