

*Medicare*

I do not think anyone will be fooled by this type of subterfuge. If the official opposition is concerned about the five million people who are not now getting adequate medical care, the best way to meet this situation is to pass this act and to prevent the government from altering the date so that it will come into effect on July 1 next. We must see that medicare is established for all the people of Canada—for the five million who are now getting no care, for the six million who have got inadequate coverage and for the ten million who are now covered by some type of plan but who need this program because it will cover them at much lower rates.

Let me turn now to the legislation itself and say that while we support the principle there are some changes we would like to see. I shall have to deal with them briefly because my time is running out.

First of all we think the term "insured services" is too narrow in that it is restricted entirely to medical practitioners. We believe there ought to be room for optometrists who, after all, take care of about 95 per cent of functional eye difficulties. About 60 per cent of the communities in Canada have no ophthalmologists or oculists, and there is only an optometrist available to deal with functional eye difficulties. It seems to me that covering optometrists under the act would meet with the approval of the great bulk of the Canadian people.

I think chiropractors and osteopaths have a place in a properly instituted medicare program. I know this would involve some measure of control and some measure of liaison between these groups and the medical profession, but the act should have sufficient flexibility to provide for them.

The act should be clear in respect of psychologists and psychiatric services, so that they would be provided under this program; and I hope the bill will be amended when it is in committee of the whole to cover other health services. The government may not be prepared now to move into these other health services, and the provinces may not either, but I think a provision should be there for dental and for optometric care as well as for prescription drugs. Those sections could be left subject to proclamation, so that when a province was ready to enter into an agreement with the federal government for the provision of additional health services that part of the act could be proclaimed without having to amend the whole act.

[Mr. Douglas.]

Let me suggest to the minister that this act could be broadened to make it a comprehensive health insurance act rather than a very narrowly restricted program as it now is, just providing for the services of a medical practitioner.

I think the term "universality" is too restricted. By saying that 90 per cent represents universality, and 95 per cent in future years, we will be leaving too many loopholes. If medicare is going to apply to everyone, the term "universality" should have a much firmer interpretation than what this bill now provides. If I remember the latest figures correctly, between 98 per cent and 99 per cent of the people in Saskatchewan are covered. The only people not covered are those who come under federal jurisdiction or who are wards of the federal government. Real universality and comprehensiveness means the coverage of a great deal more than 90 per cent or 95 per cent.

This bill creates a very serious loophole when it provides that provincial governments can designate an agency or agencies to operate the plan. Surely we are opening the door wide to private carriers. When in July 1965 the Prime Minister outlined the four basic principles upon which medicare would be predicated—and one of the things he stipulated was public administration of the plan—nothing was said about sneaking in this phrase that a provincial government could designate an agency or agencies to operate the plan. This looks to me very much like a concession to the insurance companies, or some of those groups that have been lobbying the government in recent months.

● (4:30 p.m.)

As members of this party have been pointing out in the last few days, what concerns us most about this legislation is the fact that the government has announced that when we go into committee of the whole it is their intention to change the date on which this act will become operative and to postpone it from July 1, 1967, to July 1, 1968. I think this is a regrettable step. I think it is a complete betrayal of the pledge made by the Prime Minister and his colleagues in the election campaign less than a year ago. This is a deception which is being practised upon the Canadian people, who were told that if they re-elected the Pearson government they would get medicare on July 1, 1967. I believe we have a right to be told why this plan is being postponed for a year.