the provincial domain in one way or another. The amendment of the Hon. Member for Winnipeg-Birds Hill and my amendment in no way take away the ability of the province to license and qualify physicians to practise in their province. All the amendments say is that if they are to be given that right and privilege, it should be extended a bit further to allow them the opportunity of having a billing number so that they can practise within the plan.

I suspect the Minister has received a lot of pressure from the provincial governments. I can understand why it will cause them difficulty. We have a broader obligation. Our main obligation is to protect the interest of all Canadians. We are not doing that by passing a Bill that is discriminatory. A province would not have to allow a physician who is duly qualified and licensed to practise within that plan. This is what concerns Opposition Members.

I hope that when government Members see the difficulty caused by this Bill to young graduates, they will be prepared to accept either my amendment or the amendment of the Hon. Member for Winnipeg-Birds Hill, which is more complete than my simplified amendment. I would say that when we last consulted with the Association of Interns and Residents on Friday, they found this simplified version that I proposed quite acceptable. I would be willing to vote for both those amendments.

With regard to Motion No. 1 in the name of the Hon. Member for Winnipeg-Birds Hill, we share his concern that there be a sufficient number of public and standard wards available in a hospital. As the Minister pointed out, if a person is admitted to a hospital on an emergency basis and requires hospital accommodation, if all standard ward beds are taken up, they automatically receive private room coverage at no extra cost. There is no extra charge to them.

**Mr. Blaikie:** What if the private rooms are all full?

**Mr. Halliday:** They will get a bed somewhere in the hospital. My concern is that this Bill does not provide what Mr. Blaikie is asking for, namely, enough hospital beds. Unfortunately, that part of the health care system is not addressed in this Bill. In spite of Mr. Blaikie's amendment, over the next number of years we will find people in dire straits because the Government has not provided in this Bill any mechanism to increase the availability of hospital beds. In my view, it is unimportant whether it is a private bed, a semi-private bed or a standard ward bed, because we need all three. If Mr. Blaikie is concerned about two-tiered—

**Mr. Deputy Speaker:** Order. I simply wish to draw to the Hon. Member's attention that he must refer to another Hon. Member by his riding.

**Mr. Halliday:** I was doing that, Mr. Speaker, until I was so taken up with my argument that I overlooked it. My apologies to you, Sir.

My point is that there will be a shortage of all three types of beds in the immediate future. Unfortunately, this Bill does not take care of that situation. The amendment of the Hon. Member for Winnipeg-Birds Hill will not take care of it either. It will take more than that kind of change to really look after the needs of the health care system.

In conclusion, I and my colleagues in this Party will oppose Motion No. 1. However, we are prepared to support either or both Motions Nos. 2 and 3.

**Mr. Russell MacLellan (Parliamentary Secretary to Minister of National Health and Welfare):** Mr. Speaker, I would like to speak to the motions before us at the present time. In his motion, the Hon. Member for Winnipeg-Birds Hill (Mr. Blaikie) suggests that the Governor in Council should regulate an acceptable ratio of wards to semi-private and private rooms. He advances the argument that accessibility could be limited by the availability of ward beds, that a two-tiered system would develop, and that preferred access, particularly for elective services, could be gained by those carrying private insurance.

On the first point, there does not appear to be much evidence to support the fact that accessibility could be limited by the availability of ward beds. For example, over each of the past five years, approximately 36 per cent of the beds have consistently been designated as preferred accommodation throughout Canada, whereas only 25 per cent to 26 per cent of hospital days have involved preferred accommodation charges. The income derived from preferred accommodation has actually dropped as a proportion of the total expenses over the past five years. Furthermore, it should be understood that the provinces themselves regulate the proportion of beds that can be so designated and the practices of hospitals in regard to such charges.

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The ratio of preferred to total beds ranges between zero per cent and 48 per cent from province to province. In some provinces, fewer than 20 per cent of the beds are designated as preferred accommodation. Invariably, a lower proportion of actual hospital days are charged preferred rates. For example, 19 per cent of British Columbia's beds are designated preferred beds, but only 10 per cent of the hospital days are charged at preferred rates. The point is that there does not appear to be much overwhelming evidence of a problem of reasonable access to an extent that would warrant the federal Government's directly regulating the matter specifically through this Act.

It might be argued that the situation could change in the future. In that event, there are sufficient grounds in law and prescribed processes laid out in the Act to permit the federal Government to intervene if it became necessary. The provisions in Bill C-3 clearly spell out what the insured services are, the conditions under which access to those services must be provided, and what the federal Government must do in the event those conditions are breached. The conditions and requirements under Clause 13 and subclause 22(c) provide the means to monitor the situation, and most assuredly would