

signal the emergence of any problem in regard to persons being denied access to necessary hospital services.

Few provinces have demonstrated through their respective laws and practices any strong inclination to inhibit access through restricting the availability of standard ward beds. Surely this is a provincial administrative matter that does not require precise specification in federal regulations. As well, from the standpoint of federal-provincial relations, surely this is a matter that can be entrusted to the provinces in the proper exercise of their respective responsibilities.

I turn now to the amendments to Clause 12(e) proposed by the Hon. Member for Winnipeg-Birds Hill and the Hon. Member for Oxford (Mr. Halliday). I have listened to the Hon. Member for Oxford and can certainly understand his point of view. I can understand his concern in this regard and, as he said, all Parties including the governing Party are concerned about the situation of our young doctors. He said that health care is being regulated by the provinces to restrict the number of doctors who can practice in a particular region of a province. This is really a very serious situation, Mr. Speaker.

I think that the standing committee has given a good deal of attention to this matter and has discussed it quite thoroughly. As the Hon. Member for Oxford has stated, I think that there is a feeling of concern among the members of the committee, but I think that this matter does not fall completely within federal jurisdiction. Wording has been included in the Bill to create a framework for negotiations between the provinces and the interns and residents. It is hopeful that this framework will be satisfactory in solving what may be a potentially troublesome problem. However, it is our feeling that this is as far as we can possibly go in this regard.

Hon. Jake Epp (Provencher): Mr. Speaker, first, in responding to Motion No. 1 standing in the name of the Hon. Member for Winnipeg-Birds Hill (Mr. Blaikie), let me say that the point that is being made both by the Parliamentary Secretary and by my colleague, the Hon. Member for Oxford (Mr. Halliday), is that the manner in which beds are designated in given provinces is an area of provincial jurisdiction. However, the Hon. Member for Winnipeg-Birds Hill does not agree with that position which we took in committee and are taking in the House this morning.

The reason for our position is that while there is a national health care plan which, through block funding, provides for certain proportionate payments both for hospital care and/or medical services, the fact remains that there is no provincial health care plan or system that is identical in all respects. There are 10 individual provincial health care plans, plus another configuration which relates to the Yukon and the Northwest Territories because of federal responsibility. Perhaps I could use this moment to say that I hope this Bill might offer another opportunity for us to say that we feel that those health care services in the Territories should be transferred to the territorial governments at the earliest opportunity.

Canada Health Act

Complementing the 10 health care plans plus the ones in the Yukon and the Northwest Territories is the federal contribution. If certain conditions established by the Established Programs Financing Act and the hospital and medicare Acts now to be consolidated into the Canada Health Act are met, the provinces have the responsibility and the jurisdiction to administer and regulate the health care system.

It then must be asked whether the House has any authority to speak in favour of the position put forward by the Hon. Member for Winnipeg-Birds Hill. It is my view and that of our Party that this motion directly interferes with the provincial jurisdictions. Additionally, I think that one should be very careful when saying, from the vantage point of the House of Commons, that the individual health care systems across the country should be the same. I do not think that that is desirable and we are not in favour of that. However, this motion would dictate to the provinces a ratio of ward versus private and semi-private beds.

I think that this motion would affect not only the provinces but the hospital administrators as well. Hospital administrators are surely the professionals who work with these matters on a day-to-day basis and they should not only have the right but they should have the responsibility to determine what kind of configuration and arrangement is needed in given hospitals in order to serve best the needs of Canadians who are serviced by those hospitals. My argument against this motion is straightforward and is based upon the fact that I do not believe we would have a better system if in fact the motion of the Hon. Member for Winnipeg-Birds Hill were to be endorsed by the House today.

I will group Motions Nos. 2 and 3 as the Chair has done. I would like first to endorse the motion put forward by my colleague, the Hon. Member for Oxford. It has been said already in the House that there was an extensive debate on the manner in which medical doctors operate within the health care plan. The committee was confronted with a difficulty. If a national health care plan exists which is within the parameters described in Motion No. 1 and a person is accepted by a provincial medical school, attends that school and meets the academic and professional qualifications, then once the Canada Health Act is passed and the province has established the academic criteria under which it will license that person, a potential hitch arises before that person is able to practise his or her profession. If the Canada Health Act Bill is passed wherein a penalty is imposed for extra billing, or if the person operates outside the plan—and, to my knowledge, there are now approximately six doctors in Quebec who are operating that way—a person, having met all the provincial criteria, who wants to fulfil his or her professional training, must have a billing number. That person must have a number whereby he or she can bill the health care system of the province for services rendered. The difficulty which this amendment tries to address is that once a person has met all the qualifications, there should not then be a barrier, through an administrative technique of withholding a billing number for that medical