

*Medicare*

findings of the commission were greeted by the Leader of the Official Opposition as being among the most important of any royal commission appointed in this country. I will read what the commission said with respect to the need for a universal plan. I quote from the official press release as follows:

The commission recommends that the objectives of the charter be achieved through the development of a comprehensive health services program universally available to all Canadians regardless of age, condition, place of residence or ability to pay.

The commission then said:

The commissioners, after examining various alternatives for providing Canadians with health services, recommend that the health services program be made universally available. They recognize that many Canadians have availed themselves of the benefits of health prepayment plans but these are principally those who can afford protection or are employed where health insurance is provided or subsidized as a part of working conditions...

After prolonged study and investigation the commissioners conclude that coverage of all, or virtually all, Canadians could not be achieved through the voluntary system and that only a universal program could achieve maximum coverage. They recommend against the adoption of the Alberta and Ontario plans in their present form because they are too restrictive and they fail to reach a great percentage of the population who need protection more than anyone else. In order to spread the risks over the whole population, rather than only those who chose to insure voluntarily, all Canadians should be covered by health insurance.

I think it is obvious from the few passages I have read from the Hall Commission's press release that the commission envisaged provincial health insurance plans much the same as the present hospitalization plans, in which in each province there would be one agency and not a multiplicity of agencies. Certainly we should not permit the private insurance carriers to come in under any circumstances. We should get on with the job of guaranteeing to every person in Canada that they will no longer have to worry about the crippling cost of medical bills.

For these reasons, it seems to me that the amendment moved by the representative of the official opposition was contrary to the recommendations of the Hall Commission. It is contrary to the very fine experience with the hospitalization plans, which have worked so well. All that would be accomplished, if we were to accept the amendment, would be to permit a proliferation of agencies, with the consequent deterioration of the service and an increase in the cost. Therefore, Mr. Chairman, it is my intention to vote against the amendment.

[Mr. Orlikow.]

**Mr. Enns:** Mr. Chairman, I wish to make a few remarks in support of the amendment. I do not intend to take up very much of the time of the committee in so doing. In the past year or two there has crept into the language of government spokesmen the word "flexibility". No less distinguished a minister than the Minister of National Health and Welfare has used this descriptive word. The Minister of Finance has also used it. I suggest that the amendment we are now discussing simply gives an added dimension to the medicare bill, namely, flexibility. It in no way affects the universality of coverage and does not affect the question of portability in any way. I suggest, rather, that it provides an avenue in which the experience of tried and proven methods of private schemes can be used to assist in the provision of medical services to all Canadians.

It seems a shame that the wealth of experience of professional co-ops and the various provincial medical organizations which have so long, in a spirit of public service, voluntarily provided non-profit coverage for medical services, will be excluded by the retention in the clause of the word "public", unless "public" can be otherwise defined. Surely the controlling word in this clause is "non-profit". It should not matter to the minister, to the government or any of us in parliament, whether it is a private body or a public body that administers this scheme, so long as it provides the service on a non-profit basis.

Another controlling feature already in the bill, and we are not suggesting this should be changed in any way, is the call for the designation of the organization by the province concerned. The provinces need not allow insurance companies to run loss-leader items, as the hon. member for Winnipeg North suggested, or offer package deals of pensions and other services in order to provide low-cost coverage in medical schemes. If the provincial governments believe this is happening, it is within their power to revoke the charter or the authority of the insurance company.

I suggest that the amendment is eminently worth while and should commend itself to members of the committee, because it will give the plan flexibility and Canadians will benefit from the experience of private agencies. These private, professional organizations have already contributed so much to the high quality of medical service available to Canadians.

There has been reference to the fact that our party was instrumental in setting up the