

THE LEGISLATIVE ASSEMBLY OF MANITOBA

2:30 o'clock, Monday, March 31, 1969

Opening Prayer by Mr. Speaker.

MR. SPEAKER: Presenting Petitions; Reading and Receiving Petitions.

REPORTS BY STANDING COMMITTEES

HON. STERLING R. LYON, Q.C. (Attorney-General)(Fort Garry): Mr. Speaker, I wish to present the first report of the Standing Committee on Law Amendments.

MR. CLERK: Your Standing Committee on Law Amendments begs leave to present the following as their first report:

Your Committee met for organization on Friday, March 28, 1969, and appointed Hon. Mr. LYON as Chairman. Your Committee has agreed that, for the remainder of the Session, the Quorum of this Committee shall consist of Seven (7) members.

Your Committee has received presentations with respect to Bill No. 33 - An Act to amend The Manitoba Medical Services Insurance Act:

Dr. A. Robert Tanner - as a private citizen;

Dr. Edward C. Shaw - as a private citizen;

Dr. R. W. MacFarlane - Registrar of the College of Physicians and Surgeons of Manitoba;

Mr. Ken Calmaine - Manitoba Association of Social Workers;

Dr. Dirk Blouw - Mount Carmel Clinic;

Mr. Sholem Schacter - University Student;

A. G. Walker - Manitoba Federation of Labour and Winnipeg and District Labour Council;

Mrs. Wendy Clayton - Association of Physiotherapists of Manitoba;

Mrs. Shirley Leach - Manitoba Association of Occupational Therapy;

Dr. Hanley - Brandon Citizens' Committee on Medicare;

Mr. Dave Campbell - Brandon University Students' Union Council;

Mr. Boddy - University of Manitoba Students' Union;

Mr. Cohen - Manitoba Camping Association;

Dr. George Ferguson - Manitoba Chiropractic Association;

Mr. D. R. Smith - Private Citizen;

Mr. E. R. Anderson - Private Citizen;

Mr. Fowles - Private Citizen;

Mr. Paul McKenzie - Free Enterprise Association;

Mr. Art Coulter - Manitoba Federation of Labour.

Your Committee met again on Monday, March 31, 1969, and considered Bill No. 33 - An Act to amend The Manitoba Medical Services Insurance Act and reports the same without amendment.

All of which is respectfully submitted.

MR. SPEAKER: Does the Attorney-General have a motion to move?

MR. LYON: Mr. Speaker, I beg to move, seconded by the Provincial Treasurer, that the Report of the Committee be received.

MR. SPEAKER presented the motion.

MR. SPEAKER: The Honourable Member for Rhineland.

MR. JACOB M. FROESE (Rhineland): Mr. Speaker, I do not want to debate the motion at this time, but I think there was one brief that was not read that was supposed to be reproduced and circulated to the committee. I don't think we received it yet and I would appreciate getting one.

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

MR. SPEAKER: Notices of Motion; introduction of Bills.

INTRODUCTION OF GUESTS

MR. SPEAKER: I'd like to take a moment and introduce to the honourable members the very distinguished guests on my right. We have with us today the Honourable Mr. Pepin, the Minister of Industry and Commerce of the Federal Government of Canada. With Mr. Pepin is the Hon. Mr. Barrie, the Minister of Mines and Natural Resources for the Province of

(MR. SPEAKER Cont'd.)... Saskatchewan. And also with us today is the Hon. Mr. Brunelle, Minister of Lands and Forests of the Province of Ontario.

On behalf of all the Honourable Members, I welcome you here at the Assembly today.

I may take a moment longer to introduce our young guests. We have 70 students of Grade 8 standing of the Happy Thought School. These students are under the direction of Messrs. Wesley, Boch and Van Dongan. This school is located in the constituency of the Honourable Member for Brokenhead. We also have 20 students of Grade 8 standing from the Westgate Mennonite Collegiate. These students are under the direction of Mr. Pauls. This school is located in the constituency of the Honourable Member for Wolseley. We also have with us today six students of Grade 8 standing from the Red Lake Indian School. These students are under the direction of Mr. Yoder and Mr. Miller. This school is located in the area of Red Lake, Ontario. We also have 25 students of Grade 5 standing of the Brock-Corydon School. These students are under the direction of Miss Lambert. This school is located in the constituency of the Honourable Minister of Industry and Commerce. Also with us today are 16 ladies from the City of Winnipeg under the auspices of the Welfare Department and are under the direction of Mrs. Onyschuk.

On behalf of all the Honourable Members of the Legislative Assembly, I welcome you all here today.

MATTERS OF URGENCE AND GRIEVANCES

MR. SPEAKER: The Honourable Member for Portage la Prairie.

MR. GORDON E. JOHNSTON (Portage la Prairie): Mr. Speaker, I beg to move, seconded by the Honourable Member for Hamiota, that the House do now adjourn to discuss a definite matter of urgent public importance; namely, that fertilizer, which is produced in Manitoba in a plant assisted very substantially by the Manitoba Government, is being sold in the United States at lower prices than that at which it can be bought by farmers in Manitoba.

MR. SPEAKER: I want to thank the Honourable Member for Portage la Prairie in complying with the rules of the House in affording me the opportunity of perusing this motion. I appreciate his feelings and concern in this matter, but consideration of this request suggests to me that the matter does not lend itself to the postponement of the business of the House. He will however have the opportunity, possibly later this day, to discuss the subject matter of this motion when the House goes into Committee of Supply. May I refer the honourable member to Beauchesne's Parliamentary Rules and Forms, 4th Edition, Citation 100, and in particular Sub-rule (4), all of which deals extensively with the subject of adjournment of a matter of urgent importance. Accordingly, I must rule this motion out of order.

The Honourable Leader of the Opposition.

MR. GILDAS MOLGAT (Leader of the Opposition)(Ste. Rose): Mr. Speaker, on this subject, might I enquire whether the ruling is that the matter is not urgent or not sufficiently important?

MR. SPEAKER: It is not my purpose to discuss the matter. I have given my ruling and that answers the question.

MR. MOLGAT: On a point of order then, Mr. Speaker. If I may, I'd like to point out that we will not be, even if we did reach Committee of Supply today, there's no possibility of either being in Agriculture estimates or Department of Industry and Commerce estimates, both of which would lend themselves to this debate or discussion, but it is impossible to do so, and the matter is urgent in that it is at this time that the farmers of Manitoba are proceeding to purchase their fertilizer requirements. The industry is totally unsettled right now and unless something happens very quickly they will not be able to transport the fertilizer they purchase.

MR. SPEAKER: I appreciate the opinion of the honourable member, but I have made my ruling and he knows the alternative.

ORAL QUESTION PERIOD

MR. SPEAKER: The Honourable Member for Inkster.

MR. SIDNEY GREEN (Inkster): Mr. Speaker, I have a question for the Honourable Minister of Municipal Affairs. On Friday last I asked him whether the government was prepared to announce as to whether it had reached a decision with regard to transit fares for elderly, and at that time he indicated that he couldn't make an announcement to the House. I

(MR. GREEN Cont'd.).... wonder whether he could today make an announcement to the House.

HON. OBIE BAIZLEY (Minister of Municipal Affairs)(Osborne): Mr. Speaker, I wonder if in answering the honourable Member for Inkster that I could advise the House that the amendment that he is talking about is one of many amendments to the Metropolitan Corporation Act that have been asked for, and I would gather that the mood of this Assembly is to accept unanimously this recommendation.

MR. GREEN: I thank the Minister for his answer. Mr. Speaker, I have another question to ask the Minister of Industry and Commerce, who I am happy to see back in the House after so long an absence. I wonder if the Minister could advise the House as to whether or not there is any certainty in his mind with respect to the future of the employees of the Swift Food Processing plant in St. Boniface, where rumour has it that it was thinking of leaving that location.

HON. SIDNEY SPIVAK, Q. C. (Minister of Industry and Commerce)(River Heights): Well, Mr. Speaker, I'm aware of the rumours. Our department has been in touch with Swifts; we are informed by them that there will be no relaxation of their efforts in the province.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. MOLGAT: Mr. Speaker, I rise on a matter of privilege. On Friday last, March 28th, I asked the First Minister whether a meeting had been called of the Manitoba Air Policy Liaison Committee. He replied that no such meeting had been called although he expected that one would be called shortly. To make sure that my question was not misunderstood, later in the question period I again enquired of the Minister and pointed out clearly that I was referring to the Liaison Committee and not to the Manitoba Air Policy Committee itself; in other words, to the steering committee. The First Minister replied once again that no such meeting had been called. I rise today, Mr. Speaker, to point out that the First Minister's statement on Friday last was absolutely incorrect. On Thursday, March 27th, the day before I raised the matter in the House, a letter was sent to some members of the Liaison Committee advising them that a meeting had been called. When I raised the matter in the House the letter was already being delivered. Following is the text of this letter, and it is dated March 27th and signed by John Head, Director of the Economic Business Research Branch of the Department of Industry and Commerce. It reads: "The Liaison Committee will meet in Room 506 of the Norquay Building at 4:00 P. M., Monday, March 31st."

And so, Mr. Speaker, a meeting will in fact be held this afternoon of this committee on the Air Canada Overhaul Base question, and as a member of this committee I would like to know why I wasn't advised of this meeting by normal channels instead of having to learn it from other sources. The Leader of the NDP, who is unfortunately in hospital, and myself, are members, we were added to the membership of the committee last December at a meeting in these buildings and we attended a subsequent meeting of that committee. As well, we received notice of a further meeting at a later date. Now, no such notice was given for this particular meeting, which leads me to wonder whether the government is following some selective process of inviting us only to the meetings where it wants us to attend and ignores inviting us to the other meetings where it apparently doesn't want us present. I'd appreciate a statement of clarification from the First Minister.

I might also service notice, Mr. Speaker, that I intend to attend that meeting as I was a properly elected member of that committee.

HON. WALTER WEIR (Premier)(Minnedosa): Well, Mr. Speaker, I appreciate the speech of the Leader of the Opposition, but I think if he'll refer to my answer of the other day, I said that I was not aware of the meeting having been called and that's true, because the Honourable Leader of the Opposition will know that I too am a recently elected member of the Liaison Committee, elected at the same meeting that he and the Leader of the New Democratic Party were elected, and I had not been notified of any meeting either. I have since understood that a notification had gone out. The meeting is not being carried forward. There will be a meeting, as I understand it, of the Liaison Committee later in the week. But the meeting won't be there, so I would hope my honourable friend wouldn't go over and sit and wait because a properly constituted meeting will be held later in the week of all of the members of the Liaison Committee. However things went afoul I am not aware, but at the time of the asking of the last question I wasn't aware that it had been called either.

MR. MOLGAT: Mr. Speaker, am I to assume then that now it's been found out that the meeting is being held, the meeting has been cancelled. That's the assumption that one must

(MR. MOLGAT Cont'd.)... make.

MR. WEIR: Mr. Speaker, not to carry on the debate, but my honourable friend makes assumptions from time to time, many of them inaccurate.

MR. MOLGAT: Do you deny that the letter was sent to some members of the committee and not to other members of the committee?

MR. WEIR: Mr. Speaker, I have no means of either denying or confirming.

MR. SPEAKER: The Honourable Member for St. John's.

MR. SAUL M. CHERNIACK, Q. C. (St. John's): Mr. Speaker, just on the question of a meeting that has yet to be called and which will yet meet, I gather that my Honourable Leader is a member of the committee and is not likely to be able to be present. May I indicate a request that we be entitled to send someone in his place from this Party?

MR. WEIR: Mr. Speaker, as I recall the motion, it was the Leader of the Parties or their designate, so I don't see any difficulty in that regard.

MR. CHERNIACK: Will we assume then that notice will be given in some way to whoever is the acting Leader, if I may say.

MR. WEIR: This sounds like a more reasonable assumption than some I've heard in the House.

MR. SPEAKER: The Honourable Minister of Health.

HON. GEORGE JOHNSON (Minister of Health and Social Services)(Gimli): Mr. Speaker, before the Orders of the Day, I would like to lay on the table of the House the Annual Report of the Manitoba Hospital Commission for the year ending December 31, 1968.

MR. SPEAKER: The Honourable the Leader of the Opposition.

MR. MOLGAT: Mr. Speaker, I'd like to address a question to the Minister of Mines and Natural Resources. This morning's newspaper carries the story, "Flood Plans Set; Indian Lake Decision Made, says Carroll." This is a report on the meeting held during the weekend in Snow Lake attended by the Labour Minister, the Honourable Mr. C. H. Witney; the Recreation Minister, the Honourable Mr. J. B. Carroll; and they were discussing the question of the flooding of South Indian Lake. Mr. Carroll was asked if the decision to flood the lake had already been made. "Yes," he replied. I'd like to ask the Minister of Mines and Natural Resources, Mr. Speaker, is this a correct statement, and if so, then what about the statements he made that this House would decide whether or not it be carried on.

HON. HARRY J. ENNS (Minister of Mines and Natural Resources)(Rockwood-Iverville): Mr. Speaker, I think the answers that my colleagues gave during the course of the meetings that the Honourable Leader of the Opposition refers to reflect only properly that government policy as enunciated in the Throne Speech.

MR. MOLGAT: A subsequent question. In other words, the decision has been made and the House will have no say in the matter. Is that correct?

MR. SPEAKER: The Honourable Member for St. George.

MR. ELMAN GUTTORMSON (St. George): Mr. Speaker, I'd like to direct a question to the Minister of Municipal Affairs. Has John Fisher been appointed or hired by the Centennial Commission to publicize the Centennial of Manitoba next year?

MR. BAIZLEY: Mr. Speaker, I'll take the question as notice.

MR. GUTTORMSON: When he is getting that information, will he advise the House, if he is appointed, when he is to start and what salary he will be paid.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. MOLGAT: I'd like to address a question to the Minister of Industry and Commerce, and first of all I'd like to welcome him back to the House after his illness. I wonder if during his absence he has been able to get from his department a reply as to what happened with the TED Commission Report which had been so broadly distributed except in this House. He assured us that he would be getting a security check on this subject. His neighbour has instituted some stringent security measures and might be able to afford him some information.

MR. SPIVAK: May I thank the Honourable Leader of the Opposition for his kind words. I'm unfortunately not in a position to add to his knowledge; I have not received the report yet from the Chairman of the TED Commission.

ORDERS OF THE DAY - MOTIONS FOR PAPERS

MR. SPEAKER: Address for Papers. The Honourable Member for Portage la Prairie.

MR. JOHNSTON: Mr. Speaker, by leave, could I have this matter stand?

MR. SPEAKER: (Agreed) The Honourable Member for Hamiota.

MR. EARL DAWSON (Hamiota): Mr. Speaker, I move, seconded by the Honourable Member for La Verendrye, that an humble Address be voted to His Honour the Lieutenant-Governor praying for copies of all correspondence since January 1, 1966, between the Government of Manitoba and the Government of Canada pertaining to the future of the Rivers Air Base.

MR. SPEAKER presented the motion.

MR. SPIVAK: Mr. Speaker, on behalf of the government, may I accept it subject to the usual reservation that there be agreement by the Government of Canada.

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

MR. SPEAKER: Orders for Return. The Honourable Member for Assiniboia.

MR. STEVE PATRICK (Assiniboia): Mr. Speaker, I beg to move, seconded by the Honourable Member for Turtle Mountain, that an Order of the House do issue for a Return showing:

(1) The current total annual salary of each deputy minister or civil servant of equivalent status, as well as any additional remuneration where applicable.

(2) The current total annual salary of each chairman of government boards, commissions, crown corporations or other agencies, as well as any additional remuneration where applicable.

(3) The names of all members of boards appointed by the Manitoba government where remuneration has been paid and a breakdown for each for the last two fiscal years available showing salary, expenses and any other payment.

(4) Whether any of the persons under questions (1), (2) and (3) above are supplied with a car at public expense, and if so, which ones.

(5) The total amount of expenses and other remuneration paid to or on behalf of each of the persons in questions (1) and (2) above for each month in each of the fiscal years 1966-67 and 1967-68.

MR. SPEAKER presented the motion.

HON. GURNEY EVANS (Minister of Finance)(Fort Rouge): Mr. Speaker, there is no objection to providing the information in this Order, but I might point out to the honourable gentleman that some information has been supplied in Committee of Supply. Nevertheless, I'll be willing to attach copies of that information in partial answer to the questions. I believe the information can be supplied according to the wording of my honourable friend's Order here. It may be that I will have to consult him about the meanings of certain words, but I believe I can supply the information for which he's asking.

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

MR. SPEAKER: The Honourable Member for Carillon.

MR. LEONARD A. BARKMAN (Carillon): Mr. Speaker, I beg to move, seconded by the Member for Assiniboia, that an Order of the House do issue for a Return showing:

(1) The total number of executive assistants, special assistants, research assistants and other such aides attached to Ministers of the Manitoba Government or their Departments in each of the fiscal years 1966-67 and 1967-68.

(2) The names, titles and salaries of all such assistants or aides, with a breakdown as to Departments.

(3) The present office accommodation provided for all such assistants or aides, specifically indicating in each case whether it is private office space or shared accommodation.

(4) Whether any such assistants are supplied with a car at public expense and if so, their names.

(5) The amount of expenses and other remuneration paid to or on behalf of each such assistant in each month of the fiscal years 1966-67 and 1967-68.

MR. SPEAKER presented the motion.

MR. EVANS: Mr. Speaker, I see no difficulty in supplying the information called for. I may have to ask for clarification of some of the wording of the Order to see how it corresponds with the classifications under which the personnel records are maintained.

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

MR. SPEAKER: The Honourable Member for Portage la Prairie.

MR. JOHNSTON: Mr. Speaker, I wish to speak on this so it will be left until Private Members' Day.

MR. SPEAKER: Tuesday. (Agreed.) The Honourable Member for Burrows.

MR. BEN HANUSCHAK (Burrows): Mr. Speaker, I wish to move, seconded by the Honourable Member for Kildonan, that an Order of the House do Issue for a Return Showing:

(a) Copies of statements filed pursuant to the provisions of section 8 of The Mining Royalty and Tax Act R.S.M. 1954, Cap. 169 and amendments thereto for the years 1964, 1965, 1966, 1967, and 1968 both inclusive.

(b) A list showing all operating mines in the province, with the names and addresses and other particulars given under subsection (1) of section 5 of the said Mining Royalty and Tax Act and any amendments thereto.

(c) Copies of agreements presently in force pursuant to section 7 subsection 5 of the said Act and any amendments thereto.

(d) Copies of agreements presently in force pursuant to section 7 subsection 7 of the said Act and any amendments thereto.

(e) Copies of royalty tax rolls prepared pursuant to section 12 of the said Act and any amendments thereto for the 5 year term stated in (a).

(f) Copies of assessment appeals and their disposition during the said five year term pursuant to the provisions of section 14 of the said Act and any amendments thereto.

(g) The amount of royalty tax presently in arrears for each mine.

(h) Copies of regulations made by the Lieutenant-Governor-in-Council by order-in-council and presently in force pursuant to section 36 subsection (b) of the said Act and any amendments thereto.

MR. SPEAKER presented the motion.

MR. SPEAKER: The Honourable the Minister of Mines and Natural Resources.

MR. ENNS: Mr. Speaker, I'll accept this Order for Return with the reservations or comments that paragraphs (a) and (e) are not available to the House because of their privileged and confidential nature.

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

MR. SPEAKER: The Honourable Member for Gladstone.

MR. NELSON SHOEMAKER (Gladstone): Mr. Speaker, I beg to move, seconded by the Honourable Member for St. Boniface, that an Order of the House do issue for a Return showing:

(1) The number of convictions to date under the Consumer Credit Act (1965), listing the reasons in each case.

(2) The number of complaints from consumers who were unable to obtain refund of deposit within 48 hours of signing agreement.

MR. SPEAKER presented the motion.

MR. LYON: Mr. Speaker, we are prepared to accept this Order. Insofar as the convictions are concerned, I presume that the Act to which my honourable friend makes reference is the -- could he tell me which one he means? Unconscionable Transactions Relief Act or...

MR. SHOEMAKER: Yes, or any other Act that provides for the 48-hour cooling off period.

MR. LYON: Subject to that restriction, we'll do what we can to provide my honourable friend with the information under No. (1). No. (2) - I should say to my honourable friend from the standpoint of the Department of the Attorney-General, and I'm sure other departments except perhaps Consumer Affairs who do now maintain a recording file on these complaints, it would be impossible to obtain because it would mean going through literally every file of the department to determine whether or not a complaint was made in a letter that might deal with other matters. I presume my honourable friend would not wish that to be done, the Return would probably take five years to get, but subject to his getting that information from the Department of Consumer and Corporate Affairs who have maintained a record of such complaints in the last few months, we can provide that information.

MR. SHOEMAKER: Mr. Speaker, perhaps you could supply me and the House then with the number of persons who made application for their money back or something.

HON. J. B. CARROLL (Minister of Consumer and Corporate Affairs)(The Pas): I was wondering, Mr. Speaker, if I could have some clarification. Is he discussing what we call direct sellers and the two-day cooling off period at which time they can cancel their order? Is this the reference that's being made?

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

MR. LYON: Mr. Speaker, at this stage I would like to enquire from the members of the House as to whether leave could be granted to the Minister of Education to proceed with the third reading stage of Bill No. 33 -- or Health I should say.

MR. MOLGAT: Mr. Speaker, we're agreeable to proceeding with Bill 33. I would hope though, Mr. Speaker, that the Minister will have for us the information that has been requested, and that is the financial information in particular in detail, because we asked for it in the House, we asked for it in Committee, and I would not be prepared to pass the Bill if we don't have the information.

MR. CHERNIACK: I had in mind exactly the same statements.

MR. FROESE: I am not so anxious to get the Bill through but I will not obstruct.

MR. JOHNSON: Mr. Speaker, I move, seconded by the Honourable the Minister of Transportation, that, by leave, Mr. Speaker do now leave the Chair and the House resolve itself into Committee of the Whole to consider Bill No. 33, An Act to amend The Manitoba Medical Services Insurance Act.

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 Souris-Lansdowne in the Chair.

COMMITTEE OF THE WHOLE HOUSE

MR. CHAIRMAN: Bill No. 33, An Act to amend The Manitoba Medical Service Insurance Act. Section 1--

MR. CHERNIACK: Mr. Chairman, is it at this time that we could expect that statement from the Minister?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. JOHNSON: I believe the honourable members wanted a breakdown of the 55 million that is in the program, and the honourable members have their pencils handy.

The Corporation and the program contemplates the breakdown roughly of medical insurance payments totalling 40.8 million. Now I would remind members of the House that this is the 85 percent of the schedule for the HCX pattern of practice projected for everyone in Manitoba, and we've spoken earlier, Mr. Chairman, of the comprehensibility of this plan which was emphasized to me. This is the actuarial evaluation using the Saskatchewan experience and the MMS experience, and data obtained from the Federal Government and projected into this program which basically has been recommended to us for a two-year period. This is the projection, in other words, of the total program HCX across the province in medical insurance payments, fees for service and so on.

The next item that can be broken down in round terms is the lab and X-ray services, and there is two million here -- you can think of two million in hospitals and 6.8 million in physicians' offices, clinics and so on. The two million of that 8.8 million is made up of lab and X-ray provided by O. P. D., diagnostic services now paid by the Manitoba Medical Services patient or lab and X-ray units in the province, and 6.8 million is lab and X-ray provided in offices presently paid by the MMS or directly by the patient. This is the technical factor there.

Then we have two million dollars that I referred to this morning as salary of medical clinical services in our mental hospitals and health units. I would explain that we are permitted under this program to claim certain clinical services that may be performed by doctors in the Department of Health and doctors in our mental hospitals, and this is two million.

The administration costs are estimated at two million, and optometric and chiropractic is estimated at 1.5. This is the expenditure side which totals 55.1. The revenue side - the federal contributions are estimated at 25.8 and revenue at 29.3.

Now this is the breakdown and I would try and answer any questions that the honourable members may have on this. I recognize, as I say, this is the -- the two biggest items being the schedule and the laboratory and X-ray on the comprehensive HCX pattern practice projected for everyone in the province in the over-all comprehensive scheme.

MR. CHAIRMAN: The Honourable Member for St. Boniface.

MR. LAURENT DESJARDINS (St. Boniface): Mr. Chairman, I wonder if the Minister could give us a little more detail. First of all, he gave us 1.5 million for chiropractors and optometrists. I wonder if he could further break that down, the optometrists and then the chiropractors. And also, could he give us -- and he must have this figure available -- what was

(MR. DESJARDINS Cont'd.),... paid last year for cancer, mental health and T. B. altogether. In other words, this was paid by the government last year and this will now come under the plan. I wonder if we can have that figure, the total figure. The Minister doesn't seem to understand. I mean to pay for the cancer treatment, mental health and T. B. which will be transferred to the plan but previously was paid for by the province.

MR. JOHNSON: Mr. Speaker, the latter question may be a little difficult to answer except that they estimate about -- the Federal Government will include in this program the salaries of our physicians in mental hospitals plus an administrative factor, and the two together come to approximately two million. Our salaries last year were approximately, I believe, one million six - one million seven, and then there's an additional amount that is shareable on the basis that they recognize certain administrative costs in connection with the Doctor's salary - in addition to his salary - which approximated the total of two million. We actually pay salaries of 1.7 - or I think it's 1.6 - between 1.6 and 1.8 last year in our mental hospitals, and then of course they're recognizing certain administrative costs in connection with the doctors' clinical work there to a total of two million. That's where that two million comes from.

With the breakdown of the chiropractic and optometric, I haven't got the exact breakdown in front of me here. They estimate that this was the best projections of the Corporation based on information that they could obtain from Saskatchewan and Alberta, that these two combined would be this figure of 1.5.

MR. DESJARDINS: Mr. Chairman, on the same question I -- the Minister is talking about this two million, is that for mental health only, or does that cover TB and also cancer. And is that only the portion paid by the province now, this year, that has to be raised by the province, or is that the total with what the federal government is paying? I imagine this is the \$55 million so that must be both, including what the federal government is recognizing as their share of the province, eh?

MR. JOHNSON: We are putting the salaries -- we're now paying our psychiatrists in our mental hospitals and claiming a portion of the clinical work done by our medical doctors, which we have paid ourselves in the past, into this program.

MR. DESJARDINS: This is in the field of mental health, Mr. Chairman. Now I've asked for the cancer and tuberculosis, the three of them. And another thing, the Minister said that the commission is basing themselves on this \$1 1/2 million to cover the optometrists and the chiropractors on figures from experience in Alberta and Saskatchewan, but my understanding is that in Alberta and Saskatchewan, while they are covering chiropractors and others, there is a limit, a limit for instance of \$50.00 per year on a single person and \$100.00 a year for family on chiropractors, let's say, and I haven't heard anything about a limit here in Manitoba.

MR. JOHNSON: Well, I have to frankly say that because of the massiveness of the program and the inability of the Corporation to complete negotiations and get on the tape the optometric and chiropractic part of the program on April 1st, they recommended strongly that this be delayed until July 1st so they could complete their negotiations. I wouldn't want to break this down too much at the moment on the basis that they have in their own minds, the offer that they're going to be making to these groups with respect to the terms of the service. That is, they're going to have to decide just what the fee will be for refraction by the optometrists. They have roughly decided this but they're going to have to negotiate and discuss it further with the optometrists as soon as our basic program gets into operation, and similarly for the chiropractic.

MR. DESJARDINS: What about cancer?

MR. CHERNIACK: Mr. Chairman, I...

MR. JOHNSON: Just pardon me. I believe that you've got me for a minute here, I'm just trying to think. A lot of these salaries have been paid through the Cancer Research and Treatment Foundation, and I believe they're over and above the salaries to the Executive Director and certain monies. These doctors have been also billing MMS for service in the past, you see, and the tuberculosis and cancer is built into the regular program as many of these services have already been picked up through that service, but for certain administrative salaries as I understand it, which I would have to double-check, but I believe are still in my estimates with respect to those particular -- especially with respect to the Cancer Treatment and Research Foundation.

MR. CHERNIACK: Mr. Chairman, that's the exact point that I was getting at. I'm

(MR. CHERNIACK Cont'd.)... looking at the estimates of the Honourable Minister and I don't see any reduction anywhere in his estimates in any of the resolutions that deal with mental health, or I think other matters which are now going to be covered under Medicare. Does it mean, therefore, he doesn't need the kind of money he's asking for?

MR. JOHNSON: No, this will be explained at the time of estimates. I think we put everything into our estimates as to just what those salaries are, and then would claim from the Corporation the payment of these salaries out of these estimates.

MR. CHERNIACK: Then is there an indication of when the budget comes down that there will be a claim for revenue from the Corporation to compensate, and is the Minister going to be able to give us the information as to how much of this money is really money that will be claimed from the Corporation?

MR. JOHNSON: Yes, I think I can give something -- I haven't got it at my fingertips but I'm sure the Corporation could get this for me very quickly and cull it out of my estimates and present it to you. But other than mental health, there would be very little I believe.

MR. CHERNIACK: So that the \$2 million makes up mostly mental health. Then is there much else that is different from the Saskatchewan plan, which is -- no, half of these estimates.

MR. JOHNSON: Well, Mr. Speaker, the Corporation reported to us that they did an actuarial evaluation of the Saskatchewan and MMS experience and utilization factors and so on, and many factors came into the higher estimates for Manitoba. As I have indicated the other day, utilization factors - urban versus rural - were much higher, 7.5 to 5 and 4 to 3 in urban areas; much direct access to specialists in Manitoba whereas referral in Saskatchewan; the ratio of specialists and GP reversed. This is a much more - if you want to put it that way - sophisticated medical community with much higher utilization, and it was the recommendation of the Corporation that the HCX pattern that has been developed over the 25 years be continued in Manitoba and extended throughout the entire province, and this led to these kind of figures.

MR. CHERNIACK: Mr. Chairman, I'm satisfied that the explanation given is the only explanation that we'll get this year; next year there may be changes. I would just like to ask the Minister if he confirms the newspaper -- today's newspaper reports an estimate of \$44 million, which of course is vastly different from the figures given to us, and a statement which I believe I've heard before, that it is not expected that there will be any need to revise the premiums for a few years. Has this been built on that expectation?

MR. JOHNSON: The firm recommendation to me is this is built for a two-year period.

MR. CHAIRMAN: The Honourable Member for Kildonan.

MR. PETER FOX (Kildonan): There is something, Mr. Chairman, I would just like to have the Minister confirm. The first figure he mentioned was \$40.8 million. Is this medical services to be paid to the practitioners?

MR. JOHNSON: Yes. This is the -- pretty well the \$40.8 and 8.8 is the complete comprehensive HCX package throughout the entire province.

MR. FOX: In other words, the Minister is saying that the 800 doctors then will be grossing \$51,000 on an average. Is this what he's saying?

MR. JOHNSON: I don't think it works out to that actually; I'd have to get the breakdown for him. The last information that I received was that there were 970 doctors claimed through MMS in the last month of its operation. This is the HCX pattern - 8.8, as I say, is laboratory and X-ray and the balance of 40.8 would really be the fees for service for all of the doctors of the province for all of these services.

MR. FOX: Well, Mr. Chairman, the reason I asked is because according to the statistics of what the doctors were earning, the highest was around \$25,000. Does that mean to say that it takes them 50 percent to operate their services above what they show on their income tax form?

MR. JOHNSON: Well, Mr. Chairman, I'm not trying to -- I quite understand the member's desire to get as much information as possible. I can only say to the committee that this is the result - the 85 percent of the schedule is considered a reasonable and fair fee by the Corporation. One of the members of the Corporation, well known to the honourable member, told me I could use his expression if this came up, and Mr. James, for example, who is a member of our commission, said you can quote me, that this is a fair and reasonable fee that will not add or detract to the doctor population of Manitoba. And in buying that schedule, you pretty well buy on the experience and utilization built in by the actuarial reports they received, by the information and data they obtained from federal authorities and other governments, that

(MR. JOHNSON Cont'd.).... this is what they would have to estimate for physicians' fees. All I can say is, from my reading of the subject, in some cases, as you probably know of, especially in our larger clinics and so on, I understand the expense or the overhead does go between 35, and in one instance as high as 43 percent. Now, I'm not prepared to debate those points, whether this is so or not. I think in offering the fee schedule, projecting this on the basis of utilization, patterns of practice as they've known them, this is the closest figure they could give me.

MR. CHAIRMAN: The Member for St. Boniface.

MR. DESJARDINS: Mr. Chairman, in the past I've questioned the high costs of lab and X-ray services for the people of Manitoba. I've questioned that because I felt that a lot of these services were given in the doctor-owned and operated clinic. I wonder if the department of the Minister is looking into this. I feel that \$8.8 million seemed to be quite a bit for this. Now we have no control whatsoever— the plan has no control over X-rays taken in doctors' offices — the X-ray and lab services — and this was up to the tune of \$6.8 million. It seems to me I've mentioned that they have been abused in the past and nothing seems to have been done to stop these abuses. You might go and see a doctor now and you'll have X-rays, you'll have different lab tests; you might change doctors or go in an emergency to see a doctor and behold the first thing you know you're stripped, you've got a towel around you and you're going all through the whole shebang again. It seems to me that this might be the time to set something up and limit these things, because right now we could be at the mercy of unscrupulous clinic owners if you want.

MR. JOHNSON: Mr. Chairman, on that connection, on the 8.8, I can assure the members that the most exhaustive study was made by the Corporation into this whole matter of lab and X-ray, and as I informed the House the other day, at the beginning of the plan, as you know, every doctor has been written and given the short list of lab procedures that can be done in a doctor's office, plus requests to have his facilities approved. By agreement between the Medical Association, the College of Physicians and Surgeons, and the Corporation, that in starting out with the traditional pattern of practice, they are going to be reviewing and approving these facilities in the next nine months to see where they can effect — in fact effect the final approval and to do whatever they can to rationalize them further. So I feel that the most extensive study has been given to this and a very thorough examination of this has been agreed to by the profession and by the Corporation. And of course the Medical Review Committee will be closely examining the patterns of practice that are going on throughout the province.

MR. DESJARDINS: Mr. Chairman, if this is paid for by the plan, let's say the X-rays, do the X-ray plates — are they in effect the property of the plan, of the Corporation? What I'm driving at is if for instance somebody changes doctors for another ailment and so on, could this second doctor, the new doctor, request the plates from the office of the previous doctor or does he have to start all over again? I think that in the past it's been felt that these X-ray plates and so on were the property of the doctor that ordered them, or that had them in his possession. Now, will this be changed if the Corporation is paying for this? I don't know how often this would happen, but could a doctor request this from another office?

MR. JOHNSON: I think maybe if I explained it a little broader. For example, in the rural areas where we have lab and X-ray units such as Portage la Prairie and places like that, the approved facility will be the lab and X-ray facility in the hospital, or in the lab and X-ray unit. Doctors would not have equipment in their own offices, so this is what we call an approved facility in that region. There are places in the province, as you know, where a single doctor is operating and hasn't got the ready availability of lab and X-ray. Then you would permit a — there's no doubt they will start off approving this equipment until further rationalization occurred. This is what I'm getting at.

In the Greater Winnipeg areas, as my honourable friend knows, this will take more intensive work. I think what you're getting at is if you take an X-ray in the downtown office and the chap is admitted to the hospital, is his X-ray going to be repeated at public expense. This is precisely what will take a little time to iron out, and this is what they've agreed to work on.

MR. MOLGAT: Mr. Chairman, could the Minister give me again the number of doctors that are involved? Did he say 970 who are in....

MR. JOHNSON: at the moment. The Chairman of the Corporation advised me that the Executive Director of our now Claims Section advised him that — I believe it was in the last month of MMS operation — 970 doctors received MMS benefits. My previous impression was that in private practice we have had somewhere around 875 actively practising. These are the

(MR. JOHNSON Cont'd.)... only figures I have on my lips at the moment.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. FROESE: Mr. Chairman, when the government goes into this plan at this particular time, what happens to MMS? Is the insurance corporation buying out the MMS lock, stock and barrel? And what liabilities are being assumed by the insurance corporation in this venture? Also, the matter of depreciation and interest rates, where do they come into play? Are they charged in to the figures that we have been given this afternoon anywhere or do they come under the estimates of the department, or where do we reconcile these expenditures and where do they come in?

MR. JOHNSON: Well, if I understand the honourable member's question correctly, first of all the Corporation have contracted with the Board of MMS to have them operate the Claims Section at the MMS building. They have further agreed to a price to purchase the existing MMS building and renting the services. Certain of the personnel will probably, or have been at the last figure, appointed officers of the Corporation, so they are sort of the post office of the Corporation on a contractual basis with respect to staff, meeting the federal requirements with respect to the numbers of staff in the Claims Section that will have to be employees directly of the Corporation. So the Corporation is in effect purchasing from the MMS this Claims Service and they are the authority - the Corporation are the authority in that respect. And while I'm on my feet, for example, the U.H.I. operation, or the United Health Insurance. I believe, that was operated by certain officers of the MMS as a private company, would purchase from the Corporation any of the facilities or services that they may use in the operation of that facility which is quite separate from anything in the Corporation.

MR. CHAIRMAN: The Honourable Member for Gladstone.

MR. SHOEMAKER: Mr. Chairman, I tried to stay in the Law Amendments Committee most of the last two days to hear what was said but I was absent briefly at times, but it is a fact, is it not, that the Province of Manitoba, that is the Consolidated Fund of the Province of Manitoba, is not contributing one red cent to the cost of Medicare? Was that not established? And was it not also established that the province, in effect, was actually saving some money in consideration of the fact that the TB, cancer and mental care, or a portion of it, was being paid for now by the subscribers of Medicare.

So what I'm saying, Mr. Chairman, is this: in calculating the premium that you and I would pay, that is our \$9.80 a month, and in calculating the \$55 million as the cost of the program as just announced by the Minister, a figure was used to sum up the province's cost of mental, TB and cancer care, as put down here, and all of those persons who are presently exempt from paying premiums - and it looks to me as if that figure now is something like 30,000 persons in the province who are exempt from paying premiums, and Mr. Chairman, I'm referring you now to Page 49 of the Annual Report that is before us - the only thing that I'm not certain of, Mr. Chairman, is whether the 29,436 recipients of Medicare, and I'm referring to last year's and the year before type of Medicare, whether that figure of 29,436 are number of persons or number of contracts, because there's quite a difference. MMS told me that the average number of persons per contract was three - three persons. Now I'm referring, as I said, to Page 49 of the Annual Report, and what I'm saying is that if it is persons, then it would appear that 10 percent of all the people in Manitoba are exempt from paying premiums - roughly 10 percent - so we as premium payers are paying for their costs.

Now it is true, it is quite true that every municipal corporation and incorporated town are guaranteeing premiums for those who feel they cannot afford to pay and are not enrolled for Medicare, but last year, according to the Annual Report, the cost of the Medicare program of social allowance recipients was something like two million, so it looks as if the government has saved some money on that item, saved it and increased the premiums accordingly.

And then on the estimates, Mr. Chairman, of 1969, on Page 10 under the heading of "Health", there is a figure here: Mental Health Services - 12 million, 700-odd, and the question has been asked, then what portion of this 12.7 million will now be paid for under Medicare, or to put it another way, to what extent can this 12.7 million be reduced with the advent of Medicare? There must be a figure there.

MR. JOHNSON: In answer to my honourable friend, yes, the two million here is paid and registered in the estimates of the department where we enter the salaries opposite the doctor and so on, and this is now going to be claimed from the Corporation. At the same time, I informed him the other day we'd be increasing our appropriations in health and social

(MR. JOHNSON Cont'd.).... services by 900, 000 to assist with those premiums which may be unpaid at the local level.

In addition to this, his colleagues in Ottawa saw fit at the same time to withdraw from four to five million dollars in health grants at the same time that they asked us to assume Medicare, and as he also well knows, with no guarantee of the 50 percent sharing beyond 1973. I'd like to remind my honourable friend of that fact of life, that at the same time as we went down in November on this matter we were told we would be losing money, so we're going to have to still find more money for mental health this year, as my honourable friend will see when the estimates are before him, and in the many divisions of the department.

It's quite true that the premium is being asked to carry the provincial share, but for that reimbursement at the municipal level and I've explained in previous discussion on this matter, this is a government decision with respect to the premiums. The premium payers are the fathers and mothers of other Manitoba taxpayers, neighbours and friends, and we've chosen this as the method of supporting our share of the program. Obviously, if we had unlimited resources, I am sure we would all like to make premiums as low as possible, but these costs are facing us and we have to have the responsibility of raising the necessary share to provide the kind of services which have been recommended and have been a pattern of life in this province for some years.

MR. DESJARDINS: Mr. Speaker, the Minister keeps repeating that the government, the decision of the government, that it's going to be a premium system to cover the share of the province, and the Minister is misrepresenting. I don't know if he realizes that but he is misrepresenting. It's not only to cover the share of the province in Medicare. That is not the case. The government is making money on this. Previously, they were paying for mental health; they were spending money for cancer and TB; and besides that, they were also paying the Medicare covering the Medicare of a certain portion of people that were not — the indigents were covered under Medicare. Now this was money spent by the government. Where is this money now? What is being done?

This government, the Weir administration comes in and makes such a big thing for the Minister of Finance to say we will not increase taxes this year, and that is not the case. And I say, forgetting the Medicare plan, forgetting that, you are still increasing taxes because you are taking advantage of a new plan and you are dumping all kinds of things on the shoulders of these people that are asked to pay the premiums, and they are not only paying the premiums for the added services that they will get under this plan, they are paying your share of other expenditures plus the welfare. They are asked to pay their premiums and then they are asked to pay premiums for those that you covered before, and by no stretch of the imagination can you say that the premium is only covering the added services to these people. This is not the case at all. This is a direct act and it is not fair to misrepresent this to the people of Manitoba at this time.

MR. CHERNIACK: Mr. Chairman, I would like to enter into this debate as no doubt others would. Could we get back on the track? We all know that soon after you get started we are going to present a motion on premiums and I'm looking forward to that time to debate this question which I think is right, but I'm just wondering if we couldn't get back on the...

MR. CHAIRMAN: Has the Honourable Member for Rhineland got something to say on the Bill in general? We'll deal with each section as it comes along.

MR. FROESE: I'm sure this is general, because I'm not sure where else I would be putting some of these questions.

The way I understood the Minister before, then the administration fee of \$2 million will not be a fee for service only, it will be a contractual arrangement between the insurance corporation and Manitoba Medical Services. Am I correct? As has been stated, the Manitoba Medical Services will be the authority, the way I understand it, that will requisition the federal government for any contributions coming from the federal government. Am I correct in this? Could he outline to us exactly the functions of the MMS and those functions which apply to the Insurance Corporation so that we can get the two straight?

MR. JOHNSON: Mr. Speaker, the Corporation has the whole responsibility of the administration of the program, and if it would help my honourable friend, I think you can think of it in three sections. The Corporation have delegated the Hospital Commission to collect the combined premiums. They have the premium setup there and they merely bill for both. The field staff that was employed in assisting and working with the municipalities in collecting

(MR. JOHNSON Cont'd.)... the premiums is being maintained, enhanced slightly, to work with our municipal people. This has the great advantage, working in partnership with them, of assuring that neither they nor any of us receive a hospital bill, that the premium is in fact paid for these people.

In the middle you have the insured services program itself. This is the function of the Corporation in operating Bill 88 and/or 33, as we amend it, negotiating with the physicians and all those matters related to the operation of the program itself.

The other third wing of it, you may call, is the administrative costs and personnel at the MMS facility in Polo Park, which building we're purchasing from MMS, where the Executive Director there and his staff - I believe there's 140 personnel on that staff and they are employees of -- it is the Corporation's agency there. They're using them as their agency on claims, and four or five, I believe, employees in that organization are the authority. Now the audit of this whole operation, the auditor is the Comptroller-General in all our final auditing of our operation, and then, I believe, claims made on the federal authorities. I hope that explains it to the honourable member more clearly.

MR. CHAIRMAN: The Honourable Member for Selkirk.

MR. T. P. HILLHOUSE, Q. C. (Selkirk): I'd like to get some clarification on this. It's my understanding that at present under the Manitoba Hospital Commission that there is no charge made for a patient in a mental hospital; there's no charge made for a patient in a TB clinic or in a cancer clinic. Now is that money all net out of the premiums paid for hospitalization plus income tax, or is part of that money, does it come from the Consolidated Revenue which was not derived either from premiums or the five percent tax? Now with the advent of Medicare -- no, before that, did the amount that the province was paying for patients in mental hospitals and TB clinics, that is the medical expenses that were incurred there, were the premiums paid under the MHC and the income tax sufficient to take care of these other costs? Now with the advent of Medicare, is the province contributing any money from Consolidated Revenue other than money that it's going to get from the premiums under Medicare and under well the federal share is by income tax, they'll use that for paying their share to you - but is the province going to contribute any money from its Consolidated Revenue derived from other sources towards the Medicare of those 50, 000 people who will be entitled to free Medicare under the new regulations?

MR. JOHNSON: To answer my honourable friend, take the patient in the hospital. The patient is covered for hospital care and covered for medical care now, or has been in the past. Right? Up until this date, today, March 31st. If that patient is in the mental hospital, medical care has always been free, provided in the estimates of the department.

MR. HILLHOUSE: ... from the premiums we're paying plus the income tax.

MR. JOHNSON: There's a \$22 million subsidy.

MR. HILLHOUSE: Originally we had a premium of \$72.00 for hospitalization; it was reduced to \$48.00, but in order to make up for the reduction they slapped on a six percent income tax. Now what portion is going to be paid out of these sources?

MR. FROESE: One further question in trying to get things straightened out in my mind. The matter of interest charges and depreciation on the building that they're now purchasing, is this covered by the administration cost of \$2 million? Is that included in that item?

MR. JOHNSON: The total estimate from the Corporation of all of their administration costs has been given as two million dollars. Now I don't know if I've got to my honourable friend. The hospital plan is subsidized as you know to 21 million, which is made up of money out of the Consolidated Revenue generated by income tax and sales tax. In the medical plan there is no money directly from the Consolidated Revenue.

MR. DESJARDINS: It's very clear what we want. I don't think we should stickhandle any longer. The plan starts tomorrow. Today, the mental patients, those with cancer and TB are covered. We're not talking about the hospitals, but whatever is covered under the cancer, mental health and TB, whatever is covered now and that comes from the estimates now from Consolidated Fund and whatever -- and that would be normally under the estimates of this department. You must have that. We want the figure equivalent to that. What you spent last year on that which you will no longer spend.

Now besides that we also want the same thing what you're spending now under the estimates of the Department of Welfare to cover the Medicare - not the drugs or dental because you'll still have to spend that - but what will now be covered under the plan. We want just

(MR. DESJARDINS Cont'd.) . . . those figures. From what we can find out, this is close - under the Department of Welfare - it's close to two million dollars that you will save under that department, and then you say about two million under the mental health, and we still don't know the rest. You must have those figures; you needed those figures; and we just want to know because you won't have to spend this any more. We want this amount.

MR. CHAIRMAN: The Honourable Member for Seven Oaks.

MR. SAUL MILLER (Seven Oaks): Mr. Chairman, perhaps we could get clarification this way. The province was paying to women on mothers' allowance, for example - I'll use that as an example - were issuing Medicare cards to those families who qualified under mothers' allowance. A Medicare card was issued and they used these Medicare cards. This was at the expense of the Provincial Government through the Health or Welfare estimates -- (Interjection) -- four and a half million. Now the same people will also be covered. Will the province be paying the Corporation premiums on behalf of these people or will the money through our premiums be adequate to cover the services to these same cases, in which case there would be a saving to the province from the Consolidated Fund. Is that right? Let's hear it.

MR. JOHNSON: Mr. Speaker, there is two million dollars here roughly that will be claimed from the Corporation for salaries of doctors in mental hospitals that was last year paid out of the appropriation. It's in the appropriation this year but there'll be a transfer in dollars. I hope that's being frank and right across. We've had to devise a system under Medicare in addition to medical care - you know, for the social allowance recipients - where the individual gets glasses, drugs and so on, that will be continued for those people in the welfare appropriation. The transfer of the medical portion will be in this premium.

MR. MILLER: . . . the Minister is that the plan, the Corporation, will now be paid by the provincial government towards the payment of services to, let's say, women on mothers' allowance, but rather the savings that the province will accrue will not be turned over to the Corporation. Our \$9.20 - or \$9.80, whatever it is, will have to be adequate, or the amount raised has to be enough to pick up that portion which the province until now picked up through its welfare or health estimates.

MR. CHAIRMAN: . . . his answer to this. Are you finished, Mr. Minister?

MR. JOHNSON: . . . further information they'd require. I'm just saying that the premium -- there is no money out of the Consolidated Revenue to the support of that premium. I hope that's clear to the members.

MR. MILLER: So you see there is that amount of money.

MR. CHERNIACK: . . . out of Consolidated Revenue that the premium is supporting. In other words, two million we know is the mental and cancer program - two million? How much is the Medicare or the care program which will not be paid by the Consolidated Revenue now. How much is the premium going to pick up to save the government on its Consolidated Revenue. Do you have that figure?

MR. JOHNSON: That total would be around two million dollars.

MR. CHERNIACK: So that's four million now, Mr. Chairman. So now we've got four million dollars. Now also in the figures given to us, lab and X-ray hospital - two million, who paid that up to now? Was that the Hospital Commission that paid that?

MR. CHAIRMAN: Out in our part of the country the farmer pays his share for that.

MR. CHERNIACK: I didn't hear you.

MR. CHAIRMAN: The farmer pays on his taxes, land taxes, part of the cost of lab and X-ray.

MR. JOHNSON: These are diagnostic services now paid partly through MMS, and partly this money has been paid through the lab and X-ray units across the province, which again has been put into this package.

MR. MOLGAT: How much?

MR. CHERNIACK: Two million.

MR. JOHNSON: The cost of the lab and X-ray program at the local level which was shared two-thirds, one-third was in the neighbourhood of that two million, about 600,000 of that.

MR. CHERNIACK: \$600,000. Was that the provincial government's share?

MR. JOHNSON: I think that was the total cost of the lab and X-ray units.

MR. CHERNIACK: Where's the other 1.4 million? Where does that come from?

MR. JOHNSON: Services paid through MMS by the - you know, under the old - from other sources and from patients.

MR. CHERNIACK: To hospitals?

MR. DESJARDINS: MMS put that 6.8, not the two million.

MR. CHERNIACK: That's right.

MR. JOHNSON: No, no, the 6.8 is lab and X-ray in physicians' offices presently paid by MMS or the patient directly, and the two million of that 6.8 is lab and X-ray provided by out-patients - diagnostic services now paid by an MMS patient or by a patient directly - lab and X-ray services in the province as a whole.

MR. CHERNIACK: Mr. Chairman, you just said two out of the 6.8. You didn't mean that surely. It's two in addition to the 6.8. Well then, we now have about somewhere in the neighbourhood of 5 million dollars, according to my calculation, of money that was paid out of the Consolidated Revenue up to today and that will no longer be paid, but will be paid out of the flat premium collection. Is that correct, Mr. Chairman?

MR. JOHNSON: That's correct.

MR. SAMEL USKIW (Brokenhead): Is that all, Mr. Chairman, that is transferred from the Consolidated Fund to the premium program, or are there other items that we haven't brought into light.

MR. CHAIRMAN: The Honourable Leader of the Opposition.

MR. MOLGAT: Mr. Chairman, it was for the first time this morning at Committee when the Minister finally told us some of the secrets behind this when he admitted that they were taking a whole lot of programs that had previously been paid for out of Consolidated Revenue and now shoving into the plan. Now the question that we want to know is: last year's estimates contained certain programs prior to a medical plan being established - quite obviously, it didn't exist - the government was then paying out of Consolidated Revenue for a whole series of medical services. Now how much of this this year is being transferred to the Medicare plan.

Now it's impossible for members on this side of the House to make the assessment because my honourable friends in the meantime have completely once again, for probably the fifth time since they're in office, totally changed the estimates, and we find now that if we try and compare health estimates for last year with health estimates for this year, that we deal - for example mental health services last year now become mental health and correction services - and it's impossible for a member on this side to determine where the money is being spent. Last year we had a breakdown - Brandon Hospital for Mental Diseases, Selkirk Hospital, Manitoba School for Retardates. No such thing this year. They've disappeared; they're not in the program at all. Last year we had other items in health services such as Preventive Medical Services. I can find no direct allocations in the same way and so - (Interjection) - Is it there? Well, the whole thing is in such imbalance that the members on this side can't.

So basically here's the question that we want answered. Which programs previously were covered out of Consolidated Revenue from funds and are now going to be transferred to the responsibility of the Medicare program, and how much money is involved in the case of each. Then we will know the amount by which the government is moving out of health services and forcing them on to the plan and hence on to the premiums of the people of the province. Now if the Minister will give us that information, which we can't extract at this stage from estimates, then we can make a proper assessment as to whether his proposal for premiums is sound or isn't sound.

MR. FROESE: Mr. Chairman, in addition to that, I wonder if we could also be enlightened as to how much will be required under capital supply to buy the assets of MMS because the new insurance corporation is taking over.

MR. GREEN: While the Minister is making his figures and before he answers, maybe he can tell us whether any share of the education budget is going to be included in these premium payments as well.

MR. CHERNIACK: On that point, Mr. Chairman, there's no doubt about it, because Dean Fyles told us that one of the problems being raised by the introduction of this health services scheme is that they expect they will not continue to receive the overhead costs for the clinic, the teaching clinic which they are now using, and they are going to have to collect money by the opting-in doctors and they hope by assignments to opting-out doctors, half of which fees will be used for the physical upkeep of the building itself. So that when the Honourable Member for Inkster asked the question no doubt he was very serious, because we have an indication that

(MR. CHERNIACK Cont'd.) . . . out of the education estimates dealing with the teaching of medicine, that there are certain costs that will be apparently charged now by the educational facility to these teaching clinics. Now how much that is I don't know, but I guess it would be roughly half of what the doctors will be charging through this scheme, because Dean Fyles said he expects that they will divide up roughly half amongst themselves - that is the doctors would. I don't know how much that amounts to, but it would be interesting to know.

MR. JOHNSON: . . . last point. Don't forget that the overhead in the -- when everyone has their own doctor on Day 1 and the out-patient department is operating as in the past, the out-patients are going to be assisted both through the hospital corporate commission and so on, but in addition, these doctors working in this special environment, the Dean's plan there is that they will pool their resources and that they in turn as doctors, generating money on a fee for service basis, should pay part of that overhead. So it would be more or less offset revenue to the hospital who have contracted to provide that space for the university. That's what they want to do.

MR. CHERNIACK: That will be a saving to the hospital, won't it?

MR. JOHNSON: Well yes, and I think it's proper that that be arranged in that way. There would no doubt be the need to enhance that facility too from the hospital's point of view. So I don't see much going out in that sense. I'll have to look over my figures here; I don't want to mislead the committee. I think I can give a breakdown frankly of the effect of medical insurance proposals on the provincial budget for the Department of Health and Social Services. This is, I think, the dope you want. I had them all the time, Mr. Speaker, I just found them. -- (Interjection) -- I beg your pardon?

MR. DESJARDINS: Just thank us for the information we've given you so far. Now give us yours.

MR. JOHNSON: O. K. Well, the additional costs I have mentioned to you in connection with the combined premium in assisting in the collection of uncollectable premiums is in the estimates around \$900, 000. The credits through the elimination of existing appropriations - you might put it that way - the physicians in departmental institutions costs now to be borne by the Corporation, plus the overhead factor I mentioned earlier, two million as I stated. Rural lab and X-ray units - current provincial appropriation is 635; and the cost of the existing Medicare group to the province is one million dollars. The total credit is 3. 6; the net credit on the total Health and Welfare estimates that will be before you, and transferred to this program, are 2. 715.

MR. MOLGAT: Mr. Chairman, that doesn't jibe though with some of the earlier figures does it? But Mr. Chairman, what goes on in these Committees? The Minister had that information all along. We've been asking him for days for the information and he's been telling us he hasn't got it. Now he pulls out a sheet - he's suddenly found it like it grew out of thin air. What gives?

MR. JOHNSON: Well I want to be perfectly frank, Mr. Speaker, I have nothing to hide here. I'm trying to help the committee and I'm trying to get to the root of reconciling the 55 with the figures in my department. The total effect on my budget as reported here is 2. 715. Now I would like to really have a moment to revise and review this figure because my impression was that in transferring the two million from mental health - got that figure straight, I knew it was around 600, 000 in the lab and X-ray which I've explained - the Medicare grouping which, as you will recall, while we spent two million of our money we got a million back from Ottawa under the previous Medicare Sharing. Right? When we just had the social allowance Medicare it was two million. We recouped a million from that because they shared medical costs in the last couple of years. So the net is 3. 6. Now this is to the question that -- I'm afraid that what we have to add to this would be the -- they may be some additional cost in addition to the social allowance group who are now enjoying the waiver of premium over 65 that exact cost. This is where I think I gave you earlier the right figures. It's in the neighbourhood of \$200 million not \$1 million, so you would have to add -- (Interjection) -- No, I don't think I'm misleading - I'm just getting many figures crossed up here.

The social allowance group - right? and those over 65 who are under the income ceilings are the group of people whose premiums are carried by the total premium. I think members understand that. I hope I haven't misled you at any time on that point.

MR. SAUL M. CHERNIACK, Q. C. (St. John's): Don't we call Social Allowance Medicare?

MR. JOHNSON: Social Allowance Medicare -- (Interjection) -- Well that, of course, is for medical plus drugs, glasses, what have you. And about a million of that, you see, was shared with Ottawa, in comparing it with our present program. Right?

MR. CHERNIACK: That's not Care Service, that's Social Allowance Medicare.

MR. JOHNSON: That's right, but about the biggest part of that, the medical part of that, is lifted out of this year.

MR. CHERNIACK: A million dollars you say, or more?

MR. JOHNSON: I would say -- if you'll let me make my final reconciliation, I think I'd come pretty close now. There will be about -- there's \$900,000 in my estimates this year concerning the collectible premiums. That's additional cost to the consolidated revenue period. -- (Interjection) -- Nine hundred thousand, starting from scratch, right? This is the cost to the department for the allowances to municipalities for uncollectible premiums and social allowances where we are the agent, or we have the responsibility as the municipality. That comes to a total of \$900,000 so those are additional costs in my estimates this year. Now, the credits, if you want to put it that way, as I've said earlier, we have the physicians in the department, the rural lab, and x-ray units, that first was \$2 million as we recorded - \$635,000 Lab, and X-ray, and the existing medicare group where the net credit is \$1 million for the social allowances group, because we only spent a million last year for the medical part of that. We got -- we spent two but we got a million back. We're now shared on the same basis with Ottawa for that. That takes the total credit of \$3.6 million, minus the \$900,000, gives you a net credit to the budget of \$2,715,000. And I think to this we will have to add the cost of the premium to the exempt group over the age of 65. Right? This is where I come back to my, approximately, and I'd like to get a more exact figure if anyone's within earshot on that particular point, because you would have to add that to the -- when I say the net credit to the provincial budget is 2.7 plus the cost of that program. I believe it's a million dollars. That's where I was saying earlier, there's two . . .

MR. CHERNIACK: . . . be part of Care Services, what you're saying here.

MR. JOHNSON: No.

MR. CHERNIACK: Is that what you're talking about - Care Services, when you're talking about social allowance waiver of premium?

MR. JOHNSON: No. That's the uncollectible premiums. I think you're questioning is there any savings in Care Services for physicians that we're now paying to go into those institutions?

MR. CHERNIACK: Yes.

MR. JOHNSON: I think that was claimed under the Social Allowance Medicare.

MR. CHERNIACK: Well, there are two items. One is \$3 1/2 million and one is \$4 1/2 million, and you say out of all the \$8 million there's only \$1 million that's a saving here.

MR. JOHNSON: I don't know what you mean . . .

MR. CHERNIACK: Well under Care Services - Public Health Services, Care Services, Financial Assistance is \$4 1/2 million. Under Field Services, Social Allowance Medicare is \$3 1/2 million. These are two separate items and I don't pretend to know what they are.

MR. JOHNSON: Well I'm quite certain that the -- care services, of course, include the whole ambit of services, other than medical services. The only medical services there is my understanding of this, and I hope it's correct and I'm sure it is, that the medical component of that is shareable and was part of that \$2 million that was billed to Ottawa last year for medical services for social allowance cases, of which we got half back. Now, under this new program you see, this would be in the new program of course, but when you add up the care services in the estimates, only a small portion of that is medical services which would be included in our social allowance reimbursements.

MR. CHERNIACK: Well maybe then, Mr. Chairman, we seem to have come to a figure of somewhere around \$4 million as being a savings to the general revenue, by imposing the premium on the flat rate for the provincial share. I think that that seems to be the figure that the Minister has given us.

MR. DESJARDINS: Mr. Chairman, we have no guarantee that this is it. We haven't said anything about the cancer yet and TB; the Minister states that he hasn't got this now. And then we might find something else with this new deal on the teaching hospitals also. There might be a cost there. I think that we're far from getting the information we need.

MR. MOLGAT: Mr. Chairman, it seems to me that in spite of our repeated requests,

(MR. MOLGAT cont'd.) the Minister is extremely reluctant to provide us with the information which he apparently has available. We've been now discussing the bill for some almost an hour and a half, and making virtually no headway because of the great reluctance of the Minister. Now, either he doesn't have the information or he doesn't want to give it out. Mr. Chairman, I suggest that in these circumstances the best thing for the Committee to do would be to rise and reconvene at 8:00 o'clock this evening and give the Minister a chance to get all the information. I move, Mr. Chairman, that the Committee rise and report.

MR. LYON: Mr. Chairman, could I just inquire from my honourable friend: is he withdrawing his leave to go into committee at the present time or not?

MR. MOLGAT: No. I gave leave to go into committee; we are in committee. We are not getting the information - the Minister apparently doesn't have it; and I move that the committee rise. We can reconvene at 8:00 o'clock this evening and proceed with other business of the House, and meanwhile the Minister can get the information.

MR. JOHNSON: Mr. Chairman, I'd be happy to give whatever information I can on this. I don't want to predict but I don't know of any other cost, but I would like to consult with my Deputy Minister and see if he knows something I'm not privy to at the moment with respect, because I don't think there's much other revenues that I know of in the estimates.

MR. LYON: . . . maybe - I could suggest for the consideration of the House. The Minister said he would like to have some consultations on this item. We still have the Bill before us, however, which does not deal with this item and I see no reason why we couldn't proceed with the Bill.

MR. MOLGAT: Mr. Chairman, there's a very good reason. It is because the Bill is going to put into motion a certain level of premiums in the Province of Manitoba. It has been argued, we've stated that previously, that those premiums in our opinion were too high; that they are not geared to ability to pay, and in general cases they are too high, and that the government was padding this amount when they talk about \$55 million. I think the facts have come out today, which hadn't come out previously, that there's some padding - we still don't know how much; and I'm not prepared to vote on the premium structure based on this sort of information.

MR. LYON: Well here, Mr. Chairman, we're not asking my honourable friend to vote on the premium structure; we're asking him to vote on Bill 33, which does not deal with premiums.

MR. MOLGAT: Well, Mr. Chairman, I repeat. I move the Committee rise and report.

MR. LYON: Well, I'm afraid we'll have to oppose that motion.

MR. MOLGAT: Well, oppose it if you will. It's a motion on the floor.

MR. DESJARDINS: Mr. Chairman, let's try to be reasonable here. We've given co-operation; we've co-operated with the government - I think that the Attorney-General must admit this - in Committee, in the House and second reading and now, we've sat; it's been only a week or so; and at the time of second reading I served notice that I wanted some information. It was quite clear. We're not getting this. Now, if the government wants to railroad, to force us on a vote before getting the information, this is fine, but we could also keep on asking questions until 5:30 also, and see that that Bill comes only -- to block it, if this is what the Minister wants. We want to co-operate; some other work could be done. We can come here at 8:00 o'clock with the figures in front of us, like we've asked. We've lost an hour and a half - two hours. And we will keep on co-operating but we will be able to discuss this with a little bit of intelligence, not without the information.

MR. MOLGAT: Mr. Chairman, would the vote be . . . ? The motion that the Committee rises

MR. CHAIRMAN: It is moved by the Honourable Leader of the Official Opposition - who is your seconder, Sir?

A MEMBER: . . . don't need one.

MR. CHAIRMAN: That the committee rise and report. All in favour of the motion please say aye. All those against the motion please say nay. I declare the nays have it.

MR. MOLGAT: A standing vote, Mr. Chairman.

MR. CHAIRMAN: Call the members. The motion before the Committee is, for those members who were not in the House at the time, moved by the Honourable Leader of the Official Opposition that the Committee rise and report.

A STANDING COUNTED vote was taken, the result being: Yeas 24; Nays 27.

MR. CHAIRMAN: The motion is defeated.

MR. CHERNIACK: Mr. Chairman, may I suggest that we proceed down to, let's say, section 6 or 7 of the Bill, because the Minister has indicated that he wishes to consult with his Deputy to get the kind of information that we want. We all know that it is our intention on this side to bring in an amendment dealing with the question of premium, which is really the question of the supply of money, and I think that we ought to work together to proceed with the Bill, but certainly to give the Minister time to gather the information he needs, because there's no special advantage to catch him off guard and keep him off guard - we want the information so we can debate it. And may I suggest that since we know we're going to have some sort of debate on the question of assignment, that the Committee agree to bypass the first few sections, which would deal with the money-raising portion, and leaving that, that we proceed with the question of what I think is the next point for discussion, which is the question of assignment. I make that as a suggestion to the Committee.

MR. CHAIRMAN: Are all members agreeable to start section by section?

MR. LYON: I didn't get the full import of what my honourable friend said. I would hope that the Committee would be prepared to start dealing with the Bill, section by section. If there is any one section of the Bill upon which the subject matter of costs, to which the Minister has been speaking, relates, that section can be held but there are many, many other sections in the Bill that we will want to get passed - the whole question that was debated this morning, on which there are many amendments. Our only position, if I may make it clear, Mr. Chairman, our only position in opposing the motion was that we didn't think that we had that kind of time to be frivolous with; that we thought that we should get on with the business that is before us.

MR. MOLGAT: Mr. Chairman. Time to be frivolous with. Who sought the timing on this Bill? Who waited until a week ago to bring it before this House? We've been in session here for a month. There was plenty of time to bring the Bill forward. The government sits back and doesn't bring bills forward, now it's trying to steam roller the House into passing it because of the deadline tonight. We're not going to work that way, Mr. Chairman. We've agreed all the way through to give leave to push the bill forward. We've been as co-operative as can be. But let not the government start talking about frivolous time; the Leader of the House talking that way. All he had to do was to bring the bill in a month ago. It's only three years ago, Mr. Chairman, that they had promised to bring in Medicare in 1967 when the first bill came in -- (Interjection) -- So, there was no problem at all with my honourable friends proceeding long before this. We want the information on the bill. I'm not prepared to deal with the premium matters until we have the information from the Minister.

MR. LYON: Far from wishing to exacerbate the situation, we merely want to get ahead with the business that is before us, Mr. Chairman, and we're merely suggesting that you start calling the sections of the bill and we can deal with them seriatim as they come along.

MR. CHAIRMAN: 1--passed. Section 2. 1--passed; Section 2--passed. Section 3--

MR. STEVE PATRICK (Assiniboia): Mr. Chairman, I have an amendment to move on this one, Mr. Chairman, and my amendment is going to deal with the dependent status. At the present time the dependent is classified as a student who is under 21 years of age and is living with his parents. My amendment will be that the student may be over 21 years of age and one who has not worked for 12 consecutive months prior to entering the post-secondary education and has not been attending the approved university or college institution for more than four years. I think that we have to look at this. The House I hope will give it serious consideration because many students today are running into pretty serious financial circumstances during their second and third year of university education, for the simple reason that they do not all graduate when they reach age 21. Some of these do attend college at age 22 and 23. It is my information that at the present time if a student earns anywhere from \$1,000 to \$1,200 during the summer holidays, and after he pays his tuition fees of somewhere in the neighbourhood of five to six hundred dollars, his books and his medical examination before he attends the school, and previously he had to pay the hospital and MMS, his thousand dollars was all taken up. There was no money left for such things as board and room if he was not living with his parents, and I think this resolution will be of some assistance. As I mentioned, my resolution is not - or our resolution on behalf of the party is not wide open; it's restrictive that this person cannot attend the university longer than four years, because I know the argument has been used or will be used that there's many students that change their courses and can happen to be in the university for some six or seven or eight years, and this is true so that's why it restricts to four years in the university education.

(MR. PATRICK cont'd)

Mr. Chairman, I beg to move, seconded by the Honourable Member for Turtle Mountain, that Section 3 of Bill 33 be amended by re-lettering Clauses (b), (c) and (d) as Clauses (c), (d) and (e) respectively, and by adding thereto after Clause (a) thereof the following clause: (b) by striking out sub-clause (iii) of Clause (h) thereof and substituting therefor the following sub-clause: (iii) 19 years of age or older and is attending a university, secondary school or other educational institution, or is training at a school of nursing approved by the Minister, provided the child has not worked for 12 consecutive months prior to entering post-secondary education and has not been attending the approved institution for more than four years.

MR. CHERNIACK: . . . in Law Amendments Committee, I think our party indicated support of this proposal and we intend to vote for it.

MR. CHAIRMAN: Are you ready for the amendment to Section 3? The Honourable Member for St. George.

MR. GUTTORMSON: I would hope that the Minister would see fit to support this amendment because the difficulty it imposes on some families with two or three children going to university at the same time, it causes a great deal of difficulty. I just had a woman write me the other day about the problem it poses in her home, and she fears that if this amendment doesn't go through that it may just cause her child to have to leave university because of the cost. Now surely the government must consider this aspect of it, and in cases where there are several children going to university at the same time it's a large sum of money, and I would hope the Minister would see his way clear to support the amendment.

MR. MOLGAT: Mr. Chairman, I would like to hear from the Minister responsible what his views are on this question of dependents. We've discussed it here in the House previously in the case of the Hospital Services Bill and eventually did get some changes made. Our attempt here is simply to have a reasonable definition of "dependent" for the purposes of this Act. This definition is in line with that used for loans to university students. I think it's an improvement over the Bill as it reads. We'll never get something that is totally satisfactory, but it seemed to us rather than have an age limit, which is somewhat arbitrary, that by doing it on this basis the student who has not obviously been out at full-time work, someone who has continued right through schooling and therefore is a bona fide student, and is going through a four-year course and not, shall we say, a professional student, that this would indicate in fact someone who is basically a dependent. Now this is what we're trying to arrive at, and the reason that we didn't simply pick an age, such as 23 or 25 or what have you. It seems to us that this is an improvement to really reach the dependent individual and to encourage our young people to go to university.

MR. CHAIRMAN: The Honourable Minister.

MR. JOHNSON: Mr. Chairman, I indicated in Committee that this is the same provision that has served us well for 11 years. I think it's fair. It comes down to being a beginning and an end to everything, and I wonder how fair it is to keep exempting students because they're going to school and yet the young lad who goes to work at 19 pays his premium; and this was felt, in the experience of the hospital plan to date, to have served the province well and I would commend that we do not accept this amendment at this time.

MR. HILLHOUSE: Mr. Chairman, I would like to suggest to the Honourable Minister that the Government of Canada accepts that definition under the Income Tax Act. I think it's only just and equitable that we should accept that definition under the Medicare Act.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. FROESE: Mr. Chairman, I did speak on this matter earlier in Committee. I find that I could support certain parts of it, and probably I'm not fully in accord with other parts of it, but noting that nurses are one consideration, I feel that these are people that we need and probably will need more and more as this particular program progresses, and therefore I intend to support the amendment.

MR. CHAIRMAN put the question on the amendment and after a voice vote declared the motion lost.

MR. PATRICK: Mr. Chairman, Ayes and Nays.

MR. CHAIRMAN: Call in the members.

For the benefit of the members who were not in the House at the time, we're dealing with the amendment of the Honourable Member for Assiniboia, that Section 3 of Bill 33 be amended by re-lettering Clause (b) (c) and (d) as Clauses (c) (d) and (e) respectively, and by

(MR. CHAIRMAN cont'd) . . . adding thereto after Clause (a) thereof, the following clause: "(b) by striking out sub-clause (iii) of Clause (h) thereof and substituting therefor the following sub-clause: (iii) 19 years of age or older and is attending university, secondary school or any other educational institution, or is training at a school of nursing approved by the Minister, provided the child has not worked for 12 consecutive months prior to entering post-secondary education and has not attended the approved institution for more than four years.

A STANDING COUNTED VOTE was taken, the result being as follows: Yeas 24: Nays 27.

MR. CHAIRMAN: I declare the amendment lost. Section 3 (g)--passed; subsection (a)--passed; (b) (o)--passed; (b)--passed; (c) (q)--passed. The Honourable Member for Brokenhead.

MR. SAMUEL USKIW (Brokenhead): Mr. Chairman, I have an amendment. I move that the government give consideration to amending Section 3 (c) be amended by deleting all words following the words "by striking out clause (q);" Section 3 (d) be amended by deleting all the words following the words "by striking out clause (r);" Section 6 - Of course this is an all-encompassing section, Mr. Chairman, - is amended by striking out all words including and after the last word "amended" in the first line and substituting the following: "repealed and the following subsection is substituted therefor: (a) any amounts paid over by the Provincial Treasurer to the corporation on its requisition out of the Consolidated Revenues;" and that the Bill be amended further by the Legislative Counsel to delete references in the Act to premiums.

Mr. Chairman, I don't want to speak at this time; I simply want to introduce the amendment and lay it over until this evening, when hopefully the Minister will give us a little more information with respect to transfers of moneys out of the Consolidated Fund as applied against the premium income.

MR. CHAIRMAN: Will someone care to give me some guidance on what the House -- the House Leader. Could you inform me what your thoughts are?

MR. CHERNIACK: Mr. Chairman, I wonder if I could recap. This motion was the motion the same as we presented this morning dealing with clauses 3 (c) (d) and Section 6, dealing with premiums, and our suggestion was that we delay consideration of this motion until this evening after the Minister has had an opportunity to get the information he wants to bring to us in connection with the cost and the premiums and then debate it, rather than do it now, and therefore we could proceed with the sections after that and then come back to it when we have that information. That's our proposal, and I think was yours.

MR. LYON: I would think, Mr. Chairman, that if my honourable friend agreed to withhold his amendment we could just pass over the section - hold the whole section - until later on this evening, if that would meet with approval?

MR. CHAIRMAN: (c) only?

MR. CHERNIACK: Section 6.

MR. CHAIRMAN: Down to Section 6.

MR. CHERNIACK: Well, actually Sections 4 and 5 are not covered by our amendment so, if you like, you could deal with four and five, leaving out 3(c) and (d), and 6.

MR. CHAIRMAN: Well we'll leave this amendment and deal with it at a later moment.

MR. LYON: As long as you know where you are, Mr. Chairman, that's all . . .

MR. CHAIRMAN: Well, I take it we're on -- we turn over to the page which should be Page No. 2. (Sections 4 and 5 were passed.) Section 6 --passed.

MR. USKIW: No, that's the section that must be withheld.

MR. CHAIRMAN: Hold 6. (Sections 7 and 8 were each read and passed.) Section 9. 21--passed . . .

MR. HILLHOUSE: Just a minute, Mr. Chairman, regarding this section here. It's my understanding that every resident of Manitoba has to pay a premium under this Act, and as a consideration for the paying of that premium, that individual is to get certain medical services. Now what guarantee is the government giving to the residents of Manitoba that if they pay that premium they will get these services?

MR. JOHNSON: Well, Mr. Speaker, that was explained when I introduced the Bill, I believe, that in fact under this section -- the section says that every resident is an insured person and entitled to benefits subject to a waiting period that may be prescribed and then the premium is a requirement in a separate section, which is separated them out because in practice this has been what they've been doing under the Hospital Plan for some time. Everyone is declared an insured person under one section; in another section the premium is a requirement

(MR. JOHNSON cont'd) . . . because payment of premium is no longer a prerequisite to the receipt of benefits.

MR. HILLHOUSE: My point is this: that there are certain places in Manitoba where all the doctors are opting out. There's Thompson; there's Brandon. Now the people in Brandon have got to pay those premiums, so have the people in Thompson. Now what guarantee have they got that they're going to get medical services for paying these premiums? That's my point. If there's no guarantee, this bill's a dog's breakfast, that's all.

MR. CHAIRMAN: The Honourable Member for Elmwood.

MR. RUSSELL DOERN (Elmwood): Mr. Chairman, I want to ask the Minister on this particular point, there was a statement made recently that the government was going to initiate some new plan about a \$5,000 loan that would be made to those doctors practising in areas that they were having difficulty obtaining medical services, and that if the doctor worked the three years, this loan would be repaid; if he quit after one year, he'd have to pay the balance of the loan, and so on. Is this now going to be a new government policy, the \$5,000-over-three-year loan? This was announced on the radio or something. Is this something the Minister's going to introduce?

MR. JOHNSON: Mr. Speaker, I announced the program the other day in the House, up to a loan of \$5,000. This has already attracted, or assisted in one doctor going to Churchill, and the other communities who are seeking dental help primarily are being notified of this provision.

The whole concept, of course, of this program - the Member for Selkirk is partly reading something into the bill that isn't there - that it doesn't guarantee the service under this program; it guarantees an insured benefit, insurance up to a level of benefits for a service, and once the plan starts, the doctor, even though he's opted out, may well accept the insured benefit as full payment. I think he's reading something into here - to guarantee services in communities?

MR. HILLHOUSE: What good is a benefit if you don't get the services?

MR. DOERN: Mr. Chairman . . . the Minister another question on that point. Will that three-year \$5,000 loan be instituted in areas where all the doctors have opted out? Will those areas be eligible, like Thompson, for that type of loan?

MR. JOHNSON: Yes, Mr. Speaker, at the approval of the Minister of the Department of the Minister of Health.

MR. GUTTORMSON: Further to the question posed by the Member for Selkirk, what does an individual in Thompson do for medical services, as all the doctors there have opted out? They have paid into the plan and there is no doctor who is in the plan there that they can go to. What are they supposed to do?

MR. JOHNSON: . . . can't go to them. The doctors have said repeatedly, "We're not withdrawing service; we're going to serve the people." We are guaranteeing under this program, as every province in Canada has done, to provide an insured benefit for a service rendered. There's no province in Canada that's guaranteeing every person to be serviced -- this isn't part of this particular program. This is a free country and people will go to the doctors of their choice, and the doctors, as you say, have the right to opt out. They may well go to those doctors who are still going to serve. It then becomes a matter between the patient and the doctor as to whether that insured benefit will be, in many cases I'm sure, payment in full: I can't say, but I do know that we're only guaranteeing under this program and I've never posed it to be anything else: to try and make as good a deal for the people and as reasonable and fair a premium benefit -- or payment of service, as we could devise. So this guarantees everyone in Thompson that if they go to a doctor and a claim is given to them, that we will pay an insured benefit to a certain level.

MR. DESJARDINS: Mr. Chairman, it's not quite like all the other provinces because the other provinces haven't got the kind of premium we have. The Minister says we live in a free country but I'm not too sure. This is a compulsory plan; everybody has to join and pay, whether they like it or not. Now, for instance, if you have somebody in some northern part of the country where there are no doctors at all - take this a step further. What happens to these people? Are they forced to pay their premiums and do they have to come to Winnipeg and so on? Will the government provide the transportation? This is a valid point. This is something that has to be directed to the government. Maybe this should be asked of the Federal Government but in the meantime we are here in this House. This has to be asked of this government here. We have the same example in the question of hospital care. The people are forced to

(MR. DESJARDINS cont'd) pay their premiums and you can't get in the hospital in many instances, and that is the case. And then a contract is something that works both ways usually. A contract can't be a contract when you say, all right, you pay your premium; if not you go to jail, but then when it's time to collect, sorry, there are no doctors, or no room in the hospital. That's not . . . Sure, the government has been getting away with this in the past but this is something new now. Oh, yes -- (Interjection) you mean Medicare's not something new? Medicare is something new and I know what the intent of the government is, but the fact is I think this is a very -- this is not a motion or an amendment so far; this is a question and I think it's a very good question. My sympathies are all with the Minister. I don't know how he can answer this, how he can guarantee this, but the fact is that these people are forced into a plan and when it's time to collect there might be possibilities that they won't, and I don't quite agree with the Minister with saying that the intent of this plan was only to give a guarantee of so much protection. I think the intent certainly of this plan was that full coverage for full bills of all the people in Manitoba should be done, and this is what we were saying, that we will have to do something if there are too many doctors opting out. But we were told by the Minister of Transportation today that in Dauphin all the doctors are out. We know that the same thing is in Brandon and Thompson, and that delegation I think that came here from Brandon certainly could be saying the same thing of all those other districts and I think they have a point. They pay a certain premium and in certain parts of Manitoba they might get full coverage; in other parts of Manitoba they won't. It might be that we might have to adjust these premiums if this is the case.

MR. CHAIRMAN: The Honourable Member for St. John's.

MR. CHERNIACK: Mr. Chairman, we're back to a debate of two years ago; we're back to the Hall Commission Report. We're back, so far back, that if you changed the title "Medicare" to "Medical Services" and you talk about Education, you're back what? Eighty years or 100 years? As I understand it, Mr. Chairman, we have all, I think, reached the stage of discussing this program as being one for the general health and improvement of the health of the people of Manitoba, and let's stop talking about contracts and services to individuals and compulsory schemes. What has been said before is still true. The provision of the services, the financial requirements for the provision of services is raised by this government from the people of Manitoba and the people of Canada in certain ways. We disagree in our party with the method that's used to collect the money. The Liberals also seem to agree to some extent with the method. I still think the Liberals and Conservatives are very unhappy about the entire scheme but . . .

MR. DESJARDINS: That's right.

MR. CHERNIACK: That's right. Well, the Honourable Member for St. Boniface confirms that. But the fact is they've all said, "It's the law; let's go ahead with it," and that's right. So Mr. Chairman, let's go ahead with it. Let's also point out that the government, knowing full well that we were going into this scheme, knowing that there will be a demand for the service and has been a demand for a long time, has not done enough to provide the facilities which would produce more doctors and make it more attractive for them to go out into the smaller areas of the province, to practise medicine under those conditions which they would look forward to practising, and certainly to that extent there wasn't enough done. But let's not try to downgrade the provision of health services by raising these points which we all know about. The fact is there aren't enough doctors and the fact is people will have to travel distances to get medical services, but that is not the fault of the scheme; it's not the fault of the Plan; and it doesn't adversely affect the provision of good health services to the people of Manitoba. That's what we all agree we should do. Even if there are members here who don't like the Bill or the Act, we all agree that we should proceed to provide it, and the only point I would like to stress in reference to the question itself, is that I don't believe any opted-out doctors are going to refuse to give service. I'm not even attacking them or accusing them of thinking in their minds that they would refuse to give service. What I am unhappy about, and we'll come to that later, is that they want to get paid extra for it, and even that I recognize as their right, but what I object to - and that'll come out - is that they want to have their cake and eat it; they want the government to provide the moneys out of the plan and have them collect additional. That's another story. That may run up bills for them; that may create embarrassment for patients; but the doctors that are in Dauphin, surely they aren't going to refuse to give service. They may make it tougher to get service because people will hesitate to go because of the cost, but they've had this problem all along, and they won't be any better off because of it except they'll

(MR. CHERNIACK cont'd) . . . still be able to write into Winnipeg and collect part of the charges that they'll be receiving. But certainly the fact that they're opting out should not take service away from them but it will cost more, and about that we're unhappy.

MR. DESJARDINS: Mr. Chairman, the great appeaser from St. John's wants to limit this debate and I can understand -- Oh, yes, you can. You said, let's not talk about this. And I can understand this; I can understand this. It's all right for him to say that the Liberals and the Conservatives aren't too happy, but let's not talk about those things that are difficult. This is exactly what we're doing now. We are taking advantage of this section, or I am anyway, to show how a compulsory plan works. This is exactly the point and I could readily understand that my honourable friend does not wish to discuss this. Maybe there's not much we can do on this but certainly, we certainly have the right to point out. My honourable friends are all -- well, I can see one of my friends is ready to stand up and he'll have a minute or so to wait. You'll have a minute or so, so you can relax a bit. But I can very well see that my friends from this party do not want to discuss this, but if they're going to be honest and if they're going to keep on saying that we're in and we're out, that we don't like certain things of this, that the members of the government and the members of the Liberal party do not like this compulsory part of it, they are right when they say that. But let's not -- I don't want them to misrepresent this, to pretend that we're always against this. We all said, that party and this party here, that it's the law of the land and we'll try to make it work, but no; you will not prevent us from showing the weaknesses of a compulsory plan. And this is what we're doing today and I think we certainly have the right to do so, and that is a weakness -- that is a weakness of the plan and that is a weakness that we saw in the hospital plan, and this is why I said at the time, why didn't we try to make sure this hospital plan worked before we brought in this compulsory plan here. I understood now, we're going to try to make it work, but nobody's going to deny us the right to explain our position, and that is definitely a weakness of the compulsory plan.

MR. CHAIRMAN: The Member for Inkster.

MR. GREEN: Mr. Chairman, I want to assure my honourable friend that I am perfectly relaxed because I think that the position of his party on a point of this kind becomes eloquently clear whereas up until now it has been very fuzzy. They talk about the doctors wanting to have their cake and eat it too. There's nobody who's tried to do that more than the members of that side of the House. They want to have the ability of saying that we want the Medicare plan and they want to tell their friends, who are urging them to be against it, that we don't really want it and we are saying so. But what the member for St. Boniface wants -- and he revealed it -- he wants to go back to the "good old days" when we didn't have a hospital plan when we didn't have hospital beds, when people who couldn't afford it couldn't go to the hospital. Those were the good old days. He said that "We warned you about this hospital plan; we warned you that if we have a hospital plan that people aren't going to be able to get into the hospitals." Well people couldn't get into the hospitals before we had a hospital plan, but it wasn't because there wasn't enough beds. There were empty beds before 1957 -- lots of them. Anybody who wanted to come to the hospital and put C.O.D. on the table, they could get into the hospital, and my honourable friend wants to go back to the good old days.

MR. DESJARDINS: That's not right.

MR. GREEN: And he wants to go back to the good old days about medical care too. He doesn't want a medical plan. He says five years ago the doctors operating under MMS, they weren't complaining about over-utilization. They weren't complaining about charging extra money to patients in addition to what they were getting from MMS. They were very happy to serve the top 70 percent income earners of our population. What they said is that if you ever let those other 30 percent in, we're going to have to treat people that we don't want to treat and we're going to be over-utilized, and my honourable friend wants to go back to the good old days, when those people couldn't go to a doctor. When he says that it was a voluntary plan, it wasn't voluntary for those people. It was very involuntary. I assure you that they couldn't make use of the medical services, so if there was anything that was compulsory, it was compulsory and it always has been compulsory for people to be able to pay the costs of their medical services, and that is all that's compulsory under this plan. There is not another compulsory feature under this plan. Compulsion hasn't changed with regard to the provision of medical services in the past fifty years. It was compulsory to pay for medical services in 1919, when you people first proposed a medical care insurance program. It was compulsory . . .

MR. DESJARDINS: I wasn't born then . . .

MR. GREEN: Well, your predecessors. The predecessors in your party. It was compulsory in 1920; it was compulsory in 1930; now we find out that they don't want to listen. Talk about people not wanting to listen. It was compulsory 10 years ago; it was compulsory five years ago; and it's compulsory today. There is only one feature of this plan which is compulsory and that is that every person in Manitoba has to assume the responsibility for payment of health services. There's no change as far as that is concerned. The only thing that has changed is the method in which he assumes this obligation.

But let's talk about what my honourable friend now raises as a question, the Member for Selkirk. He says that some of the medical profession may not provide services under this plan. Well, we raised that question three weeks ago and we said at that time -- this is what my honourable friend rejects. Anything that we could do to induce people to get into the plan and to discourage people from staying out of the plan, he rejects. Why does he reject it? Because that will make the plan work and that man doesn't want to see this plan work. He wants to say to the population of Manitoba . . .

MR. DESJARDINS: Mr. Chairman, I object to that last statement. I think that the Member should withdraw that last statement.

MR. GREEN: Mr. Chairman, my view of the member's . . .

MR. DESJARDINS: I insist that he withdraw the last statement that I don't want this plan to work.

MR. GREEN: Mr. Chairman, I won't withdraw the statement.

MR. DESJARDINS: I insist Mr. Chairman, that he withdraw this, that I don't want this plan to work.

MR. GREEN: Mr. Chairman, I won't withdraw the statement.

MR. DESJARDINS: You make a decision, Mr. Chairman, I don't think that you can impute any meanings, certain things that wasn't said, to any member here, and I insist.

MR. CHAIRMAN: Well, will the Honourable Member for Inkster withdraw it or put it in a different form that maybe the member will accept . . .

MR. GREEN: Mr. Chairman, if you wish that, my view . . .

MR. CHAIRMAN: I consider that the former statement has been withdrawn.

MR. DESJARDINS: Mr. Chairman, just a minute. I'm not satisfied. He said "My view," and you consider that withdrawn? Mr. Chairman, I don't like you instruction to him either, that you're telling him to call me a liar in certain other . . .

MR. GREEN: If the member will let me speak, I will make it perfectly plain as to what . . .

MR. CHAIRMAN: Maybe I would suggest that from now on if you would address the Chair rather than address the honourable members to my left here, you might avoid a lot of problems.

MR. GREEN: Well, Mr. Chairman, my view of everything that I have heard from the honourable member makes me believe that he does not want to see this plan work, because if this plan works it will mean that everything that he has said up until now . . .

MR. CHAIRMAN: Well, could we not have that debate on another day? We are dealing with a particular bill. This is March 31st and we only have exactly seven hours left in this month, and it's very important we get on. I would consider that debate could be held on another day. Could we get on with the business of the bill here?

MR. GREEN: Well, Mr. Chairman, I have a few more remarks to make on this issue and then I'll sit down.

MR. DESJARDINS: And I wish to refute some of these remarks.

MR. CHAIRMAN: I don't want to make it too rough here but we only have three hours here . . .

MR. GREEN: Mr. Chairman, my honourable friends, maybe they won't like this, they are now in bed with the government in the way in which this plan is being introduced. The government has introduced this plan in such a way as to lead the people of Manitoba to believe that for the past seven or eight years when they were arguing against the plan they were right, that the plan that they are being forced to introduce is going to be very costly, that it's going to be taxed for in a way which is the most punitive that the government could discover, that we will not be able to ensure to the people that the doctors will operate under this program. This is the way in which this plan is being introduced, and I think that my honourable friend the Member for St. Boniface, in my view, is very happy that it's being introduced in this way - in my

(MR. GREEN cont'd) . . . view - because this also backs up his statements over the past six or seven years that this is not a good system of providing medical care.

So we are now in a position where by the very reference to these questions, and by the very reference that my honourable friend makes to my colleague's remarks, the Member for St. John's, is an attempt to say: "You socialists over there you forced us into a Medicare program. Now you see that it can't work, now you see that it's going to tax you in such a way that it will hurt, and we told you so." Well, Mr. Chairman, we don't think this need happen; we've indicated what steps should be taken for this not to happen. The fact that the government has refused to take these steps indicates to us, Mr. Chairman, that they are trying to make the people of Manitoba reject further progressive measures of this kind and they're doing it in such a way, by introducing their measure in a way that will hurt the people of the Province of Manitoba, and my honourable friend the Member for St. Boniface appears to be happy that they're doing it.

MR. DESJARDINS: Mr. Chairman, it's quite difficult to follow the reasoning of the last speaker. I think that he supported 99 percent of my amendments starting in 1968. I have been blamed for being the person responsible now if the doctors cannot collect if they're opting out. Apparently, I'm the one that raised this here in Manitoba. It hasn't been done in any other provinces. My honourable friend, and I will not speak about his Party, but himself has said that at first he was against this, then he supported me. This morning I supported their views on the premium; they supported my views on the premium; they also voted, or indicated that they would vote for our amendment, the amendment that I proposed about no assignment. And now my honourable friend tells me that I'm doing everything possible so this plan doesn't work. I have never said let's go back to the old days about hospitals; I said that there are a lot of things left in the hospital field that we could ameliorate. Now my friend says that I want to go back to the old days of medicare, which he has tried to misrepresent, which he has said that everything was compulsory before. And I say yes - and I'm not hiding behind anything - I say yes, I'd give anything to go back to the old days.

My honourable friends here have been telling us that they've increased the cost now over 100 percent but they're satisfied with this. And I made no bones about it, I made it very clear when I spoke on second reading that I felt that it was unfortunate, and that I feel that anyone here in this House, who has at heart the welfare of the people, would much better go back to the old system that we had with some improvements. My suggestion was if the federal government was interested in the welfare of our people in this field of health that they should give us some grants - earmarked for health, yes - but no strings attached, and that we would have a wonderful plan. It is not right and it is not a service that we are rendering the people of Manitoba in trying to say that this was only a question of money before and that there wasn't an awful lot of work and free work and good work done in this field of health by the medical profession before. That is not right and it is unfortunate that a member in this House should take this opportunity to pretend that this was the case, and that only 70 percent of the people of Manitoba were taken care of. That is not right.

We have asked today, we have asked the Minister to tell us how much was spent under this medicare form last year for the payments of the indigents and so on. I have never stated that it was perfect, and if my friend wants to keep on, and he mentioned the word Socialist and compulsory plan, he has all the right to do it, but never - and I'm not suggesting that he's not sincere - but never should my plan, because I believe in free enterprise as much as possible and I believe in goodwill of the people, and I don't believe in the ways that are leading us towards the rules that we have in Russia and those countries, if he wants to feel free to believe that, that's up to him, but I differ from him. He's sincere, I'm sincere, and I resent that. I resent the fact the statement was made in the House that the members of this Party and the members across do not give a darn about the people of Manitoba. And this is all what we hear --(Interjection) -- Well, if you're saying that you don't care about the health of the people of Manitoba, then . . .

MR. GREEN: You said you wanted this plan to fail. I said you wanted this plan to fail, and you've just told us you want it to fail.

MR. DESJARDINS: It's not true. That is not true. I never said I wanted this plan to fail. I wouldn't have worked as much as I did if that was the case, and I wouldn't have brought in the resolution - and it didn't help me politically or otherwise. But I don't think that a plan can work only if you force something. You haven't said one word that you want to co-operate

(MR. DESJARDINS cont'd) with the medical profession. And you think this plan will work? You haven't said one word, you don't give a darn about the doctors. You don't give a darn about the doctors, and the member that you're looking at in the back said, "to heck with them, the majority rules." It is all right, sure the majority rules but my . . .

MR. JOE BOROWSKI (Churchill): You disagree?

MR. DESJARDINS: Sure I disagree. I think that anybody with any guts or any interest in the people of Manitoba has to see that everybody is treated well, that you don't push the doctors because they're a minimum and because they have more of an income than you have, and because you say let the small people talk. I'm not talking for the small people, I'm not talking for the doctors; I'm talking for all the people in my constituency and in Manitoba. There is no reason why we should talk for the lower group only, or for the people with \$40,000 or more. -- (Interjection) -- What was that?

MR. DOERN: We're giving them a choice.

MR. DESJARDINS: You're sure giving them a choice. Tell the people of Manitoba, don't pay that 15 percent; make it as difficult politically, economically, every way possible for the people to say we are opting-out. That is reasonable?

MR. DOERN: Right. You want no choice. You want it the same . . .

MR. DESJARDINS: I want no choice. Did I hear I want no choice?

MR. DOERN: You're going to make it identical.

MR. DESJARDINS: Who makes it-- (Interjection) -- Oh no I didn't but I'm looking at this in a positive way. I say all right forget those people; if they want to stay out, leave them alone, the way that the lawyers are now - not any better, not any worse.

MR. DOERN: Would the honourable member submit to a question?

MR. DESJARDINS: After I'm finished you can have all the questions you want and I'll try to answer it if we're here for another three months, but my honourable friend wants this plan for tomorrow. All right. I am suggesting this, that I have said that the doctors should be recognized also for the work they've done. The doctors should be recognized. All right, I am harsh with the doctors at times but I've tried to be careful in saying that I am harsh when I say that they, because of their choice of some of their leaders, have decided to act as a trade union, and I do not discuss them in their capacity as professional men but in the dollars and cents. I have tried to be honest on this, not for political purposes because this is not going to help me, and not for private reasons - not for private reasons because it's the other way around, I should be a lot nicer to the doctors if I'm looking for private reasons.

But what have I said? I have said that under no conditions should we, once they've decided to opt-out, should we turn around and say we will be your collecting agency. You haven't heard me say that? You haven't heard me make the motion? You didn't hear me in 1967 make the motion? Well how can my honourable friend -- I don't mind, he can stand up in this House and say he doesn't agree with me, that I'm wrong, that I'm mistaken, but to say that I don't want this plan to work, I resent that; to say that I'm not sincere, I resent this. Well, if I don't want a plan to work and if I'm saying that I want it to work, I can't be very sincere, or you've got a different idea of sincerity than I have. Maybe you've been in court too long, I don't know, but this is not my way of looking at things. I certainly feel free to point out, while we're going through this, to point out the danger of a compulsory plan. This is what my honourable friend meant and this is what I'm doing, and nobody will say, well don't talk about that for that means that you don't want the plan to succeed. This is what the government did at times and they were right - they were right. And when it becomes the law of the land, if the federal government decide they're going to have it - and this is what I said when I made my speech on second reading - we will try to make it work. As long as it's only a bill, I'll do every darned thing I can to try to bring it the way I feel it's going to be the best, and the day that this gets Royal Assent, I will try to make it work like I've done everything else in this House.

MR. CHAIRMAN: Section 9--passed.

MR. DOERN: Mr. Chairman, the honourable member said he would submit to a question. Does not my honourable friend feel that there should be an advantage given to those doctors who wish to operate within the plan? Otherwise, is the member standing for no advantage one way or the other? Why not make both cases identical?

MR. DESJARDINS: I'll answer this question by asking a question. Was my honourable friend here the day I spoke on second reading? If not, did my honourable friend read my speech?

MR. DOERN: Well, give me the answer.

MR. DESJARDINS: Well, that is the answer.

MR. CHAIRMAN: Section 10 -- The Honourable Member from Rhineland.

MR. FROESE: Mr. Chairman, I listened with great interest to the debate that went on here a little while ago when some members claim that this is not compulsory or that only certain parts are compulsory. They say that if a person goes to the doctor he has to pay the bill, it's compulsory to pay the doctor. But, Mr. Chairman, there is a vast difference between this contractual arrangement into which the people of Manitoba are now forced into, for which they may receive services and may not. Then from just going to the doctor and paying the doctor a fee for service, this is a completely different matter and this is why I have objected to compulsory programs all along. And I know this, that many people in the province today do not subscribe to compulsion in various legislation and various programs. They have told me so personally, and while this bill has been introduced I have received phone calls every day telling me their opposition to this plan and that they feel that this is not the right thing to do, and that I should oppose it if at all possible.

When we take a look at Saskatchewan, where they've now put in deterrent fees or utilization fees or over-utilization, why is it? Surely enough there must be some reason for them putting in these fees. Is it just a matter that the population now requires increased care, or what is the reason for this over-utilization? Mr. Chairman, I feel that one of the reasons is that people have to contribute to a pot of money, and therefore once they have to pay into it they feel they might as well also draw from it and that they get something for their money. Then you also have those that are chronically ill and they would like to take greater advantage of the situation if they have to contribute regardless. Therefore, you have increased costs resulting, and I'm sure that when this plan will go into effect and will be in effect, that the costs are going to rise. They're not going to stay put, and you will see increases from year to year. This is the other thing that the people of Manitoba are fearing, that this whole program will get to be so costly that they will not be able to pay for it. When we take a look just two years ago when the original bill was introduced, the cost was estimated at \$28 million for this province - the total cost - \$14 million to be contributed by the province and the balance by the federal government. Now we find that these costs have risen to a point where it's twice the amount and we haven't even had the plan in effect. Where is it going to be another two years from now? So, Mr. Chairman, I can see why people are really concerned and why they have this apprehension of the government going into this business.

Then, too, has our government got a mandate from the people to proceed and to take this action? I still feel that this matter should have been placed before the people for a decision in a referendum. This has not been granted; no one even had the courtesy to discuss the matter, although it was also ruled out by the Speaker, but, Mr. Chairman, I feel that the people of this province should have had a decision, a voice in the matter before this program was brought in.

MR. CHAIRMAN: Section 10--passed. Section 11 (a) --

MR. FROESE: On Section 11, I'd like to introduce an amendment. As it was brought out in Committee, it will have to be a package deal, because I voiced my concern that I might be ruled out of order if I just tried to amend Section 22 of the Bill. Therefore, I am proposing to amend both Section 11 and 22 at the same time.

I therefore move that the proposed clause (r) of subsection (1) of Section 24, as set out in clause (c) of Section 11 of Bill 33, be struck out and the proposed clauses (s), (t), (u) and (v) set out therein be re-lettered as clauses (r), (s), (t) and (u) respectively; and that Section 22 of Bill 33 be amended by adding thereto at the end thereof the following subsection 39 (5), the medical practitioner who has made an election under subsection (1) of Section 41 may take from an insured person an assignment of benefits payable to the insured person and the corporation shall pay the benefits in accordance with the assignment if the assignment is presented to it.

MR. DESJARDINS: Mr. Chairman, I believe that it was understood, was agreed that certain sections would be left until tonight, and Section 11 -- as you know, I moved two amendments on Section 11 in Committee and I felt that the members of the New Democratic Party were asked not to move the Amendment but to wait until tonight, and the same thing would apply in this clause 11. So I don't think this motion should be moved at this time.

MR. CHAIRMAN: Well, we can hold this motion over too, but I was just wondering what sections we could deal with during our 10 minute interval before we adjourn.

MR. FROESE: Mr. Chairman, we could probably deal with my amendment though because I don't feel that it can be . . .

MR. CHERNIACK: I accepted it on the basis of the way it went this morning, both the Honourable Member for St. Boniface and I had what I consider identical motions, in effect, and since he brought his in ahead of mine I agreed that I wouldn't proceed with mine. The one from the Honourable Member from Rhineland is the exact opposite, I believe, to the motion we had, and since it does not involve the kind of money matters that we're waiting for, I frankly am quite prepared to proceed with the Honourable Member for Rhineland's motion and prepared to vote it down, and then I'm prepared again - as a matter of courtesy in the way it went this morning - to debate the motion of my friend from St. Boniface and not to proceed with mine which is also ready.

MR. CHAIRMAN: Well in view of the . . .

MR. DESJARDINS: This would be fine, Mr. Chairman, but the point that I was trying to make, maybe I wasn't quite clear enough, but both my amendments this morning were on the section, and the one dealing with premiums, if you remember, there was yours on 3 and 6 doing away with premiums altogether, and on clause 11 I had one that would be reducing the premiums. That is also in 11. And then the other one. It is right to say that the motion that was made by the Honourable Member from Rhineland is not exactly the opposite; the first part is exactly the same but he's trying to achieve something else.

MR. CHERNIACK: . . . I see no reason why we can't go ahead with the principle of assignments, and to that extent we can deal with the motion before you now. But I agree that the question of premiums, I understood that we would wait for that.

MR. CHAIRMAN: Well, we'll deal with the motion then of the Honourable Member for Rhineland. Are you going to speak on the motion?

MR. FROESE: Mr. Chairman, I would like to speak on the motion. Did you accept it?

MR. CHAIRMAN: Have the Leaders of the Parties stopped talking to this motion?

MR. FROESE: Mr. Chairman, my reason for bringing these amendments forward are I think familiar by this time because I did speak on this matter in committee. I feel very strongly on this particular matter because I feel that we're not giving the people of this province the service that we should, especially in those areas where you will have doctors opting-out. This will involve many a community across the province. I know of the situations in my particular constituency where you have doctors opting-out and doctors opting-in in one particular centre, and I am sure that this will lead to confusion among the people in that area. Therefore, when you have the doctors opting-in being able to send their accounts to the insurance corporation and get their claims paid straight from the insurance corporation, and then find out by dealing with another doctor that this is not the case, that they cannot do this, that this will cause utter confusion. That's one of the reasons.

However, I feel that, as I've pointed out, that we should try and make the plan work to the best way possible if it is going to be made law, and therefore I feel that the doctors opting-out should have the privilege of getting assignments from their patients, and therefore I am proposing this particular amendment. Sure enough this will be of value to the doctors. He will be getting his claims paid probably much faster and more directly, but at the same time it will be of greater benefit to the people who will be involved, who will be patients of the clinic, and who will get the services, because if it's going to involve a large bill they probably won't have the resources to pay for the bill in the initial stage and that they will have to resort to some financial organization for help. If they do so, most likely they will have to give an assignment at that particular financial institution so that the assignment will be used regardless. Therefore, why cannot we give the assignment in the first place to the doctor to avoid all this unnecessary red tape. I am sure that if this is not accepted that I will see that the credit union in our locality will provide for the necessary funds with the doctor's clinic so that assignments will be made right at the clinic and that the people can get a service that is more convenient to them.

But why do we have to go to this extent that we cannot provide this service to the doctors that are opting-out and to the people across the province, because I feel that this will involve thousands of people, and not only for one year but for years to come, and to hold this matter over the doctor's head as a club is very unfair in my opinion. Surely enough we want their co-operation, we want the best of service from them, the people want good service from them, and if you should have hard feelings existing between the patients and the doctors, between the

(MR. FROESE cont'd) government and the organizations, I am sure this will not work to the general advantage of the whole system. Therefore, why cannot we afford the same privileges to the doctors opting out as to the doctors opting-in.

Then, too, we were advised by one of the doctors in Committee of the tremendous savings that could be effected if this was the case. Of the 400 doctors that will probably opt out, if all those patients going to those doctors will have to remit their claims individually, this means that the work in the insurance corporation will be increased many-fold and that the costs will increase, as was shown to us, from 30,000 to 360,000, that we could effect a saving there of 320,000 in administration expenses alone. Surely enough, Mr. Chairman, this is something worthwhile to look at and that we should take cognizance of it and do something about it. Mr. Chairman, I do hope the government gives favourable consideration to this matter and that something can be done and something will come out about it, that we will get their support in this matter.

MR. CHAIRMAN: Are you ready for the question? The Honourable Member for St. Boniface.

MR. DESJARDINS: No. Mr. Chairman, I'd like to ask a question here if at all possible. I need your assistance and maybe you should get the Leader of the House and the Premier to help you. My motion is exactly the same that I propose to introduce. I think he copied from mine that I had this morning. But it's for the exact opposite purpose. Now his second -- this is a package deal and this first part, this motion, the amendment to section 11 of my honourable friend, is meaningless unless he has also the amendment on section 22, and mine is also the same. But my amendment on 22 is the opposite of his. Now I wonder, and normally I think you'd only have us vote on the same motion once, but I wonder if we could have leave of the members here, if we could vote on this motion with the understanding that it has a meaning with the other amendment, and that I could make my motion, which is exactly the same as his, after we've disposed with his, because I don't want to vote for his motion and I'm sure he won't want to vote for mine.

MR. JOHNSON: If I was confused this afternoon, I'm really confused now.

MR. FROESE: Well, Mr. Chairman, I think it was agreed in committee that these proposals would be made in total and that the resolutions would be combined, so I take it that if this was defeated they can still bring forward another proposal which would have the opposite effect.

MR. DESJARDINS: But if his is defeated -- probably it might be defeated because I'll vote against it and it'll look kind of foolish bringing in a motion that I just voted against. I wonder if we could have leave, with the understanding of the problem that we have here, to vote on his motion knowing that he's going to bring something else under Section 22 and then that I could bring my motion again, Mr. Chairman. Come on, there's a time for you to stand up and say something intelligent. You're always yapping. Here's your chance.

MR. CHAIRMAN: I'm afraid I'm unable to help my honourable friend.

MR. LYON: Perhaps the Chairman would like the opportunity to consider this very deep problem over the dinner hour.

MR. DESJARDINS: You mean I'm going to have lunch with Jake?

MR. CHAIRMAN: I leave the Chair until 8:00 o'clock.