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undoubtedly important to the health of the Canadian people, but based on the priority established by the provinces there is no province in Canada which has a publicly administered plan covering eye refractions as a benefit under prepaid coverage. That should be of some assistance to hon. members.

Mr. Winkler: Would the minister permit a question? Mr. Chairman, after permitting a number of questions I am sure you will allow me to ask one and I am grateful for that opportunity. I should like to ask the minister a question which I have already put to him earlier. Does he have any amendments of his own to clause 2 of this bill? If so, it would help us to expedite matters if he could advise the committee of them.

Mr. MacEachen: Mr. Chairman, I have no amendment to clause 2. There is an amendment which I propose to put before the committee later in relation to another clause. I trust this amendment will assist the position of the optometric profession. It is not my intention to include the optometric profession under the plan and I believe I would be on very dangerous ground with the provinces because no province has included in its public plan eye refractions, although in Alberta optometrists are included under an extended benefit plan. I would therefore be very hesitant to include optometrists in the plan in view of the experience in the provinces, but I hope to propose an amendment at a later stage on another clause which will at least maintain a non-discriminatory position with respect to the optometric profession. It is an important and numerous profession in Canada and I would like to meet their representations by making an amendment so as to avoid at least any element of discrimination which might exist within the bill.

I want to tell my hon. friends that I have been wrestling with the problem of oral surgeons and, although I am not absolutely certain, it might be possible for me to put a proposal to the committee which will assist in that particular field. I would like to do so, and it may be possible for me to place a proposal before the committee for their consideration. If it is favourably considered it might be put in the form of an amendment. In each of these cases I have to bear in mind the fact that the provinces are under a definite impression that we are proceeding in a certain direction, and any further alterations will have to be permissive in character so as to allow the final determination to be made by the provinces.

[Mr. MacEachen.]

I want to make the general point that we laid down a policy many months ago. This policy is now embodied in the bill. We have said that the provinces which want to add further benefits may do so on their own responsibility and that we will consider, as a consensus develops in the provinces, sharing the cost of the additional benefits. It is important that a consensus develop because some priority has to be given to the competing demands for additional benefits.

With respect to the optometric profession and to oral surgeons—and I do not underestimate the importance of any group—I hope later in the committee, if not to propose amendments, at least to make proposals which might be embodied in amendments if they meet with a favourable reaction from the committee.

Mr. Knowles: Would the minister permit a question at this point? Would he now be willing to tell us the nature of the proposals he has the intention of making with respect to these two groups? It might shorten the debate on clause 2 if we knew what was coming.

• (9:40 p.m.)

Mr. MacEachen: In connection with the optometric profession it is a fact that a major function performed by the optometric profession is eye refractions, the measurement of vision, and this is not at present an insured service under the bill. If eye refractions are performed by an ophthalmologist it will be an insured service. It seems to me there is a situation there which I should like to correct by giving the provinces an opportunity to remove eye refractions from insured services so that a parity of treatment would exist between opthalmologists and optometrists and the patients of each. This may be described as removing something from the plan, but it does maintain equality of treatment between both professions and the patients. This is not the most desirable move from the point of view of the optometric profession, but I have had letters from members of the profession saying that this would be an acceptable solution for them.

Mr. Douglas: That is progressing back-wards.

Mr. MacEachen: The alternative has been to suggest that at this stage, when it has not been put up to the provinces, this parliament should now decide unilaterally to ask the provinces to accept eye refractions as an insurable service. As I have pointed out, this