

Montreal Chest Hospital. In November, 1983 her husband received a bill for \$850 for one month; in December, a bill for \$383.88; for January, \$797.02. It goes on, Mr. Speaker. I know of other cases where old people requiring medical care—they are not just those who have no one to care for them—are in overcrowded, poorly staffed nursing homes and certain chronic care hospitals. They must pay fees, and I have seen some bills amounting to \$900 to \$1,000 per month.

Miss MacDonald: This Bill does not address that.

Mr. Allmand: I know it does not address it because it deals with specific user charges and extra billing. She had no solution either, and that is why I am raising it in the House. This House and all the provinces must do something about it. It is interesting to note that the hon. lady is a Conservative from Ontario. The situation is just as shameful in Ontario under a provincial Conservative Government which has been in power for years.

Some Hon. Members: Hear, hear!

Mr. Allmand: These provincial governments try to justify these charges—

Mr. McDermid: There was a Liberal Government in Quebec, too.

Mr. Allmand: Well, there is fault in many places and we have to correct it. These provincial governments try to justify these extra charges by saying they are necessary to cover meal and room costs. Well, that is a ridiculous argument. Most people in these chronic care institutions have an elderly spouse at home. They must still pay their rent, utilities and taxes at home. To say that they are being charged in the hospital or institution for food and lodging is like pretending they are on some sort of holiday at a hotel. It is a ridiculous argument. We do not take that approach with people in ordinary hospitals. We do not charge them for the food and room because we know it would be impossible for them to pay. Here we have a situation where people are paying \$800, \$700, \$1,000 per month for longterm chronic care. That we should allow this situation to exist in Canada in 1984 is a national shame. It is basically a provincial responsibility but the federal Government must do more to encourage improvement.

I was pleased to note that the Minister, after discussions in committee, announced that soon after this Bill is passed she would seek talks with the provinces to discuss the wide range of matters not covered by this Bill. She assures me that chronic care is high on that list. I hope those discussions will be meaningful and lead to improvement. In the meantime, Mr. Speaker, we are confronted with certain very specific problems right now—the erosion of our medicare system by extra billing and user charges. Let us deal with this immediately and pass this Bill.

Miss MacDonald: Mr. Speaker, I listened to what the Hon. Member had to say here and in committee. I was glad he joined the committee because we were both arguing about the

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great need for chronic care facilities to come under insured services. One of the ways that might have been done was to take the term “health care practitioner” and give it a much more definitive backing than appears in the Bill. It is true we got the term introduced as an amendment, but not in the original amendment put forward in committee. The original amendment said that “health care practitioner” means a person lawfully entitled to practise a health care profession in the place in which the practice is carried on by that person.

Had that amendment not been defeated by the Liberal members of the committee, it would have been much more possible for insured services to be directed to chronic care hospitals and the people who operate nursing homes and chronic care hospitals. Given that, why would the Hon. Member not have voted for that amendment in the first place?

Mr. Allmand: Mr. Speaker, I did not vote for or against the amendment because I was one of the five alternate members on the committee. But let me say that I listened to the discussion and I was not convinced that the amendment would have accomplished what both I and the Hon. Member wanted. She is very concerned about the same problem and she gave some very good examples before the committee as well. However, I am afraid most of the amendments I heard before the committee would only deal with the problem in a peripheral way. The problem is so great that for the federal Government, at this stage of the Bill, to accept certain peripheral amendments would have been very difficult with respect to the provinces because they would have to pick up about 50 per cent of the cost.

I am glad that the Hon. Member and others raised this in committee because it is a growing and serious problem which will require a special federal-provincial conference to deal with it. I hope there will be reason on all sides so we can deal with it. But I do not think the amendments put forward in the committee would have really solved the problem even though I did not have a chance to vote for or against them.

• (1220)

Mr. Taylor: Mr. Speaker, I was interested in the comments of the Hon. Member for Notre-Dame-de-Grâce-Lachine East (Mr. Allmand) on the erosion of medicare. I was in the provincial government when the federal Government approached the provincial government and offered to pay 50 per cent of the cost of medicare; I think that was back in 1966. For some time the federal Government paid 50 per cent of those costs. Later on the federal Government introduced a block system and suggested to the provinces that it would be better, instead of paying for isolated items, that the federal Government give a block sum of money, still understanding it would be 50 per cent of the costs. But later we found it was well below 50 per cent. In this Bill we come to the point where the federal Government is paying as little as 32 per cent of the costs of medicare. That is in my province; I do not know what the percentages are in the other provinces. Is this not an erosion of the plan?