

Canada Health Act

when I became the new Minister of National Health and Welfare six years ago. There are some groups who care about this idea and lobby for it.

However, when I put this idea to my provincial counterparts, some time ago now, they did not approve of it. Since it was some time ago, if the idea is suggested again at a conference in which they will be the key participants, perhaps all interested parties could see the interest in it. In such a case, we will surely entertain such a project.

Mr. Hawkes: Mr. Speaker, the Minister has had a request for a meeting with provincial ministers regarding some of the amendments in Bill C-3. Has she complied with that request? Does she intend to meet with them or will we pass the Bill before such a meeting takes place?

Miss Bégin: Mr. Speaker, the member refers to telegrams which were received from provincial health ministers in the last few days and from the minister from Alberta in particular, probably in the name of other ministers since he will be the host of their annual joint meeting next September. I immediately sent back one telex. Today I asked officials to send back another telex to explain what their main concern seems to be. From my own conversation with some of them it is what I addressed earlier today, namely, the new section on doctors' negotiations with the provinces. Their concern is that the committee members imposed that on the provinces. I think the original amendment put forward by the Tory Party would have imposed it, but we defeated the amendment in committee. We wanted it simply as a model to give the choice to the province.

● (1150)

Mr. Keeper: Mr. Speaker, the Minister in her remarks acknowledged that the biggest weakness with this legislation is the lack of being able to deal adequately with preventive health care. She made particular reference to midwives. Given the fact that having a child at home in the case of a normal birth would save a great deal of money and at the same time adds to the bonding between mother and child, what can the Minister tell us that will assure us she is going to do something that will be effective in terms of making sure the opportunity to have a midwife in attendance is available to Canadians and that this conference will not be just a way of letting things slide?

Miss Bégin: Mr. Speaker, the Hon. Member touches on a perfect example, among thousands, of what health is all about in the sense that it is a provincial responsibility as to personal delivery services. The recognition of midwives in the child birth process can be given at any time by any province under the existing and the new Canada Health Act. But it is a totally provincial matter—totally. It is at the choice of province x, y, or z to set into motion whatever licensing—I do not have with me the details according to each province—is needed, to make it official either on a pilot project basis or across a given province according to its own priorities in health delivery.

Mr. Flis: Mr. Speaker, I would like to congratulate the Minister of National Health and Welfare (Miss Bégin) and also the Members from all three Parties who served on the committee for coming up with a first-class made in Canada health Bill and service. As the Minister pointed out, the delivery of the services now lies, and always did, in the hands of the provinces.

This creates many difficulties for a lot of senior citizens who live part time with children in one province and then part time with children in another province. I have many examples where senior citizens in their 80s and 90s live six months or three months in the Province of Quebec and then another six or three months in the Province of Ontario. They run into the problem of a waiting period to qualify for health services. One province has a three-month waiting period to qualify for medical services. Therefore, these seniors are in a bind. Do they have to go back to the province which still covers them to get the service? Are they faced with a province saying: "Sorry, you have to wait three months"? Does the Bill address this problem of so many senior citizens who have the right to live part time in one province and part time in another province?

Miss Bégin: Mr. Speaker, I will have to check the exact details of the situation but the general principle has been clearly established in this Bill. One of the five conditions is portability. The Hon. Member has a very good point. We did not hear much about portability. The media spoke much more about accessibility and comprehensiveness, universality. But portability raises quite a practical problem for border towns, towns exactly like Hull and Ottawa, for seniors who travel a great deal in the country to see their children and families.

I do not have the exact details but, in the case of an emergency, citizens are treated anywhere in Canada and that should not pose a problem. Again, details escape me right now. Officials of the provinces have been working, I think for at least a year now, on a detailed protocol of portability and the rules of the game both within Canada and outside. This Bill reinforces the concept of portability for all Canadians within the country.

Mr. Gamble: Mr. Speaker, did I understand the Minister of National Health and Welfare (Miss Bégin) to suggest in response to one of the questions asked by my colleague, the Hon. Member for Surrey-White Rock-North Delta (Mr. Friesen), that extra billing was illegal, to use her words? If, indeed, that is what she said, could she clarify that for the House, having regard to the specific provisions in the preamble to the Bill which clearly indicate that it is not the intention of this Bill either to abrogate or to derogate from any of the provisions of the Constitution Act of Canada, and having further regard to the well-recognized fact that the provision of medical services lies entirely within the control of the provincial governments?

Mr. Deputy Speaker: Order, please. The time provided for questions and comments has expired. Perhaps the House will allow the Hon. Minister to reply. Is that agreed?