

*Medicare*

vaccinated in a doctor's office by a doctor will incur a cost which will be shareable by the federal government with the province, but if the doctor's nurse vaccinates the child, which happens in a great many cases, then the cost is not a shareable cost. In many cases of accident, particularly where the injuries are to the face and skull, a doctor finds it necessary to deal with the mouth. In many of these cases he must call in a dental surgeon. The bill submitted by the medical surgeon will be shareable, but the bill submitted by the dental surgeon will not be shareable. There will be other cases. I am sure the hon. member for Simcoe East could give us many instances when medical doctors have to operate for a carcinoma of the mouth where they have to call upon a dental surgeon for assistance. The cost in respect of one part of this treatment will be shareable and the other will not be shareable.

There will be instances where the doctor must prescribe physiotherapy for a patient. I presume that if this physiotherapy is provided in the doctor's office, under the doctor's supervision, it may be that the cost of that will be shared. But if the doctor does not have the services of a physiotherapist in his office and has to send the patient to a physiotherapist, I assume that that cost will not be shared. The same thing will be true when the doctor is consulted by a patient who needs an eye examination. If the doctor chooses to set up the equipment to test a patient's eyes and gives the patient a prescription to take to an optometrist, then that will be a shareable cost. But if he does not have the equipment to carry out an eye test and sends the patient to an optometrist, then the charge will not be shareable. I submit to the minister that there are dozens of anomalies which he and the provinces will meet which could be avoided by some flexibility in this definition of "insured services".

The second weakness in this definition is that it will prevent the federal and provincial plans being coterminous. The plans which the provinces set up should be four square with the federal government's plan, but they are not going to be. For instance, the province of Saskatchewan already has a medical care plan. Subsection (1) of section 26 of the Saskatchewan Medical Care Insurance Act, 1961, sets out all the various services which may be rendered by a physician or a doctor or surgeon, including anaesthesia, inoculations, vaccinations, maternity care, and so on. Subsection (2), however, mentions additional services which may be provided. Physiotherapy

[Mr. Douglas.]

is included when provided by a physiotherapist on the order of a physician in the course of terms of conduct specified by the commission. Clause (b) provides for dental services where these are provided by a dentist in conjunction with maxilla facial surgery. The commission may provide for other services under the authority of the Lieutenant Governor in Council.

What will happen, when the legislation we are discussing now becomes effective, is that the people in Saskatchewan will find that some of the medical bills which they incur will be shareable by the federal and provincial governments but other bills will have to be borne solely by the provincial government.

• (4:40 p.m.)

If the minister really wants an administrative nightmare and if he wants to find himself in a miasma of red tape, then he should imagine what will happen when the medical care plan in Saskatchewan has to sort out of every account those things not shared with the federal government, on the one hand, and include those things which are shared with the federal government on the other hand. Surely, it would be much neater if the plans set up by the provinces fit on all fours with the plan which the federal government is seeking to establish.

The same will be true if other provinces set up medical care plans. They will try to follow, to some extent, the voluntary plans which are in existence, many of which provide for these related paramedical services. The federal government will find itself in the same predicament. The provinces will be providing for services which are not shareable with the federal government. What will be the result? The result will be a black eye for the minister's plan and we do not want that to happen.

The tendency will be for provincial governments to say that the federal plan is not adequate because it does not share the costs of all the services which are provided and that the medicare plan sponsored by Ottawa is only a partial medicare plan. The medicare plan which the minister is seeking to promote will not get the enthusiastic support from the provinces which it could otherwise get.

As I said earlier, we in the New Democratic Party hope that this medicare plan will be the foundation upon which a much broader and comprehensive insurance plan will one day be established in Canada. That is not going to happen if this plan is looked upon by provincial governments as being niggardly, partial and ineffective.