

*Medicare*

Why do we have to have the arbitrary figure of 90 per cent? Surely we should operate the plan in a little different way. As the hon. member for Queens said, you will have 95 per cent because in Ontario now 90 per cent of the people are in their plan. It is only a matter of time before they will come in. Why do we not make it 80 per cent and say, We will give it to you because the others will all come in since they are paying for it.

**Mr. Forrestall:** In respect of subclause (c) there are some things to which there must be a natural objection or a natural reaction. The first, as pointed out by the hon. member for Queens, has to do with the arbitrary figure of 90 per cent and after the third and each succeeding year thereafter 95 per cent. I think what you are doing here is removing the flexibility. This makes it extremely difficult for the provinces to underwrite and bear the cost because of the rigidity involved. Indeed, I do not know why there is any figure contained here. I believe that the principle of absorbing an equal portion of the cost I should be the operative factor and not the percentage of people involved. As an example, in the maritime provinces I am sure when the act does come into effect it will be totally universal. There will be no arbitrary figure in respect of who is or is not covered and there will be no arbitrary date as to when a certain percentage may have to be covered to qualify and so on. This is inherently wrong. As a matter of fact it is so wrong that instead of the date being July 1, 1967, the date should have been January 1, 1966. It should have been extended at least to people who require this type of care immediately such as the indigent, the chronically ill, those on fixed incomes, and so on.

I say that this provision is arbitrary by nature and is arbitrary with regard to the date by which the universality of participation must grow. This universality leads to the imposition of difficulties on provincial authorities, not to mention costs. Subclause (c) goes on to deal with the date when the plan becomes applicable. I understand that once we finish this the minister will introduce his own amendment based upon yesterday's action regarding the date. One of the reasons we wish to do this first before the minister moves his amendment is that we want to point out as forcefully as we can our rejection of and reaction to, first of all, the delay in the date and, second, the matter to which I previously referred. The whole process must be viewed

[Mr. Rynard.]

with considerable alarm by those provinces which are not yet deeply engrossed in a medical care program. Indeed it has been said by many of them that they welcome the delay because it gives them time to understand their own position better with relation to the federal authority. It gives them time to set up their own criteria for advancement, time schedules and so on.

The objective of the amendment to delete this subclause has everything to do with this. Without going too deeply into his words, I might say that the minister has spoken at great length on many occasions about the responsibility of the provincial authority. In nearly every subclause in this bill so far he goes against his natural inclination and whittles away the authority and responsibility which he wants to leave with the provinces. He does this by such arbitrary measures as the number of people who must be involved in order to qualify and, second, by the arbitrary establishment of a date on which the universal acceptance involvement figure must increase. Perhaps I am too conservative in these things. Perhaps I still feel that people are entitled to make up their own minds once in a while about health problems. We have moved the amendment and I would hope that the minister in his wisdom would accede to it.

• (4:20 p.m.)

[Translation]

**Mr. Caouette:** Mr. Chairman, I only wish to state briefly that, as the minister said himself, the proposed medical care plan must be universal.

I think that a national medical care plan should apply to the entire population and not only to 90 per cent of the Canadian people. It might be a good thing to know what the minister means by insurable resident. The entire population is insurable, after all, under a national medical care plan. Why lay down a principle requiring that the percentage must not be lower than 90 per cent and then increase it to 95 per cent three years later? In my opinion, the purpose of this bill is to provide medical care for every Canadian without exception, children, old people, middle-aged people, in a word, for the entire population.

Now, in most Canadian provinces at the present time, there is, for example, some medical insurance plan for the needy. With their social welfare card, they receive medical care paid for entirely and completely by the provinces. In some other provinces where a