

did the Minister of National Health and Welfare in 1966, that the basic plan was to cover, in the beginning, a minimum of services.

The plan contained provisions designed to extend its coverage when the provinces would agree to it and when the government would see fit to include other special services in the national scheme.

In spite of these provisions, the provincial health ministers feared that the government would act unilaterally and widen the range of insured services; in 1967 and in 1968, the then Ministers of National Health and Welfare had to reiterate their assurance that the federal government would not go ahead on its own.

Finally, in 1969 several provincial ministers asked the federal government to include some paramedical services in the national scheme. It is up to the government to take a decision in this matter and not to the Minister of National Health and Welfare.

However, the minister had informed his colleagues from the provinces that he was prepared to discuss with the cabinet the inclusion of some services as soon as the provinces and territories would have set a date for joining the national plan, but this has not occurred yet.

After they have joined, the Minister of National Health and Welfare intends to draw the attention of the other cabinet members to this important matter in due course.

It should also be noted that this subject was back on the agenda at the last federal-provincial conference and it would seem that after all the provinces have joined in the national scheme, further discussions will take place.

[English]

**Mrs. Grace MacInnis (Vancouver-Kingsway):** Mr. Speaker, almost a month ago the hon. member for Kootenay West (Mr. Harding) and I questioned the Minister of National Health and Welfare (Mr. Munro) in respect of the possibility of including paramedical services under medicare. His replies to our questions were extremely indefinite, not to say evasive. The same thing happened the next day when the hon. member for Cape Breton-The Sydneys (Mr. Muir) tried to find out about the inclusion of optometric services.

For months now I have been receiving representations from members and organizations representing the paramedical services—optometrists, podiatrists, chiropractors, osteopaths and others. I have also received urgent appeals from people who require these services in order to carry on their work or maintain their health during their retirement, yet who cannot afford to pay for them on an individual basis.

All these people, those performing paramedical services and those who need them, have the same urgent request. They want to have these services included under medicare. They want the minister to make an agreement with their province to include such services under medicare. They are worried by his evasive attitude. They want to know why he cannot be definite and take action on the matter. There was a time when this matter was quite straightforward and not cloaked in mystery. The Feder-

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ated Legislative Council of British Columbia, in its bulletin of September 4, 1970, quotes from the Canadian Chiropractic Association memorandum of August 28, 1970, as follows:

On December 6th, 1966, the Medical Care Act was amended—"to permit inclusion of paramedical services." Details of the debate which followed can be found on page 10761-66 of the House of Commons Debates, December 6th, 1966. Two excerpts from that debate follow:

"Mr. Douglas: ... I take it this means that the Governor in Council, on the recommendation of the minister, can extend paramedical services in a plan in a particular province even though other provinces have not asked for a similar extension. In other words, the minister would be free under this amendment, to accede to the request of a particular province that wanted to add the services which are provided under this legislation, and it would not have to wait until a majority or a specified number of provinces, indicated their desire to have these paramedical services included."

"I hope the minister's interpretation is the same as my own, namely, that any province would be able to go ahead with providing additional services, provided of course, that the minister and Governor in Council agree."

"Mr. MacEachen: Mr. Chairman, I think the construction the honourable member for Burnaby-Coquitlam has put on the proposed amendment is correct, namely, that it would be possible for one or any number of provinces to admit any health services. I want to assure the committee that the amendment proposed is not a pious wish."

• (10:10 p.m.)

In spite of what the Parliamentary Secretary has said, the then Minister of National Health and Welfare was quite definite on the point that the government, on the recommendation of the minister, can make an agreement with any one or more provinces to extend paramedical services there. But what happened between December 6, 1966, and the fall of 1970? Somehow, by a feat of mental prestidigitation, the minister has created the idea of consensus. Until all or most of the provinces agree to admit paramedical service he, alas, can do nothing; and the Parliamentary Secretary follows in the same vein.

In my opinion, this new policy of consensus is purely and simply a device to postpone action on this matter indefinitely. The word "consensus" does not appear in the legislation. The minister used "une entente" which does not appear in the legislation either, to the best of my knowledge. The word "consensus" does not appear in the legislation, nor is there any hint of such a policy. The minister should abide by both the spirit and the letter of the legislation and agree to provide financial assistance to those provinces wishing to include paramedical professions in their medicare programs. Only in this way can the full resources of modern medical treatment be made available to those who need care, and only in this way can the overloaded physicians share with others the very heavy burden of maintaining the health and the vitality of the population.

I should like to impress upon the Parliamentary Secretary the desirability of his approaching the minister to urge upon him the need of getting rid of this bogus business of consensus, because it is not in the legislation nor does it appear anywhere in the Medicare Act. As I say, we need to get back to the fundamental purposes of the act, which sets down clearly and distinctly that the