

from doctors or from patients, but in these circumstances these accounts must also be passed on to the provincial authority. The assessment and the approval for payments of such accounts remain the responsibility of the provincial authority.

We are beginning to see a pattern developing after reading the minister's words. I hope I am not taking them out of their context; that is not my intention. I simply wish to remind the minister that in spite of his assurances he has not yet succeeded in clearing up the doubts which exist in the minds of several of the provincial ministers of health. They still fear that co-operative medical care plans and doctor-administered medical insurance groups will be "blocked" by the wording of the bill as it now stands.

I was surprised by the objections which the previous speaker raised. It is hardly necessary for me to remind him, or the minister, that the pilot program for schemes such as this, whether in Canada or in the United States, was initiated in Swift Current, Saskatchewan. I ask the minister whether he has fully considered the position of these health regions, as I believe they are called. Has he fully considered the effect of this clause of the bill, if it is permitted to stand without amendment, upon the autonomy of such groups?

All this amendment does is return to the provinces a responsibility which should be theirs. It simply states that plans should be administered and operated on a non-profit basis by a provincially appointed authority. The picture is not substantially changed, yet the provincial authorities are given a latitude which I am sure it has been the minister's intention to provide under this plan from the beginning.

Perhaps I might quote the minister further. After all, he is the best authority I can find. Further on, as reported at page 8611 of *Hansard* for October 13, he had this to say:

As in the case of hospital insurance, it is probable that different provinces will administer their public medical care programs in different ways, depending upon their own philosophy and particular circumstances.

• (2:50 p.m.)

The federal law has been drawn up in such a way as to make such differences possible while at the same time ensuring the ready availability to all residents of all provinces of medical care services administered without charge by a body directly answerable to the provincial legislature. Thus the responsibilities of the provincial authority in relation to administration are set out in the bill.

That is not what the amendment seeks to change, it seeks simply to allay the fear that

### Medicare

exists in the minds of provincial authority. It has not been clearly or satisfactorily stated that flexibility is not only inherent but apparently inherent in the measure as it now exists.

The phrase that causes much of the objection is to be found in paragraph (a) of clause 4 and it is "public authority". As long as that phrase remains, there will be a continuing fear and doubt on the part of certain provincial authorities as to how they can get around it. In Nova Scotia, as the minister is well aware, there is an excellent agency to which the government could immediately turn for assistance in carrying out this proposal. As long as this phrase remains, the province will find it difficult to utilize this built-in record of achievement, efficiency and basic knowledge as to the medical needs of the people of Nova Scotia.

I should like again, I hope for the last time, to quote the minister's words as they are recorded at page 8611 of *Hansard* for October 13. Toward the bottom of the page he was referring to what the Prime Minister had said, and the minister is recorded as follows:

He said that the federal government's contribution initially would be based on the costs of physician's services. He said that there would be nothing to prevent provinces providing additional benefits, either at first or later, and he agreed, and I quote his words as follows:

'—if there is a consensus on the timing of further stages, the federal government will consider enlarging appropriately, and in due course, the scope of the services to which it contributes.'

I think the operative words here are "if there is a consensus on the timing of further stages". I hope I interpret those words correctly in my belief that the Prime Minister was telling the people of Canada that once the provinces are in a position financially or otherwise to move ahead with the expansion of these services the federal government will follow provincial initiative. He is saying the provinces are responsible. All the present amendment does is give expression to that desire on the part of the government.

The point of view expressed by the minister in the words I quoted is valid only so long as provincial authorities are satisfied in their own minds that the word "public" is not restrictive. Perhaps all that is involved is a clear interpretation or definition of the word "public". What does the minister mean by that word? A simple definition might be the answer to this problem, but it will not answer the difficulties created by the criteria set forth in respect of any extension of services and where the ultimate responsibility lies. Perhaps