

That the name of Mr. Groos be substituted for the name of Mr. Cowan on the standing committee on veterans affairs.

**Some hon. Members:** Shame, shame.

**Mr. Deputy Speaker:** Order.

That the name of Mr. Noël be substituted for the name of Mr. Cowan on the joint committee on printing.

That the name of Mr. Caron be substituted for the name of Mr. Cowan on the joint committee on parliamentary restaurant.

That the name of Mr. Patterson be substituted for the name of Mr. Leboe on the standing committee on labour and employment.

That the name of Mr. Addison be substituted for the name of Mr. Goyer on the standing committee on transport and communications.

Is it the pleasure of the house to adopt the motion?

**Some hon. Members:** No.

**Mr. Knowles:** May I ask one question before the motion is carried? How is it the hon. member for York-Humber was on so many committees?

[*Translation*]

**Mr. Gilles Grégoire (Lapointe):** Mr. Speaker, this motion can be debatable. Since it is past ten o'clock, I ask that the debate on this motion be adjourned until tomorrow.

Under standing order 32 (1)(m), this motion is debatable. I therefore ask that it be adjourned until tomorrow, as there is a matter of principle to be discussed.

[*English*]

**Some hon. Members:** Ten o'clock.

**Mr. Deputy Speaker:** It being ten o'clock, and there appearing to be objection to the motion now before the house, would the house agree that the motion be considered tomorrow?

**Some hon. Members:** Agreed.

#### PROCEEDINGS ON ADJOURNMENT MOTION

A motion to adjourn the house under provisional standing order 39A deemed to have been moved.

#### HEALTH AND WELFARE—SASKATCHEWAN— RESTRICTION ON FEDERAL CONTRIBUTION UNDER MEDICARE

**Mr. L. M. Brand (Saskatoon):** Mr. Speaker, on Monday, February 12, the Prime Minister made a statement in the house regarding the

*Proceedings on Adjournment Motion*  
implementation of medicare. In part, and as reported at page 6599 of *Hansard*, he said:

Today it remains the concern of the federal government to find the best way in which federal and provincial action can most effectively contribute, once the present legislation has come into effect, to achieve a practical medical care program available to as many Canadians as possible as soon as possible.

He went on to state that the act, with all its ramifications, will come into effect on July 1 of this year, and that at the outset only one or two provinces would participate since only one or two had satisfied the criteria set down by the government of Canada. The province of Saskatchewan will be one of those provinces, Mr. Speaker, and it certainly qualifies under the criteria because since 1962 the government of Saskatchewan has had in effect a comprehensive medical care program.

Coming into the scheme with only one other province, and perhaps another one or two, it cannot of course hope to meet the requirements of portability since the question comes to mind as to where and with whom can such a plan be portable. However, that seems to be beside the point, and I await with interest how the present government plans or intends to implement this particular part of the medicare criteria.

However, Mr. Speaker, as I read the Prime Minister's remarks it does seem clear that the Prime Minister wishes federal funds to be used to provide medical care for citizens of our individual qualifying provinces; but nowhere has the government stated unequivocally that the funds to be provided for medical care to the provinces will be grants conditional upon their use for the provision of payment of physicians' services or other essential portions of the medical care program.

As a consequence, Mr. Speaker, on March 12 I asked the Minister of National Health and Welfare whether the money designated for Saskatchewan under the medical care program becoming effective July 1 would be designated for use for medical care only. I asked this question for a very valid reason indeed. Under the medical care legislation passed in Saskatchewan in 1962, the government of Saskatchewan has the power to introduce deterrent fees or other fiscal measures designed to deter citizens from making use of the medical care plan, and thus save the government money.