

Medicare

the point of order with reference to its validity. However, I do not want to lose my place on the list and I do want to speak on paragraph (d).

The Deputy Chairman: The Chair is still considering the validity of the amendment. Is there any other hon. member who wishes to express an opinion on its validity?

Some hon. Members: Question.

[*Translation*]

The Deputy Chairman: Order. The amendment moved by the hon. member for Halifax is meant to extend medical services beyond those rendered by physicians.

In the light of previous rulings, the chairman of committees has ruled out of order the amendment meant to extend professional services to those given by people other than physicians.

The amendment moved by the hon. member for Halifax (Mr. McCleave) provides for an extension of the services mentioned in the resolution passed by this house on July 12, 1966 and also in paragraph (d) of that clause. Like the chairman of committees, I will quote the citation from May's 17th edition, page 798, chapter 29:

In accordance with the constitutional principle which reserves the initiative in finance to the Crown, the terms of the message under the sign manual or of the resolution recommended by the Queen for imposing a charge are treated as laying down a maximum charge, which amendments may reduce but may not extend, in respect of the amount of the expenditure, the area of its operation and the objects to which and the conditions under which it applies.

In view of previous rulings rendered by the chairman of committees and the reasons given in May's citation, I declare the amendment out of order.

[*English*]

Mr. Douglas: Mr. Chairman, I want to make one last appeal to the minister to reconsider paragraph (d) which defines "insured services" as meaning "all services rendered by medical practitioners that are medically required..."

● (4:30 p.m.)

I hope the minister will believe me when I say I do not make this plea in order to create difficulties for the minister or to obstruct the passage of the legislation. I make this plea to the minister because members of this party are profoundly interested in this legislation

and are deeply concerned that when this legislation is passed it will prove to be effective. When the minister introduced the resolution preceding this bill, he said that it was a milestone in Canadian welfare history. I agree with him. All of us want this legislation to operate and to operate successfully. We want the medicare plan to be the kind of program of which the Canadian people can be justly proud. Moreover, there are progressively minded people in the United States who are showing a deep interest in this legislation, and I have no doubt that it will be followed with considerable interest by certain circles in the government of the United States. It is important, therefore, that this medical care services plan operate to the satisfaction of the people of Canada, and that it operate to the satisfaction of those who are providing the services. It is important also that the people of Canada are satisfied not only with the medical care services plan itself, but also will be prepared to have successive governments use this plan as the foundation upon which to build a comprehensive health insurance program providing other services such as prescription drugs, dental care, glasses, prosthetic appliances, and so on.

Therefore, Mr. Chairman, I ask the minister to believe that our only concern is that this plan be a success, and that he will have the least possible difficulty in operating the plan in conjunction with the provincial authorities. Our objection lies in the fact that the minister has taken a general concept and given it a very narrow interpretation. The resolution which preceded the bill, and the preamble to the bill itself, referred to insured medical care services. These are four very simple words. There is no reference to services provided by medical practitioners, but rather to, "insured medical care services". This is a broad concept. In the bill the minister has limited the medical care services to only those services which are provided by a medical practitioner. This rules out services authorized or prescribed by a medical practitioner. It rules out ancillary services which a medical practitioner may require in order to complete the cure of a patient or the treatment of a patient.

In this party we have two major objections to this narrow and restrictive interpretation. The first is that we are convinced this narrow interpretation of medical care service will prove to be unworkable. The minister will run into endless difficulties. He will find, for instance, strange anomalies. Let me cite just one or two. Under this definition a child who is