medical practitioners, and if the costs were shared by all people through their taxes at the provincial and federal levels. That is the kind of national Health Act we in this Party would like to see; that is the kind of Act this Parliament should be passing.

It is strange that in the Province of British Columbia, the government is proposing to amend its services, so that it can coerce or restrict the numbers of doctors it will pay under the medical care plan. Their reasoning is that this would encourage more doctors to go to isolated and rural areas. That is a backwards way of doing it. Extra payment could be made to those who have to establish in rural and isolated areas. They could even be provided with interest-free loans for offices and office equipment until they get established.

• (1125)

These are the kinds of things that need to be in a national Health Act. That is what this Parliament and this Government should be dealing with. There is no doubt that the people of this nation would support it en masse. They would be willing to contribute through the income tax system, if it were a little more fair. At least to some degree it is tax based on ability to pay. No one who is financially handicapped would have any barrier to access to the best curative and preventive health treatment available in this country.

The Acting Speaker (Mr. Herbert): There follows a ten-minute period for questions or comments.

Mr. Blenkarn: Mr. Speaker, when the NDP was in power in Saskatchewan, there was a system whereby doctors would collect from the patients at the door, sort of a gatekeeper, and then bill the balance, or whatever they could collect, directly to the plan. The doctor was able to collect not only from the plan but could extra-bill the patient if he thought that was appropriate. Why did Saskatchewan allow that to exist? Is this particular statute necessary to correct that defect in Saskatchewan?

Mr. Benjamin: Mr. Speaker, the practice of extra billing was just getting nicely started in 1981. Discussions and meetings were going on between the government of that day and the medical profession of that province. Unfortunately, extra billing is still in place by some but not all doctors. Some try to make a rough guesstimate of the financial wherewithal of their patients. If a doctor thinks a patient is poor, he does not charge extra. I know my doctor does that. He does not charge the extra amount, but he is guessing.

It is getting worse. More and more are doing it. It was the intention of the then government of Saskatchewan to try and negotiate and put an end to extra billing. You can bet that if we were still in power and the negotiations had not succeeded, we would have ended it. We never had any doubt about the wrongness of extra billing. There was a debate in my Party in 1981. We demanded of our Party and the government of that day to try to negotiate a settlement so that there would be no extra billing and, if that was not successful, to bring in legislation to prevent it. Unfortunately we were defeated, but we will be back again and then we will prevent it.

Mr. Blenkarn: Mr. Speaker, I am not so sure they will get back in again. Actually it is a disappearing act they are following. After 20 years' experience in running the Province of Saskatchewan, why did the NDP Government there allow the kind of extra billing that took place in Saskatchewan? It was a rather peculiar system whereby a doctor could collect both from the plan and the patient. He had two sources of funding. Why was that allowed to exist? It still exists in Saskatchewan. Indeed, that is where extra billing was founded. Does the Hon. Member think it important that we have this Act passed in order to stop that practice in Saskatchewan, this being the only way to stop the kind of extra billing which occurs in that province?

• (1130)

Mr. Benjamin: Mr. Speaker, I do not think this Bill will stop that from happening. I hope it will but I doubt that it will.

I just had a note handed to me, Mr. Speaker, which indicated that perhaps I made an error in my speech. Premiums are not subject to the dollar for dollar penalty. Only the user fees and extra billing are. I made a mistake by saying that. However, we want premiums to be abandoned.

I would like to say to my friend, the Hon. Member for Mississauga South (Mr. Blenkarn), that in order to put an end to things like the disgraceful and outrageous doctors' strike of 1962 of which I was just reminded and during which I was present, included in the Saskatoon agreement of July, 1962, at the behest of Lord Taylor was a provision to allow a doctor to extra-bill. Up until 1981, it was very rare for a doctor to extra-bill.

From 1964 to 1971, the then Liberal-Conservative Government of Saskatchewan imposed deterrent fees and raised the hospital and medicare premiums. In 1971 when our Party returned to power, medical and hospital premiums were abolished and deterrent and user charges were abolished. We were very proud of that. There are no premiums in Saskatchewan and I am sure that the present Conservative Government would not dare to reinstate them.

Mr. Riis: Mr. Speaker, I wonder if I could ask the Hon. Member for Regina West (Mr. Benjamin) to elaborate on why provinces such as British Columbia, Alberta and Ontario are the provinces which are in a sense leading the way in the imposition of user fees, extra billing and premiums as well. I ask that question because it seems peculiar to me that in terms of making a case of funding, the three richest provinces in Canada would lead this particular initiative. I wonder if the Hon. Member has some observations to make about this point.

Mr. Benjamin: Mr. Speaker, I did mention those provinces early on in my speech. I can only conclude that the reason those governments do these things is that they do not really believe in universal health care. If those provincial governments did believe in it, they would not be doing those things.