Mr. Blenkarn: Mr. Speaker, the Member for Oxford (Mr. Halliday) is a doctor in Ontario. Can doctors in Ontario who belong to the Ontario medicare system extra-bill, or are they required to submit their bills to the system and get paid only what the system allows? Are they allowed to extra-bill over and above what the system allows?

Mr. Halliday: Mr. Speaker, if you belong to the medical care plan in Ontario you may not bill extra. You have to be outside the plan as a practising physician in order to be allowed to extra-bill.

Mr. Blenkarn: Mr. Speaker, if you are not in the plan, how do you extra bill the plan? You are not allowed to bill the plan, so how in fact do you extra-bill? Obviously you send your patients a bill, but do you extra-bill at all? Is there anything in this Bill that describes the Ontario system with doctors who are not in the plan extra-billing? Is this in fact just a great charade by the Minister with regard to Ontario? Does the system really affect Ontario at all? Is this system only a pretence by the Minister? Does it affect Ontario doctors who are not in the plan? Are they not entitled to continue to bill what they want to bill in Ontario? I suppose the Government can compensate patients if it wants to.

Mr. Halliday: Mr. Speaker, there are a lot of misconceptions about the concept of extra billing. In actual fact there are two types of schedules in existence in Ontario and indeed across the country. One is a schedule of fees which is arrived at by a professional group. It is traditional for all professionals to arrive at a schedule of fees. Then there is a schedule of benefits which is payable by the plan. A schedule of benefits and a schedule of fees are two different things.

Extra billing only exists, by definition, if the charge is above the schedule of fees. Balance billing is a term that is used if there is a billing above the schedule of benefits but below the schedule of fees. I must say, Mr. Speaker, that there are very few occasions on which physicians truly extra-bill. There are about 3 or 4 per cent of billings in Ontario in which physicians bill somewhere between the schedule of fees and the schedule of benefits. That is not extra billing. There are only about 14 per cent of Ontario doctors who even bill in that area. Of that 14 per cent, they only bill for a small proportion of the total services they render. It is approximately 2 per cent to 4 per cent.

● (1200)

Therefore, the point being made by the Hon. Member for Mississauga South is well taken indeed. It is not a problem. As I said at the beginning of my comments, the Government has built it up as problem so that it could have what it believes to be a legitimate plank upon which to go before the electorate in the next election.

Mr. Riis: Mr. Speaker, I have a simple question for the Hon. Member for Oxford (Mr. Halliday). I must say that I appreciated his comments very much. However, it was not clear whether he was speaking against the concept of introducing premiums and extra billing or user fees. I apologize for that vague interpretation on my part. Would he just clarify that for us?

Mr. Halliday: Mr. Speaker, I appreciate the Hon. Member's question. I presume it was in one of my earlier presentations to the House during the debate on this Bill that I made it very clear that I, like the Minister and I believe everyone in the House, object very strongly to anything in the health care system that will be an obstacle to patients getting appropriate health care. I deplore any instances of patients being unable to get health care because of financial obstacles. If this Bill will correct that, it will be one good measure. However, we must not forget that for every good effect there are bad effects as well. I am afraid that the bad effects of this Bill will impose far more obstacles and a far greater lack of accessibility to health care than had ever existed with the few people who have had some difficulties because of financial obstacles.

I know that the quality of health care is already declining. I know that the hospital waiting lists are becoming longer and that we will lose good physicians in this country. They have already left some provinces, particularly Quebec.

We are in a situation where high quality and readily accessible health care is disappearing from Canada. I do not want to see that happen as a result of this Bill, even if it has one good feature. While I deplore the possibility of someone not getting health care because of financial obstacles, I think we are lowering health care to the lowest common denominator in this country.

An example of this is what happened in Great Britain. People used to go there 50 years ago because it had high quality care. After the introduction of the National Health Service, we never hear of people going to Great Britain for that superb care. They come to London, Ontario, for treatment of cerebral aneurysms or to Montreal or the United States for cardiovascular surgery. People no longer go to Britain because the quality has dropped. That is what I am worried about in this instance and that is the answer to the Hon. Member's question.

Miss MacDonald: Mr. Speaker, I wish to pose a question to the Hon. Member for Oxford (Mr. Halliday) whom, I may say, was one of the most effective and hardworking members during the many sessions conducted by the Standing Committee on Health, Welfare and Social Affairs. He made a tremendous contribution to the deliberations of that Committee.

This morning he raised a point which caused me a great deal of concern. He referred to the fact that we heard from innumerable witnesses who came to speak on the principle of the Bill based on the objectives and purposes of the Bill as stated at second reading and elaborated upon by the Minister. The two key areas that most of the witnesses addressed were the objectives stated in Clause 3, "to encourage effective allocation of the nation's health resources", and Clause 4, "to advance the objectives of Canadian health care policy". In other words, to look beyond the immediate needs or problems, whether they are great or small. In this case, the Bill only