

THE LEGISLATIVE ASSEMBLY OF MANITOBA

2:30 o'clock, Monday, May 1, 1967

Opening Prayer by Mr. Speaker

MR. SPEAKER: Presenting Petitions

Reading and Receiving Petitions

Presenting Reports by Standing and Special Committees

Notice of Motions

Introduction of Bills

Orders of the Day

HON. STERLING R. LYON, Q.C. (Attorney-General) (Fort Garry): We'll now call Committee of the Whole House, Mr. Speaker. I beg to move seconded by the Honourable Minister of Welfare that Mr. Speaker do now leave the Chair and the House resolve itself into Committee of the Whole to consider the bills standing on the Order Paper.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried and the House resolved itself into Committee of the Whole with the Honourable Member for Arthur in the Chair.

COMMITTEE OF THE WHOLE HOUSE

MR. CHAIRMAN: Bill No. 68.

MR. NELSON SHOEMAKER (Gladstone): Mr. Chairman, just as we were about to rise at 11 o'clock, I made a request of the Minister of Health, namely would he consider supplying the members of the House with the schedule of fees that are presently used by MMS and that I thought it would be very helpful when we were considering the bill that is before us. I wonder if the Minister would make some comments in respect to my request at this time.

HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): Mr. Chairman, the matter of the fee schedule with MMS and MMA is a matter between MMA and MMS and I could not give it to the Legislature but I am sure that if the Member for Gladstone-Neepawa wished as a subscriber to ask MMS for it that he could do so.

MR. GILDAS MOLGAT (Leader of the Opposition) (Ste. Rose): Mr. Chairman, isn't it a fact that the Minister or members of his department have been negotiating with them. These are the statements that they made some months ago. Now surely if they are negotiating, while their internal matters are their affairs, if the government is negotiating then it becomes the public affair insofar as the people of this province.

MR. WITNEY: Mr. Chairman, when the Honourable the Leader of the Opposition refers to the question of negotiation with respect to MMS, the MMS are required to advise the government of any possible changes in their fee schedule and as I maintained the other day they have done that --(Interjection)-- oh, on our negotiations with respect to medical services insurance that will be done by the corporation when we get the bill passed, at least it will be done by the corporation with the Manitoba Medical Association.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, I'd like to help the Minister; either he doesn't understand the question of my Leader or he doesn't want to understand it. We're not talking about the statement that was made at this press conference with MMS or MMA last Friday, we're not talking about the negotiating that will be done after this bill is passed, we understand this; but for two or three years the Minister has been telling us that the government has been negotiating with the medical profession to be ready for this bill and this is what we're asking, we're asking to have some information. Last year if the Minister remembers right, I had asked -- I said at the time that we did not have enough information to look into this, to have any intelligent discussion because we didn't have enough information and this year it's the same thing.

I have here an article that quotes Doctor Robert Tanner, a medical officer in the Provincial Health Department; and this is what he says: "However, details of progress," he says in his presidential address -- oh no, this is Dr. McIntyre. Dr. D. N. C. McIntyre said, "Negotiations on Medicare have started between the MMA and the Roblin administration" -- it's the MMA, not the MMS. "However, details of progress could not be revealed at this point because the government had asked that they be kept confidential." Now it's the government that doesn't want to give this information. This was dated June 6, 1966, and now we have Bill 68 in front of us; we are asked to approve in principle, we have no idea what the cost will be.

(MR. DESJARDINS cont'd).....

You remember that the Hall Commission said that this, when it recommended this Medicare program, that this would not come into effect until the consumer-public says so and the government has to take the feelings of the electorate into consideration, Hall reported. But this is not being done by this government. I for one accepted the explanation of the Minister previously and I was led astray. I was told that this was the fault of the Federal Government and I blamed the Federal Government, and I find out that this is not the case, that we could have a voluntary plan. Now I'm not going to bring this again, it is obvious that this government wants a compulsory plan and in a democratic form of government we must go along with the majority. I oppose this kind of plan. I said that I would oppose it until it was felt that this was the only way that it could be done and we haven't tried the other way as other provinces have done. Now we're asking a very simple question; we have asked that we be given a schedule of fees from the MMS.

Now if the MMS has been negotiating and if we're going to take this as a basic to start, why should my honourable friend have to run around to get this? Why isn't this on our desks now? Why can we not see or hear, get the benefit of the negotiation that has been taking place between the Minister and the MMS? How can he seriously say, Mr. Chairman, ask us to pass this, just take his word for it when we have no idea what we're buying; we have no idea what it will cost; we have no idea who will really pay for this. This has been a very simple, very simple question. We are saying "all right, we will pass this bill" - this is what the Minister wanted last week, he did not want any further delay - we'll pass this bill in principle with the understanding, with the proviso that next year at the next session before we put this plan into operation that the schedule be brought into this House, be submitted to this House and be attached to this bill, become part of this bill.

Now it has been done in other provinces. This is another thing that has been done in other provinces. Ontario based themselves on the existing rate - or schedule I should say - that they had with their doctor-sponsored plan. This is spelled out in the bill that they passed in 1965. This has been modified since, but here we have nothing, nothing at all, and the Minister says, "Yes, take this, we can't do anything about it." My friend is asking to have some idea what the rates are now. This has been refused. My Leader is asking that, all right we'll go ahead but next year when certainly you'll be ready by June, they have to negotiate to be ready, bring it in front of the legislation, because after all we're representing the public here. It's all right to co-operate with the doctors, we want this 100 percent, but co-operation is a two-way street and the public has to be taken into consideration.

You are asking us here to vote a blank cheque -- maybe it'll be very small, I'm not saying that it's going to be a robbery, I'm not commenting on this at all - you're still asking us to vote a blank cheque, to accept something we haven't the faintest idea if we could stand here in Manitoba, if the people of Manitoba can stand it. We started with a plan -- especially when you're talking about a compulsory plan, it's because we want to give the proper care to the people of Manitoba and stay within their means, and we have no idea if this can be done.

Before adjourning at 11 o'clock, Sir, I asked the Minister to tell us why at least - at least we're entitled to that - tell us why you will not accept the suggestion, that you are saying now that you will vote against this amendment when my Leader brings it, or moves it. Why will you refuse this? You say it's not needed; we feel that it is; and don't you need goodwill when you're going to put a plan into effect, a plan that will cost \$35 million according to your figure now, and what will it cost in a few years? Are you going to deny this to us, to the members of this House? You might as well bring this plan and decide in Cabinet the way you've done other things this year and put it into force and not ask us then. If you want our backing, try to give us some information, try to tell us what has gone on in this discussion that you had with the doctors, or don't we count? Aren't we supposed to know this? Isn't the public supposed to know this? Why is this so ultra secretive?

MR. SIDNEY GREEN (Inkster): Mr. Chairman, when this bill was before Law Amendments Committee. I requested the Minister to advise the committee what would happen if no agreement could be reached under Section 36. I've heard the Leader of the Opposition say today that there has to be an agreement with the Manitoba Medical Association in order for the insurance program to go into effect and that surely we could wait until next year, but we would have to have the agreement.

Well, Mr. Chairman, I'm not sure that there has to be an agreement with the MMA before this plan could go into effect, and the Minister assured me at the Law Amendments Committee that if no agreement could be reached between the insurance program and the MMA,

(MR. GREEN cont'd) that the Manitoba Government would have the power under the regulations to stipulate a schedule of fees. However, I've looked through the regulations - and perhaps the Minister will enlighten me later on - but as I see it, there are provisions for stipulating many things but there is no provision for stipulating a rate of fees.

Now, Mr. Chairman, I'm not suggesting that any stipulated rate of fees could result in work being done for those fees. I defend the right of anybody, including a doctor not to work if he isn't satisfied with a fee which is prescribed for by the government. I indicated before the Law Amendments Committee that I am prepared to hope that the plan that is being instituted by the government will result in the provision of medical services at reasonable rates to the people of the Province of Manitoba, and it was on that basis, Mr. Chairman, that I voted against an amendment which was moved by the Honourable the Member for St. Boniface which in effect removed the right of the doctor to charge fees beyond that which he would recover from the plan, because at that time I indicated that I feel that we should be bargaining in good faith with the doctors; we should not be trying to create a plan which he could not live with and not presume that he would charge fees higher than the plan except in unusual cases.

But, Mr. Chairman, on Friday last, the doctors indicated to this House that they are not prepared to bargain in good faith and they commenced the negotiations with the Manitoba insurance program by announcing that they had unilaterally increased their premiums and increased the amount of the percentage of their fee, and I consider that to be a pretty good joke, Mr. Chairman, the percentage of infinity is what they are prepared to say that they are going to charge. What is this 90 percent that they're talking about? Ninety percent of a fee which they unilaterally set for themselves, which in my mathematics comes out to 90 percent of infinity, and this is what they are now asking the public of Manitoba to swallow and to swallow it during the supposed negotiations as between the plan and the province.

I think, Mr. Chairman, that all of this negotiation started several weeks ago when I think members will recall seeing an advertisement in the paper publishing the Manitoba Medical Service financial situation. It indicated that there were receipts from premiums and that was a certain amount of money; there was bills charged by doctors and that was a lesser amount; and then subsidy by the doctors to the people of Manitoba, as a result of them not receiving their full fees and I think that the figure came out to something like \$4 million. Well, Mr. Chairman, I think that the Manitoba Federation of Labour would be well advised to provide a similar advertisement in the paper. Monies received in wages - X millions of dollars; wages that we should have got - X million dollars; deficiency in wages contributed by the workers of Manitoba to the people of this province - so many dollars. It would make as much sense.

Nevertheless, my impression is that the doctors are not willing to negotiate with this plan in good faith and I don't see what the Minister has assured me is the case, that the Manitoba Medical Plan that we are bringing into existence can't stipulate a rate of fees, not at which doctors must work but at which doctors may work if they choose to.

Now, Mr. Speaker, I consider that the medical profession has just as much right to negotiate and to take a hard negotiating position as anybody else. What I'm concerned with is what is the Province of Manitoba doing to meet this negotiating position. Are they merely saying, "Well, we'll hope that they behave differently in the future." Are they taking any steps to assure the people of Manitoba that they will have doctors practicing under this plan? I think, Mr. Speaker, that they can use the type of negotiations which friends from the Chamber of Commerce could certainly suggest to them or which have been used in the past. For instance, they could send Mr. Spivak -- they should be announcing that they're going to send Mr. Spivak to find people, not who are willing to work for \$1.00 an hour, but to go all over the world finding doctors who may work for wages between \$20,000 and \$30,000 a year. They could announce, Mr. Chairman - and I'm surprised that we don't hear this kind of thing coming from this government - that the provision of medical care is an essential service, that people who are engaged in the provision of medical services are deprived of the right to quit work. They've done this in other areas. Or they could announce - and I'm surprised we don't hear this from them - that the fees that will be provided under this Act will be subject to compulsory arbitration.

Now they haven't done any of these things, but, Mr. Chairman, if it happened in any other area, if it was the silent thousands that they were dealing with rather than the screaming hundreds, they would be doing these things. They would be announcing compulsory arbitration; they would be announcing that this is an essential service whose members do not have the right to strike.

(MR. GREEN cont'd)....

Mr. Speaker, I suggest that these kinds of things are what we should be hearing from this government, not because of anything that we've done but because of what the medical profession did on Friday, and in what I submit, Mr. Chairman, is an attempt to improve their bargaining position and is an attempt to prejudice negotiations under this plan. It's absolutely necessary - and I agree with the members of the Liberal Party in this respect - it's absolutely necessary that the government have the right to fix a schedule of fees. We cannot be dealing with an unknown quantity. We have to have the right to fix that schedule of fees and I say that that schedule should be in the Act. If there is no agreement reached between the plan and the doctors, I say that a schedule of fees should be enacted and it's the government's responsibility, just as it was the government's responsibility in the Province of Saskatchewan to see to it that doctors are available to work at those fees. But, Mr. Chairman, I suggest to you that the doctors have brought this situation about and I would refer you, Mr. Chairman, to an article which appeared in the Winnipeg Tribune on March 1st, 1962, which is headed, "MMS Rate Review Set by Minister", and the article goes on to say that the MMS would in the future probably consult with the government before setting its schedule of fees.

But even more interesting is the editorial of the Winnipeg Tribune which appeared on that day and I'm going to read from that editorial just to show the complexion of the times and what apparently it was felt the doctors would be doing. "In the past, Manitoba Medical Service rate changes have sometimes appeared to subscribers as coming out of the blue." I think that's a good description of what happened on Friday. "The first they heard about proposed changes was an announcement by an MMS spokesman followed by notices through the mail that an increase would take effect on a specified date and that was that."

Well, they've changed that, Mr. Chairman. They now hold press conferences, and I say that that press conference was a step in negotiations - and I'm familiar with negotiations and that's what it was - and that step must be met by an equally harsh step in negotiations. "This procedure resulted in more than one outbreak of protest on the part of the public" -- and that's what the public is doing now. "Subscribers resented being presented with an accomplished fact that they were powerless to challenge. They had little or no idea of the actuarial data on which the rate increases were based, nor did they have the feeling of reassurance that might come from a review of the actuarial material by some competent person or body outside the MMS. There can be little doubt that this worked against the best possible relations between the MMS and the general public." I agree with that. "Apparently this situation is to be corrected. Reports indicate that, in future, any major MMS changes will be reviewed in advance by the Minister of Health and his officials. This will mean that before any future rate increases are announced, the actuarial and financial reasons for the changes may be reviewed independently. MMS subscribers will have the assurance that the changes have been defended and justified. We will welcome this new procedure. It should result in better relations between the MMS and the public, and this in turn should enable MMS to maintain and expand its work."

Well, Mr. Chairman, the Tribune was far too sanguine about the attitude that the doctors were going to take with regard to this program. I suggest, Mr. Chairman, that the government has now embarked on a medical services program and that it is going to have to negotiate with people to provide the service. I suggest that the Minister of Health get in touch with the Board of Directors of the Chamber of Commerce and ask them how they would negotiate with employees under these circumstances, and then let's have the announcement as to how the Minister is going to meet this new step in negotiations that has been engaged in by the doctors in the Province of Manitoba.

MR. EDWARD I. DOW (Turtle Mountain): Mr. Chairman, I'm somewhat amazed at the last speaker in regards to the way he would approach negotiations of a schedule fee for the medical men of this province. One thing that I mentioned in speaking to this bill on second reading was the fact that this bill would work only with the goodwill of the medical people. When you consider the fact that the practitioners of medicine throughout the country, hours are not any value to them, they are long-working people and they work on the basis of the need of the people, and when you say --(Interjection)-- Oh yes they do. You may not realize that in the City of Winnipeg, but in the rural areas - I can speak for the medical practitioners and I've had some experience with them - they work as much without sleep at a length of time than a lot of people work in a full week at regular hours.

When you say you can regiment them to get them on a bargaining position, you're getting

(MR. DOW cont'd) into a position where, I submit to you, you could lose the medical people of Manitoba very quickly. These people are of a specialty group; they can qualify for work any place. They have offers to go and there are people now going from Manitoba on the basis that we are putting in a compulsory service.

When you say in your bill - which is not spelled out but it's inferred - that you are putting in a full service similar to the HCX4 of the MMS, you are putting in a bill of goods, in my opinion, Mr. Chairman, that I don't believe that you can fulfill in rural Manitoba unless the government is prepared to change the policies in some way of where the facilities that are there now can be used by doctors in their practice in billing or that some other arrangements can be made to get the facilities that would be required to give this type of service. When you consider the per capita that is served by medical men in the rural areas, they're quite large. I haven't got the figures available but I would suggest to you, Sir, that it could be well over 2,000 per medical practitioner and this is a lot of people to look after in all the stages.

These men in the rural areas are not classed as specialists. They're men that are doing general practitioner work and doing a lot of minor surgery that's necessary, and so when you've got to move these people to give the service to larger centers, you are not only putting a hardship to the patient but you're putting a hardship to the practitioner. Mention was made that it possibly could be done by setting up regional bases of service.

Here again, Mr. Chairman, I submit to you that in doing this in the rural area you're going to have the people in a position that they're going to have to move long distances to get services which they haven't had to go before under the system we have, and I think that proper medical care should be advanced by the government. I am a great believer in everybody being able to have the medical care that's required, but I can't see where we're gaining any point in the rural area going into this comprehensive full service. We're not prepared for it at the moment in my opinion. When you set up in your bill that you are going to make this compulsory and you're taking the effect that possibly collections of premiums will be tagged in with MHC, here again you're going to put on the tax roll very large sums of money added to their taxes or get into litigation to collect.

There are several peculiarities in the rural part, Mr. Chairman, that I know you're aware of and I don't know how you're going to take this over under this bill. There are several municipalities in the western part of the province with municipal doctors. How do you cover this? These men are operating without hospitals; they're using the facilities of other hospitals and they're hired under municipal contracts. These will make a hardship to the people that have provided their medical service at a reasonable rate for many years and it's going to incur quite a large extra cost. For instance, you're aware of the municipal contracts where these men are hired for so much money, and they are hired also after second call for mileage, and I'm sure HCX4 does not provide for this. This is a service you're going to take away from the people and depreciate the medical benefits they might have.

And there's one particular clause in the bill that concerns me, Mr. Chairman, not being spelled out, is of the review committee having access to records. If you mean by this, and spell it out, financial records, then I agree, but when you suggest that you have full access to confidential files of records that the medical practitioner has with his patients, then I don't think the committee should just be wandering around taking a look at records just because it says so in the Act. I think most any medical practitioner will say this to you, and if you continue this to a point that this is what you're going to do, I'm going to suggest to you you're going to depreciate your medical services in Manitoba because I'm quite sure a lot of the medical men will not keep records; they will not keep those type of records that are confidential. They would far sooner keep them in their mind rather than have them on paper so any layman can walk around and pick them up. I suggest to you that it should be spelled out a little more. It should be spelled out that the records mean financial records, not confidential records of patients, unless they're forced to by court orders and which they would very well give, but I don't think they should have the permission to wander around and do it that way.

So in all, Mr. Chairman, I voted against the bill on second reading. I voted because of the compulsory nature and my fear that we are not prepared in Manitoba at the present time to sell a bill of goods, to offer the services that is intimated we're going to do. In rural Manitoba we haven't got the facilities at the moment. If we go too far, we're going to depreciate our medical services in the rural area and you will undermine the present position of good medical services we now have.

There's one other point that was brought up in committee of which here again it's a

MR. DOW cont'd)... hardship in the rural areas. It is the fact that under this bill, when it's through, the optometrists are not included, the ophthalmologist is. Now in the areas in Winnipeg and Brandon we have ophthalmologists, but it means then that the local medical practitioner will have to take over the testing and supplying of glasses if he's going to qualify and the people are going to qualify under this bill, or they'll have to pay extra through the optometrist. Now, Mr. Chairman, I don't think there's any question about it that the optometrists that we have, particularly in the western part of Manitoba, are very highly reputable people and they are not just there for the purpose of selling glasses. I know from experience that these people work hand in hand with the medical men and the ophthalmologists, and I feel that the more we detract from this type of service, we might have a deterrent in our services, particularly with younger children, of eye care and so on.

So I am a great promoter of having all the services we can for the betterment of health in Manitoba, but, Mr. Chairman, I can't see that we've moved in the right direction from this particular bill to do that. I don't think we're prepared at this time to sell that bill of goods and produce it to the people that need it.

MR. SHOEMAKER: Mr. Speaker, the Honourable Minister told us a few moment ago that I, as a subscriber of MMS, could no doubt obtain in very short order the schedule of fees that the doctors use when dealing with MMS. Well I don't doubt but what I could, but I would like to have it now, and if the Minister has in the buildings anywhere a copy of the schedule of fees, could he not get them duplicated and supplied to the members of the House now?

HON. GOERGE JOHNSON (Minister of Education) (Gimli): You couldn't figure it out anyway.

MR. SHOEMAKER: I couldn't figure it out anyway. Well there's a lot of other things I can't figure out about the program and policy of my honourable friends opposite so this would just be in keeping with that, and even if we could have them -- surely the Minister does have the schedule in his office and surely he could send somebody out and have copies made and supply the members. I know that I might have difficulty comprehending them but there are one or two fellows on this side of the House that I think might make a stab at it if my honourable friend would just say that he would supply us with the schedule.

HON. CHARLES H. WITNEY (Minister of Health) (Flin Flon): Mr. Speaker, I think possibly it's wise that we have this bill debated as thoroughly as we are debating it because no doubt it's fully understood that it is very substantial legislation that is being brought into the House. Through the debate that has taken place before and up to the present time, there has always been this theme that we must be able to work with the doctors and we must have the goodwill of the medical profession in order to implement such a scheme. I believe that I have heard it from over here and I have heard it from here, and I've heard it from the Honourable Member for Turtle Mountain just a while ago.

When we were negotiating with the Manitoba Medical Association, it was on the basis of principle, and this Bill 68 represents the principles that we were able to hammer out with the Manitoba Medical Association. Those principles are the freedom of choice for the doctor; those principles are freedom of choice for the patient; those principles are that the doctors can opt out; those principles are that the doctor can extra-bill. They were all hammered out and those were the negotiations that took place with the Manitoba Medical Association, about four of them and about four of us, and they're represented in this bill.

Now when we come down to the question of the negotiation of the fee schedule, we can't give it to you because we haven't negotiated it yet. It's provided for in the legislation that the negotiations shall take place between the corporation - which was one of the other principles that were hammered out, that the corporation would be a Crown corporation - that the fee for services would be hammered out by the Crown corporation and the Manitoba Medical Association.

I would like to point out to the members of the House that to my knowledge we are the only province that has such an arrangement with the doctors, where we will be able to sit down and negotiate with them. If you go to Ontario, the Ontario bill has to take a fee which is set up by the College of Physicians and Surgeons and decide whether or not it is going to pay a certain proration. If you go to Saskatchewan, the fee schedule is established by the College of Physicians and Surgeons and the commission has to decide what proration it is going to utilize. Similarly in B. C., but here we have an opportunity to negotiate, a Crown corporation with the Manitoba Medical Association, and we have already the public statement of the President of the Manitoba Medical Association that they will co-operate with this legislation in good faith. We have the Manitoba Medical Association stating that the legislation provides a good framework.

(MR. WITNEY cont'd).... We have the Manitoba Medical Association sending a letter to their doctors urging that they co-operate with this legislation. We have been able to establish a reasonable position of good faith and understanding with the Medical Association of this province and we can't do anything without that good faith.

Surely the members of the House must have recognized what has happened before and surely they must appreciate that that's the position we are in in this province right now, on a good solid foundation of that corporation, when we get the bill passed, on one side, the doctors on the other, negotiating in good faith. And as I pointed out to you, we are the only province, of my understanding of the legislation that's prevalent in the provinces now, that it is in that position.

Now we've had since the MMS indications of an increase in fee -- I sometimes wonder what the opposition would be saying if I was sitting here as the Minister of Health with no plan and this had come about. I can imagine that there would be a great amount of criticism of me as the Minister of Health. I would be not labelled "willy-nilly" or whatever the other one was that I was labelled, I'd be labelled worse things than that because that increase would affect people who were paying upwards to \$150.00 a year. Now we have a plan. It is a plan that we have worked out with the doctors, and granted that plan takes place on July 1st, 1968, but it is a plan that will be able to benefit from the Federal Government contributions of approximately \$17 million. And when you ask what is the plan going to cost, I've indicated to you that from the calculations we have now, the gross figure will be approximately \$35 million and that figure has been based on the experience that has taken place in Saskatchewan over a period of three years, on additional information that the Federal Government authorities have been able to compute, and computations which affect our own particular situations.

The Honourable Member for St. Boniface feels that we could have done it on a voluntary basis. I don't wish to rehash all of the ground that I went over in this House the other night and I think I spoke of when I was in the Committee, we believe that it has to be a compulsory plan if we are to reach that 90 percent and that 95 percent, and we have all sorts of figures and experts and what not who gave figures to me which indicated to me quite clearly that that would be the case.

So I feel, Mr. Chairman, that when we come down to this matter of the fee schedule that we are in a good position. And when you come down to the questions that were asked by the Honourable Member for Logan - I beg your pardon, Inkster - I think you'll find in Section 24(g) that under the regulations -- if you look on Section 24 and you look at subsection (1) (a) "designating the benefits to which an insured person is entitled under this Act," the regulations on those benefits can -- the benefits of course would have to be related to the charges for them. Then as you go down a little further you come to 24 (1) subsection (g), "respecting the manner of and other details relating to payments of benefits to insured persons and to medical practitioners." --(Interjection)-- Payment to them.

On the other section we have in this bill, which I believe is Section 27 if I recall correctly, where there is another, what I would call a safeguard in here, is that section of Section 24, subsection (2) where it reads: "Not less frequently than once in each year, and at such other times as the Minister may request, the board shall give detailed consideration to the benefits designated under clause (a) of subsection (1) and to the amount of the premiums from time to time fixed under clause (d) of subsection (1)." If you think that that is not going to end up in this House in some way or another, I think you are wrong; it is, and we are going to be able to debate this matter every year, which I don't think is the position which other provinces find themselves in.

So to me the agreement that we have with the doctors, the principles that we have hammered out, and to me the provisions in this Act with respect to the fee schedule, are all sound principles for us to be working on and all sound protection for the public and for the doctors. I think it works both ways. I was rather astounded - well not astounded - I was rather pleased the other day when I did hear the MMA say, and these are the people who are going to have to -- they are the tools for this job to be done, and they said then that the Act provided a good framework within which they could work.

MR. DESJARDINS: I don't know how gullible the Minister thinks we are on this side of the House. He tells us that all they've done, the only negotiating they've had so far has been on the question of principle, the principle of compulsory plan. Now we heard and we know that the MMA are not in favour of compulsion, so how can he say that this is the only thing that they've negotiated, the principle of compulsory plan when the MMA are not ...

MR. WITNEY: Mr. Chairman, I must rise. I told the honourable member the four principles which we hammered out. Those principles, to repeat them again, are a Crown corporation - you've got that? - fine. Those principles are the freedom of choice of the doctor - you've got that? - fine. Those principles are the freedom of choice of the patient - you've got that? Those principles are the ability to opt out - you've got that? - fine - I'll name it again. And those principles of being able to extra-bill.

MR. DESJARDINS: You didn't mention that.

MR. WITNEY: I'm sure I did. . . Those were the principles that were hammered out with the doctors.

MR. DESJARDINS: All right, the Minister is talking about the negotiations that he's had, and he wants us to believe that they never mentioned anything about the cost of this, how the doctors would be paid. This is what the --(Interjection)-- well I certainly don't. The Minister said that there's never been any talk how they would be paid, the amount that would be paid and the schedule.

Now he makes a big point of saying that we need co-operation of the doctors. We all say this, and I say to him, don't try to back us into a corner to turn us against the doctors. We agree that we need the co-operation of doctors, but when you decided that it'll be a compulsory plan, we have a responsibility here towards the rest of the people of Manitoba and I for one do not blame - I do not agree with my friend - I do not blame the doctors for getting in a position to get the best possible deal for them, but I don't intend to apologize to them either for taking my responsibility and looking after the poor taxpayers that will have to foot the bill. This is the difference and I will not be backed down in any corner on this.

Now the Minister -- or the doctor here - I quoted this twice already, maybe he hasn't got that and it was said by one of the members of his staff and I'll read it again and I'll ask you if you've got it - "It is safe to say at this point that under the intended Manitoba plan which will fit into the national Medicare scheme, payments will be the schedule and not on a pro-rated basis, that's why the government must know the cost of this operation." Have you got that? Have you got it? Have you got it? Maybe I'll read it again then to make sure you'll get it. "It is safe to say at this point that under the intended Manitoba plan which will fit into the national Medicare scheme, payments will be the schedule and not on a pro-rated basis, that's why the government must know the cost of this operation." And lower here we've got, "All of our details of progress could not be revealed at this point because the government has asked that they be kept confidential." This is what we object to. It's all right to co-operate with the doctors - and what another ridiculous statement that it's the only province where they can negotiate, where they could sit down with the doctors. Maybe you should know what's going on in other provinces, if they don't talk about schedule that you can't get.

However, first of all let's take 1965 in Ontario. This is still 136 - have you got that? Section 20 on Page 11 - have you got that? Subject to subsection (2), the benefits under a standard contract during the period of two years after the day on which this Act comes into force shall be the Ontario Medical Association schedule of fees in effect on the day on which this Act comes into force, and thereafter shall be the schedule of fees of that Association in effect from time to time. This is . . .

MR. WITNEY: Mr. Chairman, I must stop my honourable friend right here . . .

MR. DESJARDINS: Do you want to ask a question or do you want to make a speech? If you want to make a speech, you can wait until I'm finished.

MR. WITNEY: You want me to wait till you're finished.

MR. DESJARDINS: Yes, if you are going to make a speech. If you're going to ask a question.

MR. WITNEY: But I must say that you don't understand what you're reading.

MR. DESJARDINS: I don't - well the Attorney-General knows no doubt - what is it that I'm reading? Aren't they using this as a schedule of fees? Aren't they using the - it's very clear - "shall be the Ontario Medical Association schedule of fees." Isn't that what they're saying?

MR. WITNEY: Well, Mr. Chairman, that's what I want to try to clear up for my honourable friend.

MR. DESJARDINS: Clear it up.

MR. WITNEY: Because I think it's necessary to clear it up. There was no negotiation between anybody; the Ontario Medical Association made up that fee schedule themselves in isolation.

MR. DESJARDINS: All right.

MR. WITNEY: And here we've got an opportunity for our men to sit down with the MMA and negotiate a fee schedule with them. They don't have to take something that's a fait accompli as in that . . . , and the same applies in Saskatchewan and the same applies to my knowledge in B. C.

MR. DESJARDINS: I'm very glad you cleared that up. I said that they were negotiating and they thought this was the way that they would pay. And this is a bill that was passed in the Ontario Legislature. You say they took this, then it was imposed on -- this is what they decided they would use, but for my honourable friend, I'd like to clarify something too. The next year they felt that this wasn't the right thing to do, so they brought in another bill, Bill No. 6, Section 13, and do you know what they did? They repealed this section that I read and then they decided to pay 90 percent. Now you say they didn't negotiate -- I know, it's only in Manitoba that the people get together. I'm saying that they could spell it out, that they could spell it out in the plan. They've had a bill with two amendments. They had a bill in 1965 and an amendment in 1966 and an amendment in 1967.

Now you're telling us -- I'm sure that you don't believe or think for a minute that we're going to believe that you haven't the faintest idea of what you're going to do, how you're going to pay. You're going to just name a commission, no work has been done on that, and they're going to start negotiating with the doctors. You say that the doctors have promised, they wrote a letter to all the doctors and asked them to co-operate. So all they're interested in is in this bill. Well, we're dealing with human beings. As doctors they're wonderful, but they haven't a monopoly on anything. You have some doctors that will abuse like you have people in every single position. We are not here to insult the doctors but we certainly are not here to take everything they give us and call this co-operation, make this a one-way deal. We're not here for this at all.

Now I think that it is a fact that the statement that we had last Friday and Saturday was to place -- I agree with the Member for Inkster on this -- that this was to place them in a better position to negotiate. Everything else was kept quiet, but now there's a press release and this is what they want. He tells us that they will negotiate and this will not be affected. Well, does my honourable friend remember about a year ago when the doctors had a meeting and that the president asked the doctors to send them a letter, sign the letter, not to put the date, and if they didn't get 100 percent by that date -- and just by coincidence it was July 1st of 1967, the date that it was announced that this plan would come into force -- that on that date they would all, if they didn't get 100 percent, they would all withdraw from MMS. Does the Minister remember this? What kind of negotiating is this?

As I said, I don't blame the medical profession. My battle is not with the medical profession but with the government who is not giving us the information and wants us to pass this without any question and then telling us it's just a question of principle. He talks about the principle -- they were against this question of compulsion; they were. I agree with this that you want to negotiate, you're going to give permission to the doctors to practice inside or out of the plan, and we'll come back to your choice -- your famous principle of the patient, his choice of doctor -- we'll come back to that because there's a clause that'll have to be debated also and I think that this will go contrary to what you're saying.

Now you say that you're the only province that's done any negotiating at all. You say that it's impossible to give any schedule. I told you what happened in Ontario and I'll tell you what happened in Saskatchewan now. Payment for physician services is based on a schedule of minimum fees to the College of Physicians and Surgeons of Saskatchewan. Payment is made at 85 percent of the fee listed in the schedule. This is the same percentage as that paid by physician-sponsored plan in Saskatchewan prior to July 1, 1962. Well the Minister is laughing, he thinks I'm talking against the plan because you talked about negotiations. I'm not talking about negotiations, I'm telling you now that they spell out what will be paid. They also list -- the Medical Care Insurance Act makes provision for three methods by which the Commission may make fees for service paid -- direct payment, payment through approved health agencies, and payments to patients. This is all spelled out in that.

Now the Minister also said that there is no negotiation, you can't sit with the doctors anywhere else but in Manitoba here. Well this is what they did in Quebec. They got a plan, a temporary plan the same as the doctors are trying to do now, and this plan was going to be in effect until the national plan came into force. This plan goes into effect April 1st and then

(MR. DESJARDINS cont'd)..... June 30, 1967, a general medical insurance program is to come into effect. It provides for payment of 70 percent of the standard fee in most cases to doctors treating patients receiving public welfare assistance. For certain services, mainly surgical, the doctor will receive 60 percent of the standard fee. Doctors are free to opt out.

The talk with the doctors out there in Quebec, it's not only in Manitoba. In fact they say the agreement - you usually negotiate when you get an agreement - reached by Quebec's doctors and the provincial government on a system of medical assistance is seen here as an example of the new ground that can be broken. And they say here, "Similarly, Quebec's doctors for the most part share the general leaning in Quebec today of collective measures and are less concerned that their colleagues elsewhere were defending individualistic principles. With some exceptions, the bargaining was concerned with practical points, if the general practitioners should receive the same fees for the same services as specialists for example, and it was decided that they should."

Now I hope the Minister will not stand up and tell us that we cannot get the fee, trying to make us pretend that nothing has been said about this, of this fee, when I'm sure that the doctors of Manitoba would not write a letter and tell you that they'll go for this 100 percent without negotiating the fee, if only a year ago, less than a year ago they demanded a letter from all their members stating that if they didn't get 100 percent that they would withdraw from the plan, from MMS. Is the Honourable Minister serious in wanting us to believe this? And then one of your staff members makes a statement that they will be assured of 100 percent. The Minister knows, knows now if it will be pro-rated or if he'll pay the full fee, and if he knows that, I think he should tell us what we are basing ourself on to negotiate. Is it like they did in Quebec before 1962? Is it in this case the fee at 80 percent, in other words what exists now, is that what we're basing ourself on?

Now I don't agree that you have to -- I don't blame the doctors at all as I said, but also I have no intention to apologize to them because I am careful here. I'm looking at what we are giving the doctors, because co-operation as I said before is a two-way street and I think it's only fair, it's only fair that the Minister give us more information; it's only fair for the Minister to tell us what they will start, base themselves on to negotiate. If he says it's going to be \$35 million, he must have some idea what he's going to pay the doctors. I think that this is an important fact. I can't see why he refuses to give us this information.

We certainly do not -- we're not against -- I don't think that anybody here mentioned anything about the principle of a doctor opting out or a patient going to his own doctor. I don't know why he brings this in, we're not debating this at all. We have no fear of this but we want to know how much it costs; we want to know about the negotiating that has taken place; and we don't believe that you never talked about the rate of pay schedule with the doctors. Maybe it's not finalized, but we don't believe that you could be that gullible that you can start applying costs of 35 to 37 million dollars without talking about this at all. And if we do, we say you're not ready. Maybe you should go back and prepare your Act. Let's find out how much this is going to cost and find out if we are in a position to pay this, the province is in a position to pay this to the doctors.

The doctors are negotiating for the best possible deal - good for them, I think they should and I don't blame them for anything at all - I'm just saying that I was very surprised though seeing the statement of last Friday, and with this statement I think that they are putting themselves in a position where we will be careful in our negotiating because there is no doubt in my mind that they're trying to get an advantage for further negotiation. This is their business, but we certainly here have a responsibility. This is a compulsory plan and this is what you wanted. A compulsory plan is something that will be paid by the public and you don't want to give them any information at all. You talk about the principle of compulsory plan. Who is for it? First you said that it was a must, it was the only way you could do it. You tell us that the doctors are for all your principle and they're against this. They said themselves that they were against this and now you refuse to give us any more information at all. I think that this is unfair and I think that you're not negotiating with the doctors. We say we need the doctors but there's a darn limit. There's a limit. We must decide how far we're going to go and we must ask them to co-operate also. If they get what's in this plan, there's no co-operation at all. You just sold out to the doctors and you just told them to write this plan and this is what it appears that you did to get them on the right side. Well I want them on the right side too, but you can't fool around with the money of the people of Manitoba with this.

(MR. DESJAR DINS cont'd),

I was going to wait for later on for this business of payment of extra fees. This is another amendment that we intend to do. The main concern of the doctor was to have the choice, have the freedom of working within the plan or outside this plan. We agree with this. Now if the doctor is not satisfied with the plan, he can be completely out of it. He doesn't have to worry the least bit and he could work out and charge what he wants to the patient. Then you turn around and you say, "Yes, you can work inside the plan also but you can charge more. You can charge more." What is the purpose of giving them a chance of opting out if they're going to stay in this plan and if they can charge more, charge extra fees.

They admit themselves that there will be a shortage of doctors. Now in effect what we're saying to them is stay in this plan. We say to them; Stay in this plan and you will get - it might be 100 percent, the full cost, because this hasn't been answered by the Minister and Doctor Tanner says that they will get 100 percent of the fees. Then they can turn around - they're inside the plan, they're working inside the plan - they'll send their bill to the corporation and then they can charge more to the patient. Now does that make sense? What are you going to encourage with this? What kind of co-operation is this? We'll have a shortage of doctors. You'll have the specialists and so on that will feel that maybe they should charge a little more. So what's going to happen? Who is going to afford this? This is the main reason for this plan, to treat everybody the same. This is why you have a compulsory Medicare plan, to put everybody on the same footing when it comes to medical care, choosing a doctor and so on. Now can you seriously tell me that a doctor who has too many patients will not start by selecting them that are willing to give him more money?

Now we're told that this is not going to be used, or very little. I think that we have here another statement on this. Dr. Mosher said that the MMA could not estimate how many doctors in the province will submit bills to their patients for the difference between their full fees and the amount they receive from MMS. Personally, he thought about one-half of one percent of the province's 1,000 doctors would send this bill to their patients. One-half of one percent of a thousand I think is about five doctors and this is why we've got this plan here. Why do you need this clause in there? This defeats the whole purpose. We didn't want a compulsory plan. You imposed it on us with the disadvantages of a compulsory plan, and now with this section you're taking away the advantage that you might have in a compulsory plan. You are encouraging class distinction.

Now you're talking about co-operation with the doctors. This is better than they've ever had before in every possible way. They were getting 80 percent; there's a good chance they'll get 100 percent. Their fees might be adjusted upwards, No. 1. They could take it or leave it, this plan, any time they want. If they stay in, they will be guaranteed their fees - they will be guaranteed, they won't have to worry; there will be no more voluntary work for them, everything will be paid by the government; and they can turn around and charge some more. What do you mean by co-operation? When do they give in? What do they do? What do they do to help this plan? They'll do their work - we're not debating the work, I know too many doctors and I've had enough experience to know how dedicated they are and how many hours they work, extra hours, and I'm not debating this at all - this they will do with or without the plan because they are those type of people, and when they're looking after the health of the patient this is fine. But we're talking about cold cash now and we're playing with the money of the people of Manitoba.

Now what did you give? What kind of co-operation - you say that you co-operated. You gave them everything they want and a lot more than they have now. This is the best deal that anybody could have. They could be out of the plan; they could be in; they could still be in - this is the reason of opting out if they don't agree with this plan - and now you're saying, "Stay in and charge more if you want." Charge more if you want.

The Attorney-General is not in his seat and he's at it again, but it's not going to pass that easy, not when you're dealing with an important piece of legislation like that dealing with \$37 million. I know that he's had his raise and he's ready to go home, but the people of Manitoba --(Interjection)-- No, I'm not ready to go home. I'm not ready to go home at all. I'm ready to get more information on this. I'm ready to ask the Minister to be a little more candid, to talk as if he felt that we have some brains at least, not try to sell us this idea that everything is fine, that they've co-operated, without giving us the information at all.

Now, Mr. Chairman, I don't think that this is fair and I don't think that it is right, the way the Minister is going at this. We need much more information than that and there's no use trying to hide with this idea of pushing us in the corner and say, "All right, the doctors will

(MR. DESJARDINS cont'd).... be mad at you if you say this, because you say that you need the co-operation." Yes, we need the co-operation but I'm not ready to capitulate and give them everything they want - necessarily, I should say - because we certainly have a responsibility towards the people that will receive - the patient - and also the people that are paying for this plan.

MR. SAUL MILLER (Seven Oaks): Mr. Chairman, I just wanted to get a couple of points clarified. The Minister stated that the President of the MMA said that they would negotiate in good faith and we heard him say this. He also mentioned the figure of \$34 million - \$17 million federal contribution and approximately 17 to 18 million dollars provincial. Now is that figure based on the former fees or former schedule, the amounts paid to the doctors, or is he telling us indirectly that the new fee schedule, the new amount, the increase of 10 percent was taken into account and he's assuming that the \$17 million, the 50 percent to be raised in Manitoba, would be adequate to cover the amount required to pay the medical profession on their new schedule, because it seems to me - and I'm sure that the Minister is not that naive that he doesn't recognize that the new schedule now announced is the new base on which the doctors will negotiate, you can't turn the clocks back - they're not going to get 90 percent of a certain amount and then sit down six months from now and negotiate with the Minister and say, "Now, we'll settle for a 10 percent cut." Obviously, it never works this way and I think the Minister knows it.

So is he telling us that the new schedule just announced on Friday will be covered by the estimate of 17 to 18 million dollars required to be raised by premiums in Manitoba. In other words, aren't we now dealing with an accomplished fact? A new schedule has been announced; this is the amount that the Manitoba premiums are going to have to pay, and he assumes and figures and calculates that that amount is our half of the federal contribution. Is this so?

MR. WITNEY: Mr. Chairman, just in answer to that last question, the fee schedule that's being negotiated now with the MMA and the MMS, that's a negotiation between the MMA and the MMS. The \$35 million is a fee that is based upon figures that were computed by the Federal Government and they figured that it would cost roughly about \$35.00 or approximately that per capita. Here in Manitoba we don't have a million people, we have about 954,000 or in a figure such as that, and we are utilizing the federal computation of \$35.00 per capita. We've just rounded it out to the million, \$35 million, and the 50 percent of the cost that we would get back as a contribution from Ottawa would be our \$17 million.

MR. MILLER: ... concerned the new increase announced will throw these figures out? This computation was made obviously months ago by the Federal Government based on known costs today. Now this new increase should therefore throw these figures out won't they?

MR. WITNEY: The figures that were announced in Ottawa were based, as I mentioned before, basically on the experience with the Saskatchewan plan and some of their own computations, taking into account the increase in services such as the diagnostic services and the general pattern across Canada.

MR. JACOB M. FROESE (Rhineland): Mr. Chairman, I haven't had an opportunity since we came back into committee to discuss this bill, to speak on it. However, I would like to raise a few points before we deal with the bill in general, and after hearing a number of the members speak on it this afternoon, I will cut short some of the points because they're already been raised.

However, I'm just wondering about this increase in fee scales, the increased costs. Would the doctors have come up with an increase in fees if this Medicare bill had not been introduced? Is this one reason why they're coming forward with an increase at this particular time, that they want to have the new fee scale in operation before the plan is law so that it probably might be easier now to get it in while it would be more difficult in the future? I don't know just what the case is, but certainly I would like to hear from the Minister on this point. Why all of a sudden do we hear of this increase now that the bill is introduced and most likely will become law, although there has been mention made that it will not be proclaimed until a later date.

I would like to know from the Minister why the government did not give more or greater consideration to a plan such as Alberta is proposing, in allowing private carriers to operate and providing a certain amount of competition in its operations. Certainly from what we heard from the medical people that appeared before the committee, they felt that the plan out there was superior to the one that we were introducing in Manitoba and this would allow greater latitude and more freedom. Why can't we have a similar plan? Why must we restrict it at this

(MR. FROESE cont'd). . . . point, and especially so now while the negotiations are still going on with the Federal Government? It would seem more logical that we try and bring in greater flexibility and greater freedom at this time and then negotiate with the government instead of restricting it from the outset and then trying to negotiate for greater flexibility with the Federal Government. I think the reverse would be much better.

Then, too, this increase of 10 or 12 percent that they're announcing now in fees, what will it mean in percentage rates on the over-all costs? We've heard here that the cost of this program will be 35 million for the first year. How much of this 35 million is administration cost and how much will go to the fee schedule to pay the doctors' fees, so that we know how much of an increase percentage-wise we can expect on this 35 million.

The Honourable Member for St. Boniface brought in this other matter of Crown corporations and the compulsory aspects of it. I've already deal with this very briefly.

Then also could the Honourable Minister inform us whether the government has any knowledge at this time how many doctors or medical practitioners have indicated or are willing to come under the plan. Does he know at this point how many of them are willing to come under? From what I understand, it's only a small minority -- or a large majority in Saskatchewan of the doctors that are not in the plan, that only a small minority of the doctors is part of the plan in Saskatchewan, and that a larger group is working outside the plan.

Then too, we will be allowing additional policies I take it for those people that can afford to pay higher fees to the doctors for extra services if they so desire, and will this mean that eventually we will still have additional policies in effect in Manitoba by companies? I feel that we're giving the doctors the freedom -- we're providing for doctors to opt out but not for the subscribers, and I feel that we should do the same thing for the subscribers. This to me constitutes the basic difference between the present plan that we have under MMS and the one that we are providing under this Medicare bill, that the doctor is free but the subscriber is not. He will have to pay regardless, and any extensions that will take place in the future under this plan will always be compulsory ones and the costs naturally will go up and this will mean that the subscriber will have to pay that much more.

So I would like a few of these questions answered, if possible, before we go into the bill this evening.

MR. SHOEMAKER: Mr. Chairman, the Honourable Minister has indicated on more than one occasion that the government is presently negotiating with the doctors for a schedule of fees, and in a news release that came out -- oh, a month or so ago, March 17th to be exact -- he said that negotiations will be initiated to retain as much as possible its administrative mechanism -- that is MMS. I'll start at the beginning of the paragraph: "Provision also is made for the insurance corporation to negotiate with MMS for its facilities and staff, to retain as much as possible its administrative mechanism and, more important, the knowledge, experience and goodwill of its staff for the benefit of the people of this province."

Well, there's no question about it, the government intend to buy the building and the facilities out on Empress Street, or I suppose this is their intention and my guess is that while they are presently negotiating -- and negotiations are underway -- that negotiations and talks have taken place in respect to the value of certain facilities out on Empress Street, that is, what do you want for your facilities, what do you want for the building. Now it is to be hoped that the price of the building and the price of the facilities will not go up substantially from the time that negotiations are first entered into and the time that they completed, and I for one would like to know, too, who receives the money or who will receive the moneys for the facilities and the real property and the buildings out at Empress Street when the government take over and pay the money for this.

I don't know, as a subscriber to MMS, whether I own part of the facilities or not or whether they are privately owned by an individual or a group of doctors, so I would be interested to know, Mr. Chairman, whether or not negotiations are underway for the facilities, the building and all the real property that's presently owned by MMS.

MR. WITNEY: Mr. Speaker, in answer to the Honourable the Member for Rhineland, he speaks about flexibility -- that's just what this Act gives us, is flexibility. The MMS negotiations with the MMA right now, the base of the fee schedule has not changed, what the doctors are negotiating with the MMS for is an increase in the proration. The fee schedule that they are working on with MMS I believe was established back in 1961; that base has not changed.

He also mentions the Alberta plans and why couldn't we go into them? Well, it's been clearly spelled out by the Minister of Health for Canada that all of these plans have to be

(MR. WITNEY cont'd). . . . publicly operated and have to be run by a provincial organization. Alberta will not be able to benefit from the federal contribution under their plan. No, it's been spelled out very clearly, and I read to the committee the other day, and I don't know, perhaps I should put it on the -- as we've got the recording machine going now.

This was the statement of the Minister of Health for Canada and I don't think it's being taken out of context. "The Act contemplates that there will be one provincial plan. It, moreover, requires that the plan be administered by a provincial authority and be designated or established under the provincial law. The provincial authority will have responsibility for the supervision and administration of the provincial plan. It must be a non-profit body and responsible to the government of the province or to a Minister thereof. It must also be subject to public audit. There are basic elements of the plan and it should follow from this that such important activities as the assessment and approval of an account, and the determination of the amount to be paid in respect of that account are responsibilities of the provincial authority which can not be delegated to an agency." April 17th - April 18th, the Honourable the Minister of Health and National Welfare in an official statement at Ottawa. The Alberta plan can not benefit by the contribution.

Now we have a plan that will benefit, and when you speak about this 18 percent you must recognize that that's not an 18 percent increase in MMS across the board. They experience-rate each one of their groups, and depending upon the experience rating some of the groups may not even have an increase in premiums; others will, and it can go up as far as 18 percent, and I think it's reasonable to assume that it's going to go up into the area of those people who can afford it less. The plan that we have here, which is compulsory in the nature that we apply a premium to everybody, it spreads it over a broader base and it's quite reasonable to think that those people who are going to have that 18 percent, at least perhaps not all, but a large majority of them will benefit by the plan we have here at the present time, those people who need to benefit by it most.

The Honourable Member for Rhineland forgets this point which I've tried to make two or three times, that Alberta is going to have to subsidize a large number of people in order to reach a 90 percent and then they'll have to be publicly audited and under a provincial authority, etc. As I tried to mention to you, if we do that here we can be in for anything from 6 to 12 million dollars each year and you'll still have to pay those MMS premiums, and the taxpayer through his taxes will have to pay for that 6 to 12 million dollars annually, and through his federal tax payments he will also be paying for the \$17 million which if we haven't got this plan he would not be getting. Now how often do I have to repeat it? It's quite clear.

And also, as I have told you, from the computations that - we've got experts trying to work this out - that there are about 12 percent of the population now who have no medical coverage but who could afford it. No matter how much hard sell we might use - and I'm getting excited again - we can't get to 90 percent, and to go to 95 percent in three years would be a virtual impossibility. Now I hope that you will all understand that because it will help a great deal in getting this bill through this Legislature.

As for my honourable friend of Gladstone-Neepawa, the corporation when it is set up - if I get this bill through the House at 2:00 o'clock this morning maybe, some time like that - if I get it through the House, the corporation can, if they want to, negotiate with the MMS. We haven't got a corporation yet, and as to who would get the money if they bought MMS, well the owners of MMS would get the money. I don't know who they are, but the owners of MMS would get the money and I think that's quite clear.

MR. LYON: Mr. Chairman, I move the committee rise.

MR. CHAIRMAN: Call in the Speaker.

Mr. Speaker, I wish to report progress and ask leave for the committee to sit again.

IN SESSION

MR. JAMES COWAN, Q. C. (Winnipeg Centre): Mr. Speaker, I move, seconded by the Honourable Member for Pembina, that the report of the committee be received.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried.

MR. LYON: Mr. Speaker, before moving adjournment - members of the House will realize we adjourn now into Law Amendments Committee - the procedure for this evening would be that we come back to the House at 8:00 o'clock, open the House and then move immediately into Law Amendments Committee and complete the work in Law Amendments

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(MR. LYON cont'd)..... Committee that is before us. --(Interjection)-- Well if we do, then we'll just carry on with our work in here. We have lots of work in either place.

I beg to move, seconded by the Provincial Treasurer, that the House do now adjourn.

MR. SPEAKER presented the motion and after a voice vote declared the motion carried and the House adjourned until 8:00 o'clock Monday evening.