

responsible for discussions or negotiations with the medical associations in general and physicians in particular, and those providing health services, which in the present case means doctors or young doctors.

My hon. friend from Gloucester pointed out that the amendment to Clause 12(1)(c), which links the concept of reasonable compensation to all insured services, would make it possible for the federal Minister of Health to intervene, if necessary, should a group of physicians be denied reasonable access by a given province to the health services system. It is a compromise. It is a compromise that does not go as far as the two amendments now before the House. It is a compromise, however, that recognizes a situation where provinces might prevent young doctors from earning a living by refusing to give them a billing number. Personally, I am convinced that the amendment that was made, linking the concept of reasonable compensation to all medical services, plus progressive penalties that may be imposed by the Minister of Health under the new health legislation, constitutes a last resort, but still a real recourse for these doctors, enabling them to use the new Health Act to oblige the federal Minister of Health to intervene in cases of manifest abuse.

For these reasons, and because the issue has been discussed at length in Committee, I personally am satisfied that we have gone as far as we could in responding to the problems put forward by the Canadian Association of Interns and Residents. In concluding, Mr. Speaker, I would like to again congratulate the representatives of the Association on their efforts to inform Canadians, and Members of Parliament in particular, of these problems which are now public knowledge and can no longer be ignored by the provincial Ministers.

• (1240)

[English]

Mr. Deputy Speaker: Is the House ready for the question?

Some Hon. Members: Question.

Mr. Deputy Speaker: All those in favour of the motion will please say yea.

Some Hon. Members: Yea.

Mr. Deputy Speaker: All those opposed to the motion will please say nay.

Some Hon. Members: Nay.

Mr. Deputy Speaker: In my opinion, the nays have it.

And five Members having risen:

Mr. Deputy Speaker: Pursuant to Standing Order 79(11), the recorded division on the proposed motion stands deferred.

The next question is on Motion No. 2. Is it the pleasure of the House to adopt the motion?

Some Hon. Members: Agreed.

Canada Health Act

Some Hon. Members: No.

Mr. Deputy Speaker: All those in favour of the motion will please say yea.

Some Hon. Members: Yea.

Mr. Deputy Speaker: All those opposed to the motion will please say nay.

Some Hon. Members: Nay.

Mr. Deputy Speaker: In my opinion, the nays have it.

And more than five Members having risen:

Mr. Deputy Speaker: Pursuant to Standing Order 79(11), the recorded division on the proposed motion stands deferred.

The House will now proceed to Motion No. 4.

Mr. Bruce Halliday (Oxford) moved:

Motion No. 4

That Bill C-3 be amended in Clause 12 by striking out line 14 at page 9 and substituting the following therefor:

"only if the province has chosen to enter into, and".

He said: Mr. Speaker, I am pleased to usher in this motion before the House. I think it is a very important motion and should be considered. At first glance, the way the Bill was amended in committee might seem to indicate that it was not essential to consider adding the word "only" to a motion which has been debated to a considerable extent in the last two months.

We are still dealing with Clause 12 which has proved to be a fairly controversial clause. It contains some very important concepts and principles which need to be considered. Clause 12 deals with accessibility. The amended version of Bill C-3 provides in Clause 12(1) the criteria that have to be met by a province if it is going to provide the kind of accessibility that should be available to Canadians. It deals with the types of insured health services provided under uniform terms and conditions, and requires payment for insured health services in accordance with a payments plan authorized by the province. It was difficult to come to grips with paragraph (c) which appears at the top of page 9 of the Bill beginning at line 3 and reads as follows:

(c) must provide for reasonable compensation for all insured health services rendered by medical practitioners or dentists; and

The difficulty was that professionals in the field did not know what reasonable compensation meant, nor did the provincial Governments responsible for providing it know what reasonable compensation meant. It made some sense that in committee, members from all three Parties accepted the fact that there had to be some method devised to try to define what we were talking about. We ended up with this additional subclause (2) which tried to delineate what we felt would be deemed to be reasonable compensation. In other words, if a province met these certain specific criteria that are outlined in subclause (2) of clause 12, the province would then be deemed to have met the criteria of providing reasonable compensation.