

Canada Health Act

[English]

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MEASURE TO ESTABLISH

The House resumed from Monday, January 16, 1983, 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.

Hon. Gerald Regan (Minister for International Trade): Mr. Speaker, I am happy to have the opportunity to speak in support of this legislation and to say a few words about why I take that position. I believe that in this country our medical and hospitalization programs have not only been a great success, but they have become a hallmark of our Canadian society and to a very large extent have more clearly than other things distinguished us from some other countries that have not had the advantage of programs as well planned as our hospitalization and medicare programs. I think they can be referred to as the great Canadian experiment. In particular they distinguish us as more civilized in our care for our citizens than our American cousins and less socialized than other countries that have taken quite a different approach to the question of medical care.

The main thing about our system is that on the whole it has worked well. It has had its flaws and its shortcomings. Indeed, I am sure we would all agree that there are other aspects of medical well-being and the care of our citizens that we would wish could be included in this partnership between the federal and provincial Governments but which, for financial and other reasons, have not as yet been the subject of the agreements that have existed for so long.

I think we have to be very clear that we are concerned today and in this debate with the program that has existed and with guarding its integrity against changes that may occur.

I did not make many notes for this speech but I did give a considerable amount of thought over some months to this legislation and to the question of what we are involved in with the change that has been proposed to the law.

I have had the experience, of course, of being involved in the administration of medicare and hospitalization from the point of view of the provinces, having been a member of a provincial government faced with the necessity of finding the dollars for the programs. It is quite true that for some provinces, such as Nova Scotia, it is never easy to find the money for the important programs, including hospitalization and medicare, and for the programs in general that are important to the public. Of course, for the past four years I have been involved as a member of the national Government. I think that, as a consequence, I can understand the pressures on both sides when it becomes a question of finding the money and carrying out the agreement in a way that guards the interests of the

people of the country and at the same time provides for prudent use of provincial and federal moneys.

Speaking of the two programs in the retrospect of 15 or 25 years, I believe they have been a great deal for the provinces. The provinces have done very well. Over 50 per cent of the cost has been provided by the national Government yet the provinces have had all the advantages of administration. I can tell you, Mr. Speaker, again from the little bit of experience that I have, that there are advantages in that and there are some possibilities for savings for the level of government that carries out the administration.

That is true of all our shared cost federal-provincial programs which are carried out in the way that is best designed to meet the needs of Canadians, since in many instances government that is closer to the local population is in a better position to carry out the administration. It does sometimes provide the temptation to claim all the credit for a program and to blame the feds away in Ottawa for inadequate financing, no matter how much financing is involved.

If one has independent financial people examine the history of these programs over the years, I do not think that any fair charge can be laid that Ottawa has not paid its share. In eight out of the ten provinces the federal Government is paying over 50 per cent, even under the revised formula that has come about following the bloc funding; but over the years the federal contribution has been the largest, and therefore I believe from the point of view of the provinces carrying out the administration it has been a good and fair partnership. Unfortunately, the voice of faction is always difficult to hush and when there are provincial administrations not of the same political philosophy of the federal Government, then from time to time political issues will arise.

I think the federal Government and the provinces have to recognize that the national Government is not a bottomless barrel in relation to the supply of money any more than provincial governments are. We must also recognize that today our national Government, like that of most other countries, has the same problem that the provinces have in finding the necessary dollars at a reasonable level of taxation to provide the important services that the public demands and, indeed, needs.

● (1520)

I have given that background because I want to come to the question of user fees, which I recognize can be a tempting method of raising additional funding at the provincial level. It has not been used in all the provinces but there has been a growing tendency to move in that direction with all the erosion that will mean for a system which has been tremendously good for our country. Therefore I believe the Minister of National Health and Welfare (Miss Bégin) is to be very much complimented for moving on this matter at this point.

I guess it was Sam Slick from Windsor, Nova Scotia, the early American humorist, who said that an ounce of prevention is worth a pound of cure. I believe that applies in this instance. If we sit back and wait until the practice of user fees