

Medicare

province of British Columbia has had a medicare plan for years and has amassed a great body of knowledgeable personnel who have worked on insurance matters. The province of British Columbia has a tremendous amount of experience in this field, and other provinces are willing and able to participate. For example, what about the Swift Current plan? The minister now says that as long as a public authority operates the plan he will trust the province. But the effect of what he is saying is that he will not trust the province with the fiscal responsibility of giving the people the best deal in any medicare plan. He doubts the ability of the provinces to give the people what is best for them.

● (3:40 p.m.)

No other interpretation is possible. If this matter is followed to a conclusion and the plan is administered by a public body excluding everybody else, then the minister loses the experience of the co-operatives, P.S.I. and the insurance companies which are doing such a good job in Ontario, British Columbia, Alberta and in other provinces that have similar organizations. Surely this is a ridiculous position to be put in. I am sure the minister agrees that this amendment ought to carry.

Mr. MacEachen: Mr. Chairman, let me repeat what I said earlier. Acceptance of the amendment would make it possible for a provincial government to turn over to anybody, for example, insurance companies, the operation and administration of this medicare plan.

Mr. Rynard: It is up to them to decide.

Mr. MacEachen: What I am recommending to the house is that any plan in a province to which parliament will be asked to pay a contribution must be operated and administered by a public authority, in other words, by an authority which is a part of the provincial government. Those arguing for the amendment say that the effect of the medical care proposal is to extinguish physician-sponsored plans, co-operatives, and commercial carriers. We have, in the later paragraph to which the hon. member for Winnipeg North Centre takes exception, provided a role for designated agencies. It is a limited role but there is still a role. The function which these designated agencies will not be permitted to fulfil is the assessment of accounts and the determining of the amount of accounts. That is a crucial limitation. Within that limitation private insurance companies can operate.

[Mr. Rynard.]

I shall argue later, when we come to my hon. friend's amendment, that this is precisely the approach taken in Saskatchewan. I shall argue that what is in the bill is fully consistent with the approach taken by the Saskatchewan plan, and I shall name the commercial carriers performing a limited role under the Saskatchewan plan. That this is so is fact and history. Mind you, the commercial carriers will not be permitted to assess accounts or to determine amounts of accounts. That function must be performed by the provincial authority, and the co-operatives, though they can be designated, will not be able to assess or determine the amounts of accounts.

We have been attempting to meet the difficulty of physician-sponsored non-profit plans and how they can be integrated within this proposal and continue to operate for some time. Specifically I think of the Swift Current plan. Under clause 4, subclause 1(a) a non-profit physician-sponsored plan is given a limited role within the provincial authority. That role would be determined by the provincial government, but the physician-sponsored plan would have to offer its services under the provincial authority. It could not be designated as an agency to take on other functions that we think ought only to be contemplated as being discharged by the provincial authority.

Mr. Forrestall: I'll bet you a dollar you cannot repeat that.

Mr. MacEachen: If I understand it I could, and I think I do understand it. I want to make it perfectly clear to the hon. member for Halifax that the point he has raised is very important. When we talk of physician-sponsored plans we have, for example, the maritime medical care plan in Nova Scotia, and the Swift Current plan in Saskatchewan. The concern has been that our proposal would extinguish the functions of these physician-sponsored plans, and that among the functions which might be extinguished would be the capacity which those plans now enjoy to assess and determine accounts to be paid. We say that where such a role is to be undertaken it can be undertaken only under this clause as part of a public authority. We do not see any basic impossibility in using the services of these physician-sponsored plans, in using their expertise and their professional judgment, as part of a public authority. But we do not see a role for them under the designated, limited role of the limiting paragraph.