

*Medical Care Act*

coast. My part of Canada, which is not famed for the greatness of its financial resources, is most concerned. Even when the government shared costs on a 50-50 basis, the people of my area, which is colloquially known as an area of regional economic disparity, never enjoyed the sort of medical care services which were available in richer provinces like Ontario, Alberta and British Columbia. Being richer, those provinces were able to develop a medicare system with many extras which provinces like my native Nova Scotia could not afford. Certainly, on a 50-50 basis, it is part of the problem in post-secondary education, about which I know a little, having the very illustrious Acadia University in my home town. That university surpasses most others in basketball, football and hockey, as well as being a leader in the educational field. Even though it is a small university, it has won several basketball championships. We believe in quality rather than quantity.

● (1450)

With regard to medicare, and at the same time appreciating the problem of post-secondary education, with a 50-50 program one province may have more capacity for building a medicare or education program with extras. With the federal government sharing 50-50, obviously with an expensive program it gives to the citizens and students of the richer provinces something better than can be afforded in those provinces which do not have as many economic resources. We understand that in a way; it is part of the facts of life in Canada. With a medicare program or any other social legislation, the emphasis has always been, whether it be a Liberal or Conservative government, to try to equalize opportunities. This is true with regard to medical services and education.

Also on the docket is the hospitalization program. The federal government has given notice that it wants to opt out of that program. However, when the program was brought in by a Conservative government under the leadership of the right hon. member for Prince Albert (Mr. Diefenbaker), a clause was inserted to the effect that a province or party wanting to opt out must give five years' notice. That is why in this bill the government is giving five years' notice.

Hopefully, within the five years the provinces and the federal government will be able to work out a suitable substitute program for hospitalization. It would be anarchy if the federal government pulled out of this hospital plan without having something to fill the vacuum. I do not think this government would want to stumble, as we will be stumbling into the July 1 weekend next week, and God knows how many weeks after that, into that type of quagmire with regard to medical services in this country.

In the hospitalization program put into place by the Conservative government of the day, the five-year notice requirement before any province or party could opt out was a very constructive proposal. However, as I said earlier, under a Conservative or Liberal government the emphasis has always been to try to equalize medical services and educational opportunities. We are debating the medicare bill today. It does not have the five-year notice provision. That is why we had unilateral action about a year ago, and why there has not been very much consultation or negotiation as the government moves on with this

bill, and I might point out that we are in the dying stages of the bill.

As I pointed out earlier, even a 50-50 program mitigates against a program that does not have fundamental economic wealth. On a 50-50 basis, the richer provinces are able to have a better type of medicare scheme than the poorer provinces. I know several cases in my constituency where people have told me they would benefit from a medical care program if they lived in Ontario, because the provisions cover that here, whereas in Nova Scotia they do not. We are always a little reluctant about a 50-50 basis, but at least we know it is a start toward equalized opportunity.

I have read most of the debate on Bill C-68. I have talked to the chairman of our committee, the hon. member for Athabasca. For some strange reason, the government will, out of the blue, be putting a limit on future increases in medical care payments which it will make. This will be done even before the final cutoff. It gives me a great deal of concern.

There is nobody in this House who does not appreciate that medical costs, along with gasoline costs, energy costs, food costs, and so on, have gone up and will continue to do so, hopefully on a reducing scale. However, under Bill C-68 the 50-50 provision is being changed. In the first year the federal government will pay only 13 per cent of any increase in their 50 per cent. The second year they will only pay an increased 10 per cent of their 50 per cent, regardless of whether the costs go up by 90 per cent or 40 per cent. The limit on federal government involvement will be 15 per cent next year and 10 per cent the year after, regardless of the inflation factor.

In my province, which does not have the fundamental economic resources of others and therefore cannot afford even a modified medicare program, there is great concern about what this restriction will do to basic medical coverage, let alone any so-called rich plan. I have not yet heard the justification for the 13 per cent and 10 per cent. We then get to the third year, the real nigger in the woodpile. The restriction on government involvement will be done by order in council. That is the cabinet, meeting in the East Block, perhaps having time to think in a constructive way, but more often meeting in a crisis situation at the end of the session or at 11 o'clock at night, not able to give full ventilation to something so fundamental. Who knows what figure they will come up with for the third year? It will not just be a damper but a blanket on medical care payments to all Canadians.

Through the work of the standing committee that reviewed this bill, as well as the work of the hon. member for Athabasca, the hon. member for Kootenay West (Mr. Brisco), and the co-operation of the Minister of National Health and Welfare (Mr. Lalonde)—at least at that stage—the third year kicker will have some ventilation because of an amendment introduced by the minister through the persuasion of opposition members. It will not be changed, but at least there will be two days' debate in the House of Commons with regard to the order in council. The effect of the 13 per cent limit next year and the 10 per cent limit the second year might already have put medical care programs, in all provinces, in such a state of chaos that I do not know if a two-day debate will be sufficient to point out to the government all that will be necessary. Hopefully, there