

Canada Health Act

● (1240)

The same Diefenbaker Government established the Royal Commission on Health Services headed by Mr. Justice Emmett Hall, reflecting the intent of the government of the day to launch a national medical insurance plan. When the succeeding Liberal Government in 1966 sponsored the Medical Care Act based on Mr. Justice Hall's report, every single Progressive Conservative Member of Parliament without exception, to my knowledge, voted for it. Our Party's support for the principles of medicare—universality, accessibility, portability, comprehensiveness, and public non-profit administration—has not flagged since that time. Why, then, I ask you, Sir, should anyone be surprised by the position which the Party is taking on Bill C-3?

This Bill seeks to do several things. Essentially it details the conditions under which federal payments will be made to the provinces for insured health services. Basic to those conditions is the Government's opposition to extra billing and user charges by doctors and hospitals. The Bill authorizes the federal Government to reduce payments to a province by the amount of extra billing or user fees it charges.

As far as my own Province of Prince Edward Island is concerned and the Atlantic region as a whole, this facet of the Bill has little direct relevance, if any, which is an irony because extra billing has been at the heart of the medicare controversy. There is very little extra billing in the Province of Prince Edward Island. To the extent that it exists, island doctors are allowed to extra-bill while remaining in medicare. They simply bill the patients directly, then arrange for them to be reimbursed by the plan for the amount covered by medicare. If the charge is no more for a given service than the amount covered by medicare, the doctor can bill the plan directly and the patient never has to pay a single cent out of his or her pocket. In the event the charge for the medical service does exceed the amount covered by the plan, there are flexible arrangements for the payment of the balance.

In practice, Mr. Speaker, few doctors in Prince Edward Island extra-bill. Extra billing tends to be restricted to rare cases where patients request special services beyond normal medical requirements; or even less often, where the fee covered by medicare for a particular service is patently out of whack with its widely accepted value. In fact, each year the total amount of extra billing by the Island's 120 practising doctors is less than \$500,000. This is a small sum relative to the \$118 million contributed to health care by the federal Government, by the province and by the private sector together. Moreover, Islanders are not charged premiums for medicare, and user fees are not levied at local hospitals. In most of the rest of Atlantic Canada, the level of opting out and extra billing is about the same as that on the Island. In all of Canada, in fact, the amount of extra billing last year was only \$100 million, which is a paltry sum in the context of the total national health care bill of \$30 billion.

Yet, the Minister of National Health and Welfare (Miss Bégin), in an effort to latch on to an issue which would shore up the sagging fortunes of the Liberal Party, has talked about

little else for well over a year now. She has treated the issue as though it were not just the most important health question in the country, but the only one. In the process, the real problems which plague the health care system have remained neglected. In truth, Mr. Speaker, the Government's Health Care Act is virtually irrelevant to the conditions of Prince Edward Island and Atlantic Canada as a whole, and I venture to say it is irrelevant to the concerns of most Canadians.

Mr. Breau: How can you say that?

Mr. McMillan: It utterly fails to address our most important problem—and this includes the Province of New Brunswick—which is not one of how funds are raised but rather whether funds are available at all for certain types of health care. In Prince Edward Island, for example, and in New Brunswick, Nova Scotia and Newfoundland, a limited tax base prevents the province from offering a range of medical services which are taken for granted elsewhere—

Mr. Breau: Nonsense.

Mr. McMillan: —or from covering under medicare certain types of services which are offered. The plan does not insure—and I direct this to those who say this is nonsense and I advise them to check the facts—the plan does not insure such fields as podiatry, optometry and chiropractic—I am talking about my own province in this case—nor are drugs covered, even for senior citizens, as is the case in some other provinces.

The funding problems of Prince Edward Island are compounded by the fact that it has the highest proportion of senior citizens in the entire country. Twelve per cent of the population is over 65 years of age as compared to only 9.5 per cent nationally. At present the age group over 65 years accounts for approximately 42 per cent of all those who use hospital services in Canada. Statistics Canada has documented that, if current hospital capacity and utilization rates remain unchanged, Canadians over 65 will require 71 per cent of all hospital beds by the turn of the century, and every hospital bed in the country by the year 2021. This situation, given current trends, will likely continue to be even more critical on Prince Edward Island than in the country as a whole.

Despite those facts, Mr. Speaker, the Health Care Act before us for debate today remains silent on issues, concerns and problems of that kind. At a meeting with the Health Minister of P.E.I., Albert Fogarty, the federal Minister refused to commit herself to addressing the province's specific concerns. Mr. Fogarty himself has promised to seek support from his counterparts throughout the region so as to convince Ottawa to act. For my own part, I have begun to discuss the matter with Members of Parliament from the Atlantic region in both major parties in an effort to broaden support for Mr. Fogarty's initiatives.

One possibility which is well worth pursuing, and which was alluded to a few moments ago by a representative of the New Democratic Party, is increased utilization of nursing and other non-physician personnel to provide high quality, cost-effective services to all members of the population, especially the aged.