

Medicare

well as from the public's point of view, to include these services now and to give the Governor in Council a free hand to bring these services into effect as the situation warranted and in the light of the experience when the federal and the provincial governments found it advisable to do so?

I understand the minister to be saying that this narrow and restrictive interpretation of medical care services is going to stand now, and that later on if it is found advisable to add other services, then the legislation will be amended. Surely, the minister knows that to get a bill through parliament takes some time. Would it not be better from his point of view, and from that of the general public, to have these services provided for in this bill and then give the Governor in Council authority to bring these services into effect by order in council, whenever it is deemed advisable to do so? Does the minister not think from his point of view that this would be a much happier way of proceeding?

Mr. MacEachen: Mr. Chairman, the amendment moved by the hon. member for Burnaby-Coquitlam was carefully considered. I personally felt there was a great deal of merit in his proposal but we were in the position, on the ruling from the Chair, that the amendment went beyond the scope of the resolution. If there were some way to overcome that difficulty I would still at least consider the possibility of doing something along the lines suggested by the hon. member.

That is the only point of difficulty with respect to his proposal. It seemed to me that it went beyond the scope of the resolution and, after reading the relevant article in the B.N.A. Act, I was quite worried that any expenditures made pursuant to the inclusion of a profession later on might be held to be unconstitutional.

Mr. McCleave: Does the minister envisage that there will be a series of dominion-provincial conferences from now on dealing with medicare, and that these conferences will be asked to recommend adjustments in the plan both to this parliament and to the legislatures of the provinces? Is that the only way we will be able to make the changes and additions that we have been talking about for several days? It seems to me that we will have a very rigid scheme that can be adjusted or changed only with extraordinary difficulty, by legislative enactments rather than the making of regulations.

Mr. MacEachen: I think the hon. member for Halifax has described the situation accurately, when he says that any further additions or inclusions of professions would require amendments to this bill or new legislation. I am quite sure that as time goes on there will be additions, and that provinces undoubtedly will want to extend the scope of their plans. We have stated that as a consensus develops among the provinces for additional services, then the federal government will consider sharing the costs of including additional professions and additional services.

Under the legislation as it now stands, to include further groups would require legislative amendments. We have already had at least three federal-provincial conferences in this general field. We are now having careful discussions with at least two provinces with respect to their future planning. Officials from my department and from the province of Saskatchewan have had discussions. We have also had discussions at the official level between the federal government and the province of Nova Scotia. That province now has an advisory health commission, if that is the correct expression, studying this bill and it is considering how a plan could be developed within that province to take advantage of this bill.

I am not trying to declare policy for the government of Nova Scotia, except to describe that there is very close consultation now with respect to how a plan might be developed in that province. I hope to have a chance, possibly at the week end, to meet with some of the officials in Halifax who are working on this matter.

Mr. Herridge: Mr. Chairman, I want to bring to the minister's attention a concrete illustration of what this means even, say, to the people I represent. I represent a riding of about 25,000 square miles. In that riding there are only two medical persons who deal with eyes, one in Nelson and one in Trail, and there are a number of optometrists. Some people have to travel up to 175 miles to get attention for their eyes and even at the present time, with the number of optometrists who are available, they often have to wait up to two weeks to get an appointment. If this legislation forces these people to go to medical people qualified to look after their eyes, one can imagine the circumstances that will prevail. I believe the suggestion made by the hon. member for Burnaby-Coquitlam is a good one. The bill could be amended so the minister would have the power, by order in council, to