

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
Second Session — Fourteenth Legislature
8th Day

Friday, October 20, 1961

The House met at 10:00 o'clock a.m.

On the Orders of the Day:

QUESTION RE MEETING WITH DOCTORS

Mr. W. Ross Thatcher (Leader of the Opposition): — Mr. Speaker, before orders of the day are called, may I ask a question of the Premier. What action does the government now propose to take in view of published reports that there will be no meeting between the doctors and the Department of Health this weekend? Is the impasse going to continue, or is there something that can be done about it?

Premier Douglas: — Mr. Speaker, the doctors, or at least the President, earlier this week contacted the Department of Public Health and suggested a meeting. I understand since that time the Minister of Health and the President of the College of Physicians and Surgeons have discussed the situation, and there seems to be no value in holding a meeting at this time.

The government will be ready to meet the representatives of the College of Physicians and Surgeons at any time, to discuss either the Bill which is before the House, or any of the regulations which will be passed thereunder. The government intends to proceed with the legislation which is on the Order Paper, and with the other legislation which is outlined in the Speech from the Throne.

Mr. Thatcher: — Mr. Speaker, just one supplementary question. Does the Premier not think it might be in the public interest at this time for the government to take the initiative for such a meeting between the College and the Minister of Health?

Premier Douglas: — The meeting of the College of Physicians and Surgeons already expressed their opinion regarding the plan, although the plan has

not yet been outlined. If they want further information we would be very glad to give it to them. I have no doubt that as soon as the legislation is passed, the minister will be convening a meeting with the College of Physicians and Surgeons.

BIRTHDAY CONGRATULATIONS TO PREMIER DOUGLAS

Hon. Mr. Brockelbank (Minister of Mineral Resources): — Mr. Speaker, it is 57 years ago today since a boy was born in Falkirk, Scotland. This boy became a student, a printer, provincial champion in boxing, a clergyman, a philosopher, a humanitarian and a politician. He has earned a good deal of success, my hon. friends will admit, through his efforts. Seven times he has been successful in elections; 20 years the leader of a political party which, in Saskatchewan and Canada is a fairly long term to occupy that kind of position which appears to be rather hazardous in some places, and over 17 years Premier of this province, and now he will shortly be leaving this legislature.

On this, his birthday, most of us in this House are glad that he is leaving us in this legislature for differing reasons, and I am sure that all of us wish him success (and again in varying degrees), but I think all of us will agree that this man, our Premier, will be a good influence in federal politics, and I think the whole House can, with the greatest sincerity, wish him a 'Happy Birthday' and certainly on this side of the House we can wish him many "Happy Returns", not only of birthdays but returns from election, too.

I would also like to mention there is such a thing as a Douglas fund which is being raised in appreciation for the service he has given. If there are any hon. members who would like to make a contribution — not because as a token of his appreciation, but as a happy farewell gift — that is, those who are glad to see him go, I have a receipt book here and would be very pleased to accept those donations, and add it to the Douglas fund.

A 'Happy Birthday', Mr. Premier.

All Hon. Members: — Hear! Hear!

Mr. Thatcher: — Mr. Speaker, I am quite sure I speak for the members of the opposition, when I also say ‘Happy Birthday’ to the Premier. I will take the suggestion of the Minister of Mineral Resources, and have our Whip check each of the opposition members to see whether or not they wish to donate to the funds which he has mentioned. I don’t know how big it will be, but there may be a few who would like to make such a donation.

I would like to say at this time what I said at the beginning of the session. Liberal members have had harsh things to say about the Premier in the past, and we will have again in the future. But I am sure these things have been said in a political way, and were not meant to be personal in any way. I don’t think there is anyone on this side who would doubt the ability or the integrity of the Premier. Certainly I, myself, have the highest respect for him in that regard. The Minister said we wish him well. We wish him well also, every way except politically. The minister said, “We wish him success in the future.” We do, except politically. We hope he will have a long and happy life, and enjoy many further birthdays.

Hon. Members: — Hear! Hear!

Premier Douglas: — Mr. Speaker, may I thank the Leader of the Opposition and the Minister of Mineral Resources for the very kind comments on the occasion of my 57th birthday. It seems to me that 57 has something to do with Heinz and all sorts of varieties. But I do appreciate the kind words. I am not sure, with the House sitting from 10 in the morning until 10 at night, that I want many happy returns of this kind of a day.

It is rather significant that I spent my 40th birthday in this House in a special session, and am now spending my 57th in another fall session of this legislature. But the periods in between have been very happy and enjoyable years, thanks to the very fine commission-operation and support I have had from my friends, and the excellent relationship which I have always had, on a personal basis with the members who sit opposite. All I can say is, “Thank you” to the House for your kind consideration on this occasion, and on many other occasions. I shall always carry with me a happy memory of the days spent in this Chamber.

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THRONE SPEECH DEBATE
Address-in-Reply

The House resumed the adjourned debate on the proposed motion of Mrs. Cooper, seconded by Mr. Meakes:

Mr. A.H. McDonald (Moosomin): — Mr. Speaker, I find it rather difficult to proceed with some of my notes which I have on my desk, after the remarks of the Minister of Mineral Resources and the Leader of the Opposition. Perhaps I should have gone beyond ten o'clock last evening. However, before I begin my remarks I would like to wish the Premier a 'Happy Birthday' and I hope he will have many happy birthdays in the future. I would be a hypocrite to wish him well politically, and I don't want to do that. However, I believe in my own heart that it wouldn't do too much harm to wish him well politically, because I don't think that will help either. So I will take a chance on it. I wish him well, without any strings attached.

Over these period of years that I have been in this House I have always enjoyed, as far as I was concerned and I am sure as far as the Premier was concerned, the personal relationship with the Premier was one that we can appreciate. Our political differences, of course, are a different thing and it seems to be that politics is something like war — no holds barred, and if you let the other fellow get the upper hand you're in bad shape. I have found myself in that position at different times. But as I say, I do sincerely wish him a happy birthday, and hope that he will enjoy many happy birthdays in the future.

When I adjourned the debate last night I mentioned that I would proceed with my notes, and my notes are not too good this year, Mr. Speaker. I hope you won't accuse me of reading my speech, because I can't even read my own notes. But I had come to a point in my remarks where I wanted to say something about the speech that was delivered by the Minister of Mineral Resources. The Minister of Mineral Resources is a lot like the Premier. Firstly, he's a pretty good fellow; but as a politician — well, that's a different story, but he's mellowing with age. I don't know whether he's lost interest, but I have heard him make a lot of good speeches in this House, but this year wasn't one of them. He referred to some happenings in Saskatchewan over the past, but he didn't seem to

give very much thought to them when he ever brought them up. One of the first things he mentioned was the brick plant at Estevan — one that has been closed off and on since the government took it over, and I understand it is being closed this winter, or will be, for reasons of overproduction. But the minister mentioned that it was only years after the government had bought this plant that the Liberal party informed the government that the plant could have been purchased for much less money than the government paid. The government was informed before they ever bought the plant what it was worth. They were informed before payment was made of what the plant could have been purchased for. Now to come back years later and say that the Liberal party didn't give any warning as to the value of this plant, and the purchasing price of it, is utter nonsense.

The Minister of Mineral Resources talked of lack of responsibility on behalf of the opposition. We don't need any lessons from the Minister of Mineral Resources on the responsibility of the opposition. I only wish that the government that sits opposite, including the Minister of Mineral Resources, would take their responsibility to the public today, and I am as convinced as I am standing here, that the public of this province would say today, "Take these people out of office and put the opposition into power in the province of Saskatchewan." Let the people decide whether the opposition have fulfilled their duties as an opposition or not. I am perfectly prepared, and would be happy and would welcome the opposition to do just that at the earliest possible date.

The Minister of Mineral Resources also referred to the amount of money that had been extracted from Canadians in taxation in one form or another over the years. He referred to a figure of \$8.40 in 1874, and said this figure had grown to \$589 per capita by 1960. I don't know whether the figures are correct or not — I presume they are. But the \$8.40 in 1874, or the \$589 per capita in 1960 by themselves, Mr. Speaker, are meaningless. But if you convert this amount of money into the percentage of earnings in Canada, you will find that \$589, if it is the correct figure, when converted to a percentage means that now we are extracting in one form of taxation or another in the Dominion of Canada today, 40 per cent of the earning power of our people. No nation in the civilized world has ever survived when governments extracted 50 per cent of the people's earnings in taxation. We are within 10 per cent of taxing ourselves into the position that...told us we would tax ourselves into, many years ago.

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These things should be taken into consideration when we are imposing new taxes on our people, both at municipal, provincial and federal levels, but apparently people are not concerned about the ability of Canadians to pay taxes, and I think it is about time that goes at all level realized they cannot continue to increase taxes of any kind, if we as a nation are going to survive and to provide a decent standard of living and freedom for our citizens.

Then the Minister of Mineral Resources got out an old book. Well, I don't know, the Minister can read — I know that because I have heard him, but apparently he cannot understand what he reads. He said that back in 1938 the late Tommy Davis said, and I quote:

“As far as the CCF party in Canada is concerned, it is all washed up.”

Well, it was washed up in 1938 but it took the CCF party 22 years to realize it. Last fall they held a convention and held a burial ceremony and the CCF party has been buried. Tommy Davis was absolutely correct in 1938, Mr. Speaker, but it took these people 22 years to realize it — to hold the funeral. The corpse was there in 1938, but there was no burial. The corpse was there in 1938, but there was no burial until 1960, and now we've had the funeral and the CCF party in Canada have disappeared into oblivion.

Why do I say that, Mr. Speaker? In 1938 (I haven't got the figures for the number of CCF'ers in the House of Commons in 1945) — pardon me, 1938, but I have them for 1945 to date. In 1945 the CCF were at their high point as far as representation in the House of Commons was concerned — 28 men. They have now dropped to eight and I think this substantiates the statement I made a few moments earlier.

Now, I want to say a word or two to the Minister of Agriculture. Last night I mentioned the fact that hay is being moved from east to west and west to east, and I was informed this morning that in some instances it is the same hay. If you don't get something to eat this hay soon, you're going to wear it out trucking it back and forth. It's no wonder the Minister of Agriculture would like some Liberals to place a question on the order paper, asking for freight assistance. It takes a lot of freight to wear out a bale of hay, but if he keeps at it, he's going to succeed. It is typical of

he and his socialist friends. They can move coals to Newcastle easier and freer at more expense to the general public than any group of people I have even been associated with in my life.

Surely, Mr. Speaker, it is time to bring this nonsense to a halt. If there is hay in Alberta or western Saskatchewan that is available, it should be used by the farmers who need hay in that area. If there is hay in Manitoba or eastern Saskatchewan that is available, it should be used by those people who need it in that area. This idea of drawing hay from Alberta to Moosomin and from Oak Lake and Portage to Maple Creek is ridiculous, Mr. Speaker, and I think the Minister should put a stop to it immediately. If he fails to do so, then I presume he is in favour of drawing it back and forth across Saskatchewan.

This reminds me of the activities of the first division of the Canadian Army, when they were first sent overseas in the last World War. They arrived there after the battle of France had been lost and arrived in Great Britain. It is most difficult to have an army that is ready to fight and not use them. Consequently, the Canadian army spent most of their time moving up and down the south coast of England for some considerable time, and I think they provided a very worthwhile service in doing so. I don't think the Nazi intelligence was too good. I think they figured there were a lot more Canadians in Great Britain than were actually there, and this probably had some effect on the prevention of an invasion of Great Britain.

But the movement of that army, I think, was necessary under those conditions, but I do not believe that to draw hay up and down the province of Saskatchewan to convince our farmers that we've got it is necessary. If we've got it, let's sell it, and let the cattle consume it and then go on from there.

Hon. Mr. Nollet: — May I ask the hon. member a question? Is the hon. member suggesting that if dairy farmers at Indian Head or Moosomin want to buy good alfalfa hay which is their requirement, from Brooks, Alberta, that we should deny them and tell them to go to Oak Lake and get wild hay?

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Mr. McDonald: — No. I don't think we should do that at all. I think they should go to Portage and get the exact hay they get in Alberta; it is much closer. If you are unable to buy it, I'll buy it for you for a dollar a ton commission.

Then the Minister of Agriculture made some other rather peculiar statements during his remarks, and he was referring to the Leader of the Opposition and the people he had gathered around him. He was referred to these people as fanatics and psychopaths. Well, if the Minister of Agriculture wants to call close to 40 per cent of the people who voted for the Leader of the Opposition in the last election...

Hon. Mr. Nollet: — It was less than 40 per cent.

Mr. McDonald: — Okay, I stand corrected. If he thinks that 35 per cent of the people in Saskatchewan fall in this category, I suppose he is at liberty to do so. If he feels that more than 50 per cent of the people today who would vote for the Leader of the Opposition and the Liberal party if they had the opportunity — if he thinks they are fanatics and psychopaths, well, I suppose he is entitled to think that.

Mr. Speaker, I have a higher regard for even those people who vote for this crowd. I wouldn't call them psychopaths and fanatics. They are misguided, but they are certainly not in the same category as my friend has referred to. When he says that the opposition are not doing their duty, well I wonder if the Minister of Agriculture is performing much of a duty to the province of Saskatchewan?

We can go on to another statement. The Minister of Agriculture for Saskatchewan doesn't even know when this drought started. He said it started in July, 1960. Where was the Minister in 1957-58-59, and from January to July of 1960? This drought, Mr. Speaker, started in 1957. It was only by the grace of God and less than two inches of rainfall that this province produced a crop in 1957-58-59. This drought set in, in Saskatchewan in 1957, and moved here from the southern United States. It has been 15 years in getting here. It has followed the same pattern that any drought has ever followed that came into these western plains, which is part of the province of Saskatchewan.

The Minister doesn't know when the drought started, but according to him it started in July 1960. Then he was talking about poison his department had purchased to take care of the possible outbreak of grasshoppers. He said, "I'm not too sure whether these grasshoppers are going to hatch or not, because it takes hot, dry weather to hatch them; but the hot, dry weather had arrived in July, 1960 and by July, 1961 he still had not made provisions to poison them. As a matter of fact, he has gone in the wrong direction, according to his own words. He said in 1959 he had purchased on behalf of his department, over \$1 million worth of poison. During the next crop year, 50 per cent of that poison, according to his own words, had been used to take care of the grasshopper outbreak in the year 1959-60. That means we went into the year 1961 with half of the poison that was on hand at the beginning of the year 1960, but in the meantime according to the Minister, the drought had arrived, not weather was here; ideal conditions for hatching these grasshoppers, but we had half the amount of poison on hand that we had the year before, when there was no drought or hot weather, according to the Minister of Agriculture.

Is this social planning? I hope not. I am one of those people who believe in planning, but I think if you are going to plan anything you had better get a lot of good people together to do the planning. But these people are unable to plan for anything other than moves that they hope will perpetuate their stay in office.

Then he congratulated the Royal Air Force (and I think that was a slip of the tongue: it should have been the Royal Canadian Air Force) for the part they played in supplying this poison to us when we found we were in short supply, and it was needed practically overnight. I was pleased to hear the minister give credit to the Royal Canadian Air Force, and I think they only again on this occasion performed the same service they have on many, many occasions in Canada been called upon to do such service in times of emergency.

I do not criticize the minister for having used the Air Force when he found himself in this position. But, Mr. Speaker, if he had had faith in his own convictions that a drought had arrived in July, 1960, I do criticize him for not replenishing the store of poison that he had on hand the year before when the forecast was not so great as it was for the year 1961.

Hon. Mr. Nollet: — They were greater before. They were greater in 1959.

Mr. McDonald: — Well, they could not have been, because according to the minister we had cool, wet weather and grasshoppers don't hatch in cool, wet weather. These are not my remarks — they are your own, but you didn't pick them out very well.

Hon. Mr. Nollet: — You're distorting them...

Mr. McDonald: — The minister did not interpret it; the facts that had been placed before him.

Then the minister also referred to the amount of feed that has been made available to farmers; the amount of grain that had been baled as roughage, and he used the figure of one-third of a ton of grain. This may be true over a large portion of the province of Saskatchewan, but I would like to inform the minister that, in my constituency I had many farmers who harvested one bale per acre — 100 acres — 100 bales.

Hon. Mr. Nollet: — We know that.

Mr. McDonald: — That's very expensive hay or fodder, and the Minister says he knows that. Well then, I want to ask the minister, what is he doing about it? He has accused the Liberal party and the members of the opposition for our stand in this session with regard to government activity to take care of the problems which confront our farmers in Saskatchewan today. Unfortunately these people are located in an area where I do not believe we can receive P.F.A.A. payments, because of the crop that was surrounding them.

I can use no better example than my own farm. We had half a crop. We got from 15 to 18 bushels of wheat and we had coarse grain barley that went up to 40 bushels to the acre. But within four miles of where I live, these conditions existed where you got one bale of feed per acre. The average yield of that area, even if you could confine it to four or five sections, is going to prohibit, I believe, the payment of P.F.A.A., and yet we have people who didn't harvest a bushel — not a bushel. I think that the provincial government has some responsibility here.

One of the hon. members (I forget which one it was) in the back benches asked this House if the Liberals believe that the provincial government of Saskatchewan could reimburse our farmers for the \$200 million (that was the figure he used) that they had not produced this year. I think the figure in the first place is greater than \$200 million. I think the farmers of Saskatchewan, their income this year will be down at least \$250 million. No person in his right mind would ask the government of Saskatchewan, or any other provincial government to reimburse their farmers to the tune of \$250 million and any person who thinks that way must be a friend of the Minister of Agriculture.

Mr. Speaker, we have a duty and a responsibility as well as the government of Canada. There is only one government that can reimburse our farmers with this \$250 million and that would be the government of Canada. I don't think we would expect them to reimburse our farmers to that extent. But they must play a major part in any program that is adopted to alleviate this particularly situation. But in those cases where federal government policy fails to do the job, I think that we as a provincial legislature, we are duty-bound to do the job. What policies have the government adopted? Nothing. Not a red cent piece will come out of the tight-fisted pockets of the Provincial Treasurer into the hands of the farmer. You have a duty and a responsibility not to accept all the payments that must be made to reimburse our farmers. But in those cases where they cannot be paid under P.F.A.A. you do have a duty and a responsibility.

Hon. Mr. Nollet: — What's the matter with P.F.A.A.?

Mr. McDonald: — P.F.A.A. was made for people...

Hon. Mr. Nollet: — Who made P.F.A.A. that way?

Mr. McDonald: — You're like the ostrich. You stick your head in the sand...

Hon. Mr. Nollet: — All right, why aren't you for crop insurance then? You voted it down.

Mr. McDonald: — Who voted it down?

Hon. Mr. Nollet: — You fellows.

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Mr. McDonald: — Where have you been? Mr. Speaker, if these people had crop insurance they couldn't pay the premiums.

Hon. Mr. Nollet: — That would just break the province.

Mr. McDonald: — I agree with you, and if you know anything you know that I have stood in this House year after year and said that if a crop insurance program was going to be beneficial and practical to the farmers of Saskatchewan, then it must be on a national scale. I still hold those feelings. You haven't got a crop insurance program. You have no program to meet the needs of these people who have no money to pay their taxes; they have no feed, no seed, many of them have no clothing, many of them cannot afford the necessities of life, and you sit here as a 'humanity first' government. You people should be ashamed to show your face in public with conditions that exist in my constituency. What do you do? You stand here and say, "why, we are our brother's keeper". The only brother you are keeping is your seatmate.

Do you expect these people to go into their local municipal officials and apply for social aid? Do you? I wonder, do you? If you do, you are not worthy of the position you now hold. The people of Saskatchewan feel that you are not worthy of the position you now hold.

Premier Douglas: — You have no authority to speak for them, I can assure you.

Mr. McDonald: — Have I not? I will take you on any day of the week. Just name the constituency.

Premier Douglas: — You did once, but it didn't do you much good.

Mr. McDonald: — These are the same tactics he used in the election. You know, Mr. Speaker, if I had as much gall as to think I could win every seat — a man who would go to the extreme that the Premier will go to, to win elections. He even brings his friends in from other parts of Canada — Quebec, for instance — on the eve of an election. I didn't know this in 1956, but I know it now, because in the meantime I have grown to know Mr. Campbell fairly well.

I made it my business, and if need be some day I will put the facts on record with regard to this...

Premier Douglas: — I wish you would.

Mr. McDonald: — ...with regard to the Premier and many others. But I don't think, Mr. Speaker, that I nor the Liberal party should stoop to these levels. I don't think they serve any other purpose than to win an election.

I believe, and I want to repeat, that the provincial government does have some responsibility, and I plead with them to accept that responsibility, to see that these people are given the necessities of life. If they have some policies to help in this matter, then let's bring them in in this session. These, in my opinion, Mr. Speaker, to many people in the province are of a greater emergency than even a health plan to many people who find themselves in this position, because they need to be guaranteed not only medical services; they need to be guaranteed food, clothing, fuel, the very necessities that one must get to maintain body and soul. Let us do something about it in this session.

There are members who sit opposite who are annoyed because Liberal members have even mentioning agriculture during this session, and Mr. Speaker, this is not confined to the farm population. when you get an area where conditions are as I have cited, what business is there in the local towns? There isn't any, other than credit. What is the local merchant supposed to live on? He is extending credit, and I give credit to him for doing this, but in many instances the local merchants' source of supply has been exhausted. He can no longer — we can't expect business, small businessmen and merchants in our small towns to keep our farmers until next August. We're going to break every small businessman in those areas, unless there is some policy adopted to put some money into the hands of the farmers.

Mr. Berezowsky: — You talked that way three years ago!

Mr. McDonald: — I don't think I will say too much more other than I want to refer to this Farm Security Act. I don't know whether back-benchers over here don't know any better, but they mouth a lot of the statements that are made by the front-benchers, and

I presume the frontbenchers do know better. But as far as those who sit in the backbenches are concerned, I will not make that presumption — they may not know any better. Even the Premier goes on television and talks about this Farm Security Act. This Farm Security Act, as far as giving security to the farmers is concerned, isn't worth the paper that it is written on.

Hon. Mr. Walker: — You know better than that.

Mr. McDonald: — Yes, I do know better than that, and according to a return tabled in this House by the government, it proves that The Farm Security Act isn't worth anything to anybody, other than cluttering up the desks. If we had a Farm Security Act in Saskatchewan, that gave protection to our farmers, Mr. Speaker, wouldn't you agree with me that it would be impossible to foreclose — to kick people off their home quarter-section...

Hon. Mr. Walker: — It depends upon the circumstances.

Mr. McDonald: — It certainly does; whether they are CCF or not. Since this Farm Security Act went on the books of this province, up until February 24, 1960 the date of this return, there had been 2,299 foreclosures. Why doesn't the Premier, when he goes on television, instead of telling the people of Canada, oh, there's the Farm Security Act — it protects the farmers; why doesn't he say it hasn't worked too well, or that since it was put on the statute books we have had 2,299 foreclosures? We have had 1,156 cancellation of agreements, and we have had 365 evictions where people were moved bodily on to the road allowances, in some instances, by my friends opposite. If the backbenchers don't know any better (I wouldn't doubt it) the frontbenchers do.

Mr. Speaker, how, in view of these facts that are available in this House, can people go up and down the length and breadth of Canada, making statements — I don't know. This is an untruth to do so. Mr. Speaker, surely it is time the records of this House were either used as the official document and official information, or we change our procedure. I presume that when any order for return is tabled in this House it is a fact. Well, let's stick to the facts. These are not my figures — they were tabled on the 24th of February, 1960 and prepared by the department in answer to an Order for Return.

The Leader of the Opposition during his remarks in this debate, referred to taxation and increased costs of one kind or another that are imposed today by my friends who sit opposite, and they missed one very significant increase in charges, and that is dealing with the Saskatchewan Air Ambulance. Again, according to the question that was asked, on October 19 — yesterday, 1961 — those charges that are made to patients for providing emergency...flight to a nursing home or a hospital, which is \$25 is now \$35, and I am not going to read out what all the charges are for, but some have been increased from \$25 to \$35; some from \$10 to \$15; the mileage charge has gone up from 35 cents per mile to 50 cents per mile on one account, and on the second account from 7 to 15 cents per mile.

Again, Mr. Speaker, as we have mentioned innumerable times there is hardly a week that goes by in the year that some new tax, or some increased kind of service is not made by my friends opposite. One of the ministers, and again I think it was the Minister of Industry and Information, when he took part in the debate, made reference to Mr. Tucker. He had to complain because Mr. Tucker has said when hospitalisation was being brought into Saskatchewan, that much more money was going to be needed. Well, man, Mr. Tucker was a piker if he only said much more money was going to be needed for hospitalisation. The original cost of \$7 ½ million is now \$35 million. I don't think even Mr. Tucker would have believed that in 1946, but every year increases in taxation and extractions of one kind and another are being imposed on our people.

I want to say one word with regard to the Dominion-Provincial taxation agreement, and I am sorry that I was out of the House when the Minister of Education took part in the debate. I did listen to him for a few minutes in the morning, but then I left the House and consequently didn't hear the balance of his speech. He dealt with one very important aspect, in my opinion, of the taxation agreement. That is, under the proposal of the federal government — the now federal government, they are giving us the only power the government of Canada ever possessed, to control our economy. I do not believe that this power was ever used to the extent that it should be. I believe that senior governments and junior governments, too — but that senior governments especially have a major responsibility to any government to control the economy of that country,

I believe that governments in time of full employment, high wages, high returns for all services, and very likely inflation, that the government has a duty and a responsibility to the people they represent, to take money in circulation in the form of taxation, whether it is an election year or whether it isn't. But by the same token, I believe governments have a responsibility in times of unemployment; in times of recession or depression to put money back into circulation by decreasing taxation, whether it is an election year or not. But the unfortunate thing in a democracy — that governments (and I am going to be perfectly honest) of all political stripes, have an increase in taxation when there is no money around in between election years, and shoving it down in election years, regardless of the state of the nation.

I think if we are going to compete with other forms of government in the world to demonstrate to the free peoples, at least, of the world, that we have the finest system that has been devised to date, we must discontinue these practices — not only on a federal level, but on a provincial level as well.

Mr. Diefenbaker now has given us this power, and Lord knows it is difficult enough to give one government power to do one thing at the right time, but now we are going to be dealing with eleven of them. Anytime there is a recession, I suppose, one government will be putting up taxes and the other will be putting them down. What a chaotic condition. It is for no other reason, in my opinion, that the Prime Minister of this country doesn't deserve the support of most Canadians...

Opposition Members: — Hear! Hear!

Mr. McDonald: — ...because this, if we persist in pursuing these tactics over a period of time, will destroy the very way of life in which we believe. But he has thrown this power to the dogs; thrown it out the window, and to me it is the most retrograde step; it is even worse than the position that the provinces find themselves in with regard to return from taxation. I think this giving up of these powers is the most serious of all these which the Prime Minister has made since he became Prime Minister of this country.

I want to say just a word or two about the other people, and I think again we should give credit where credit is due. It was a Liberal government (God bless them for recognizing it and doing something about it) that recognized that Canada's wealth is not equally distributed among all the peoples of Canada — the wealth-producing areas are high in certain portions of Canada. Canada's business world is not evenly distributed across the provinces of Canada. They too are high in certain centres, but a Liberal government recognized it, and they recognized that the only way that you could tax the wealth, whether it be out of the production or management, or a federal authority to tax it for all of Canada, and under a formula of equalization basis, to pay this money back to all the people of Canada, so that these people who lived in the have-not areas could receive from their provincial governments similar services to those people who live in the have-areas — and how are you going to have a united Canada under any other conditions, I do not know.

This, too, is being eroded away. The only features we have in the present day that might save a province like Saskatchewan is the floor — whether they are going to live in basements all their lives, or whether they are going to be given the opportunity to walk up the stairs as Canada prospers and grows, with all the other people of Canada.

We are not going to have a nation if these policies are pursued. What we are going to have are small, uneconomic areas in Canada whose people cannot receive the same services that other people are receiving in the wealthy areas, and I take a serious objection to that. I believe that the people of Newfoundland, one of our poorest provinces, probably, are entitled to the exact same services from their provincial government that the people of Ontario are. This will never be brought about under the suggestion of our present Prime Minister. I want to repeat that, if for no other reason, I think the people of Canada should turn it back and turn this government out of office.

Opposition Members: — Hear! Hear!

Mr. McDonald: — There is just one other thing I want to refer to, and that is an editorial in the Star-Phoenix of a few days ago. My friends who sit across the way take a lot for granted sometimes, and they call this newspaper and others the Liberal press, but sometimes I find it very annoying — if the Star-Phoenix had been the Liberal press I would have cut off their source of supply...

Hon. Mr. Walker: — Some things are too much for you even then.

Mr. McDonald: — I don't think the Saskatoon Star-Phoenix can be classed as a Liberal press. I have read a lot of their editorials over the years, and I believe they have given as many editorials in a favourable light to my hon. friends who sit opposite as they have to people on this side of the House. I think this is as it should be. The only thing I think a newspaper should do — be it a weekly, daily or monthly is that they print the facts as they see them — that's all. Even the Commonwealth. You know, last night you had to bring me to order, Mr. Speaker, for referring to the Leader of the Opposition, Mr. Thatcher, and I think that is the first time I have made that mistake in this House — at least for many years, but do you know what prompted me to do that? I had just read the most recent issue of the 'Commonwealth', and Mr. Thatcher is the most popular man in Saskatchewan, according to this, because his name is mentioned more often than anybody's, and that is probably the reason why I made that mistake, and I apologize for it.

I am glad to see my friends who sit opposite have read the editorial on the editorial page of the Star-Phoenix issue of October 18, 1961 in the final edition, and they refer to the challenge that the Leader of the Opposition made to this government to test the electors of this province, because of certain changes that have been made since the last provincial election. The writer of this editorial apparently agrees with the Leader of the Opposition. They think that it would be a good thing to go to the country and to test the electors. I agree with the editor of the Star-Phoenix on this occasion. I think that any party that is elected to office as one party but a year later discard their robes, come out under new management, come out under new colours; they even admit now that the labour unions are financing them — they have been financing them ever since they existed, but they wouldn't admit it until now — but now they admit it. I don't think the people of this province will support a political party that is financed by labour in Canada and the United States. I don't think so. I don't think that people of this province would give their vote to the party that sits opposite on many grounds, but that is not the argument at the moment.

The argument is that you have a go sitting opposite, and no matter whether the Premier has said, "Well, we'll sit here as CCF'ers until 1964" or not, the CCF party as such is non-existent in the world today. This is a New Democratic Party; how they arrived at that name I don't know, unless they were attempting to give some respectability to their party by giving it this word Democratic. I can think of no other reason.

But, Mr. Speaker, I agree with the Leader of the Opposition, and I agree with the editor of the Star-Phoenix on this occasion. I challenge this government to go to the country at the earliest opportunity, and I refer to a situation last night — and the Leader of the Opposition referred to it this morning — I think this matter should be cleaned up, at the earliest opportunity. Surely, Mr. Speaker, we are not going to walk out of this session leaving things up in the air as exist today. You have animosity running at the highest level that it has ever run since I became connected with politics in Saskatchewan. Right at this moment let us clear the air, and let us come back after the air has been cleared into this chamber (those of us who will get ourselves elected), and to bring into effect those policies that are so desperately needed today into Saskatchewan, to give a fair distribution of the wealth of this province to all levels of government. We should be concerned not only with the fiscal relations between Ottawa and Saskatchewan. We should be even more than concerned with the fiscal relationship between Saskatchewan and its local government.

Opposition Members: — Hear! Hear!

Mr. McDonald: — Our school units are in an unholy mess, whether the Minister of Education agrees with it or not, there isn't a school board in this province that won't agree; our rural municipalities are in a mess financially; our hospital boards are in exactly the same situation; not one proposal has been made to this legislature to deal with these problems.

The Premier is taking off. He can unload himself of these burdens. Somebody over there is going to move over into his seat, and I would assume it would be the Provincial Treasurer. I suppose he will be glad to unload the responsibilities he has been carrying, that were left to him by his predecessor. These problems, Mr. Speaker, demand immediate attention. This government has failed to deal with them; the government that was elected in the last provincial election no longer exists; let us go to the

country in a mandate to the people; come back into this legislature as soon as possible, and to put on to the statutes of this province the legislation that is necessary to deal with the problems that exist; to give a fair and equitable distribution of the resources of our people of the province to the people of Saskatchewan.

I will not support the motion.

Mr. A.C. Cameron (Maple Creek): — Mr. Speaker, one thing about taking part in this debate in its dying hours is that there isn't much left to be said, but I would like to add some small contribution to this debate. During the course of this debate you will notice that practically every topic that could be mentioned has been brought into the discussion in this Chamber. The dropping of atomic bombs, the West Berlin and East Berlin crises, His Holiness the Pope, the United Church, and I don't know what else has been brought into this session of the legislature.

I, for my part, would like to confine my remarks to the two issues in the Speech from the Throne, namely the tax rental agreement and the hospitalisation. I had quite a bit prepared on the tax rental agreement with the thought that I would outline to the House its development and the principles of it, and the dangers inherent in the new agreement which is about to be signed. After hearing so much discussion on the tax rental agreement by far more adequately than I could have done, I shall be brief.

I think it would be well still to call to the attention of the House that in the early scheme of things, at the time of Confederation, Fathers of Confederation envisaged seven provinces in the Dominion — these provinces would increase in number, and in parcelling out the rights of taxation they gave to the Dominion government, the right of direct taxation; they gave to the provinces the same right in that they could levy direct taxation on the people to support the programs instituted by the government.

In addition to that they gave to the federal government indirect taxation, the right to put on indirect or hidden taxes. The provinces were not given that right. I know that the Premier here and his cabinet, and others at Dominion-Provincial conferences from time to time, have suggested that perhaps the time has come when the provinces should have the right to enter the indirect taxation field. I don't believe I could go along with that type of thinking

because I could imagine what would happen, with this government's keen desire for taxes, to turn over the field of indirect taxation, as well. You would have 11 governments in the direct taxation field; 11 governments in the indirect taxation as well, and you could imagine the pile of hidden taxes that would accumulate across the country.

I think there were a few things in the tax rental agreement that we should be fully aware of. The principle, I think, the member for Moosomin (Mr. McDonald) dealt with very adequately — that of the fiscal budgeting by giving the dominion government the one authority, the right to tax — they could use it as a means of monetary and fiscal policy to draw off their surplus money in times of prosperity; to ease the inflationary pressures, and on the other hand, in times of recession, to reduce taxation and to put more money into circulation in order to give economy a shot in the arm.

Former governments were doing that. The only difficulty that they ran into was that every time they increased the taxes to draw off some of the surplus money, a holler went up from this government and others. Every time they decreased the taxes they were accused by these same people of lowering the taxes before election. So even under the old agreement, things weren't working out as well as we had hoped they might. I was quite pleased to other day to hear the premier and the Minister of Education pay tribute to Mr. King and Mr. St. Laurent for their forward thinking, and their vigorous action in bringing into being the tax rental agreement. I thought it so much in line with the way we act in life.

After these various principles have been scuttled then we are prepared to stand up and tell how wonderful they were, but when we had them we weren't always so charitable. I can recall the Premier, when the dominion government called in the province in 1955 to go over once again the tax rental agreement in preparation for the new contract that they would be asked to sign in 1957, and under those arrangements he was giving some tax concessions to the provinces that entered into their own tax field. The Premier wasn't so charitable then as he is today. I have been a radio address which he made when he came back in 1955 two years before we were asked to sign the agreement. They didn't require a special session because the government had called them in two years in advance in order to give them the transaction to study, and a later conference to arrive

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at the final decision as to what they were going to accept.

I want to read not this lengthy radio address, but just the first paragraph to show the Premier's attitude then to these principles that he is now lauding. He said;

“This is the most abject surrender in Canadian history which has taken place in Mr. St. Laurent's recent concessions to Mr. Duplessis. This may well be the turning point in Canadian history. The federal government has set its feet along the path which leads back to the old ‘dog-eat-dog’ days of provincial rivalry, federal impotency.”

Then he goes on:

“Ottawa has hoisted the white flag of surrender over the forts of full employment and the high level of national prosperity.

Children not yet born will pay the price of this pathetic appeasement to Quebec, and what one realizes is that Mr. St. Laurent has turned back the clock of a quarter-century.”

He goes on further and says:

“This great betrayal of the people of Canada in the interests of one particular province...”

I wondered the other day when I read this if this was correct in 1955, and if he could use it in 1955 for the coming election in 1956 in Saskatchewan; if it was good for the election in Saskatchewan in 1956, then it should be good for the election in Quebec in 1962. I hope that the premier, now that he is national leader, will summon his courage and go down to Quebec and tell them what he told us in 1955 about these agreements.

Opposition Members: — Hear! Hear!

Mr. Cameron: — It is much easier to be critical when you haven't the responsibility, but he must assume that responsibility today as the national leader, and this is one of the first things I think he should deal

with when he goes down into the province of Quebec; this great betrayal!

I think that one of the things we object to in the new agreement, but as the member for Moosomin pointed out is the doing away with the monetary and fiscal policy or fiscal budgeting. Likewise, we think that the principle of equalization has been so weakened as to work a great detriment to each and every one of the provinces, except the province of Ontario. You will recall, Mr. Speaker, that under the original agreement, the one which we have been working under until this 1962 agreement, is to be signed, to set down each of the province's rights — their right in the taxation field and their right to rent the three taxation fields — income tax, corporation tax and the succession duty tax — Ottawa said, in return, for your rental of these tax fields to us we will give you back 10 per cent of what you collect in Saskatchewan in personal income tax; 9 per cent, I think it was, of the corporation tax and 50 per cent of the succession duty taxes.

Each of the provinces received that share in lieu of renting out their tax fields to the federal government. They didn't give up their rights to direct taxation. They were not compelled to enter into an agreement, because it was a right that belonged to the provinces, and the only way the federal government could obtain one taxing authority was to rent from the provinces this particular right. Therefore, any province that didn't wish to enter into the agreement was not obliged to do so. Then they said, "We will return to you the amount of money which you receive from being taxed." The provinces were correct in pointing out to the federal government as they had done for past years, that it was wrong in taxation agreements of any nature, which would permit the central provinces, and particularly the province of Ontario, because she was in the fortunate position of having the head office of all these great corporations centred within her borders, that she had a taxing source there that was denied — that was not available to the other provinces of Canada.

Therefore, they brought in the equalization agreement which said this: Apart from the money every province will receive from the rental of their tax field, we will take the amount of the two richest provinces, Ontario and British Columbia — the amount which they collect under their rental agreement; we will divide that by the population of those two provinces, and we will estimate from that what it amounts to per capita. The rental per capita

for these was \$38, and Saskatchewan's was \$16 per capita, and they said under the equalization formula, Saskatchewan would be given the extra \$22 in order that she would share equally in the redistribution of this tax field. An equalization formula where Ontario got no equalization grant, but the other provinces got in addition to their rental, a grant per capita that would bring the two earnings up to and equivalent to that of the province of Ontario on a per capita base.

That was the principle that we thought was so fair and so equitable that no one would have dared remove it from any tax rental agreement. We felt quite confident that the Prime Minister of Canada, who had stated in a public address, and had stated to the Premiers, I believe, at one of the first conferences dealing with the tax rental agreement, when he pledged that he would abide by the principle of equalization. He spelled out what he meant by the principle of equalization. He said the principle of equalization, based on the per capita from the income tax field of the two richest provinces — he has retreated from that position, and he has removed the equalization principle based on the two richest provinces to that of the national average, rather than that of the two richest provinces. That, of course, lowers the amount that we could expect under the equalization formula.

That is what the provinces objected to, because they said when you do that we will be worse off than we are at the present time. In order to prevent that the Prime Minister brought in a second clause which said that no province could drop below what they are receiving at the present time. It is true; we will not receive less under the new agreement than we receive at the present time, but the unfortunate position is that we will not be in a position to receive more. The only one that has that advantage is the province of Ontario, and the others would receive substantially less if it wasn't for the floor that was established which says that you couldn't receive less than you are receiving now. Those were some of the main issues in this tax rental agreement.

Then if we are not satisfied, why are we bringing in the rental agreement? Why are we asking the House to support it? I think the answer is simple — that we are not in agreement with the new tax rental agreement, though we see it as a retreat from the equalization principles, we are still better off under a tax rental agreement than we would be without one — we have no alternative but to support the measures, as I see it, because we are still better

off than we would be without it. That is all I want to say about the tax rental agreement.

I wish to deal now with the medical care plan. I was interested...

Premier Douglas: — Mr. Speaker, on a point of order, just so there will be no misunderstanding. My hon. friend is fully aware, of course, that there will be no tax rental under the new arrangement; it is purely a tax collection agreement. It is not a matter of whether we enter into an agreement with Ottawa or not. Every province is back in the tax field, and we can either collect our own taxes or enter into an agreement to have Ottawa collect for us. There is no rental any more.

Mr. Cameron: — Thank you, Mr. Premier. I was aware of that...

Premier Douglas: — I didn't want someone to pick you up on that later, but I am sure you understood that.

Mr. Cameron: — In the matter of the medical care program, I found the report of the commission most interesting because I know they went to a great deal of difficulty, — of trouble — did a great deal of research; they travelled to other nations which have medical plans in order to arrive at what they thought was the basis of a good medical care program for Saskatchewan. Of course we have that before us, and in that they estimated what the costs would be approximately; what it would be on a per capita basis; what the administration costs would be, and the thing that is most interesting to me is that we have had in the Swift Current health region a prepaid medical plan since 1945 — that's almost 17 years. I want to explain a little of the Swift Current health plan, in order to outline exactly what we did do.

Perhaps I should make this one thing clear. The Swift Current health plan is not a government scheme. It is not run by the government. It was a joining together of the rural and urban municipalities together with the city of Swift Current to set up a prepaid medical care plan. We elected our own board; we hired our own secretary; we have operated it for the past 17 years. We have given, in the main, all the services which the commission is suggesting in their report we should do, and in addition to that we have been giving a dental service,

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in which we hired dentists, provided the equipment, and every family has dental service for every child up to the age of 12 free without cost. That is an additional to the Swift current plan that is not in the recommendations of the commission.

I want to make this comparison — that we of the southwest have been pioneering this field of medical care to that extent of having set up our own program, and having operated it for 17 years. I want to show you now the comparison between what the commission recommends and what we in the health region have been doing. The commission says that the per capita cost of the plan as they envision it, with utilization fees, would be \$22.16.

In Swift Current we have the utilization fee. The commission estimates \$22.16 per capita. The cost in the Swift Current plan, \$20.59 per capita. The estimates of the commission that the administration charges on a per capita basis would be \$1.12 per capita, but they don't say in the commission's report whether or not this includes the commissions which are paid to the municipalities as the collection agency. We pay a commission as we do in the hospitalisation, to the R.M.'s, and other municipalities for collecting the per capita tax. With ours we pay in the municipality a commission for collection, and the salaries of the staff — the total administration, the commission says \$1.12; the per capita cost for administration in the Swift Current health region, \$1.10.

If we remove the commission to the local governments for collecting the tax, the pure administration of the plan then works out to 54 cents per capita. the commission suggests that the percentage of costs and administration would be approximately 5 per cent. The Swift current plan works out to 4.9 per cent.

I think, Mr. Speaker, that after we have had the services of the commission, and all the investigation that they did, it is a great compliment to the people of southwest Saskatchewan that they came right back to the same thing that we have in Swift Current.

After all the study, after all the travelling, after all the public hearings, it is a wonderful thing to us to know that anyone could have stepped into a car, drove 150 miles to Swift Current, and they would have had there the exact things which the commission brought out in their report. for anyone in this House to try to

accuse at least me of being against prepaid medical care, they could not sell that to the people in my constituency.

Opposition Members: — Hear! Hear!

Mr. Cameron: — Sometimes it makes me a little sick at the stomach when I hear all this pious talk about under the medical care plan the rich will help to carry the poor on their backs. They say this is ‘humanity first’ — that’s the humane approach; that we should share these costs. I can tell you that in Swift Current it is not a plan whereby the rich carry the poor, because everyone who is familiar with the records of P.F.A.A. will know that it is in the whole southwest area of Saskatchewan that have received the P.F.A.A. payments year after year after year. It is operating in one of the lowest assessed areas of the province — it is termed the ‘poor region’ of Saskatchewan. They don’t wish to carry the poor in the Swift Current health region. It has been a matter of the poor themselves banding together and getting this movement into operation, and the point they reached was identical to what the commission has suggested.

What assistance did we get to help carry our plan? The grants which we get from the provincial government — (they give us a grant in the plan) in relationship to the total cost of our budget, is 5 per cent. That is five cents for every dollar that we spend in the health region of Swift Current — the government gives us a nickel, and you know full well if you offer your child a nickel and say, “Go down-town” — what’s the value of a nickel? That is all the contribution we have received. We hear talk that it will need a public body to administer it under government control; it will need government subsidies; it will need, if the public is going to have to contribute to this, the government will have to control the purse-strings.

We haven’t found that in the Swift Current health region. They didn’t open their purse strings at all. We could either swim or sink. It was up to us, with the exception of this five per cent grant.

Premier Douglas: — Mr. Speaker, does the hon. member have a list of the grants that have been paid to Swift Current?

Mr. Cameron: — Yes, not right here, but I have them...

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Premier Douglas: — If the hon. member will check he will find that it has been far in excess of 5 per cent.

Mr. Cameron: — Mr. Speaker, the report of the commission says that the grants received by the health region is 6 ¼ per cent.

Premier Douglas: — That is the per capita grant?

Mr. Cameron: — No, no — 6 ¼ per cent of our budget, but if you take out...

Premier Douglas: — That is at 25 cents per head?

Mr. Cameron: — That is exactly what I am coming to. All health regions get 25 cents per capita as a grant, to carry on, based on that principle, because they are doing certain services for the government. We get a grant for gathering information for the Vital Statistics Division, Department of Public Health, but if you take out the money which we get for doing that work for the Department of Health and other agencies of provincial government — other health regions are asked, as well, and the cost of the medical care plan and deduct that amount, it works out at 5 per cent of the total plan. If you include all the grants that you get from the province, and take and add to your budget all the costs that we do for the health region for the Department of Health, and the others, it works out to 6 ¼ per cent. So you can have it either way; either way is shamefully low. While we are discussing this, I would like you to bear that in mind.

We have a plan here — a prepaid medical care plan, set up by the people themselves, operated by the people themselves, and the one cardinal principle in setting up this care program was to preserve a relationship between the doctor and his patient. We established it on a fee-for-service basis; the patient was free to go to any doctor of his choice, and the doctor is free to accept or reject any patient that he wishes to. We preserved that relationship between the patient and the doctor, and that is why we people in the Swift Current health region have become alarmed at the impact that has developed between the medical profession and the government today.

We have no difficulty in recruiting doctors. We have 44 doctors in the health region now; we have doctors who are still rapping on our door, asking for admission into the Swift Current health region.

Goodness knows the scarcity of dentists is serious, but we have always been able to fill our four dental clinics. Some areas of the province haven't even got a dentist — some of them in the whole provincial constituency. That is why we are alarmed. I was hoping that the government and the medical profession could get together and resolve their differences, even if it had to be before the bill was brought in, or before we knew what the regulations were going to be. Because if the plan is proceeded with, and legislation goes through the House, and the province and the government is in the prepaid medical care field, then we wonder what is going to happen to our Swift Current health region in the meantime. We want to resume our relationship with the doctors; we want to be sure we are going to retain those 44 doctors that we have now, and we want to be sure we are going to retain the wholesome relationship that exists between the doctor and the patient in the Swift Current health region.

Opposition Members: — Hear! Hear!

Mr. Cameron: — Unless you can assure people that you are going to have the whole-hearted commission-operation of the medical profession, we will find ourselves without a plan, and most people don't want to get into that position. What was the issue in the last election. The government side tried to use this. They said that the Liberal party and the doctors are allies in this battle. They say, "You know, if you vote for that man Cameron you are going to lose your Swift Current health region".

Everyone knows my views on prepaid medical care; I came through the election with the greatest majority I had ever received.

Opposition Members: — Hear! Hear!

Mr. Cameron: — That's how much we are for medical care; that's why we have been able to bring it to the success that it is today. When you people talk about a prepaid medical plan, as the Minister of Agriculture did — he said a prepaid medical plan is trying to bring a bit of heaven here on earth, in bringing these services to the people; all this 'humanity first' would bring a bit of heaven here on earth. I want to say to the government, if you're looking for this heaven, come to Swift current; we've got the keys to the kingdom.

Premier Douglas: — We should know; we set it up. You only kid yourself.

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Mr. Cameron: — I have spent a half an hour explaining to the House in detail exactly how our plan operates, and he says, “We should know. We set it up”.

Premier Douglas: — We did. We carried out all the negotiations with the doctors; we set up the whole plan...

Mr. Cameron: — You carried out all the negotiations with the doctors. Why don't you use those same negotiation tactics today then. If it was successful then, why isn't it successful now?

Premier Douglas: — We had the same trouble then, exactly. It took a year to persuade the profession to finally...

Mr. Cameron: — If you were in the same jack-pot then that you are now, that is a further tribute to my people that they were able to take over from that mess and build it up to what we've got today.

Opposition Members: — Hear! Hear!

Mr. Cameron: — That is what I wanted to do, is to put my record straight, that I am wholeheartedly in support of prepaid medical care, because we pioneered it and we know what it is. We know the risks involved; we know the worries; we know the burdens and costs of medical care in an area such as we live in—we could not afford to do anything else but have prepaid medicine to protect our people. There is something to that, that in times when you haven't the money you should be protecting yourselves. We have never had surpluses in that area. Let me tell you this, further, that these people have no problem in collecting taxes as set for their health. They have a tremendous record of tax collection, because the people approve of their plan; they like their doctors and the doctors like the people. That is the relationship we like to preserve.

So when we come to the Bill, I will analyse that Bill; keeping in mind our experience, as we have pioneered this. If I can see that in any way it will weaken the principles that we have adhered to so faithfully, of the fee-for-service, and of the goodwill and commission-operation of the patient and the doctor; if that is in any way going to be tampered with and destroyed, even though I am in favour of prepaid medical services, I am going to vote against it. I don't want this unless you have the mutual commission-operation of the people and the doctors themselves.

That principle is far greater and more important than even where the money is going to come from. Even the richest will not buy medical care services unless you have the commission-operation of those people who are supplying the services, as well as the commission-operation of the patient and of the public concerned, themselves.

That is all I have to say in this debate, Mr. Speaker, and I will not support the motion because of the lack of clarity and the lack of information which has been given to us in the direction in which this government is travelling in this whole issue, until we see the Bill and what is in it.

Mr. Perkins (Nipawin): — Mr. Speaker, I wonder if the hon. member would answer a couple of questions on the Swift Current plan at the present time? I would like to ask, what provision is made in the Swift Current plan for people who are taken sick, or perhaps have operations outside the area; that is, if someone takes them into Regina and they are taken sick in this city and had to go for an expensive operation. I would like to know if the plan makes provision for that.

The other thing I would like to know is, what time of the year do you enter into or at least renew the agreement with the doctors?

Mr. Cameron: — On the first question, Mr. Speaker, regarding residents taking medical care outside the health region, we have, of course, a Medicine Hat hospital, Medical Arts Clinic — with 27 or some 30 odd doctors and in order not to put too great a burden on the people in having to travel great distances to medical care, those people who live next to the Alberta border, or a certain distance in are free to go across to Alberta to Medicine Hat and take their medical care there. Their doctors are on the same contract as our own, and there is no cost to it.

For instance, if your doctor refers you out of the region, which is becoming less and less because we are getting more specialists within the region to do these major operations than we were able to have done at the beginning — if the hospital facilities within the region, and the surgeons within the region feel they are not capable of performing this particular operation, they will recommend you be sent to Saskatoon or Regina, or so forth. Then when he does, the Swift Current health region will pay that physician or that surgeon on the same basis

as they pay their own. Anything he charges over and above that will be the responsibility of the individual getting the service.

In regard to the contract with the doctors, the contract is relatively simple. Usually they have the annual meeting, where they report back to the ratepayers in the fall, and usually after that the contract is entered into for the next year. It is not a matter of signing a new contract each year. The doctors in the current year are operating on 80 per cent of the fees as set out by the College of Physicians and Surgeons. That is what they receive — 80 per cent.

Premier Douglas: — Mr. Speaker, may I ask the hon. member has there been a recent change? Formerly they only paid 50 per cent; do they now pay — formerly all the referred work outside the region (except Medicine Hat) they only paid 50 per cent. Ha there been a recent change in that?

Mr. Cameron: — No. They pay 50 per cent, but they will pay you on the same rate as you are paying the doctors in there.

Premier Douglas: — That must be a change. It was only 50 per cent until recently.

Mrs. J.E. Cooper (Regina): — Mr. Speaker, may I ask the hon. member a question in connection with Swift Current, too. You say they have a deterrent fee. Is this mandatory, or is it at the discretion of the physician and does it bring in much revenue?

Mr. Cameron: — We have in the Swift Current health region a deterrent charge. We didn't have for many years, but the board which was operating came to the decision that it would be to the interest of both the people and the doctors to have a deterrent fee, because they found some people would go to the doctor in the morning, a different doctor in the afternoon, and still a different doctor in the evening, and they were tracing these people down. They felt a deterrent fee would ease that situation, and at the same time it would ease the budget in that when the doctor charges his deterrent fee, that is deducted from his total payment for that particular service.

It is not mandatory for him to collect it; he may or he may not collect it, but if it is your first office call they will deduct from his allowance for the first office

call. If the deterrent fee is \$2, the board when they are assessing the bills sent in by the doctors, deduct the \$2. If he didn't collect it, that's fine; and if he did, that's fine.

Mrs. Cooper: — But it's not mandatory. This is the point I was trying to understand. It's not mandatory — they may or may not charge?

Mr. Cameron: — If he doesn't charge, he puts it out of his pocket. It's deducted from the amount, anyway.

Mr. Kluzak (Shaunavon): — Mr. Speaker, I wonder if I may correct the hon. member from Maple Creek on...

Mr. Cameron: — Mr. Speaker, I don't mind a question, but if he's going to...

Mr. Speaker: — Order! He may make a correction. An hon. member may make a correction of anything he feels has been misrepresented, I believe.

Mr. Kluzak: — I happen to have had experience...

Mr. Speaker: — Possibly I was a little wrong here. The hon. member may make a correction in regard to a speech that an hon. member has made, but a minister may, I believe, have certain privileges regarding his department, but for a private member to get up and correct the member in regard to something outside of his own personal knowledge, or anything concerning himself, I don't think it is quite in order.

But you do have the right to speak in the debate, if you wish to do that.

Mr. Kluzak: — Mr. Speaker, I would like to ask a question.

Mr. Speaker: — Oh, you may ask a question, yes.

Mr. Kluzak: — Are referred patients referred from doctors to specialists — are they paid in full by the plan, or do they have to pay part of the cost themselves, of medical care?

Mr. Cameron: — I think I explained that you cannot have a referral without your local doctor recommends that you be referred. You cannot go out of the health region of the medical services without a specific referral from your local doctor.

The question being put on the motion, it was agreed to on the following recorded division:

YEAS — 35

| | | |
|--------------|------------|-----------|
| Douglas | Brown | Meakes |
| Dewhurst | Thurston | Thiessen |
| Williams | Blakeney | Snyder |
| McIntosh | Erb | Stevens |
| Brockelbank | Nicholson | Kluzak |
| Lloyd | Turnbull | Dahlman |
| Walker | Stone | Michayluk |
| Nollet | Whelan | Semchuk |
| Cooper(Mrs.) | Thibault | Perkins |
| Strum(Mrs.) | Berezowsky | Peterson |
| Davies | Kramer | Brotten |
| Willis | Johnson | |

NAYS — 15

| | | |
|-----------|-----------|------------|
| Thatcher | McFarlane | Horsman |
| McCarthy | Gardiner | Coderre |
| McDonald | Foley | MacDougall |
| Danielson | Boldt | Snedker |
| Cameron | Klein | Gallagher |

SECOND READINGS

Bill No. 1 — An Act to provide for Payment for Services rendered to Certain Persons by Physicians and Certain other Persons

Hon. J. Walter Erb (Minister of Public Health): — Mr. Speaker, in moving second reading of this Bill may I first say what a great honour and privilege I deem it in presenting such a historic document for the consideration of the assembly. I think it not presumptuous to say that all eyes of the world are in Saskatchewan at this moment, keenly aware that here, in the farm northwest of the North American continent, a jurisdictional area not much more than 55 years old, is legislating for the first time in America a government-sponsored medical care program.

This great step forward in social legislation is consistent with the policy of the governing concerning health services for the people of this province. It has been government policy, Mr. Speaker, since 1944 to move step-by-step toward a total and balanced health services, wherein prevention, cure and rehabilitation could become integrated in an overall health service. This pattern of development of health services, of which a medical care insurance plan becomes a part, began on January 1, 1945 with the provision for complete medical care (dental, optical and drugs for old-age pensioners, blind pensioners, the recipients of mother's allowance and wards of the government). I might say that Saskatchewan was the first of the Canadian provinces to make this kind of provision. Now the logic of this first step here was that a group of our citizens, many of them our pioneers who, through no fault of their own, were unable to provide adequate medical services for themselves, which they so urgently required.

I might add, Mr. Speaker, that this action removed a major responsibility for this type of care from the municipalities. In 1944 a diagnostic treatment service for cancer was established. This service which is administered by a commission, very similar to the type of commission proposed in this Bill to administer the medical care insurance program, has relieved people suffering from cancer, and their families, of the heavy financial burden. I may say that the cancer commission will continue to administer the cancer program, and will not be affected in its administration

by a medical insurance plan.

In 1945 psychiatric services were made available to all residents of the province without charge, with emphasis on prevention, cure and rehabilitation. The psychiatric service likewise will not be disturbed by any provision in this Bill now under consideration, and will continue its function under the Department of Public Health. Preventive services on a broad front were established in 1945 with the establishment of the first two health regions that year. It is my hope that this Bill to provide insurance medical care services will increase the opportunities of physicians in the province to practise, and become more involved in preventive medicine. I think no one will deny, Mr. Speaker, that preventive medicine is in the long run not only the best kind of medicine, but also the least costly. This has been demonstrated for a number of years over the entire province; and to the extent that more and more physicians become involved in this vital branch of medicine, the better the balance of health services we will have in Saskatchewan.

The justification for a government-sponsored medical care program, Mr. Speaker, needs no further elaboration or promotion on my part. The burden of evidence throughout the civilized world for medical care programs have been established under the aegis of government. It is known by everyone. In their time and place the voluntary plans have made a real contribution in assisting many of our people to provide for themselves and their families, protection against what would have been in many cases an intolerable financial burden. However, the rising costs of the application of modern medical technology has had a profound effect on the cost of the voluntary plans, so that more and more subscribers have found it a financial hardship to meet these increased costs. For those people who cannot qualify for various reasons, under the voluntary plans, the hardships have become manifestly greater.

Mr. Speaker, I am a firm believer in letting people do things for themselves insofar as it is possible for them to do so where their economic and social welfare is concerned. Certainly the genius of the people of Saskatchewan has been to develop programs to meet human needs. The municipal doctor plans, the setting up of union hospital districts, the tuberculosis program, and the Swift Current medical care plan are all examples where people,

with some assistance from the government, are satisfactorily working out their individual problems by collective action.

To my mind, Mr. Speaker, and I think for most people everywhere, it is felt that the time has come when voluntary programs have become inadequate. If our people are to receive the proper kind of medical care, universally, this can only be provided through a government-sponsored medical care program.

In reviewing the bill more specifically, Mr. Speaker, I shall not be following the items in the bill in sequence. It is intended that the benefits of a medical care insurance program shall be available to every resident of the province, with a few exceptions. As the hospital plan, in order to qualify for benefits, certain responsibility must be assumed by each self-supporting person for themselves or on behalf of their dependents. You will note, therefore that section 24 makes provision for registration of persons in a manner to be specified by the medical care insurance commission. Provision is also made in a manner similar to that provided for under the Saskatchewan Hospitalization Act, for the collection of person tax for premiums. You will note that these provisions for method of collection of premiums are consistent with those which provide for collection of the hospital tax. There are one or two specific clauses about which I will comment particularly, but you will note that in sections 30 to 34 inclusive, the procedures which govern tax collection are set forth. This uses the same method of premium collection, which has been so successful in the hospital plan, namely, the use of local governments as collectors.

One of the problems of any plan is where a personal tax or premium is used to maintain a high rate of premium payment so that coverage might be as near universal and continuous as possible. The very real success that local governments have demonstrated in the case of hospital tax collections, has been a tribute to their interest in extending that form of health insurance. I am equally certain that they will be as successful in maintaining the same kind of coverage under a medical care insurance program.

I would like to make specific comments about sections 31 of the Bill. You will note that this section deals with the problems of maintaining employer contributions paid on behalf of employees for health insurance. As

you know many employers make contributions through a variety of ways to assist employees to provide health insurance for themselves, and in some cases their dependents. It must be noted that, as I stated, employers may make contributions in a variety of ways and for varying percentages of the cost of health insurance. For example, some employers may pay a very small percentage of the cost of the premiums, and some as much as the total cost of the premiums, with all variations in between. Insurance coverage is sometimes provided through the voluntary plan such as Medical Services Incorporated, or Group Medical Services. Sometimes it is provided through commercial insurance contracts on an indemnity basis. In other instances an employer and his employees may operate their own scheme. Finally the amount contributed by the employer may have been arrived at in a collective bargaining agreement, or as a so-called fringe benefit. On the other hand, the employer's contribution may not have been negotiated but merely offered to the employee as a work benefit, but as such it would properly constitute a part of that contract. Section 31 is therefore designed to assure that the employer will continue to share in this kind of relationship with the employees.

Turning now to section 36, you will note that provision has been made for the combining of the hospital tax and the medical care insurance premium into a joint tax. This highly desirable combination will simplify the problem of the collectors of tax; that is the municipalities. It will also assist the residents of the province to know that they have one tax to pay, rather than to confuse them with different taxes payable, perhaps at different times and dates. The collection of one tax for medical and hospital care programs does not imply that the cost to the individual for each program will be hidden. It is our intent to quite clearly state that a certain part of the joint tax is to support a medical care program, and a certain part to support the hospital plan. You will note that the Act provides in this section that the responsibility for collection of the joint tax is to be assigned to the collection machinery established under the Saskatchewan Hospital Services Plan. The medical care insurance program will, of course, pay their appropriate share of the costs of collection.

I should now like to turn to the description of the beneficiaries of this bill. Section 25 quite clearly defines who are beneficiaries, and you will note that any person who is a resident, and who is in good standing regarding payment of premiums is entitled to benefits provided. I would draw your attention particularly here to the question

of residents. Residents will be defined in the regulations, but I can state that it is our intention to have the length of residence before benefits become available kept synonymous with the regulations under the hospital plan. This will mean that a person must have lived in the province for three months before they will be entitled to benefits under the proposed program. This will prevent persons, few as they might be, from coming into Saskatchewan, paying the premium and being entitled to expensive medical services. In other words, it is our intent to have a waiting period of three months for new residents. I might say, Mr. Speaker, that my own personal hope would be that the experience would suggest that we could reduce this waiting period in the future.

You will note that subsection (d) of section 25 refers to persons on whose behalf benefits are made by municipalities or by arrangement with the government of Canada. It is the intent here to permit municipalities to procure coverage for indigent persons by the payment of the premium on their behalf. This arrangement, as you know, applies under the hospital plan. It is a very useful arrangement in that it permits the municipalities to adequately protect themselves against their responsibility to the medical care of persons who might otherwise be the responsibility of the municipality.

In connection with arrangements with the government of Canada, it is our hope that the medical care insurance commission can work out with the federal government persons for whom the federal government now assumes responsibility. This refers primarily to Indians and those persons who are in receipt of war veteran's allowances. It is our hope that some mutually satisfactory arrangement can be worked out.

I should like to look now for a moment at the services which will be classed as insured services. These are spelled out in section 26 and in section 27 there are spelled out those services which are not insured services. I need not go into these in detail at this time, as they are clearly listed in the Bill. It is suffice to say that you will recognize that the intent is to provide broad range of medical benefits as these relate to the services of physicians. You will note too that services now provided under other acts of the government of Saskatchewan, or of Canada, are excluded as benefits under the Bill we are considering. You will recall that the Advisory Planning Committee on Medical Care stated that

its members had not been able to give detailed consideration to the problems of integration of services now provided under such acts as The Mental Health Act, The Tuberculosis Sanatoria and Hospitals Act, and other similar Acts. I think that all hon. members will agree with me that this is a complex problem and it will take some time to resolve all the inherent problems. It is obviously desirable to maintain the best features of existing pros, and at the same time integrate the services into a unified health service program. It is our intent to move in this direction as rapidly as this can be done, always with the goal of developing the soundest and most effective programs possible.

I would like now to turn to the basis on which payment may be made for services rendered. You will have noted that the Advisory Planning Committee on Medical Care recommended that payment for services should in general be on a basis of a fee-for-service method of payment. But it should also be noted that provision should be made for other methods of payment in specific situations.

Mr. Speaker, before discussing this matter further I should like just for a moment to comment on what appears to be an apprehension relating to physician status under a medical care insurance plan. In my view there is not a shred of evidence that the status of the physician or the relationship between the physician and his patient is altered in any way. I think that there is ample evidence for my contention. Doctors now receive pay for their services through a variety of ways and through a variety of agencies. For instance the doctors of this province have an arrangement with the Department of Public Health, whereby they are paid for their professional services rendered to the recipients of supplemental allowance under the old age assistance program, the recipients of mother's allowance and wards of the government. Likewise they are paid by the government on behalf of patients coming to the cancer clinic and who require surgery. The services provided in our mental hospitals where consultation is indicated by physicians outside the hospital, are paid at the rate of 85 per cent of the fee schedule which is the same arrangement as under the cancer program. Doctors are now being paid by voluntary medical care programs who pay on behalf of the patients. Certainly insofar as the method of payment by the voluntary plan, or payment by a government agency, both paying on behalf of the patient, there is no difference in this manner which would result in the kind of apprehension that we have heard about.

Doctors practising in the Swift Current health region, under the Swift Current medical care plan are paid by the plan on behalf of the patient much in the same way as is proposed in this Bill. Apart from the fact that doctors earn somewhat more in the Swift Current health region than in other parts of Saskatchewan doesn't indicate at all that the doctor-patient relationship has been disturbed or that the status of the doctor has been lessened, or interfered with in any way. Neither is there any evidence, Mr. Speaker, where there is a doctor-municipal arrangement, where the doctor is very often on a salary alone (and I am not promoting a salaried service at all), but where the doctor is on a salary service this has not in any way interfered with the doctor-patient relationships or the status of the doctor. The experience throughout the world, Mr. Speaker, where medical care programs have operated for many years under the aegis of government, there is no evidence to say that the status of the doctor has been lowered, that the doctor-patient relationship has been interfered with, and what is even more important, that there has been a lessening of the quality of medical care.

In the Bill you will note that no specific method of payment of providers of service is specified. It is our belief that despite the many deficiencies of the fee-for-service method of payment, it nevertheless is a method which has worked with reasonable success in our system of rendering medical care. We therefore believe that a fee-for-service system, or at least some element of such a system will be acceptable to the providers of service and to the people of this province who are, in the final analysis, footing the bill. This does not suggest that all physicians will wish to be paid on a fee-for-service basis. Maybe many of them would prefer a salaried or capitation arrangement. This Bill, therefore, makes it possible for any method to be arranged between the commission and the providers of service.

The second comment I would like to make in this regard is that while there is some concern about the general application of a fee-for-service arrangement for payment, the success or failure of this method will depend to a very great extent on the physicians in the province. If they are judicious about the volume of service they provide and especially do not over-bill, then there can be no fears about the desirability of a fee-for-service method. If, on the other hand, some or many of the providers of service regard a fee-for-service method as a means of getting

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the maximum possible remuneration from the plan, then the plan will be in difficulty. But, Mr. Speaker, I have confidence in the integrity of the physicians of this province, and I believe they will assume their rightful responsibility to make such a program as we have proposed work effectively. If they fail, it is obvious that the people of the province, speaking through this legislature, will seek an explanation.

I would draw to your attention too, Mr. Speaker, two particular subsections of section 28. You will note in sub-section (2) that the Lieutenant-Governor-in-Council may make regulations authorizing a physician or other provider of service to make charges against the beneficiaries who are insured services. It is under this section that so-called utilization charges may be made. You will note that I refer to them as utilization charges, rather than committee co-insurance or deterrent charges. It is our opinion that any charges proposed should not be designed to deter anyone but rather should be designed to assure that the person seeking service contributes at least a small part of the cost of providing this service. This, I believe, is an accepted principle throughout the world where medical care plans are in operation.

You will note that in subsection (3) of Section 28, that provision has been made for a specialist to render a portion of the charge to the patient, where the patient had not been referred to him. The purpose here is to stimulate persons to seek the services of a personal physician who can counsel and guide them to the appropriate specialist when one is required. The emphasis that is intended is that the specialist should be protected by having patients referred to him, rather than by having patients themselves make a tentative diagnosis to seek the specialist whose area of interest may seem appropriate.

I note, Mr. Speaker, that there has been some question raised in the press and elsewhere as to whether a patient has the right to select the person from whom service will be sought. Alternatively there has also been some speculation as to whether a physician or other provider of service is obliged to accept and treat anyone coming to him. So that there will be no misunderstanding about this, I would direct your attention to section 29 of this Bill. You will see that it is our intent to allow freedom of choice on the part of both the patient and the provider of service. Similarly, it can be taken that while there is an obligation on the part of everyone to pay the required premium, there is no intent to force anyone to accept or provide service under the program proposed.

In making a final comment, Mr. Speaker, about benefits under the program proposed in this bill, I would remind the House that there is one peripheral area on which a final decision has not yet been reached. This has to do with provision of benefits for persons who are outside the province. It is our belief that persons who are ordinarily residents of Saskatchewan and who have paid any required premium and have contributed as well to other revenues of the government, should not be penalized if they require medical care while they are outside the province. On the other hand, they should not receive services which are more expensive or extensive than would have been received had they remained in Saskatchewan. Subsection (3) of section 26 covers this point and it will be one of the duties of the commission to study this problem in detail and make such regulations as may be deemed necessary.

It will be noted that the bill provides for the administration by a commission to be known as the Saskatchewan Medical Care Commission. At the outset I would like to say a few words about the desirability of having a commission form of administration, and then detail at some length the manner in which the commission can be expected to carry out its duties. I would remind all hon. members here that the relationship of a government to the provision of health services is in a way somewhat different than the relationship which exists when other services are provided. In the first place under an insurance program, the insuring agency, this applies whether it be a government, voluntary, or other plan, has no direct voice in the services that are being provided. For example: When an insured person, say with a persistent headache, goes to a doctor, the insuring agency cannot make the decision as to whether that patient needs a simple remedy like a few aspirin tablets, whether the patient needs eye glasses, or whether in fact that proper treatment is surgery for the removal of a brain tumour. This set of relationships is further complicated when the physician advises the patient to procure the services of others. As an example the physician might require expensive diagnostic tests of several different types. In order to provide the patient with necessary care it will then be in order for the insurance agency to have some relationship with the various persons who provide the many kinds of services required.

The second characteristic of a health insurance program is that the provider of service has in the main a somewhat different relationship to the person receiving the services that ordinarily obtains in commercial transactions. The relationship of the doctor to his patient is one of

continuing concern which depends to a considerable extent upon mutual faith and trust. Here the relationship is like that of a lawyer to his client, rather than as a salesman to his customer.

A third factor that must be kept in mind when considering the fundamental nature of health services is that the physician or other provider of health services is, because of the need to establish the respect and trust, noted a moment ago, in a particularly vulnerable position if he is subject to change in his terms of service. It is because of this last point that the medical profession has always been most insistent on a commission form of administration.

Finally there is one important aspect of the commission administration that must be considered. This has to do with the responsibility of the commission to the legislature. In any public program it must be clearly kept in mind that the administering authority must be responsible to the legislature through the appropriate minister. Over the years we have heard much about the need for an independent non-political commission, as the proper agency to administer a medical care program. I would remind all hon. members that no commission can be independent since it always must get its authority from somewhere. It will be obvious that a commission can have a large degree of independence in the matter of making day-to-day administrative decisions. A commission can be non-political in the sense that it can be removed from the pressures of partisan politics but it can never be such that it is not responsible to the legislature. So in deciding on a commission form of administration we have devised a commission which is responsible to this legislature, which will have a large measure of independence in its day to day activity, and which will not be subject to partisan political pressures.

As you are aware, Mr. Speaker, the question of commissions versus regular departmental administration has been an issue which has been hotly debated in Canada ever since the question of health insurance was first considered. You will recall that the 1944 health insurance act of this province provided for administration by a commission. Similarly the acts which have been proposed in other provinces have provided for a commission form of administration. I finally would remind all hon. members that the very successful cancer program has been administered by a commission.

As a result of these precedents, it is therefore proposed to provide for the administration of the medical care insurance plan by a commission.

The fundamental characteristics and some of the relationships and responsibilities of the proposed commission are set out in the bill before you, and I would like, Mr. Speaker, to outline these.

Any commission must be small enough to work effectively yet large enough to provide a fair measure of representation, of skills and knowledge necessary to guide its work effectively. It is therefore proposed that there be a minimum of six members, and a maximum of eight. One of the members shall be the Deputy Minister of Public Health, who shall be without vote at meetings of the committee. The purpose of this device is to provide for the necessary commission-ordination and integration between the activities of the commission and other services provided by the department of public health. The deputy minister, by his presence at the commission meetings can interpret to the commission what effect the other programs in the department may have on medical care, and at other times interpret the effect of the commission's activities on the rest of the health program.

You will note that the bill provides that two of the members of the commission, exclusive of the chairman and the deputy minister, shall be physicians. It is our belief that these physicians should be persons experienced in the practice of medicine, who can bring to the commission an understanding of the problems of the physicians in practice. It is our belief that the chairman of the commission should preferably be a physician, and that for the immediate future should be on a full-time basis. The other commissioners will service part-time and will be appointed ordinarily for a term of three years. Provision is made for a commissioner to service for a period. Nothing will prevent a commissioner from being renamed subsequently.

I am sure that many of the hon. members will recognize this arrangement being similar to that at the University of Saskatchewan Board of Governors arrangement.

Now in order to provide for proper reporting and responsibility to this legislature, the commission will be expected to report to me through my deputy minister. In the planning and administration of a complex program of medical care, skilled advice and consultation to the commission and the government will be necessary at many times, and on many aspects. In order to provide the mechanism by which this advice and counsel can be secured, the bill provides for certain statutory advisory bodies. The first of these is an advisory council which is to be a body which includes

representation from most of the agencies providing health services, and from most of the groups which would be representative of persons receiving those services.

Hon. members will note that on page 107 of the Interim Report of the Advisory Planning Committee on Medical Care is a suggested list of organizations which should have representation. I can assure all hon. members that we are in general agreement with the suggested list of these organizations proposed by the advisory planning committee. You will note too, that persons who are to serve on the advisory council are to be nominated by the agency that they represent. It is intended that this advisory council will be a forum through which the commission and the minister may seek advice as to the operation of the medical care insurance program.

It is particularly important for members to note section 15 and 16 of this act in this regard. It has been provided as well that the advisory council will review and appraise the operations of the medical care plan every five years. You will note also that there is a provision for another type of advisory committee to the commission and the minister. These committees are composed of persons who can give advice on more technical and professional aspects of the program. The principle advisory committee of this type is the one referred to as the medical advisory committee in section 20. This group is to be appointed with the approval of the medical profession of the province, and its advice and recommendations on matters of technical and scientific content may be sought by the commission. It would appear that from time to time various sub-committees may be necessary, and provision is made for their appointment.

This then, Mr. Speaker, is a description of the general form of the commission and its relationship to the advisory body.

I should now like to turn to a brief description of the relationships of the commission to the minister and to the government. As I noted earlier, it is not feasible to consider that a commission can be completely independent. At the same time we felt that the commission and the government should work in harmony, with the commission having a measure of freedom consistent with the responsible government structure. Accordingly provision is made for the commission on the one hand to make regulations for the establishment and administration of medical care insurance, with these regulations being subject to the approval of the Lieutenant Governor in Council.

On the other hand, and this is important, provision has been made in section 48 for the commission to be consulted by the minister before any regulations are made by the Lieutenant Governor in Council. Here I think is an example of the intent of this government to provide for adequate consultation with the administrative authority before any action is taken. It is in my view a sincere and clear attempt to so devise a medical care insurance program that will take into count the special nature of such a program.

What I have described so far, Mr. Speaker, are the main points of this bill. To make a program successful however, there are always two or three related points which need clarification, and I would like to deal with some of these now.

Section 40 of the bill deals with the question of confidentiality. It will be appreciated by the hon. member that it is necessary to safeguard every beneficiary against the possibility of disclosure to the public, of the nature of his or her complaint, or the type of treatment employed. There are certain circumstances, however, when such disclosure may be necessary or desirable, and subsection 2 of section 40 provides for these instances. The second point in regard to confidentiality has to do with the amount of money paid on behalf of a beneficiary and the amounts paid to a provider of services under the program. It cannot be disputed that this legislature has a right to inquire into the manner in which any sums of public money are dispersed. On the other hand, we on this side, recognize that individuals, whether they are beneficiaries or providers of service, have a right to a reasonable degree of protection against the disclosure of their financial affairs. Subsection 4 of section 40 provides therefore that unless required or authorized by an order of the legislature, the commission will not publish statements of the kind to which I have just referred.

Mr. Speaker: — It is now 12:30 and I will leave the chair until 2:30 o'clock.

The assembly recessed at 12:30 o'clock p.m.

The assembly resumed at 2:30 o'clock p.m.

Hon. Mr. Erb: — Mr. Speaker, when I ended speaking at 12:30 I was commenting on the confidentiality that the bill provides with respect to keeping confidential the nature of patient's illnesses for which they are being treated, and the desirability also of keeping confidential the amount of remuneration paid to the physicians on their behalf. I also drew attention to the fact that under certain circumstances it is possible for the legislature to ask for certain information in this regard.

To continue now, Mr. Speaker: Section 41 of the bill is designed to affect the transition from a municipal program, now being carried on under the authority of the health services act. Section 42 provides for the establishment of appeal procedures for the hearing of complaints. The advisory planning committee identifies several types of problems on page 113 and 114 of its report. In general we agree with the recommendations of the committee, but feel that appeal bodies should not be statutory, but should be set up rather by regulations. This will permit a certain degree of flexibility in setting up necessary appeal boards.

At this point, Mr. Speaker, I should like to comment on the possibility of developing regionally financed and administered medical care insurance programs as an alternative to a universal province-wide program financed by the provincial government. I should say first that the government agrees with the view as expressed in the Thompson report that separate regional programs, financed by regional premiums, with some supplemental funds from property taxes and subsidies from the provincial government, would not achieve our basic objective, that is universal coverage for a comprehensive range of medical care benefits financed on a uniform basis for all residents. Such regionally financed programs would, in our opinion, provide an unnecessarily complex and wholly unsatisfactory system of organizing financing, and administering a program of public medical care insurance. In support of the government's view in this regard, I would point out, as the Thompson report has done, that a highly uneven rate of growth could be expected in medical care plans based largely on regional tax resources. Moreover it would be necessary for the province to develop a series of highly complex and difficult equalization grants to be made to regional plans, since the expenditures by these plans on physician's services would of course be affected by a wide range of different factors in different regions. I have in mind here, not only variations in the demand for physician services, and the illness experiences of different population groups, but also the considerable variations which we now have in the number and distribution of general physicians, the extent of specialist services and of specialized facilities in the different regions of the province. All such factors affect benefit costs and therefore premium levels. If our citizens were not to be taxed at different levels, under regional programs, the province would be required to pay substantially different amounts to the regions to assist and to charge relatively the same premium rate to cover the cost thereof. Regionally financed programs also may raise problems of a technical nature. For example the question of population movements within the province in regard to guaranteeing continuity of coverage, establishing a region's liability for a

resident who had moved from the region but remains entitled to insured services from that region and so on. Again, while the province could establish standards relating to the scope of the benefits to be offered by regional plans, local arrangements with physicians would differ considerably. Such variations would have important implications for financing regional programs, and for any subsidies that might be received from the provincial government.

There is a further problem here, Mr. Speaker, of practical importance, namely the ability of our health regions at the present stage of their development, to organize and administer such a complex field as medical care insurance. Certainly there are very definite advantages in centralizing certain functions relating to the administration of a plan. This is not to say however, and I would emphasize this, that we do not see a useful and important role for the region in the administration of a medical plan as it develops. The whole matter however requires further study and experience with the actual operation of a plan so that administrative functions which can over time, be decentralized to the regions, can be performed with economy and efficiency and the best use made of the experience of the regional boards. I should add here, Mr. Speaker, that the continuing committee of regional boards of health advised the Thompson committee that they favour a universal provincially operated and financed program, and were prepared to accept any administrative responsibility assigned to them under such a program. We expect that the commission will follow this matter up in the planning of the program, particularly where as in the Swift Current region there is a core of trained and experienced staff who could undertake certain administrative functions at the regional level. The role of regions in the administration of a provincial medical care plan must also be viewed, of course, in regard to other aspects of health care, particularly hospitalization and public health services, and in the general field of welfare as well. The size of a region, the appropriate function, it should undertake and its relationship with the provincial government all require a great deal of study. It is our expectation that the medical care commission will devote considerable time to the study of ways in which regional resources may be best utilized. All hon. members may be assured that this government is keenly interested in the best allocation of responsibility between the central and regional agencies.

Now in conclusion, Mr. Speaker, I would like to say that I feel sure that all hon. members of this legislature share with me the pride that this historic responsibility and

opportunity affords. For what we are in the course of doing here and will have done is that we shall have written a new Magna Carta for the health and well being of the people of this province. Moreover I am sure that we shall set the pattern for other jurisdictions to follow in the years to come. It is in this spirit then, Mr. Speaker, that I hope this bill will be debated. And finally that future generations will acclaim the men and women of this legislature for their vision, their courage to pioneer and their sensitivity to human needs.

Mr. Speaker, I move second reading.

Hon. W.S. Lloyd (Provincial Treasurer): — Mr. Speaker, it is obvious of course to everybody that a bill of this kind with a program such as is envisaged is one that doesn't just happen. It is in fact a part of the inevitable and inexorable development of the public conscience. It is a kind of activity which is rooted in the legitimate hopes and aspirations of great numbers of people that essential services will be fully and adequately available to all people. It is of course obvious too, that developments of this kind have never come about without varying degrees of opposition. I am mindful of a newspaper article which I have read and which warned people against the abyss to which this plausible socialism was leading them. Now that is the kind of a statement which one might have expected to have been in a Saskatchewan newspaper of this month, or of this week, it is the kind of a statement which might even have been made in this legislature. In fact however, Mr. Speaker, it was a statement which appeared in a Toronto newspaper before the beginning of this century. It was a statement which was made warning people against the dangers of having public taxation for purposes of education. This is the kind of opposition which we have seen, all of us, repeated over and over again with regard to the public assumption of responsibility for a large and ever widening number of social services.

The story in fact with regard to the development of this public assumption of responsibility has followed much the same pattern in all of them. Originally matters such as education for example, were assumed to be the responsibility of the individual or of the religious or charitable organizations. Gradually the trend developed whereby there was organization of a local and finally a provincial basis to support this. There was financing of a public nature on a local basis and on a provincial basis and more recently some federal financing has been involved too. The same kind of pattern has been true with

regard to social services of various kinds; the same kind of pattern is there if we follow the various health services which have developed in this province and throughout Canada.

It is obvious too, Mr. Speaker, that in a bill of this kind, in a program such as is contemplated here, governments and legislatures and people of today are the beneficiaries of the actions of government, legislatures and people of other days. It seems fitting that we should, at a point when such a decisive further step is being taken, pay a tribute to all of those people and organizations who over a great many years in the province, have done the things that make possible this further step towards greater maturity today. In fact the development federal these services, Mr. Speaker, are a measurement of the extent of public responsibility — this in turn is a measurement of the extent of sensitivity which we have developed to the rights and to the needs of others. I sincerely submit that the extent of our sensitivity to the rights and needs of others is a very excellent measurement of the maturity of the society in which we live.

I turn now to the means which the government propose to make use of, to finance the medical care program which is before us in the bill which the minister of health has just outlined. As members will know from reading the report of the advisory commission, they have estimated the cost of the program based on a coverage of some 95.9 per cent of the provinces 930 thousand people. In other words it will include approximately 890 thousand people. Their estimates of cost are based on the experience of plans which are operating and have been operating in the province with such adjustments as were considered necessary in order to adopt these to a provincial basis, to a total population. Excluded from the estimates was the cost of payment for services which are paid for by the Workmen's Compensation Board, the Anti-tuberculosis League, the Cancer Commission, the mental institutions and several other public programs. Included however were costs paid for by the Medical Services Division of the Department of Public Health and those by municipal agencies to those who are determined to be medically indigent. These are amounts approximating \$1 million. Included also is an administration cost of approximately \$1 million. With these assumptions then the interim report of the advisory committee suggests that an annual cost ranging from \$21 to \$21.6 million, broken down on a per capita cost \$23.51 to \$24.18 per capita.

It should be noted here that there is no decision as yet by the government with regard to the utilization or the deterrent or the co-insurance fee, as recommended by the commission. The Swift Current health region after several

years experience, did as we know, decide to apply such a fee. A number of municipal plans include some restrictive or some additional charge feature. I understand that the largest of these, M.S.I., since 1959, under individual and some community contracts pays only 50 per cent of the minimum schedule, the balance being a charge on the patient. If the deterrent fees are to be applied, it should I think be considered as an interim measure, one which is receiving study, pending the decision regarding more effective and more qualitatively selective devices for cost control or financing. The act does provide the authority for the establishing a commission-insurance or a utilization fee. The commission, as members will know from reading the report, have recommended a small fee of this type on a restrictive basis. They comment however that because of wide differences of opinion, the whole question should be reviewed within three years. Now if the utilization fee, as it is called by the commission, of the type they have mentioned is imposed, then it is suggested that cost may be reduced by \$1.8 million. This would leave a cost of \$19.2 to \$19.8 million, or \$21.55 to \$22.16 per capita.

Now, Mr. Speaker, it is of importance and great importance I suggest, to remind ourselves that the largest part of this expenditure, the major portion of this \$18 to \$21 million does not constitute new expenditure for the people of the province. This is true because the people of Saskatchewan have in recent years spent in the neighbourhood of \$18 to \$19 million a year for this purpose. It is of interest to note that this same line of argument was advanced in the final report of the special select committee of this legislature on social security and health services in 1944. After commenting on the estimated cost of the program which was set forth in the draft bill at that time, they went on to say that they had been impressed by the willingness of the people of Saskatchewan to pay for such a scheme. They went on to add and here I quote:

“The committee is encouraged in this view by the fact that the people are largely paying these costs now and that the proposals mean in effect a redistribution of the costs of inclusive medical care and treatment.”

That same statement is of course true with regard to conditions as they exist today. A large portion of this money is already being spent and it is not in that sense new expenditure, or new costs on the Saskatchewan people. Some of it is paid directly to doctors, some is paid through the various voluntary plans in effect in the province, some through municipal doctor plans, some through the Swift Current health region plan.

In addition increasing amounts have been paid by the provincial government and by municipalities on behalf of various groups of people.

Since it can be assumed that more medical care will be provided because of the availability of a comprehensive plan, it is obvious of course that we can expect some increase in payments for this purpose. However, at least \$18 million I repeat, of the money to be spent under the plan is not new expenditure, but in fact merely a transfer. There will be those I know, who will argue that a dollar paid to the government is somehow different from a dollar paid to some other agency, but the fallacy and the prejudice in that argument is surely obvious. One dollar paid to a doctor, or to a voluntary or municipal plan takes the same effort to earn, and leaves the same deficiency when it is spent, as one dollar paid through a public provincial plan. Money will be paid out by the individual and into a public fund. The fund in turn pays for services which would otherwise be paid for by the individual. Such payments become social income and do not diminish the total provincial income. Admittedly the distribution of costs will be different, as it should be. All of us acting together will be paying in advance to provide the cost of medical care as we should do.

The government believes that the best financial base for the plan will be from several tax sources. The authority for only one of them is provided in the bill. The authority for the other two will have to be provided by additional legislation which will be placed before the legislature at this session. Financing it by means of revenue from a variety of tax sources provides a more certain basis of financing the plan. It also enables a better distribution of eventual costs and this of course must be one of the objectives of a public medical care program. Consequently, Mr. Speaker, we propose as follows: First of all we propose that there will be a per capital premium of \$12.00 per adult person with a family maximum of \$24.00 for the year beginning January 1, 1963. We propose in other words to begin the collection of this premium in full or in part, together with the annual collection of premiums for the Saskatchewan Hospital Services plan in the fall of 1962 at the time when these premiums are ordinarily collected. In other words no payment of this type will be required until more than a year from this date. Assuming that benefits may be available in April of 1962, this will provide a period of nine months exemption from the payment of the per capita premium.

Government Members: — Hear! Hear!

Hon. Mr. Lloyd: — As with SHSP it will be possible for families to make payment on the basis

of at least four times a year. Extensive study will be given to the possibility of devising a plan of monthly payroll deductions. There are a number of very difficult administrative problems in regard to this, but we are extremely hopeful that these can be overcome. Now \$12.00 per adult person with a family maximum of \$24.00 means that there is no added premium for dependent children eighteen. Those of the family who are eighteen and over and continuing education, or who for other reasons are dependent on family income are also covered by the family maximum of \$24.00 Now this then is a flat per capita tax as far as adults are concerned. It is in fact not so, when there are children in the family. Sixty-five per cent of our people are in families with one child or more, in other words for 65 per cent the \$24 per family is not \$12 per capita, it is \$8 per capita or less. For over 50 per cent, families in which there are two children or more, the per capita range is downward from \$6. Here is one instance, Mr. Speaker, in which they do come cheaper by the dozen, because at that point it becomes merely \$2 per capita.

All of us realize in this regard that the financial burdens generally rest heavier on families with children. We have some evidence of this if we look at hospital cost statistics. For example the average cost of hospital care for a family of seven is \$157 plus the cost of any newborn care that may be involved. This compared with \$89 for a family of three and \$55 for a single person. These are statistics of the Saskatchewan Hospital Services plan. Since the larger family size, the higher the cost of hospital care and the less income available per member of the family for payment of medical care, the maximum on the family payment is desired. This \$12 for adults with a family maximum of \$24 due for 1963 will provide some \$6 million or approximately 28 per cent of the cost.

Secondly, as the result of legislation to be introduced later this session, the province will gain the right to introduce changes in the rate of tax on personal incomes and corporation profits. Our proposal for the income tax increase is that it will constitute approximately one per cent of taxable income. Members who read in the paper the announced intention of the government of Manitoba will realize that this is the same kind of a proposal which has been advanced there. May I say here that the definition of taxable income is not one which we ourselves decide, but is the one which is laid down in the income tax laws of the federal government. One per cent of taxable income, this is over the

whole province and will not necessarily be true to each individual income tax payer, should realize approximately \$3.6 million. We propose to raise also \$1 million by imposing an additional one per cent tax on corporation profits. This again is the same increase as was proposed a few days ago in the neighbouring province of Manitoba. Our proposed rate for corporation tax will be 10 per cent. It may be noted here that Ontario and Quebec, which retained under the present tax-rental agreements the right to levy their own corporation tax, are presently taxing at the rate of 11 and 12 per cent respectively.

Mr. McDonald: — This is 10?

Hon. Mr. Lloyd: — Ten yes. The increases on personal income and corporation taxes will together provide approximately 4.6 million dollars or 22 per cent of the cost. The nature of the agreement with the federal government is such that the provincial imposition of income and corporation taxes must begin on January 1, 1962. Those who pay by payroll deductions will begin paying them in January.

To get some indication of the weight of the increases involved in this increase in personal income tax, consider its effect on a family of four, with two adults and two children. For those with incomes of less than \$3,000 the increase in personal income tax proposed will be less than \$1.00. As the income increased so of course does the tax. For those with incomes of \$65 hundred to \$7 thousand it will be in the neighbourhood of \$38.

Now, Mr. Speaker, there were some 193 thousand married taxpayers in Saskatchewan in 1959 — over one half of these reported incomes of less than \$25 hundred, and so will contribute nothing under this form of payment. An additional 50 thousand families with incomes of \$45 hundred or less will pay from \$1 to \$12. This is consequently, and obviously, a progressive form of taxation. That is the lower the income the lower the percentage of income paid in tax. It is obvious too that our freedom to make greater use of it is determined in part by the comparative and competitive rates established in other provinces.

The third tax source we propose to utilize is the sales tax currently known as the Education and Hospitalization Tax. Here we are mindful of the needs of programs other than medical care. For example there is evidence that the Saskatchewan hospitalisation services plan will require, next year, an additional amount of possibly \$1 million. In addition, in

keeping with our practice of many years and with the needs of the province, we will expect next year to again increase the amount of assistance available by way of school grants. Later in this session then, Mr. Speaker, we will introduce legislation changing the name of the Education and Hospitalization Tax to the Education and Health Tax.

Mr. Thatcher: — That will make it much better.

Hon. Mr. Lloyd: — The legislation will provide that the future proceeds will be divided one half to education and one half to health. We propose to increase, effective January 1, 1962, the tax by two per cent, one and one-half per cent of which will be to finance health programs, including medical care, and the remaining one-half per cent for purposes of education. Now ordinarily it would have been possible to defer the increase until the plan were to come into operation. However, we did want to announce to the legislature and to the public our overall proposals for financing medical care. Too long a delay between announcement and imposition has obvious disadvantages. Moreover introducing the increase before the plan is in operation makes possible the deferment for the greater part of the year of the per capita premium. This deferring the per capita premium collection makes it possible to combine this collection of the medical care premium with that for hospitalization. This is a more convenient arrangement, we think, for the public, for the municipalities who collect, and in addition it saves considerable in administration costs.

Our estimate of yield from the present 3 per cent tax is something over \$22 million or more than \$7 million per 1 per cent of tax. We expect the increase to yield over a 12-month period approximately \$14 million, of which \$10 ½ million will be for health, and \$1 ½ million for education.

This change in our tax rate, Mr. Speaker, means that Saskatchewan on January 1 will join the provinces of British Columbia, of Newfoundland and Nova Scotia in having a 5 per cent tax of this kind. In addition Quebec has a 4 per cent provincial tax plus a 2 per cent sales tax in some municipalities, plus a 5 per cent tax on meals, (I shouldn't say plus because this is in place of the sales tax), and a special tax on tobacco, so one could say that there is in effect a 5 per cent sales generally in Quebec, or more. Now this means then that five, one-half the provinces of Canada will have a sales tax rate of this kind. Only in Saskatchewan of course, will there be a provision

of payment for a comprehensive medical care program. Rates in the remaining provinces for sales tax are 4 per cent in Prince Edward Island, 3 per cent in New Brunswick and Ontario. There is no tax of this kind as yet, in Alberta or Manitoba. I would suspect, Mr. Speaker, that the day is not too far distance when we may welcome them to the club as well. There is of course again, no medical care program of this type in the other provinces.

May I again note something of the incidence of this tax. It is difficult and perhaps a bit dangerous to attempt to predict just how this does fall. One must rely on averages to a considerable extent. However, there are some D.B.S. figures to indicate the family groupings and the expenditure of the family groupings across Canada in 1957. Based on this survey, the one and one half per cent to be applied for health purposes would mean for an average size family (that is 3 to 4) with an income of \$3 thousand or less, an expenditure of \$14 or less per year. Based on this average family pattern and average expenditure this would mean for a family of three or four people with an income of \$3 thousand or less an expenditure of \$14 or less a year. As the income increases to \$5,500-\$6,000 the tax will probably be \$28 on the average and if it went up to \$7 thousand, it would probably be \$36 on the average. In general the payment of one and one half per cent would seem to represent about 0.5 per cent of income. This tax then is proportional in its effect as related to income.

Now to summarize the proposals, Mr. Speaker. The personal premium \$12 per individual, \$24 family maximum will yield approximately \$6 million. This is not payable until late in 1962. It is then payable in whole or in part. Secondly the income taxes — Personal income tax at a figure to yield approximately 1 per cent of taxable income, will become effective on January 1, although people who pay it in a lump sum may not pay it for more than a year afterwards. It will yield \$3.6 million. The corporation income tax of 1 per cent will yield approximately \$1 million. Thirdly 1 ½ per cent of the education and health tax will provide about \$10 ½ million. Now these figures add up to \$21.1 million. May I point out that some portion, as yet an undetermined portion of the \$10 ½ million, will be required and we think available to meet the needs of other health programs. You will recall that the total cost as estimated by the committee was in the neighbourhood of \$21 million. You may also recall that the government is already finding the money to pay the cost of a part of this program.

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Part of the program insofar as certain groups are involved, insofar as certain groups are involved, insofar as grants the province is making available to municipal and regional health programs. So we are already finding, within our present budget about \$1 million of this amount.

Finally, if there is a utilization fee as suggested, the total cost might decrease in the amount of approximately \$1.8 million.

Let me just go a bit further, Mr. Speaker, now, in examining the incident of the total tax structure. Again I am sure that everybody will understand that one cannot say that this will apply to each individual person in precisely the way in which I suggest. This is the result of averaging. Consider a family of four with an income of \$3 thousand or less. This family will pay \$39 or less for their medical care under the program I have outlined. This will include, I say, some 62 per cent of the total families, excluding single taxpayers, in the province of Saskatchewan. If the family of four income however is from \$65 hundred to \$7 thousand, the incidence of the tax is in the neighbourhood of \$99.

Secondly in attempting to measure what this means for the people of the province, you will recall that about 300 thousand persons in Saskatchewan are presently insured with the two largest voluntary plans. Nearly one half of these are subject to substantial co-insurance charges. The rates for husband and wife in this plans, are generally \$72, if there are dependents \$84. If the dependents are over 18 or 19 years of age, there are additional charges. I estimate, Mr. Speaker, that over 80 per cent of Saskatchewan families will pay less under the proposed public medical care plan, than they would have paid under either of the two plans commonly considered by many as the best in Saskatchewan. Moreover in general, coverage will be better. Particularly for those families with dependents over 18 still attending educational institutions, the advantages are significant better.

Thirdly, in over 100 municipalities, outside of the Swift Current health region, property taxes are currently levied for medical care and may be discontinued. Actually there are 68 rural and 38 urban municipalities which levy a property tax for medical care. There are others of course who have medical care and don't levy property tax. So the taxes that may be discontinued in these 100 municipalities range from one mill up to as high as ten mills. In the same line, in the Swift Current health region there are 75 more municipalities which levy an average tax of 2.75 mills for

this purpose. On an assessment of \$10 thousand, 2.75 mills is \$27.50. In total then the tax on land and property in over 180 municipalities may be lower.

Now, Mr. Speaker, no one will deny that \$18 or \$20 or \$21 million is a very large amount of money. Let me emphasize again that by far the major portion however is not added expenditure for the people of the province. By far the major portion does not diminish total provincial income.

Mr. Thatcher: — Socialist arithmetic again.

Hon. Mr. Lloyd: — The \$1.00 paid as premium, or as income tax, or as sales tax is not different one iota that the \$1.00 paid to a voluntary plan or directly to one's physician.

I would appeal to hon. members of this legislature, those professing to have some belief in public plans and in government as a whole to make clear to people that there is no distinction between the \$1.00 that is used to finance a public plan and that which is used in voluntary purposes. I repeat again, it takes the same effort to earn and it leaves the same deficiency when it is spent regardless of which source it goes to.

May I add this, that programs of this kind, developing in fact, out of the real needs and sincere hopes of people, administered through responsible and representative parliamentary government, extend the area of decision on which is exercised by people. They extend the extent of control which people have over their own destiny. Such a program properly developed and properly administered also makes a contribution to the providers of the service. I submit that a good program of this kind makes available to the medical profession an opportunity to beneficially influence the practice of medicine in ways not otherwise open to them.

Government Members: — Hear! Hear!

Hon. Mr. Lloyd: — The medical profession, Mr. Speaker, does have, we freely, and willingly and heartily acknowledge it, a good tradition of service, and nearly all of us could bring personal testimony to illustrate the tradition. I have enough confidence in the motivation from which that service springs to sincerely believe that, as has been true in other countries, active participation in this venture in this country will be forthcoming. As written in the British Medical Journal "Lancet", put something of the scope

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of provisions of the kind before us in these words. He said:

“The task of the future is to make medicine more social in its application without losing in the process the benefits of science and specialized knowledge”.

Mr. Speaker, we in this House do much more in this session than add one or two additional statutes. We set in motion great and important happenings for the people of our province, and indeed for the people of all Canada. We make possible the creation of that which another writer called “the framework through which medicine may more nearly fulfil its honoured purpose, the means by which the freedom of the patient and the doctor alike may be enlarged”.

Mr. Speaker, I support and support most enthusiastically the second reading of the bill.

Mr. Thatcher: — Mr. Speaker, I wonder if the minister would permit a question. I wonder in view of what only can be described as rather staggering and awesome taxes that he has announced, if he would give the House assurance that these taxes won't be imposed until you are sure you can guarantee the doctors will participate in the scheme, because if the doctors won't participate...I am just asking a question, would he give that assurance that before these taxes come into effect, he can guaranteed that the doctor's services will be there for the people.

Hon. Mr. Lloyd: — Mr. Speaker, the question has already been answered once by the Premier yesterday.

Mr. Thatcher: — It hasn't been answer. Well then would you mind answering it again, I didn't hear the first answer.

Hon. Mr. Lloyd: — Mr. Speaker, my answer is contained in the closing words of my remarks namely that all of us on this side have enough confidence in the tradition of medical service and the motivation from which that tradition springs to believe that the doctors will, once, as the Premier said the other day, they understand the full import of the program, co-operate as they have done in every other country where it has come.

Mr. Thatcher: — Mr. Speaker, may I ask a supplementary question. But suppose this confidence...

Hon. Mr. Lloyd: — Mr. Speaker, I rise on a point of order. I don't mind debating with the hon. member, but he has a chance to make a speech on it...

Mr. Thatcher: — I am asking a simple question.

Hon. Mr. Lloyd: — It is not a question...

Hon. J.W. Gardiner (Melville): — Mr. Speaker, in rising to speak to the bill that has been presented to us by the hon. minister of health today, I would like to extend my congratulations to the minister for a job that was well done, as far as making his presentation to the members of the House, and I believe the fair manner in which he did present this measure and did present the bill to the legislature. However, I think that in representing the voters of my constituency, and the voters of many other constituencies in this province, I think I would be remiss in my duty if I didn't say to the minister that in spite of his remarks to this House this morning, in explanation of the bill, there are still many of the major, he may term them minor, but there are still many of the major decisions that are left up in the air. Decisions which can effect the welfare of every man, woman and child in this province, in the years to come. Actually what we are presenting the government with in this debate, if we propose to pass the bill as explained here today by the minister, we are handing to the minister and to the government of this province, a blank cheque to do as they wish with the financial help of the people of this province.

I feel, Mr. Speaker, that there is much more information that the minister could have given; there is much more work that could have been done by the government of this province before bringing this bill before members of the legislature; there is much more preparation that will definitely be needed in the days ahead, in order to make this bill of any use to the people of this province in the provision of medical services.

It has been said on many occasions, throughout this province, that the report of the committee on which this bill is based is not complete and does not provide the members of this legislature with the proper information. If that was the purpose of the calling of this committee, it has not fulfilled that purpose to provide the members of this legislature with sufficient information on which to vote on the particular measure that is before us. There are many questions I think that any member here should ask if he is properly representing the people of his constituency before this bill is passed. There are many questions that could be asked of the committee,

if it was originally the government's view that the committee should present to this House their views on which we could draw up legislation in the best interests of the people of this province. I feel certain that when the minister spoke in presenting this bill, he reviewed the bill fully, went through the various measures perhaps more completely than is usually done on a measure of this kind, which I think enables us on second reading as well, to deal with almost all of the complete bill that is before us, because the minister in this presentation today has done exactly that.

The exceptions that I have mentioned, in stating that we have not sufficient information from the government on which to vote are those that provide wide powers, wide regulatory powers to the commission to decide on, which we as members in this legislature should decide on before we leave this House, and they are the basic features of this bill that today many people in this province in many walks of life, not only in the medical profession, but in many walks of life are asking today 'What is going to happen with regard to medical services in this province after this bill is passed?' As I said before, Mr. Speaker, under this bill, we are giving a blank cheque of authority over the health and welfare of every man, woman and child in this province, and I think for that reason that the members of this House should be very certain when they make their decisions on various aspects of this bill, that they have the complete information that is available, and also of course the complete opinion insofar as we can receive it, from the people of this province as to their wishes with regard to certain aspects of this bill.

Mr. Speaker, for that reason and after having indicated at an earlier speech in this House that we would request the right to hear or at least to meet with the medical committee, I am going to move an amendment to the bill, seconded by the member for Qu'Appelle-Wolseley (Mr. McFarlane)

"That all the words after the word 'That' be deleted, and the following substituted therefore:

"this bill be not now read a second time, but that the subject matter thereof be referred to the Select Standing Committee on Law Amendments and Delegated Powers."

Mr. Speaker: — It would appear to me that this amendment to the second reading of the bill would be in order.

That is my finding in regard to it. If there is any comment on this from either side of the House I would be glad to have it at this time.

Premier Douglas: — Mr. Speaker, I haven't got a copy of the motion, but I gather from hearing it read that it would be in order. I will only raise one question for Your Honour which you may care to rule on later and that is whether in the course of the debate, the debate is now on the amendment, and that until the amendment is disposed of, there can be no discussion on the motion.

Mr. Speaker: — When all the words after 'that' are changed, it is an alternative motion and the debate has to be on both the motion and the amendment.

Hon. Mr. Walker: — Mr. Speaker, no one can speak on this, as the hon. member has done and then speak again after this is disposed of.

Mr. Speaker: — Anyone speaking to the motion before this amendment came on may now speak again. The two speakers who have spoken, I would assume could speak again to this motion, but anyone speaking in the course of this debate which is on both, could not speak again after the amendment has been removed. Anyone who speaks in the debate where the debate is on both the motion and the amendment could not speak again is on both the motion and the amendment could not speak again in regard to the motion after the amendment has been removed.

Hon. Mr. Walker: — That includes the member who moved the motion.

Mr. Speaker: — Yes it would.

Premier Douglas: — We are then discussing both the motion and the amendment at one end and the same time, and that those who speak now, the hon. member has already spoken on the motion, and now will be speaking on the amendment, but those who subsequently follow him will be speaking on the amendment and the motion and when the amendment is disposed of, will not be eligible to speak again on the motion. Is that your ruling.

Mr. Speaker: — That is the way I would interpret it.

Mr. Gardiner: — There is just one point of clarification from what you said, do I understand that I can only speak on the amendment, or I can speak on both

the amendment and the motion.

Mr. Speaker: — Both. The mover of the amendment can always speak on both. I might say that it seems to be well taken that this motion is in order and it is now before you and the debate is on both the motion and the amendment.

Mr. Gardiner: — Mr. Speaker, just before closing the debate for this afternoon and asking the right to move adjournment of the House, I would like to make just one short explanation. Because of the comments made in the committee report as to the shortness of time, the fact that they were under duress in presenting their report to which we have had this bill brought before this House, I feel that in presenting this bill to the select standing committee on law amendments, it will provide the members of this House the opportunity of questioning the committee itself, and possibly other persons that the committee might want to hear, and actually decide whether or not the committee after holding these meetings feel that this measure is the one that stands in first place as far as health problems in the province are concerned at the present time. I think in having that opportunity, members of this House would then be in a position to be able to make a more reasonable approach to whether or not they are going to support the present bill that is before us. With those remarks and because of the fact that we of course haven't had time to really look over the address of either of the ministers that have spoken here today, I am now going to ask permission to adjourn the debate.

(The debate was adjourned)

STATEMENT RE PROCEDURE

The Order of the Day for "Motions" having been called: —

Mr. Thatcher: — I believe we had a gentlemen's agreement, I spoke to the Premier on these three motions just a few moments ago and I understood him to say that at our request he would be willing to adjourn the House. Now I had spoken on this matter several days ago, and I certainly understood from him that in view of this very important debate which has taken place today, that the opposition would be given a weekend to go over these two very important bills, and I do hope that that agreement can be carried out.

Premier Douglas: — You will be given a weekend to go over this important bill which has

been outlined by the two ministers, I hardly expected the weekend to start in the middle of Friday. If the members aren't prepared to go on with the motion of course, I don't think we can compel them to, but I had hoped that we could deal with these motions and get them out of the way.

Mr. Speaker: — These motions may stand as I understand it with the consent of the government, otherwise I think we will have to go forward with them, unless it can be agreed.

The Government having consented, Mr. Speaker, ordered Private Members' Motions to stand.

WITHDRAWAL OF STATEMENT IN PRESS

Mr. Thatcher: — Mr. Speaker, if I might, I rise on a point of privilege. On the 'Leader-Post' of October 19, page 5 a statement which I made appears. If I may quote it:

“We must take note also of the fact that although millions have been spent on the university of Saskatchewan in providing facilities for training of doctors, we still do not have one doctor from that source remaining in Saskatchewan.”

I made that statement, and I find that I was very wrong and I apologize for having made it. My source of information was wrong, and I just want to withdraw it at this time.

While I am on my feet I would also like to ask the Premier about order of business next week. I believe he indicated that if the opposition felt morning, afternoon and evening sittings were too much to deal comprehensively with these two bills that he would agree to either afternoon and evening sittings or morning and afternoon. Now on behalf of the opposition I would like to officially suggest that we just have the two sittings a day, either morning and afternoon, or afternoon and evening. I hope that we might start that procedure Monday.

Premier Douglas: — What I suggested was, once we got the Speech from the Throne out of the way, and we would try to arrange it so they could have the weekend to go over these two pieces of legislation, that the whips could then get together and see if we could work out some mutually satisfactory arrangements if we found that we were being crowded too much.

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Now surely we are not crowded too much for Monday. I would suggest that we go on for Monday and if later on we find for instance we get into Committee of the Whole or something of that sort, if the pressure is too much on members, we can knock off the odd evening at 5:30. Everybody has the rest of today, all day tomorrow and Sunday after church to get ready for this debate on Monday. The members have had this bill on their desks now for one week. Nobody needs time to study the bill. You could have read the bill in half a dozen languages and learned the languages almost in that time. The only thing that is new are the two statements made by the ministers today, and I agree they ought to be given plenty of time to study that, but I see no reason why we can't go on at 10:00 o'clock on Monday, and I agree that if the whips get together and members on both sides feel that we should lay off a couple of evenings, certainly I have no objections. I think it is a matter of the member's convenience not a matter of the governments. We're here anyway.

Mr. Snedker: — On the point of order that has just been raised by the Premier.

Mr. Speaker: — I don't think there is any point of order. A matter of this kind is not for debate.

Mr. Snedker: — Well I don't propose to be run down the road like Thompson.

Mr. Gardiner: — Could I ask the Premier one question in relationship to what has taken place this afternoon. I was just wondering when the measures that were suggested by the province treasurer will be presented to us in legislative form so that we can have those for our study purposes on the weekend.

Premier Douglas: — Mr. Speaker, the tax changes outlined by the Provincial Treasurer will be introduced next week, but the members know what they are. A very simple change of figures as he has outlined them. The government thought, and I think properly that the members would not want to vote on this fairly important matter without having the full financial picture of what it would cost and how the money would be raised, and that is why the minister has outlined the financial provisions. As far as studying the bills are concerned, the bills will simply consist of changing the figures as he has indicated, but they will be before the House next week.

(The Assembly adjourned at 3:41 o'clock p.m.)