where that Party is trying to outdo the Tories—have medical premiums, or deterrent fees, extra charges or extra billings to various degrees. The shameful irony of it is that the three wealthiest provinces in the country charge premiums. In Ontario, the fee is almost $700 a year per family. But the dear Tory Government in Toronto is magnanimous. A person earning less than $6,000 a year qualifies for premium assistance. If that is not abysmal, the actual practice and experience is that those people either do not know about this assistance or will not apply because they do not want to go through means tests for their health services, nor should they. No one, rich or poor, wherever they live in this country, should have to go through any kind of examination concerning their financial wherewithal. Many years ago Canadians decided that the nation as a whole through the national and provincial governments would cover the costs of health care and the citizens of the nation would share in those costs. Surely that is right, proper, decent and civilized.

• (1115)

I said this legislation is insufficient because we do not believe the dollar for dollar penalty will work. Provinces will find no hardship on a dollar for dollar basis. For every dollar collected in deterrent fees, extra billing, or medical premiums, will mean they are penalized a dollar in federal contributions. That same dollar will have already been collected from the patient and put into the treasury of the hospital or the doctor's pocket. That is not much of a penalty. I think the penalty could be a dollar for a dollar for the first year in any province that still allows extra billing, extra charges and premiums and then it should increase to two dollars for every one dollar. If provinces were still allowing extra billing after two years, then in the third year the penalty should go to three dollars for every one dollar. I know there will be those who will say this is coercion by the federal Government, forcing the provinces and whatnot, but as long as you have that many Tory Governments in Canada, they will have to be pushed, coerced, and if necessary financially forced.

A dollar for dollar operation is not in itself only insufficient but something should be done on the opposite side of the coin which would then alleviate or head off any possibility of force or coercion, or whatever you want to call it, from Ottawa. There should be a provision in the Health Act for incentives for provinces. There are many other things needed, including home care, some nursing, special nursing, chronic care beds, level three and four care beds, midwives, paramedics and ambulance services, both air and ground. If provinces expand and move into all these other areas which are by and large unavailable to many people, as well as into preventive medicine, the federal Government can and should be saying to the provinces: "When you do that, instead of getting 50 per cent of the costs you will get 51 per cent; and if you do more, you will get 52 per cent". This sort of thing should apply to at least the poorer provinces, the have-not provinces. In fact, it should apply all the time. The wealthier provinces would not need to be treated as generously, although they could be.

Surely it is some kind of social tragedy that in every city across this land there are waiting lists as long as your arm for beds for the chronically ill and the elderly. All of us have experienced constituents who call, write and plead to get into a senior citizens' home. We hear particularly from families of people who need level three and four care as well as from those who need chronic care.

• (1120)

Even in Saskatchewan, to our shame, we have some extra billing. I spoke to a good friend of mine the other day, Allan Brown, who is over 65 years of age. He said he did not mind if I used his name. He was a member of the Saskatchewan legislature for 16 years, until 1960. He is a severe diabetic. He is now blind in one eye. He is due for an operation tomorrow on the other eye; they hope they can save it. It is an operation for cataracts. He has the old age pension and he has a small MLA's pension for which he did not become eligible until 1970, when he reached the appropriate age. That is all he has. He has to stay with another couple. He goes to see the eye specialist. He is in there 20 minutes or 30 minutes and he has to pay $55. That is what happened last week. He will get back $20 or $25 of that from the Saskatchewan medical services plan, but the other $30 or $35 or whatever it is comes out of his meagre income.

People should not be treated that way. No government with any kind of conscience, no Parliament with any kind of conscience, would allow any citizen in those circumstances to be treated that way. There is no excuse for it. If it meant raising the budget $1 billion per year, so what? It is money we owe ourselves. There are thousands of families in the country who have to raise as much as $10,000 per year for special and private nursing. There are thousands of families every year who have to find up to $1,500, $2,000 or $2,500 a month to keep a parent or a grandparent in a home for the elderly at level three or level four. If those kinds of costs were shared by all Canadians, surely it would be the right and proper thing to do. In a nation such as ours, while we have done well and made great advances in health care, we have much more to do. Many thousands of beds are taken up when they could be used by people who are much more severely ill.

I will never forget the royal commission on health care in Saskatchewan. Members of the commission went to Europe back in the mid and late 1950s. They found that home care and midwife services were available to everyone in a little country like Holland. We could be doing that. It would take some of the pressure off the hospitals.

What about paramedics and ambulance services? An ambulance driver who is a friend of mine told me that in many instances in the City of Regina it would be safer and quicker to take a taxi because the paramedics are not well enough trained. Many procedures for which they are trained they are not allowed to do. Surely that is inadequate.

We could relieve some of the pressures on hospitals and medical practitioners if these kinds of services were in place and in most instances operating under the supervision of