

Health and Welfare

provinces must make health services accessible to all without regard to financial circumstances. In giving effect to the medicare plan the federal government is rightly accepting responsibility to see to it that every citizen in Canada no matter where he might reside, will not be denied the basic right to reasonable access to hospital and medical care. According to the act of 1966, reasonable access means financial access.

Each province has a perfect right to establish whatever kind of hospital or medical care plan it wishes. But if a province chooses to implement a plan which is unfair or unjust to the consumer of those services, then that province should not be aided and abetted by the resources of the federal plan. The effect of this resolution, should it be agreed to by this house, would be to ask the federal government to consider making amendments to its legislation.

The result would be that the province of Saskatchewan, for example, would have to choose either to continue to collect \$7 million dollars worth of blood money from the sick each year or to get \$15 million from the federal government under the national medicare legislation. I hope hon. members will agree that these amendments to the federal legislation need to be made so that the unjust treatment of the sick, the poor, the young and the old, can no longer be meted out by provinces which wish to share in our federal plan.

Mr. Maurice Foster (Algoma): Mr. Speaker, this motion put forward by the hon. member for Regina Lake Centre (Mr. Benjamin) would have the effect of telling the provinces that they cannot impose utilization fees in respect of hospital and medical services and still expect to receive a contribution to their insurance funds from the federal government.

I suspect the hon. member's motion has been precipitated by the establishment of utilization fees during the past year in Saskatchewan, from which province the hon. member comes. Now that the fees are a fact of life in that province we have this motion before us in Ottawa for consideration.

We need to consider the motion in terms of what would be desirable for the country as a whole. In doing so we must realize that Canada is a diverse country with wealthy areas and poorer sections. If this motion were adopted we might be preventing some of the poorer provinces from establishing a medical care program; they might be able to afford to do so if utilization fees were permitted, but if

[Mr. Benjamin.]

they were prevented from charging such fees they might decide they could not go ahead with a provincial scheme.

Let us for a few minutes consider the history of hospital insurance. When the Hospital Insurance and Diagnostic Services Act was passed by parliament it was drafted in a form which included the necessary guarantees to ensure that services would be provided on a uniform basis to all residents and had regard for the fact that under our constitution hospital care comes within the sphere of provincial legislation. For this reason it was particularly important to respect existing practices as much as possible, provided these did not conflict with the basic purposes of the federal program.

● (5:20 p.m.)

The federal hospital insurance program was preceded by several provincially administered plans, notably the two programs in Saskatchewan and British Columbia. In Alberta too a program was in operation prior to the inception of the federal plan. At that time two of these three programs were providing insured services in hospitals subject to the payment of a modest utilization fee.

Therefore provision was made in the Hospital Insurance and Diagnostic Services Act for these so-called deterrent or utilization fees, which were described in the law as authorized charges. In order to sign an agreement under the act the provinces were required, in a schedule to the agreement, to set out the actual amounts of these authorized charges, thus enabling the federal government to be assured that the amount of the charges would remain at a nominal level.

Furthermore, in revising the formula on which the federal contribution is calculated, regard was had to the per capita amount of authorized charges in a province by reducing the federal contribution where such charges were levied.

In section 4(a) (ii) of the Hospital Insurance and Diagnostic Services Act it will be noted that the federal contribution, which in part is based on 25 per cent of the per capita cost of in-patient services in the province, is described as being "less the per capita amount of authorized charges in respect thereof." The effect of this provision is that provinces which impose authorized charges receive from the federal government, by way of a contribution, an amount which is less than that to which they would have been entitled had they not levied an authorized charge.