

*Federal-Provincial Fiscal Arrangements*

inces already have a succession duty plan in effect—British Columbia, Ontario and Quebec. Six other provinces now intend to enter the field—Saskatchewan, Manitoba and the four Atlantic provinces. This leaves only the province of Alberta without any sort of succession duty plan.

The question I want to put to the Minister of Finance (Mr. Turner) is this: In the situation that Alberta is not going to be imposing any sort of succession duty, will that province benefit in any way from the calculations made under this act? I hope the minister will deal with this matter when he closes the debate.

A number of other concerns have also been expressed in past years in defining provincial revenues with respect to resources. I would appreciate hearing from the minister what progress has been made in this field and whether the provinces are satisfied with the new formulas for calculating revenue resources. This is particularly important because some provinces, as a matter of policy, have decided to collect more of their revenue from resource royalties and other forms of levies. This is equalized in the calculations that are worked out. Of course, there is no problem. For a long time there was a problem which was particularly serious for the province of Saskatchewan, for example. I am not sure from the wording of the bill that this is the present situation.

There is one other area I wish to deal with tonight. It is related to our concern about this act, although in some respects it may go beyond the immediate terms of the bill. It has to do with the future of federal-provincial health programs. I understand that at the present time negotiations are under way between the federal government and the provincial governments to change the formula for making payments to the provinces under hospitalization and medicare programs. I note in the bill before us that provision is made for continuing the federal hospitalization act for another five years. Under the terms of the bill, I am not clear whether it will be possible to change the formula for making payments. Nevertheless, I think there is an area of concern here.

It is not quite clear from the proposals that I understand the federal government has placed before the provinces whether in the long run it wants to opt out of these programs; whether it wants to get out of the federal medicare and hospitalization programs. No doubt the government is concerned about the very high rate of growth and cost of these programs.

**Mr. Douglas:** Who isn't?

**Mr. Burton:** As the hon. member for Nanaimo-Cowichan-The Islands says, "Who isn't?" I have before me a speech delivered recently by the minister of public health of the province of Saskatchewan in which he expressed a great deal of concern about the increase in health costs. With regard to the hospital service plan in Saskatchewan, the medical care insurance plan, he points out that in 1968-69 the total cost for these two programs was \$96 million. For 1971-72 the figure is \$132 million, a growth of 37.5 per cent in something like three years. Certainly this is a cause of concern to all governments involved.

In dealing with this problem we have to make sure that the federal government is not taking an approach of just

[Mr. Burton.]

opting out or trying to decrease the contribution it makes to these programs without ensuring that the provinces have adequate fiscal capacity to carry whatever burdens they will have to carry. We need a combined effort on the part of federal and provincial jurisdictions to ensure that some controls are placed on the cost of these programs. At the same time we must ensure there is no decrease in the quality of health care provided and, in fact, that there is an improvement in their quality. This can be done because it has been shown in a number of our health programs that new approaches are possible. There is less emphasis on curative procedures and more on preventive programs. There is not as much need for straight hospital care. It is possible to introduce a variety of approaches that can very well bring about improvements and the quality of care.

I suggest this could be best carried out if the federal government made it quite clear that it was willing to go along with the provinces all the way in introducing improvements in their health programs, helping them adequately to combat a problem we all face in trying to deal with the situation of the growing cost of programs in this area.

There are other remarks I would like to make on this bill; I therefore ask if we can call it ten o'clock.

## PROCEEDINGS ON ADJOURNMENT MOTION

A motion to adjourn the House under Standing Order 40 deemed to have been moved.

### TRANSPORT—OMISSION OF LACHINE CANAL IN TAKEOVER BY DEPARTMENT OF INDIAN AFFAIRS AND NORTHERN DEVELOPMENT

**Mr. Raymond Rock (Lachine):** Mr. Speaker, during the question period on Wednesday, February 23, I asked the Minister of Indian Affairs and Northern Development (Mr. Chrétien) the following question:

Why was the Lachine canal not included in the takeover of historic canals and given national park status?

The minister was unable to answer because of Mr. Speaker's ruling. Therefore, I raise the subject matter of the Lachine canal at ten o'clock this evening. On February 22, the Minister of Indian Affairs and Northern Development announced that eight canals with important historic links had been transferred to the conservation program. In other words, eight canals were given national park status and a higher recreational and tourist potential. These were the Rideau canal built in 1832, the Trent canal built in 1833, the Murray canal built in 1889, the Ste. Anne canal built in 1843, the Carillon canal built in 1833, the Richelieu canal built in 1849, the Chambly canal built in 1843 and the St. Peter's canal built in 1869.

I welcomed this announcement. It is wonderful. It makes me very happy that the government made the decision to preserve these historic canals and create a national park system because I asked for this many years ago when Mr. Pickersgill was minister of transport. How-