

becomes extremely widespread, then obviously it will be a malaise which is more difficult to deal with at that time. In addition, there are advantages to the provinces to know exactly what the situation is and what the determination of the Government of Canada is on the matter.

Let us just consider what user fees lead us to. There is a bargain between the federal Government and the provinces to provide money to prepay the hospitalization and medical care of all citizens of Canada. That payment has been made out of the tax dollars the people pay. When you implement user fees you are saying to the people that through their taxes they prepaid the services but we are going to require that they pay again and pay some more. As time passes and user fee amounts escalate if left unchecked, then obviously you come to a time when the money originally provided by the federal and provincial Governments for health care is not really paying for that at all.

It is only the provinces that are concerned with applying user fees, Mr. Speaker, because it is only their share of the cost of medicare which can be diminished as a consequence. Therefore, it is best for them that the temptation does not exist. It is obviously best for the people of the country, having prepaid for the service, that an unfair and additional burden not be placed on them.

I want to say just a word now about extra billing. The vast majority of doctors in this country do not extra-bill. Some doctors who do have done it with great discretion and in circumstances where it may have served a useful social purpose. An example of that is a situation where normal income does not enable a specialist to remain in the smaller centres and they move to a larger centre. We have felt in Nova Scotia that in some instances that has been one of the advantages. The problem is that there have been other doctors who unfortunately have tended more and more to extra-bill and not use the same discretion as to the circumstances in which it would be utilized. I have to say that has been much more prevalent in some other parts of Canada than it has been, for instance, in my province.

I recognize, as other legislators do, I am sure, that it is necessary to apply the rules on a national basis. Therefore, to counter the problem which has existed in some parts of the country, it has been necessary for the Minister to come forward with a method of stopping extra billing in the same way that this legislation will hopefully stop user fees from being applied by the provinces.

There must be some incentive for efficiency, Mr. Speaker. When you have a program shared between the federal and provincial Governments, and the province is putting up less than 50 per cent, as is the case to a considerable degree in a number of our provinces, then you have a situation where a province sometimes does not have the same degree of incentive to watch costs as would be the case if it had to tax for 100 per cent of the dollars it is spending. In that regard it is important that we retain the original bargain: the federal Government puts up its share along with the provinces and there is no other source of revenue at all.

Canada Health Act

I am not going to spend time today on the disputes which occur from time to time about whether the federal Government has maintained its share. It certainly has, Mr. Speaker, and anyone who contends differently is guilty of a distortion. I recognize that figures do not lie, but sometimes it is possible to juggle the figures. Those people who suggest that the Government of Canada has not fully carried its weight on these very important programs are playing into the hands of people who are not stating the matter in an accurate fashion. Obviously some provinces have not fulfilled their responsibility if they seek to put another burden on the backs of people by way of extra billing and user-fees, or if they have not done enough to see that the expenditures are made in an efficient manner.

I want to touch on that very briefly, Mr. Speaker, because I think it is important that we battle against the escalation in the cost of the medical care delivery system by achieving greater efficiency in administration and operation. The people of Canada well know that responsibility is in the hands of those who do the day to day administration, the provinces. I hope that matter will continue to be seriously addressed in this country.

I now want to come to why we have this new legislation. We have had a good bargain for the provinces and the people of Canada in our medicare and hospitalization system, so why is it that the Government of Canada and the Minister of National Health and Welfare come forth with this legislation? It is to guard what we have. It would not have been necessary to bring forth new legislation if nothing had changed, indeed, if the Parties had continued to carry out the bargain in the way it was originally meant to be carried out. Unfortunately there has been a change and no one can argue with that. Everyone can see year by year the escalation in the amount of extra billing and of the tendency toward the application of user fees and the open, public statements by some authorities of their intention to apply those. It is not the Government of Canada and it is not the Minister of Health who has required the situation—

● (1530)

An Hon. Member: The revenue guarantee.

Mr. Regan: The Hon. Member says the revenue guarantee. The Hon. Member knows that the Provinces again and again said that the revenue guarantee had nothing to do with this program.

Miss MacDonald: Come, come.

Mr. Regan: You can wave your hand if you want to, but I give you the words of the Premiers in that regard, and Premiers' words must be given very close attention.

Miss MacDonald: I give you the words of John Turner.

Mr. Epp: He does not like John Turner either.

Mr. Regan: I must not be drawn aside by all these comments from these people who are supposed to be supporting this legislation and who, I hope, are supporting it.