

*Health and Welfare*

right of every citizen, and not a privilege. It is a basic tenet of such public programs that, regardless of financial means or station in life, the right to good health and treatment for illness shall not be denied to any citizen because of financial barriers.

On December 8, 1966, this house passed an act to authorize the payment of contributions by the government of Canada toward the costs of insured medical care services incurred by provinces under their own medical care plans. On July 1 the act took effect. It was a great milestone in Canadian history.

An earlier great milestone was the passing by this house of the Hospital Insurance and Diagnostic Services Act in April, 1957, and the amendment to it in June, 1963, that brought the act into force on July 1 of that year.

The intent and purpose of universal hospital and medical care plans is to provide full and equal access to the best possible health care for every citizen, regardless of his station in life, financial means, race, colour or creed, or his place of residence. They are a way of spreading the cost of health care over the entire population and removing the financial burden of hospital and doctor bills from the patient.

The great majority of citizens have decided through their democratically elected governments that they wish to pay in advance for their hospital and medical care, through yearly premiums, through income tax and sales tax, and other similar measures. Premiums are a fixed charge on every citizen. Most of the money that is raised by our governments is raised through income and sales taxes, which are based in some measure on one's ability to pay. This, then, brings me to the purpose of this resolution.

Experience has shown and is showing that some provinces are imposing additional charges that completely negate the intent and purpose of public hospital and medical care plans. The imposition of so-called deterrent fees, or utilization fees or co-insurance fees, as they are sometimes called, on a patient is in fact an extra tax on those who become sick or injured. This in fact means that people who have already paid for their hospitalization and doctor's care through their premiums and taxes are being taxed again, and must pay again as soon as they are sick. Such charges fly in the face of the intent of our

[Mr. Benjamin.]

national Medical Care Act and are perpetrated because of a loophole in the hospital insurance legislation. Section 4(1) (b) of the Medical Care Act says that medical services are to be provided for insured persons and that nothing, directly or indirectly, whether by charges or otherwise, shall impede or preclude an insured person from access to such services. Certainly, no co-insurance or deterrent fees are mentioned. In fact, the federal act discourages such charges which could have the effect of impeding reasonable access to insured services by insured persons, since their fees are not considered as a cost to be shared.

The government says in the act that the provincial plan must provide for the furnishing of insured services upon uniform terms and conditions to all in the province in accordance with the various tariffs, and so on, set out under the law. That service must be provided on a basis that provides for reasonable compensation for insured services to medical practitioners and—

—that does not impede or preclude, either directly or indirectly whether by charges made to insured persons or otherwise, reasonable access to insured services by insured persons;

The effect of these kinds of charges must be to deny reasonable access to medical hospital services to the poor, the old, the very young and the low income people. This is happening in more than one province. In particular I speak of my own province, Saskatchewan. There it is possible to pay a \$1.50 deterrent fee four or five times in a single day, since it is charged by each doctor the patient might see for the same illness. You could go to a general practitioner, and when you say you have a stomach ache he will charge you the deterrent fee and refer you to an internist, who will charge you a deterrent fee and turn you over to a radiologist, who will take an X-ray and charge you a deterrent fee and then refer you back to the general practitioner, who will prescribe medicine. At each step you will be charged a fee. Even though you have already paid for your medical care through your income tax, sales tax or other form of premium payment you will pay again if you are sick. In addition, the fee is charged for every single office and house call you make for the same illness or injury, no matter how often you must go to the doctor.

Cancer patients, particularly, are victimized because of the number of times they must visit their doctors, or the number of times the doctors must visit their homes. They are victimized also because of their