

*Private Members' Business*

Canada Health Act, this Liberal government is effectively saying that the provinces cannot be trusted to uphold this principle.

My question for the government is this. Why on earth can the provinces not be trusted? After all, medicare was not dreamed up in Ottawa. It originated from one province experimenting with new and better ways of caring for its people. Medicare itself was born precisely because the federal government of the day provided provincial governments like Saskatchewan with flexibility in the field of health services.

I would also ask the government why it questions the provinces' commitment to health care at a time when the federal government itself is steadily reducing its own share of the burden. Cash transfers for health amount to less than 6 per cent of total federal program spending. Yet the provinces typically devote between 30 and 40 per cent of their budgets to health care.

Who are the true guardians of health care in this country? It would seem to me it is the provinces. From a more pragmatic viewpoint, why would this government doubt for a moment that the voters of any province would allow a provincial government to undermine the fundamental principles of medicare?

In closing, I would like to point out that the governments closest to the people are held closest to account. Ultimately, in a democratic society it is the people who should decide how a province fulfils its constitutional duty to provide health care services, not a federal bureaucracy.

I hope everyone will give their support to Motion No. 424.

**Mr. Stan Dromisky (Thunder Bay—Atikokan, Lib.):** Mr. Speaker, I am indeed pleased to be able to participate in this debate. I personally believe very strongly in the principles of medicare and I know that they are also of great importance to people not only in my own riding but across the country.

The Canada Health Act is a brief, simple act. It sets out the five principles: public administration, universality, accessibility, portability, and comprehensiveness. It has a few definitions and deals briefly with penalties for failure to achieve these principles. It does not, could not, and should not set out how provinces operate their systems.

The preamble of the Canada Health Act is clear on this. Provinces are free to build their own systems within the broad framework of the Canada Health Act.

The guiding principle of medicare has long been that Canadians' health and access to quality care should not depend upon their financial means. In 1984 the Canada Health Act was introduced by a Liberal government and passed unanimously. The preamble of the Canada Health Act recognizes that "Continued access to quality health care without financial or other barriers will be critical to maintaining and improving the health and well-being of Canadians". This concept is also brought out

as the primary objective in Canadian health care policy: "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers, as described in section 3 of the act". It is within this framework that I wish to address the motion before us today.

• (1200)

Contrary to what some members in the House would have us believe, the government does not have a rigid view of how health care should be organized in Canada. The provinces already have a large degree of flexibility in the organization and provision of health insurance and health services. They have had this flexibility for many years. The only conditions the federal government assigns are that the provinces respect the requirements of the Canada Health Act.

Within the requirements provinces can experiment and change the way they deliver care, and many have been doing so. Nothing in the Canada Health Act limits the flexibility of provinces to realign the delivery and organization of their health care systems. Almost all provinces have embarked over the last few years on major reforms of their health systems.

The public administration criterion of the Canada Health Act presents a good example of the flexibility inherent in the act both in the provision of health insurance and in the delivery of health services by the provinces. The criterion applies to provincial health insurance plans and not to the administration of individual components of the health care system such as hospitals. This means, for instance, that private sector management of publicly owned hospitals is permitted. In addition the criterion allows administration authority of a provincial health insurance plan to be delegated to an agency if that is the wish.

Another example of flexibility inherent within the Canada Health Act relates to hospital services. These services are not directly tied to an institutional setting. Thus it is permissible for acute care to be provided in the community in a patient's home, for instance. It is always the provinces, not the federal government, that determine which services will be given in which setting.

The extramural hospital in New Brunswick is an example of provincial use of the flexibility. Under the program the patient is formally admitted to the acute care program. However, all required services are brought to the patient's home and not to the most expensive operating unit within the hospital structure called the emergency ward.

I emphasize, however, that the government recognizes the need for flexibility. On other hand it will not compromise on the fundamental values upon which the Canada Health Act and medicare in Canada are based. We are and we will continue to be flexible in our approach to health care, but we will not permit financial barriers to impede access to health services. If flexibility means turning our health care system into a private one that profits from the misfortunes of Canadians, the government