

Supply—Health and Welfare

and is in addition to the hospitalization grants to local authorities from the provincial government of approximately \$4 million this year for the purpose of bringing hospital costs down to \$1 per day for ordinary ward service. This grant of something in the neighbourhood of \$4 million by the provincial government makes that possible. When you compare that charge with the per diem costs of general ward hospitalization in other hospitals it looks rather small.

This is the kind of service which I started out to describe as a voluntary type of service, but one which does succeed in bringing costs down to a point within the ability of people to pay.

In addition to that, if there are people in the province who are indigents and cannot pay anything for their hospitalization, they are taken care of at University hospital, completely government-run, or in some other hospital at government expense. They are taken care of, therefore, without any difficulty at all. May I point out too, that this year the province of Alberta will pay out from provincial funds around \$2,810,000 for the purpose of looking after the medical and hospitalization needs of our old age pensioners. This is granted to them free by the province. This is as it should be, because many of the pensioners are certainly not in any position to take care of their own costs. I believe that service is good and rather unique.

We are granting this year something which I wanted to draw to the attention of the minister, a new appropriation of \$1,200,000 that was instituted by the provincial treasurer for the purpose of making a start on the process of bringing down medical costs. To any person, for instance, who has a medical contract with a doctor, or a medical insurance policy, and who presents that policy or evidence of the contract to the provincial authorities, they will make a grant of about 33½ per cent of its cost. This will bring medical costs down to at least manageable proportions. As I say, that is only a beginning, but it certainly is a beginning on a very good idea.

We feel that this is the kind of thing which could be done by governments to very good effect. While it does leave something to the individual, it helps him to manage an expense that otherwise may grow, in many cases, beyond his ability to manage. We feel, therefore, that is a good start. I do not want to weary the committee at all but I do want to say that this year, to develop the kind of program which we have envisioned, the province of Alberta will pay out \$23,111,900 for

[Mr. Low.]

medical services alone; that is, the government will grant that amount to individuals and hospitals for the purpose of helping people obtain medical service at a reasonable cost.

Over the ten-year period just ended, Alberta will have spent \$126,103,000 for public health services and \$102,183,000 for public welfare services. Over the ten years, therefore, for health and welfare the provincial government will have made available to the people \$228 million, in round figures, which is a pretty healthy contribution to the program we started to develop some years ago.

I noticed an article in the *Montreal Gazette* of Thursday, June 16, which describes a voluntary health program proposed by the medical people of Canada. I believe they call it the trans-Canada medical plan. I just wanted to refer to it briefly because it indicates the trend in medical circles today. It is the expansion of a trend that started in some parts of Canada as far back as 30 or 35 years ago.

I remember that in my own home town in southern Alberta a good many years ago the people in the municipal council decided to approach the medical doctors and work out with them, if possible, a contract scheme of medical service. The municipal people agreed to collect \$25 per year per family from the various families in the district who wanted to come into the scheme voluntarily. This was paid over to the doctors, and they agreed to give all members of those families office calls, home calls, minor surgery and major surgery. This type of scheme worked very well in my community for a long time.

My family participated in the scheme and we found it to be most satisfying, because we were prepaid and on a basis that did not hurt us at all. I doubt very much that you could have found a comprehensive national scheme based upon compulsory membership and taxation that could have touched it. The scheme has grown in the community, and it has been developed quite widely in various centres in southern Alberta. I might add that in recent years the costs have gone up. I believe the last I heard it was around \$35 per year per family, if not more.

But let me show you how it works today. In those communities that have that kind of contract with their local doctor, it will be possible for the participants to get a rebate of about 33½ per cent of the cost from the provincial government under the new scheme of medical insurance. This will bring the cost down to approximately where it was 20 years ago. That sort of thing is what is envisioned in the scheme put forward by the trans-Canada medical plan. It seems to