

extra billing, to say, if you were contracted with doctors for say, two years, or for perhaps another 18 months or whatever, that you are going to cut it off right now. I believe three years was chosen because three years is the maximum agreement which exists on a fee basis between a province and the medical profession.

Mr. Blaikie: Where?

Mr. Breau: I forget where it is. However, I think it is the maximum.

Mr. Blaikie: Ontario. Ontario is running the country again.

Mr. Breau: With respect to the Hon. Member's second question as to why we should withhold the money, I feel the Hon. Member has to be concerned—I was concerned also and it was difficult to come to a conclusion—about the right of the taxpayer in that province, that in a battle between two sets of what are really political objectives, one a federal statute, the other a provincial plan, the right of the taxpayer of that province must be considered in theory and at some broad level. It seems to me that once that money is appropriated by Parliament for a certain reason, if it is not going to be returned to the province in some way, I feel there is a question of principle there which is important. The impact of the amount of money is not important. We are not talking of large amounts of money considering the amount of money we are spending on health care. It is the principle of what you do with money which was appropriated by Parliament for the benefit of taxpayers in the province. With respect to that issue or principle, I would not want to create a precedent whereby any government through any piece of legislation could later change the appropriation which was provided by Parliament. It is a question of principle, in my view.

PROCEEDINGS ON ADJOURNMENT MOTION

[Translation]

SUBJECT MATTER OF QUESTION TO BE DEBATED

The Acting Speaker (Mr. Guilbault): Order! It is my duty, pursuant to Standing Order 45, to inform the House that the question to be raised tonight at the time of adjournment is as follows: the Hon. Member for The Battlefords-Meadow Lake (Mr. Anguish)—Environmental Affairs (a) Leakage of contaminated water at Key Lake uranium mine, Sask. (b) Role of Atomic Energy Control Board.

Canada Health Act

GOVERNMENT ORDERS

[English]

● (1630)

CANADA HEALTH ACT

MEASURE TO ESTABLISH

The House resumed consideration of the motion of Miss Bégin that Bill C-3, an Act relating to cash contributions by Canada in respect of insured health services provided under provincial health care insurance plans and amounts payable by Canada in respect of extended health care services and to amend and repeal certain Acts in consequence thereof, be read the second time and referred to the Standing Committee on Health, Welfare and Social Affairs.

Mr. Bruce Halliday (Oxford): Mr. Speaker, first of all may I take this opportunity to congratulate you upon assuming the Chair today which I think is your first day in your role as Acting Speaker. I want to wish you well in the months and years ahead.

May I also say how pleased I am to follow two colleagues in my Party, the Hon. Member for Provencher (Mr. Epp), who is our very capable critic on health, and also the Hon. Member for Rosedale (Mr. Crombie), a former Minister of National Health and Welfare.

It is interesting to contrast the presentations made by my two colleagues in terms of substance, depth of understanding, imagination and insight into the future, with the two speeches we heard yesterday and today from Ministers on the government side. They did little more than say what a great health care system we have in Canada—and most of us would agree with that—yet they are tinkering with it. They seem to have forgotten that if something is not broken, you do not fix it. Be that as it may, the health care system is being fixed already without regard to the future and the kind of imaginative programs we need such as were spelled out today by the Hon. Member for Rosedale.

The principles of medicare set out in the new Canada Health Act in the form of program criteria for maximum federal funding are generally acceptable to Canadians. This Party's commitment to these basic principles of medicare dictates our support for the Act in principle. However, there are some very serious questions about the adequacy of the new Act in ensuring that Canadians will receive quality medical care well into the future. There are three major areas of weakness, and today time will probably allow me to discuss only two of them.

The first area concerns the process and the fact that in formulating the increased demands upon the provinces for which the Bill calls, the federal Government has failed to consult and failed to include the views of the provinces in its deliberations. The unilateral imposition of the Act on the provinces only exacerbates the animosity between the two levels of government, a factor which, more than any other, may threaten the future of medicare.

The second shortcoming in the Bill is that it fails to address the overriding problem of medicare in Canada, namely the