

Health Insurance

repeat the argument that the federal government is doing only what is done in some of the provinces. Mr. Speaker, let me say it again, despite the fact that I have said it half a dozen times already, in provinces like Saskatchewan and British Columbia particularly, where they have gone the farthest in this field, all hospitalization is taken care of by the state whether it be in general hospitals on the one hand, or in mental or tuberculosis hospitals on the other. It is paid for out of two different accounts; in Saskatchewan, for example, out of the insurance account in one case and out of the general account in the other, but it is taken care of for all the people of Saskatchewan by the state as represented by the provincial government with, in some instances, assistance by the municipalities. The federal government, on the other hand, proposes to get into the field of hospitalization and proposes to limit its participation in that field to hospitalization in general hospitals.

I deny to the minister the right to use the argument about the insurance principle because so far as the federal government's contribution is concerned it is to come out of the general revenues in the same way that the payments made by Saskatchewan and British Columbia for mental and tuberculosis hospitals come out of the general revenues of those provinces.

Again, I say to the minister that his argument about not being ready to subsidize the provinces with respect to some of their responsibilities does not stand up at all. This whole legislation is a recognition of the fact that the time has come for the federal government to get in and help share certain responsibilities that the provinces are now carrying. We contend that it should get in with both feet and not just with one foot. We support wholeheartedly the suggestion that is contained in the amendment that is now before the house that this bill should be referred back to the committee of the whole for the purpose of reconsidering the question of extending this coverage to hospitalization of all kinds.

Mr. G. W. McLeod (Okanagan-Revelstoke): Mr. Speaker, I should like to say a few words at this time on this bill. I am satisfied that the majority opinion in this house favours the bill in principle. Throughout the long history of this measure, for almost a year and a half, in committee and wherever it has been studied, I have personally been a consistent supporter of it. Since the bill has been brought forward we have noted a few of the regulations concerning it which will make it very difficult for the province of British Columbia to work its scheme in accordance with this legislation. At all times

[Mr. Knowles.]

I have been impressed by the words of the minister that this bill would be set up in complete co-operation with the provinces and that no stumbling blocks would be placed against it. I believe the difficulties which I shall mention later can be worked out by regulation, and I have every confidence that within the understanding that we have been given on so many occasions by the minister sponsoring this legislation that will be done. However, at this time I should like to draw to the attention of the house the difficulties which we are facing.

In order to save time I shall immediately move a subamendment, seconded by the hon. member for Fraser Valley (Mr. Patterson):

That Bill 320 be not now read a third time, but that the said bill be referred back to the committee of the whole for the purpose of considering clause 2 (e) and inserting after the words "2 (e)" the words "2 (f), clause 8 (1) and clause 4 (a) thereof".

The whole amendment would then read:

That Bill 320 be not now read a third time, but that the said bill be referred back to the committee of the whole for the purpose of reconsidering clause 2 (e), clause 2 (f), clause 4 (a), and clause 8 (1).

I shall try to state simply my reasons for bringing this to the attention of the house briefly. In the province of British Columbia we have a system under which every resident, if he is in that province for one year, is automatically insured. We have no registration and we have no signing up and there is no record of policyholders in the ordinary accepted sense of insurance plans. One of these clauses refers to in-service treatment, for instance. There are many smaller hospitals which are quite efficient and serve the purpose in small communities but they are not able to provide all the services which are required under the particular regulations to which I have referred.

It is required that the province shall make monthly returns showing the number of policyholders, or insured persons in the province. I think you will see, Mr. Speaker, that under the system being operated in British Columbia that would be a very serious problem to us and it would be almost impossible for the province to furnish any such returns to the federal government, because we have no record whatever of insured persons. Every person in the province is automatically insured. To comply with the regulations it would mean that you would have to have perhaps a census of the province every month in order to get the total. It is apparent therefore that this regulation will need some clarification or change.

Concerning the matter of residence I believe this bill sets forth a stipulation that every person shall be immediately covered.