

Medicare

hon. gentleman is now putting forward was rejected by this house on second reading of the medicare bill.

Mr. Fulton: That is no answer at all. What a piece of casuistry. We were told that when we got into committee we would be invited to bring forward amendments and have a serious discussion to improve the bill. The minister now says that we may not improve the bill, that we will have to take it the way it is, the way the majority voted for it, whatever the merits of the case. I completely reject that argument, Mr. Chairman, and so will the Canadian people.

Mr. MacEachen: The hon. member for Kamloops can get as indignant as he wishes. That is his prerogative and his tendency, I might add. But I would remind him that he put forward the proposal to the federal government that the federal government subsidize existing pension plans. He put that in an amendment.

Mr. Fulton: I did not.

Mr. MacEachen: The hon. member for Simcoe East put it in an amendment which was voted on and rejected during debate on second reading of the bill. He knows perfectly well that it is not competent for this committee at this stage to enter upon a scheme that was sustained by the house on second reading and now try to change it. This is the argument I am making.

Mr. Bell (Carleton): Absolutely ridiculous.

Mr. Fulton: Does the minister seriously say that it is not competent for this committee to amend the clauses of the bill?

Mr. MacEachen: I am not saying that at all.

Mr. Fulton: That is exactly the proposition the minister is putting forward.

Mr. MacEachen: I said that the committee is not competent to alter the principles that were accepted on second reading. That is what I am saying.

● (9:50 p.m.)

Mr. Lewis: Mr. Chairman, I have not taken part in the discussion on clause 2 but the minister's explanations in rejecting all of the amendments put forward seem to me to be an argument of obstinacy rather than logic. The hon. member for Matapédia-Matane reminded us this afternoon in his thoughtful speech that what we have before us is not a medical care

[Mr. MacEachen.]

plan at all but a financial bill, a bill by which Canada will provide 50 per cent of the cost of services covered under provincial medical care plans. What the various amendments said to the minister, had they been in order—the minister's argument, I suggest with the greatest respect, is utterly specious—was not that he include in this bill all these services to be covered immediately; he cannot do that. This bill is not a medical care plan; the bill says that Canada will pay 50 per cent of the cost of those services included in provincial medical care plans. All we are saying to him is that he should say to the provinces: Any medical service which you provide for in your plans, whether that service is performed by a medical practitioner or by any other recognized profession, we will participate in the cost of it. That is all we are asking the minister to say. We are not asking him to set out in any schedule that all the following services will be covered and that every health profession will be covered.

Mr. MacEachen: May I ask my hon. friend a question? Is he accepting the point of view of the hon. member for Kamloops?

Mr. Lewis: I certainly am not.

Mr. Fulton: Is that any disgrace?

Mr. Lewis: I am not arguing to subsidize any plan. All that the amendments of the hon. member for Hamilton South and the hon. member for Burnaby-Coquitlam said, had they been in order, was that all services covered by any provincial plan would be shared, assuming that any provincial plan met the four basic principles to which my hon. friend opposite referred this afternoon. That is all those amendments said to the minister. In fact, I point out to the minister that in part perhaps he has departed from one or two of those principles. We insist on those principles. The minister cannot argue that we are seeking to cover all the health services or that we are through the amendments trying to set priorities. We are doing nothing of the sort. We are saying to the minister that the purposes of this bill, the two reasons it is desirable to have a federal bill of this sort, are clear.

The reasons are, first, that the poorer provinces which cannot provide adequate medical care plans for themselves will be assisted to have such plans and, second, because the federal treasury will make a contribution toward services it will enable the provinces to expand those services in the years ahead and to include other health services that are so direly needed by the people of Canada, if the